

**PERFORMANCE APPRAISAL AND EMPLOYEE PHARMACISTS'
MOTIVATION TO PRACTICE PHARMACEUTICAL CARE IN
COMMUNITY PHARMACIES IN PORT HARCOURT, RIVERS STATE,
NIGERIA**

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ABSTRACT

This study investigates the relationship between performance appraisal and employee Pharmacists' motivation to practice Pharmaceutical Care in Community Pharmacies in Port Harcourt. A cross-sectional quantitative study design was adopted in the study in Community Pharmacies in Port-Harcourt, South-South, Nigeria within the months of March to June, 2018. Employee Pharmacists were the respondents. A total number of 164 questionnaires which met the inclusion criteria of filling were used after adopting a purposive sampling technique. Descriptive and inferential statistics were used for analysis. Spearman rank correlation correlation was utilized in the analysis in the analysis to evaluate the strength of relationship between the independent and

the dependent variables. The result showed a strong positive and significant relationship between performance appraisal and the extent of delivery of pharmaceutical care services with a correlation coefficient of +0.795 at $p < 0.05$. Also the extent to which various incentives motivate pharmacists to practice pharmaceutical care shows that salary increase, bonuses for achieving targets and promotion are the highest motivational factors with correlation coefficients of +0.812, +0.761 and +0.701 respectively. Performance appraisal of community pharmacists have shown to positively affect their motivation to practice pharmaceutical care as seen in other organizations where it has been employed for motivational purposes.

KEYWORDS: Performance Appraisal, Pharmaceutical Care, Employee Motivation.

INTRODUCTION

Pharmacy is a profession undergoing an evolution and transition (Pearson, 2007). This transition has seen a shift towards a more patient focused care and away from the regular role of dispensing drugs and prescription review. The International Pharmaceutical Federation (FIP) also developed standards for Good Pharmacy Practice in community and hospital pharmacy settings in 1992, which entails the use of evidenced-based and best possible care in service of patients generally. This requires the practicing pharmacist to go beyond his or her limits and be armed with up-to-date knowledge regarding the use of drugs in patient therapy. Hence, pharmaceutical care practice becomes the gold standard that ensures that pharmacists contribute immensely within the health care team towards improving the health of patients. Pharmaceutical care is the responsible provision of drug therapy for the purpose of achieving definite outcomes that improves a patient quality of life (Hepler and Strand, 1990). These outcomes include health outcomes, social outcomes, and economic outcomes.

Regardless of the setting, patient-focused care has now become an integral part of the practice of pharmacy. For pharmacists who are employees in the community pharmacy setting to be adequately motivated to imbibe the culture of pharmaceutical care in their daily services, they must be challenged not only to improve, but to contribute significantly to the health services they offer to their patient through performance evaluation as well as other forms of motivation. Motivation is the psychological processes that cause the arousal, direction, and persistence of voluntary action that is goal oriented (Mitchell, 1982) while Performance appraisal is a method by which the job performance of an employee is evaluated. It also involves an equally effective feedback process drawn from the performance evaluation. This particular feedback process is actually responsible for motivating employees to perform better with regards to organizational goals. Other derived benefits identified from performance appraisal include continuous open communication, improved employee morale, job satisfaction, reduced employee turnover, increased employee commitment, increased motivation for both individuals and teams, feeling of equity among employees, and linkage between performance and rewards (Miller, 2007).

There are a number of reward systems for community pharmacists that are likely to enhance pharmacists' motivation to practice pharmaceutical care. A successful remuneration model should provide the right incentives and also provide the wrong disincentives for community pharmacists and for patients. A remuneration system should provide the correct and

acceptable motivation for community pharmacists to produce an efficient and effective value for money being paid through the delivery of patient centered care services for their patients. However such motivation is not solely provided by pay. It is not very easy to determine what single motivation factor can be used to make community pharmacists to provide pharmaceutical care as now practiced increasingly in community and hospital pharmacy practice in countries like The United States, Canada, New Zealand, Ireland etc. (Graham, 2000). To be able to provide pharmaceutical care, the correct motivation coupled with the finance must be made available.

A research was carried out by Nabila (2017), on motivation and job satisfaction of pharmacists in four hospitals in Saudi Arabia. The aim of the research was to find out what strongly motivates pharmacists, measure job satisfaction, determine the influencing factors, and to compare it with pharmacy managers and supervisors' opinion. Using a total of seventy-one (71) pharmacists and nineteen (19) managers, the research adopted a quantitative anonymous questionnaire for managers/supervisor and a qualitative semi-longitudinal questionnaire for pharmacists based on Herzberg's two factor motivation theory and job characteristics theory. The result showed that salary, promotion, recognition and job satisfaction as the most powerful motivation factors for pharmacists while salary, promotion, financial rewards and vacation as the most important motivation factors considered by managers. It also concluded that managers need to eliminate dissatisfactions determined by the hygiene factors of co-workers' relationship, salary and job security.

Another survey by Awalom *et al.*, (2015) on the Eritrean pharmacists' job satisfaction and their attitude to re-professionalize pharmacy into pharmaceutical care outlined that job satisfaction is a very important contributing factor for a person's productivity and motivation of which pharmacists are no exception. The survey also established that Eritrean pharmacists are willing to redefine and reorient their current role towards pharmaceutical care practice.

A study by Khalidi and Wazaify (2013) on the assessment of pharmacists' job satisfaction and job related stress in Amman involving 235 registered pharmacists in Amman was carried out. The study adopted the self-administered survey methodology technique using a pre-validated pre-piloted questionnaire. The study concluded that pharmacists' job satisfaction should be enhanced to improve pharmacist motivation and competence. Consequently, this will improve their productivity and provision of pharmaceutical care.

There is a paradigm shift in pharmacy practice from a product oriented practice to a patient-centered practice where pharmacists are obligated to deliver several cognitive pharmaceutical services. This has remained a hallmark of pharmacy practice in the community setting. However, the extent to which pharmacists are been motivated to practice patient oriented services as well as other cognitive pharmaceutical services have not been clearly established. Also pharmacy managers have not seen the need to optimally utilize the motivational power of the feedback processes from performance appraisal system as well as other forms of motivation for employee pharmacists to practice pharmaceutical care. When a performance appraisal system is used to motivate the pharmacist, the appraisal information (feedback) is used to guide the training that will lead to the pharmacist development of various skills and capabilities for them to easily carry out pharmaceutical care (Pulakos, 2004). However, the extent to which this feedback is employed as a motivation tool for pharmacists in community practice in Nigeria to practice pharmaceutical care has not been critically appraised and documented in literature and it is this knowledge gap that this research is intended to address.

THEORETICAL FOUNDATION

There are a number of motivational theories which can be divided into two categories: Content and Process theories. These theories have been used in psychological studies of motivation and are described in relation to different professions.

CONTENT THEORY

The content theory assumes that all humans or individuals possess the same set of needs. It is based on identifying specific human needs and describing the circumstance under which these needs activate behaviour. Amongst the content theories, Herzberg and Maslow's theory are the most commonly cited theories (Cuong *et al*, 2003). The Herzberg's motivation theory is thought to be most relevant for this research as it may directly affect community pharmacies and has been used to identify the job motivation of nurses in the USA and other health workers in developing countries like Nigeria (Cuong *et al*, 2003). Herzberg suggested that peoples job satisfaction depends on two set of factors and these are factors for satisfaction (motivators/satisfiers) and factors for dissatisfaction (hygiene/dissatisfiers).

1. Motivators represent sources of satisfaction. They include achievement, advancement, recognition and autonomy and other intrinsic aspects of work.
2. Hygiene factors determine workers dissatisfaction. These are interpersonal relations, job security, working conditions, and salary and company policy.

Herzberg's theory proposes that if salaries of health workers are not paid in a timely manner, health workers are likely to become more concerned with getting and seeking alternative sources of income and support for their families rather than exerting effort at their job to provide patient with better health services.

Goal Setting Theory

This is one of the process theories of motivation that was advanced by Latham and Locke (1979) who argued that goals set for employees can motivate them and thus improve their performance. Employees link target to organizational goals where they assess themselves and change their behaviour to attain those targets. When goals are specific, performance and motivation go up. This also happens when challenging but achievable goals are set and feedback is given on their performance. They also pointed out that employees should be encouraged to participate in goal setting so as to own them. Feedback is also important as it motivates the employees to achieve high goals. Locke and Latham (2004) argue that setting challenging and specific goals does not assure employees of performance but the achievement of those goals has to be motivating. They agree that commitment on goals is likely to be high when goals are made open and they are not imposed on individuals.

Mitchell (1997) opines that challenging goals motivate more than easier ones; moreover, specific goals are more motivating than general goals. Newstrom (2011) believes that setting of goals motivates because there is a deficit to be met between the current and future performance. This creates tension and the employee reduces it by attaining the goals. This in turn raises employees drive, gives competence in work and raises self-esteem which further stimulates the need for personal development. Luthans (2011) points out those goals give direction to the behaviour of employees and gear their efforts to particular outcomes.

The aim of the study is to ascertain the relationship between performance appraisal and employee pharmacists' motivation to practice pharmaceutical care in community pharmacies in Port-Harcourt, Rivers State. The objectives are as follows;

- To ascertain if pharmacists' performance is being effectively appraised in community pharmacies in Port-Harcourt.
- To ascertain the extent to which performance appraisal motivates pharmacists to practice pharmaceutical care.

- To ascertain the various forms of performance appraisal techniques used in appraisal of pharmacists' performance.
- To ascertain other ways in which pharmacists can be motivated to practice pharmaceutical care.

METHODS

A cross-sectional quantitative survey involving the use of well-structured questionnaires was adopted to obtain data from the target population. This study was carried out in Port-Harcourt, River state, Nigeria. It focuses on the effect of performance appraisal on employee motivation to practice pharmaceutical care in community pharmacies. The study was limited to pharmacists who are employees in the community pharmacy setting in Port-Harcourt.

A well-structured questionnaire was adopted to obtain data from the target population. The respondents are pharmacists who are currently employees in community pharmacies in Port-Harcourt, Rivers State, Nigeria. From this sample population, the Taro Yamane formula was used to calculate the sample size to be one hundred and ninety three (193) Community Pharmacies. Descriptive statistics as well as Spearman's Rank correlation coefficient was used to determine the strength of the relationship between the independent and dependent variables. The observed variables which were measured in quantitative (ordinal) scale made the data suitable for requisite correlation.

RESULTS AND ANALYSIS

A total of one hundred and ninety three (193) questionnaires were distributed. One hundred and sixty nine (169) were returned but one hundred and sixty four (164) were used as five (5) questionnaires were wrongly filled. The results obtained shows that 8.5% of the respondents were between the ages of 18 – 23 years while 40.9%, 37.2%, 11.0% and 2.4% of the respondents were between the ages of 24-29 years, 30 - 35 years, 36 – 40 years and above 40 years respectively. Gender distribution of respondents show that 71(43.3%) were males while 93(56.7%) were females. Educational qualification of respondents shows that out of the 164 respondents, 134 had only B.Pharm while 30 had either M.Pharm or M.Sc. None of them had Pharm.D or Ph.D.

Table 1: Showing Years of Experience in Community Pharmacy Practice.

Category	Distribution	Percentage (%)
Less than 1 year	23	14.0
1 to 5 years	89	54.3
5 to 15 years	45	27.4
Above 15 years	7	4.3
Total	164	100

The results shows that 58(35.4%) of the respondents have been working as employees in their current community pharmacy premise for less than 1 year, while 36(22.0%), 31(18.9%), 25(15.2%) and 14(8.5%) of the respondents have been working as employees in their current community pharmacy premise for 1 - 2 years, 2 – 4 years, 4 – 6 years and above 6 years respectively. On duration of operation of the community Pharmacies, 4.9% of the respondent community pharmacy premises have been in operation for less than 1 year, while 31.7%, 22.6%, 20.7% and 20.1% of the sampled community pharmacies have been in operation for 1 -5 years, 5 – 10 years, 10 – 15 years and above 15 years respectively. While 99 (60.4%) were purely Retail Pharmacies, 65 (39.6%) combined both Retail and Whole sale Pharmacy practice.

Table 2: Showing Responses to Questions Pertaining to Performance Appraisal and Motivation to Practice Pharmaceutical Care.

S/N	Questionnaire item	VHE	HE	ME	LE	VLE	Never	Total
1	To what extent would you like your performance to be appraised as a community pharmacist	64 (39.0%)	75 (45.7%)	25 (15.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	164
2	To what extent does your employer evaluate your performance as a community pharmacist	47 (28.7%)	78 (47.6%)	2 (14.6%)	6 (3.7%)	5 (3.0%)	4 (2.4%)	164
3	To what extent are you provided with set objectives during your practice over the last one year	43 (26.2%)	57 (34.8%)	58 (35.4%)	2 (1.2%)	0 (0.0%)	4 (2.4%)	164
4	To what extent do you meet these set objectives	20 (12.2%)	79 (48.2%)	59 (36.0%)	0 (0.0%)	2 (1.2%)	4 (2.4%)	164
5	To what extent are you given feedbacks regarding meeting set objectives	9 (5.5%)	87 (53.0%)	40 (24.4%)	11 (6.7%)	5 (3.0%)	12 (7.3%)	164

6	To what extent do these feedbacks motivate you to improve your provision of pharmaceutical care	27 (16.5%)	82 (50.0%)	38 (23.2%)	7 (4.3%)	2 (1.2%)	8 (4.9%)	164
7	To what extent does evaluation of your performance as a community pharmacist motivate you to practice pharmaceutical care	48 (29.3%)	88 (53.7%)	28 (17.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	164

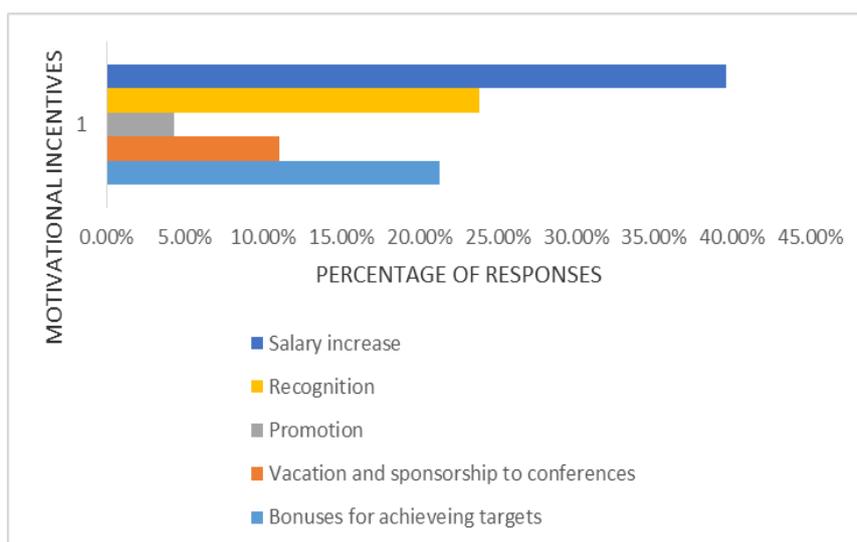


Fig. 1: Bar chart showing the percentage of incentives that motivates pharmacist to practice pharmaceutical care.

From the bar chart above, 39.6% of the respondents indicated that salary increase is the most motivating factor for them to practice pharmaceutical care. Meanwhile 23.8%, 21.3%, 11.0% and 4.3% respectively chose recognition, bonuses for achieving targets, vacation and sponsorship to conferences and promotion as motivators to practice pharmaceutical care.

Table 3: Showing Form(s) of Appraisal/Evaluation Techniques Used In The Appraisal Of Pharmacists' Performance.

Category	Distribution	Percentage (%)
Pharmacist's trait focused method	-	-
Pharmacist's skills rating method	26	15.9
All round pharmacist performance feedback method	76	46.3
Assessment of pharmacist ability to meet set objectives	62	37.8
Total	164	100

From the table above, 46% of the respondents' performances were appraised using all round pharmacist performance feedback method while 38% were appraised by assessing pharmacist ability to meet set objectives and 16% were appraised using pharmacist skills rating method.

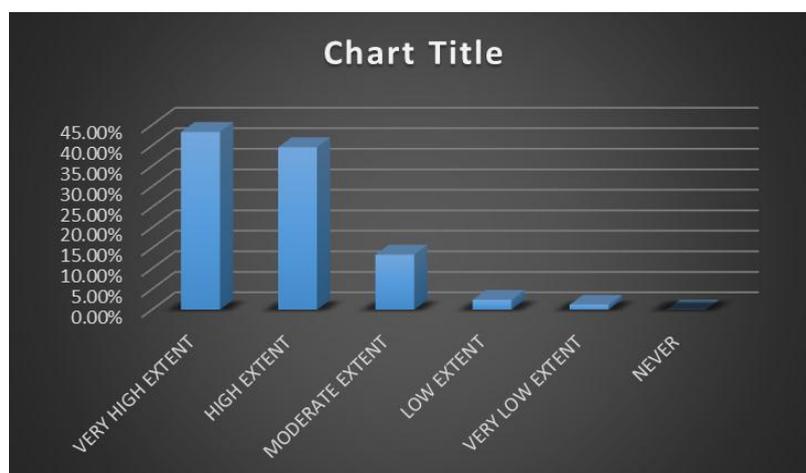


Fig. 2: Bar Chart showing extent to which pharmacist practice pharmaceutical care.

From the Figure above, 43.3% of the respondents practice pharmaceutical care to a very high extent, while 39.6%, 13.4%, 2.4%, and 1.2% respectively practice pharmaceutical care to a high extent, moderate extent, low extent and very low extent.

Table 4: Showing Responses on Extent of Delivery of various Pharmaceutical Care Services.

S/N	Questionnaire item	VHE	HE	ME	LE	VLE	NONE	TOTAL
1	Evaluation of patient's medicine related needs	86 (52.4%)	53 (32.3%)	18 (11.0%)	2 (1.2%)	1 (0.6%)	4 (2.4%)	164
2	Dispensing of any medicine or scheduled substance on prescription	71 (43.3%)	65 (39.6%)	22 (13.4%)	2 (1.2%)	4 (2.4%)	0 (0.0%)	164
3	Furnishing of information to any person regarding the use of medicine	83 (50.6%)	51 (31.1%)	26 (15.9%)	4 (2.4%)	0 (0.0%)	0 (0.0%)	164
4	Determining patient compliance with therapy and follow up	79 (48.2%)	43 (46.2%)	31 (18.9%)	5 (3.0%)	2 (1.2%)	4 (2.4%)	164
5	Provision of pharmacist initiated therapy	69 (42.1%)	54 (32.9%)	33 (20.1%)	4 (2.4%)	2 (1.2%)	2 (1.2%)	164
6	Medication therapy management	68 (41.5%)	54 (32.9%)	25 (15.2%)	11 (6.7%)	2 (1.2%)	4 (2.4%)	164
7	Patient education and disease screening exercise	75 (45.7%)	58 (35.4%)	23 (14.0%)	4 (2.4%)	4 (2.4%)	0 (0.0%)	164
8	Documentation of patient information and services	37 (22.6%)	58 (35.4%)	53 (32.3%)	12 (7.3%)	4 (2.4%)	0 (0.0%)	164

Representation of Data Analysis Result**Table 5: showing correlation between extent to which performance appraisal motivates pharmacist to practice pharmaceutical care and extent of delivery of pharmaceutical care services.**

Pharmaceutical care services	Extent to which evaluation of pharmacist performance motivate them to practice pharmaceutical care	
Evaluation of patient medicine related needs	Correlation coefficient (r)	.759**
	Sig. (2-tailed)	.000
Dispensing of any medicine or scheduled substance on prescription	Correlation coefficient (r)	.673**
	Sig. (2-tailed)	.000
Furnishing of information to any person regarding medication use	Correlation coefficient (r)	.679**
	Sig. (2-tailed)	.000
Determining patient compliance with therapy and adequate follow up	Correlation coefficient (r)	.621**
	Sig. (2-tailed)	.000
Provision of pharmacist initiated therapy	Correlation coefficient (r)	.666**
	Sig. (2-tailed)	.000
Medication therapy management	Correlation coefficient (r)	.132
	Sig. (2-tailed)	.091
Patient education and disease screening exercise	Correlation coefficient (r)	.571**
	Sig. (2-tailed)	.000
Documentation of patient information	Correlation coefficient (r)	.571**
	Sig. (2-tailed)	.000

N/B:.Correlation is significant at a 0.05 level (2-tailed)**

From the table above, it can be observed that the correlation coefficient between the extent to which evaluation of pharmacist performance motivates them to practice pharmaceutical care with respect to pharmacists disposition to evaluate patients medicine related needs is +0.759. This is a strong positive correlation. The correlation coefficient between the extent to which evaluation of pharmacist performance motivates them to practice pharmaceutical care with respect to extent to which pharmacist dispense any medicine or scheduled substance on prescription is +0.673 which is a strong positive correlation. The correlation coefficient between the extent to which evaluation of pharmacist performance motivates them to practice pharmaceutical care with respect to the extent to which pharmacists provide information to any person regarding the use of medicine is +0.679 which is a strong positive correlation. The correlation coefficient between the extent to which evaluation of pharmacist performance motivates them to practice pharmaceutical care with respect to extent to which pharmacists determine patient compliance with therapy as well as adequate follow up is +0.621 which is a strong positive correlation. The correlation coefficient between the extent to which evaluation of pharmacist performance motivates them to practice pharmaceutical care with respect to

extent to which pharmacists provide pharmacist-initiated therapy is +0.666 which is a strong positive correlation. The correlation coefficient between the extent to which evaluation of pharmacist performance motivates them to practice pharmaceutical care with respect to pharmacists disposition to deliver medication therapy management is +0.132 which is a weak positive correlation.

The correlation coefficient between the extent to which evaluation of pharmacist performance motivates them to practice pharmaceutical care with respect to pharmacists disposition to carry out patient education and disease screening exercise is +0.571 which is a moderately strong positive correlation. The correlation coefficient between the extent to which evaluation of pharmacist performance motivates them to practice pharmaceutical care with respect to pharmacists disposition to carry out documentation of patient information and pharmaceutical care services is +0.571 which is a moderately strong positive correlation.

Table 6: Showing correlation between extents to which feedbacks from meeting set objectives motivates pharmacists for improved provision of pharmaceutical care and extent of delivery of pharmaceutical care services.

Pharmaceutical care services	Extent to which feedbacks motivate pharmacist to improve in their provision of pharmaceutical care	
	Evaluation of patient medicine related needs	Correlation coefficient (r)
Sig. (2-tailed)		.000
Dispensing of any medicine or scheduled substance on prescription	Correlation coefficient (r)	.637**
	Sig. (2-tailed)	.000
Furnishing of information to any person regarding medication use	Correlation coefficient (r)	.697**
	Sig. (2-tailed)	.000
Determining patient compliance with therapy and adequate follow up	Correlation coefficient (r)	.612**
	Sig. (2-tailed)	.000
Provision of pharmacist initiated therapy	Correlation coefficient (r)	.670**
	Sig. (2-tailed)	.000
Medication therapy management	Correlation coefficient (r)	.558**
	Sig. (2-tailed)	.000
Patient education and disease screening exercise	Correlation coefficient (r)	.517**
	Sig. (2-tailed)	.000
Documentation of patient information	Correlation coefficient (r)	.571**
	Sig. (2-tailed)	.000

N/B:**.Correlation is significant at a 0.05 level (2-tailed).

Table 7: Showing Correlation between extent of performance appraisal of pharmacists and average extent of delivery of pharmaceutical care services.

+Correlations		Extent of performance appraisal of pharmacists	Average extent of delivery of pharmaceutical care services
Extent of performance appraisal of pharmacists	Correlation coefficient (r)	1	.795**
	Sig. (2-tailed)	-	.000
Average extent of delivery of pharmaceutical care services	Correlation coefficient (r)	.795**	1
	Sig. (2-tailed)	.000	-

N/B: **.Correlation is significant at a 0.05 level (2-tailed)

From the table above, it can be seen that the extent to which the performance of pharmacists are been appraised and the average extent to which pharmacists deliver pharmaceutical care services have a correlation coefficient of +0.795 with a strong significance of 0.000 ($p < 0.05$). This shows a strong positive correlation.

Table 8: Showing correlation between other forms of incentive that motivate pharmacists to practice pharmaceutical care and average extent of delivery of pharmaceutical care services.

+Correlation	Average extent of delivery of pharmaceutical services	
Bonuses for achieving target	Correlation coefficient (r)	.761**
	Sig. (2-tailed)	.000
Vacation and sponsorship to conferences	Correlation coefficient (r)	.132
	Sig. (2-tailed)	.056
Promotion	Correlation coefficient (r)	.701**
	Sig. (2-tailed)	.000
Recognition	Correlation coefficient (r)	.431**
	Sig. (2-tailed)	.000
Salary increase	Correlation coefficient (r)	.812**
	Sig. (2-tailed)	.000

N/B: **.Correlation is significant at a 0.05 level (2-tailed)

DISCUSSION OF FINDINGS

The focus of this research was to ascertain the relationship between performance appraisal and employee pharmacists' motivation to practice pharmaceutical care in community pharmacies in Port-Harcourt. From the results obtained, it was observed that there were more female respondents (56.7%) than male respondents (43.3%). The observed gender variation is small and did not seem to affect the responses obtained. Also, 81.7% of the respondents had a B.Pharm degree while 18.3% of the respondents had an M.Pharm/ M.Sc degree. None of the

respondents had a Ph.D, Pharm. D or any other degree. This can be better explained by the fact that most of the employees are young employee pharmacists (about 40% of them between the ages of 24-29 years) who are in the earlier stages of career building. For the Pharm. D program, only a handful of pharmacy institutions are currently running the program. University of Port-Harcourt located in the city where the study was carried out is yet to run the program. This may affect the responses as there is need for pharmacists to develop their skills and educational qualification to fully equip them to optimally carry out pharmaceutical care services as recommended by International Pharmaceutical Federation (FIP) in 1992 for Good Pharmacy Practice.

For the extent to which pharmacists would like their performance to be appraised, none of the respondents indicated to a low extent, very low extent and never. This implies that, on the average, employee pharmacists are supportive of the idea of performance appraisal. This further supports the study by Miguel *et al*, (2016) that the integrated system of performance management and appraisal in the public sector (SIADAP) can be an important motivational tool, provided that the employees perceive it to be an accurate and fair system and are satisfied with it.

For the extent to which employers evaluate the performance of community pharmacists, 28.7% and 47.6%, of the respondents chose to a very high extent and high extent respectively. This is in line with the results of the study carried out by Russel (1998), where it was revealed that managers of decentralized hospital pharmacists in Western United States actually carry out performance evaluation annually.

For the extent to which pharmacists are been provided with set objectives for the past one year, result indicate that pharmacists who are employed in community Pharmacies are being provided with set objectives to a relatively high extent. This is supported by the Goal Setting Theory of Latham and Locke (1979), when they argued that goals set for employees can motivate and thus improve their performance. They also established that when goals and objectives are specific, performance and motivation go up. Newstrom (2011) also believed that setting of goals and objectives motivate employees because there is a deficit to be met between the current and future performance.

For the extent to which pharmacists are being given feedbacks on meeting set objectives, results showed that employee pharmacists are being given feedbacks on meeting set

objectives to a relatively high extent. It is therefore safe to say that feedbacks gotten from meeting set objectives motivate employee pharmacists to improve in their provision of pharmaceutical care to a relatively high extent. This is in line with the Goal setting theory of Latham and Locke (1979) and also, further highlight the importance of feedback process in the performance appraisal system which was also echoed by Njeru (2013) where it was found that the feedback process is an essential part of every performance appraisal system if such a system is aimed at motivating employees.

For the extent to which performance evaluation motivate community pharmacists to practice pharmaceutical care, 29.3% and 53.% indicated to very high extent and high extent respectively. This implies that performance appraisal can motivate pharmacists who are employees in community pharmacies in Port-Harcourt to practice pharmaceutical care to a relatively high extent. Also, most of the variables showed strong positive and significant correlation with the exception of medication therapy management which had a correlation coefficient of +0.132, which is a weak correlation that is insignificant ($p > 0.05$) with 2-tailed significance of 0.0921. This may be due to number of reasons which include lack of compensation for services, excessive workload, physical layout and lack of patient demand, Raisch (1993). It may also be due to the fact that pharmacists may not be able to fully access all the medication and medical history of patients. Likelihood of patients not willing enough to provide this information is also implicated. Other correlation coefficient data include; +0.759 for evaluation of patient medicine related needs, +0.673 for dispensing of any medicine on prescription, +0.679 for furnishing of information to any person regarding the use of medications, +0.621 for determining patient compliance with therapy and adequate follow-up, +0.666 for provision of pharmacist initiated therapy, +0.571 for patient education and disease screening exercise and +0.571 for documentation of patient information and pharmaceutical care services. These are all strong positive and significant correlations. This implies that there is a significant relationship between performance appraisal and employee pharmacists' motivation to practice pharmaceutical care. These findings agree with similar findings from performance appraisal reviews study of Zhang (2012) and Sobia & Faiza (2016). Conclusively, the correlation between the extent of performance appraisal of pharmacists and an average of extent of delivery of pharmaceutical care services gave a correlation coefficient of +0.795 which indicates a strong correlation and a significance of $p < 0.05$.

From table showing the forms of various techniques used in the performance appraisal of pharmacists, none of the respondents indicated the use of pharmacist's trait focused method. The use of all round pharmacists' performance feedback method has been found to be very effective and precise. It takes into reckoning, the level of customer satisfaction (Qureshi *et al.*, 2007) and since the customers are the recipients of pharmaceutical care services, its high level of adoption can be easily understood. It further strengthens the findings from the study by Kisang & Kirai (2016) where feedback was found to be the most significant factor in employee motivation. Also, a good percentage of respondents indicated the use of the assessment of pharmacist ability to meet set objectives which clearly mirrors the management by objective method (MBO). This is because it is a rather interactive and fair form of appraisal which is less time consuming and cost effective (Natalie, 2014).

From the study, a total number of five different incentives which motivate pharmacist to practice pharmaceutical care were identified. They include bonuses for achieving targets, vacation and sponsorship to conferences, promotion, recognition and salary increase. From the results, salary increase was identified as the highest motivational incentive accounting for 39.6% of the choices of the respondents and with the highest correlation coefficient of +0.812 with delivery of pharmaceutical care services which was significant ($p < 0.05$). This implies that there is a strong and significant relationship, between salary increase and pharmacists motivation to practice pharmaceutical care. This agrees with Herzberg's theory of motivation.

Recognition and bonuses as motivating factors for achieving targets had a correlation coefficient of +0.431 and +0.761 respectively, implying strong relationship between recognition and pharmacist motivation and between bonuses for achieving targets and pharmacist motivation. This is in line with the findings of Nabila (2017). Only about 4.3% of the respondents indicated promotion as a motivating factor. However, its correlation with the average extent of delivery of pharmaceutical care services gave a correlation coefficient of +0.701 which was significant ($p < 0.05$). This indicates that, though not a popular choice amongst the respondents, it has a strong relationship with the extent to which pharmacists are motivated to deliver a more patient-centered care. Vacation and sponsorship to conferences polled about 11% of the responses. This also had a correlation coefficient of +0.132 which is a weak correlation with the average extent of delivery of pharmaceutical care services with a significance of 0.056. This shows that it has a weak relationship with pharmacist motivation to practice pharmaceutical care. This maybe as a result of the fact that pharmacy managers

may not recommended this as it means the employee pharmacist may have to skip work for some days, weeks or even months. Also, many pharmacists may choose to monetize this vacation, hence it ceases to serve as a source of motivation.

CONCLUSION

From the findings of this research, it can be concluded that there is a strong positive and significant relationship between performance appraisal and pharmacists' motivation to practice patient-oriented services. Also other motivational incentives for pharmacists have been found to have strong positive and significant relationship with the extent to which they motivate pharmacists to practice pharmaceutical care and hence should be explored to encourage pharmacists to render a more patient-oriented service which remains the core tenet of the philosophy of modern day pharmacy practice.

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Appendix 1

Survey Questionnaire

The aim of this study is to ascertain the relationship between performance appraisal and employee pharmacists' motivation to practice pharmaceutical care in community pharmacies in Port-Harcourt. Your response in this questionnaire will be greatly appreciated and treated with utmost confidentiality.

SECTION A- RESPONDENT DEMOGRAPHICS

1. Age

18-23 years 24-29 years 30-35 years
 36-40 years Above 40 years

2. Gender

Male Female

3. Highest Educational Level

B.Pharm M.Pharm/M.Sc. Pharm.D
 Ph.D. Others, please specify.....

4. How Long Have You Been In Community Pharmacy Practice?

Less than 1 year years 15 years
 Above 15 years

5. How Long Have You Been Working In Your Current Premise As A Community Pharmacist?

Less than 1 year 1-2 years 2-4 years
 4-6years Above 6 years

6. How Long Has This Community Pharmacy Premise Been In Operation?

Less than 1 year 1-5 years 5-10 years
 10- 15 years Above 15 years

7. What Is Your Type Of Community Pharmacy?

Retail Wholesale Both

SECTION B- PERFORMANCE APPRAISAL AND PHARMACIST MOTIVATION TO PRACTICE PHARMACEUTICAL CARE

8. To What Extent Would You Like Your Performance To Be Appraised As A Superintendent Pharmacist?

Very high extent High extent Moderate extent
 Low extent Very low extent Never

9. To What Extent Does Your Employer Evaluate Your Performance As A Community Pharmacist?

Very high extent High extent Moderate extent
 Low extent Very low extent Never

10. To What Extent Are You Provided With Set Objectives During Your Practice Over The Last 1 Year?

Very high extent High extent Moderate extent
 Low extent Very low extent Never

11. To What Extent Do You Meet These Set Objectives?

Very high extent High extent Moderate extent
 Low extent Very low extent Never

12. To What Extent Do You Face Challenges In Meeting These Set Objectives?

Very high extent High extent Moderate extent
 Low extent Very low extent Never

13. What Form/Forms Of Appraisal/Evaluation Techniques Are Employed In The Appraisal Of Your Performance?

Pharmacist's traits focused method
 Pharmacist's skills rating method
 All-round pharmacist performance feedback method
 Assessment of pharmacist ability to meet objectives

14. To What Extent Are You Given Feedbacks Regarding Meeting These Set Objectives?

Very high extent High extent Moderate extent
 Low extent Very low extent Never

15. To What Extent Do These Feedbacks Motivates You To Improve In Your Provision Of Pharmaceutical Care Services?

Very high extent High extent Moderate extent
 Low extent Very low extent Never

16. To What Extent Is Your Employer Really Interested In Motivating You?

Very high extent High extent Moderate extent

Low extent Very low extent Never

17. What Other Forms Of Incentive Motivates You As A Pharmacist To Practice Pharmaceutical Care?

Salary increase Promotion Recognition

Vacation and sponsorship to conferences

Bonuses for achieving targets

18. To What Extent Do You Think Your Patients Stand To Benefit From The Appraisal Of Your Performance?

Very high extent High extent Moderate extent

Low extent Very low extent Never

19. To What Extent Do You Practice Pharmaceutical Care In Your Premise?

Very high extent High extent Moderate extent

Low extent Very low extent Never

20. To What Extent Do You Think Evaluation Of Your Performance As A Community Pharmacist Motivates You To Improve In Your Practice Of Pharmaceutical Care?

Very high extent High extent Moderate extent

Low extent Very low extent Never

SECTION C – EXTENT OF DELIVERY OF PHARMACEUTICAL CARE SERVICES.

21. To What Extent Do You Deliver The Following Pharmaceutical Care Services (Please tick your response in the space provided)

KEYS: VHE- VERY HIGH EXTENT, HE- HIGH EXTENT, ME-MODERATE EXTENT

LE- LOW EXTENT, VLE- VERY LOW EXTENT,

	Pharmaceutical care services	Vhe	He	Me	Le	Vle	Never
A	Evaluation of patient's medicine related needs e.g. indication, safety, and effectiveness of therapy.						
B	Dispensing of any medicine or scheduled substance on prescription of a physician.						
C	Furnishing of information to any person regarding the use of medicine.						
D	Determining patient compliance with therapy and adequate follow up.						
E	Provision of pharmacist initiated therapy						
F	Medication therapy management						

G	Patient education and disease screening exercises e.g. for diabetes mellitus, hypertension etc.						
H	Documentation of patient information e.g. medication history						