Development and Launch of Performance Appraisal System at Dr. Virendra Laser and Phaco Surgery Center, Jaipur

By

Payal Agarwal

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

Development and Launch of Performance Appraisal System at Dr. Virendra Laser and Phaco Surgery Center, Jaipur

By

Payal Agarwal

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

Dr. Virendra Laser, Phaco Surgery Center, Jaipur

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

INSTITUTE OF HEALTH MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Payal Agarwal** student of MBA Hospital and Health Management/ Pharmaceutical/ Rural Management from The IIHMR University, Jaipur has undergone internship training at **Dr. Virendra Laser & Phaco Surgery Center, Jaipur** from **1st February 2018** to **5th May 2018.**

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Professor
The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141- 3924700, 2791431- 32, Fax: 0141 3924738, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

Ph 0141-2707580, 9829017147

Dr. Virendra Laser, Phaco Surgery Centre – Eye Hospital

Tonk Phatak, Behind Ford Car Showroom, Tonk Road, Gandhi Nagar, Jaipur 3020215

www.newperfectvision.com e mail - drvlpsc2010@gmail.com

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Payal Agarwal** student of **IIHMR, Jaipur** has completed her internship & dissertation at **"Dr.VirendraLaser, Phaco Surgery Centre,Jaipur"** from **1st February 2018 to 4th May 2018**.

During this period, she has successfully completed her projects on

"DEVELOPMENT AND LAUNCH OF PERFORMANCE APPRAISAL SYSTEM AT DR. VIRENDRA LASER & PHACO SURGERY CENTER, JAIPUR."

Along with this, she was engaged in:

- Designing and implementing various forms of hospital billing department.
- Training of Hospital employees for NABH pre assessment.
- Gap analysis of hospital in compliance with NABH- SHCO Standards

She comes across as a committed, sincere, diligent &workaholic person who has a strong drive and zeal for learning.

We wish her all the best for future endeavours.

For **Dr.VirendraLaser Phaco Surgery Centre- Eye Hospital, Jaipur**
: Dr. Virendra Laser & Phaco Surgery Centre Pvt. Ltd.

Director

Dr.Virendra Agrawal

Managing Director

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **DEVELOPMENT AND LAUNCH OF PERFORMANCE APPRAISAL SYSTEM AT DR. VIRENDRA LASER & PHACOSURGERY CENTER, JAIPUR** and submitted by **DR. PAYAL AGARWAL** Enrollment No- **IIHMR-U/01/2016-18/0461**under the supervision of **DR. MONIKA CHOUDHARY** for award of MBA in Hospital and Health in Health and Hospitals of the University carried out during the period from **1ST FEBRUARY 2018** to **4TH MAY 2018** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

ACKNOWLEDGEMENT

Parents are the first teachers and teachers are the second parents, with these words I humbly acknowledge the affectionate and caring attitude of my teacher's throughout my work and all praises to almighty god who enlightened me to carry out this study effectively.

I express my gratitude toDr. Virendra Agarwal, Medical Director, Dr. Virendra Laser & Phaco Surgery Center, Jaipur, to make available all the needful facilities to conduct this work successfully.

I would like to express my profound gratitude to Dr.Ashok Kaushik, Dean Academics. His continuous guidance, affectionate encouragement, generous help and important acumen are greatly acknowledged.

I owe my heartiest and sincerest regards to my esteemed teacher and guide Dr.Monika Choudhary, Professor, IIHMR, Jaipur for her constant encouragement, meticulous guidance, vigilant supervision during the course of this work, which bears her impression at every step. It has been my proud privilege to work under her masterly guidance.

I am heartily thankful to Dr.Tanjul Saxena whose encouragement, guidance and support from the initial to the final level enabled me to develop an understanding of the subject, feel motivated and encouraged every time.

With my sincere thanks to my parents, for their support and to my husband for hisundying guidance, Lastly, I offer my regards and blessings to all of those who supported me in any respect during the completion of the project

Dr.Payal Agarwal

Operations Executive

Dr. Virendra Laser & Phaco Surgery Center

ACRONYMS

1. DRVLPSC – Dr. Virendra Laser & Phaco Surgery Center
2. OT – operation theatre
3. TSSU – Theatre sterile supply unit
4. STP – standard temperature and pressure
5. RACE PASS – rescue alarm confine extinguish pull aim at base squeeze sweep side to side
6. MPS - Medical Practitioners Society
7. PHNHS - Private Hospitals & Nursing Homes Society
8. BARS – Behaviorally anchored rating scale

TABLE OF CONTENTS

1.INTRODUCTION

Dr. Virendra Laser, Phaco Surgery Centre is a Highly Equipped True Super Speciality Ophthalmic Care Centre of Rajasthan where total eye care is provided by super specialized and experienced team of Doctors.

We, at our centre, aim at providing the quality eye care to our patients that match international standards. To keep pace with the rapidly growing trends in eye treatments our centre is equipped with the best and latest machines. This is the only centre in Rajasthan where all the modern techniques for removal of glasses are available viz. Conductive Keratoplasty, Wasca Laser, Lasik Laser, Epilasik and with refractive Cataract surgery by use of Multifocal and Accommodative Lenses.

The centre caters to a wide patient base providing our services in almost all sub-specialties like Refractive Procedures, Cataract, Cornea, Glaucoma, Vitreo Retinal services, Uvea, Squint, Pediatric Ophthalmology, Vision Aids, Contact Lens etc.

The credit of bringing ultimate technology of removal of glasses and contact lenses by Laser goes to Dr. Anita & Dr. Virendra Agrawal.

The Centre has been honored by Medical Practitioners Society (MPS) and Private Hospitals & Nursing Homes Society (PHNHS), Jaipur for bringing most modern and advanced eye surgery facilities in Rajasthan (June 2005).

We strive hard to bring the best eye care facilities at your doorstep and we emphasize on our mission statement" why compromise when you have option for the best".

1. GOALS OF INTERNSHIP

As an integral part of the curriculum, a student of MBA HM is required to undergo 3 months of practical exposure in a reputed organization by way of Internship. For the MBA HM 21st batch, this period was from 5th February 2018 to 5th May 2018

The student is expected to carry out the following major activities during this period:

- To assist the Administrator/ Employer in day to day operations and during this process gain practical knowledge and skills to handle various employers issues related to major departments in the organization. He/ she may be allocated some specific project or responsibilities by the employer.
- The student is also required to identify a specific problem area or department for dissertation. The topic for this study will be decided in consultation with the administrator and according to the need of the organization. This activity is envisaged as a problem-solving exercise by which the student is expected to:

  - Diagnose critical problems within an operational area.
  - Provide the management with a set of alternative solutions
  - If possible, design the implementation plan to carry out the most feasible solution.

2. ORGANIZATION PROFILE

1. ABOUT THE HOSPITAL

Dr. Virendra Laser, Phaco Surgery Centre is a Highly Equipped True Super Specialty Ophthalmic Care Centre of Rajasthan where total eye care is provided by super specialized and experienced team of Doctors. The clinic is centrally located with ease of access from airport, railway station and bus stand.

We, at our centre, aim at providing the quality eye care to our patients that match international standards. To keep pace with the rapidly growing trends in eye treatments our centre is equipped with the best and latest machines. This is the only centre in Rajasthan where all the modern techniques for removal of glasses are available viz. Conductive Keratoplasty, Wasca Laser, Lasik Laser, Epilasik and with refractive Cataract surgery by use of Multifocal and Accommodative Lenses.

The centre caters to a wide patient base providing our services in almost all sub-specialties like Refractive Procedures, Cataract, Cornea, Glaucoma, Vitreo Retinal services, Uvea, Squint, Pediatric Ophthalmology, Vision Aids, Contact Lens etc.

The credit of bringing ultimate technology of removal of glasses and contact lenses by Laser goes to Dr. Anita & Dr. Virendra Agrawal. In Rajasthan, we are well recognised as Pioneers in multiple eye care facilities and treatments. LASIK, Wasca Laser, Cold Phaco microincision, C3R for Keratoconus are a few from the list. We take pride in

boasting that we have done maximum Laser procedures for removal of glasses in Rajasthan.

The Centre has been honored by Medical Practitioners Society (MPS) and Private Hospitals & Nursing Homes Society (PHNHS), Jaipur for bringing most modern and advanced eye surgery facilities in Rajasthan (June 2005).

We strive hard to bring the best eye care facilities at your doorstep and we emphasize on our mission statement" why compromise when you have option for the best".

2.1 OWNERSHIPANDMANAGEMENT

Dr. Virendra Agrawal the Chief Consultant of centre is post graduate from the premier medical institute of India, the Dr. Rajendra Prasad Centre for Ophthalmic Sciences, AIIMS, New Delhi. He was Awarded Dr. BodhRaj Sabarwal Gold Medal for being the best post graduate in Ophthalmology for year 1993. After post-graduation, he worked as Senior Resident Under renowned Strabismologist Prof. Dr. Prem Prakash to master Strabismologist. He is also awarded Diplomat of National Board. He is also life member of National Academy of Medical Sciences, American Society for Cataract and Refractive Surgery, All India Ophthalmic Society, Implant and Refractive Surgery Society of India, Strabismological Society of India, Delhi Ophthalmic Society, Rajasthan Ophthalmic Society, and Jaipur Ophthalmic Society.

The credit of bringing ultimate technology for removal of glasses and contact lenses by Laser first time in Rajasthan goes to Dr. Anita & Dr. Virendra Agrawal. We have done maximum Laser procedures for removal of glasses in Rajasthan.

Dr. Anita Agrawal Consultant Eye Surgeon is trained in USA to perform Lasik procedure. Dr. Anita Agrawal has done

Fellowship in Anterior Segment Microsurgery from Arvind Eye Hospital,Madurai after her post-graduation in Ophthalmology. Dr. Anita Agrawal is Life member of All India Ophthalmic Society, Implant and Refractive Surgery Society of India, Strabismological Society of India, Delhi Ophthalmic Society, Rajasthan Ophthalmic Society, Madhya Pradesh Ophthalmic Society, and Jaipur Ophthalmic Society.

Dr. P. K. Mathur Senior Consultant Eye Surgeon. He is Ex. Sr. Professor & Head of Ophthalmology S.M.S medical college Jaipur. Technical advisor to State Blindness Control Committee of Govt of Rajasthan. He has W.H.O fellowship -Bascom Palmer Eye Institute Miami U.S.A. and Wills Eye Hospital. Fellow of National Academy of Medical Science. He is the Only Ophthalmologist to Received "STATE MERIT AWARD FROM GOVT. OF RAJASTHAN". Ex. Member Managing Committee AIOS; Past President Rajasthan Ophthalmology Society; Past Gen. Secretary ROS.

2.2 VISIONANDMISSION

VISION STATEMENT

- TO LAY THE FOUNDATIONS OF A GLOBAL CENTRE OF EXCELLENCE IN AN OUTSTANDING AND EGALITARIAN EYE CARE INSTITUTION.

MISSION STATEMENT

- DRVLPSC IS A COMMUNITY ENTRUSTED SINCERE, VIGOROUS AND DEDICATED EYE CARE INSTITUTION WHICH PROVIDES INTERNATIONAL STANDARDS OF CARE WITH STATE OF THE ART TECHNOLOGY, TO ACHIEVE PATIENT DELIGHT AND CONTINUOUSLY ENHANCE OUR SERVICES.

2.3 OBJECTIVE

1) We assure quality healthcare that go beyond the community's expectations through reliable and eminent healthcare services.

2) We ensure effectiveness of institutional operations to safeguard and reinforce patient care.

3) We abide by all the legal and statutory prerequisites.

4) We nurture our staff to upgrade their skills and capabilities.

2.4 SCOPE OF SERVICES

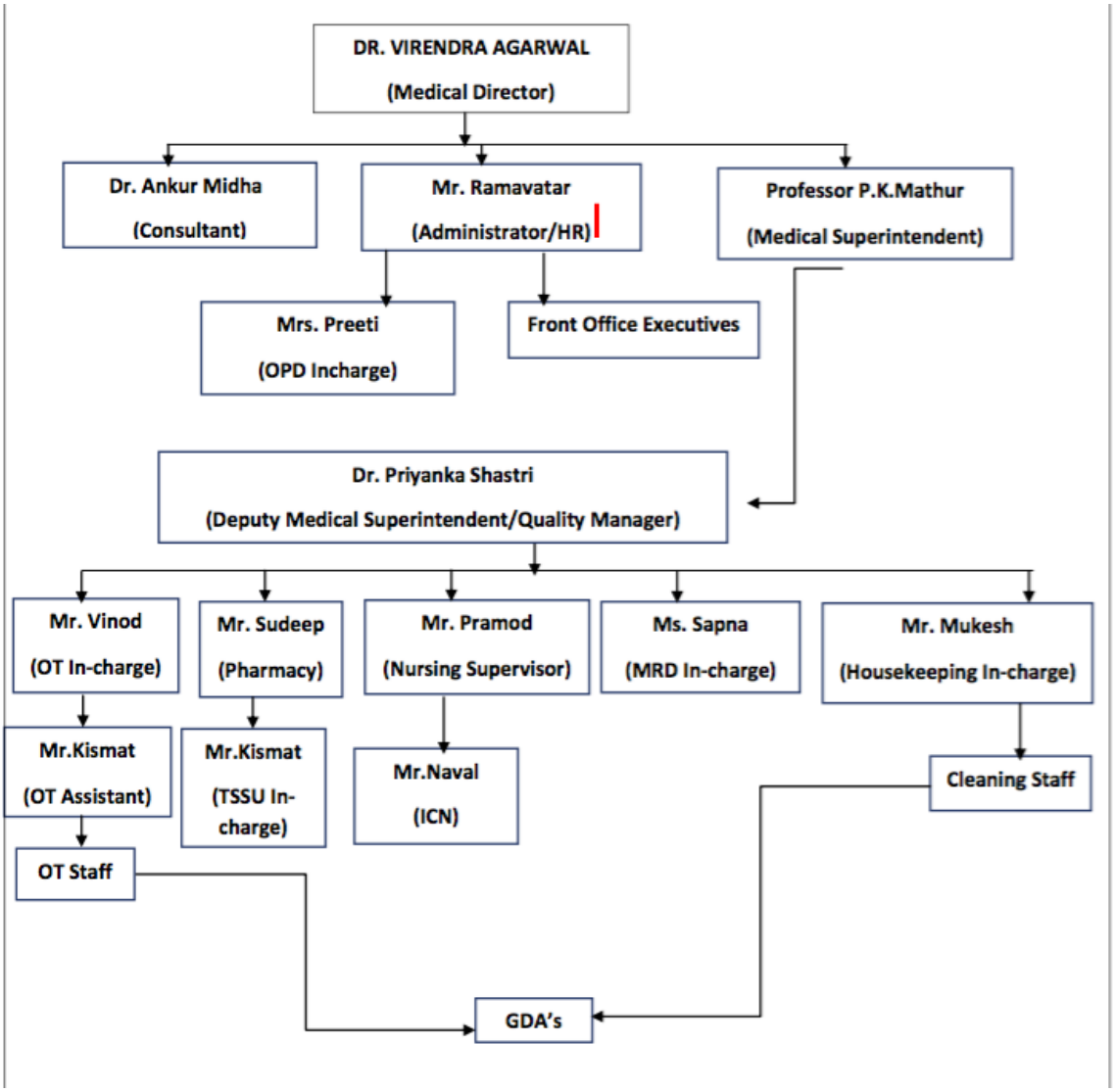
Diagnosisandtreatmentfacilitiesfor

- Cataract
- Cornea
- Pediatric ophthalmology
- Refraction error
- Glaucoma
- Vitreous and retina
- Squint
- Oculoplasty
- Uvea
- Ocular Surface
- Neuro ophthalmology
- General/routine ophthalmology

2.5 NOT IN THE SCOPE OF THE SERVICES

All the emergency cases after the working hours as per our Centre.

2.6 ORGANOGRAM



2.7 DIAGNOSTIC & IMAGING SERVICES

- Topography
- Pentacam
- OCT- posterior segment
- OCT- anterior segment
- USG eye
- Angioplax

2.8 Emergency & Ambulance Services.

2.9 Pharmacy

2.10 Optical shop

2.11 A QUICK TOUR

20+ Bedded Super Specialty Hospital

Modular Operation Theatre.

Fully equipped BLS Ambulances.

Non-Invasive Cardiology (Echo, TMT etc.)

Environment friendly: Use of Solar Energy, Green Building & Recycled Water.

Café Lounge.

Seminar Hall & Conference Room.

2.12 FLOOR WISE DISTRIBUTION

- BASEMENT

  - Pharmacy
  - Locker rooms and changing rooms
  - General store
  - Fire exit
  - Optical shop

- GROUNDand I FLOOR

  - Help desk
  - Billing counter
  - Converse i.e. consultation rooms
  - AR rooms
  - NCT rooms
  - Vision room
  - IOL master room
  - Topography room
  - OCT machine room
  - Retina consultation chamber
  - Cornea consultation chamber
  - Waiting lounge
  - Sample collection room
  - Dilatation room
  - TPA desk
  - MRD
  - TPA desk

  Daily OPD timing of DRVLPSC is 9 am to 6 pm.

  Average No. of OPD patients at DRVLPSC is 110-150 patients (Both old and new)

- II FLOOR

- Nursing station
- OT -2
- Changing room
- Footwear chamber
- Waiting lobby
- TSSU
- Pharmacy
- MRD

- III FLOOR

- Waiting lobby
- Management office
- CRM
- Dining room
- General store
- Wards
- Nursing station
- Equipment and materials store
- Pediatric store

- ROOF

- Generator
- Lift maintenance chamber
- Washrooms
- Laundry
- Fire tank
- Water tank

There are 2 Fully Functional OT on the III floor

2.13 DEPARTMENTS

a. TSSU

Total Area is divided into 4 Zones:

- Zone I. (Dirty Utility) Reception , Inspection and Documentation
- Zone II. (Clean Area) Assembly and Packing
- Zone III (Sterile Area) Sterilisation
- Zone IV (Issue Area) Storage and distribution

Check for proper sterilisation

- Bowie dick test
- Leak test
- Sterilisation test
- Batch monitoring test

b. MEDICAL RECORD DEPARTMENT

Scope of Services:

- Maintenance of all medical record
- Storage of records :
  1) IPD: 5 years
  2) Death/MLCs: lifetime
- Maintaining the integrity and confidentiality of all medical record
- Numbering and filing
- Completion of all incomplete records.
- Arrangement is according to Admission No.

c. HOUSEKEEPING

Housekeeping department is outsourced

Services provide:

- Maintain hygiene of the patients and the hospital
- Helping in patients preparation
- Infection control
- Waste disposal

d. LINEN AND LAUNDRY

Linen and laundry department is out sourced.

e. FIRE SAFETY DEPARTMENT

The hospital has fire exist door in each floor . Sprinklers are located in the entire hospital

Smokes detectors are also located in the entire hospital.

Fire Safety Equipments:

- Horse Reel Drums
- Jockey Pump
- Alarm Valve
- Double Hydrant Valve

Hospital follows “PASS” and “ RACE” protocols.

PASS: Pull Aim Squeeze Sweep for operating a fire extinguisher

RACE: Rescue Alarm Contain Extinguish, Evacuate.

f. MAINTAINANCE DEPARTMENT

The maintenance department in DRVLPSC is out sourced

Functions:

- To maintain continuous electric supply to the hospital.
- To maintain the chilling plant room of the hospital
- To maintain the supply of medical gases
- To maintain the proper functioning of STP

Operational timings: 24hr.

g. SECURITY DEPARTMENT

Security service department of the hospital is outsourced.

Functions:

- To provide security services to all the staff, patients, relatives and visitors
- To protect the hospital property within the premises
- To analyse threats and vulnerability in conjugation with the managements , police and others
- To control the movement of vehicular traffic inside the premises.

3. PROJECT REPORT

3.1 INTRODUCTION

Performance appraisal finds its initiation in the starting of 20th century.
As a management procedure used in the evaluation of work performance, appraisal made its presence known really from about second world war.

There is, a basic human nature to make judgements calls about the work of not only one self but others too. To reduce the informality and arbitrary nature of unstructured judging it is of utmost importance to understand the value of performance appraisal.

An employee performance appraisal is a process—often combining written and oral elements—whereby management evaluates and provides feedback on employee job performance, including steps to improve or redirect activities as needed. Documenting performance provides a basis for pay increases and/or promotions. These are also important to help staff improve their performance and by which they can be rewarded or recognized. Also, they can serve a lot of other functions, like providing a beginningpoint from which companies can spell out and outline responsibilities in accordance with occupational trends, clear lines of employer-employee communication, and stimulate re-examinations of potentially worn out occupational practices. Joel Myers notes that "in many organizations, performance appraisals only occur when management is building a case to terminate someone. It's no wonder that the result is a mutual dread of the performance evaluation session—something to be avoided, if at all possible. This is no way to manage and motivate people. Performance appraisal is supposed

to be a developmental experience for the employee and a 'teaching moment' for the employer."

While term performance appraisal has very less meaning for business owners, it is helpful to understand the goals of a performance appraisal. Some goals can be underlined as follows:

- To improve the employer's productivity
- To make informed choicesfor promotion, future job decisions, and demotion/termination.
- To identify job description and job goals
- To assess an employee's performance against these goals
- To work in improving the employee's performance byspecifying areas for improvement, developing a plan aimed at identifying these areas, supporting the employee's efforts at improvement via feedback, and ensuring the employee's involvement and dedication to improving his or her performance.

3.2 LITERATURE REVIEW

MODERN PERFORMANCE APPRAISAL

Performance appraisal may be defined as a structured formal collaboration between an employer and an employee, that usually takes the form of a periodic interview (annual or semi-annual), in which the work performance of the subordinate is examined, discussed and deliberated, so that we can work towards identifying weaknesses and strengths and we can identify opportunities for improvement and knowledge development.

Also, in many organizations –though in some may not- appraisal results are used, directly or indirectly, to help determine reward outcomes. That is, the appraisal results are used to identify the good performing employees who should get the best of available advantages of the organization's protocol, bonuses, and promotions.

In the same way, Performance appraisal results are used to identify the poorer performers who may require some form of suggestions, or in extreme cases, demotion, termination or decreases in advantages.

Objectives of Performance Appraisal

Performance Appraisal can be done with following objectives in mind:

- To maintain records to determine salaries, raises, promotions etc.
- To determine the strengths and weaknesses of employees.
- To determine the right person for the right job
- To help a person identity their own potential and work according to and work to increase that potential.
- To provide a review to employees regarding their performance and related work and attitude.
- To encourage and motivate employees
- To get promotions and the likes of such activities in line.

Advantages of Performance Appraisal

It provides advantages in following ways

- Promotion: Performance Appraisal helps the seniors to chalk out the promotion of good employees and on same lines bring out he dismissal and demotion of not so good employees.
- Compensation: Performance Appraisal helps in chalking out monetary compensation of all employees. Compensation packages which may include but are not limited to bonus, high salary, extra allowances etc. are dependent on performance appraisal. The criteria of seniority should not and does not play any role here.
- Employees Development: The systematic procedure of performance appraisal helps the supervisors develop trainingand

skill development programmes for the future growth of all employees.

- Communication: For an organization, effective and efficient communication between employees and employers is of crucialimportance. Through performance appraisal, communication can be sought for in the following ways:

  - understanding and mentoring juniors
  - accepting juniors
  - gaining respect seniors
  - working towards a common goal and objective.
  - Help to get happy employees

- Motivation: Performance appraisal serves as a motivation tool. This very well motivates a person for better work and helps them to improve their performance for the future.

Following are the tools used by the organizations for Performance Appraisals of their employees.

Table 3.1 Tools for Performance appraisal

Ranking	Paired Comparison
Forced Distribution	Confidential Report
Essay Evaluation	Critical Incident
Checklists	Graphic Rating Scale
BARS	Forced Choice Method
MBO	Field Review Technique
Performance Test	

Some most common types are:

Ranking Method

The ranking system requires the ranker to mark his juniorson overall performance. This consists in simply putting a person in a rank order. In this method, the ranking of an employee in a work team/group is done against that of another employee. The relative position of each employee is tested in terms of his numerical rank. It may also be done by ranking a person on his job performance against another member of another group.

Advantages of Ranking Method

- Employees are ranked according to their performance standard

- It is easier to rank the employee who shows extreme levels of their work like either the best or the worst.

Limitations of Ranking Method

- The "complete man" is compared with another "complete man" in this method. In practice, it is very difficult to compare individuals possessing various individual traits.

- This method speaks only of the position where an employee's standing/position is in his group. It does not talk about the position of how much better or how much worse an employee is when compared to another employee.

- When a large number of employees are appraised in this method, ranking of individuals becomes a difficult issue due to the magnitude of the data and the probability of error.

- There is no structured/guided procedure for ranking individuals in the hospital.

- The ranking system does not eliminate/reduce the possibility of snap judgements.

Forced Distribution method

This is a ranking technique where rankers are to assign a particular percentage of rates to certain categories (eg. excellent, above average, average, below average, poor) or percentiles (eg. top 10 percent, bottom 20 percent etc). Both the number of categories and parts of employees to be allotted in each category are a part of performance appraisal pattern and format. The employers of excellent merit may be placed at top 10 percent of the scale, the rest may be placed as 30 % good, 30 % outstanding, 15 % fair and 15 % fair.

Critical Incident techniques

Under this method, the employer prepares reports of announcement of very effective and not so effective behaviour of an employee. These critical incidents or events represents the excellent or poor behaviour of employees for the organization. The employer maintains a record of each employee, whereintheytime to time recordimportant incidents of the

workers behaviour. At the end of the performance appraisal, these noted critical incidents/events are used in the evaluation of the worker's performance.

Checklists and Weighted Checklists

In this system, many statements that define a particular job are given. Each statement has a weight value assigned to it. While rating an employee the employer checks all those statements that that comes the closest to describe the behaviour of the employer under assessment. Averageof the weightsof all the statements is checked by the assessor and The rating sheet is then scored.Sometimes a checklist may be created for these kinds of assessments.

4.PROJECT

DEVELOPMENT AND LAUNCH OF PERFORMANCE APPRAISAL SYSTEM AT DR. VIRENDRA LASER & PHACO SURGERY CENTER, JAIPUR.

4.1 OBJECTIVES

- To develop a preliminary tool for assessing the needs of a performance appraisal system
- To develop an employee performance oriented and focused performance appraisal system the organization.
- To develop performance appraisal for all employees
- To develop a performance appraisal tool
- To develop a performance appraisal questionnairein order to note detailed performance for every employee.

4.2 METHODOLOGY

- Type of study – DESCRIPTIVE OBSERVATIONAL
- Setting – Dr. Virendra Laser & Phaco Surgery Center, Jaipur

- Duration – 3 months, 1st February 2018 to 4thmay 2018
- Data collection tool –

  various sources of data collection include the following

  1. Primary source –
     - In depth discussions with employees including personal interviews, group discussions and meetings
     - Performance appraisal questionnaire
     - In depth performance appraisal form
  2. Secondary sources –
     - Existing HR notes and documents
     - discussions with employees including personal interviews, group discussions

- Sample

  Sample size – 69 (All employees of Dr. Virendra Laser & Phaco Surgery Center except the doctors as on special demand of the director and founder)

4.3 EXPECTED OUTCOMES

- Launching a performance appraisal system
- Understanding the performance appraisal system
- Help Dr. Virendra Laser and Phaco Surgery Centeras to how to develop performance appraisal plan
- Documentation of performance appraisal
- Use of the data collected for the activities like promotions, rewards, warnings, terminations, demotions etc.

4.4 OBSERVATION

To get the performance appraisal's overall view an in-depth view of the infrastructure, facility and HR was taken.

As infrastructure and facilities have been described earlier here is an in-depth study of the HR.

The hospital has about 79 staff including 10 doctors and adequate paramedical staff along with a decent mix of housekeeping, office boys and guards.

Here is a category wise list of all employees

Table 4.1 List of employees

DESIGNATION	NUMBER
DOCTORS	10
OPTOMETRIST	10
OPD COORDIANTORS	12
NURSING STAFF	10
PHARMACIST	3
OT TECHNICIAN	2
RECEPTIONIST	3
KITCHEN STAFF	1
BILLING EXECUTIVE	4
MAINATINACE	5
MANAGEMENT	4
COUNCELLERS	4
HOUSEKEEPING	10
GUARD	2
DRIVERS	3

4.5 EXISTING PERFORMANCE APPRAISAL SYSTEM

- The primary objective of this project was to primarily find the existing performance appraisal system of the hospital. It was found that there was no streamlined, guided procedure that was followed in the performance appraisal. Annually an assessment was done by The medical director and his team of top management of each employee by observation and Personal interview.

- This practice was not full-fledged followed as sometimes interviews could not be conducted and sometimes the personnel responsible was not able to observe the person to be appraised and due to these reasons, this scenario of performance appraisal was discontinued.

- At present the hospital does not have any performance appraisal system neither organized nor formal.

- The system followed was studied and few drawbacks were noted which are as follows:

- Performance appraisal was not focused
- It was not defined
- It was not customized for employees
- It was not based on the job of the employee
- The performance appraisal was not bias free
- It was only based on the behaviour aspect of the employees largely.
- It was unable to document and appraise the technical skills of the employees.

- Apart from this a reporting system was also devised earlier wherein the employers were to write the daily critical events of their work but due to the hence mentioned reason this performance appraisal system was also not continued

  - There was no proper supervision
  - The irregularities in the filling of the form
  - It could not influence the development of the employees
  - It could not improve the performance of the employees
  - It could not improve the potential of the employees
  - It did not identify the developmental needs of the employees

4.6 APPROACH TO EVOLVE APPRAISAL SYSTEM

(A) Job analysis

The first task done was to understand the job analysis of all employees and the following observations were made

- Job overshadowing was there in the hospital.
  Being a super speciality eye hospital, it was observed that in the paramedical team a lot of job shadowing was observed as work like nursing and optometrist were overshadowing not only in the OPD but also in the OT and hence it was inferenced that a lot of

lines of responsibility could not be drawn and hence the next step

(B) 360° appraisal

A 360-degree appraisal is a type of employee performance appraisal review in which juniors, co-workers, and seniors all anonymously rank the employee. This information is then entered into that person's performance appraisal review.

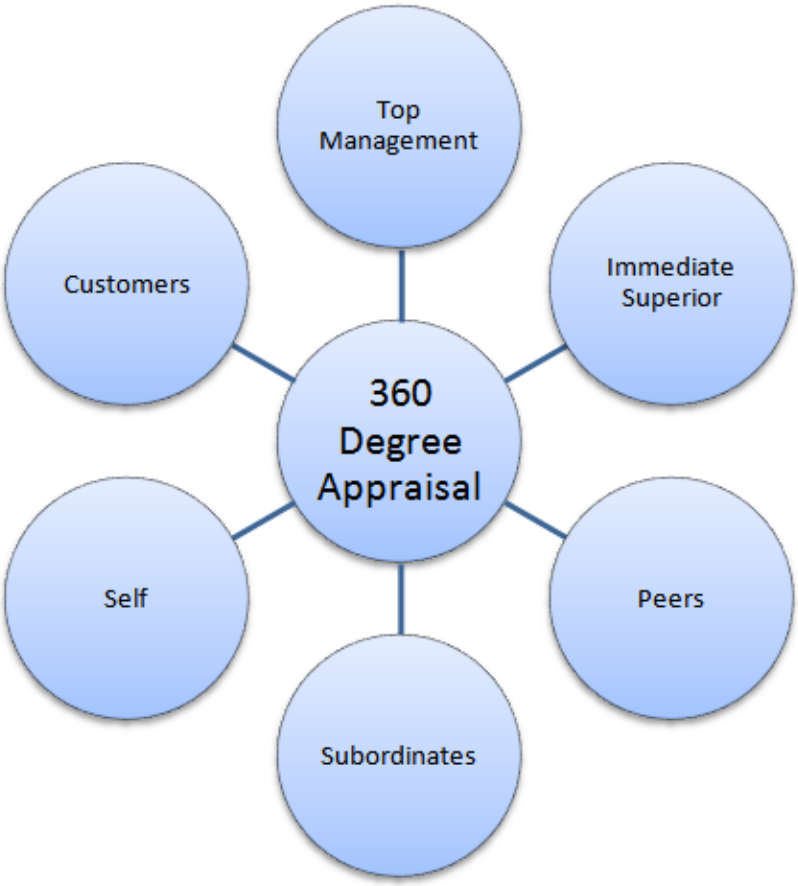


Fig. 1 360-degree appraisal

360 Degree appraisal method find its value due to these reasons

- The 360 Degree appraisal method gives every employee the chance to receive feedback from his or her seniors, peers andjuniors as well.

- 360-degree performance appraisal also called as multi-source feedback is an appraisal tool that inculcates feedback from all who observe and are directly and indirectly affected by the performance of a employer.

- The feedback is often used as a point of reference within the employee's future with the company.

- In a team-focused environment, 360-degreeperformance appraisal can be very useful. It lets the employee know how his/her colleague view their performance.

- It is important that the performance appraisal remains anonymous.

- The complexity of the roles of all employees enables the organisation to capture enough data from all stakeholders for a meaningful survey.

- The results from 360-degree performance appraisal are most commonly used by the employer to plan training sessions for their employees. Results can also be used by some organizations in making decisions, with the likes of pay or promotion etc.

- 360-degree performance appraisal is the most understood appraisal where the feedback about the employees' performance comes from all the sources that are directly or indirectly related to the employees job.
  N

4.6 THE BENEFITS OF A 360 APPRAISAL

1. INCREASES SELF-UNDERSTANDING

   360 Degree Performance appraisal increases the understanding of one's personality, including their own strengths, weaknesses, beliefs, value systems, motivations, ethics, and morality compass.

2. CLARIFIES BEHAVIORS

   It allows one to see if they are focusing a worthy effort on a behaviour of doing well.

3. MEASURES "HOW" THINGS GET DONE AS OPPOSED TO "WHAT" GET'S DONE.

   One needs to understand which is good, doing a thing the right way even if it might be wrong or just completing it no matter

how it is happened? i.e. – vs. Outcome? the answer to be understood with the help of this appraisal: it's always process.

4. PROMOTES DIALOGUE

   Dialogue is the first step in identifying if there is a problem and if there is then what is it. Self-awareness, clarified behavior, and process feedback combine to provide a natural opportunity for dialogue.

5. IMPROVES WORKING RELATIONSHIPS

   One of the vital behaviours in a relationship is to and fro – a mutually beneficial exchange. Performance appraisal is often one-sided or altogether no side. By introducing this, we can create atouchpoint of each other's support.

6. ENCOURAGES PERSONAL DEVELOPMENT

   Honest and reliable feedback is necessary to test one's point of view, recognize strengths, and expose weaknesses. 360 performance assessment provides necessary aspects of personal development.

7. INCREASES ACCOUNTABILITY

   The enemy of accountability is ambiguity. The vaguer something is, the less anyone can hold responsibility for it. And its how co-workers end up talking past each other.

8. ENHANCES PERFORMANCE

   360-degree feedback is one of the most powerful tools to improve relationships, increase accountability, and provide clarity.

4.7 DOWNSIDE OF 360 DEGREE PERFORMANCE APPRAISAL

There is a downside to 360-degree performance appraisal. The down side is important because it gives you an idea of what to avoid when one implements a 360 degreefeedback process.

The following are potential problems with 360-degree feedback processes and a recommended solution for each.

I) The Business result of 360° Performance appraisal

a. It may not improve performance— most organizations have no cause-and-effect data that actually proves that the 360° process directly improves productivity, increases retention, decreases grievances, or that it makes employers more effective.

b. Soft core goals make proving success influence difficult — almost every 360° process has "soft" goals. Soft goals do not directly include collecting and reporting data, improving productivity, raising revenue, cutting labor costs, increasing innovation, increasing quality, or increasing customer service.

c. It reports very old, irrelevant information — if the process itself takes months and if the survey is only administered once a year, this significant time delay may cause you to act on data and information that is no longer accurate. In a rapidly changing environment, the past may not be the best model to learn from.

d. One-on-one communications may be superior —well-managed companies get better feedback, faster and cheaper, using other approaches.

e. High 360° scores may be a byproduct, not a cause — when employees are productive, well rewarded, recognized, well-managed, and when they produce a great product, it may be those workplace factors that eventually increase their 360° scores.

f. Bias may influence 360° scores — we know from morale and employee satisfaction surveys that many factors outside of the workplace influence survey ratings. The unemployment rate, the cost of living, the mortgage crisis, family crisis, etc.

g. High survey scores may not profit — even if employees give their employer a low score, they may stay anyway simply because they like the firm or there are limited external opportunities.

h. Employees can perform extremely well without liking their boss's style —Professionalism, pride, the pay, and job security are among the many factors that cause even discontented individuals to perform and to stay at an organization.

f. Feedback is not productivity or an output — using an analogy, feedback may be smoke, but it is not fire. The primary concern of business leaders is increasing productivity, output, or innovation. Unfortunately, employee feedback and satisfaction may contribute to productivity, but they are not productivity.

II) Problems Related to Using the Results and Taking Actions

a. Reaching a clear conclusion is difficult — some 360° surveys cover so many factors (i.e. satisfaction, performance, sentiment, trust, morale, happiness, burnout, commitment, and even engagement) that the results overlap or conflict. Also, as all employees scores are lumped together — 360° surveys treat all employees equally and the opinions are averaged.

c. The results may not be actionable — the survey is one-sided in that it asks for problems, but it doesn't ask employees for solutions.

d. Identifying the most powerful actions may be difficult — we know from the Hawthorne studies that merely paying attention to workers may increase their satisfaction and productivity levels. If that effect is present, it may make little difference which action you select to improve low 360° survey scores, because it is the mere act of acting and paying attention that increases survey scores

e. It may take too long for actions to increase survey/business results — Since with most surveys you are dealing with feelings and attitudes, it may take years of using the most effective approaches in order to permanently increase the scores.

III) Employee-related issues

a. Employees may purposely slant the survey results — employees may purposely slant what they say in order to help an employer they like or hurt an employer they dislike.

b. Evaluating things they never see — the more individuals included in the survey, the more the chances that some employees would not have directly or indirectly observed the work or attitude of the other employee for which they are asked to do the evaluation.

c. Employees don't know their employer's job — In a lot of organizations in a country like India it is very common for an employee to understand and comprehend the job of their employees or to understand the goals and objectives of their career hence somewhere this effect the 360-degree performance appraisal.

d. Diverse employees and different generations are equally satisfied — most efforts to do good rely on the roots that the employers and employees'discrepancyin understanding decrease 360° scores and that every profitable action has an effective positive impact on every employee.

e. Employee may resist it — unions often want to own and influence employee's opinions, so union leaders often claim it is a tool to fool/distract the workers from their unhappiness.

IV) Employer issues

a. There is very small evidence that employers pay heed or actually listen — the 360-degree performance appraisal has no worth if the employers don't act differently as a result of the evaluation.

b. Employers and employees are not trained — employers are often not trained on how to interpret and use the 360° feedback.

c. Employers, employees, and customers are not able to comprehend the results — employers who have no formal training on how to understand and comprehend the results may find it vast and baffling and may get confused.

d. Change or flexibility may face resistance — most employees and certainly not so good performers resist change. As a result, an employer who forcefully induces a change may be a victim of low scores as compared to the leader who is popular but does not focus on positive change.

f. The reporting of 360° scores can be ineffective — the survey proves to be effectiveonly if employers read, understand, and willfully act on their low scores.

g. Top management support/participation is essential — the whole process loses its power and sheen once it is observed that the top management is exempt from the whole process.

V) Issues Related to the360-degree performance appraisal method

a. It is time-consuming and expensive — most HR departments don't comprehend that the opportunity cost of the employees' and employers' time is also to be kept in mind.

b. Inconsistent participation — 360° performance appraisal suffer from inconsistent participation more than any other employee surveys. Excited, disgruntled employees, fast, sincere or not-very-busy employees go out of their way to fill the performance appraisal and also it is to be understood that employees with the Personal motives impact results.

VI) Problems Related to anonymity

a. Anonymity may actually reduce overall honesty — almost all 360° surveys are anonymous, in order to encourage employees to be frank. If your organization has values of openness and honesty, an anonymous process runs counter to those values. In addition to sending the wrong message, an overreliance on

anonymity may cause workers to "forget" how to give direct negative face-to-face feedback.

VII) Issues Related to the administration of the whole process

a. the time matters a lot as in at what Employee data is collected – it affects the survey a lot if the data is collected too often and even if not collected for a very long time.

b. Cost cutting – if the survey collected once a year does not produce much difference from the survey collected last year then it is profitable to do this training twice a year.

b. Determining who should be included in the survey is complicated — the process of selecting who to survey can by itself be time-consuming and expensive. "The broader you make the survey, the more likely it will be filled out by individuals who barely know the person being assessed. Including too few will mean that some stakeholders will not be represented. If you allow the employers to self-select, they may only pick people they believe will rate them positively."

d. Outsourcing the process may prove unsuccessful — using outside vendors may mean that you are forced to use a standardized product that is not customized to your employees and your company's issues. Other programs that may arise are going to be compromising the data if leaked by the company that is outsourcing and non-customizable surveys.

4.8 SALIENT FEATURES OF 360 DEGREE PERFORMANCE APPRAISAL CONDUCTED AT DR. VIRENDRA LASER & PHACO SURGERY CENTER

Performance appraisal

Review of Performance is the main propaganda of 360-degree performance appraisal. To solve this purpose a online software program was developed.

The software program used

- Excel online

Features of EXCEL ONLINE

- Excel online is fully customizable
- It supports all types of question like

I. Close ended
II. Rating scale
III. Multiple choice etc.

- In it the answers are automatically generated in real time
- It makes the task of such scale easy and quick
- The workload is minimised for appraiser as feedback becomes consistent and relevant.
- This software is in a mobile and computer version to enable easy appraisal between colleagues within an app.
- This kind of survey also ensures that conversation is started at least in the organization be it in or outside the apps.
- This software provides real-time feedback which is crucial to the successful implementation of 360-degree feedback software. If employees are reluctant to give regular feedback or interact with the software, it can render the software redundant
- This 360-degree feedback software has an anonymous feature built-in.
- One of the main needs of getting 360-feedback is so that 'accomplishable feedback' is generated so that this feedback is then acted upon.
- This feature is the main plus point of excel online as it saves all data in excel files and then it can be acted on.
- This survey via this software is quite easy to share
- It can be transported to any mobile device like laptop, cell phones, tablets etc via any social media

4.9 DATA ANALYSIS

Data analysis was done with the help of the following

Tool used: Microsoft Excel

Data analysis procedure

1. A well-developed excel sheet filled on excel online by the staff of Dr. Virendra Laser & Phaco Surgery Center for the 360-degree performance appraisal

2. Markings and definitions indicating the performance appraisal were well defined (Annexure 1)

3. Graphical representation of the data was done which is analysed

4. Interpretation of the data in theory.

4.10 RESULTS

ANALYSIS I

METHODOLOGY

- As there were 69 employees and 7 attributes which were to be surveyed, this data of about 32,000 numbers were taken in an excel sheet.
- The attributes of all were thus obtained and were then taken average of.

Table 4.1 Average of all employees

EMPLOYEE 68	4.2584	EMPLOYEE 62	3.4314
EMPLOYEE 23	3.9876	EMPLOYEE 34	3.4286
EMPLOYEE 61	3.9605	EMPLOYEE 7	3.4063
EMPLOYEE 39	3.9514	EMPLOYEE 13	3.3944
EMPLOYEE 28	3.9486	EMPLOYEE 49	3.3820
EMPLOYEE 4	3.8251	EMPLOYEE 22	3.3758
EMPLOYEE 54	3.8168	EMPLOYEE 58	3.3707
EMPLOYEE 21	3.8029	EMPLOYEE 63	3.3619
EMPLOYEE 15	3.7798	EMPLOYEE 38	3.3555
EMPLOYEE 18	3.7470	EMPLOYEE 10	3.3543
EMPLOYEE 56	3.7283	EMPLOYEE 40	3.3540
EMPLOYEE 12	3.7249	EMPLOYEE 27	3.3524
EMPLOYEE 35	3.7114	EMPLOYEE 26	3.3492
EMPLOYEE 50	3.7110	EMPLOYEE 31	3.3308
EMPLOYEE 2	3.7026	EMPLOYEE 24	3.3090
EMPLOYEE 29	3.7024	EMPLOYEE 43	3.3071
EMPLOYEE 36	3.6518	EMPLOYEE 60	3.3012
EMPLOYEE 25	3.6488	EMPLOYEE 9	3.2938
EMPLOYEE 33	3.6415	EMPLOYEE 32	3.2525
EMPLOYEE 30	3.6334	EMPLOYEE 14	3.2500
EMPLOYEE 8	3.6257	EMPLOYEE 65	3.2262
EMPLOYEE 41	3.6113	EMPLOYEE 20	3.2006

EMPLOYEE 57	3.5562	EMPLOYEE 69	3.1990
EMPLOYEE 51	3.5380	EMPLOYEE 47	3.1612
EMPLOYEE 44	3.5349	EMPLOYEE 48	3.1321
EMPLOYEE 45	3.5333	EMPLOYEE 37	3.0930
EMPLOYEE 55	3.5249	EMPLOYEE 46	3.0898
EMPLOYEE 53	3.5174	EMPLOYEE 11	3.0603
EMPLOYEE 6	3.5060	EMPLOYEE 19	3.0446
EMPLOYEE 59	3.4898	EMPLOYEE 42	2.9971
EMPLOYEE 3	3.4857	EMPLOYEE 66	2.9777
EMPLOYEE 52	3.4556	EMPLOYEE 67	2.9333
EMPLOYEE 17	3.4554	EMPLOYEE 5	2.5593
EMPLOYEE 1	3.4333	EMPLOYEE 16	2.5415
		EMPLOYEE 64	2.4145

Interpretation

The following inference has been deduced from the average score of all employees

1. This is a very average performing organization.

2. The employees' score makes it clear that the no. of employees performing above 4 are very limited and need to be nurtured.

3. The employees performing below 3 are quite good in number and this clearly states that a lot of trainings and counselling is needed for these employees.

PERFORMANCE ANALYSIS II

Quartile system was followed to know the number of people following in each quartile

A quartile divides a sorted data set in 4 equal parts so that each part represents one-fourth of the data set.

Calculating first quartile –

1. Average of the score of each individual was calculated
2. The score was calculated in following way

- Score of one person was done by 68 people approx.
- The scoring was done on 7 criterias
- Each persons score was calculated by taking the average of their score in each attribute and then an overall average was obtained.

3. The average was then assembled in the excel sheet
4. Averages were arranged in the ascending order
5. First, second, third, fourth quartile was calculated

Analysis

- The value of first quartile came out to be 3.29 then I calculated the no. of people who have scores below 3.29 that came out to be 17.

- The value of second quartile came out to be 3.42 then I calculated the no. of people who have scores below 3.42 that came out to be 33.

- The value of third quartile came out to be 3.64 then I calculated the no. of people who have scores below 3.64 that came out to be 50 ie only 19 people scores above 3.64.
- The value of fourth quartile came out to be 3.98 then I calculated the no. of people who have scores below 3.98 that came out to be 65 ie only 4 people scores above 3.98.

FIRST QUARTILE – 3.29
No. of employees in 1st quartiles - 52

SECOND QUARTILE – 3.42

THIRD QUARTILE – 3.64

FOURTH QUARTILE – 3.98
No. of employees in 4th quartiles –4

1st Quartiles represent the number of employees whose average lies below the last 25% average score of all averages.
4thQuartiles represent the number of employees whose average lie below the maximum 25% average score of all averages.
The Interquartile Range (IQR) is the difference between these two quartiles (Q3 – Q1 = IQR).
"A major advantage of using the Interquartile Range (IQR) to estimate variability is that it is much less sensitive to outliers than the variance or the Standard Deviation summary statistics."

Inferences

- Number of people performing best in the organization – 4

- Number of people performing worst in the organization – 17

- This states that the number of people performing in the lower quartile are more than the number of people in upper quartile

- This shows that a lot of people scores represent that the organization is a very average performing organization and this needs to be addressed in order to improve this condition of the organization.

- It also represents that there is a lot of scope of improvement.

Table 4.2 AVAERAGE OF ALL EMPLOYEES ON BASIS OF ATTRIBUTES

employe	QUALITY	PRODUCTIVITY	RELIABILITY	COMMITMENT TO HOSPITAL	PATIENT SERVICE	PROFESSIONAL COMMUNICATION	TEAM WORK
1	3.8	3.6	3.4	3.6	3.2	3.1	3.4
6	3.6	3.6	3.5	3.5	3.4	3.5	3.5
69	3.2	3.1	2.8	3.1	3.0	2.9	2.9
40	3.2	3.1	3.0	2.9	3.0	2.8	3.0
45	3.2	3.2	3.2	3.2	3.1	3.0	3.2
48	3.2	3.1	3.2	3.1	3.2	3.2	3.1
59	3.6	3.4	3.6	3.5	3.4	3.4	3.5
2	3.7	3.7	3.7	3.7	3.7	3.7	3.7
39	4.2	3.8	4.0	4.2	3.8	3.9	3.7
50	3.8	3.7	3.6	3.7	3.8	3.9	3.6
3	3.7	3.4	3.5	3.5	3.4	3.4	3.4
15	4.0	4.0	3.7	3.6	3.7	3.8	3.8
24	3.5	3.5	3.4	3.4	3.3	3.4	3.3
31	3.4	3.3	3.2	3.2	3.2	3.2	3.2
38	3.4	3.2	3.2	3.5	3.4	3.3	3.3
68	3.0	2.8	3.0	3.0	3.0	2.8	3.0
4	3.9	3.8	3.7	3.8	4.0	3.7	3.9

7	3.3	3.4	3.2	3.5	3.4	3.3	3.7
28	3.4	3.3	3.4	3.4	3.3	3.3	3.4
40	3.5	3.3	3.4	3.4	3.2	3.2	3.3
44	3.7	3.5	3.7	3.6	3.5	3.4	3.4
8	3.6	3.5	3.5	3.5	3.5	3.4	3.5
3	3.5	3.6	3.5	3.6	3.5	3.5	3.4
60	3.4	3.3	3.4	3.6	3.4	3.2	3.3
62	3.4	3.3	3.2	3.2	3.2	3.3	3.4
67	3.3	3.3	3.4	3.2	3.1	3.3	3.1
68	3.1	2.9	3.1	3.0	2.9	2.9	2.8
employe	QUALITY	PRODUCTIVITY	RELIABILITY	COMMITMENT TO HOSPITAL	PATIENT SERVICE	PROFESSIONAL COMMUNICATION	TEAM WORK
55	3.3	3.3	3.3	3.3	3.2	3.2	3.2
27	2.8	3.1	3.0	4.1	3.7	3.6	2.9
2	2.4	2.5	2.4	2.8	2.6	2.6	2.6
26	3.6	3.3	3.4	3.4	3.3	3.2	3.3
30	3.8	3.7	3.7	3.7	3.6	3.5	3.6
64	2.5	2.3	2.2	2.3	2.4	2.3	2.2
56	3.8	3.7	3.7	3.8	3.6	3.4	3.4
12	3.9	3.9	3.6	3.7	3.7	3.6	3.6
16	2.7	2.5	2.5	2.4	2.6	2.6	2.5
17	3.7	3.5	3.3	3.4	3.4	3.6	3.5
18	3.9	3.9	3.7	3.6	3.8	3.8	3.7
29	3.9	3.8	3.8	3.7	3.6	3.6	3.5
34	3.5	3.5	3.3	3.4	3.5	3.5	3.6
38	3.3	3.1	2.9	3.1	3.1	3.0	3.0
43	3.4	3.3	3.3	3.3	3.3	3.2	3.4
47	3.2	3.0	3.1	2.9	3.1	3.2	2.9
49	3.5	3.4	3.5	3.3	3.4	3.2	3.4
57	3.7	3.5	3.7	3.5	3.5	3.5	3.4
30	4.0	4.1	3.4	3.4	3.8	3.9	4.0

9	3.1	2.9	3.1	3.1	3.1	3.1	3.0
14	3.4	3.2	3.0	3.4	3.2	3.3	3.3
41	3.6	3.6	3.6	3.5	3.5	3.6	3.7
52	3.7	3.4	3.3	3.3	3.5	3.4	3.6
10	3.5	3.4	3.4	3.7	3.2	3.2	3.2
33	3.9	3.6	3.5	3.6	3.6	3.6	3.5
45	3.8	3.5	3.7	3.5	3.4	3.5	3.4
13	3.5	3.4	3.5	3.4	3.4	3.2	3.3
25	3.9	3.7	3.6	3.6	3.5	3.6	3.8
employe	QUALITY	PRODUCTIVITY	RELIABILITY	COMMITMENT TO HOSPITAL	PATIENT SERVICE	PROFESSIONAL COMMUNICATION	TEAM WORK
63	3.5	3.4	3.4	3.3	3.4	3.2	3.3
21	3.6	3.5	3.3	3.5	3.0	2.8	2.8
51	3.8	3.5	3.5	3.6	3.6	3.4	3.5
11	3.5	3.2	3.3	3.3	3.2	3.3	3.2
54	4.0	3.9	3.9	3.8	3.9	3.8	3.6
60	3.4	3.2	3.4	3.2	3.3	3.3	3.3
23	4.2	4.1	4.0	4.1	3.9	3.9	4.0
28	4.1	3.9	3.9	3.8	4.1	4.0	4.0
36	3.9	3.5	3.6	3.5	3.6	3.6	3.7
61	4.2	4.0	4.0	3.9	4.0	3.9	3.8
68	4.4	4.2	4.4	4.2	4.2	4.3	4.3
23	3.4	3.4	3.3	3.3	3.3	3.3	3.3
32	3.6	3.4	3.1	3.4	3.4	3.2	3.3
35	3.8	3.7	3.9	3.7	3.6	3.6	3.7

Interpretation

The following inference id deduced from this analysis

1. Best and worst performer in specific attributes

Table 4.3 Best and Worst performers

Best performer	Attribute	Worst performer
Emp. 68 – 4.4	Quality	Emp. 2 – 2.4
Emp. 68 – 4.2	Productivity	Emp. 64 -2.3
Emp. 68 – 4.4	Reliability	Emp. 64 – 2.2
Emp. 68 -4.2	Commitment to hospital	Emp. 2 – 2.3
Emp. 68 – 4.2	Patient service	Emp. 64 – 2.4
Emp. 68 – 4.3	Professional communication	Emp. 16 – 2.3
Emp. 68 – 4.3	Team work	Emp. 64 -2.2

4.11 STEPS TAKEN FOR IMPROVEMENT

It was found that all the employees were performing very average and in order to improve this trend various attributes were focused on and following suggestions were given in order to improve the performance of the staff

1. Quality

a. The hospital employees were made to understand the goal of the hospital.
b. The employees were trained for various OPD, OT processes.
c. The staff was asked to be punctual.
d. Infection control and sterilization trainings were given.

2. Productivity

a. Employees were given training with respect to performance oriented work in OT, Reception and OPD.
b. The staff was counselled to listen attentively the instructions of doctors so that the patients could be attended properly.

3. Reliability

a. Registers were maintained to increase the staff's reliability like
1. Handover registers

2. Leave registers etc.
b. The staff was counselled to let other staff finish the work of their hand before other work is given to them.

4. Commitment to hospital

a. Soft skills training
b. Team building exercises were conducted
c. Team building exercises were conducted

5. Patient service

a. Employees were given the employees roles and responsibilities
b. General ophthalmology classes so that patient services could be improved
c. Front desk executive training
d. Infection control and sterilization
e. OPD coordination training
f. Training regarding TPA's and empanelment

6. Professional Communication

a. Soft skills trainings were given regarding professional communication
b. Staff who scored very bad in communication were taken personal interviews of and were councelled

7. Team work

a. The importance of team building were taught by seminars and videos
b. Team building exercises were done
c. Picnics and office lunches were held so that staff gets to know each other.
d. Various days like Optometrist days, glaucoma day, Gangaur etc. were celebrated in the campus

4.12 LIMITATIONS OF THE PROJECT

Performance appraisal has its own positives but also it has its own negatives.If not done with as much sincerity as it demands to be done with it can become a negative experience for the employers and the employees alike.

Also,they are very time consuming, especially for an organization with many employees,

They are subject to rate errors and biases.

Also, if not done right they can be stressful for all.

The limitations of the 360-degree performance appraisal can be addressed in following details

Here are some more biases which can influence employee performance appraisals in very negative ways:

1. Halo Effect
"The Halo effect bias is defined as when an employer forms anoverall positive impression of an employee based on certain things and/or events, qualities or features. The employer would then rate the employee high no matter whatand no matter how the performance of the employer."

2. Horn Effect
"The Horn effect bias is defined as when an employer forms anoverall negative impression of an employee based on certain things and/or events, qualities or features. The employer would then rate the employee lowno matter whatand no matter how the performance of the employer."

3. Stereotyping/ Personal biases
This is defined as classifying people in their own predefined categories. This bias arises from the employer's attitudes and opinions about "race, national origin, sex, religion, age, disability, hair color, weight, height, intelligence" etc. This bias goes both ways – people the employer personally likes will benefit and people he personally dislikes will be punished.

Other problems arise may be :

1. Employees Could Quit Based on Unfair Results
If an employee does his best and performs good and then feels that he/she was assessed unfairly, there's little motivation left for him/her to work for the organization. If an employee doesn't leave, he/she may become withdrawn.

2. Fabricated or false Information Could Affect employees
anemployer or peer could provide information about performance that's either false or misleading, thereby screwing the review unfairly.

3. Employees may Lose Self-Esteem
If an employee does his best and performs good and then feels that he/she was assessed unfairly, there's little motivation left for him/her to work for the organization. which can create resentment towards management and the organization as a whole.

4. Resources – including Time and Money – are Wasted
Preparing for a 360-degree performance appraisal takes up a great deal of time Online performance management is much more time and cost efficient

5.Employees become Demotivated
If anemployee's feels unappreciated their motivation decreases, which leads to poorer performance.

6. Job Satisfaction Drops
If the degree performance appraisal is unfair, unorganized and invalid, employees are more likely to become dissatisfied and demotivated in their roles.

7. Legal Risks also pose threats
Giving negative appraisals with no data proof to back up for poor performance is quite risky. Employees who feel they have been treated wrong in the 360 degree performance appraisal may take legal action against the organization

8. Employers are Forced to Give Up
In addition to all the problems described above, employers when have togivetheemployees time to work on performance reviews to prepare for annual appraisals. The whole organization suffers from the threat of forced to go into shut-down mode and to put goals on the back burner.

9. Standards are to be set to Make the Process comprehensive
If there are no standards for performance in employees' roles, they won't know what's expected of them and automatically it would become very difficult to make them understand exactly what is expected of them.

10. Biases become more Prevalent
Without data and metrics to rely on, employers are more likely to give biased reviews.

4.13 LIMITATIONS AT DR. VIRENDRA LASER & PHACO SURGERY CENTER

1. Lack of staff who could monitor this exercise

2. First for the staff for Dr. Virendra Laser & Phaco Surgery Center's NABH accreditation was in process it was quite difficult to carry out all the things simultaneously

3. The IQ of the staff of Dr. Virendra Laser & Phaco Surgery Center is not up to mark for some of them to understand and carry out the 360 degreeappraisal

4. Data collected was quite vast and analysis of it was quite time taking and cumbersome

5. Time constraint was quite a barrier.

6. In the performance appraisal tool used here it can be seen that a particular attribute may get more predilection as compared to others and it may be due to following reasons

- The attribute may be easier to understand
- The attribute may represent an attribute which is freely sort after in the hospital
- The attribute may find its use more in the daily lives of the employees of the hospital

4.15 RECOMMENDATION

- The misson and vision of DRVLPSC should be placed in the hospital building in prominent places so that a common goal is established and everyone is set to move forward in it.
- Leadership need to established so that all people get their issues, ideas, successes and failures addressed and they get mentors in turn in.
- Various team building exercises which focuses on ice breaking between staff should be inculcated in the culture of the hospital

- A common lunch room and lunch time can be initiated a seating together may solve initiate better human interactions among staff

- More social events can be started as they lead to a fun work environment which helps in creating a better productive work culture

- A follow up performance appraisal should be held within the next 6 months so as to see what changes have come forth of the recent activities.

CONCLUSION

The final conclusions drawn of this report could be summarised in the following way

1. The organization lacked a formal and structured performance appraisal system and in order to overcome this problem a formal performance appraisal was needed.
2. The performance appraisal was designed in 360-degree format in order to understand and assess the the preliminary requirements of performance appraisal
3. A performance appraisal was designed with 7 attributes and 69 employees were appraised.
4. Through the performance appraisal it was deduced that the organization is a average performing organization.
5. In order to make this organization a high performing one several attributes on which the scores were low were studied and recommendations were given like several team building exercises were done, trainings were given and counselling for low performing employees were performed.
6. The next steps of performance appraisal were being planned.

REFERENCES

1. DeNisi SA, Thomas P,Bruce C, Meglino M. A cognitive view of the performance appraisal process: A model and research propositions. Organizational Behavior and Human Performance. Volume 33, Issue 3, June 1984, Pages 360-396. Available from: https://doi.org/10.1016/0030-5073(84)90029-1
2. Verma S, Nitin S. Performance appraisal systems in the hospital sector –a research based on hospitals in Kerala.International journal of business management & research (ijbmr). Feb 2014,issn(p): 2249-6920; issn(e): 2249-8036 vol. 4, issue 1, 97-106.
3. Robert M. Spano ACSW (2008) Performance appraisal in a hospital social service department, Social Work in Health Care, 7:2, 13-37, DOI: 10.1300/J010v07n02_02

4. Silverman M, Kerrin M, Carter A. 360 degree feedback, beyond the spin[online] Available at: https://www.employment-studies.co.uk/system/files/resources/files/418.pdf
5. Longenecker C, Fink L. Lessons for improving your formal performanceappraisal process. Strategic HR Review. 2017;16(1):32-38.
6. John S. What gets HR noticed? Employee perceptions of HR actors inperformance appraisal. Academy of Management Proceedings.2017;2017(1):11276.
7. **S**ullivan, **D**. And archive, **A**. (2018). The top 40 problems with 360-degree employee feedback processes (part 2 of 2). [online] ere media. Available at: https://www.ere.net/the-top-40-problems-with-360-degree-employee-feedback-processes-part-2-of-2/ [accessed 9 may 2018].

ANNEXURE I

PERFROMANCE RATING AND DEFINATIONS

Performance rating

❖ "**5**"

1. Consistently exceed the already established employees expectation
2. Seeks new skills and focuses on knowledge development unlike the normal workers
3. Seeks new responsibilities even if not asked
4. Takes initiative for the betterment of the hospital and self
5. Is utmost dedicated towards punctuality
6. Is flexible to adaption for changes

❖ "**4**"

1. Frequently exceeds the performance for the key responsibilities
2. Regularly acquires new skills
3. Regularly shows interest in knowledge development
4. Actively and willingly accepts new challenges in work
5. Active in seeking new initiatives
6. Frequently maintains punctuality
7. Is frequently adaptive to changes

❖ "**3**"

1. Fully achieves the already set criteria in performance for the key responsibilities
2. Acquires new skillsin order toachieve the task given to them
3. Shows interest in knowledge development whenever required
4. Willingly accepts new challenges in work
5. Takes part in new initiatives
6. Maintains punctuality
7. Is adaptive to changes

❖ "**2**"

1. The performance for the key responsibilities does not meet the expectations.
2. May fail toacquire new skills
3. Is perturbed to shows interest in knowledge development
4. Has difficulty in accepting new challenges in work
5. Has problems in seeking new initiatives
6. Is inconsistent in maintaining punctuality

7. Has difficulty in adapting to changes

❖ "**1**"

1. Often fails to for the key responsibilities

2. Does not show interest in acquiring new skills

3. Doesn't show interest in knowledge development

4. Completely shows disinterest in accepting new challenges in work

5. Inactive in seeking new initiatives

6. Frequentlyisunpunctuality

7. Is not at all adaptive to changes

Definitions

❖ Quality

1. When employees' work is in accordance with the goals of the hospital, outcome focused, meeting the expectations, and developing career growth.

2. That means that the employee produces work that is fully acceptable. It has very few errors and very little waste of time or resources, that the employee can be depended on to perform at quality standards.

3. This was presented to the employees in the questionnaire in form of these 3 points - work is accurate, thorough and neat

❖ Productivity

1. Employee productivity (Also called as workforce productivity) is an assessment of the efficiency of a worker.

2. Productivity may be evaluated in terms of the output of an employee in a specific period of time. Typically, the productivity of a given worker will be assessed relative to an average for employees doing similar work. Because much of the success of any organization relies upon the productivity of its workforce, employee productivity is an important consideration for businesses.

3. This was presented to the employees in the questionnaire in form of these points - work is accomplished in specific period of time

❖ Reliability

1. Definitions: Reliable and dependable in performing job-related tasks, finishing assigned projects, meeting deadlines and appointments. Keywords: Trustworthy, Consistency, Steadfast Behavior

2. Indicators:Recognizes the relative importance of certain tasks and responsibilities and has the ability to prioritize to ensure that deadlines are met.

3. Actively demonstrates commitment by maintaining a consistent and predictable work schedule is relied upon by others as a source for valid information.

4. This was presented to the employees in the questionnaire in form of these points - employee can be relied upon regarding task completion and follow up

❖ Commitment to hospital

1. Work commitment is seen as a person's adherence to work ethic, commitment to a career/profession, job involvement, and organizational commitment.

2. Individuals can feel committed to an organization, top management, supervisors, or a particular work group. Commitment has been examined with regard to "career, union and profession

3. The success or failure of an organization is closely related to the effort and motivation of its employees.

4. The motivation of employees is often the product of their commitment towards their job or career.

5. The level to which an employee engages in his or her work (job involvement), commits to and believes in the organization's goals and purpose (organizational commitment), desires to work (work ethic), and commits to a specific career or profession can all have an impact on an organization.

6. This was presented to the employees in the questionnaire in form of these points - extent to which the employee feel connected to the hospital and their thought process works towards betterment of the organization.

❖ Patient service

1. Focus on shared values and objectives.

2. Put a greater emphasis on teamwork.

3. Recognize that policies rely first and foremost on people to succeed.

4. Coach for improved self awareness and for interpersonal and communication skills to facilitate productive collaboration.

5. Recognize that each component part of the system relies on every other part to achieve mutual objectives so that silo thinking and behaviour based solely on your own area of responsibility is risky and potentially counterproductive.

6. Experienced patients and family members as part of your team in meaningful, participation at every level of the organization.

7. This was presented to the employees in the questionnaire in form of these points -consistently receives positive response from customers, conveys attentive attitude and is comfortable and courteous towards patient.

❖ Professional communication

1. Communication skills in the business world can make or break someone's career.

2. Many companies, colleges, and websites for jobseekers offer some training and articles on soft skills, especially communication.

3. We all communicate every day, all the time, whether we realize it or not. Effective communication includes not only the spoken world but also nonverbal communication, such as body language.

4. Business communication also includes writing, such as emails and memos, and visual communication, including charts and graphs.

5. An excellent communicator should be able to communicate on an individual level, to a small group, and with the public.

6. This was presented to the employees in the questionnaire in form of these points – careful, patience, attentive listening and comfortable, patience and concerned response generation

❖ Team work

1. The process of working collaboratively with a group of people in order to achieve a goal.

2. Teamwork is often necessary for colleagues to work well together, trying their best in any circumstance.

3. Teamwork means that people will try to cooperate, using their individual skills and providing constructive feedback, despite any personal conflict between individuals.

4. When working in a team, you are working towards a common goal or set of objectives.

5. The whole process of your work becomes more efficient, for example if there is a problem faced along the way there are more 'hands on deck' to help solve the issue. Similarly, having multiple team members on board allows you to get the work done faster with shared responsibilities. From a management

perspective, encouraging teamwork in the workplace will allow your company or department to take on additional work, and in turn generate extra revenue without having to hire more staff.

6. This was presented to the employees in the questionnaire in form of these points –works well with coworker, is willing to cooperate and understand the point of view of other person.

INSTRUCTION GIVEN TO THE STAFF OF DR. VIRENDRA LASER AND PHACO SURGERY CENTER – EYE HOSPITAL FOR THE FILLING OF PERFORMANCE APPRAISAL QUESTIONNAIRE – 360

1. A meeting was held with all the employees present.

2. The form was explained to them which contained the following elements

I. Name of the employee
II. Designation of the employee
III. Instructions to fill the Questionnaire
IV. Performance ranking
V. Definitions
VI. Questions
VII. Ranks

3. The definitions were explained to all staff in their vernacular as the form was also formed in bilingual language. No one was expected to have the problem of understanding the vernacular

4. All the employees were shared the performance appraisal via a link which could be opened in their mobile phones

5. Instructions were given in order to how to fill the name of oneself and the name of the staff which was to be evaluated

6. Instructions were given as to how the ratings were given to the staff whose name was selected.

7. Instructions were given as to how to submit if the performance appraisal was finished.

Salient feature of the performance appraisal form

1. It was shared via online excel surveys

2. It could submit all real time data to the surveyor
3. It would not accept the forms until all the answers and names were given
4. It would delete all multiple data in case similar forms got filled by mistake
5. The data could be easily transferred to any excel sheet for further evaluation if further needed.

PERFORMANCE APPRAISAL FORM

PERFORMANCE APPRAISAL

EMPLOYEE NAME TITLE

Instruction: carefully evaluate and fill the appraisal form. Check rating box indicates employee's performance. Points will be totaled and averaged for an overall performance score

DEFINATION OF PERFORMANCE RATING

5- Exceptional performance, far superior to others

4- Exceeding requirement, high quality and consistent

3- Competent, dependable

2- Improvement needed, performance is deficient

1- Require immediate improvement needed, results unacceptable

QUALITY – work is accurate, thorough and neat

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

PRODUCTIVITY – work is accomplished in specific period of time

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

RELIABILITY – employee can be relied upon regarding task completion and follow up

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

COMMITMENT TO HOSPITAL – extent to which the employee feel connected to the hospital and their thought process works towards betterment of the organization.

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

PATIENT SERVICE – consistently receives positive response from customers, conveys attentive attitude and is comfortable and courteous towards patient.

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

PROFESSIONAL COMMUNICATION – careful, patience, attentive listening and comfortable, patience and concerned response generation

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

TEAMWORK – works well with coworker, is willing to cooperate and understand the point of view of other person.

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1