



PERFORMANCE APPRAISAL: AN FIELD WORK AT PIMS PRIVATE HOSPITAL, KALAPET, PUDUCHERRY

B.Hartheswari	M.B.A Hospital Management, Performance Appraisal: A field at Pims private hospital, Kalapet, Puducherry.
Dr.N.JUNIORSUNDR ESH	B.sc (nursing), M.sc, Ph.D., Associate professor in Nursing, Vinayaka Mission College of Nursing, Kirumampakkam, Puducherry.
Dr.N.JUNIORSUNDR ESH	M.B.B.S, M.S, Assistant professor in Surgery Rajah Muthiah Medical College Annamalai University

ABSTRACT

This project work titled **“PERFORMANCE APPRAISAL: AN FIELD WORK AT PIMS PRIVATE HOSPITAL, KALAPET, PUDUCHERRY** is taken up with the objective to study various factors influencing Performance Appraisal. Review of literature has been collected from various journals about what various authors describe about performance appraisal with their research thought. The variables such as Rewards, Chief Superior Evaluation, Motivational Factor, Satisfaction Level, Employee Growth, and Employee Performance are involved in performance appraisal. Using these variables questionnaire was constructed and Descriptive research is using.

The analysis has been made mainly used on the primary data was collected from the employees through well-structured questionnaire. Respondent has filled the questionnaire and secondary data was used mainly to support primary data. The simple random sampling without replacement methods were used to collect samples.

The tools used for data analysis are factor analysis, cluster analysis and regression. Percentage analysis is used for demographic factor such as age, gender, marital status, designation, experience and income. The data collected are analyzed using the statistical software SPSS 16.0 and the study reveals that there is performance appraisal, then factors has been divided into six factors such as Rewards, Chief Superior Evaluation, Motivational Factor, Satisfaction Level, Employee Growth, and Employee Performance and the factors has been ranked as based on variables such as Performance Appraisal.

This study reveals at the Performance Appraisal is mostly significant with the hospital, Performance appraisal is more important for the hospital. Performance appraisal programs when implemented lead to greater growth and development of the individual as a person as a productive employee of an Hospital, develop wealth relationship between chief superior and employees, attract and keep talented staff, build strong employee commitment, strengthen performance appraisal system and improve overall effectiveness of an Hospital.

KEYWORDS

INTRODUCTION

1.1 Profile of Healthcare Industry in India

The healthcare industry is a segment inside the economy which offers drugs, medicines and other services for patients with preventive, healing, rehabilitative, and soothing care. Thus we can say that health care services comprises the grouping of tangible and intangible facet where intangible features dominates the tangible aspects. Rooms, beds and other decors are included in tangible things. The different forms of services related to health and welfare are provided by healthcare industry. The sector is consider as social sector which is governed at state level with the assistance of central government. The current industry is divided into many subdivisions, and governed with various interdisciplinary teams of skilled professionals and paraprofessionals to cater the health needs of individuals.

3.1 Historical Background of Indian Healthcare Industry There are the evidences for the existence of healthcare even during the time of Ramayana and Mahabharata, but it has changed substantially with the passage of time and has gone through significant changes and upgraded a lot with the up gradation of Medical Science and technology. Substantial increments in healthcare facilities and in the number of healthcare personnel is seem to be happened during 1950's and 1980's, but the total number of certified medical professionals seems to be fallen down in as we have 4 practitioner per 10,000 in 1980s which is reduced to 3 per 10,000 in 1981. The reason behind this decrement is the fast population growth in country. There were around ten beds on 10,000 individuals in 1991. The growth in the number of primary health centers is also seems to be happen during the decade. These centers are considered to be the keystone for rural health care system There were around

22,400 primary health centers, 11200 hospitals and 27400 dispensaries were established in India in the year 1991. These services were initiated as a part of tiered healthcare system with a focus to provide maximum routine facilities to the vast 40 majority of people in town and refer only critical cases to urban hospitals which are having more advanced facilities. These centers would basically trust on skilled professionals to fulfill their maximum requirements. The healthcare industry of India functions with the help of both public and private sector. The services and facilities governed by the government of state as well as of central comes under public healthcare system. The system is helpful in a way as it provides varied number of services and other facilities at free of cost or at concessional rates to the people of rural areas as well as the to the people of lower income group in urban areas. Yet there is a long way to go as till now the industry is going through a phase of development.

3.2 Segments of Healthcare industry The healthcare industry consists of eight segments.

- **Hospitals:** Hospitals are of utmost important among them. Hospitals deliver complete medical care facilities, begins with diagnoses to surgical treatments, or to continuous nursing facilities. Several hospitals are there having specialization in treating and handling mentally sick patients or in cancer patients or some are in treating children. These facilities are provided either on an outpatient or inpatient basis. The combination of professional required by hospitals varies according to geographical locations, size or capital structure of the organizations or on the basis of values, goals and management philosophies. As soon as organization strives towards efficiencies, facilities starts to move towards outpatient basis from inpatient basis.

- Nursing and residential Care: One more segment which work along with hospitals is the facility of nursing and residential care. These services comprises — rehabilitation, inpatient nursing and health-related personal care to the people required it on constant basis, and not having the need of hospital services. The other facilities of convalescing is related to assist those, who required minimum support. In addition the facilities related to residential care offers 24 hours personal and social care to old age people, to children and to those who are unable to care themselves.
- Offices of Physicians: Physicians and surgeons covers around 37 % of industry. They either practice privately or in group having specializations either in similar or different fields. Though various practitioners are willing to work in groups so that they will be able to reduce the overhead expenses and also get consultation with their colleagues. Nowadays Surgeons and physicians showing interest in working on salary basis for big groups, for other medical clinics, or for integrated health systems.
- Offices of Dentists: Dentist occupied around 20% of the industry. They provide — preventative, cosmetic, or emergency care to the patients required them. Some institution having specialization only in particular branch of Dentistry like Orthodontics or Periodontics.
- Office of Health Practitioners: one important section of the system covers — Health Practitioners. The section comprises — the offices of optometrists, podiatrists, chiropractors, occupational and physical therapists, psychologists, speech-language pathologists, audiologists, dietitians, and other health practitioners. The demand of these services is somewhere related to the ability of payment of healthcare consumer either
- directly or through insurance. The segment also covers the —offices of practitioners of alternate medicine, such as homeopaths, hypnotherapists, acupuncturists and naturopaths. Out patient Care Center: Other diversified establishments in this group contain health maintenance organization, medical centers, Kidney dialysis centers, substance abuse centers, outpatient mental health and freestanding surgical and emergency centers.
- Other Ambulatory Health Care Services. This segment is relatively small in comparison to other segments of the industry. It covers — ambulance and helicopter transport services, blood and organ banks, and other ambulatory health care services, such as pacemaker monitoring services and smoking cessation programs.
- Medical and Diagnostic Laboratories: These laboratories helps the physicians by providing diagnosing and analytical services to them or they provide these 42 facilities to patients also on the prescription of Doctors. These organizations conduct blood tests, ultrasounds, tomography scans, X-rays and other clinical investigations. These laboratories accounts for provide lesser employment in the industry.

3.3 Market Size of Indian Healthcare Industry The Indian healthcare industry is one of the biggest and fastest developing sector of world. Healthcare can form a huge part of nation's economy by consuming over 10% of GDP of various developed countries. The Indian healthcare industry is projected to be an industry of US\$ 50 billion and now serving as the second-largest employer in service-sector of the country by offering jobs to approx. 4.5 million persons either directly or indirectly. The healthcare sector of India will increase up to US\$ 100 billion by 2015. According to rating agency, Fitch. —It is estimated to be worth US\$ 275.6 billion by 2020. Presently, India spent its 8 per cent of GDP on healthcare. According to Mr Pradipta, K Mohapatra, Chairman, Executive & Business Coaching

Foundation India Ltd and former chairman of CII, —India needs to spend at least US\$ 80 billion more in the next five years to meet targets. The recent trends and investment in healthcare industry can be witnessed through various factors like recently

—Apollo Hospitals Enterprise Ltd and University College London (UCL) have signed a memorandum of understanding (MoU) to collaborate their efforts in training and clinical research. The aim of this corporate alliance is to conduct and promote research and educational initiatives in medical sciences. A positive trend has also been seen in the rural healthcare sector. According to the —Rural Health Survey Report 2010, published by Health ministry, 2010 specified that —the number of Sub-Center existing on March 2010 increased from 146,026 in 2005 to 147,069 in 2010. The report further stated that there is an increase of 437 primary health centres (PHCs) in 2010. Moreover, Number of nurses at

PHCs and community health centres (CHCs) has increased from 28,930 in 2005 to 58,450 in 2010. According to the report of —Department of Industrial Policy and Promotion (DIPP), —the drugs and pharmaceuticals sector has attracted foreign direct investment (FDI) worth US\$ 2.4 billion between April 2000 and April 2011, while hospitals and diagnostic centers have received FDI worth US\$ 1.03 billion in the same period. As per —Investment Commission of India, —the healthcare sector has experienced phenomenal growth of more than 12% per annum in the last 4 years and this growth is expected to be driven by different factors: rising life expectancy, rising income levels of Indian households, increasing penetration of health insurance and rising incidence of lifestyle-related diseases in the country has led to increased spending on healthcare delivery. Major players of Healthcare Industry has announced huge expansion plans in previous two years. Many big corporate players which have no or very slight existence in healthcare industry also declared huge investment plans in Healthcare Services.

For example:

- —Philips Electronics India announced for establishing nation's first virtual ICU. Corporation also has discussed the issues related with the launching of EICU technology by the year 2012 with various major multi-specialty tertiary care hospitals groups.
- Wipro Technologies has also launched a service with an aim to help —drug development owners (DDOs), clinical research organizations (CROs) and other regulatory organizations for increasing collaborations with —multi-region clinical trials.
- —Manappuram Health Care Ltd announced an investment plan of US\$ 222.27 million from 2011-16 for setting up various medical and dental clinics and diagnostic centers across South India. The future enterprising will be a venture of the —Manappuram Group of companies.
- Fortis India Ltd. Is planning to launch hospitals of low budget under their new brand name. They set the target of 25 new hospitals in every three years.
- More importantly, in last few years, Eye market of India has significantly catches the attention of investors. The market is currently dominated by government hospitals, Ophthalmologists and charitable trusts.
- Vasan Healthcare Ltd. Which is a specialist chain of eye hospitals has an advanced discussions with Singapore sovereign wealth fund GIC with regard to sale of its 15 per cent stake for approx US\$ 75-100 million. Indian pharmaceutical and healthcare industry was addressed to add manpower over the last few years, this was the time when mostly players were busy in restructuring their operations and optimizing their costs. While coming years showing a

brighter perspective in 44 this sector as with addition of various new players in healthcare, strong penetration of specialized services, wider insurance coverage and increasing tourism in medical guarantee better opportunities for employment and growth in the sector. Two vital areas are also emerged in efficient healthcare system; these are —Emergency and Specialist medical care. The facilities related to Emergency care are still in a growing stage but the acceptance of —Medical Council of India for emergency medicines as a specialty, widens up the scope for professionals in this area especially for Paramedics, Emergency medicines specialized doctors and Nurses. Presently due to the absence of crucial factors.

for example: a central regulating figure, centralized emergency number, skilled emergency medical personnel, and quality pre hospital care, are responsible for making the present emergency medical care system inefficient. However, increasing initiatives of government and private players which are seen in previous years in various parts of country plays a positive role in this regard, with the acceptance of 108 as the National Emergency Number better opportunities are arises for healthcare consumers and also for Paramedics, Technicians, Nurses, and Emergency medicine specialized doctors across India. Several multispecialty hospitals give rise to specialist care in the country in various II tier and III tier cities; even they are the sources of better revenue generation. But major players of the industry is struggling with the problem of severe brain drain. The various factors which are responsible for attracting big corporate houses in healthcare sector are:-

- Recognition of healthcare as an industry: The segment was acknowledged as an industry in the mid-80s. Recognition of the sector as an industry make long term funding possible. Government has reduced the import duty on medical equipment's and technology, which comprises an opportunity for corporates. Though the National Health Policy 1983, few efforts has been done to amend or upgrade the policy though the nation has gone through some variations and new problems related to health also arises because of ecological degradation.
- Socio-Economic Changes: various social and economic changes like rise in rate of literacy, rise in the levels of incomes and increase in the consciousness because of wider media coverage, helpful in increasing awareness towards health. The rise in the nuclear family system make routine health check-ups are necessary for the bread earner of the family.
- Brand Development: Various corporates have established various charitable hospitals. They try to develop good image in the market by lending their name to the hospitals, which in turn helpful in improving the image of the other products of the corporate.

1.2 COMPANY PROFILE

The Pondicherry Institute of Medical Sciences is a leading state-of-the-art Multi Speciality Hospital and Teaching Institute at Kalapet, bordering the state of Tamilnadu and the Union Territory of Puducherry in Southern India. The college has been approved for full recognition by MCI (Ref.: Letter No.MCI-34(41)/2007-Med./26987, dated 08.01.2008) for MBBS Degree granted by the Pondicherry University. Pondicherry Institute of Medical Sciences is the culmination of the Madras Medical Mission's far-reaching vision to create a healthier society by providing affordable and exemplary healthcare services, and training young aspirants. Spread across 32 acres of landscaped greenery with a thick, lush border of swaying coconut palms and a breath taking view of the Coromandel Coast. Pondicherry Institute of Medical Sciences is located in inspiring settings. The Medical College has state-of-the-art and high-tech facilities. Well-Experienced Faculties have been drawn from all over India. PIMS offers students a stimulating

atmosphere to pursue their dreams. PIMS has six Health Centre functioning now actively, covering both Urban and Rural population in and around Pondicherry.

Vision:

—Through the Pondicherry Institute of Medical Sciences, the Madras Medical Mission promises to provide comprehensive and quality medical education with ethical values, to select young men and women who have the dedication to master the art of healing and explore the frontiers of medicine with a mandate to reach the unreached through compassionate practice, committed teaching and constant reach.

Mission:

"Madras Medical Mission society through Pondicherry Institute of Medical Sciences seeks to contribute to the health needs of the country by training health professional students and providing holistic service to the community and the nation with people of Christian faith serving in christ's name alongside with those of other faith who identify with these aims and objectives"

1.2 NEED FOR THE STUDY

- It is useful to the employees to making the self development program in future.
- To evaluating the current performance level of employees.
- It is used to fixing the salary level of employees.

1.3 SCOPE OF THE STUDY

- To increase the productivity by increasing the level of performance.
- The programme would help the organization in meeting its future personal need.
- The programme will help the employee in their personal group by improving their knowledge as well as skill.

1.4 OBJECTIVES OF THE STUDY

- To know the appreciation, co-ordination by superiors.
- To know the relationship with fellow superiors.
- To know the cost control maintained by superiors.
- To know the general hospital and planning ability.

RESEARCH METHODOLOGY

3.1 RESEARCH

Research is a process in which the researcher wishes to find out the end result for a given problem and thus the solution helps in future course of action. The research has been defined as— A system of models, procedures and techniques used to find the result of a research problem. (Navdi and Robinson, 2004).

3.2 RESEARCH METHODOLOGY

The process used to collect information and data for the purpose of making business decisions. The methodology may include publications research, interview, surveys, and other research techniques could include both present and historical information.

3.3 SOURCES OF DATA

In this study both primary data and secondary data are used.

3.3.1 Primary data

The data which is collected afresh for the first time and thus happen to be original in character is called primary data. These data are collected directly from the employees of Pims Private Hospital, Puducherry.

3.3.2 Secondary data

The secondary data on the other hand are those which have already been collected by someone else and which have already been passed through the statistical process. Secondary data has been collected from the Company web sites, Profiles magazines, articles were used.

3.4 POPULATION

A well-chosen sample will contain most of the information about

a particular parameter but the relation between the sample and the particular population parameter but the relation between the sample and the population must be such as to allow true inferences to be made about a population from the sample (John Wiley, 1993). The Population or Universe can be Finite or infinite. The population is said to be finite if it consists of a fixed number of elements so that it is possible to enumerate it in its totality. These projects consist of finite population. Nearly 300 workers are working in the company. This forms the population of this study.

3.5 SAMPLE

A sample is a subset of the population. It comprises some members selected from it. By studying the sample, the researcher should be able to draw a conclusion that would be generalized to the population of interest.

3.5.1 Sample Unit

A sampling unit is one of the units in which an aggregate is divided for the purpose of sampling, each unit being regarded as individual and indivisible when the selection is made. The sample is collected from the Workers of Pims Private Hospital. This forms the sample unit of the study.

3.5.2 Sample Frame

A sample frame is the source material or device from which a sample is drawn. In this study, a list of workers of the company is the sample frame.

3.5.3 Sample Design

A sample design is a finite plan for obtaining a sample from a given population. It refers to the technique or the procedure the researcher would adopt in selecting items for the sample (C.R. Kothari, 2004).

In this study Simple Random Sampling without Replacement is used. In this method of sampling, each unit of the population has a varying probability of being selected as a unit of the sample (Peroune, 2007). Here lottery method is used to choose the sample.

3.5.4 Sample Size

Sample size is calculated using the formula $n = \frac{(Z^2 S^2)}{e^2}$ (C.R. Kothari) where 'n' is sample, 'Z' is confident limited, 'S' is sample size and 'e' error. Using this formula the sample size should be around 90. Questionnaire was given to 110 employees. About 103 questionnaires were useful for analysis. To round off for calculation purposes it was rounded to 100. Hence the sample size is 100 for this study.

3.6 DATA COLLECTION TOOL

Questionnaire is used for the data collection. Questionnaire includes questions concerning different aspects of the subject of the study. It is used in such cases where the subject of study is very wide and direct observation is not possible. The questionnaire which is used in this study uses 5-point Likert scale (Strongly Disagree to strongly agree). In these questions are in the form of statements which are related to demographic profile of the respondents and their performance appraisal.

3.6.1 Reliability test for questionnaire

Reliability of the research instrument was tested by performing Cronbach's alpha test (Cronbach, 1951). Alpha coefficients of above 0.6 for items in questionnaire are acceptable. Though alpha coefficient of above 0.7 is recommended as the standard, the 0.6 cut off is adequate, given that the instrument is tested in a new environment (Nunnally, 1967). The Cronbach's alpha for Performance appraisal is 0.730 which is well above the threshold value of 0.6. Hence the instrument is reliable.

3.7 STATISTICAL TOOLS

The tools used for data analysis are Descriptive analysis, Factor analysis, Chi-square, Cluster analysis and ANOVA. The data collected are analyzed using the statistical software SPSS 16.0.

3.7.1 Percentage Analysis

Percentage analysis, are used to present the result graphically from the questionnaire. It can be represented in bar charts. To know the percentage level of the demographic factor the percentage method should be used.

3.7.2 Mean

The mean is just the average. It is sum of all your measurement, divided by the number of measurements. This is the most used measure of central tendency, because of its mathematical qualities. It works best if the data is distributed very evenly across the range, or is distributed in the form of a normal or bell-shaped curve.

3.7.3 Factor Analysis

Factor analysis is not a single unique method but a set of techniques. A factor is for several observed variables. There can be one or more factors, depending upon the nature of the study and the number of variables. Factor Analysis is a method of data reduction. It takes many variables and explains them with a few—factors or—components.

3.7.4 Cluster Analysis

Cluster analysis or clustering is the task or grouping a set of objects in such a way that objects in the same group (called cluster) are more similar to each other than to those groups (clusters).

Cluster analysis itself is not one specific algorithm, but the general task to be solved. It can be achieved by various algorithms that differ significantly in their notion of what constitutes a cluster and how to efficiently find them. Popular notions of cluster include groups with small distances among the cluster members, dense areas of the data space, intervals or particular statistical distributions. Clustering can therefore be formulated as a multi-objective optimization problem. The appropriate clustering algorithm and parameter setting depend on the individual data set and intended use of the results.

3.7.5 Chi-Square Analysis

Chi-square analysis in statistics to test the goodness of fit to verify the distribution of observed data with assumed theoretical distribution. Therefore, it is a measure to study the divergence of actual and expected frequencies. The quantity χ^2 describes the magnitude of discrepancy between theory and observation. If χ^2 is zero, it means that the observed and expected frequency completely coincides. The greater the value of χ^2 , the greater would be the discrepancy between observed and expected frequencies.

3.7.6 ANOVA

It is a statistical method for making simultaneous comparisons between two or more means; a statistical method that yields values that can be tested to determine whether a significant relation exists between variables.

Analysis of variance (ANOVA) is a statistical method used to test differences between two or more means. It may seem odd that the technique is called—Analysis of variance rather than—Analysis of means. As you will see, the name is appropriate because inferences about means are made by analysing variance. The mainstay of many scientific experiments in the factorial design. These comprise a number of experimental factors which are each expressed over a number of levels. Data are collected for each factor/level combination and the analysed using Analysis of variance (ANOVA).

5.1 CONCLUSION

The project is highly evaluated the performance appraisal at Pims Private Hospital. Since employees are the backbone of the company. So a company should satisfy them in order to improve the business in the higher competitive market of the liberalized economy. This study used Performance Appraisal, such as Reward, Chief Superior Evaluation, Motivational Factor, Satisfaction Level,

Employee Growth and Employee Performance. It can conclude that Chief Superior Evaluation, have high performance on performance appraisal among employees, but Motivational Factor has low performance on performance appraisal among employees. This research recommends that management should consider for Motivation to the employees in the hospital.

References:

1. Ammons, D. and Rodrigues, A. (1986). Performance Appraisal Practices for Upper Management in City governments. *Public Administration Review*, September/October, 460-467.
2. Behn, R. (2001). *Rethinking Democratic Accountability*. Washington, D.C.: Brookings Institution.
3. Bourgault, J., Dion, S., and Lemay, M. (1993). Creating a Corporate Culture: Lessons from the Canadian Federal Government. *Public Administration Review*, 53(1), 73-80.
4. Brewer, G., and Selden, S. (2000). Why Elephants Gallop: Assessing and Predicting Organizational Performance in Federal Agencies. *Journal of Public Administration Research and Theory*, 10(4), 685-711.
5. Brumback, G. (1993). The Continuing Evolution of MBR and Related Developments. *Public Administration Review*, 53(3), 213-219.
6. Colby, P. and Ingraham, P. (1982). Individual Motivation and Institutional Changes Under the Senior Executive Service. *Review of Public Personnel Administration*, 2(2), 101-118.
7. Daley, D. (2008). The Burden of Dealing with Poor Performers: Wear and Tear on Supervisory Organizational Engagement. *Review of Public Personnel Administration*, 28(1), 44-59.
8. Funderburg, S. A., & Levy, P. E. 1997. The influence of individual and contextual variables on 360-degree feedback system attitudes. *Group & Organization Management*, 22(2):210.
9. Furnham, A., & Stringfield, P. 2001. Gender differences in rating reports: Female managers are harsher raters, particularly of males. *Journal of Managerial Psychology*, 16(4):281.
10. Garavan, T. N., Morley, M., & Flynn, M. 1997. 360 degree feedback: Its role in employee development. *Journal of Management Development*, 16(2/3):134.
11. Gendersen, D. E., & Tinsley, D. B. 1996. Empirical assessment of impression management biases: The potential for performance appraisal error. *Journal of Social Behavior and Personality*, 11(5): 57-77.
12. Goss, W. 2001. Managing for results—Appraisals and rewards. *Australian Journal of Public Administration*, 60(1):3.
13. Graen, G. B., & Scandura, T. A. 1987. Toward a psychology of dyadic organizing. In L. L. Cummings & B. M. Staw (Eds.), *Research in organizational behavior*: Vol. 9. 175-208. Greenwich, CT: JAI.
14. Greguras, G. J., Robie, C., Schleicher, D. J., & Goff, M. 2003. A field study of the effects of rating purpose on the quality of multi source ratings. *Personnel Psychology*, 56(1):1-21.
15. McNish, L. (1986). A Critical Review of Performance Appraisal at the Federal Level. The Experience of PHS. *Review of Public Personnel Administration*, 7(1), 42-56.
16. Mikkelsen, A., Ogaard, T. and Lovrich, N. (1997). Impact of an Integrative Performance Appraisal Experience on Perceptions of Management Quality and Working Environment: Findings from a State Enterprise in Norway. *Review of Public Personnel Administration*, Summer, 82-99.
17. Moussavi, F. and Ashbaugh, D. (1995). Perceptual Effects of Participative, Goal-Oriented Performance Appraisal: A Field Study in Public Agencies. *Journal of Public Administration Research and Theory*, 5(3), 331-343.
18. Moynihan, D. (2008). *The Dynamics of Performance Management: Constructing Information and Reform*. Washington, D.C.: Georgetown University Press.
19. Murphy, K. and Cleveland, J. (1995). *Understanding Performance Appraisal: Social Organizational, and Goal-Based Perspectives*. Thousand Oaks, CA: Sage Publications.
20. Nigro, L. (1981). CSRA Performance Appraisals and Merit Pay: Growing Uncertainty in the Federal Workforce. *Public Administration Review*, July/August, 371-375.
21. Patton, F. 1999. Oops, the future is past and we almost missed it!!—Integrating quality and behavioral management methodologies. *Journal of Workplace Learning*, 11(7):266-277.
22. Penny, J. A. 2003. Exploring differential item functioning in a 360-degree assessment: Rater source and method of delivery. *Organizational Research Methods*, 6(1):61-79.
23. Pettijohn, C., Pettijohn, L. S., Taylor, A. J., & Keillor, B. D. 2001. Are performance appraisals a bureaucratic exercise or can they be used to enhance sales-force satisfaction and commitment? *Psychology & Marketing*, 18(4): 337-364.
24. Reilly, R. R., Smither, J. W., & Vasilopoulos, N. 1996. A longitudinal study of upward feedback. *Personnel Psychology*, 49:599-612.
25. Robbins, T. L., & DeNisi, A. S. 1998. Mood vs. interpersonal affect: Identifying process and rating distortions in performance appraisal. *Journal of Business & Psychology*, 12(3):313.
26. Sulsky, L. M., Skarlicki, D. P., & Keown, J. L. 2002. Frame-of-reference training: Overcoming the effects of organizational citizenship behavior on performance rating accuracy. *Journal of Applied Social Psychology*, 32(6):1224-1240.
27. Taylor, M. S., Masterson, S. S., Renard, M. K., & Tracy, K. B. 1998. Managers' reactions to procedurally just performance management systems. *Academy of Management Journal*, 41(5):568-579.
28. Varma, A., & Stroh, L. K. 2001. The impact of same-sex LMX dyads on performance evaluations. *Human Resource Management*, 40(4): 309.
29. Vecchio, R. P. 1998. Leader-member exchange, objective performance, employment duration, and supervisor ratings: Testing for moderation and mediation. *Journal of Business & Psychology*, 12(3):327.
30. Villanova, P., Bernardin, H. J., Dahmus, S. A., & Sims, R. L. 1993. Rater leniency and performance appraisal discomfort. *Educational & Psychological Measurement*, 53(3):789-799.