

## The 360 Degree Appraisal: Quality Indicator For Health Care: A Systematic Review of Quantitative Studies

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### Abstract

The modern approach to management ensures employee involvement and empowerment. Employees and management admit that many obstacles to achieve organizational goals can be overcome by employees themselves if they are provided the necessary tools and authority to do so. There is a direct relationship between the concept of employee involvement and employee empowerment and organizational growth and development. 360 degree feedback is one of the most powerful mechanisms in the field of performance appraisal process. It involves legitimacy, reliability and responsibility in overall process.

**Keywords:** 360 degree Appraisal; Quality care; Performance Appraisal; Health Care

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Positive drivers of appraisal include development of a person as a whole for lifelong planning, processes that are consistent with organizational cultural change such as clinical governance and confidential arrangements which are consistent with a learning, not a shaming, culture (Conlon 2003).

*The 360 degree appraisal components:* The 360 degree appraisal components helpful in identification of features in well managed well integrated system.

*Improved Feedback from More Sources:* Appraisal obtained from peer group, reporting officer, co-worker and unit supervisors shows evidence in improvement in performance of individual. This saves managerial effort of appraisal of each individual.

*Co-worker Appraisal:* Appraisal of other individual is important and useful process and how every individual view their job responsibility.

*Team Development:* This 360 degree appraisal helps team members work efficiently together.

*Multi-rater Appraisal:* This appraisal provides

### Introduction

Performance Appraisal in health service as a positive process to give feedback on performance, to chart their continuing progress, and to identify developmental needs. It is a ongoing scientific cycle essential in view of developmental and educational planning needs of an individual. (NHS 2006).

In NHS a formal appraisal meeting, which usually occurs on an annual basis, is structured around documentation prepared in advance by the appraisee and includes: reference to previous years' goals and objectives; information about clinical work, administrative load, teaching, research; participation in audit, quality assurance and CPD and information about relationship with colleagues and patients.

each member of team have accountable to every individual of team. It utilizes every individual's efficient input and outcome.

*Personal and Organizational Performance Development:* 360-degree feedback is one of the best methods for understanding personal and organizational developmental needs. Every employee feels 360 degree appraisal is more appropriate, valid and represents reflective performance of feedback of one's job responsibility.

*Training Needs Assessment:* The comprehensive information provided through 360-degree appraisal will assist in lieu of carrier improvement and training as per need of individual.

*To gain a thorough understanding quality care of health care following questions to answer:*

What is the level quality be assured with 360-degree appraisal?

What are the factors influencing 360-degree appraisal?

What is the potential impact of 360-degree appraisal in health care?

## Methods

In this study, the search process and study selection guidance suggested by Joanna Briggs Institute (2011 Reviewer's manual) was adopted to minimize the likelihood of bias introduced in the inclusion and synthesis of the data.

This included guidance on identifying relevant literature via electronic and other sources, the stages of the study selection process and the data extraction process. Search strategy.

The both published and unpublished studies on 360-degree appraisal in delivering quality health care. The search was implemented in six databases, including PubMed, Embase, CINAHL with no restriction of publishing time.

Piloting search and keywords from the initial papers meeting the inclusion criteria established specific search terms; these terms were used as the basis for the search strategy and used in different combinations for each database. The search terms, which included a combination of index terms such as performance appraisal, 360-degree appraisal, quality healthcare, quality indicator, various techniques of performance appraisal in addition, authors were contacted to identify any unpublished work, and all identified reports and articles were

searched for citations of relevant studies.

Grey literature, which included dissertations and theses databases, was also checked for any relevant references. Inclusion criteria were (i) quantitative studies so as to facilitate comparison between them; (ii) peer reviewed research; (iii) aims explicitly addressing 360 degree appraisal; (iv) studies that used performance appraisal as the main variable and correlated or compared 360 degree with another (a secondary) variable; (v) the setting included any health care institutions; and (vi) the study sample included health care personnel undergone performance appraisal, for example, doctors, health educators, paramedical staff.

The systematic review included English-only articles due to English-only proficiency of the researchers. Screening This studies screened for titles and the subsequent abstracts separately based on the inclusion criteria; any disagreements, at any stage of the screening and selection process. Studies which not measuring 360 performance analysis in health care.

Research that focused on performance in general, including managerial and workforce perspectives, was excluded. Data extraction Data extraction was implemented checked for accuracy by the researcher.

The extracted data included authors; country and journal published; the research purpose and questions; the theoretical framework, study design, settings, participants, sampling methods and setting; measurement instruments; validity and reliability; data analysis method; and findings.

### *Quality appraisal criteria:*

All related studies and articles for retrieval were assessed using a standardized critical appraisal instrument (Cummings et al., 2008) by Brown et al. (2012).

Tool supports to find similar of all studies on features as research design, sampling, intervention tool and statistical analysis; the tool has 13 items with a possible score of 13 points. An overall quality rating was assigned as low (0-4), moderate (5-9) and high quality (10-13).

Data synthesis: Extracted data were synthesized on supported by a content analysis, which refers to the systematic means of categorizing the findings into themes (Brown et al., 2012). Author performed a preliminary synthesis to identify and summarize shared and contested constructs between and across studies.

Data were organized into broad domains for

each research question: the level and the elements of 360-degree performance appraisal, health care services, performance appraisal.

## Results

Search terms were highly sensitive, and 2024 titles were identified.

All the titles were checked excluding duplicates and those irrelevant to the aims of the review. In total 100 titles were forwarded to the next stage. If the abstracts of the study titles were relevant to the research topic, they were forwarded to the next stage. All abstracts in the third stage (n=38) was read to assess relevance to the research topic as per inclusion criteria.

A total of 7 were retained and included in the review. Most of the practice settings were described as acute care hospitals and were published between 2000 and 2016. In these studies data collection by using self-reported questionnaires, but only two authors constructed and validated research instruments specifically for 360-degree appraisal in health care (Ramsey, 2014 and Velsoki et al. 2016) Quality assessment In the quality assessment, five were rated as high quality (scores 10–13), and two

studies were rated moderate (5–9).

The main strengths of the studies reviewed are as follows: they all were multi center because the samples were drawn from many hospitals covering large regional areas, they had high response rates >60% (5\7), most of them were prospective (2\7) and they retained anonymity of the samples (7\7). Another strength is that they were guided by a theory (3\7) and that they used a reliable and valid instrument for measuring 360 performance appraisal.

In most cases, the studies reported an internal consistency of >70% (5/7). The main weaknesses found are two studies on a probability sample and only three studies seemed to have proper sample size. Regarding the outliers, only two studies explicitly reported how these were managed.

### *Analysis of the findings*

The themes from each study were translated using content analysis; this was achieved by reading the papers to identify systematically recurring themes within and across studies. Themes have four categories addressing each of the research questions of the review.

**Table 1:** Themes and findings

Themes	Findings
Quality care and 360 degree appraisal	Peer evaluation and consumer’s evaluation. Consumers level of prognosis in treatment and follow up. Availability of resources of health care. Proper information regarding disease, symptoms, complication and follow up. Develop and educate patient regarding disease, life style changes, follow up Offering psychological and emotional support to patients
Factors influencing 360 performance appraisal	Unexpected increase patient volume and acuity, inadequate number of health care personnel, heavy admission or discharge, factors associated with delegation Material resources (lack of availability of medications). Communication and unbalanced patient assignments
Potential impact of 360 performance appraisal	Regulates quality care by all health care service personnel. Improve coordination in patient care Improve time management in patient care. Better communication about patient care Improve communication among health care personnel Improvement in knowledge, attitude and practice in management of disease and symptoms.

## Discussion

Health care personnel's 360 degree appraisal and feedback requires the right environment, which includes: professional appraisers; properly resourced process, which will protect wastage of time, provide support of each individual to improve their work efficacy, use appraisal outcomes to inform organization strategy and improving the process as it develops practice and work assessment. Practice and work performance assessment is the quantitative assessment of performance based on rates at which patients of health care professionals experience. These outcomes of appraisal and/or rates at which health care professionals adhere 360 degree appraisal evaluation during holistic care.

Feedback, whether or not part of a formal appraisal system, which can used to communicate an individual's performance in relation to a standard of behavior or professional practice, with various bases for feedback including professional judgment, a local standard, evaluations, report cards and rankings. There is strong evidence that feedback on an individual's performance is associated with improvements in performance and a reduction in errors across all employment sectors. There is also information about the impact of feedback on specific changes to clinical practice.

Health care professionals involvement in 360 degree appraisal, information obtained, duration of feedback, concurrent information such as education, guidelines, reminder systems and incentives on appraisal are important, though their impact is not well documented. The 30 degree appraisal provides insight about the skills and efficiency desired in organization to accomplish the mission, vision, and goals.

## Conclusion

The 360-degree appraisal is an effective assessment tool to provide performance feedback from his or her supervisor and from peers, reporting officer, co-workers and customers. The 360-degree feedback tool as a self-assessment allows each individual to understand how his effectiveness as an employee.

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