THE IMPACT OF PERFORMANCE MANAGEMENT SYSTEM ON EMPLOYEES' ORGANIZATIONAL COMMITMENT IN FITCHE HOSPITAL

BY: TILAHUN GESSESE
ID.NO: GSR/2242/08

A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY COLLEGE OF BUSINESS AND ECONOMINCS THE SCHOOL OF COMMERCE IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN HUMAN RESOURCE MANAGEMENT

SCHOOL OF COMMERCE

ADDIS ABABA UNIVERSITY

ADVISOR: WORKU MEKONNEN (PhD)

MAY 2017

ADDIS ABABA, ETHIOPIA

Addis Ababa University

College of Business and Economics

School of Commerce

APPROVALS

The undersigned certify that they have read and hereby recommend to Addis Ababa University to accept the Thesis submitted by **Tilahun Gessese Haile**, and entitled "**The Impact of Performance Management System on Employees' Organizational Commitment in Fitche Hospital**" in partial fulfillment of the requirements for the award of the Degree of Masters in Human Resource Management.

Approved by Board of Examiners

Name of Internal Examiner _____ Signature _____

Date _____

Name of External Examiner _____ Signature _____

Date _____

Name of Advisor _____ Signature _____

Date _____

Letter of Certification

This to certify that **Tilahun Gessese Haile** has carried out his thesis work on the topic entitled **"The Impact of Performance Management System on Employees' Organizational Commitment in Fitche Hospital"** under my guidance and supervision. Accordingly, I here assure that his work is appropriate and standard enough to be submitted for the award of Master of Arts in Human Resource Management.

Name of Advisor…….……. Signature……..

Date……

DECLARATIONS

I, **Tilahun Gessese Haile**, Registration/ID Number **GSR/2242/08**, do hereby declare that this Thesis is my original work and that it has not been submitted partially; or in full, by any other person for an award of a degree in any other university or institution.

Declared by:

Name _____ Signature_____

Date _____

Table of Contents

ACKNOWLEDGEMENT

At the beginning I want to gratify the Almighty God for His Mercy and Grace and for giving me strength, wisdom and opportunity to complete this study.

Next, I would like to put my deepest gratitude to my advisor Worku Mekonnen (PhD) for his desirable comment, support and guidance he gave me to complete this thesis. He spared his valuable time to comment and direct for the success of my study.

I would also like to thank Fitche Hospital staff especially Ato Negusu ,Human Resource Director of the hospital and others who helped me in distributing and collecting data.

I would like to thank for those who helped me to complete this paper mainly my best friend Bewnetu Dagne for his encouragement and continuous support from the beginning to the completion.

The support and love of my wife Enkenyelesh Ayele and my siblings was simply infectious. I love you all.

Additionally, I am grateful for those who are not mentioned in name but who helped me much.

LIST OF TABLES

LIST OF FIGURES

LIST OF ACRONYM

CEO ----------Chief Executive Officer

EC ---------- Employee Commitment

FH ---------- Fitche Hospital

HRM ---------- Human Resource Management

OC ---------- Organizational Commitment

OCQ ---------- Organizational Commitment Questionnaire

PA ---------- Performance Appraisal

PM ---------- Performance Management

PMS ---------- Performance Management System

PMSQ ----------Performance Management System Questionnaire

PMCC ---------- Pearson's Product Moment Correlation Coefficient

SPSS ---------- Statistical Package for Social Science

ABSTRACT

This study aimed at assessing the practice of performance management system and examined its impact on employees' organizational commitment in Fitche Hospital. The questionnaires were distributed to 152 sample employees of the study and 145 were returned and used for analysis. Explanatory survey design using quantitative method was used. The participants of the study were selected using probability sampling method specifically stratified random sampling on the basis of the Hospital's business unit category. The data collected from respondents through questionnaire were analyzed using descriptive statistics such as mean and standard deviation, Pearson's correlation analysis, multiple regression analysis and independent samples t-test with the help of SPSS version 21. The descriptive result indicates that all the stages of performance management system rated below moderate except prerequisite. The findings also revealed that employees score more on continuance commitment, affective commitment and normative commitment respectively. The result of Pearson's correlation found that except performance planning all stages of performance management system have positive and significant relationship with each dimension of employees' organizational commitment. On the other hand, multiple regression result shows, except performance planning all stages of performance management system have statistically significant influence on employees' organizational commitment. It was also found that performance management system stages differ in their influence on each dimension of organizational commitment. Furthermore, there is significant difference between technical and non-technical staffs on implementation of PMS. However, there is no statistically significant difference between the staff members regarding their level of organizational commitment. The study recommends that performance management system should be clear, transparent, easy to understand, fair, and real measurement of employees' performance to enhance employees' commitment. Also performance planning, performance execution and performance renewal and reconstructing have unique contribution. Therefore, management of the Hospital should mainly focus and use those stages to enhance employees' commitment level. Finally it is recommended that the hospital should identify and consider the factors that have been identified to have significant difference between the staffs.

Keyword: performance management system, prerequisite, planning, execution, assessment, review, renewal and re- constructing, organizational commitment, affective, continuance, normative.

CHAPTER ONE

1. INTRODUCTION

1.1. Background of the Study

In order to survive in this challenging and tough global competition, organizations need to give greater attention for their workforce. Among all organizational resources, human resource is the most valuable asset in organizations, because a skilful work without employees' is not possible (Hassan & Mahmood, 2016). Getting these things in mind, companies are investing a huge resources in designing performance management system to identify, evaluate and develop the contribution of their employees on a continuous basis.

Performance management (PM) as a system is a tool involving the continuous process of identifying, measuring and developing the performance of individuals and teams and aligning performance with the strategic goals of the organization (Aguinis & Pierce, 2007). It is a means of getting best result from individuals, teams and organizations through implementing effective performance management system (PMS) based on agreed framework. Moreover, it was grounded on the recognition of the importance of human capital, because organizational performance is dependent on employees' performance.

Nowadays, for effective organizational performance, high commitment of employees to their organization is considered as vital. The concept of organizational commitment (OC) is directly defer to the employee's expressive affection to, recognition with, and participation in the organization (Abebe & Markos, 2016). Consequently, organizations are moving hard to inspire commitment of their employees using different systems. A good PMS in an organization can make employees' committed. Armstrong (2012), opines that, among various aims of PMS, one of its major purpose is to promote employees' OC by linking individual objectives with organizational strategic goals. Moreover, Gupta & Upadhyay (2012), argue, the essence of PMS is the development of individuals with competence and commitment, working towards the achievement of shared meaningful objectives within an organization that encourages their achievement. So, the greater the level of commitment of employees, the higher will be returns for organization.

On the other hand, the level of employees' OC is usually depend on their feeling of trust and importance in the organization. The finding of Kuvaas (2007), advocate that, when organizations are design a good PMS that enhance the commitment level of employees, their feeling of relevance and trust will be at the reach of the organization. On the contrary, a perception that the system is unfair is likely to lead to decreased employees' OC and increased intentions to leave the organization (Erdogan, 2002).

Most scholars argue that, a poorly designed and implemented PMSs are becoming challenging issue. According to Armstrong (2010), major problems of a poorly designed and implemented PMS are: it reduces employee's OC, create conflict of interest between organizational goal and personal interest, lack of skilled people, barrier to effective communication and motivate a poor relationship between the subordinate and managers, increase employee's turnover intention, and cause for organizational conflict. To this end, the question "what makes a good PMS?" may be comes into our mind. Actually, the effectiveness of PMS is depends on the strength of its design and implementation methods. However, having a good PMS should be a concern for every organization. Because it is very useful to be competitor in global market by enhancing employees' OC to get best in return.

Previous studies reveal that, PMS is the most crucial tool for the organization in order to achieve its goals through encouraging employees' OC and increase their motivation to work. According to research conducted by Stevers & Joyce (2000), when PMS is designed and implemented effectively, it plays a significant role for organizational success. It can influence employees' OC and their motivation by providing clear direction and objectives, giving feedback on performance, and rewarding individuals based on their contributions.

Globally, few studies were available on the impact of PMS on employees' OC. The study of Gupta & Upadhyay (2012); Ayanyinka & Emmanuel (2013); and Bhosale & Kumar (2015), shows that PMS has significant influence on employees' OC. It was discovered that good practice of PMS can enhance employees' OC. Ayanyinka & Emmanuel (2013), argue, in order to create high level of employees' OC, organizations should participate employees on designing PMS and the system should be transparent, clear, and easy to understand.

When we come to Africa, though most organizations are using formal PMS, studies revealed that still there is diverse problems regarding implementation of the system. Research output of Mothusi (2008), in Botswana reveal that, employees' and managers did not fully understand PMS concept and its importance for their organization. Thus, managers are unable to guide their subordinates towards achieving the objectives of the system. The researcher also pointed out that, due to some manager's use PMS as a punitive tool and deserving employees were not rewarded, employees' were frustrated on their job. This frustration leads to reduce employees' OC. On Another study conducted by Ayanyinka & Emmanuel (2013) in Nigeria observed, inability of managers to manage PMS, to align individual objectives with organizational goals, and failed to effectively utilize PMS were cause for reduced employees' OC.

In Ethiopia also, most organizations are implementing PMS in order to measure and develop individuals as well as organizational performance using Balanced Score Card (BSC) as a major performance measurement tool. Similarly, health sectors also using PMS as performance evaluation system. Among health sectors Fitche Hospital (FH) is one of the public hospital implementing PMS in order to achieve the Hospital's strategic objectives. It was established in January 1998 and currently serving population estimated around 1.5 million. Since 2008 the Hospital is trying to provide quality health service to its customers and to make the Hospital a model in the region as well as competitor in the country (FH, 2016).

The current implementing PMS of the Hospital was began in 2011 based on the four perspectives of BSC (Financial perspective, Customer perspective, Internal business perspective, and Innovation and Learning perspective). The system aimed to bring overall organizational achievement by encouraging employees' and teams performance. However, due to the system was new to the hospital in comparison to the previous system (performance appraisal), many employees were not comfortable with the new PMS (FH, 2016).

Having the above indicated roles in mind, committed employees which makes the Hospital successful on meeting its goals and become competitor in today's competitive environment is crucial. Hence, the researcher motivated on this study basically to determine the extent to which PMS could influence employees' OC in FH as the Hospital is expected to play significant role in the country and contribute on the overall socio-economic development of the country through protecting the well-being of the citizens.

1.2. Statement of the Problem

Nowadays, organizations are using PMS formally and informally with the desire to achieve better organizational performance. The survey of 278 multinational corporations across 15 countries conducted by Cascio (2006), as cited on Kinicki, Jacobson, Peterson, & Prussia (2013), revealed that PMS is widely implementing in most organizations. Based on his finding, it was revealed that about 91% of the studied organizations implementing a formal PMS. However, in practice, due to different reasons organizations have difficulty in implementing an effective PMS. This inability may cause for various organizational problems, such as lack of employee's involvement, disagreements between employee's and their immediate boss regarding performance assessment, create dissatisfaction, increase turnover, unwillingness to take organizational responsibility, reduce organizational commitment and citizenship behavior (Rajesh, 2013).

During the preliminary assessment made at FH through observation and interview from CEO, Medical Director, human resource department team, and some currently working employees, different PMS implementation and OC related problems were observed. Such as, managers and some employees do not have enough understanding on the purposes and benefits of the existing PMS of the Hospital, the system is not linked with promotion, reward and benefits, specially most of non-technical/support staffs are not satisfied in their job, there is high turnover specially technical/health professional staffs, there is bad relationship between employees and their managers regarding performance evaluation, and some employees do not feel they are being evaluated and treated fairly; few of them challenge the current hospital's PM practice. On the other hand, based on the information obtained from the periodic assessment, there are behavioral problems observed on employees related to OC, such as absenteeism, unwillingness of employee's to identified as a part of the hospital, lack of trust, lack of motivation, and high turnover intention.

Based on the current information of the researcher and literature review, it was found that few researches were conducted on the impact of PMS on OC. Even though researchers like Gupta & Upadhyay (2012); Ayanyinka & Emmanuel (2013); Bhosale & Kumar (2015), in three top private banks in India, ten selected companies in Nigeria, and among two hundred managers from twenty companies in and round Pune respectively, were conducted study on the impact of PMS on OC, their study gives emphasis mainly on performance appraisal which is traditional practice in

HRM and the relationship between PMS and OC. Moreover, they were not concerned in studying how the influence of PMS on OC differs among various business units.

Particularly in Ethiopian context, various assessments were conducted on the effectiveness of PMS practice both in private and public organizations (Mawardi, 2013; Melat,2014; Temesgen,2016; Alemtsehay, 2016; Selamawit, 2016). However, an intensive investigation reveals that there is no attempt to examine the impact of PMS on employees' OC so far. There is also research gap in identifying the contribution of each PMS stages or processes on employees' OC. On the other hand**,** the impact of PMS on employees' OC in public Hospital is not yet researched. Therefore, this justifies the rationale for the study. Hence, in order to bridge this research gap, the study tried to assess the practice of existing PMS and examine its influence on employees' OC in Fitche Hospital.

1.2.1. Main Research Question

The main research question of the study is "to what extent the existing practice of PMS influence employees' OC in Fitche Hospital?

1.2.2. Specific Research Questions

The research attempted to answer the following specific questions:

1. To what extent PMS is implemented in Fitche Hospital?
2. Is there relationship between the stages of PMS and OC dimensions?
3. To what extent do the PMS stages influence employees' OC and OC dimensions?
4. Is there difference on PMS implementation between technical and non - technical staffs?
5. Does employees' OC vary between technical and non - technical staffs?

1.3. Objectives of the Study

1.3.1. General Objective

The general objective of this study is to assess existing PMS and to examine its impact on employees' OC in Fitche Hospital.

1.3.2. Specific Objectives

The specific objectives of the study are:

1. To assess the current practice of PMS in FH.
2. To examine the existing relationship between the stages of PMS (prerequisite, planning, execution, assessment, review, renewal and re-constructing), and employees' OC dimensions (Affective, Continuance, and Normative).
3. To examine how the PMS stages influence employees' OC and OC dimensions.
4. To determine whether significant mean difference exist between technical and non - technical staffs regarding PMS practice.
5. To determine whether significant mean difference exist between technical and non - technical staffs on their level of OC.

1.4. Significance of the Study

The study attempted to assess existing practice of PMS and examined its influence on employees' OC considering Fitche Hospital as a study setting. The result of this study is important for public and private organizations to understand the extent to which the practice of PMS influence their employees' OC level. It also help the managers and employees of FH to have clear understanding of effective PMS and its benefit, which will help to implement a better PMS that enhance commitment of employees to their organization. It also an input for other organizations that are interested in designing and implementing an effective PMS on considering the influence of the system on their employees' OC.

The study can be also used as additional reference for other researchers who intend to conduct further studies on the area. It can be used as an enhancement in the literature regarding the influence of PMS on employees' OC. Moreover, the study will also be beneficial for the researcher understanding circumstances concerning impacts of PMS on OC in the organization.

1.5. Definition of Terms and Concepts

Performance management (PM): is a continuous process of ''identifying, measuring, and developing the performance of individuals and teams and aligning performance with the strategic goals of the organization'' (Aguinis, 2009).

Performance management system (PMS): is a tool involving the continuous process of identifying, measuring and developing the performance of individuals and teams and aligning performance with the strategic goals of the organization (Aguinis & Pierce, 2007).

Organizational Commitment (OC): is a relative strength of an individuals' identification with and involvement in a specific organization (Suma, 2013).

Employee commitment (EC): is a psychological state that: Characterizes the employee's relationships with the organization and have implications for the decision to continue membership in the organization (Allen and Meyer 1990).

Technical Staffs: Employees who are working in health professional category and not included in administrative/support staffs.

Non – technical Staffs: Employees who are working in administrative/support staff of the Hospital and not included in health professional staffs.

1.6. Scope of the Study

The study covers the six PMS stages and its influence on employees' OC and its dimensions. Geographical setting of the study is Fitche town Administration because Fitche Hospital is located in the town. Moreover, this study was emphasized only on permanent employees of the Hospital consisting of technical and non – technical staffs through excluding employees who are serving on contractual basis. Also individuals who serves less than one year were excluded from this study. The reason is that, because it assumed as they are not well exposed to the system and may not have full understanding of the current PMS process in the Hospital. On the other hand, the study employed quantitative research method adopting explanatory survey design. This is because to reduce biasness like subjectivity on opinions.

1.7. Limitations of the Study

Although there are other related organizations which can be included in the study, this study limits itself only in Fitche Hospital. Thus, the conclusion of the study might be related to the organization under study. The study assessed only from the perspectives of employees. The management staffs of the Hospital were not participated due to objective of the study.

1.8. Organization of the Paper

This research paper was organized in to five chapters which includes the following contents: Chapter one includes an introduction, and then describes the background of the study, statement of the problem including research questions, objectives of the study, significance of the study, definition of terms and concepts, scope of the study, and limitation of the study.

Chapter two started with theoretical review which includes an overview, concepts and definitions of PM and PMS, purposes and stages of PMS through reviewing relevant literature on the relative theories and research findings. Then the concept and overview of OC and dimensions of OC, were discussed. Finally, empirical review, the relationship between PMS and OC, conceptual framework for the study, and hypothesis of the study were presented.

Chapter three was introduced the research methods and methodology which consists of description about the study area, research method, research design, population, sample size and sampling techniques, data source and types, data collection procedures, instrumentation, ethical consideration, and methods of data analysis. Finally, reliability and validity was presented.

In chapter four, the quantitative data gathered from the respondents were analyzed and interpreted, hypotheses of the study were validated, and the findings were discussed.

Finally, in chapter five, the major findings of the study were summarized, conclusion and recommendation were given, and limitation and direction for future research were suggested.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

This section of the research study was dealt with both theoretical and empirical literature related to PMS and its impact on employees' OC which is expected to give comprehensive knowledge or information concerning this subject matter. The chapter is classified mainly into theoretical and empirical review. Theoretical review includes overview of PM, definitions of PM, concepts and definitions of PMS, purposes of PMS, stages of PMS, definitions and concepts of OC, and dimensions of OC. On the other hand, empirical review of the study with relationship between PMS and OC stated by various researchers and authors were discussed. Moreover, conceptual framework of the study and hypotheses of the study were presented.

2.1. Theoretical Review

2.1.1. Overview of Performance Management

In most cases performance management (PM) and performance appraisal (PA) are interlinked with each other. However, PM is the broader one which identifies measure, manage and develop performance of the human resource in an organization whereas PA is the sub set of PM in which we use it for evaluating the competence of employees (usually annual) evaluation of an employee's performance (Robert N. and John R. 2013). Moreover, according to research conducted by Aguinis & Pierce (2007), there are many differences between PM and PA. First, in contrast to PM, PA does not usually include strategic business considerations. Second, also in contrast to PM, PA systems usually do not include extensive and ongoing feedback that an employee can use to improve his or her performance in the future. Third, PA is typically a once-a-year event that is often driven by the Human Resource Management (HRM) department, whereas PM is a year-round way of managing business that is driven by managers. In short, PA is often seen as an HRM department requirement and does not typically include business and strategic considerations, whereas PM (because of its emphasis on strategic alignment) can be a tool that helps management improves organizational performance.

Previous studies revealed that the study of (PM) has been popular within HRM. The concept of PM is grounded on the belief that organization performance is dependent on employee's

performance. According to Armstrong (2006) Suggestion, aim of PM is to establish a high performance culture in which individuals and teams take responsibility for the continuous improvement of business processes and for their own skills and contributions within a framework provided by effective leadership. Its key purpose is to focus people on doing the right things by achieving goal clarity. He also emphasize that PM is based on the agreement of objectives, knowledge, skill and capability (competence) requirements, performance improvement, and personal development plans. It involves the joint and continuing review of performance against these objectives, requirements and plans, and the agreement and implementation of improvement and further development plans.

Effective implementation of PM can lead to important benefits for organizations. Based on research finding of (Cascio, 2006), organizations with formal and systematic performance management systems are 51% more likely to outperform others regarding financial outcomes and 41% more likely to outperform others regarding additional outcomes including customer satisfaction, employee retention, and other important metrics. An effective *PM:* Have clear aims and measurable success criteria, designed and implemented with appropriate employee involvement, it should be simple to understand and operate, have its effective use core to all management goals, allow employees a clear 'line of sight' between their performance goals and those of the organization, focus on role clarity and performance improvement, closely allied to a clear and adequately resourced training and development infrastructure, make crystal clear the purpose of any direct link to reward and build in proper equity and transparency safeguards, regularly and openly reviewed against its success criteria (Strebler, et al., 2001).

2.1.2. Definitions of Performance Management

There are various almost as many definitions of PM as there are various scholars who have studied the topic and there are people who have tried to define it. But this does not mean that, totally it is difficult to define PM. Some of the following are the most commonly used definitions of PM: According to Armstrong and Baron (1998) PM is a strategic and integrated approach towards the performance of individuals and teams who are delivering their best for the success of the organization. Again Armstrong (2000) define PM as an integrated and systematic process of sustaining the success of organization by improving the performance of the people who work in them and also it is developing the capacity of individuals and team who contribute to the

organization. It is a strategic process in a sense that it deals with the broader issue of the organization efficiency to meet the market demands and long term goal. Integrated process, mean that first it is linking of the organization objective with the teams and individual core competences as well as integration of different aspects of HRM including, organizational development, human resource development, reward and recognition to ensure excellence in the management and development of people. Moreover, Aguinis (2009) defines PM as a "continuous process of identifying, measuring, and developing the performance of individuals and teams and aligning performance with the strategic goals of the organization".

Therefore, PM in the organizational context in the study is ongoing process that includes setting and aligning goals, coaching and developing employees, providing informal feedback, formally evaluating performance, and linking performance to recognition and rewards through the provision of feedback and recognition and the identification of opportunities for growth (Armstrong, 2006). The goal of this ongoing process is to enhance the employee's performance as well as job satisfaction and commitment to the organization and the performance of the organization (Smither & London, 2009).

2.1.3. Concepts and Definitions of Performance Management System

Different scholars define PMS in different ways and in different time. According to Pulakos (2005) performance management systems, which typically include performance appraisal and employee rewards systems, are the "Achilles' heel" of HRM. It could also be defined as strategic and integrated approach of conveying continued success to institutions by developing the people in a way that improves group and personal performance (Armstrong & Baron, 1998). In addition, it is a comprehensive and organized approach for efficient functioning of an organization (Armstrong, 2010). It enhances the employees' commitment and motivation by providing clear direction and objective feedback on performance. Furthermore, PMS has been defined as 'an integrated set of planning and review procedures which cascade down through the organization to provide a link between each individual and the overall strategy of the organization' (Smith & Goddard 2002).

According to Bevan and Thompson (1991), an effective PMS can lead to enhanced organizational performance. It is also contribute to other imperative outcomes such as improved

employee involvement, commitment and motivation (Taylor and Pierce, 1999). Other aspects of PMS concepts are: it is a system that covers all aspects of performance that are relevant for the existence of an organization as a whole. The PMS should provide management with an insight into how well the organization is performing its tasks and to what extent the organizational objectives are achieved (Flapper et al., 1996). This can involve motivating, monitoring, controlling, and rewarding employees for attaining desired outcomes (Lawler, 2003). It contributes to aligning the interests of employees and management by providing a clear indication of the strategic direction of the organization (Becker et al., 2011). Performance management systems are a means of executing organizational strategy by signaling to employees what is really imperative in the organization, fixing accountability for behavior and results, and helping to improve performance (Biron et al., 2011; Bae, 2006). Thus the concept of PMS is indispensable and has abounding benefits. (Kevin Baird H.S, 2012)

Even though, many factors will have an impact on the effectiveness of an organization's PMS, three are most important. First, the system needs to be aligned with and support the organization's direction and critical success factors. Second, well-developed, efficiently administered tools and processes are needed to make the system user friendly and well received by organizational members. Third, and most important, is that both managers and employees must use the system in a manner that brings visible, value-added benefits in the areas of performance planning, performance development, feedback and achieving results (Elaine D. Pulakos 2004).

2.1.4. Purposes of Performance Management System

Performance management as a system can serve as a pillar for the development of individuals, teams and organization in a way that they intend to get to the desired goal. According to Lee (2005) the real goals of any PMS are threefold – to correct poor performance, to sustain good performance and to improve performance. All PMS's should be designed to generate information and data exchange so that the individuals involved can properly dissect performance, discuss it, understand it, and agree on its character and quality. There are a number of purposes that formal PMS might serve. The most widely used are opined by (Smither & London, 2009). For them, PMS has majorly six important purposes: Each of them discussed below:

Strategic purpose: By linking the organization's goals with individual goals, the performance management system reinforces behaviors consistent with the attainment

of organizational goals.

Administrative purpose: It is a source of valid and useful information for making decisions about employees, including salary adjustments, promotions, employee retention or termination, recognition of superior performance, identification of poor performers, layoffs, and merit increases.

Communication purpose: It allows employees to be informed about how well they are doing, to receive information on specific areas that may need improvement, and to learn about the organization's and the supervisor's expectations and what aspects of work the supervisor believes are most important.

Developmental purpose: It includes feedback, which allows managers to coach employees and help them improve performance on an ongoing basis.

Organizational maintenance purpose: It yields information about skills, abilities, promotional potential, and assignment histories of current employees to be used in workforce planning as well as assessing future training needs, evaluating performance achievements at the organizational level, and evaluating the effectiveness of human resource interventions.

Documentation purpose: It yields data that can be used to assess the predictive accuracy of newly proposed selection instruments as well as important administrative decisions.

2.1.5. Stages of Performance Management System

Performance management is all about continuous improvement. It is largely concerned with process. Different scholars classified the stages of PMS in different types. Grote (2002), classified the process of PM into four (performance planning, performance execution, performance assessment, and performance review). The other classification of PMS stages are suggested by Pulakos (2004), which describes as Performance planning, ongoing feedback, employee input, performance evaluation and performance review. Again Armstrong (2009) discussed Performance Management Cycle as Planning, Act, Monitor, and then Review.

However, the stages may differ from scholar to scholar, the more expanded six stages of PMS suggested by Aguinis (2009), were emphasized in this study. These stages are: prerequisites, performance planning, performance execution, performance assessment, performance review, and performance renewal and re-constructing. These stages take place in a cyclical and ongoing manner.

2.1.5.1. Prerequisites

The first stage, prerequisites, refers to having knowledge of the organization's mission and strategic goals and knowledge of the job in question (Aguinis & Pierce, 2007). In this stage two important prerequisites are needed before a performance management system is implemented: (1) knowledge of the organization's mission and strategic goals and (2) knowledge of the job in question.

If there is a lack of clarity regarding where the organization wants to go, or the relationship between the organization's mission and strategies and each of its unit's mission and strategies is not clear, there will be a lack of clarity regarding what each employee needs to do and achieve to help the organization get there. An organization's mission and strategic goals are a result of strategic planning, which allows an organization to clearly define its purpose or reason for existing, where it wants to be in the future, the goals it wants to achieve, and the strategies it will use to attain these goals. Once the goals for the entire organization have been established, similar goals cascade downward, with departments setting objectives to support the organization's overall mission and objectives. The cascading continues downward until each employee has a set of goals

compatible with those of his or her unit and the organization.

The second important prerequisite before a performance management system is implemented is to understand the job in question. This is done through job analysis. Job analysis is a process of determining the key components of a particular job, including activities, tasks, products, services, and processes. There are numerous types of job analytic tools, including some that focus on specific personality traits needed for various positions (Aguinis, Mazurkiewicz, & Heggestad, 2009). A job analysis is a fundamental prerequisite of any performance management system. Without a job analysis, it is difficult to understand what constitutes the required duties for a particular job. If we don't know what an employee is supposed to do on the job, we won't know what needs to be evaluated and how to do so.

2.1.5.2. Performance Planning

According to Baron and Armstrong (2004), performance planning is the fundamental constituent of any performance management process which forms the foundation of any performance appraisal system in every organization. It involves a discussion and agreement between the supervisor and the employee regarding what needs to be done and how it should be done (i.e., a consideration of both results and behaviors), as well as a developmental plan. The performance planning stage has the goal for employees to have a thorough knowledge of the performance management system.

In fact, at the beginning of each performance cycle, the supervisor and the employee meet to discuss, and agree on, what needs to be done and how it should be done. This performance planning discussion includes a consideration of (1) results, (2), behaviors, and (3) development plan.

Results: Results refer to what needs to be done or the out- comes an employee must produce. A consideration of results needs to include the key accountabilities, or broad areas of a job for which the employee is responsible for producing results. A discussion of results also includes specific objectives that the employee will achieve as part of each accountability. Objectives are statements of important and measurable outcomes. Finally, discussing results also means discussing performance standards. A performance

standard is a yardstick used to evaluate how well employees have achieved each objective. Performance standards provide information about acceptable and unacceptable performance (for example, quality, quantity, cost, and time).

Behaviors: Although it is important to measure results, an exclusive emphasis on results can give an incomplete picture of employee performance. A consideration of behaviors includes discussing competencies, which are measurable clusters of knowledge, skills, and attitudes (KSAs) that are critical in determining how results will be achieved (Shippmann et al., 2000).

Development plan: An important step before the review cycle begins is for the supervisor and employee to agree on a development plan. At a minimum, this plan should include identifying areas that need improvement and setting goals to be achieved in each area. Development plans usually include both results and behaviors. Achieving the goals stated in the development plan allows employees to keep abreast of changes in their field or profession. Such plans highlight an employee's strengths and the areas in need of development, and they provide an action plan to improve in areas of weaknesses and further develop areas of strength (Reyna & Sims, 1995). The inclusion of development plans and, in more general terms, the identification of employee strengths and weaknesses as part of the performance management system have another important benefit: employees are more likely to be satisfied with the system (Boswell & Boudreau, 2000).

The direct supervisor or line manager has an important role in the creation and completion of the employee's development plan. This active role will help the supervisor understand the process from the employee's perspective, anticipate potential roadblocks and defensive attitudes, and create a plan in a collaborative fashion (Dunning, 2004). First, the supervisor needs to explain what would be required for the employee to achieve the desired performance level, including the steps that an employee must take to improve performance. This information needs to be provided together with information on the probability of success if the employee completes the suggested steps. Second, the supervisor has a primary role in referring the employee to

appropriate development activities that can assist the employee in achieving her goals. This includes helping the employee select a mentor, appropriate reading resources, courses, and so forth. Third, the supervisor reviews and makes suggestions about the development objectives. Specifically, the supervisor helps assure the goals are achievable, specific, and doable. Fourth, the supervisor has primary responsibility for checking on the employee's progress toward achieving the development goals. Finally, the supervisor needs to provide reinforcements so the employee will be motivated to achieve the development goals.

Finally, a tool that has become popular in helping employees, particularly those in supervisory roles, improve performance by gathering information from different groups is the 360-degree feedback system (Morgeson, Mumford, & Campion, 2005). These systems are called 360-degree systems because information is gathered from individuals all around the employee. Once the prerequisites are met and the planning phase has been completed, we are ready to begin the implementation of the performance management system. This includes performance execution, assessment, review, and renewal and re-constructing.

2.1.5.3. Performance Execution

During the third, performance execution, stage the employee strives to produce results and display behaviors agreed upon earlier as well as to work on developmental needs. Once the review cycle begins, the employee strives to produce the results and display the behaviors agreed on earlier as well as to work on development needs. The employee has primary responsibility and ownership of this process. Employee participation does not begin at the performance execution stage, however. employees need to have active input in the development of the job descriptions, performance standards, and the creation of the rating form.

Although the employee has primary responsibilities for performance execution, the supervisor also needs to do his or her share of the work. Supervisors have primary responsibility over the following issues:

- *Observation and documentation.* Supervisors must observe and document performance on a daily basis. It is important to keep track of examples of both good and poor

performance.

- ***Updates***. As the organization's goals may change, it is important to update and revise initial objectives, standards, and key accountabilities (in the case of results) and competency areas (in the case of behaviors).
- ***Feedback***. Feedback on progression toward goals and coaching to improve performance should be provided on a regular basis, and certainly before the review cycle is over.
- *Resources*. Supervisors should provide employees with resources and opportunities to participate in development activities. Thus, they should encourage (and sponsor) participation in training, classes, and special assignments. Overall, supervisors have a responsibility to ensure that the employee has the necessary supplies and funding to perform the job properly.
- ***Reinforcement.*** Supervisors must let employees know that their outstanding performance is noticed by reinforcing effective behaviors and progress toward goals. Also, supervisors should provide feedback regarding negative performance and how to remedy the observed problem. Observation and communication are not sufficient. Performance problems must be diagnosed early and appropriate steps must be taken as soon as the problem is discovered.

2.1.5.4. Performance Assessment

Performance assessment involves both the employee and the supervisor and the evaluation of the extent to which the desired behaviors have been displayed, and whether the desired results have been achieved. Although many sources can be used to collect performance information (e.g., peers, subordinates), in most cases the direct supervisor provides the information. This also includes an evaluation of the extent to which the goals stated in the development plan have been achieved. In this phase, both the employee and the manager are responsible for evaluating the extent to which the desired behaviors have been displayed, and whether the desired results have been achieved. Although many sources can be used to collect performance information (for example, peers or subordinates), in most cases the direct supervisor provides the information. This also includes an evaluation of the extent to which the goals stated in the development plan have been achieved (Aguinis & Pierce, 2008; Bennett, Lance, & Woehr, 2006). It is important that both the employee and the manager take ownership of the assessment process.

The manager fills out his or her appraisal form, and the employee should also fill out his or her form. The fact that both parties are involved in the assessment provides good information to be used in the review phase. When both the employee and the supervisor are active participants in the evaluation process, there is a greater likelihood that the information will be used productively in the future. Specifically, the inclusion of self-ratings helps emphasize possible discrepancies between self-views and the views that important others (that is, supervisors) have. It is the discrepancy between these two views that is most likely to trigger development efforts, particularly when feedback from the supervisor is more negative than are employee self-evaluations. The inclusion of self-appraisals is also beneficial regarding important additional factors. Self-appraisals can reduce an employee's defensiveness during an appraisal meeting and increase the employee's satisfaction with the performance management sys- tem, as well as enhance perceptions of accuracy and fairness and therefore acceptance of the system (Shore, Adams, & Tashchian,1998).

2.1.5.5. Performance Review

The performance review stage involves the meeting between the employee and the supervisor to review their assessments. This meeting is usually called the appraisal meeting or discussion. The appraisal meeting is important because it provides a formal setting in which the employee receives feedback on his or her performance. The performance review stage involves the meeting between the employee and the manager to review their assessments. This meeting is usually called the appraisal meeting or discussion. The appraisal meeting is important because it provides a formal setting in which the employee receives feedback on his or her performance. In spite of its importance in performance management, the appraisal meeting is often regarded as the "Achilles' heel of the entire process" (Kikoski, 1999). This is because many managers are uncomfortable providing performance feedback, particularly when performance is deficient (Ghorpade & Chen, 1995). This high level of discomfort, which often translates into anxiety and the avoidance of the appraisal interview, can be mitigated through training those responsible for providing feedback. Providing feedback in an effective manner is extremely important because it leads not only to performance improvement but also to employee satisfaction with the

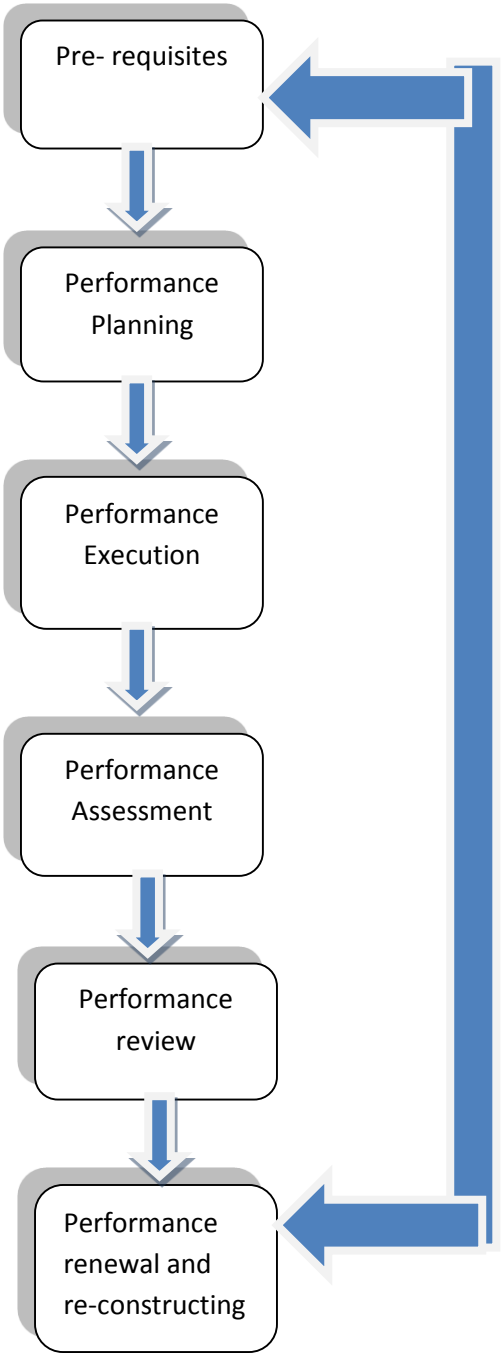
system.

In most cases, the appraisal meeting is regarded as a review of the past, that is, what was done (results) and how it was done (behaviors). However, the appraisal meeting should also include a discussion of the employee's development progress as well as plans for the future. The conversation should include a discussion of goals and development plans that the employee will be expected to achieve over the period before the next review session. In addition, a good appraisal meeting includes information on what new compensation, if any, the employee may be receiving as a result of his or her performance. In short, the appraisal discussion focuses on the past (what has been done and how), the present (what compensation is received or denied as a result), and the future (goals to be attained before the upcoming review session).

2.1.5.6. Performance Renewal and Re-constructing

The final stage in the performance process is renewal and re-constructing. Essentially, this is identical to the performance planning component. The main difference is that the renewal and re-contracting stage uses the insights and information gained from the other phases. For example, some of the goals may have been set unrealistically high, given an unexpected economic downturn. This would lead to setting less ambitious goals for the upcoming review period.

Figure 2.1: Flows of PMS



Source: Aguinis, 2009

2.1.6. Definitions and Concepts of Organizational Commitment:

Organizational Commitment has been defined in variety of ways by different scholars. It may be defined as relative strength of an individual's identification with and involvement in a specific organization. It can be characterized by three factors: 1) a strong belief in and acceptance of organization's goals and values; 2) a willingness to exert considerable effort on the behalf of the organization; and 3) a strong desire to maintain membership in the organization (Suma and Lesha, 2013). On the other hand, Employee commitment can be defined as an employee's drive to continually take active participation in the organizational activities at present and in the future that is borne out of a sincere desire to contribute efficiently to the general sustainability of the organization (Greenberg 2005; Robbins and Coulter 2003). According to Erasmus & Vandyk (2003) employee commitment is greatly dependent on the employee's perception of their relevance and expectation that their personal desires would be met through their continual commitment to the growth and development of the organization.

Employee's commitment within an organization, it is the relative strength of an individual's identification with and involvement in a particular organization. In relation to this, Allen & Meyer (1990) define employee commitment as a psychological state that characterizes the employee's relationship with the organization and has implications for the decision to continue employment with the organization. Similarly, Meyer & Becker (2004) define a committed employee as being one "stays with an organization, attends work regularly, puts in a full day and more, protects corporate assets, and believes in the organizational goals". This employee positively contributes to the organization because of its commitment to the organization.

Furthermore, Meyer & Allen (1997) [as cited in Meyer & Becker, 2004] define a committed employee as being one "stays with an organization, attends work regularly, puts in a full day and more, protects corporate assets, and believes in the organizational goals". This employee positively contributes to the organization because of its commitment to the organization. Research shows that individuals and organizations are adversely affected when commitment is low, and that both benefit when commitment is high (Brockner *et al*., 1992). Organizational commitment is associated with increased satisfaction, performance, and organizational

adaptability (Lok & Crawford, 1999; Meyer & Becker, 2004), as well as decreased absenteeism and employee turnover.

Generally, organizational commitment means the involvement of an employee to perform his work with zeal and excitement (Dorenbosch & Veldhoven, 2006). Performance of an organization is directly related to commitment level of employees (Ivancevich, 2010). Committed employees will be able to perform their jobs more than management expectations (Bragg, 2002). High level of commitment is indispensable for increasing output and obtaining sustainable competitive advantages (Whitener, 2001).

2.1.6.1. Dimensions of Organizational Commitment

Organizational commitment is a concept which is about, to what extent people internalized their organization and willing to stay in their organization (Greenberg, 2002). Generally accepted model for organizational commitment is the model of Allen and Meyer Yavuz and Tokmak (2009), as cited on (Vural, et al., 2012). Thus, according to Allen & Meyer (1990) there are three basic dimensional forms of employee's organizational commitment: affective, continuance, and normative commitment. For the purpose of this study each of them were considered and discussed below.

2.1.6.1.1. Affective Commitment:

This form of commitment basically reveals the employee's desire to remain with the organization as its base on a perceived emotional attachment to, involvement in, and identification with the organizational goals and its objectives. Affective commitment involves three aspects such as the formation of an emotional attachment to an organization, identification with, and the desire to maintain organizational membership. In this context, affective commitment reflects the identification and commitment situation where the employees stay in the organization with their own will (Allen & Meyer, 1994). Moreover, affective commitment is also attitudinal based and in this situation the employee sees him/herself as a part of the organization. Individuals with high levels of affective commitment continue employment because they *want to.*

Therefore, it is very important for the organizations to have employees feeling affective commitment since strong affective commitment means employees willing to stay in the organization and accepting its objectives and values (Allen & Meyer, 1990).

2.1.6.1.2. Continuance Commitment:

Continuance commitment is where the employee perceives it is dependent on the organization to achieve certain economic benefit. It is a commitment situation originating from the needs of employees to stay in the organization considering the costs of leaving (Allen & Meyer, 1990). It refers to an awareness of the costs associated with leaving the organization as well as the willingness to remain in an organization because of the investment that the employee has with "nontransferable" investments. Nontransferable investments include things such as retirement, relationships with other employees, or things that are special to the organization (Allen & Meyer, 1990; Brockner *et al*., 1992).

In continuance commitment, the employees consider the disadvantages of leaving the organization and avoid quitting. Moreover, continuance commitment is not a negative situation though it is considered to be a negative commitment type by the organizations. Those with high levels of continuance commitment stay with the organization because they *need to.* Thus, the employee keeps his organization membership thinking it might cost him too much to leave the organization (Allen & Meyer, 1990).

2.1.6.1.3. Normative Commitment:

This form of commitment is based on the perception that the employee's hold to the organization. The commitment is built on the psychological belief that it is right to reciprocate in exchange for what is offered to them. The employee exhibits certain behavior at individual level since they view it appropriate to do them (Allen & Meyer, 1990).

In short, Allen and Meyer (1990) defined affective commitment as the extent of an employee's emotional attachment to, identification with, and involvement in the organization, continuance commitment as an judgment of costs related with leaving the organization and normative commitment as the degree to which an employee believes some sense of obligation to stay with the organization. the three components of employee commitment are a psychological state that either characterizes the employee's relationship with the organization or has the implications to affect whether the employee will continue with the organization. An individual can have similar or different levels of all types of commitment. They are not mutually exclusive. Thus, regardless of the definition, "committed" employees are more likely to remain with the organization.

Meyer & Allen (1997) as cited in Meyer, Becker, & Vandenberghe (2004) found that employees that have a good relationship with their immediate work group have higher levels of commitment to the overall organization will be higher. Accordingly, they argue that employees must be given numerous opportunities such as promotion, reward based on performance and benefits throughout the workplace to feel committed to the organization.

2.2. Empirical Review

Few researches were conducted concerning the impact of PMS on employees' OC. Studies have shown that there is significant relationship between PMS and employees OC. According to the finding of Brown & Heywood (2005), PMS is undertaken to monitors employees contribution in order to improve employee performance and productivity. If used properly it can play a significant role in enhancing organizational commitment. They were also argued that it is a certified method for improving performance and enhancing satisfaction which leads to employees' commitment to the organization.

Asma & Mehboob (2012), argue committed employees are very crucial in upbringing the performance of the organizations. They help to increase the efficiency and effectiveness of the organizations. The employee's commitment with organizations is not an avoidable aspect in the service sector because they are providing services where skill, expertise and proficiency matters a lot in building relationships with customer and saving time , resources and cost associated with it. In this regard PMS is significantly playing its role in edifying commitment among the employees. Good PMS practice also energize people working in the organization. And also the commitment and motivation built through good PMS practice can lead to hard work.

Szekeres (2004), conducted to determine the difference in organizational commitment among academic and administrative employees. The researcher argued that university's academic and administrative employees differed in their level of organizational commitment with academics displaying higher commitment levels. He also revealed that, this may result from perceptions by administrative employees that they are not recognized or valued by their universities.

2.2.1. Performance Management System and Organizational Commitment

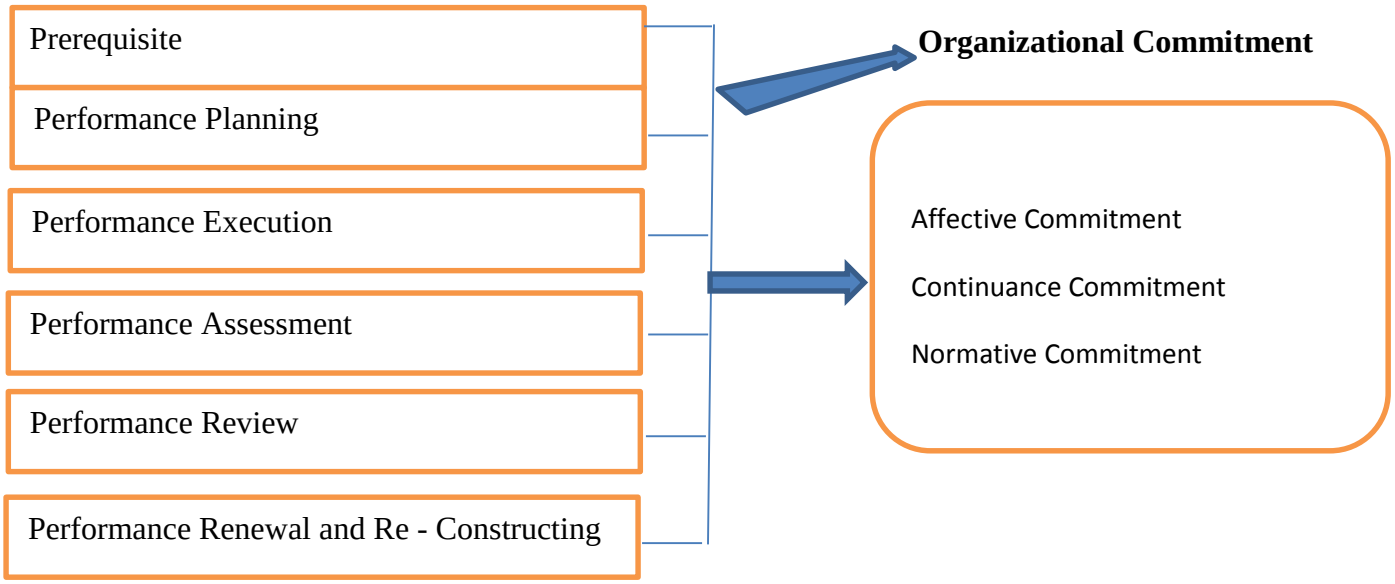
Very little literature is available on the impact of PMS on OC and examining the relationship between PMS and OC. Such research has been conducted for example at the company's level Gupta & Upadhyay (2012); Ayanyinka & Emmanuel (2013) and managers level Bhosale & Kumar (2015). All studies shows there is positive and significant relationship between PMS and OC. Based on the previous research, the concepts of PMS and OC are reviewed with a view to weaving theoretical relationships and causality. This is owing to the fact that it is useful for proper understanding of performance management system and employee's commitment approaches (Ayanyinka & Emmanuel, 2013). PMS is goes beyond the previous consideration of only financial form of assessment. It places greater emphasizes on both financial and non-financial performance to arrive at a fair, holistic and realistic system (Risher, 2003). It involves the measure of both behavior (what an employee does) and results (the outcome of an employee's behavior) (Aguinis, 2009). PM shows a direct link between employee performance and organizational goals and makes the makes the employees‟ contribution to the organization explicit (Aguinis, 2009). It is strategic tool that organization can adopt in attracting and retaining dynamic, creative employees that today cannot be fitted in to mere theoretical model. PM is used to mean a system that "aims to react to the „outcome‟ measure using it in order to manage the performance" which is usually at an individual level (Radnor & Mcguire, 2004).

Moreover, according to the finding of Armstrong (2010), PMS has positive influence on commitment level of employees. The availability of opportunities for development, advancement growth, and recognition will greatly increase the motivational level among employees. PM provides data for manpower planning. Explicitly the capacity record is gathered through employee PMS of an organization. In addition, Ayanyinka & Emmanuel (2013), also revealed that PMS has enormous impact on employee's commitment. The way employees feel about their organization is cogent in ensuring the corporate existence of the business. Therefore, there is need to carry employees along in the designing of PMS since its successful implementation is also dependent on them.

2.3. Conceptual Framework

The conceptual framework of the study are independent variables and a dependent variable. Independent variable is the variable which affects dependent variable to change and the researcher will have control over it. Thus, in this study, the independent variable is PMS. The subscale in the PMS Survey were prerequisite, performance planning, performance execution, performance assessment, performance review, and performance renewal and re-constructing. On the other hand, employees' OC was dependent variable. These measures are the affective commitment scale, continuance commitment scale, and normative commitment scale of OC, as shown in Figure 2.2. In addition, in this study demographic factors were technical staff, employees who are working on health profession and non-technical staff, employees who are working on administrative staff.

Figure 2.2: Conceptual Model of the Study



2.4. Hypothesis

According to Kothari (2004), hypothesis is a logical conjectured relationship between two or more variables expressed in form of testable statements. It is a formal statement of an unproven proposition that is empirically testable (Zikmund, et al., 2009). Moreover, hypothesis testing is undertaken to explain the variance in the dependent variable or to predict organizational outcomes

(Sekaran, 2000). Accordingly, for the purpose of this study, the following Five (5) hypotheses are formulated based on literature, and were tested. These are:

H1: There is relationship between the stages of PMS and employees' OC dimensions.
H2: Overall PMS has significant and positive relationship with affective commitment.
H3: Overall PMS has significant and positive relationship with continuance commitment.
H4: Overall PMS has significant and positive relationship with normative commitment.
H5: Overall PMS has significant positive influence on total OC.
H5a: Prerequisite has significant positive influence on employees' OC.
H5b: Performance planning has significant positive influence on employees' OC.
H5c: Performance execution has significant positive influence on employees' OC.
H5d: Performance assessment has significant positive influence on employees' OC.
H5e: Performance review has significant positive influence on employees' OC.
H5f: Performance renewal and re-constructing has significant positive influence on employees' OC.
H6: There is significant difference on influence of PMS stages over affective commitment
H7: There is significant difference on influence of PMS stages over continuance commitment
H8: There is significant difference on influence of PMS stages over normative commitment
H9: There is significant difference in implementation of PMS between technical and non - technical staffs.
H10: There is statistically significant difference on employees' level of OC between technical and non - technical staffs.

CHAPTER THREE

3. RESEARCH METHODOLOGY

The purpose of this chapter is to present the research design and methodology which were adopted and the choice of the appropriate research method for the thesis. The chapter is arranged into different sub sections, starting from description of the study area, followed by research method, research design, population, sample size and sampling techniques, data sources and types, data collection procedures, instrument of the study, pre –testing of tools, and method of data analysis. Additionally Ethical consideration, and Reliability and Validity of Instruments were presented in the chapter.

3.1. Description of the Study Area

The study's setting was Fitche Hospital, and Fitche is the capital town of the North Shoa Zone, Oromia, which is located to Northern Ethiopia at about 112 Km from Addis Ababa; in the main road from Adiss Ababa to Gojam/ Gondar. Topographically, the area is located at about 2800 meters above Sea Level. The average annual rain fall and temperature are 800-1600mm & 10-24^{0c} respectively. Fitche town is bounded by Debre Tsige woreda in the South, Degem woreda in the North, Yaya gulele woreda in the east, Jemma River in the west. There are 1,508,741.00 people in North Shoa zone, out of which 753,523(49.94%) are females & 755,218(50.06%) are males (Fitche Municipality, North shoa zonal Administration, 2016).

Fitche Hospital is the only zonal hospital in North shoa zone which was established in January 1998 and currently serving population estimated to be 1.5 million with high patient flow and referral burden. The hospital receives referral cases from 42 health centers and one district Hospital. The hospital has started improving the quality health service since 2008 by incorporated business process re-engineering (Fitche Hospital, 2016).

3.2. Research Method

According to Creswell (2009), there are three approaches available for researchers to design their research methodology. These are Quantitative, Qualitative, and Mixed methods research approaches. Quantitative research can be used in response to relational questions of variables

within the research. Quantitative researchers seek explanations and predictions that will generate to other persons and places. The intent is to establish, confirm, or validate relationships and to develop generalizations that contribute to theory" (Leedy & Ormrod, 2001). On the other hand, qualitative research method allows the researcher to explore and better understand the complexity of a phenomenon. It concerned with subjective assessment of attitudes, opinions and behavior. Finally, mixed method refers to a research method which employ aspects of both quantitative methods and qualitative procedures.

However, for the purpose of this study quantitative research method was employed. Because, quantitative method is a research method dealing with numbers and anything that is measurable in a systematic way of investigation of phenomena and their relationships. It is used to answer questions on relationships within measurable variables with an intention to explain, predict and control a phenomena (Creswell, 2009). Thus, due to the collected data of the study was quantified and analyzed through statistical approach the study was used quantitative research method.

3.3. Research Design

Zikmund, et al.,(2009), defines a research design as a master plan that specifies the methods and procedures for collecting and analyzing the needed information. It provides a framework or plan of action for the research. In addition, according to Saunders, et al (2009), it is a general plan of how the researcher will go about answering his/her research question(s).

There are three types of research design viz; exploratory, descriptive, and explanatory research design. However, for the purpose of this study, the explanatory survey design was employed. According to Saunders, et.al (2009), explanatory researches establish causal relationships between variables. Therefore, the emphasis here is on studying a situation or a problem in order to explain the relationships between dependent and independent variables of the study. Thus, in order to collect data using quantitative method and to test the hypotheses of the study this design was considered as an appropriate design.

3.4. Population, Sample Size and Sampling Techniques

3.4.1. Population of the Study

According to Saunders, et.al (2009), population is a full set of cases from which a sample is taken. It is any complete group under investigation that shares some common set of characteristics (Zikmund, et.al, 2009). Consequently, the target population for the study were all permanent employees of FH. Due to their short and unstable period of engagement, contract employees were excluded from the study. In addition, the researcher excluded individuals who have less than one year of experience from the study, because they are not well exposed to the system and may not have full understanding of the PMS process in the Hospital. Therefore, a total of 252 (as of December 10, 2016) permanent employees which consists of 137 technical staffs working in technical or health professional, and 115 non-technical or supportive staff working in administrative sections were considered as population of the study. Moreover, the unit of analysis was set to be individual level that meant each technical and non - technical staff.

Table 3.1: Population Frame

Population category	**Total Population**	**Percentage**
Technical staffs	137	54.36
Supportive staffs	115	45.64
Total	**252**	**100**

Source: Fitche Hospital, Human Resource office December, 2016

3.4.2. Sample Size

Size of the sample refers to the number of items to be selected from the universe to constitute a sample (Kothari, 2004). The size of sample should neither be excessively large, nor too small. It should be optimum. An optimum sample is one which fulfills the requirements of efficiency, representativeness, reliability and flexibility. Thus, the study was drawn sample from all permanent employees of the Hospital. Accordingly, in order to decide the participant of the study, the formula of kothari (2004) was used to calculate sample size. The reason behind choosing this formula is that the formula was provided for finite population and the study population also finite. The other reason is the need for large sample because when there is groups in the study and for survey study large sample was required. Moreover, as the sample increases it assures normal

distribution of the sample. Therefore, since the formula was provides large sample it was chosen as appropriate formula for this study and calculated as follows.

$$n = \frac{z^2 \cdot p \cdot q \cdot N}{e^2 (N-1) + z^2 \cdot p \cdot q}$$

Where n= sample size

N: Population

Z α /2: normal reduced variable at 0.05 level of significance z is 1.96

P: population reliability (or frequency estimated for a sample of size n), where p is 0.5

q = 1-p

e: acceptable error considered is 5 % for this study.

Thus,

$$n = \frac{(1.96)^2 * 0.5 * 0.5 * 252}{(0.05)^2(252-1) + (1.96)^2 * 0.5 * 0.5}$$

$$n = \frac{242.0208}{1.5879}$$

n = 152

Therefore, the sample size of the study was 152 employees'.

3.4.3. Sampling Techniques

Basically, there are two types of sampling techniques viz., probability and non-probability sampling. Probability sampling is often associated with survey and experimental research designs, and the chance, or probability of each case being selected from the population is known and is usually equal for all cases. This means that it is possible to answer research questions and to achieve objectives that require the researcher to estimate statistically the characteristics of the population from the sample (Saunders, et.al, 2009).

On the contrary, non-probability sampling is that sampling procedure which does not afford any basis for estimating the probability that each item in the population has of being included in the sample (kothari, 2004). In this type of sampling, items for the sample are selected deliberately by the researcher; his/her choice concerning the items remains supreme. In other words, under

non-probability sampling the organizers of the inquiry purposively choose the particular units of the universe for constituting a sample.

Probability samples are those based on simple random sampling, systematic sampling, stratified sampling, cluster/area sampling whereas non-probability samples are those based on convenience sampling, Purposive sampling (such as quota sampling, and judgment sampling) techniques. Consequently, the sampling technique in this study was stratified random sampling. Stratified random sampling is a modification of random sampling in which we divide the population into two or more relevant and significant strata based on one or a number of attributes (Saunders, et.al, 2009). Thus, this technique was chosen because the population of the study consists of technical staff/ Health Professionals and non-technical/supportive staff, each being a stratum. This technique was done first, by identifying each of two staffs within the study population as a stratum and then both samples were divided for each stratum through adopting proportional allocation as shown in Table 3. 2. Finally, a simple random sample was taken from employees' list of each stratum using lottery method. Simple random sampling technique offers equal opportunity for individuals in each stratum of the population to be sampled. The essence of using this technique was primarily to avoid research bias. Generally, from the population under study 152 sample employees were drawn which consists of 82 technical staffs, and 70 supportive staffs.

Table 3.2: Sampling Frame

Stratum of Employees	Population	Population proportion	Sample Size	Percentage
Technical staffs	137	0.54	82	53.95
Non-technical staffs	115	0.46	70	46.05
Total	**252**	**1**	**152**	**100**

Source: Researchers' own.

Kothari's(2004) Formula;

$n\,i = n.\,Pi$

Where n *i= stratum sample*

n= strata sample

Pi= population proportion

3.5. Data Sources and Types

Sources of data for the study were both primary and secondary sources.

3.5.1. Primary Data

Primary data is the data which is collected afresh and for the first time and thus happen to be original in character (kothari, 2004). He also suggests particularly in survey researches, Primary data can be collected in a number of ways, such as questionnaires, observations, interviews and other methods. However, for the purpose of this study the researcher was used close ended questionnaire which is the most appropriate to the research questions and objectives, because it can provide an efficient way of collecting responses from a large population of prior to quantitative analysis.

3.5.2. Secondary Data

According to saunders et.al (2009), secondary data are those which have already been collected by someone else and/or which have already been passed through a statistical process. This includes available international journals, online internet access, reports and supportive materials, published and unpublished research works, text books, and other sources from the library. Thus, the study was used the above mentioned secondary data. This data was used to complement the primary data.

3.6. Data Collection Procedures

To get the general picture of the issue under study, the researcher was used a questionnaire. According to Saunders *et al*. (2009) Questionnaire refers to all techniques of data collection in which each participant is asked to respond to the same set of questions in a predetermined order. Accordingly, a close-ended questionnaire was provided and distributed to the participants of the study which consists of 152 permanent employees of FH who are working on different positions under two strata viz. technical staffs or health professional and non-technical or supportive staff's. The central premise of using close-ended questionnaire is it was statistically analyzed and easier and quicker for respondents to answer (Zikmund, et al., 2009). Another reason of using close ended questionnaire is as the researcher partially observed when he was doing the preliminary study

concerning this subject matter, specially the technical staffs are always busy and do not have time to respond time consuming questionnaires like open ended and others.

In addition, each participant was completed a questionnaire that include three sections. The first section was involve background information. The second section consists of 28 items pertaining to the hospital PMS process, and finally the third section contains 24 items concerning the OC dimensions. For the questionnaire to be easily understandable by respondents in need, in addition to English version, it was translated into Afan Oromo language. So as to capture the same meaning of the questionnaire in both languages, it was revised by language professionals.

Moreover, the whole process were dealt by the researcher, thus reducing the chances of information leakage and ensures frame with increased trust between researcher and respondents were taken part in the survey.

3.7. Instruments of the Study

In order to measure the implementation of PMS, a questionnaire consisting of 28 items was adopted with some adjustments from research conducted by (Mawardi, 2013). The instrument consists of six stages of PMS (prerequisite, performance planning, performance execution, performance assessment, performance review, and performance renewal and re- constructing).

On the other hand, employees' OC was measured through adopting the standard questionnaire of Allen & Meyer (1990) which consist of 24 items measuring 3 dimensions of OC namely, affective commitment, continuance commitment and normative commitment with 8 items each. Furthermore, all responses were rated on a five point Likert scale type — 1 (SD) strongly disagree, 2 (D) disagree, 3 (N) Neither agree nor Disagree, 4 (A) Agree, and 5 (SA) strongly agree.

3.8. Pre - testing of Tools

A pre-test was performed before the final data collection to determine the validity of the questionnaire. According to Kothari (2004), in order to check the usability of data gathered from respondents, all data collecting instruments should be pretest. Hence, for the purpose of this study the instruments of the study were pretested by taking 30 employees of the hospital. After receiving

feedback from respondents, some adjustments were taken on the content and structure of the instrument as to increase understanding, readability and simplicity to answer.

3.9. Method of Data Analysis

The data was analyzed using procedures within Statistical Package for Social Sciences (SPSS) version 21. In order to analyze the statistical data that was obtained through questioner, the researcher was employed both descriptive statistics and inferential statistics. While using descriptive statistics such as, frequency and percentage, the demographic background of respondents were analyzed and presented , measure of central tendency (mean), measure of dispersion (standard deviation), were used on assess the existing practice of PMS and level of employees' OC in the Hospital.

On the other hand, in order to examine the relationship and influence between the independent variable and dependent variable involved in the study, and to accept or reject the hypotheses formulated in the study inferential statistics such as, correlation (to test the strength of relationship between the stages of PMS and OC dimensions), multiple regression analysis (to examine whether the process of PMS has significant influence on OC dimensions or not), were used. Furthermore, t-test (in order to look if there is significant mean difference on PMS practice and level of employees' OC between technical and non-technical staffs of the Hospital) were used.

3.10. Ethical Consideration

The general ethical issues raised at each stage of a research process were based on AAU senate legislation Article 129.2 /2013. According to the article, any academic research shall consistent with accepted research standards, code of professional ethics, and norms and policy of the University and provided such undertakings are assumed pursuant to the existing laws and policies of the University.

Accordingly, prior to conducting the study permission was obtained from the Hospital. Thus, the researcher was available at FH for the participants in order to inform for the whole process such as, explaining the objective of the study and assuring about the privacy and anonymity of the process. The purpose of the study, cooperation from respondents, ethical issues were also explained as introduction part on the questionnaire. Covering letter was attached to the

questionnaire ensuring participants anonymity and confidentiality that information obtained from them will not be disclosed to the third party. Hence, the respondent's rights to privacy, to be fully informed consent, discretion, secrecy, will be addressed individually. Name and other identifying information were not used in the study (kothari, 2004).

3.11. Reliability and Validity of Instrument

Primarily, in order to ensure its effectiveness, the instrument/tool had been reviewed by the supervisor of the study. Then, before starting the analysis, data obtained from respondents were tested or checked.

Reliability of Instrument

Ahuja (2011), defines reliability as the degree to which measures are free from error so that they give same results when repeated measurements are made under constant conditions. Further, according to Golafshani (2003) reliability is defined as the extent to which results of a study are consistent over time and there is an accurate representation of the total population under study. Thus, in this study the reliability of the instrument was verified by the Cronbach's alpha. The Cronbach's alpha is a technique that helps to determine the reliability of a survey instrument and the internal consistency of the average correlation of variables in the survey (Gleim & Gleim, 2003).

According to Mugenda & Mugenda (2003), and Field (2009), a questionnaire with an alpha reliability coefficient of 0.80 or more implies that there is a high degree of reliability of the instrument. Accordingly, overall Cronbach's alpha result of reliability of the instrument (questionnaire) used in this study was obtained 0.952 with the help of SPSS program as shown in Table 3.3. The scores of alpha for PMS and OC are 0.915 and 0.931 respectively. Therefore, since the alpha of the questionnaire is higher than 0.80, the result signifies that the instruments (questionnaire) used in this study were considered as reliable.

Table 3.3: Reliability test for both PMS and OC scales

Reliability Statistics

Variables	Cronbach's Alpha	N of Items
Both PMS and OC	.952	52

Reliability Analysis

Variables	Cronbach's Alpha	N of Items
PMS	.915	28
OC	.931	24

Source: Survey result, SPSS output, 2017

Validity

According to Shadish, et al., (2002), the term validity refers to the approximate truth of an inference. To determine validity we make judgment about the extent to which relevant evidences support as being true. There are three types of validity in quantitative research. These are criterion-related validity, content validity, and construct validity. The first criterion-related validity is deals with the consistency of the questions with the responses intended by the researcher. This validity is assured by structuring the questionnaire according to the specific objectives. The second form of validity is content validity, which is the ability of an instrument to gather the data required for the analytical techniques suggested. It is the extent to which an empirical measurement reflects a specific domain of content. This is assured using close ended questions to avoid irrelevant answers. Finally, the third construct validity is assured by rearranging the questions according the comments of the respondents in order to keep the flow of questions (Thatcher, 2010).

Therefore, for the purpose of this study, in order to ensure internal validity of the instrument, the researcher gave the draft questionnaire to the supervisor and senior colleagues in the field to evaluate appropriateness of the items and to ensure that all the questions asked in the questionnaire fully exhaust all that are implied by the research questions and hypotheses.

CHAPTER FOUR

4. DATA PRESENTATION, RESULT AND DISCUSSION

4.1. Introduction

This chapter deals with data presentation, analysis and discussion of findings obtained from the survey questionnaire. The participants of the study were from the two categories of Fitche Hospital (technical staffs, and non-technical staffs). The data obtained from respondents were analyzed with the help of Statistical Package for Social Science (SPSS version 21).

4.2. Response Rate

The essence of determining the response rate is to enquire whether it is sufficient enough to generalize the results to the target population (Mungai, 2015). Generally 152 questionnaires were distributed to sample respondents of the two categories of the hospital which consists of technical staffs (82) and non-technical staffs (70). Response rates are calculated by dividing the number of usable responses returned by the total number of eligible in the sample. Mitchell (2007), suggests that the survey response rate should be calculated as the number of returned questionnaires divided by the total sample that were sent the survey initially.

Therefore, out of the distributed questionnaires, in all 145 questionnaires from (technical staffs 80, and non-technical staffs 65) were returned. Thus, as shown in Table 4.1, the researcher attained a total response rate of 95.40% which is believed to be enough for such kind of study. This high response was achieved because the survey was personally administered.

Table 4.1: Respondents Response Rate

Category	Sample Size	Expected Response	Actual Response	Percentage
Technical Staffs	82	82	80	97.56
Non – technical Staffs	70	70	65	92.86
Total	152	152	145	95.4

Source: Survey result, SPSS output, 2017

4.3. Demographic Data Presentation

The background information of respondents, as well as their organizational profiles were summarized and presented in Table 4.2. Describing the characteristics of the respondents or samples of the population is essential in order to make the study analysis more transparent for the readers. The reason behind asking and analyzing demographic information is to classify and analyze the average response rate of respondents according to their gender, age, educational background, work experience and category on their job classification. Accordingly, each variables were presented as follows:

Table 4.2: Demographic Profiles of the Respondents

Demographic Variables		Frequency	Percent	Valid Percent	Cumulative Percent
Gender	Female	51	35.2	35.2	35.2
	Male	94	64.8	64.8	100.0
	Total	145	100.0	100.0	
Age	18-28	40	27.6	27.6	27.6
	28-38	91	62.8	62.8	90.3
	38-48	9	6.2	6.2	96.6
	48 and above	5	3.4	3.4	100.0
	Total	145	100.0	100.0	
Education	Technical and Vocational	9	6.2	6.2	6.2
	Diploma	18	12.4	12.4	18.6
	First Degree	104	71.7	71.7	90.3
	Masters	4	2.8	2.8	93.1
	Doctor and Above	10	6.9	6.9	100.0
	Total	145	100.0	100.0	
Experience	1-3	37	25.5	25.5	25.5
	3-7	67	46.2	46.2	71.7
	7-10	26	17.9	17.9	89.7
	10 and above	15	10.3	10.3	100.0
	Total	145	100.0	100.0	
Category	Technical staff	80	55.2	55.2	55.2
	Non-technical/support staff	65	44.8	44.8	100.0
	Total	145	100.0	100.0	

Source: Survey result, SPSS output, 2017

As shown in Table 4.2, the data obtained from survey depicts that the majority of the respondents in the study were comprised of males (64.8%) and females characterized by 35.2%. In terms of age, 27.6 % of respondents were in the age of 18-28, 62.8 % of respondents were in the age of 28-38, 6.2% of respondents were in the age group of 38-48 and the remaining 3.4% of respondents were above 48 year age category. The largest percentage of respondents belongs to 28-38 age category which indicates that most of employees are youngsters. The lowest percentage of respondents belongs to above 48 years age category. With respect to education, 6.2 % of respondents have technical and vocational certificate, 12.4 % of respondents have college Diploma, majority 71.7% of respondents have First degree, 2.8% of respondents have Master Degree and 6.9 % of respondents have doctorate degree. The largest percentage of respondents has First Degree. The lowest percentage of respondents has Master degree. Thus, it is possible to infer that the majority of Fitche Hospital employees were educated since 81.4% (71.7% degree, 2.8% masters, and 6.9% doctorate degree) had first degree and above.

Regarding to experience of the respondents in the hospital 25.5% were with 1-3 years of experience, 46.2% are with 3-7 years, 17.9% have 7-10 years of experience and 10.3% of the respondents have above 10 years of experience in the hospital. It is clear to understand from this data the highest respondents of the study had three and above working experience in the hospital that is 74.4%. This indicates that, these respondents might have measured by existing PMS several times and considered as they had gained greater insight into the system since they have worked in the hospital for a quite periods of time.

Finally based on the classification of the sample group 55.2% of respondents are from technical staff and the rest of 44.8% were non – technical/support staffs of the Hospital. Thus, it is possible to say that technical staffs took relatively high participation in this study.

4.4. Descriptive Analysis

In order to assess the extent to which PMS is implemented and level of employees' OC in FH, the respondents were asked to rate their awareness, knowledge, attitude and their feeling on the effectiveness of PMS and their level of OC. Close ended questionnaires were distributed to respondents which consists of 28 statements related to stages of PMS: namely; prerequisite, performance planning, performance execution, performance assessment, performance review, and

performance renewal and reconstructing, and also 24 items for employees' OC dimensions (affective, continuance, and normative). The questionnaire is based on the five point likert scale which varies from 1 to 5 as: 1 = Strongly Disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree and 5 = Strongly Agree.

The mean or average is a measure of central tendency that offers a general picture of the data without unnecessarily covering one with each of the observations in the data set. The mean score of respondents in each process of PMS and dimensions of OC indicates to what extent the sample group averagely agrees or does not agree with the different statements or scales. According to Marczyk, et al., (2005), the lower the mean, the more the respondents disagree with the statements, and the higher the mean, the more the respondents agree with the statements.

The statistical values for items assumed that the mean (M) score up from less than the midpoint 3.0 as low average, the mean score from 3.01 to 4.0 was considered as moderate, and the mean score 4.01 and above was considered as high by comparison bases of mean score of five point likert scale survey questionnaire. On the other hand, standard deviation shows the variability of an observed response from a single sample. Accordingly, after data was tested for the normality using skewness and kurtosis, the descriptive statistics of the study was analyzed and interpreted as follows:

4.4.1. Test for Normality of the Data

A normal distribution or a Gaussian distribution assumes that the populations from which the samples are taken are normally distributed. According to Liao, et al. (2004), normal distributions take the form of a bell-shaped curve. Kurtosis, skewness and their standard errors are common descriptive statistics that measure the shape of the distribution. Skewness refers to the skew of a distribution. Kurtosis refers to the peakiness of a distribution and measures the relationship between a distribution's tails and its most numerous values.

A commonly used rule-of-thumb test for normality is to run descriptive statistics to obtain skewness and kurtosis. The results are then divided by the standard errors. Skewness and kurtosis should be within the +2 to -2 range when the data are normally distributed (Liao et al, 2004). The results of the normality test for this study are presented in Table 4.3.

The following table exhibits that all values for the variables fall within the range of +2 to -2 for both skewness and kurtosis. Therefore, all variables can be considered as normally distributed.

Table 4.3: Normality Test for Variables

	N	Skewness		Kurtosis	
	Statistic	Statistic	Std. Error	Statistic	Std. Error
Prerequisite	145	-.301	.201	-1.149	.400
Performance Planning	145	-1.035	.201	.791	.400
Performance Execution	145	.517	.201	-.732	.400
Performance Assessment	145	.602	.201	-.855	.400
Performance Review	145	.271	.201	-.697	.400
Performance Renewal and re - constructing	145	.030	.201	-.966	.400
Affective Commitment	145	.767	.201	-.514	.400
Continuance Commitment	145	.189	.201	-.267	.400
Normative Commitment	145	.137	.201	-.526	.400

Source: Survey result, SPSS output, 2017

4.4.2. Descriptive analysis on the Process of Performance Management System

4.4.2.1. Descriptive Analysis for Prerequisite

As explained in the literature, the first stage of Performance management system is prerequisite which refers to the process of clearly define the organization's mission and strategic goals and knowledge of the job in question before PMS is implemented.

Table 4.4: Descriptive statistics of prerequisite scales

Items	Mean	Std. Deviation
I am fully aware of the organization's mission, vision, strategic objective and values	4.3586	.48126
I believe that a clear definition of the mission and purpose of the organization makes possible clear and realistic business objectives	4.7655	.42514
I understand that knowledge of the organization's mission and strategic goals of my section allows me to make contributions	4.5103	.74645
I believe that a performance management system is a systematic process for improving organizational performance by developing the performance of individuals and teams	3.9862	1.19016
I understand how my role contributes to the overall organizational goals and objectives.	3.8138	1.19016
Overall Prerequisite	4.2869	.54814

Source: Survey result, SPSS output, 2017 **N = 145**

The above Table 4.4 depicts descriptive statistical information (mean (M), and standard deviation (SD) of respondents level of agreement for all scales of prerequisite stage. The overall mean score for prerequisite scales were obtained (M = 4.2869 and SD = 0.54814). All scales in the table indicates the M values ranges between the minimum M = 3.8138 with SD = 1.19016 and the maximum M = 4.7655 with SD = 0.42514. Both each scales of prerequisite and average prerequisite scores above moderate. This means most of respondents were agreeing with the items explained above.

Therefore, the result clearly revealed that respondents were aware of the overall purpose of PMS and there is no such problems observed regarding prerequisite stage of PMS. Thus, it is possible to conclude that, the hospital has introduced the organization's goals, and objectives and purpose of existing PMS for its employees' in order to get best out of individuals and teams. Further, the result shows from all scales of prerequisite respondents are more understood the importance of clearly defined mission and purpose of the organization for realistic business objectives which obtained mean score of (M = 4.7655) which is relatively higher than other scales of prerequisite stage. This can be an opportunity for the Hospital because employees' are already aware of it, so that no additional effort is needed regarding creation of PMS awareness from the Hospital.

4.4.2.2. Descriptive Analysis for Performance Planning

The other stage of PMS is performance planning which refers to the process where employees and his/her supervisor discuss about what needs to be done and how it should be done through considering the expected result, behavior and development plan.

Table 4.5: Descriptive statistics of performance planning scales

Items	Mean	Std. Deviation
The section in which I am employed has clear goals and objectives	1.6483	.91690
The personal objectives Include results, behavior and development plan	3.1172	1.12733
The personal objectives developed in performance planning, review and development are set by mutual agreement between my supervisor and me and have good linkage with the strategy	2.3724	1.33305
I have a clear understanding of the level of performance that is expected of me	1.3793	.60172
I have the necessary skills and competencies to achieve my individual goals and objectives	1.2759	.53337
Overall Planning	1.9586	.63329

Source: Survey result, SPSS output, 2017 **N = 145**

As illustrated on the above Table 4.5 the mean score and standard deviation of respondents for each scales of performance planning stage ranges between the lowest M = 1.2759 with SD = 0.53337 and the highest M = 3.1172 with SD = 1.12733 which are below moderate. The average mean score for performance planning stage was M = 1.96586 with SD = 0.63329 which also implies lower average. This means that respondents were disagree with the statements explained under performance planning. Even though, the issue of employee's personal objectives on consideration of results, behavior and development plan scored relatively higher than the other items (M = 3.1172), on the other hand employees' were not understood the level of performance that expected from them (M = 1.3793). This implies that the problem of setting clear goal in each section (M = 1.6483), absence of agreement on expected output and linkage with strategy (M = 2.3724) and also lack of necessary skills (M = 1.2759) may cause for poor process of planning stage of PMS. Thus, it is possible to conclude from the revealed result that the process of performance planning in the Hospital was not effective. Furthermore, the above statistics depicts that there is a gap on employees and supervisors on discussing and agreeing on the process in order to have thorough knowledge and mutual agreement on desired responsibility and outcomes.

4.4.2.3. Descriptive Analysis for Performance Execution

Performance execution is the third stage of PMS which refers to getting the job done in order to get the desired objectives in an effective and efficient way. In this phase, to get the expected outcome both material and human resources are required.

Table 4.6: Descriptive statistics of performance Execution scales

	Mean	Std. Deviation
My supervisor frequently monitors my performance and gives feedback regularly	2.2000	.69322
My supervisor encourages open discussion with respect to performance related issue	2.6897	1.35666
I provide regular updates on progress toward goal achievement in terms of results	3.4552	1.44328
I am the person who is primarily responsible for performance execution	4.4828	.68823
My supervisor provides me the required resources to do my job	2.0069	.96102
Overall Execution	2.9669	.67454

Source: Survey result, SPSS output, 2017 **N = 145**

As portrayed in the above Table 4.6 the result depicts that the mean and standard deviation score ranges from the lowest M = 2.0069 with SD = 0.96102 on the issue of provision of job required resources and the highest M = 4.4828 with SD = 0.68823 obtained on the issue of primarily responsibility on performance execution. Based on the obtained result almost the higher respondents were agreed on they are responsible on doing what expected from them in order to achieve the expected result. But, the lower mean score on provision of required resource describes employees' didn't get the necessary resources which enables them to do their jobs followed by lack of frequent monitor and giving feedback on their job (M =2.2000 with SD = .69322). According to Lee (2005), the longer the gap between performance events and performance feedback, the greater the challenge of remembering with clarity of character and quality of the performance event. Hence it could be interpreted that, though employees were took responsibility on execution process, because of their supervisors didn't provide the necessary resources required to achieve the planned objectives and lack of feedback, the execution process of PMS was not effective. Other items like open discussion on performance related issues, and regular updates on

achievement in terms of result also scored lower (M = 2.6897 with SD =1.35666) and (M = 3.4552 with SD = 1.44328) respectively.

Generally when we see the average mean and standard deviation score of respondents on average scales of performance execution stage it was obtained M = 2.9669 and SD =.67454 which considered as below moderate. Therefore, the result depicts that the practice of performance execution in the Hospital was poor in relation to the expected outcome during this stage.

4.4.2.4. Descriptive Analysis for Performance Assessment

As discussed on the literature, on performance assessment stage, both the employee and the supervisor evaluate the extent to which the desired behaviors have been displayed, and whether the desired results have been achieved during the specific period of time.

Table 4.7: Descriptive statistics of performance assessment scales

	Mean	Std. Deviation
My performance is measured against prior, mutually agreed, set of objectives.	2.4138	.99712
Where the performance has not met minimum standards, my supervisor and I discuss the reason for this and way for improving performance	2.2690	.92987
The performance evaluation criteria used at Fitche Hospital is fair and capable of true measurement.	2.0069	.92419
Performance is customized based on the characteristics of my job	2.8345	1.43379
Overall Assessment	2.3810	.78621

Source: Survey result, SPSS output, 2017 **N = 145**

Table 4.7 demonstrates that, the mean score for all scales ranges between the minimum M = 2.0069 and M = 2.8345 the maximum which shows lower average. The average mean and standard deviation for overall performance assessment stage (M = 2.3810 with SD = .78621). This also shows respondents disagreed on effective implementation of performance assessment stage since the mean score obtained much lower than moderate (< 3.0).

4.4.2.5. Descriptive Analysis for Performance Review

The fifth stage of PMS is performance review usually called appraisal meeting which involves the meeting between the employee and the manager to review their assessments through giving emphasis on the past performance (Aguinis, 2009).

Table 4.8: Descriptive statistics of performance review scales

	Mean	**Std. Deviation**
My supervisor accurately rates my performance	2.3586	1.52149
The rating distribution at Fitche Hospital makes distinction between good and bad performers	2.6828	1.21165
My supervisor keeps regular records on my performance and gets additional feedback from colleagues	2.4759	1.21383
I don't think that the performance review process is a waste of time	3.3517	1.28307
Performance management system at Fitche Hospital has provision for appeal in case there is disagreement with supervisor	2.4276	1.21189
I believe that there is no intervention by senior management to dictate the performance review rating.	2.5517	1.15429
Overall Review	2.6414	1.11533

Source: Survey result, SPSS output, 2017 **N = 145**

Based on the respondents data which analyzed in the above Table 4.8 the mean and standard deviation for all scales of performance review stage ranges between the lowest (M = 2.3586 with SD = 1.52149) and the highest (M = 3.3517 with SD = 1.28307). The higher mean shows respondents were relatively aware of how much performance review process is important for both the Hospital and employees. On the other hand, the lower score shows supervisors are not rate the performance of the employees. Generally, the overall the performance review process of the PMS in the Hospital was not satisfying since the average mean score for review stage obtained M = 2.6414 with SD = 1.11533 which is considered as less than moderate.

4.4.2.6. Descriptive Analysis for Performance Renewal and Re-contracting

The last stage of PMS is performance renewal and re – constructing which uses the insight information gained from the above mentioned stages.

Table 4.9: Descriptive Statistics of Performance Renewal and Re-constructing Scales

	Mean	Std. Deviation
The performance review form at Fitche Hospital has different relative weight for different Key Performance Indicators	2.8897	1.36482
Senior management is committed to the successful implementation of the performance management system	1.8759	1.02661
I have sufficient control over the activities that I am expected to perform in terms of my performance contract	3.6276	1.01342
Overall Renewal and re - constructing	2.7977	.96649

Source: Survey result, SPSS output, 2017 **N = 145**

The above table demonstrates that the mean and standard deviation ranges between the lowest (M =1.8759 with SD =1.02661) and the highest (M = 3.6276 with SD =1.01342). The lowest is the issue of top management commitment. It revealed that respondents were believed senior management didn't have commitment for the successful implementation of the PMS in the Hospital. On the other hand, a higher mean score is about employees' control over the activities that expected of them in terms of their performance agreement. The result mean that, employees' were believed they have sufficient control on duties that the Hospital expect from them based on the performance agreement made between them and their supervisor.

When we see the overall renewal and re – constructing stage, the result obtained that mean and standard deviation of (M =2.7977 and SD = .96649) which is assumed as lower average. Thus, it was concluded from the above result the renewal and re – constructing process of the Hospital was implementing poorly.

4.4.3. Summary of Descriptive Analysis for all Stages of PMS

Table 4.10: Average Descriptive Statistics for all PMS Stages

Descriptive Statistics

Stages of PMS	N	Mean	Std. Deviation
Prerequisite	145	4.2869	.54814
Performance Planning	145	1.9586	.63329
Performance Execution	145	2.9669	.67454
Performance Assessment	145	2.3810	.78621
Performance Review	145	2.6414	1.11533
Performance Renewal and re - constructing	145	2.7977	.96649
Valid N (listwise)	145		

Source: Survey result, SPSS output, 2017

Table 4.10 demonstrates the average mean and standard deviation scores for each stages of PMS that have discussed above, and total average for overall practice of PMS in Fitche Hospital. The average mean and standard deviation scores for overall PMS was obtained (M = 2.8388 and SD = .58674) which shows below moderate. Based on this result it can be concluded that the current practice of PMS undertaken by Fitche Hospital was not pleasing.

On the other hand, prerequisite has scored higher mean (M = 4.2869) and the lower mean was for performance planning (M = 1.9586). The higher mean shows the hospital was aware its employees on the purpose, mission, vision, objectives and goals of the Hospital. And employees' were aware on how their role contribute for the successful achievement of overall strategic objectives of the hospital. In the contrary the lower mean revealed performance planning was not practiced effectively. This indicates that, there is a gap regarding expected result from employees, what activities are desired to be done, the means of doing the duties and employees and their supervisors didn't meet and discuss on issues like key responsibilities, competencies and employees personal development plan. Therefore, though all stages needs attention, especially the performance planning stage need a deep focus in the Hospital since performance planning is very crucial to set the expected result and behavior from employees as well as developmental plan on poor performance.

4.4.3. Descriptive Analysis for Organizational Commitment Dimensions

Table 4.11: Descriptive Statistics for all Dimensions of OC

Descriptive Statistics

	N	Mean	Std. Deviation
Affective Commitment	145	2.6966	.57636
Continuance Commitment	145	3.1672	.68310
Normative Commitment	145	2.7629	.70752
Organizational Commitment	145	2.8756	.57181

Source: Survey result, SPSS output, 2017

The above descriptive statistics shown in Table 4.11 depicts that the mean score and standard deviation for each scales of employees' OC. Based on the result the mean and standard deviation for Affective commitment was (M = 2.6966 and SD = 0.57636), the mean and standard deviation for continuance commitment (M = 3.1672 and SD = 0.68310), and the mean score and standard deviation for normative commitment was (M = 2.7629 and SD = 0.70752). And also the mean score and standard deviation for overall organizational commitment obtained (M = 2.8756 with SD = 0.57181) which are below moderate.

The mean score of respondents for each dimensions of employees' OC ranges between the lower 2.6966 and the higher 3.1672. When we put based on respondents rank, continuance commitment of employees was ranked first with mean score of 3.1672 followed by normative commitment which obtained the mean score of 2.7629, and finally the respondents were ranked their affective commitment as lowest which score mean of 2.699.

When we express the highest and the lowest mean of the dimensions. The highest mean score (continuance) revealed that, employees believe that the hospital is giving them a high compensations and benefits when compared to others. Because, as continuance commitment is related with an awareness of costs associated with leaving the organization or awareness of lack of alternatives (Hartmann & Bambacas, 2000). On the other hand low mean score of affective commitment shows that employees did not want to identify themselves with the goals of the hospital. This shows that, most of the employees' are not comfortable with the way the

organization treat, encourage and participation in decision making. But they are stay with the hospital due to their continuance commitment considering for benefits which they get from the hospital. This result is against the findings of Abebe & Markos (2016) which states that the most desirable types of employee commitment can be listed as affective, normative, and the continuance commitment respectively. However, the present study discovered the more employees of the hospital have higher continuance commitment followed by normative commitment and lastly affective commitment was relatively obtained least mean score.

Table 4.12: Descriptive Statistics of Independent and Dependent variables

	N	Mean	Std. Deviation
Overall Performance Management System	145	2.8388	.58674
Total Organizational Commitment	145	2.8756	.57181
Valid N (listwise)	145		

Source: Survey result, SPSS output, 2017

The above overall descriptive statistics revealed the level of existing PMS practice in relation to employees' organizational commitment comprised of overall PMS (M = 2.84 and SD = .59), and average OC of employees (M = 2.88 and SD = .57) in Fitche Hospital. It is clear to understand from the indicated result the mean score of both PMS practice and employees' OC were below moderate. This result indicates that currently the hospital was not implementing PMS effectively. The attitude of respondents towards OC also showed less than moderate, indicating that employees are not satisfied with the current implementation of PMS and therefore they have less commitment to the Hospital and intention to leave the organization whenever they get the higher opportunity.

4.5. Inferential Analysis of Variables

In order to determine the strength of relationship and influence between the independent variable (PMS) and dependent variable (OC) involved in the study, and to determine whether the formulated hypotheses are accepted or rejected inferential statistics such as, Pearson's product moment correlation coefficient, multiple regression analysis, and independent sample t-test were employed. Because, inferential statistics allow researchers to infer from the sample to population

through the analysis of relationship between two variables; differences in a variable among different subgroups; and how several independent variables might explain the variance in a dependent variable (Sekaran, 2000).

4.5.1. Pearson's Product Moment Correlation Coefficient (PPMC)

PPMC is used for obtaining an index of the relationships between two variables when the relationships between the variables is linear and when the two correlated variables are continuous (Cohen & Swerdlink, 2002).

Correlation coefficient is a means to summarize the relationship between two variables with a single number that falls between -1 and +1.The general symbol for the correlation coefficient is r. A coefficient of +1 indicates that the two variables are precisely related and that, as values of one variable increase, values of the other variable will increase. Conversely, a coefficient of −1 indicates the two variables are precisely related; however, as the values of one variable increase those of the other decrease. A coefficient of zero indicates no linear relationship at all and so if one variable changes, the other stays the same (Field, 2009).

Correlation coefficients between - 1 and + 1 represent weaker positive and negative correlations, a value of 0 meaning the variables are perfectly independent. According to Burns and Burns (2008), when the correlation coefficient (r) falls between 0.1 to 0.20, it is said to be slight correlation or small; if it is between 0.20 to 0.40 is low correlation or weak relationship, if it lies between 0.40 to 0.70 moderate; if it falls along 0.70 to 0.90 high correlation or substantial relationship and if it is within 0.90 to 1.00 it is very high correlation or very strong correlation between variables.

According to Saunders, et al., (2009), if both independent and dependent variables contain numerical data we should use PMCC to assess the strength of relationship. Therefore, in this study PPMCC was used to examine the association between PMS and OC by using a two-tailed test of statistical significance both at 95% confidence level, which is significant at $P< 0.05$, and 99% confidence level, significant at $P< 0.01$. The correlation coefficient of PMS and OC as well as OC dimensions, and the strength of relationship between the stages of PMS and OC dimensions were analyzed and interpreted as follows.

Table 4.13: Correlation of Independent Variable with Dependent Variable

		Overall Performance Management	Total Organizational Commitment
Overall Performance Management System	Pearson Correlation	1	.851**
	Sig. (2-tailed)		.000
Total Organizational Commitment	Pearson Correlation	.851**	1
	Sig. (2-tailed)	.000	
**. Correlation is significant at the 0.01 level (2-tailed).			

Source: Survey result, SPSS output, 2017

Table 4.13 shows a correlation coefficients for the independent and dependent variables. The result shows that there is strong positive and significant relationship between overall PMS and total employees' OC with correlation coefficient of r = .851 which is also significant at $p<0.01$ (at 99% confidence level). This means that as the effectiveness of PMS increases, it has an association with the increase of employees' OC. This indicates that the current practice of PMS in Fitche Hospital is positively and significantly correlates to employees' OC. This result is in line with the findings of Ayanyinka & Emmanuel (2013) they found that PMS had positive and significant relationship with employees' OC.

Table 4.14: Inter - relational Matrix among PMS Stages and OC Dimensions

Correlations											
		1	2	3	4	5	6	7	8	9	10
1.Prerequisite	Pearson Correlation	1									
	Sig. (2-tailed)										
2.Planning	Pearson Correlation	.070	1								
	Sig. (2-tailed)	.400									
3.Execution	Pearson Correlation	.681**	-.005	1							
	Sig. (2-tailed)	.000	.954								
4.Assessment	Pearson Correlation	.619**	.057	.734**	1						
	Sig. (2-tailed)	.000	.495	.000							
5.Review	Pearson Correlation	.458**	.068	.658**	.657**	1					
	Sig. (2-tailed)	.000	.415	.000	.000						
6.Renewal	Pearson Correlation	.471**	.055	.606**	.630**	.875**	1				
	Sig. (2-tailed)	.000	.514	.000	.000	.000					
7.Affective	Pearson Correlation	**.398****	**.161**	**.450****	**.528****	**.646****	**.626****	1			
	Sig. (2-tailed)	.000	.053	.000	.000	.000	.000				
8.Continuance	Pearson Correlation	**.335****	**-.087**	**.562****	**.589****	**.701****	**.676****	.799**	1		
	Sig. (2-tailed)	.000	.296	.000	.000	.000	.000	.000			
9.Normative	Pearson Correlation	**.306****	**.020**	**.502****	**.555****	**.711****	**.700****	.826**	.883**	1	
	Sig. (2-tailed)	.000	.810	.000	.000	.000	.000	.000	.000		
10.Overall OC	Pearson Correlation	**.364****	**.026**	**.538****	**.592****	**.728****	**.709***	.919**	.952**	.959**	1
	Sig. (2-tailed)	.000	.759	.000	.000	.000	.000	.000	.000	.000	

. Correlation is significant at the 0.01 level (2-tailed). **Note: N = 145

*. Correlation is significant at the 0.05 level (2-tailed)

Source: Survey Result, SPSS output, 2017

Hypothesis 1

H1: There is relationship between PMS stages and OC dimensions.

Table 4.14 presents the correlations among the components of the independent and dependent variables. The result revealed that a positive and significant relationship between prerequisite stage of PMS and the all dimensions of OC with **(r = .398, r =** and**.335,** and **r = .306**) which are significant at **p < .01** for prerequisite and affective commitment, for prerequisite and continuance commitment, and for prerequisite and normative commitment respectively.

The association between performance planning stage and affective commitment **(r = .161)** as well as normative commitment **(r = .020)** were positive but statistically not significant. On the other hand, it was found a negative relationship between performance planning and continuance commitment **(r = -.087)** and also not statistically significant since **p = .296.**

The relationship between performance execution and affective commitment (r = .450), performance execution and continuance commitment (r = .562), and, performance execution and normative commitment (r = .502), were positive and significant at p<.01. In other words, performance execution has positive and significant association with all OC dimensions.

Positive and also significant relationship between performance assessment and all dimensions of OC were found. Performance assessment and affective commitment (r = .528), performance assessment and continuance commitment (r = .589) and, performance assessment and normative commitment (r = .555) were each correlated at p<.01.

Performance review and each dimension of OC also positively and significantly associated with (r = 646, r = .701, r = .711) for affective, continuance, and for normative respectively. Each relationship is significant at p<.01. It was shown that performance review and normative commitment have relatively strong relationship than the others.

Finally, the relationship between performance renewal and re – constructing, and all dimensions of OC were positive and significant at p<0.1. The correlation between performance renewal and re – constructing and affective commitment found r = .626, for performance renewal and re – constructing and affective commitment r = .676 and with normative commitment it was found r = .700.

Generally from the above result it can be concluded that except performance planning, there is positive significant relationship between all stages of PMS and all dimensions of OC. Furthermore, all stages of PMS have positive relationship with overall OC and except performance planning the relationship were statistically significant. Therefore, based on the above result, the hypothesis “There is relationship between PMS stages and OC dimensions” would be accepted.

Table 4.15: Correlation of Relationship between Overall PMS and OC dimensions

Correlations					
		1	2	3	4
1. Affective Commitment	Pearson Correlation	1			
	Sig. (2-tailed)				
2. Continuance Commitment	Pearson Correlation	.582**	1		
	Sig. (2-tailed)	.000			
3. Normative Commitment	Pearson Correlation	.723**	.616**	1	
	Sig. (2-tailed)	.000	.000		
4. Overall Performance Management System	Pearson Correlation	**.717****	**.659****	**.843***	1
	Sig. (2-tailed)	.000	.000	.000	

. Correlation is significant at the 0.01 level (2-tailed). **Note: N = 145

Source: Survey Result, SPSS output, 2017

H2: Overall PMS has significant and positive relationship with affective commitment.

H3: Overall PMS has significant and positive relationship with continuance commitment.

H4: Overall PMS has significant and positive relationship with normative commitment.

The above output illustrated that the overall PMS has positive and significant relationship with each dimensions of employees' OC at significant level of p = 0.01. While the higher relationship was seen on PMS and normative commitment with r = 0.843 followed by PMS and affective commitment which scores r = 0.717 which is also considered as higher, and overall PMS has moderate relationship with Continuance commitment r = 0.659. Even though, overall PMS has relatively higher relationship with normative commitment than that of affective and continuance commitment, it's possible to conclude from the discovered correlation coefficient result that the Hospital's current implementing PMS has positive and significant association with each dimensions of OC since p < 0.01. Therefore, the above hypotheses (H2, H3 and H4) would be accepted.

4.5.2. Regression Analysis

Regression analysis is a way of predicting an outcome variable from one predictor variable (simple regression) or several predictor variables (multiple regression). However, in order to

determine the influence of components independent variable on dependent variable and its dimension this study employed multiple regression analysis.

4.5.2.1. Linear Regression Assumptions

4.5.2.1.1. Multicollinearity Test

According to Field (2009), multicollinearity occurs when a large number of independent variables are combined in a regression model. It is because some of them may measure the same concepts or phenomena. Consequently, the independent variables in the study were tested using SPSS variance inflation factor (VIF) and tolerance collinearity diagnostics. The VIF indicates whether one predictor has a strong linear relationship with another predictor(s). Although, there are difference among scholars on what value of the VIF and tolerance should cause strong dependence of the variables, Myers (1990), suggests that a when the value of VIF is less than 10 and the tolerance is greater than 0.1 it considered as a good value. Therefore, in this study, the issue of multicollinearity is not problem because the value of VIF for each variables were below 10 and tolerance also greater than 0.1 as shown in table.

Table 4.16: Multicollinearity Test for Independent Variables

Independent Variables	Collinearity Statistics	
	Tolerance	VIF
Prerequisite	.493	2.030
Performance Planning	.979	1.021
Performance Execution	.329	3.038
Performance Assessment	.379	2.640
Performance Review	.202	4.961
Performance Renew and re - constructing	.227	4.412

a. Dependent Variable: OC

Source: Survey result, SPSS output, 2017

4.5.2.1.2. Homoscedasticity

Homoscedasticity is an assumption in linear regression where the variances along the regression line is similar as we move along the line. At each level of the predictor variables, the variance of the residual terms should be constant (Field, 2009). Consequently, this assumption was tested. When the shape of the graph is not looks like cone shape and residuals at each levels of

predictors evenly dispersed it is assumed no homoscedasticity problem. Accordingly, as shown in the figure below the distribution of residual looks more or less homoscedastic.

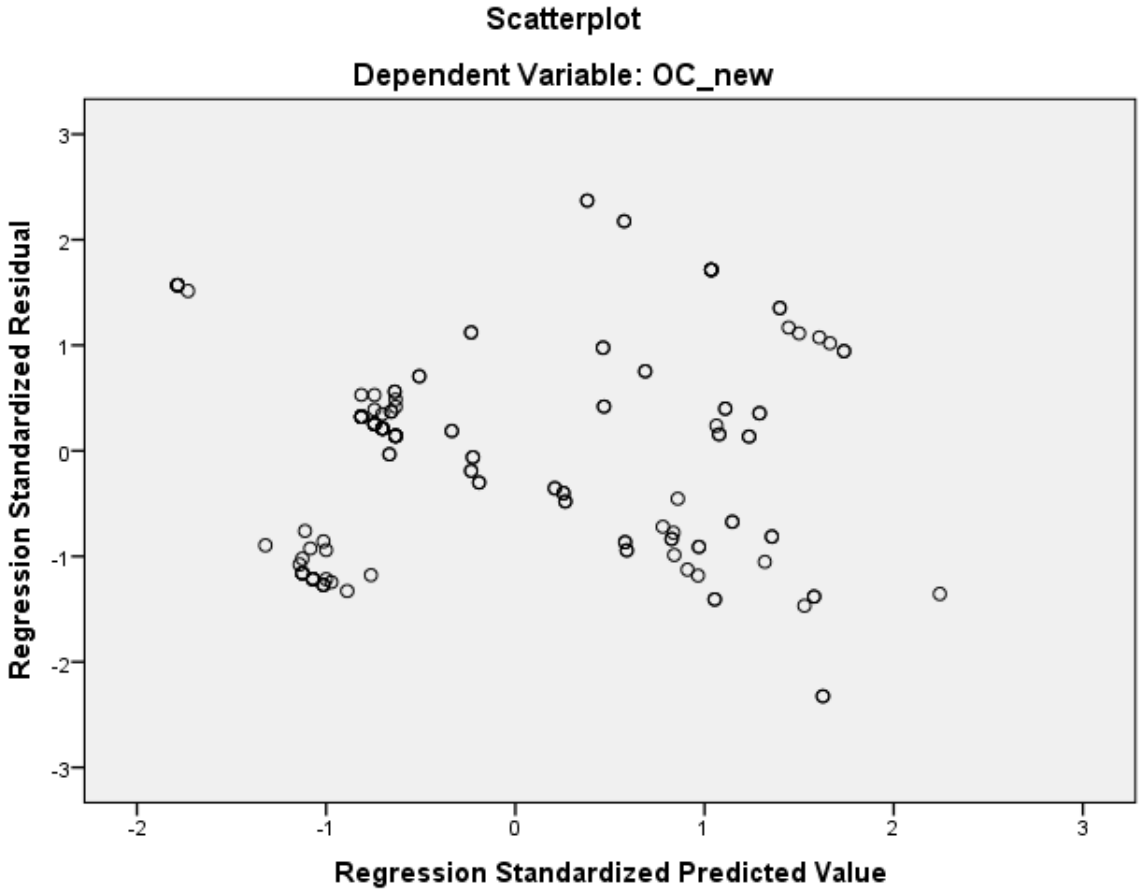


Figure 4.3: Homoscedasticity test

Source: Survey result, SPSS output, 2017

4.5.2.1.3. Normally Distributed Errors

According to Field (2009), the assumption of normal distribution assumes that the residuals in the model are random, normally distributed variables with the mean of 0. If the P–P plot looks like a diagonal line and the plotted residuals compared with the diagonal it is assumed that variables are normally distributed. As shown in the below figure it seems no normality problem because residuals had a normal distribution.

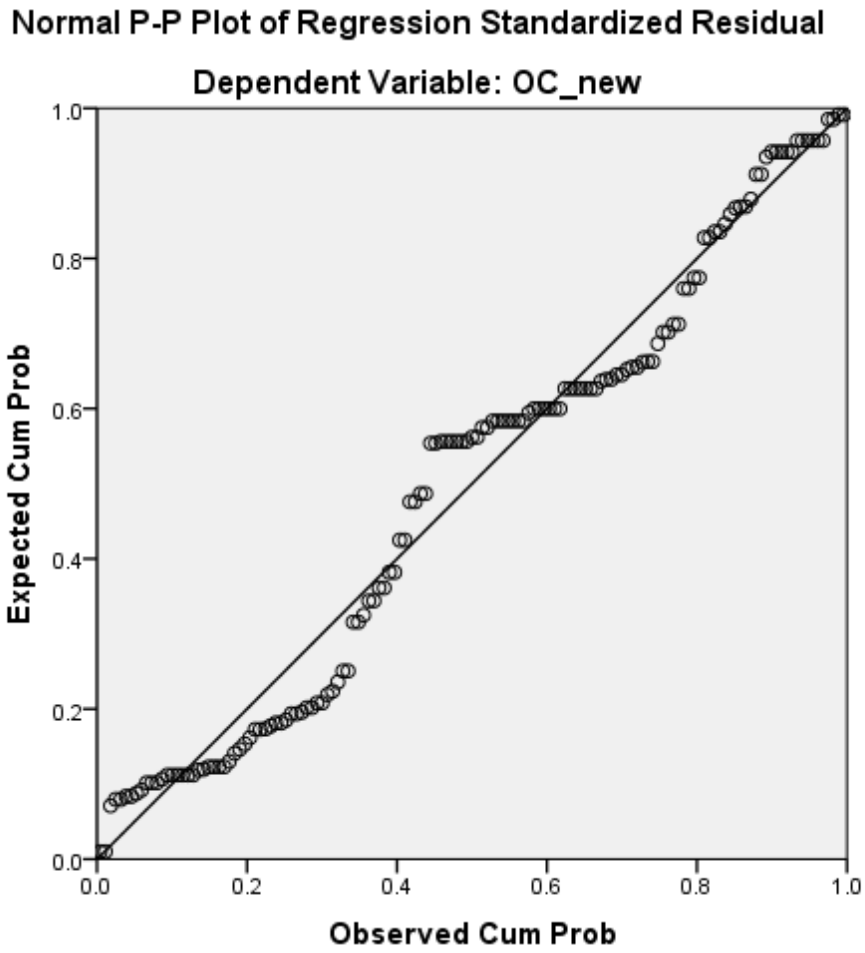


Figure 4.4: Scattered Plot

Source: Survey result, SPSS output, 2017

4.5.2.2. Multiple regression analysis

Multiple regression is used to determine the statistical relationship between two or more than two independent variables and one dependent variable. While dependent variable or outcome variable is the variable we want to predict, the variable we are using to predict the other variable's value is termed as the independent variable or the predictor variable. In other words, multiple regression analysis aids in understanding how much of the variance in the dependent variable is explained by a set of predictors. The coefficient of determination is represented by (r^2) which can take on any value between 0 and +1. It measures the proportion of the variation in a dependent

variable that can be explained statistically by the independent variable or variables (Saunders, et al., 2009).

Multiple regression analysis can also be used to predict the values of a dependent variable given the values of two or more independent variables by calculating a regression equation. The general multiple regression equation assumes: $Yi = \beta0 + \beta\ 1Xi1 + \beta\ 2Xi2 +. . . .\ + \beta kXik + \varepsilon$.

Where Yi is the value of the dependent variable
Xi1 to XiK are the value of the independent variables
β0 and β1 to βk are constants, and
ε is the error in prediction

Therefore**,** in this study, the multiple regression equation used to predict employees' OC is:

$$\boldsymbol{Y = \beta0 + \beta1X1 + \beta2X2 + \beta\ 3X3 + \beta4X4 + \beta5X5 + \beta6X6 + E}$$

Where, Y = Employees' OC

β0= constant

β1= regression coefficient of prerequisite

X1= prerequisite

β2= regression coefficient of performance planning

X2= performance planning

β3= regression coefficient of performance execution

X3= performance execution

β4= regression coefficient of performance assessment

X4= performance assessment

β5= regression coefficient of performance review

X5= performance review

β6= regression coefficient of performance renewal and re – constructing

X6= performance renewal and re – constructing

E = error term

Accordingly, in order to determine influence and contribution of the stages of independent variable (PMS) on the dependent variable (employees' OC) and dimensions of OC in Fitche Hospital, multiple regression were used. This type of regression allows the interpretation of result

based on the coefficients of each stages and dimensions (Pallant, 2001). Thus, the response of the respondents were analyzed and interpreted as follows.

Table 4.17: Multiple Regression Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.867[a]	.752	.741	.29093

a. Predictors: (Constant), Overall Renewal, Overall Planning, Overall Prerequisite, Overall Assessment, Overall Evaluation, Overall Review

Source: Survey Result, SPSS output, 2017

H5: Overall PMS has significant positive influence on total OC.

As illustrated on Table 4.17 summary of multiple regression model, the *R square* obtained .752, which is relatively higher coefficient. *R square* indicate the proportion of variance in the outcome that can be accounted for by the predictor. Thus, the result implies that 75.2% of the variation in employees' OC was explained by the nature of current implementing PMS in the Hospital. This means that from existing employees' level of OC 75.2% were explained by the combinations of PMS stages. The remaining 24.8% difference in changes in employees' OC are explained by other factors that are not explained in this study. From the above result we can say that a high degree of dependence of employees' OC on existing PMS implementation. This finding is in line with the finding of Stevers & Joyce (2000), who suggest that PMS can influence employees OC and their motivation by providing clear direction and objectives, givinf feedback on performance and rewarding individuals based on their contribution. Therefore, the above hypothesis "H5: Overall PMS has significant positive influence on total OC" would be accepted.

Table 4.18: Multiple Regression ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	35.403	6	5.900	69.713	.000[b]
	Residual	11.680	138	.085		
	Total	47.083	144			

a. Dependent Variable: Overall Organizational Commitment

b. Predictors: (Constant), Overall Renewal, Overall Planning, Overall Prerequisite, Overall Assessment, Overall Evaluation, Overall Review

Source: Survey Result, SPSS output, 2017

Multiple regression ANOVA has been used to test the overall fit of the model which provides an F test between the predictors and dependent variable (Field, 2009). When F is significant, it indicates that the model as a whole (that is, all predictors combined) predicts significantly more variability in the dependent variable. Accordingly, the above ANOVA Table 4.18 depicts that the model is significant, F (6, 138) = 69.713, P = 0.000 which is $p < 0$ .01. This, means that the combined stages of PMS is statistically a good predictor of employees' OC since the value of F statistics is significant at 6 and 138 degree of freedom at 99% confidence level.

Table 4.19: Multiple Regression Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.425	.218		1.953	.053
	Prerequisite	.059	.063	.056	.934	.352
	Performance Planning	.190	.039	.210	4.918	.000
	Performance Execution	.342	.063	.404	5.478	.000
	Performance Assessment	.039	.050	.054	.785	.434
	Performance Review	.065	.048	.127	1.351	.179
	Performance Renewal and reconstructing	.195	.053	.329	3.692	.000

a. Dependent Variable: Overall Organizational Commitment

Source: Survey Result, SPSS output, 2017

In the above Table 4.19 multiple regression coefficient was performed to determine the influence of each PMS stages on employees' OC in the Hospital. It also provides result on the contribution of each independent variable on overall OC. It indicate how much the dependent variable varies with an independent variable when all other independent variables are held constant. The p value showed the significance of the influence of the PMS variables on the total employees' OC**.** The largest beta value in an independent variable, the more important contribution to the dependent variable.

H5a: Prerequisite has significant positive influence on employees' OC.

We can see from the above standardized beta value result that prerequisite stage of PMS ranks the fifth place with beta value of 0.056. This means that prerequisite has positive influence on employees' OC. Though, the influence obtained positive as it appears 5.6%, this influence was statistically not significant since p = 0.352. Thus, the above hypothesis (**H5a)** would be rejected because the contribution is not significant to the total variation on employees' OC.

H5b: Performance planning has significant positive influence on employees' OC.

Among the six stages of PMS, performance planning obtained the third contributor to the variation in the employees' OC with the standardized beta value of 0.210 and significant level of P = 0.000 (at 99% confidence level). The result shows that performance planning has positive and significant influence on employees' OC. This means that as performance planning increase by 1% employees' OC also increased by 21%. From the above result, we can say that as the Hospital's performance planning better, employees' level of OC increases. Therefore, hypothesis (**H5b)** would be accepted.

H5c: Performance execution has significant positive influence on employees' OC.

Based on the above result performance execution is the first contributor of the outcome with beta value of 0.404 and the influence is significant at P = 0.000. The result revealed that when the effectiveness of performance execution increase by 1% employees' level of OC also increased by 40.4%. This stage has relatively high degree of importance or unique contribution for enhancing level of employees' OC than the others. Therefore, the hypothesis (**H5c)** would be accepted because performance execution stage of PMS has positive and significant influence on employees' OC in the Hospital**.**

H5d: Performance assessment has significant positive influence on employees' OC.

Performance assessment stage of PMS ranked as a least contributor to the outcome with standardized beta value of 0.054. The contribution shows positive but not statistically significant since the value of P = 0.434 which is greater than 0.05. Therefore, the hypothesis (H5d) would be rejected because the influence of performance assessment stage is not statistically significant to the total variation on employees' OC.

H5e: Performance review has significant positive influence on employees' OC.

Performance review with beta coefficient of 0.127 which is 12.7% contributes to the variation on the employees' OC in the Hospital. The result revealed that performance review has positive influence on employees' OC but statistically the influence is not significant since the value of P = 0.179 which shows p> 0.05. Thus, the hypothesis (H5e) rejected because though there is positive influence, the contribution is not statistically significant.

H5f: Performance renewal and re -constructing has significant positive influence on employees' OC.

In the table above performance renewal and re -constructing is the second largest contributor in explaining employees' OC with a standardized beta coefficient of 0.329 and significance level of P = 0.000. This means that performance renewal and re -constructing stage has positive and statistically significant influence on employees' OC and it shows when the stage increases by 1% employees' OC also increases by 32.9% and vice versa. Therefore the hypothesis (H5f) would be accepted.

Generally the above Table 4.19 multiple regression coefficient analysis revealed that out of the six stages of PMS the three stages (performance planning, performance Execution and Performance renewal and reconstructing) have a unique contribution on employees' OC in the

hospital since all are significant at P = 0.000 (at 99% confidence level). Even though, the rest of the stages (prerequisite, performance assessment, and performance review were not statistically significant, the standardized beta value shows that they have positive contribution to employees' OC. Therefore, the final model for the multiple regressions analysis result is,

Employees' OC = 0.425 + **0.059 (Prerequisite) + 0.190 (Planning) + 0.342 (Execution) + 0.039 (Assessment) + 0.065 (Review) + 0.195 (Renewal and re c- constructing).**

Table 4.20 PMS Stages and Affective Commitment

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.076	.514		2.095	.038
	Prerequisite	.132	.131	.089	1.010	.314
	Planning	.139	.081	.107	1.711	.089
	Execution	-.127	.130	-.106	-.974	.332
	Assessment	.170	.104	.165	1.632	.105
	Review	.273	.100	.376	2.718	**.007****
	Renewal	.175	.109	.209	1.602	.112

** Multiple Regression is significant at the 0.01 level.

a. Dependent Variable: Affective Commitment

R = .683 R^2 = .467 Adjusted R^2 = .443

Source: Survey Result, SPSS output, 2017

H6: There is significant difference on influence of PMS stages over affective commitment

Based on the above table it can be shows that standardized beta value of 0.089, 0.107, -0.106, 0.165, 0.376 and 0.209 for Prerequisite, Planning, Execution, Assessment, Review, and renewal and re constructing respectively. It implies that each stage has influence on employees' OC. But, among all stages only performance review was significantly predicted employees' affective commitment in the Hospital (P = 0.007) which is significant at p < 0.01. This means that performance review stage has unique contribution to employees' affective commitment than that

of the other stages. Thus, since there is difference in their influence (H6) would be accepted because other than review stage the influence of the rest of PMS stages was not statistically significant.

Table 4.21: PMS stages and Continuance Commitment

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.460	.549		4.482	.000
	Prerequisite	-.267	.140	-.153	-1.908	.058
	Planning	-.189	.087	-.124	-2.182	**.031***
	Execution	.200	.139	.141	1.441	.152
	Assessment	.263	.111	.216	2.365	**.019***
	Review	.286	.107	.334	2.661	**.009****
	Renewal	.238	.117	.241	2.037	**.044***

**Multiple Regression is significant at the 0.01 level.

*Multiple Regression is significant at the 0.05 level.

a. Dependent Variable: Continuance Commitment

R = .750 R^2 = .563 Adjusted R^2 = .544

Source: Survey Result, SPSS output, 2017

H7: There is significant difference on influence of PMS stages over continuance commitment

Table 4.21 illustrated that among stages of PMS, while performance review obtained beta value of 0.334 at significant level of P = 0.009, followed by performance renewal and re – constructing with beta value of 0.241 at P = 0.044, performance assessment with beta value of 0.216 at P = 0.019, and performance planning obtained beta value of -0.124 with P = 0.031 predicted employees' continuance commitment at significance level of both p< 0.01 and P<0.05.we can say that these four stages have unique contribution in the influence of PMS on employees' continuance commitment than prerequisite and execution stages which have no statistically significant influence on continuance commitment (p = .058 and p = .152 for prerequisite and execution respectively). Accordingly, due to significant difference on their influence hypothesis (H7) would be accepted.

Table 4.22: PMS stages and Normative Commitment

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.230	.548		4.069	.000
	Prerequisite	-.254	.140	-.147	-1.817	.071
	Planning	-.032	.086	-.021	-.366	.715
	Execution	.061	.139	.044	.441	.660
	Assessment	.218	.111	.182	1.962	.052
	Review	.290	.107	.343	2.704	**.008****
	Renewal	.322	.117	.330	2.758	**.007****

**Multiple Regression is significant at the 0.01 level.

a. Dependent Variable: Normative Commitment

R = .743 R^2 = .552 Adjusted R^2 = .533

Source: Survey Result, SPSS output, 2017

H8: There is significant difference on influence of PMS stages over normative commitment

From the above Table 4.22 it can be shown that performance review and performance renewal and re – constructing stages of PMS were significantly predicted employees' normative commitment at P = 0.008 and P = 0.007 with standardized beta value of 0.343 and 0.330 respectively. Both are significant at $p<0.01$. Even though, the other stages have also contribution there is no statistical evidence that support their influence. Therefore, hypothesis (H8) would be accepted because significant difference was observed among influence of PMS stages over employees' normative commitment in the Hospital.

4.5.3. Independent Samples T-test

According to Saunders, et al., (2009) when numerical variable divided into two distinct groups using a descriptive variable we can assess the likelihood of these groups being different using an independent samples *t*-test. This compares the difference in the means of the two groups

using a measure of the spread of the scores. A significant t-test indicates that the two groups have different means. In addition, *t*-test is a very versatile statistic which can be used to test whether a correlation coefficient is different from 0; it can also be used to test whether a regression coefficient, *b*, is different from 0, or it can be used to test whether the mean of two groups are different (Field, 2009). Accordingly, in this study to determine whether the difference exist between technical and non-technical staffs of the Hospital regarding PMS implementation and OC level, the data were analyzed using independent sample t- test according to the following:

Table 4.23: Independent Sample t – test for PMS implementation between categories

Group Statistics

	Category	N	Mean	Std. Deviation	Std. Error Mean
Overall Performance Management System	Technical staff	80	3.2870	.57811	.06463
	Non-technical/support staff	65	3.0635	.60266	.07475

Independent Samples Test		**t-test for Equality of Means**				
		t	**df**	**Sig. (2-tailed)**	**Mean Difference**	**Std. Error Difference**
Overall Performance Management System	Equal variances assumed	2.271	143	.025	.22347	.09839
	Equal variances not assumed	2.261	134.546	.025	.22347	.09882

Source: Survey Result, SPSS output, 2017

H9: There is significant difference in implementation of PMS between technical and non - technical staffs.

As depicted in the above group statistics Table 4.23 the technical staffs mean score where M = 3.2870 which is higher than that of the non – technical staffs mean score M = 3.0635. The table also provides us with the standard deviation of the scores SD =.57811 and SD = .60266) for technical staffs and non – technical staffs respectively. This is the average deviation from the mean for each group of scores – providing a measure of the spread of the scores. Thus, the standard deviation of PMS ratings for non – technical staffs is slightly larger than those for technical staffs.

Therefore, the result indicated that there is statistically significant (P = 0.025) mean difference between perceptions of technical and non – technical staffs regarding the existing PMS implementation at significance level of p<0.05. Based on the result the above alternative hypothesis (H4) would be accepted.

Table 4.24: Independent Sample t – test for OC between the Categories

Group Statistics					
	Category	N	Mean	Std. Deviation	Std. Error Mean
Total Organizational Commitment	Technical staff	80	3.4073	.85298	.09537
	Non-technical/support staff	65	3.2545	.85105	.10556

Independent Samples Test		**t-test for Equality of Means**				
		t	**df**	**Sig. (2-tailed)**	**Mean Difference**	**Std. Error Difference**
OC	Equal variances assumed	1.074	143	.285	.15280	.14229
	Equal variances not assumed	1.074	137.111	.285	.15280	.14226

Source: Survey Result, SPSS output, 2017

H10: There is statistically significant difference on employees' level of OC between technical and non - technical staffs.

As revealed from the group statistics Table 4.24 we can see that the mean score for technical staff was M = 3.4073 which is relatively higher than the mean score of non-technical staff Mean = 3.2545. The standard deviation for technical staffs was SD = .85298 and for non – technical staffs SD =.85105 which is slightly lower than those for technical staffs.

Even though, the result obtained mean difference between the two groups there is no statistical evidence that supports their difference since (P = 0.285) which is larger than 0.05 level of significance. Thus, from the above result it was concluded that, though, there is mean difference between technical and non-technical staffs regarding their level of OC for the Hospital, statistically

there is no significant mean difference. Therefore, the alternative hypothesis (H6) would be rejected.

4.6. Validating the Hypotheses of the Study

Hypothesis	Result	Reject and accept the Null hypothesis	Implications
H1: There is relationship between the stages of PMS and employees' OC dimensions.		Accepted	
H2: Overall PMS has significant and positive relationship with affective commitment.		Accepted	
H3: Overall PMS has significant and positive relationship with continuance commitment.		Accepted	
H4: Overall PMS has significant and positive relationship with normative commitment.		Accepted	
H5: Overall PMS has significant positive influence on total employees' OC.		Accepted	
H5a: Prerequisite has significant positive influence on employees' OC.		Rejected	
H5b: Performance planning has significant positive influence on employees' OC.		Accepted	
H5c: Performance execution has significant positive influence on employees' OC.		Accepted	
H5d: Performance assessment has significant positive influence on employees' OC.		Rejected	
H5e: Performance review has significant positive influence on employees' OC.		Rejected	
H5f: Performance renewal and re -constructing has significant positive influence on employees' OC.		Accepted	
H6: There is significant difference on influence of PMS stages over affective commitment		Accepted	
H7: There is significant difference on influence of PMS stages over continuance commitment		Accepted	
H8: There is significant difference on influence of PMS stages over normative commitment		Accepted	
H9: There is significant difference in implementation of PMS between technical and non - technical staffs.		Accepted	
H10: There is statistically significant difference on employees' level of OC between technical and non - technical staffs.		Rejected	

CHAPTER FIVE

5. SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter provides the summary of major findings, conclusions and forwarded recommendations based on the result of the present study. Furthermore, it also includes limitations and directions for further studies on the subject matter.

5.1. Summary of Major Findings

This study was aimed at examining the influence of PMS on employees' OC in Fitche Hospital. Specifically the study was intended to assess whether PMS is effectively implemented in the hospital, to examine the relationships as well as influences of PMS stages on employees' OC dimensions, and to determine whether significance difference existed between technical and no – technical staffs regarding the implementation of PMS and their level of OC.

- Out of 152 questionnaires distributed to sample respondents, in all 145 were returned. From participants of the study, the higher 80 (55.2%) were from technical staff and the remaining 65 (44.8%) were from non – technical staffs of the Hospital. Besides, based on the demographic profiles of the respondents, the higher share was taken by male employees' (64.8%) and females were (35.2%). In terms of age, while the majority (62.8%) of respondents belongs to 28 – 38 which indicates most of employees were youngster, only (3.4%) were above 48 years. In relation to their education while (81.4 %) of respondents had first degree and above, the remaining (18.6%) had technical and vocational certificate, and college Diploma. Finally, the analyzed data shows majority (74.4%) of respondents were working above three years in the Hospital and the remaining (25.6%) were between one to three years.
- The data gathered from respondents were analyzed using both descriptive and inferential statistics. Accordingly, to assess the extent to which PMS is implemented and level of employees' OC, the data obtained through close ended questionnaires were analyzed using descriptive statistics such as mean and standard deviation. The result with respect to the implementation of PMS indicates that the average mean values for the stages of PMS

ranges between the lower (M = 1.9583 with SD = 0.63329) for performance planning and the higher (M = 4.2869 with SD = 0.54814) for prerequisite. The overall PMS implementation practice was obtained mean value of (M = 2.8388) and standard deviation (SD = 0.58674) which is considerably below moderate.

- The mean score of respondents for each dimension of employees' OC ranges between the lower (M = 2.6966 with SD = 0.57636) and the higher (M = 3.1672 with SD = 0.68310). As a result continuance commitment was ranked first with mean score of 3.1672 followed by normative commitment which obtained (M = 2.7629 with SD = 0.70752), and affective commitment as lowest which score mean of 2.699.
- Pearson's Product Moment Correlation Coefficient was used to determine the relationship between PMS and employees' OC, as well as PMS stages and OC dimensions. The result revealed that there is higher positive and significant relationship between overall PMS and total OC which is significant at $p< 0.01$. On the other hand, prerequisite, performance execution, performance assessment, performance review, and performance renewal and re-constructing stages of PMS have significant relationship with all dimensions of OC (Affective, Continuance, Normative) both at significant levels of $p< 0.01$ and $p< 0.05$. However, the relationship between performance planning and all dimensions of OC were statistically not significant. Moreover, the result of correlation coefficient shows that the overall PMS has positive and statistically significant relationship with each dimension of OC at $p< 0.01$.
- The study also examined the influence of PMS and its stages on employees' OC, and identified the difference among PMS stages on influencing employees' affective, continuance and normative commitment dimensions through employed multiple regression analysis. The result obtained $\mathbf{r^2}$ = 0.752, which implies that 75.2% of variation in employees' OC was explained by the combination of PMS stages at $p<0.01$. When we see regression coefficient, it shows performance planning (Beta value 0.210), performance execution (Beta value 0.404) and performance renewal and reconstructing (Beta value 0.329) have statistically significant influence on employees' OC at $p < 0.01$, but, prerequisite (Beta Value 0.056), performance assessment (Beta value 0.054), and performance review (Beta value 0.127) were not have statistically significant influence at both $p<0.01$ and $p<0.05$. However, they have positive contribution to employees' OC.

- The result also confirmed that there is significant difference among PMS stages over employees' OC dimensions. Accordingly, only performance review (Beta value 0.376) was significantly predicted employees' affective commitment at $p<0.01$. Performance planning (Beta value -0.124), performance assessment (Beta value 0.216), performance review (Beta value 0.334) and performance renewal and re –constructing (Beta value 0.241), have significantly predicted employees' normative commitment at both $p<0.01$ and $p<0.05$. Finally, performance review (Beta value 0.343), and performance renewal and re – constructing (Beta value 0.330) are significant predictors of normative commitment than other stages of PMS in the Hospital at $p<0.01$.
- Furthermore, independent samples t- test was used to determine mean difference significance between technical and non – technical staffs regarding PMS implementation and their OC levels. The test result shows that there is statistically significant mean difference between technical (M = 3.2870) and non – technical (M = 3.0635) staffs on the perceptions of the existing PMS implementation at $p<0.05$. The result also indicated that statistically no significant mean difference was observed between the staffs regarding their level of OC.

5.2. Conclusion

- The result of the study indicate that, there is low level of employee's agreement with the current effectiveness of PMS implementation. This means that the existing practice of PMS in FH was not pleasing.
- Employees reported highest mean score on continuance commitment, followed by normative commitment, and then affective commitment has the least score. These mean scores suggest that some employees felt more about having to stay followed by obligation to stay and less about wanting to stay. From this it can be concluded that FH employee's decision to stay mostly derive from the costs associated with leaving the Hospital.
- The present study shows that there is significant positive association between stages of PMS; prerequisite, execution, assessment, review, renewal and re -constructing with affective, continuance and normative commitment dimensions. This indicates that effective implementation of PMS with these stages leads to higher level of employees' OC. Moreover, statistically insignificant relationship was found between performance planning

and all dimensions of OC. This means that the process of planning has no significant association with employees' OC dimensions. On the other hand, overall PMS was significantly and positively associated with affective, continuance and normative commitment. It means that PMS is strongly related to how employees feel about wanting to, having to and feelings obligated to, and stay with. This suggests that the more effective implementation of PMS, the more employees may want, need and feel obligated to stay with the Hospital.

- The study revealed that there is high degree of dependence of employees' OC on existing PMS implementation. It indicates 75.2% of variation in employees' OC was explained by the nature of current implementing PMS in the Hospital. Among all stages of PMS performance planning, performance execution and performance renewal and reconstructing have statistically significant influence on employees' OC. This means that they have unique contribution to employees' OC.

- On the other hand while performance review has unique contribution for employees' affective commitment, performance review, performance renewal and re –constructing, performance assessment, and performance planning have significantly predicted employees' normative commitment. Finally, performance review, and performance renewal and re – constructing are significant predictors of normative commitment than other stages of PMS in the Hospital.
- The independent samples T-test revealed that there is a significant difference on effectiveness of PMS implementation effectiveness between technical and non – technical staffs. Based on the result technical employees were agree with the existing implementation PMS when compared with that of non – technical staffs. On the other hand, statistically insignificant mean difference was found between the two staffs in their OC level. This means that the employees' OC was not determine based on business unit category in FH.

5.3. Recommendations

Based on the findings of this study the following recommendations are forwarded:

- ✓ Even if, relatively employees were agreed on that they were aware of the purpose of existing PMS, the mission, vision, objectives and goals of the Hospital, it was indicated that employees' were not agreed with the other practices of PMS. This shows that the current implementing PMS needs to be effective in order to align the individual objectives with the strategic goals of the Hospital. Therefore, the Hospital should always be prepare to implement effective PMS through identifying, measuring and developing the performance of employees to enhance employees' commitment which could result in outcomes like reduced turnover of experienced employees.
- ✓ The Hospital PMS should be clear, transparent, easy to understand, fair, and real measurement of employees performance through considering result, behavior and development plan. This can be achieved through providing training on the system, participating employees on the process, creating open communication and discussion among employees and supervisors on performance related issues, and need to reward individuals based on their contribution.
- ✓ The result revealed that employees score more on continuance commitment, affective commitment and normative commitment respectively. This mean that the employees decision to stay with the hospital mostly derived from consideration of cost associated with leaving the hospital. Therefore the hospital management should give attention to enhance specially affective commitment, because rather than considering cost employees with affective commitment desire to remain with the organization on the basis of emotional attachment, involvement in and identification with the organization. This can be achieved through implementing strategic human resource practices such as effective PMS practice, reward and benefit based on result, and employees must be given numerous opportunities like promotion to feel committed to the hospital.
- ✓ It was discovered that the current implementing PMS has significant influence on employees' OC. This means that the more effectiveness of PMS implementation, the higher employees' OC level. Therefore, the Hospital management should consider having a good PMS practice in order to enhance employee commitment through considering PMS as strategic objectives of the hospital.
- ✓ On the other hand, performance planning, performance execution and performance renewal and reconstructing have statistically significant influence and unique contribution

to employees' OC. Therefore, management of the Hospital should mainly focus and use those stages in a manner that brings value added benefit in employees' commitment level.

- ✓ Even though the finding revealed that positive relationship between prerequisite, execution, assessment, review, renewal and re-constructing with affective, continuance and normative commitment, the mean score on PMS stages such as execution, assessment, review, renewal and re-constructing were below moderate level. This advocates that increasing the effectiveness of those stages will lead to higher employees' OC. Therefore, it is recommended that managers and supervisors of Fitche Hospital should give more attention in improving the effectiveness of the existing practice of performance execution, performance assessment, performance review and performance renewal and re-constructing.

- ✓ Based on the result of this study, management of the Hospital should identify and consider the factors that have been identified to have significant difference on implementation of PMS between the technical and non – technical staffs, and incorporate them in the strategic objectives of the hospital to improve such differences. For example, the characteristics of the job requires different performance evaluation system so as to get the intended contribution from both staffs it needs consideration.

5.4. Limitation and Direction for Further Study

One limitation of this study is that the sample were drawn from one hospital in one town. Thus, it is expected that using large samples from other hospitals, thus, further studies should be carried out in order to enhance the generality of the results.

This study seen only the influence of PMS on employees' OC. However, there could be some other relevant outcomes those were excluded from this study that may be perceived as significant. Therefore, other researchers need to consider various outcomes influenced by PMS such as employee performance, organizational citizenship behavior, job satisfaction, motivation, and etc.

Moreover, the study used only quantitative research method and considering employees as a study participant, therefore, it was recommended that other researchers may employ both

quantitative and qualitative (mixed) method and consider management in order to get detail information.

Furthermore, similar studies in the other industrial sectors such as education, agriculture, telecommunication, banking, and other sectors also advocated for future studies.

References

Abebe, T. & Markos, S., 2016. The Relationship between Job Satisfaction and the Organizational Commitment in Public Higher ducation Institution: The Case of Arba Minch University, Ethiopia. *International Journal of Research in Business Management,* 4(8), pp. 17-35.

Aguinis, H., 2009. *Performance management (2nd Ed.). Upper Saddle River.* NJ: Pearson Prentice Hal.

Aguinis, H. & Pierce, C., 2007. Enhancing the relevance of organizational behavior by embracing performance management research. *Journal of Organizational Behavior,* pp. 139-145.

Ahuja, R., 2011. *Research Methods.* Jaipur: Rawat Publications.

Allen, N. & Meyer, J., 1990. The measurements and antecedents of affective, continuance and normative commitment to organization. *Journal of occupational psychology,* pp. 1-18.

Allen, N. & Meyer, P., 1994. The measurements and antecedents of affective, continuance and normative commitment to organization. *Journal of occupational psychology,* pp. 1-18.

Arakal, T. & Rupert, S., 2016. An Empirical Attestation of the Impact of Performance Management System on Employee Involvement Moderated By Employee Acceptance of Performance Management System. *IOSR Journal of Business and Management* , pp. 25-32.

Armstrong, M., 2006. *A handbook of human resource management practice.* London: kogan page publishers.

Armstrong, M., 2010. *Armstrong's Handbook of Performance Management. An evidence based guide to delivering high performance.* New Delhi: Kogan Page India Private Limited.

Armstrong, M., 2012. *Handbook of human resource management practice: Kogan Page*s.

Armstrong, M. & Baron, A., 1998. out of the box. *people management* , pp. 38-41.

Asma, I. & Mehboob, A., 2012. Impact of Human Resource Practices on Organizational Commitment: A Study Among Service Sectors Employees in Pakistan. Interdisciplinary Jounnal of Contemporary Research in Business, 4(2), pp. 81-90

Ayanyinka, I. & Emmanuel, E., 2013. Performance Management System and Employee's Job Commitment: An Empirical Study of Selected Listed Companies in Nigeria. *The International Journal of Management,* pp. 1-13.

Barney, B., 1995. Looking inside for Competitive Advantage. *Academy of Management,* pp. 49-61.

Baron, A. & Armstrong, M., 2004. *"Out of the tick box", People management..* 23 ed. s.l.:s.n.

Becker, K., Antuar, N. & Everett, C., 2011. Implementing an employee performance Management system in a nonprofit organization. *Nonprofit Management & Leadership,* pp. 255-271.

Bevan, S. & Thompson, M., 1991. Performance management at the cross-roads. *Personnel Management,* pp. 36-40.

Bhosale, U. & Kumar, P., 2015. Performance Management System and Organizational Commitment. *Pezzottaite Journals,* pp. 1728-1731.

Biron, M., Farndale, E. & Paauwe, J., 2011. Performance management effectiveness: lessons from world-leading firms. *The International Journal of Human Resource Management,* pp. 1294-311.

Bragg, T., 2002. Improve employee commitment.. *Industrial Management,* pp. 18-20.

Brown, M. & Heywood, J., 2005. Performance appraisal systems: determinants and change,. *British J. Industrial Relations,,* 43(3), pp. 659-679..

Cascio, W. F., 2006. Global performance management systems. *International human resources management,* pp. 176-196.

Cavana, R., Delahaye, B. & Sekaran, U., 2001. *Applied Business Research: Qualitative and Quantitative Methods.* Singapore: John Wiley & Sons.

Cohen, R. & Swerdlink, M., 2002. *Psychological testing and assessment: An introductionto tests and measurements.* 5th ed. ed. New York: McGraw-Hill.

Creswell, W., 2009. *Research Design: Qualitative, Quantitative and Mixed Methods Approaches; Third Edition.* Los Angeles: Sage.

Dorenbosch, L. & Veldhoven, M., 2006. Rethinking huma resource management practices measurement: A classification ofchoices for researchers. *Paper presented at the EIASM 21st Workshop Strategic Human Resource Management.*

Erasmus, B. & Vandyk, P., 2003. *Training Management in South Africa.* Cape Town: Oxford University Press.

Erdogan, B., 2002. Antecedents and consequences of justice perceptions in performance appraisals. *Human Resource Management Review,,* Volume 12, pp. 555-578.

Field, A., 2009. *Discovering Statistics Using SPSS.* London: Sage.

Flapper, S., Fortuin, L. & Stoop, P., 1996. Towards consistent performance management systems. *International Journal of Operations & Production Management,* pp. 27-37.

Fletcher, L. & Williams, R., 1996. Performance management, job satisfaction and organisational commitment. *British journal of Management,* pp. 169-179.

Gleim, J. & Gleim, R., 2003. Calculating, interpreting, and reporting Cronbach's alpha reliability coefficient for Likert-Type scales. *Midwest Research to Practice Conference in Adult, Continuing, and Community Education,* pp. 82-88.

Greenberg, J., 2005. *Managing Behavior in Organizations 4th ed.* Englewood: Prentice-Hall.

Grote, D., 2002. *The complete guide to performance appraisal.*. s.l.:s.n.

Guerci, M., Radaelli, G. & Siletti, E., 2015. The Impact of Human Resource Management Practices and Corporate Sustainability on Organizational Ethical Climates:An Employee Perspective. *Journal of Business,* pp. 325-342.

Gungor, P., 2011. *The Relationship between Reward Management system and Employee Performance.*. s.l.:Procedia Social and Behavioral Sciences, 1510-1520. Retrieved from://www.sciencedirect.com.

Gupta, A. & Upadhyay, D., 2012. Impact of effectiveness of performance management system on employee satisfaction and commitment. *International Journal of Management, IT and Engineering, Volume 2, Issue 7,* pp. 96-106.

Hassan, S. & Mahmood, B., 2016. Relationship between HRM Practices and Organizational Commitment of Employees: An Empirical Study of Textile Sector in Pakistan. *International Journal of Academic Research in Accounting, Finance and Management Sciences,* pp. 23-28.

Inyang, B., 2008. *Organisational Behaviour: A managerial Perspective (2nd Ed).*. s.l.: Merb publishers Calabar.

Ivancevich, J., 2010. *Human Resource Management-*. s.l.:11/E..

Jamil, C. & Mohammed, R., 2011. Performance management system in small medium enterprises: A practical modified framework,. *world journal of social sciences,* pp. 200-212.

Kazim, A., 2008. *Strategic management and Business Policy (3rd Ed).* New Delhi: Tata McGraw-Hill pub. Company.

Kinicki, J., Jacobson, L., Peterson, J. & Prussia, E., 2013. Development and validation of the performance management behavior questionnaire. *Personnel psychology,* pp. 1-45.

kothari, C., 2004. *Research methodology; Methods and Techniques.* New Delhi: New Age International (P) LTD, Publishers.

Kuvaas, B., 2007. Different relationships between perceptions of developmental performance appraisal and work performance. *Personnel Review*, pp. 378-397.

Lawler, E., 2003. *Reward practices and performance management system effectiveness‖, Organizational Dynamics, Vol. 32 No.4.* s.l.:s.n.

Lee, C. D., 2005. Rethinking the goals of your performance management system. *Employment Relations Today,* pp. 53-60.

Leedy, P. & Ormrod, J., 2001. *Practical research: Planning and design.* 7th ed. TUpper Saddle River, NJ: Merrill Prentice Hall: housand Oaks: SAGE Publications..

Liao, T., Lewis-Beck, M. & Bryman, A., 2004. *The Sage encyclopedia of social science research methods.*. 3 vols ed. Calif: Sage Thousand Oaks.

Marczyk, Dematteo & Festinger, 2005. *Essentials of research design and methodology.* Newjersey and Canada: Johnwiley and Sons,Inc, Hoboken.

Mawardi, 2013. *Performance management practices at management sciences for health,* Addis Ababa: Ethiopia.

Meyer, J., Becker, T. & Vandenberghe, C., 2004. Employee commitment and motivation: a conceptual analysis and integrative model. , 89(6), 991.. *Journal of Applied Psychology,* pp. 896-991.

Mothusi, B., 2008. *Public sector reforms and managing change in Botswana: The case of performance management system (PMS).* Cleaveland, United States of America.: s.n.

Mugenda, O. & Mugenda, A., 2003. *Research Methods Quantitative and qualitative approaches.* Nairobi: Acts Press.

Mungai, J., 2015. The Effect of Mergers and Acquisitions on Financial Performance of Banks. *International Journal of Innovative Research and Development,* 4(8), pp. 101-113.

Newman, A. T. R. a. H. W., 2001. The impact of employee perceptions of training on organizational commitment and turnover intentions: A study of multinationals in the Chinese service sector.. *International Journal of the Human Resource Management.,* pp. 1765-1787.

Pallant, J., 2001. *SPSS Survival Manual.*. Maidenhead, Berkshire: St. : Edmundsbury Press..

Pulakos, 2004. *Performance Management in international hotel sector of yangon Myanmar,* Nay Su Lin: s.n.

Pulakos, E., 2005. *Performance Management: A roadmap for developing, implementing and*

evaluating performance management systems. Alexandria, VA.: SHRM Foundation.

Radnor, A. & Mcguire, M., 2004. Performance management in the public sector: fact or fiction?. *International Journal of Productivity and Performance Management,* pp. 245-260.

Rajesh, 2013. Performance management system in Maharatna Companies (a leading public sector undertaking) of India - a case study of B.H.E.L.Bhopal (M.P.). *International Letters of Social and Humanistic Sciences,* 4(SciPress Ltd., Switzerland,Online), pp. 49-69.

Risher, H., 2003. Refocusing performance management for high performance. *Compensation and Benefits Review,* pp. 20-30.

Robbins & Coulter, 2003. *Management", 7th ed.* Englewood ,Cliffs,NJ: Prentice-Hall.

Saunders, M., Lewis, P. & Thornhill, A., 2009. *Research Methods for Business Students.* Edinburgh Gate, England: Pearson Education Limited.

Sekaran, U., 2000. *Research Methods For Business: A Skill-Building Approach.* 3rd ed. NewYork : John Wiley & Sons, Inc..

Seyal, A. H. & Afzaal, T. l., 2013. An Investigation of Relationship among Emotional Intelligence,Organizational Commitment and Job Satisfaction:Evidence from Academics in Brunei Darussalam. *International Business Research; Vol. 6, No. 3,* pp. 217-228.

Shadish, C., Beatty, R. & Campbell, D., 2002. *Statistical Conclusion validity and Internal validity, construct validity and external validity. In experimental and quasi experimental designs for generalized inference.* 1st ed. s.l.:s.n.

Shahnawaz, G. & Juyal, C., 2006. Human Resource Management Practices and Organizational Commitment in Different Organizations. *Journal of the Indian Academy of Applied Psychology,* pp. 171-178.

Smither, W. & London, M., 2009. *Performance Management Putting research into action.* San Fransisco: Jossey-Bas.

Stevers, B. & Joyce, T., 2000. Building a balanced performance management system. *SAM Advanced Management Journal,* pp. 1-12.

Strebler, M. T., Bevan, S. & Robertson, D., 2001. Performance Review: Balancing objectives and content. *Institute of Employment Studies, Brighton.*

Suma, S. L. J., 2013. Job satisfaction and organizational commitment: The Case of Shkodra Municipality.. *European Scientific Journal,* Volume 17, pp. 41-51.

Szekeres, J., 2004. "The Invisible Workers",. *Journal of Higher Education Policy and*

Management, , 26(1), pp. 7-22.

Taylor, P. & Pierce, J., 1999. Effects of introducing a performance management system on employees' subsequent attitudes and effort. *Public Personnel Management,* pp. 423-452.

Thatcher, R., 2010. Validity and reliability of quantitative electroencephalography. *Journal of Neurotherapy,* Volume 14, pp. 122-152.

Vural, Y., Vardalier, P. & Aykir, 2012. The Effects of Using Talent Management With Performance Evaluation System Over Employee Commitment. *Social and Behavioral Sciences,* p. 340 – 349.

Zikmund, G. W., Babin, J. B., Carr, C. & Mitch, G., 2009. *Business Research Methods.* Cincinnati OH: South Western Publisher.

APPENDICES

ADDIS ABABA UNIVERSITY
COLLEGE OF BUSINESS AND ECONOMICS
SCHOOL OF COMMERCE

Department Of Business Administration and Information Systems

Masters of Human Resource Management (MHRM)

Survey Questionnaire for the Impact of Performance Management System on Employees' Organizational Commitment in Fitche Hospital

Questionnaire Designed for Employees

Dear Respondents,

My name is Tilahun Gessese a MA student at Addis Ababa University School of Commerce. This questionnaire is designed to collect information regarding the impact of performance management system on employees' organizational commitment, using Fitche Hospital as a case study. You have been identified as a respondent in this field. The objective of this questionnaire is partial fulfillment of the requirement for the masters of Art in Human Resource Management. The data collected from this questionnaire will all be used only for the purpose of the research. In addition, note that all the collected data will be kept only in the hands of the researcher.

I hereby request you to be open and honest while responding so that the research could succeed and achieve its intended goal. It will take no longer than 10 minutes of your time. Your response is of the Utmost importance to me. Thus, your genuine, honest, and prompt response is a valuable input for the quality and Successful completion of my study.

For further information please use my Tel: +251-913 03 92 06

General Instructions

- ✓ There is no need of writing your name
- ✓ Please express your views by ticking the box appropriate to your response.

Thank you in advance for your cooperation

Appendix A

Section I: Background Information

This section of the questionnaire refers to general information about the respondents. The Information will allow me to compare groups of respondents. Once again, your cooperation is appreciated.

1. Sex

   Female ☐ Male ☐

2. Age

   18 – 28 ☐ 28 – 38 ☐ 38 – 48 ☐ 48 and Abo ☐

3. Your education level

   Secondary school ☐ Technical and vocational ☐ Diploma ☐

   First Degree ☐ Masters ☐ Doctor and Abov ☐

4. How many total years of experience do you have?

   0-10yrs ☐ 10-20yrs ☐ 20-30yrs ☐ 30 and Above ☐

5. In which business process/work unit are you currently working?

   Technical staff ☐ Non- technical staff ☐

Section II: The process of Performance management system

Key: SA = Strongly Disagree; D = Disagree; N = Neither Agree nor disagree; A = Agree; SA = Strongly Agree;

SN	A. Pre-requisites stage	SD	D	N	A	SA
1	I am fully aware of the organization's mission, vision, strategic objective and values					
2	I believe that a clear definition of the mission and purpose of the organization makes possible clear and realistic business objectives					
3	I understand that knowledge of the organization's mission and strategic goals of my section allows me to make contributions					
4	I believe that a performance management system is a systematic process for improving organizational performance by developing the performance of individuals and teams					
5	I understand how my role contributes to the overall organizational goals and objectives.					
B. Performance planning stage						
1	The section in which I am employed has clear goals and objectives					
2	The personal objectives Include results, behavior and development plan					
3	The personal objectives developed in performance planning, review and development are set by mutual agreement between my supervisor and me and have good linkage with the strategy					
4	I have a clear understanding of the level of performance that is expected of me					

5	I have the necessary skills and competencies to achieve my individual goals and objectives					
C. Performance Execution stage						
1	My supervisor frequently monitors my performance and gives feedback regularly					
2	My supervisor encourages open discussion with respect to performance related issue					
3	I provide regular updates on progress toward goal achievement in terms of results					
4	I am the person who is primarily responsible for performance execution					
5	My supervisor provides me the required resources to do my job					
D. Performance Assessment stage						
1	My performance is measured against prior, mutually agreed, set of objectives.					
2	Where the performance has not met minimum standards, my supervisor and I discuss the reason for this and way for improving performance					
3	The performance evaluation criteria used at Fitche Hospital is fair and capable of true measurement.					
4	Performance is customized based on the characteristics of my job					
E. Performance Review stage						
1	My supervisor accurately rates my performance					
2	The rating distribution at Fitche Hospital makes distinction between good and bad performers					
3	My supervisor keeps regular records on my performance and gets additional feedback from colleagues					
4	I don't think that the performance review process is a waste of time					
5	Performance management system at Fitche Hospital has provision for appeal in case there is disagreement with supervisor					
6	I believe that there is no intervention by senior management to dictate the performance review rating.					
F. Performance Renewal and Re-contracting stage						
1	The performance review form at Fitche Hospital has different relative weight for different Key Performance Indicators					
2	Senior management is committed to the successful implementation of the performance management system					
3	I have sufficient control over the activities that I am expected to perform in terms of my performance contract					

Section III: Organizational Commitment Dimensions

Key: SA = Strongly Disagree; D = Disagree; N = Neither Agree nor disagree; A = Agree; SA = Strongly Agree;

SN	A. Affective Commitment	SD	D	N	A	SA
1	I would be very happy to spend the rest of my career with this organization.					
2	I enjoy discussing about my organization with people outside it					
3	I really feel as if this organization's problems are my own					
4	I think that I could easily become as attached to another organization as I am to this one. **(R)**					
5	I do not feel like 'part of the family' at my organization. **(R)**					
6	I do not feel 'emotionally attached' to this organization. **(R)**					
7	This organization has a great deal of personal meaning for me					
8	I do not feel a 'strong' sense of belonging to my organization. **(R)**					
B. Continuance Commitment						
1	I am not afraid of what might happen if I quit my job without having another one lined up **R**					
2	It would be very hard for me to leave my organization right now, even if I wanted to					
3	Too much in my life would be disrupted if I decided to leave my organization now					
4	It wouldn't be too costly for me to leave my organization now **(R)**					
5	Right now, staying with my organization is a matter of necessity as much as desire					
6	I feel that I have very few options to consider leaving this organization					
7	One of the few serious consequences of leaving this organization would be the scarcity of available alternatives					
8	One of the major reasons I continue to work for this organization is that leaving would require considerable personal sacrifice—another organization may not match the overall benefits I have here					
C. Normative Commitment						
1	I think that people these days move from company to company too often					
2	I do not believe that a person must always be loyal to his or her organization **(R)**					
3	Jumping from organization to organization does not seem at all unethical to me**(R)**					
4	One of the major reasons I continue to work for this organization is that I believe that loyalty is important and therefore feel a sense of moral obligation to remain					

5	If l got another offer for a better job elsewhere I would not feel it was right to leave my organization					
6	I was taught to believe in the value of remaining loyal to one organization					
7	Things were better in the days when people stayed with one organization for most of their careers					
8	I do not think that wanting to be a 'company man' or 'company woman' is sensible anymore **(R)**					

APPENDIX B

YUNIVARSIITII ADDIS ABABAA

KOLLAJJII BIIZNASII FI IKONOMIKSII

MANA BARUMSAA KOOMERSII

Bulchiinsa Sirna Madaallii Gahumsa Hojii fi Dhiibbaa inni Qophaa'ummaa hojjettotaa irratti qabu qorachuuf gaafilee hojjettoota Hospitaala Fiicheetiif qophaa'e

Kabajamtoota Hirmaattota Qorannoo kanaa:

Ani maqaan koo Xilaahun Gassasaa kanan jedhamu Yunivarsiitii Addis Ababa, kollejjii Biiznasii fi Ikonomiksii mana barumsa koomersiitti barnoota digirii lammaffaa barachaa kanan argamu yoo ta'u, yeroo ammaan kana qorannoo eebbaa gaggeessaan jira. Kaayyoon qorannoo kanaa adeemsa bulchiinsa sirna madaallii gahumsa hojii hospitaala fiichee keessatti gaggeeffamaa jiruufi dhiibbaa inni qophaa'ummaa hojjettotaa irratti qabu qorachuufi. Haaluma kanaan isin hirmaataa/tuu qorannoo kanaa taatanii waan filatamtaniif, ragaan isin naaf kennitan galma gahiinsa qorannoo kootiitiif gahee guddaa akka qabu hubachuun gaafilee gaafatamtaniif deebii sirrii, bilisaa fi qulqulluu ta'e akka deebistan kabajaan isin gaafadha.

Ragaan isinirraa argamu hundi kaayyoo qorannoo kanaatiif qofa kan oolu ta'uufii qorataa qorannoo kanaatiin ala qaama sadaffaaf dabarfamee kan hin kennamne ta'uusaa waadaa isiniif galaa, tumsa gama keessaniin naaf gootaniif dursee isin galateeffachuun barbaada.

Hub:

- ✓ Maqaa keessan barreessuun hin barbaachisu.
- ✓ Gabatee qophaa'e keessatti mallattoo [√] kaa'uudhaan yaada keessan ibsachuu ni dandeessu.
- ✓ Odeffannoo dabalataaaf lakk. Bilbila kootii +251-913 03 92 06

Deeggarsa naaf gootaniif durseen isin galateeffadha!

Boqonnaa tokko

Kutaa I: Odeefannoo Waliigalaa

Kutaan kun odeeffannoo waliigalaa hirmaattota qo'annoo kanaa beekuufi wal dorgomsiisuuf na gargaara.

1. Saala

Dhalaa ☐ Dhiira ☐

2. Umrii

18 – 28 ☐ 28 – 38 ☐ 38 – 48 ☐ 48 fi ol ☐

3. Sadarkaa Barnootaa

Qalama ☐ Teeknikaa fi ogummaa ☐ Diplomaa ☐

Digirii jalqabaa ☐ Digirii lammaffaa ☐ Doktoraa fi ol ☐

4. Waggaa meeqa hospitaala Fiichee keessatti hojjette?

1-3 ☐ 3-7 ☐ 7-10 ☐ 10 fi ol ☐

5. Garee hojii kam keessatti hojjetta?

Ogeessa fayyaa ☐ Bulchiinsa/ deggarsa ☐

Kutaa II: Adeemsa Bulchiinsa Sirna Madaallii Gahumsa Hojii

Ibsa: GWH= Gonkuma Walii Hingalu; WH= Walii Hingalu; YH = Yaada Hinqabu; W = Waliingala; SW = Sirriittan Waliigala;

LK	G. Adeemsa Qophii Duraa	GWH	WH	YH	W	SW
1	Ergama, mul'ata, kaayyoolee fi duudhaalee waajjira kanaa sirriitti hubadheen jira.					
2	Ergamaa fi mul'ata waajjiraa ifaan ibsuun galma gahiinsa kaayyoolee waajirichaatiif murteessaa ta'uu isaa nan amana.					
3	Ergamaa fi galmoota straateejiikaawaa adeemsa hojii kootii waanan beekuuf gahee koo akkan bahu na taasisee jira.					
4	Kaayyoon bulchiinsa sirna madaallii gahumsa hojii, dandeettii hojjetaa dhuunfaa fi garee guddisuudhaan gahumsa waajjiraa cimsuu akka ta'e nan beeka.					

5	Gaheen koo, galmagahiinsa kaayyolee fi galmoota waajjira kanaatiif hammam murteessaa akka ta'an hubadheera.					
H. Adeemsa Madaallii Gahumsaa Karoorsuu		**GWH**	**WH**	**YH**	**W**	**SW**
1	Adeemsi/Kutaan hojii kootii galmootaa fi kaayyolee ifa ta'e qaba.					
2	Karoorri dhuunfaa bu'aa barbaaddamu, amala hojichaaf barbaachisuu fi jijjiirama dhufuu qabu kan of keessatti hammateedha.					
3	Karroorri dhuunfaa kanan qopheeffadhu waliigaltee anaa fi itti gaafatamaa dhiyoo kootiitiin ta'ee, karoora waajjirichaa irraa kan maddu dha.					
4	Gahumsa hojii narraa eeggamu guutumaan guutuutti nan beeka.					
5	Kaayyolee fi galmoota karoora dhuunfaa kootii galmaan gahuudhaaf dandeettii fi gahumsa barbaachisaa ta'e qaba.					
I. Adeemsa Raawwii gahumsaa		**GWH**	**WH**	**YH**	**W**	**SW**
1	Itti gaafatamaa dhiyoon koo raawwii hojii kootii yeroo yeroodhaan hordofuudhaan duubdeebii naaf kenna.					
2	Dhimmoota gahumsa hojiitiin wal qabatan irratti iftoominaan akka mari'annu itti gaafatamaa dhiyoon koo na jajjabeessa.					
3	Milkaa'ina bu'aa hojii kootii yeroo yeroon qindeessuudhaan					
4	Raawwii gahumsa hojii kotiif ittigaafatamummaa duraa kan fudhatu ana					
5	Meeshaalee hojii kootiif na barbaachisan hunda itti gaafatamaa dhiyoon koo naaf qopheessa					
J. Adeemsa Madaallii gahumsaa		**GWH**	**WH**	**YH**	**W**	**SW**
1	Gahumsi hojii kootii kan madaallamu hojiiwwan akkan hojjedhu itti gaafatamaa dhiyoo koo waliin irratti waliigalle irratti hundaa'uudhaani					
2	Qabxiin madaallii gahumsa hojii kootii staandaardii taa'ee gadi yommuu ta'u, anii fi itti gaafatamaa dhiyoon koo sababa gadi bu'ee fi akkaataa fooyyessuun danda'amu irratti ni mari'anna.					
3	Ulaagaaleen madaallii gahumsa hojii itti fayyadamu sirrii fi hojii fi hojii qofa kan giddu galeeffatee dha.					

4	Madaalliin Gahumsi hojii kan qindaa'e amala hojii irratti hundaa'uudhaani					
K. Adeemsa Gamaggama raawwii madaallii		**GWH**	**WH**	**YH**	**W**	**SW**
1	Itti gaafatamaan dhiyoo koo gahumsa hojii kootii qulqullinaan madaala					
2	Qabxiin madaallii hojiiwwan tokkoon tokkooniif rabsamu raawwii ol'aanaa fi gadi aanaa adda baasee ni mul'isa. The rating distribution at Fitche Hospital makes distinction between good and bad performers					
3	Itti gaafatamaan dhiyoo koo raawwii hojii kootii ni galmeessa, odeefannoo dabalataas hojjettoota garee kootii irraa ni sassaaba					
4	Adeemsi gamaggama raawwii madaallii hojii yeroo fixuu miti.					
5	Anaa fi itti gaafatamaa dhiyoo koo gidduutti maddaallii hojiitiin walqabatee walii galuun yoo didame adeemsi kallattiidhaan komii itti dhiheeffatan ni jira.					
6	Gamagama raawwii madaallii hojii irratti dhiibbaan itti gaafatamtoota ol'aanootiin godhamu hin jiru.					
L. Adeemsa Gahumsaa Haaromsuu fi haala mijeessuu		**GWH**	**WH**	**YH**	**W**	**SW**
1	Foormiin madaallii gahumsa hojii mana hojii keenyaa galmawwan hojii ijoo tokkoon tokkooniif qabxii madaalu kan kennee dha.					
2	Galma gahiinsa bulchiinsa madaallii gahumsa hojiitiif ittigaafatamtoonni ol'aanoon kutannoon socha'aa jiru.					
3	Gahee hojii kootirratti hundaa'uudhaan tokkoon tokkoon hojiiwwan hojjedhuuf dhiibbaa tokko malee kan murteessu ana qofa.					

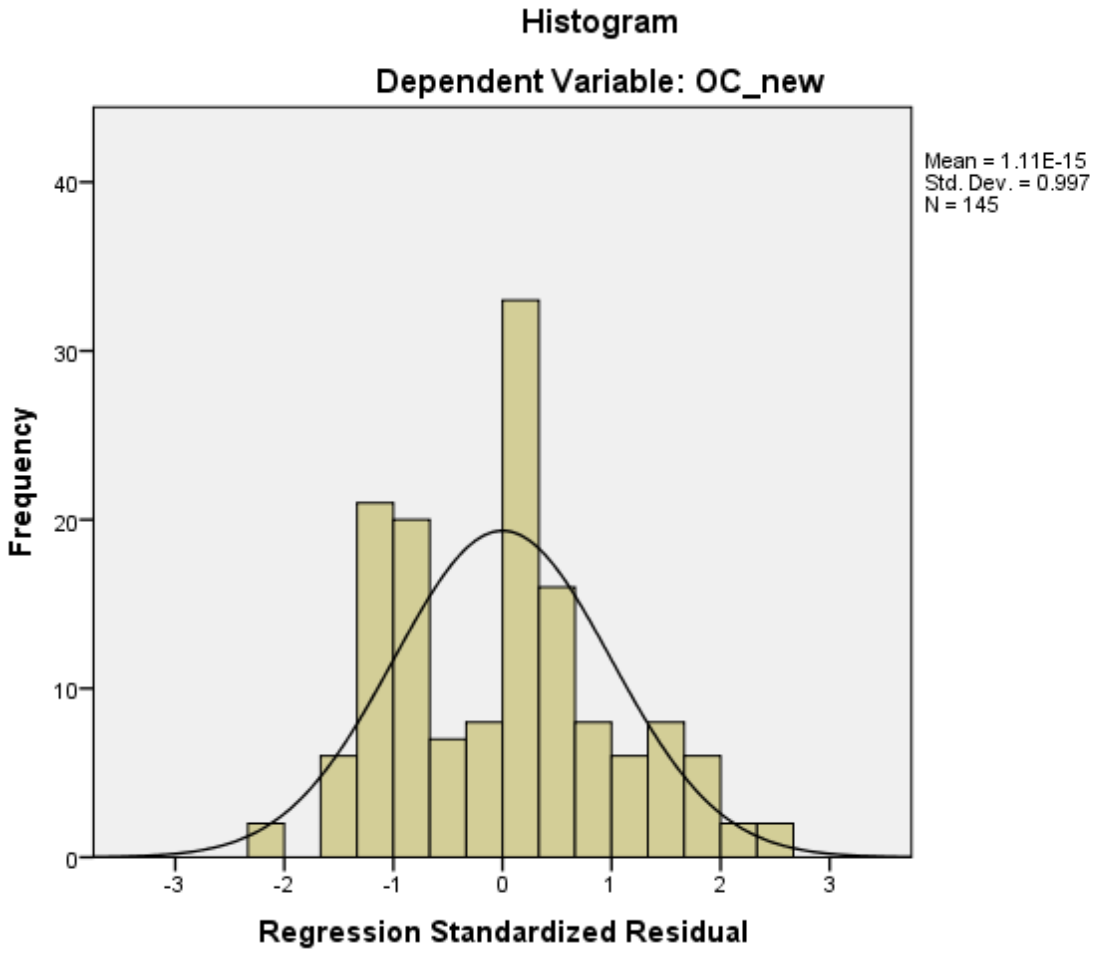
Kutaa III: Kallattiiwwan Qophaa'ummaa Waajjiraa

Ibsa: GWH= Gonkuma Walii Hingalu; WH= Walii Hingalu; YH = Yaada Hinqabu; W = Waliingala; SW = Sirriittan Waliigala;

LK	B. Qophaa'ummaa Fedhii keessaa	GWH	WH	YH	W	SW
1	Hamman soorama bahutti waajjira kana osoon tajaajilee nan gammada					
2	Namoota waajjira kanaan ala ta'an waliin waa'ee waajjira kootii haasa'uun na gammachiisa					
3	Rakkoon waajjira kanaa rakkoo koo akka ta'etti natti dhagahama					
4	Akkuma waajjira kanaa waajjira biraa waliin salphumatti walitti dhufeenya gaarii uumuu nan danda'a					
5	Waajjira kanaaf maatii akkan ta'etti natti hin dhagahamu					
6	Waajjira kana waliin walitti dhufeenya fedhiirratti hundaa'e hin qabu					
7	Waajjirri kun anaaf hiikaa dhuunfaa naaf qaba					
8	Waajjira kanaaf abummaa cimaan natti hin dhagahamu					
B. Qophaa'ummaa Faayidaa irratti hundaa'e		**GWH**	**WH**	**YH**	**W**	**SW**
1	Hojii biraa osoon hin argatiin mana hojii kana osoon gadi lakkise waanan sodaadhuuf hin qabu					
2	Osoon fedhii qabaadhee illee ammaaf waajjira kana gadi lakkisuun baay'ee natti ulfaata					
3	Amma waajjira kana gadi lakkisuuf osoon murteessee, wantoonni baay'een jireenya kiyya natti ulfeessuu danda'u					
4	Amma osoon waajjira kana gadi lakkisee wanti baay'ee natti ulfaatu hin jiru					
5	Amma asitti hojjechaa kanan jiruu fedhii waanan qabuuf osoo hin taane waan na barbaachisuufi					
6	Waajjira kana gadi lakkisuuf carraan biraa qabu dhiphaa akka ta'etti natti dhagahama					

7	Hojii kanaa olii argachuuf carraan jiru dhiphaa ta'uun waajjira kana akkan gadi hin lakkifne sababoota ta'an keessaa isa cimaa dha.					
8	Sababni guddaan waajjira kana waliin turuuf gadi lakkisuun aarsaa guddaa waan na kaffalsiisuufani. Waajiroonni biro faayidaa asii argadhu kanfaluu dhabuu danda'u					
C. Qophaa'ummaa Amantaa irratti hundaa'e		**GWH**	**WH**	**YH**	**W**	**SW**
1	Yeroo ammaa sochiin namootaa waajjira tokkorraa gara waajjira biraatti godhamu bal'inaan jiraachuu isaan yaada					
2	Hojjetaan yeroo hunda waajjira isaatiif dirqama amanamaa ta'uu qaba jedhee hin amanu					
3	Anaaf waajjira tokkoo waajira biraatti socha'uun namuusaan alaa miti					
4	Sababnin waajjira kana keessatti hojjechaa jiruuf tokko amanamummaan barbaachisaa ta'uu isaa waanan amanuufi.					
5	Osoon faayidaa kana caaluun hojii biraa argadhee, waajjira kana gadi lakkisee deemuun sirrii akka hin taane natti dhagahama					
6	Waajjira tokko turuuf duudhaalee waajjirichaattin amana					
7	Namoonni waajjira tokko yeroo dheeraaf yoo turan wantoonni baay'een isanii ni milkaa'uuf					
8	Hojjetaa mootummaa ta'uuf barbaaduun kana booda waan hin barbaaddamne natti fakkaata					

SPSS OUTPUT


Histogram
Dependent Variable: OC_new
Mean = 1.11E-15
Std. Dev. = 0.997
N = 145
Frequency
40
30
20
10
0
-3
-2
-1
0
1
2
3
Regression Standardized Residual