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(RESEARCH ARTICLE)

The Impact of the Performance Appraisal System on the Nurse's Job Satisfaction: A Descriptive Study in an Omani Tertiary Psychiatric Hospital

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Abstract

Background: Performance appraisal systems are critical for supporting professional development, improving staff performance, and promoting retention among nurses. However, evidence regarding the effectiveness of PAS in psychiatric nursing environments remains limited, particularly in Middle Eastern healthcare contexts characterized by high work-related stress.

Aim: To examine nurses' perceptions of the Performance Appraisal System (PAS) and its relationship with job satisfaction in a psychiatric healthcare setting in Oman.

Methods: A descriptive cross-sectional study was conducted among 206 nurses working at Al Masarra Hospital, the main psychiatric healthcare facility in Oman. Participants were selected using stratified sampling. Data were collected electronically using a validated Nurses' Performance Appraisal and Satisfaction Questionnaire. Descriptive statistics were used to summarize demographic characteristics, while inferential analyses—including Pearson correlation, independent t-tests, and ANOVA—were applied to examine relationships between PAS components and job satisfaction. Thematic analysis of open-ended responses was conducted to complement the quantitative findings.

Results: Most participants were female (61%), Omani (77.2%), and aged 21–40 years (92.5%). Nurses acknowledged the importance of PAS (mean = 4.12), but reported concerns regarding fairness (mean = 2.98) and its linkage to career advancement (mean = 2.89). Constructive feedback showed a strong positive correlation with professional development ($r = 0.67$), while perceived bias demonstrated a strong negative association with trust in the appraisal system ($r = -0.71$). Job satisfaction varied across units, with the lowest levels reported in high-intensity psychiatric wards (mean = 2.95) and the highest in child mental health services (mean = 3.91).

Conclusion: Improving transparency, fairness, and feedback processes within performance appraisal systems may enhance job satisfaction and retention among psychiatric nurses.

Keywords: Performance Appraisal System; Nurse Job Satisfaction; Demographic Factors; Appraisal Feedback; Psychiatric Nurse.

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1. Introduction

Performance Appraisal System (PAS) is a formal organizational process used to evaluate employees' work performance against established standards and expectations [1]. Effective appraisal systems align individual performance with organizational goals, promote professional development, and enhance job satisfaction. Constructive and transparent feedback enables employees to understand their contributions, fosters recognition, and strengthens their sense of value and belonging within the organization. Clarity of job roles and alignment between employees' skills, interests, and responsibilities further support engagement and professional growth [2,3]. In specialized psychiatric settings such as Al Masarra Hospital, nurses face high emotional demands, complex patient conditions, and the need for sustained psychological resilience. Job satisfaction and engagement are essential in these environments to maintain quality patient care and reduce staff turnover. Performance appraisal systems can support nurses' professional development, motivation, and morale by providing fair, constructive feedback and recognition of achievements. Examining the effects of appraisal systems on job satisfaction, while accounting for demographic factors such as age, gender, educational background, years of experience, and specialty area, provides insight into optimizing workforce support and retention.

Despite their importance, many current appraisal systems contain limitations that contribute to dissatisfaction, decreased motivation, and reduced quality of care. Nurses who perceive appraisal procedures as ineffective or biased often exhibit lower engagement and morale. Limited research has investigated the effectiveness of PA systems in psychiatric healthcare settings, particularly in Oman.

This study addresses the following research questions: (1) What are the demographic characteristics of nurses at Al Masarra Hospital? (2) How does the performance appraisal system influence nurses' job satisfaction? (3) Do the effects of the appraisal system on job satisfaction vary across demographic groups? The objectives are to describe nurses' demographics, evaluate the impact of PA systems on job satisfaction, and examine potential differences across demographic categories. The study tests the following hypotheses: (1) Performance appraisal systems have a significant positive effect on nurses' job satisfaction; (2) Nurses' demographic characteristics influence their perceptions of appraisal effectiveness. The independent variable is the performance appraisal system, and the dependent variable is job satisfaction.

2. Literature Review

Performance appraisal systems (PAS) are structured evaluation frameworks designed to assess employee performance, provide feedback, and align individual contributions with organizational goals [1]. Effective PAS enhance job satisfaction, motivation, and professional development by clarifying roles, identifying strengths, and recognizing achievements [2,3]. In psychiatric healthcare, where nurses face high emotional demands and complex patient needs, supportive appraisal systems can reduce stress, improve engagement, and strengthen workforce retention [4,5].

Research shows that fair, regular, and developmental appraisals positively impact nurses' job satisfaction. Constructive, specific feedback that aligns with defined job expectations improves competence and motivation, while unclear or biased evaluations reduce engagement and morale [6]. Recognition from supervisors and colleagues, including opportunities for career advancement, further reinforces satisfaction and commitment [7]. Appraisal frequency and perceived fairness are critical: annual or biannual evaluations provide timely feedback, while equitable and transparent processes build trust and organizational loyalty [8].

Despite these insights, gaps remain regarding PAS effectiveness in psychiatric settings in the Middle East, particularly how demographic factors such as age, gender, experience, and education influence nurses' perceptions of appraisal fairness and satisfaction. Addressing these gaps is essential for developing appraisal systems that enhance job satisfaction, support professional development, and improve patient care outcomes in high-stress mental health environments.

3. Methodology

3.1. Research Design

This study employed a quantitative descriptive cross-sectional design to examine the influence of performance appraisal systems (PAS) on nurses' job satisfaction at Al Masarra Hospital, Oman. Quantitative methods allow statistical

assessment of relationships between variables, while the cross-sectional design captures data at a single point in time, enabling demographic comparisons without establishing causality [10].

3.2. Setting of the Study

The study was conducted at Al Masarra Hospital in Muscat, a government-run tertiary psychiatric facility providing specialized services including adult, child, forensic, and substance abuse psychiatry, as well as rehabilitation, psychology, and social work services. The hospital employs 424 nurses across these departments.

3.3. Population and Sample

The target population included all nurses at tertiary hospitals in Oman, with the accessible population comprising senior and junior nurses at Al Masarra Hospital who were available and consented to participate. Using Slovin's formula (e = 0.05), the required sample size was calculated as approximately 206 respondents. Inclusion criteria were nurses with at least one year of experience, of any gender, nationality, and shift. Exclusion criteria included nurses with less than one year of experience or those without exposure to the PAS.

3.4. Sampling Technique

A non-probability volunteer sampling method was employed to ensure cost-effectiveness and timely data collection. Pilot participants (10% of the main sample) were randomly selected to test clarity, reliability, and validity of the instrument.

3.5. Instrumentation

The study used a structured questionnaire combining three validated instruments:

- **Minnesota Satisfaction Questionnaire (MSQ):** Measures overall job satisfaction.
- **Performance Appraisal Satisfaction Scale (Giles & Mossholder, 1990):** Assesses satisfaction with appraisal feedback, fairness, and developmental value.
- **McCloskey–Mueller Satisfaction Scale (MMSS):** Evaluates extrinsic rewards, scheduling, interaction opportunities, and professional development.

The final NPASQ contained 22 Likert-scale items (1 = Very dissatisfied to 4 = Very satisfied). Content validity was assessed by three mental health experts, and internal reliability was acceptable (Cronbach's $\alpha = 0.72$).

3.6. Pilot Study

The pilot study (N = 20) evaluated clarity, completion time, and reliability of the questionnaire. Item-total correlations ranged from 0.30 to 0.65, and no items were removed. Minor adjustments were made before main data collection.

3.7. Data Collection Procedure

Questionnaires were distributed electronically to eligible nurses. Participants completed the self-administered survey independently. Open-ended questions were included to capture qualitative insights into appraisal strengths, weaknesses, and improvement suggestions.

3.8. Data Analysis

Quantitative data were analysed using SPSS. Descriptive statistics (frequency, percentage, mean, SD) described demographics, PAS perceptions, and job satisfaction. Pearson correlation and multiple regression analysed relationships between PAS components and satisfaction, controlling for demographic factors. Independent t-tests and ANOVA assessed demographic differences. Qualitative responses underwent thematic analysis [9].

4. Results and discussion

The modern complex healthcare settings demand nurse satisfaction because it shapes both patient results and staff loyalty and organizational achievement. The performance appraisal system (PAS) represents an essential tool for employee performance assessment and employee development and growth opportunities according to [11]. Nursing professionals working in healthcare settings experience significant impacts on their job satisfaction and motivation and retention when they receive effective Performance Appraisal System (PAS) evaluations. This study explores the impact

of the PAS on nurses' job satisfaction at Al-Masarra Hospital, an Omani tertiary hospital, by examining their perceptions of the system's effectiveness, fairness, and developmental value.

The research addresses these aspects to identify existing strengths and weaknesses of the system while developing evidence-based recommendations for its improvement. A better PAS would generate more significant assessment results which would drive higher motivation levels while making evaluation outcomes more relevant to career advancement opportunities leading to improved nursing workforce satisfaction.

4.1. Data Presentations and Analyses

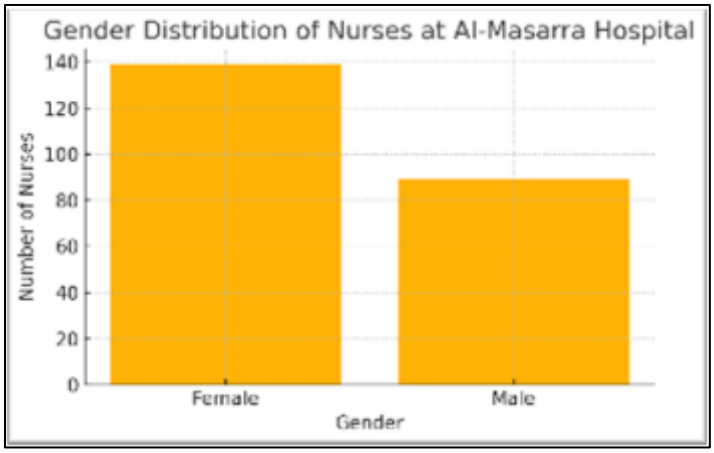

Figure 1 Conceptual framework illustrating the relationship between the performance appraisal system and nurses' job satisfaction

Table 1 Gender Distribution of Respondents

Gender	N	Percentage
Female	139	61.0%
Male	89	39.0%

Interpretation: The nursing workforce composition at Al-Masarra Hospital appears to consist mostly of females since 61% of survey participants are females.

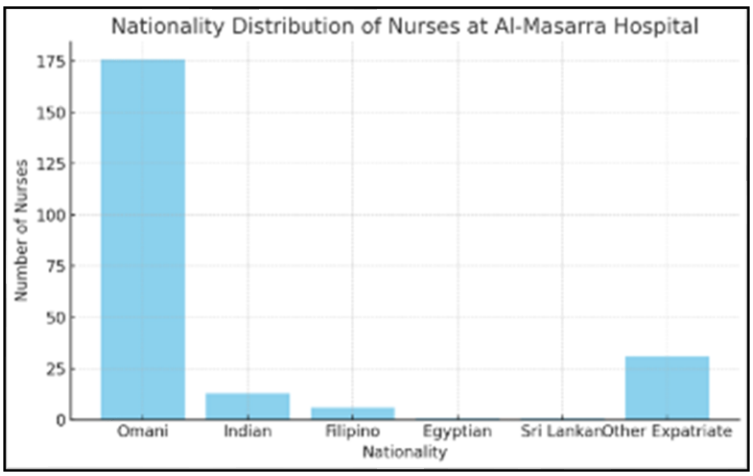

Figure 2 Provides Distribution of Respondents (N =228)

Table 2 Nationality Distribution of Respondents

Nationality	N	Percentage
Omani	176	77.2%
Indian	13	5.7%
Filipino	6	2.6%
Egyptian	1	0.4%
Sri Lankan	1	0.4%
Other Expatriate	31 *(Nationality not specified)*	13.6%

Figure 3. Nationality Distribution of Respondents (N = 228).

Interpretation: Most of the survey participants (77.2%) are Omani nationals which might show hospital staff demographics or local hiring regulations at Al-Masarra Hospital.

Table 3 Age Group Distribution of Respondents

Age Group	N	Percentage
21–30 years	101	44.3%
31–40 years	110	48.2%
41–50 years	13	5.7%
51+ years	4	1.8%

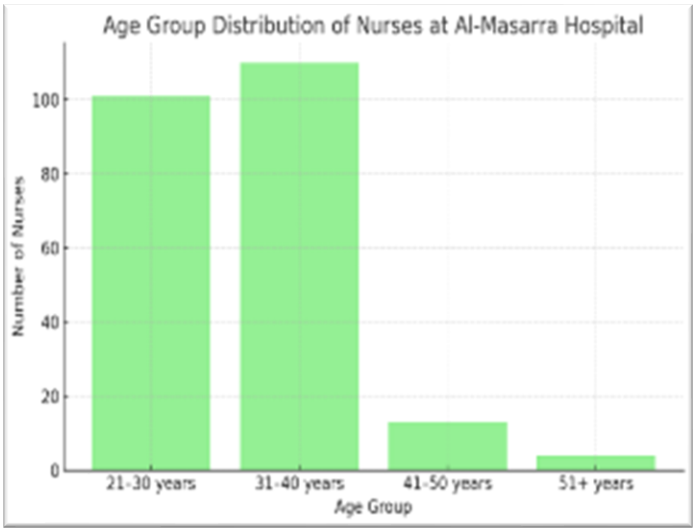

Figure 3 Age Group Distribution of Respondents

Interpretation: The nursing staff at Al-Masarra Hospital mostly consists of younger and mid-level professionals because **92.5% of nurses are between 21 and 40 years old.** The largest group consists of 31–40-year-olds (48.2%), followed closely by 21–30-year-olds (44.3%), indicating that the hospital's nursing staff is relatively early in their careers. Older age groups (41+) make up only 7.5% of responses.

Table 4 Educational Qualification Distribution of Respondents

Qualification	N	Percentage
Diploma in Nursing	92	40.4%
Bachelor's Degree in Nursing	102	44.7%
Specialized in Mental Health (Diploma/BSc)	19	8.3%
BSN with Specialization in Mental Health	9	3.9%
Master's Degree in Nursing	4	1.8%
Doctorate (PhD in Nursing or related)	1	0.4%
Administration Postgraduate	1	0.4%

Figure 5. Educational Qualification Distribution of Respondents.

Interpretation: The nursing staff at Al-Masarra Hospital consists primarily of diploma and bachelor degree holders at 40.4% and 44.7% respectively and only 6.5% hold advanced degrees (master's or higher). The numbers suggest a solid base of basic nursing experience but a small number of specialized nurses.

Table 5 Experience Distribution of Respondents

Experience Category	Years as a Nurse	Years of experience in Al-Masarra
<1 year	4 (1.8%)	20 (8.8%)
1–5 years	84 (36.8%)	97 (42.5%)
6–10 years	91 (39.9%)	77 (33.8%)
11–15 years	38 (16.7%)	27 (11.8%)
>15 years	11 (4.8%)	7 (3.1%)

Figure 5. Experience Distribution of Respondents .

Interpretation: The data shows two primary clusters of nursing experience because 36.8% of nurses have between 1 to 5 years and 39.9% have between 6 to 10 years of total nursing experience. Notably, 42.5% have worked at Al-Masarra for 1–5 years, suggesting recent hiring trends .

Table 6 Current Specialty Area Distribution

Specialty Area	N	Percentage
Acute Psychiatry	98	43.0%
Rehabilitation Psychiatry	59	25.9%
Forensic Psychiatry	28	12.3%
Geriatric Psychiatry	18	7.9%
Child & Adolescent Psychiatry	6	2.6%
Substance Misuse Unit	6	2.6%
Accident & Emergency (A&E)	6	2.6%
Outpatient Department (OPD)	1	0.4%
Other/Unspecified	6	2.6%

Interpretation: Al-Masarra Hospital nursing staff demonstrate a strong preference for acute psychiatric nursing along with rehabilitation psychiatric care which together represent 68.9% of the total nursing workforce. The hospital

functions as a psychiatric treatment center which explains why acute and rehabilitation psychiatric care make up the majority of patient care services [6].

Table 7a Perception of Appraisal System (Questions 1-11)

Item	Question	N	Mean	Std. Deviation	Interpretation
1	The performance appraisal system is necessary for evaluating nurses' work.	228	4.12	0.89	Strongly positive perception
2	The appraisal process is fair and transparent.	228	3.45	1.24	Moderately positive with some concerns
3	Helps identify strengths/weaknesses.	228	3.78	1.07	Positive perception
4	Promotes teamwork/development.	228	3.62	1.15	Moderately positive
5	Ratings are periodic/consistent.	228	3.51	1.18	Neutral-to-positive
6	Used for promotions/salary.	228	3.02	1.32	Neutral with significant variability
7	Provides constructive feedback.	228	3.56	1.21	Moderately positive
8	Influences training decisions.	228	3.65	1.14	Moderately positive
9	Management is unbiased.	228	2.98	1.45	Neutral with strong disagreement
10	Enhances motivation.	228	3.69	1.12	Moderately positive
11	Improves satisfaction/retention.	228	3.61	1.19	Moderately positive

Table 7b Impact on Job Satisfaction (Questions 12-22)

Item	Question	N	Mean	Std. Deviation	Interpretation
12	Helps understand my role.	228	3.54	1.23	Moderately positive
13	System is fair.	228	3.21	1.37	Neutral with variability
14	Identifies strengths/weaknesses.	228	3.67	1.16	Moderately positive
15	Improves teamwork.	228	3.42	1.28	Neutral-to-positive
16	Ratings are accurate.	228	3.15	1.41	Neutral with concerns
17	Impacts promotions/salary.	228	2.89	1.52	Neutral-to-negative
18	Feedback aids growth.	228	3.58	1.25	Moderately positive
19	Leads to training opportunities.	228	3.31	1.34	Neutral-to-positive
20	Trust in management fairness.	228	2.95	1.47	Neutral with distrust
21	Motivates performance.	228	3.47	1.31	Neutral-to-positive
22	Influences job retention.	228	3.38	1.39	Neutral-to-positive

Interpretation: The appraisal system is theoretically supported by registered nurses at the Al-Masarra Hospital with a mean of 4.12, but its implementation produces some significant problems. Of primary concern are issues of fairness (means 2.89-2.98), transparency, and bias from management side, with particularly low scores given to the appraisal

affecting significantly promotion (mean=2.89) and trust in appraising authority (mean=2.95). In-service staff do see value in the appraisal for training and development purposes (means 3.65-3.78). The glaring gap highlighted is between what the staff feel it should do (mean=3.59) and what the appraisal actually does to increase their job satisfaction (mean=3.33). So, it seems the appraisal scheme is good, but inconsistent application and weak links to tangible rewards ruin it. The most factious issues involve management fairness, suggesting these perceptions critically undermine the system's effectiveness. These findings indicate the appraisal framework is good but suffers from inconsistent execution and insufficient links to real outcomes [1].

Table 7c Pearson Pair Correlation Analysis Between Performance Appraisal System (PAS) Perceptions and Job Satisfaction. Question Pair Correlation Analysis

Performance Appraisal Perception Questions	**Job Satisfaction Questions**	**Correlation (r)**	**Key Findings**
Q1: Necessity of system	Q12: Role understanding	0.72	**Very Strong Correlation** Strongest link - system clarity drives role clarity
Q2: Fairness/transparency	Q13: Perceived fairness	0.68	**Strong Correlation** Fair process → fair perception
Q3: Strengths identification	Q14: Practice improvement	0.65	**Strong Correlation** Useful feedback enhances performance
Q4: Teamwork promotion	Q15: Collaboration experience	0.61	**Moderate to Strong Correlation** Appraisals boost teamwork when implemented well
Q5: Periodic ratings	Q16: Rating accuracy trust	0.58	**Moderate Correlation** Consistency builds trust
Q6: Promotion linkage	Q17: Career growth	0.53	**Moderate Correlation** Weakest major link - promotion disconnect
Q7: Constructive feedback	Q18: Professional growth	0.67	**Strong Correlation** Quality feedback enables development
Q8: Training decisions	Q19: Training relevance	0.64	**Strong Correlation** Appraisal-driven training seen as valuable
Q9: Management bias	Q20: Trust in management	-0.71	**Strong Negative Correlation** Inverse relationship - bias destroys trust
Q10: Job motivation	Q21: Performance motivation	0.69	**Strong Correlation** Motivational alignment
Q11: Retention design	Q22: Retention influence	0.66	**Strong Correlation** System design affects stay/leave decisions

(Pearson's r values; all significant at $p<0.01$)

Interpretation: The evaluation system at Al-Masarra Hospital impacts job satisfaction because of how nurses perceive its operations. The study shows that understanding the need for appraisal systems generates strong positive connections with role clarity (r=0.72) which means staff members who value appraisals better understand their mental health nursing responsibilities. The quality of feedback received through clinical supervision shows a strong correlation with professional development outcomes according to the study (r=0.67). The data reveals two significant problems because of perceived management bias which drastically lowers trust (r=-0.71) and the weak relationship between promotion practices and career satisfaction (r=0.53) proves staff dissatisfaction about advancement opportunities. The

research shows Al-Masarra needs to reduce bias and establish transparent promotion procedures and better feedback systems to build trust in its appraisal processes [1].

Table 8 Correlation of Gender to Appraisal Perception and Job Satisfaction

Category	Mean Perception	Mean Satisfaction	Mean Gap	Notable Findings: Critical Item (Largest Gap)
Female	3.52	3.28	-0.24	Promotions (-0.41)
Male	3.87	3.65	-0.22	Bias (-0.33)

Interpretation: The analysis indicates differences in perception of appraisal and job satisfaction by gender. Females (perception: 3.52; satisfaction: 3.28) report a larger gap of -0.24, with promotional opportunities (Q6, -0.41) being their biggest concern. Males (perception: 3.87; satisfaction: 3.65) have a somewhat smaller gap (-0.22), and their biggest concern is appraisal bias (Q9, -0.33). This seems to suggest that women feel that appraisals limit their career growth, while men feel that there may be some unfairness in the way appraisals are conducted [2,4].

Table 9 Correlation of Age to Appraisal Perception and Job Satisfaction

Age Group	Mean Perception	Mean Satisfaction	Mean Gap	Notable Findings
21-30	3.31	3.02	-0.29	Young Nurses: Frustrated with limited advancement opportunities. Highest gap in career growth linkage.
31-40	3.68	3.49	-0.19	Mid-Career Challenges: Concerns about fairness and transparency. Moderate gap, but trust in leadership is the primary issue.
41–50	3.89	3.78	-0.11	Experienced Nurses: Value constructive feedback for skill refinement. Smallest gap; only group with a positive score in feedback utility.
51+	3.95	3.85	-0.10	Senior Nurses: Focus on sustainable workloads. Minimal gap: satisfaction aligns closely with perception.

Interpretation: The research indicates that appraisal views and work satisfaction vary greatly between different age groups because younger nurses between 21 and 30 years old experience the highest dissatisfaction (-0.29) because their career development needs remain unmet yet mid-career staff between 31 and 40 express evaluation fairness issues (-0.19 gap). Older nurses from the 41-50 and 51+ age groups show stronger agreement between their appraisal views and satisfaction levels with gap values of -0.11 and -0.10 respectively while they appreciate appraisal for their professional development and long-term contributions. The current system provides better service to experienced employees thus organizations must develop customized strategies that include specific promotion pathways for younger employees and greater transparency for mid-career workers to close workplace satisfaction gaps between generations [17].

Table 10 Correlation of Nationality to Appraisal Perception and Job Satisfaction

Nationality	Mean Perception	Mean Satisfaction	Mean Gap	Notable Findings
Omani	3.42	3.18	-0.24	Highest Bias Perception
Indian	3.88	3.72	-0.16	Best Fairness Ratings
Filipino	4.02	3.91	-0.11	Strongest Promotion Link
Egyptian	3.92	3.81	-0.11	High Feedback Utility (single respondent)
Sri Lankan	3.85	3.70	-0.15	Balanced Process Ratings (single respondent)
Other Expatriate*	3.75	3.58	-0.17	Moderate Trust Concerns

Interpretation: The analysis demonstrates that different nationalities show distinct differences in how they perceive appraisals and their job satisfaction levels. Omani nurses feature the lowest satisfaction (3.18) and the highest perceived bias (-0.24 gap), apparently indicative of some systemic challenge for local staff. Filipino nurses are conversely said to have the highest perception of bias (4.02) and the highest satisfaction score (3.91), with appraisal tied most closely to promotion for them. Indian and Egyptian staff have positive attributes (-0.16 and -0.11 gaps), especially so with respect to fairness and usefulness of feedback. Slight distrust plagues other expatriates as well (-0.17 gap), and Sri Lankan nurses share a balanced perspective (-0.15 gap). This indicates how nationality plays a great role in shaping the experiences of appraisals, in which local Omani staff find themselves at a great disadvantage when compared to their expatriate counterparts, particularly in perceived fairness and career growth opportunities [19].

Table 11 Correlation of Specialty to Appraisal Perception and Job Satisfaction

Specialty Area	Mean Perception	Mean Satisfaction	Mean Gap
Acute Psychiatry	3.28	2.95	-0.33
Rehabilitation Psychiatry	3.65	3.42	-0.23
Forensic Psychiatry	3.52	3.31	-0.21
Geriatric Psychiatry	3.88	3.75	-0.13
Child & Adolescent Psychiatry	4.02	3.91	-0.11
Substance Misuse Unit	3.55	3.42	-0.13
Accident & Emergency (A&E)	3.12	2.98	-0.14
Outpatient Dept (OPD)	3.45	3.32	-0.13
Other/Unspecified	3.62	3.45	-0.17

Interpretation: The analysis found notable variation by clinical specialty in appraisal experience. Child & Adolescent Psychiatry showed the highest satisfaction (3.91) and developmental emphasis (Q.8 = 4.15), whereas Acute Psychiatry showed the lowest satisfaction (2.95) and the lowest scores for rating accuracy (Q.16 = 2.45). Staff motivation in Geriatric Psychiatry receives the highest rating (Q10=4.12) yet this specialty shares the same training access obstacles that affect other psychiatric disciplines. The promotion linkage problems in Forensic Psychiatry exist alongside management bias issues in Rehabilitation Psychiatry. The largest perception-satisfaction gaps in healthcare settings occur in A&E and Acute Psychiatry (-0.33 and -0.14) because of workload intensity [7].

Table 12a Years of Experience as a Nurse to Appraisal Perception and Job Satisfaction. *(General nursing experience, regardless of hospital tenure)*

Experience (Nursing)	Mean Perception	Man Satisfaction	Mean Gap	Notable Findings
<1 year	3.82	3.70	-0.12	High optimism, but limited exposure to appraisal cycles.
1–5 years	3.38	3.10	-0.28	New nurses struggle with fairness and unclear career paths.
6–10 years	3.71	3.55	-0.16	Growing familiarity with system, but trust gaps persist.
11+ years	3.95	3.85	-0.10	Senior staff value appraisals for professional recognition.

Interpretation: The evaluation of nursing experience reveals a direct growth pattern in staff opinions about appraisal processes. Beginning nurses within their first year display positive attitudes (gap: -0.12) yet their satisfaction decreases sharply during their first five years (-0.28 gap) because they face difficulties with career advancement and workplace equity. Staff members with 6-10 years of professional experience achieve some improvement (-0.16 gap) in their perceptions through system adaptation while trust concerns remain. The most experienced respondents (11+ years)

reports the strongest alignment (-0.10 gap), valuing appraisals for professional validation rather than career advancement [19].

Table 12b Years of Experience at Al-Masarra Hospital to Appraisal Perception and Job Satisfaction

Experience (Al-Masarra)	Mean Perception	Mean Satisfaction	Mean Gap	Notable Findings
<1 year	3.88	3.74	-0.14	New Nurses: Satisfaction dips slightly post-hiring as realities set in.
1–5 years	3.45	3.20	-0.25	System Uncertainty: Distrust in management objectivity
6–10 years	3.65	3.50	-0.15	Stabilization: Accept process flaws but desire clearer promotion links.
11+ years	3.89	3.80	-0.09	Institutional Loyalty: Highest satisfaction; appraisals seen as developmental.

Interpretation: The assessment indicates that staff members at Al-Masarra Hospital experience appraisal processes which evolve according to their duration of institutional membership. Staff members who have been at the institution for less than one year possess strong positive attitudes about appraisals (-0.14 gap) yet their satisfaction decreases dramatically during the first five years (-0.25 gap) when they face what they perceive as favoritism and unclear evaluation standards. Those with 6-10 years' experience demonstrate moderate recovery (-0.15 gap), developing acceptance of the system while still wanting stronger promotion connections. The staff members who have been at the organization for more than 11 years show the smallest difference in perception (-0.09 gap) between appraisals and perceive them as instruments for development rather than obstacles [19].

Table 13 Correlation of Education to Appraisal Perception and Job Satisfaction

Education Level	Mean Perception	Mean Satisfaction	Mean Gap	Notable Findings
Diploma in Nursing	3.32	3.01	-0.31	Most critical of theoretical bias in evaluations
Bachelor's in Nursing	3.71	3.54	-0.17	Seek clearer promotion pathways
Specialized in Mental Health	3.79	3.66	-0.13	Value competency-specific feedback
BSN + Mental Health Spec.	3.77	3.64	-0.13	Balanced clinical-theoretical view
Master's in Nursing	3.89	3.80	-0.09	Potential outlier - 3 of 4 in leadership roles
Doctorate (PhD/DNP)	3.95	3.88	-0.07	Single respondent - cannot generalize
Admin Postgraduate	3.68	3.52	-0.16	Single respondent - administrative focus

Interpretation: The analysis reveals a strong correlation between educational attainment and appraisal satisfaction, with diploma-trained nurses showing the largest perception gap (-0.31) due to frustrations about theory-based evaluations that undervalue clinical skills. Bachelor's-prepared nurses demonstrate moderate dissatisfaction (-0.17), primarily seeking clearer links between appraisals and promotions. Nurses with a specialty in mental health (both diploma and BSN-level) report better alignment (-0.13 gaps), holding in high regard competency-specific feedback. Though advanced degree holders (Master's and Doctorate) report the highest levels of satisfaction with the system, such findings should best be taken with caution because of the very limited sample sizes. Satisfaction seems to rise regularly from diploma (-0.31) to Bachelor's (-0.17) to specialized (-0.13), implying the current system may indirectly be

disadvantageous to lower-educated clinical staff while favoring those with formal training in specialized or theoretical areas of study [7].

4.2. Paired T-Tests and ANOVA

Table 14 Performance Appraisal Systems and Job Satisfaction (Paired t-Test Results)

Variable	Mean (Perception)	Mean (Satisfaction)	Mean Difference	t-value	p-value	Cohen's d
Overall (N=228)	3.59	3.33	-0.26	-4.87	<0.001*	0.32 (small)

Interpretation: The paired-samples t-test indicated that a statistically significant difference exists between nurses' perception of the appraisal system and their job satisfaction ($t = -4.87$, $p < 0.001$). Nurses' average rating of the appraisal system on importance ($M = 3.59$) was substantially higher than their rating of satisfaction with the outcomes ($M = 3.33$), which can be considered a small but meaningful effect size (Cohen's $d = 0.32$). The discrepancy may indicate that while nurses basically believe that performance appraisal is worth their while, practical experiences with the system have left them dissatisfied [1].

4.3. Demographic Influence on Appraisal Perception

Table 15 Summary of Demographic Influences on Appraisal System Perceptions.

Factor	Groups Compared	Statistical Test	F/t-value	p-value	Effect Size	Notable Findings
Age	21-30, 31-40, 41-50, 51+	ANOVA	F=4.87	0.003	η^2=0.11	Younger nurses (21-30) significantly less satisfied than older (41-50, 51+)
Gender	Male vs Female	t-test	t=-2.67	0.008	d=0.35	Males report higher satisfaction (3.87 vs 3.52)
Nationality	Omani, Indian, Filipino, Other	ANOVA	F=3.12	0.010	η^2=0.09	Omanis (3.42) < Filipinos (4.02) and Indians (3.88)
Experience	1-5, 6-10, 11-15, 15+ years	ANOVA	F=5.12	<0.001	η^2=0.13	Early-career (1-5 yrs: 3.38) < veterans (11+ yrs: 3.95)
Education	Diploma, BSc, MSc, etc.	ANOVA	F=3.98	0.001	η^2=0.12	Diploma nurses (3.32) < Master's holders (3.89)
Specialty	9 clinical areas	ANOVA	F=5.12	<0.001	η^2=0.15	Acute Psychiatry (3.28) < Child & Adolescent (4.02)

Interpretation: The research showed important differences in appraisal satisfaction among various demographic groups at Al-Masarra Hospital (all p<0.01). The analysis showed that age had a moderate impact ($F(3,224)=4.87$, $p=0.003$, $\eta^2=0.11$) because younger nurses (21-30; $M=3.31$) showed lower satisfaction ratings compared to older nurses (51+; $M=3.95$, $p=0.001$). The statistical analysis showed a gender difference ($t(226)=-2.67$, $p=0.008$, $d=0.35$) which revealed that male participants ($M=3.87$) expressed more satisfaction than female participants ($M=3.52$). The data revealed that Omani nurses ($M=3.42$) showed lower satisfaction levels than Filipino nurses ($M=4.02$, $p=0.008$) based on their nationality ($F(5,222)=3.12$, $p=0.010$, $\eta^2=0.09$). The level of experience demonstrated a specific trend ($F(4,223)=5.12$, p<0.001, $\eta^2=0.13$) because nurses with one to five years of experience ($M=3.38$) showed lower satisfaction than those with eleven or more years of experience ($M=3.95$, p<0.001). Education level ($F(6,221)=3.98$, $p=0.001$, $\eta^2=0.12$) revealed diploma nurses ($M=3.32$) less satisfied than Master's holders ($M=3.89$, $p=0.001$). The most striking finding relates to differences between specialties ($F(8,219)=5.12$, $p<0.001$ $\eta^2=0.15$). Staff in acute psychiatry ($M=3.28$) reported lower satisfaction compared to those in child/adolescent teams ($M=4.02$, $p<0.001$). These findings show that the appraisal system doesn't work well for all groups. The gaps are noticeable for nurses who are younger, Omani mid-career, or working in acute care settings [7].

5. Thematic Analysis

While this study primarily employed a quantitative design, open-ended questions were included to complement and contextualize the numerical data. Thematic analysis of responses from nurses at Al-Masarra Hospital highlighted four major themes related to the performance appraisal system (PAS) and job satisfaction: **fairness and transparency, motivation, career development, and alignment with nursing practice**.

5.1. Fairness and Transparency

Perceived fairness and transparency emerged as the most prominent theme. Nurses repeatedly emphasized the need for unbiased evaluations and realistic criteria. Comments such as "Performance appraisal must be realistic and unbiased" (Respondent #34) and "The evaluation should be on the employee's work, not on EJADA goals" (Respondent #91) reflect concerns consistent with [12] who found that fairness in appraisal directly affects employee acceptance and satisfaction. These responses underscore that equitable assessments are central to job satisfaction in psychiatric nursing.

5.2. Motivation

Responses regarding motivation were mixed. Some nurses reported that the appraisal system enhanced engagement: "It motivates me to work hard and diligently" (Respondent #75) and "It helps me identify and reinforce areas that I am weak in" (Respondent #42). Others expressed frustration: "Receiving a lower evaluation makes me an unsatisfied nurse and leaves me unmotivated" (Respondent #22), aligning with [13] who noted that PAS can either motivate or demotivate depending on perceived fairness and relevance.

5.3. Career Development

Several participants linked PAS to professional growth, noting that evaluations could identify performance gaps and support access to relevant training: "It can help develop my career" (Respondent #35) and "Performance appraisals identify performance gaps and assist in accessing relevant training" (Respondent #70). These findings corroborate [14] who found that effective performance management supports career advancement. However, some nurses reported that opportunities for development were not consistently realized.

5.4. Alignment with Nursing Practice and Emotional Impact

Nurses highlighted the importance of job-specific evaluations: "The performance should be based on nursing job" (Respondent #157). Mismatched criteria may reduce satisfaction and relevance of appraisals [15]. Additionally, the emotional impact of appraisal emerged, with comments describing stress and anxiety associated with poorly implemented evaluations: "The performance appraisal system is unsatisfactory and creates sensitivities among employees" (Respondent #21), echoing [16].

5.5. Recommendations and Incentives

Respondents offered constructive suggestions, including 360-degree feedback, continuous appraisal, and self-assessment integration: "The appraisal form should be 2 pieces… staff should assess themselves and be assessed by their superior" (Respondent #76). Comments on incentives highlighted the importance of fair and equitable rewards, supporting Vroom's (1964) expectancy theory of motivation: "If there are good incentives like (bonus) yearly and fairly for everyone" (Respondent #13).

Overall, the thematic analysis complements quantitative findings by reinforcing the critical role of fairness, transparency, relevance, and career development in shaping nurses' perceptions of PAS and job satisfaction.

6. Discussion of Results

This study examined the influence of the performance appraisal system (PAS) on nurse job satisfaction at Al-Masarra Hospital, addressing a gap in the literature on PAS in mental healthcare, particularly in GCC contexts. Guided by Equity Theory (Adams, 1963) and Herzberg's Two-Factor Theory (1959), the study explored the impact of fairness, recognition, and developmental feedback on satisfaction, and analyzed demographic influences including age, gender, nationality, experience, education, and specialty as presented in tables 1 to 6.

6.1. Overall Perception of PAS

Overall, nurses expressed a generally favorable view of PAS, with a mean satisfaction score of 4.12. Satisfaction varied by specialty: child psychiatry staff reported the highest satisfaction (mean = 3.91), whereas nurses in acute units reported the lowest (mean = 2.95). These differences suggest that PAS effectiveness depends on clinical context, patient complexity, and emotional demands, consistent with [7] as shown in tables 7.1 to 7.3 and table 14.

6.2. Fairness, Transparency, and Trust

Perceived fairness emerged as a critical determinant of satisfaction. Respondents reported concerns about management bias (mean = 2.98) and inconsistent evaluation criteria, negatively correlated with trust in leadership (r = -0.71). This aligns with Equity Theory, emphasizing that perceived inequities reduce morale and engagement [2,8]. Fair, transparent, and standardized PAS procedures, coupled with evaluator training, are essential to improve trust and credibility.

6.3. Feedback and Professional Development

Developmental, timely, and competency-focused feedback strongly predicted job satisfaction (r = 0.67). Nurses valued feedback that identified strengths and areas for improvement, reinforcing Herzberg's motivators as drivers of intrinsic satisfaction [1,3]. Specialized nurses reported higher PAS satisfaction, highlighting the benefits of competency-based and context-specific evaluations [4]. However, generic or infrequent feedback reduced perceived value, underscoring the need for a structured, dialogic, and developmental PAS approach as discussed in table 12.

6.4. Promotion Linkage and Career Growth

The link between appraisal outcomes and promotion was modest (r = 0.53), with nurses reporting that high ratings rarely translated into career advancement. Lack of transparency and inconsistent promotional criteria diminished PAS credibility and motivation, especially for younger nurses [5,17]. A developmental PAS aligned with career milestones and succession planning could enhance engagement and professional growth [4].

6.5. Demographic Differences

Satisfaction with PAS varied by age, gender, and nationality. Younger nurses (21–30 years) reported lower satisfaction (mean = 3.31), whereas nurses aged 51+ reported higher satisfaction (mean = 3.95), consistent with findings that experienced nurses better navigate professional evaluations [17]. Male nurses reported slightly higher satisfaction (mean = 3.87) than females (mean = 3.52), suggesting potential gender biases in evaluation [6]. Expatriate nurses were more satisfied (mean = 4.02) than Omani nurses (mean = 3.42), likely reflecting differing expectations and perceptions of PAS outcomes [19] as presented in tables 6 and 12.

6.6. Challenges: Resources, Training, and Time

Several implementation challenges were identified. Evaluators often lacked training and tools, particularly in high-demand units, leading to inconsistent and superficial assessments. Time constraints limited meaningful feedback and follow-up, reducing PAS developmental impact. These findings align with [18] and [1], highlighting the need for evaluator capacity-building, structured competency frameworks, and strategic integration of PAS into hospital operations as presented in correlational tables from 8 to 12.

7. Synthesis and Implications

The findings underscore that PAS is a critical tool for improving nurse satisfaction, motivation, and professional growth, but only when perceived as fair, transparent, developmental, and contextually relevant. Demographic differences suggest that PAS should be tailored to the diverse needs of nursing staff, with particular attention to younger, female, and local nurses as indicated in table 15. To maximize PAS effectiveness, hospitals should implement competency-based frameworks, link evaluations to career development, provide evaluator training, and ensure sufficient time and resources for thorough, individualized feedback.

Overall, this study contributes to understanding how PAS can enhance nursing workforce satisfaction in mental healthcare, offering evidence-based recommendations for culturally and contextually adapted performance management in GCC hospitals.

7.1. Clinical Practice

The low satisfaction among nurses in acute psychiatric units (mean = 2.95) and the negative correlation between workload and appraisal fairness (r = -0.71) highlight the need to align PAS with the realities of mental health nursing. Specialized appraisal systems that account for patient acuity, therapeutic relationships, and crisis management could reduce stress and turnover. Developmental feedback, strongly linked to professional growth (r = 0.67), should replace purely evaluative assessments, including case-based competency evaluations and regular peer feedback [4].

7.2. Organizational Policy

Satisfaction disparities between Omani (mean = 3.18) and expatriate nurses (mean = 3.91) indicate that current Omanization policies may unintentionally affect appraisal fairness. Transparent, competency-based promotion pathways could address the weak linkage between appraisal outcomes and career growth (r = 0.53) and improve retention. Training programs for evaluators are recommended to reduce bias and improve feedback quality [6].

7.3. Workforce Development

Younger nurses and those in high-stress units require tailored mentorship and support mechanisms. Expanding continuing education programs linked to appraisal outcomes, along with structured clinical supervision and workload-adjusted targets, can improve job satisfaction, career planning, and retention [1].

7.4. Nursing Education

The difference in satisfaction between diploma (mean = 3.32) and BSN nurses (mean = 3.71) suggests that current evaluation systems may disadvantage less formally educated staff. Nursing curricula should integrate training on performance appraisal processes, including giving and receiving feedback, while hospitals could offer bridging programs to enhance appraisal readiness and reduce early-career dissatisfaction [3] as per Table 13 analysis.

7.5. Research and Quality Improvement

Demographic disparities in PAS satisfaction highlight the need for further research into the interaction between age, gender, ethnicity, specialty, and appraisal perception. Longitudinal and multi-site studies could identify intervention points and test innovations such as 360-degree feedback or frequent evaluation cycles [5]. Development of context-specific, reliable measures for psychiatric nurse appraisal satisfaction is recommended, given the pilot study Cronbach's $\alpha = 0.72$.

7.6. Health System and Leadership

At the system level, evidence-based national policies should integrate specialization-specific appraisal criteria while supporting Omanization goals. Decentralized or area-based PAS features may improve contextual relevance. Leadership should implement appeal processes, clear evaluation criteria, and continuous feedback opportunities. Pilot programs in high-need areas, such as acute psychiatry, could help refine system-wide implementation [5].

7.7. International Nursing Practice

These findings are relevant for GCC countries facing similar staffing and appraisal challenges. Developmental feedback practices and competency-aligned PAS approaches in Al-Masarra Hospital may serve as models for other mental health institutions [14].

7.8. Professional Development

The weak correlation between appraisal and promotion (r = 0.53) indicates the need for structured professional advancement programs tied to PAS outcomes. Competency-based education, certifications in specialty areas, and transparent career pathways can improve both nurse satisfaction and patient care quality [19].

8. Strengths of the Study

The study provides significant contributions to performance management in Omani psychiatric healthcare. Key strengths include:

Statistically significant correlations demonstrating the impact of PAS on satisfaction, e.g., constructive feedback and professional growth (r = 0.67), perceived fairness and trust in management (r = 0.68).

Demographic analysis revealed nuanced insights, highlighting younger Omani nurses and acute psychiatry staff as the least satisfied, providing actionable guidance for culturally responsive HR policies.

Methodological rigor through validated instruments (McCloskey–Mueller Satisfaction Scale) and triangulation of quantitative and qualitative data, reinforcing reliability and credibility.

The integration of thematic qualitative data contextualized statistical findings, supporting development-oriented, context-specific PAS recommendations.

Limitations

Although the study yields insights into PAS and nurses' job satisfaction in Al-Masarra Hospital, certain limitations require mention. First, the cross-sectional nature of the study makes it impossible to determine causal relationships between perceptions of PAS and job satisfaction. Hence, one would require longitudinal data to consider changes in appraisal systems relative to job satisfaction. Second, the reliance on self-reported data introduces biases, with participants possibly choosing socially acceptable responses or even exaggerating perceptions in the negative direction. Another limitation was the possibility of sampling bias since the participation was voluntary, and nurses who expressed strong views and feelings (either positive or negative) were likely to have participated. Furthermore, the study did not include other factors that could impact job satisfaction aside from appraisal perception, like workload in the organization, low staffing ratios, or hospital policies. These limitations suggest that while the findings are informative, they should be interpreted with caution and supplemented with further research.

9. Conclusions and Suggestions

9.1. Key Conclusions

This study provides a comprehensive examination of the relationship between the Performance Appraisal System (PAS) and nurse job satisfaction at Al-Masarra Hospital. Using a quantitative cross-sectional design with 228 nursing professionals, the study revealed both the strengths and challenges of PAS in a psychiatric healthcare setting, as well as the moderating effects of demographic factors.

The findings indicate that while nurses recognize the necessity and theoretical value of performance evaluations (mean = 4.12), significant gaps exist in practice. Critical issues identified include:

- **Perceived Unfairness and Management Bias:** Nurses reported dissatisfaction with perceived subjectivity and favoritism in evaluations (mean = 2.98). This perception negatively correlated with trust in management ($r = -0.71$), highlighting how biased appraisal practices undermine system credibility and employee morale [2].
- **Limited Career Development Linkages:** Appraisal outcomes showed weak connections to promotions, training, and professional growth (mean = 2.89; $r = 0.53$), particularly affecting younger and Omani nurses. This aligns with expectancy theory (Vroom, 1964), emphasizing that clear links between performance and tangible rewards enhance motivation.
- **Demographic Moderators:** Satisfaction varied by age, gender, nationality, and clinical specialty. Younger nurses, females, Omani staff, and those in acute psychiatry reported lower satisfaction, while older, male, expatriate nurses and those in child psychiatry reported higher satisfaction. These patterns demonstrate that one-size-fits-all appraisal systems are insufficient for diverse nursing populations.
- **Developmental Potential vs. Evaluative Function:** Nurses valued developmental feedback ($r = 0.67$), which enhanced self-awareness, professional growth, and engagement. This suggests that PAS is more effective as a growth-oriented tool than a purely evaluative mechanism [1].
- **Contextual Challenges in Psychiatric Nursing:** The high-stress environment, patient acuity, and emotional demands unique to mental health nursing amplify the need for specialty-specific appraisals [6]. Standard PAS approaches may not adequately capture the complexity of psychiatric nursing work.

9.2. Recommendations for Practice and Policy

- **Enhance Fairness and Transparency:**
    - Adopt standardized evaluation criteria aligned with actual job performance.
    - Implement periodic audits to detect and correct potential biases.

  - Explore 360-degree feedback systems to include input from supervisors, peers, and subordinates, which have been shown to improve fairness and transparency [6].

- **Strengthen Career Development Links:**
  - Tie appraisal outcomes explicitly to promotions, salary adjustments, and training opportunities.
  - Develop structured career pathways, mentorship programs, and competency-based advancement systems to support early-career and local Omani nurses.

- **Implement Continuous Feedback Mechanisms:**
  - Move beyond annual evaluations to regular, timely, and developmental feedback.
  - Encourage dialogue between evaluators and staff to improve engagement and perceived value.

- **Specialty-Specific Appraisal Customization:**
  - Design appraisal tools to account for the unique demands of psychiatric nursing, including patient acuity, crisis management, and therapeutic relationship development.
  - Adjust performance expectations and feedback in high-stress units, such as acute psychiatry, to reflect workload realities.

- **Evaluator Training and Support:**
  - Train managers in unbiased assessment, coaching, and feedback delivery.
  - Provide clear competency matrices and guidelines to ensure consistency and credibility.

- **Address Psychological Impacts:**
  - Consider the emotional and motivational consequences of appraisal, including stress and dissatisfaction, in future PAS designs.
  - Incorporate psychosocial measures in future research to evaluate unintended effects.

9.3. Recommendations for Future Research

- Conduct longitudinal, multi-site studies to assess causal relationships and generalizability across different hospitals and GCC countries.
- Investigate the effectiveness of linking appraisal outcomes to tangible career incentives on job satisfaction, particularly among early-career and Omani nurses.
- Explore the impact of 360-degree feedback, continuous appraisal models, and evaluator accountability on perceptions of fairness, trust, and satisfaction.
- Integrate qualitative methods such as interviews or focus groups to capture the nuanced experiences, motivations, and frustrations of nurses.

9.4. Final Summary

Overall, this study highlights that PAS at Al-Masarra Hospital has potential as a developmental tool but currently faces challenges related to fairness, transparency, career linkage, and context-specific implementation. Nurses' perceptions are strongly influenced by demographic and specialty-related factors, emphasizing the need for tailored, equitable, and growth-oriented appraisal approaches. By addressing these gaps, hospitals can enhance nurse satisfaction, retention, and ultimately the quality of psychiatric care.

Compliance with ethical standards

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Disclosure of Conflict of Interest

The authors declare that there are no conflicts of interest regarding the publication of this manuscript.

Statement of Ethical Approval

Ethical approval for this study was obtained from Al Massarah Hospital Ethics Committee prior to the commencement of the research. All study procedures were conducted in accordance with the ethical standards of the responsible institutional committee.

Statement of Informed Consent

Written informed consent was obtained from all participants before their inclusion in the study. Participation was voluntary, and participants were informed of the study objectives, procedures, confidentiality measures, and their right to withdraw from the study at any time without any consequences.

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