

Relationship Between Customer Focus, Teamwork, Continuous Improvement, and Human Resource Performance Evaluation in Public Healthcare Facilities in the Gaza Strip – Palestine

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Abstract:

This study examined the relationship between customer focus, teamwork, continuous improvement, and human resource performance evaluation in public healthcare facilities affiliated with the Palestinian Ministry of Health in the Gaza Strip. A descriptive-analytical cross-sectional design was employed. The study population comprised approximately 9,270 employees, from whom a simple random sample of 369 participants was selected. Data were collected using a structured questionnaire measuring customer focus, teamwork, continuous improvement, and human resource performance evaluation and were analyzed using the Statistical Package for the Social Sciences (SPSS). The descriptive findings showed that teamwork received the highest overall agreement level (73.9%), followed by customer focus (65.3%) and continuous improvement (62.3%), while 57.3% of participants reported positive perceptions of performance evaluation practices. Statistically significant differences were observed across job categories, with nursing and allied health staff generally reporting more favorable perceptions than several other occupational groups. The findings highlight the importance of strengthening responsiveness to service users, supporting interdisciplinary teamwork, and establishing systematic continuous improvement practices to promote clearer, fairer, and more development-oriented human resource performance evaluation in public healthcare institutions.

Keywords: Total Quality Management; Customer Focus; Teamwork; Continuous Improvement; Human Resource Performance Evaluation; Public Healthcare.

العلاقة بين التركيز على العملاء ، والعمل الجماعي، والتحسين المستمر، وتقييم أداء الموارد البشرية في مرافق الرعاية الصحية العامة في قطاع غزة

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المستخلص:

هدفت هذه الدراسة إلى فحص العلاقة بين التركيز على العملاء والعمل الجماعي والتحسين المستمر وتقييم أداء الموارد البشرية في مرافق الرعاية الصحية العامة التابعة لوزارة الصحة الفلسطينية في قطاع غزة. استخدمت الدراسة المنهج الوصفي التحليلي بتصميم مقطعي، وتكون مجتمعها من نحو (9,270) موظفًا، اختيرت منهم عينة عشوائية بسيطة بلغت (369) موظفًا. جمعت البيانات باستخدام استبانة منظمة تقيس أبعاد التركيز على العملاء والعمل الجماعي والتحسين المستمر، إلى جانب ممارسات تقييم أداء الموارد البشرية، وحُللت باستخدام برنامج الحزمة الإحصائية للعلوم الاجتماعية (SPSS). أظهرت النتائج الوصفية أن العمل الجماعي سجل أعلى مستوى من الاتفاق بنسبة (73.9%)، تلاه التركيز على العملاء بنسبة (65.3%)، ثم التحسين المستمر بنسبة (62.3%)، في حين بلغت نسبة التصورات الإيجابية تجاه تقييم الأداء (57.3%). كما ظهرت فروق ذات دلالة إحصائية بين الفئات الوظيفية، وسجل العاملون في التمريض والمهن الصحية المساندة تصورات أكثر إيجابية مقارنة ببعض الفئات الأخرى. وتؤكد النتائج أهمية تعزيز الاستجابة لاحتياجات المستفيدين، ودعم العمل الجماعي، وتطوير ممارسات التحسين المستمر بما يسهم في بناء

نظام أكثر وضوحًا وعدالة وفاعلية لتقييم أداء الموارد البشرية في المؤسسات الصحية العامة.

الكلمات المفتاحية: إدارة الجودة الشاملة؛ التركيز على العملاء؛ العمل الجماعي؛ التحسين المستمر؛ تقييم أداء الموارد البشرية؛ الرعاية الصحية العامة.

Introduction:

Human resource performance evaluation is a cornerstone of effective management within healthcare organizations, playing a pivotal role in ensuring quality service delivery and organizational efficiency. In an increasingly complex and demanding healthcare landscape, the adoption of robust management frameworks, such as Total Quality Management (TQM), has become imperative. TQM, characterized by its emphasis on continuous improvement, teamwork, and customer focus, offers a comprehensive approach to enhancing overall organizational performance, including the critical aspect of human resource effectiveness (Baidoun et al., 2018; Al-Dmour & Al-Dmour, 2022).

The principles of TQM have been widely recognized for their potential to drive improvements across various sectors, with a growing body of literature exploring their application in healthcare (Al-Hawary, 2022). Specifically, customer focus ensures that healthcare services are aligned with patient needs and expectations, while teamwork fosters a collaborative environment essential for complex medical interventions and interdisciplinary care. Continuous improvement, on the other hand, promotes an organizational culture of learning and adaptation, leading to sustained enhancements in processes and outcomes (Al-Hawary & Al-Dmour, 2014).

Despite the global recognition of TQM's benefits, its implementation and assessment, particularly in developing countries and regions facing unique challenges, remain under-researched (Omran et al., 2018). The Gaza Strip, a region with specific socio-economic and political contexts, presents a critical area for investigating the efficacy of TQM principles in public healthcare facilities. Previous studies

have highlighted a limited number of assessments regarding TQM implementation in the Palestinian context, underscoring a significant research gap (Omran et al., 2018).

This paper addresses this gap by assessing the levels of customer focus, teamwork, and continuous improvement, and examining their association with human resource performance evaluation among employees in public healthcare facilities in the Gaza Strip. By shedding light on these relationships, the study aims to provide valuable insights for healthcare managers and policymakers seeking to improve workforce productivity and service quality in the region. The findings contribute to the broader understanding of TQM's applicability and impact in challenging healthcare environments, offering practical implications for enhancing performance evaluation systems and fostering a culture of quality within public health services.

Conceptual Framework:

Total Quality Management provides the theoretical foundation for the conceptual framework of this study. It treats quality as an organization-wide responsibility that depends on understanding service-user needs, coordinating employees' efforts, monitoring performance, and continuously improving work processes. Endalamaw et al. (2024) described continuous quality improvement as a collaborative and data-driven cycle involving gap identification, action planning, performance evaluation, feedback, and corrective adjustment. Within this perspective, customer focus, teamwork, and continuous improvement are expected to create organizational conditions that support more effective human resource performance evaluation.

Customer focus represents the first independent variable in the proposed framework. In healthcare, customer focus means organizing services around the needs, expectations, experiences, and feedback of patients and other service users. Peruzzo et al. (2025) emphasized that patient experience and satisfaction provide important measures of healthcare service quality and can guide the selection of priority improvement actions. When healthcare employees understand service-

user expectations and receive information about patient experiences, performance evaluation criteria can be linked more clearly to respectful treatment, responsiveness, communication, and service quality.

Effective communication is an essential part of customer-focused healthcare because it helps patients understand services, participate in decisions, and develop confidence in healthcare providers. Sharkiya (2023) found that verbal and non-verbal communication practices were positively associated with patient-centred outcomes, including satisfaction and perceived quality of care. Therefore, the present study assumes that stronger customer-focus practices are associated with clearer and more relevant employee evaluation, particularly when appraisal criteria reflect service-user satisfaction and the quality of interaction with patients.

Teamwork represents the second independent variable. Healthcare services depend on collaboration among clinical, administrative, technical, and support employees whose tasks are interdependent. Zajac et al. (2021) identified accountability, communication, decision-making, conflict management, reflection, and coaching as important components of healthcare team effectiveness. McGuier et al. (2024) further concluded that adaptive team functioning is associated with better implementation outcomes, whereas weaknesses in team functioning are associated with poorer implementation. Accordingly, effective teamwork may strengthen performance evaluation by clarifying shared responsibilities, supporting peer learning, and providing a broader understanding of individual contributions to organizational goals.

The importance of teamwork is also influenced by the structure of the work environment. Vleminckx et al. (2024) identified leadership, workload, professional relationships, autonomy, team composition, safety, transparency, and task clarity as factors affecting team performance and staff outcomes. These findings suggest that appraisal systems should not assess employees without considering the team conditions in which their work is performed. Performance evaluation is more likely to be perceived as fair when responsibilities are clear,

cooperation is supported, and employees have access to the resources required to fulfil their roles.

Continuous improvement represents the third independent variable. It involves the regular identification of performance gaps, employee participation in problem-solving, testing of improvement actions, and use of feedback to refine organizational processes. Kunnen et al. (2023) found that sustaining improvement practices in healthcare depends on mobilizing employees, developing an improvement culture, providing professional development, and involving staff in decision-making. Bierbaum et al. (2025) similarly showed that successful continuous quality improvement requires systematic frameworks, leadership commitment, effective teams, training, data use, and a culture of continuous learning. Continuous improvement is therefore expected to strengthen performance evaluation by transforming appraisal results into practical development and corrective actions rather than treating evaluation as an isolated administrative procedure.

Human resource performance evaluation is treated as the dependent variable in this study. An effective appraisal system should use clear and job-relevant indicators, provide constructive feedback, identify development needs, and support fair administrative decisions. van Elten and van der Kolk (2025) found that accurate, sensitive, and verifiable performance measures can strengthen interpersonal trust in healthcare performance-management systems. Williams and Finkelstein (2023) also emphasized that meaningful stakeholder participation is important for designing and sustaining successful quality-improvement activities. Based on this evidence, the framework proposes that customer focus, teamwork, and continuous improvement are positively associated with human resource performance evaluation in public healthcare facilities in the Gaza Strip.

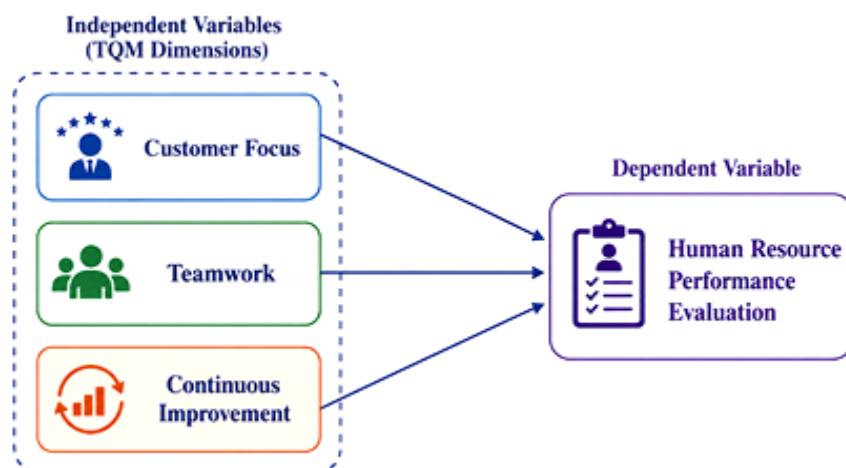


Figure 1. Conceptual Framework of the Study

Study Hypotheses:

H1: Customer focus has a statistically significant positive relationship with human resource performance evaluation in public healthcare facilities in the Gaza Strip at $\alpha \leq 0.05$.

H2: Teamwork has a statistically significant positive relationship with human resource performance evaluation in public healthcare facilities in the Gaza Strip at $\alpha \leq 0.05$.

H3: Continuous improvement has a statistically significant positive relationship with human resource performance evaluation in public healthcare facilities in the Gaza Strip at $\alpha \leq 0.05$.

H4: Customer focus, teamwork, and continuous improvement jointly make a statistically significant contribution to predicting human resource performance evaluation in public healthcare facilities in the Gaza Strip at $\alpha \leq 0.05$.

Methodology:

Study design: This study employed a descriptive–analytical cross-sectional design to investigate the association between the core Total Quality Management (TQM) dimensions—specifically customer focus, teamwork, and continuous improvement—and human resource

performance evaluation within public healthcare facilities in the Gaza Strip.

Study setting and period: The study was conducted in public healthcare institutions operating under the Palestinian Ministry of Health (MOH) in the Gaza Strip. Data collection was carried out between December 2024 and February 2025, targeting various hospitals and primary healthcare centers to ensure a representative assessment of the public health sector.

Study Population: The target population comprised all employees working in public healthcare facilities affiliated with the Ministry of Health in the Gaza Strip, totaling approximately 9,270 staff members (MOH, 2024).

Eligible participants included all healthcare professionals (medical, nursing, and allied health) as well as administrative and technical support staff who had at least six months of experience in their current positions. Employees on long-term leave, interns, and volunteers were excluded from the study. From this population, a simple random sample of 369 participants was selected to participate in the investigation.

Data collection:

Data were collected using a structured, self-administered questionnaire developed based on an extensive review of the literature concerning TQM principles and performance appraisal systems in healthcare. The instrument was distributed electronically via Google Forms to facilitate accessibility and ensure a timely response.

The questionnaire consisted of two main sections: 1. Sociodemographic and Occupational Profile: This section gathered data on gender, age, marital status, educational qualification, years of service, supervisory title, and job category. 2. Study Variables: This section assessed the four primary domains of the study: customer focus, teamwork, continuous improvement, and human resource performance evaluation.

All items in the second section were rated on a five-point Likert scale, ranging from 1 (strongly agree) to 5 (strongly disagree). Before

calculating the composite domain scores, the items were reverse-coded so that higher scores represented more favorable perceptions of TQM implementation and human resource performance evaluation practices.

Validity and reliability:

Content validity was established by submitting the questionnaire to a panel of experts in healthcare management, business administration, and research methodology. The experts evaluated the relevance, clarity, and appropriateness of the items in relation to the study objectives and constructs. Their comments were used to revise the wording and organization of several items before the final administration of the questionnaire.

Construct validity was examined using corrected item-total correlations. Each item was correlated with the total score of its corresponding domain after excluding that item from the domain score. The initial analysis identified three items with corrected item-total correlations below the recommended threshold of 0.30: Q1 in the customer-focus domain ($r=-0.001$, $p=0.984$), W7 in the teamwork domain ($r=0.217$, $p<0.001$), and E1 in the continuous-improvement domain ($r=0.077$, $p=0.139$). These items were therefore excluded from the calculation of the composite domain scores and subsequent correlation and regression analyses.

Following item exclusion, all retained items demonstrated positive and statistically significant corrected item-total correlations. The coefficients ranged from 0.346 to 0.613 for customer focus, from 0.379 to 0.608 for teamwork, from 0.590 to 0.712 for continuous improvement, and from 0.410 to 0.829 for human resource performance evaluation. All retained item-total correlations were statistically significant at $p<0.001$, supporting the internal construct validity of the revised instrument.

Additional evidence of construct validity was obtained by correlating each revised domain score with the overall questionnaire score. The correlations were positive and statistically significant, reaching 0.737 for customer focus, 0.699 for teamwork, 0.884 for continuous

improvement, and 0.864 for human resource performance evaluation ($p < 0.001$).

Internal consistency reliability was assessed using Cronbach's alpha. The coefficients were 0.755 for customer focus, 0.769 for teamwork, 0.865 for continuous improvement, and 0.900 for human resource performance evaluation. Cronbach's alpha for the revised 28-item instrument was 0.927. All coefficients exceeded the acceptable threshold of 0.70, indicating satisfactory to high internal consistency.

Table 1. Construct Validity and Reliability of the Revised Study Instrument

Domain	Retained items	Corrected item–total correlation range	Cronbach's alpha
Customer focus	6	0.346–0.613	0.755
Teamwork	6	0.379–0.608	0.769
Continuous improvement	6	0.590–0.712	0.865
Human resource performance evaluation	10	0.410–0.829	0.900
Overall revised instrument	28	—	0.927

Pilot study:

A pilot study was conducted with a small group of 20 healthcare employees to test the clarity and comprehensibility of the questionnaire. The feedback from the pilot phase led to minor adjustments in the phrasing of certain items to eliminate ambiguity. Participants in the pilot study were excluded from the final analysis to prevent bias.

Statistical analysis:

Data were coded and analyzed using the Statistical Package for the Social Sciences (SPSS), version 25. Frequencies and percentages were used to describe participants' sociodemographic and occupational characteristics and their responses to the questionnaire items. Means and standard deviations were calculated for the revised customer-focus, teamwork, continuous-improvement, and human resource performance-evaluation domains. Internal consistency

reliability was assessed using Cronbach's alpha, while construct validity was examined through corrected item-total correlations.

Chi-square tests were used only to examine differences in response distributions across job categories. The composite score for each domain was calculated by averaging the retained items following the construct-validity assessment. Because the original Likert-scale coding in the dataset ranged from 1 (strongly agree) to 5 (strongly disagree), all retained items were reverse-coded before calculating the composite domain scores. Following reverse coding, higher scores indicated more favorable perceptions of customer focus, teamwork, continuous improvement, and human resource performance evaluation practices.

Pearson's correlation coefficients were used to examine the individual relationships between customer focus, teamwork, continuous improvement, and human resource performance evaluation. Multiple linear regression analysis was subsequently conducted with human resource performance evaluation as the dependent variable and customer focus, teamwork, and continuous improvement as the independent variables. The regression analysis was used to determine the combined explanatory power of the model and the unique contribution of each independent variable after controlling for the other predictors.

Before interpreting the regression model, the assumptions of linearity, normality of residuals, homoscedasticity, independence of errors, and absence of problematic multicollinearity were assessed. Statistical significance was determined at $p < 0.05$, and all statistical tests were two-tailed.

Ethical considerations:

Ethical approval for the study was obtained from the Ministry of Health in the Gaza Strip. All participants were provided with an informed consent form at the beginning of the electronic survey, outlining the study's purpose and emphasizing the voluntary nature of their participation. Confidentiality and anonymity were strictly guaranteed, as no personal identifying information was collected, and all data were used exclusively for academic research purposes.

Results:

The sociodemographic profile of the study participants (N = 369) is summarized in Table 1. The data reveal a predominantly male workforce, accounting for 65.9% of the sample, with a majority (55.6%) falling within the 30–45 age bracket, indicating a mid-career professional demographic. Regarding marital status, a significant proportion of the respondents (88.1%) were married. Educational attainment was notably high, as nearly 60% of the participants held a bachelor's degree.

In terms of professional background, the sample demonstrated substantial experience, with 44.7% of respondents having served between 11 and 20 years. While the majority (53.9%) did not occupy supervisory roles, the occupational distribution was diverse across various healthcare functions. Nursing and allied health professionals constituted the largest segment of the sample (41.4%), followed by administrative personnel (34.7%), medical staff (15.2%), and technical and support staff (8.7%). Overall, these characteristics reflect a well-educated and experienced workforce within the public healthcare sector."Table1: Distribution of sociodemographic characteristics

Variable	Frequency (N =369)	Percent (100%)
Gender		
Males	243	65.9
Females	126	34.1
Age		
Less than 30 years	58	15.7
30-45 years	205	55.6
More than 45 years	106	28.7
Marital status		
Single	44	11.9
Marred	325	88.1
Qualification		
Diploma or lower	47	12.7
Bachelor's	219	59.3
Master's	77	20.9
PhD	26	7.1
Years of service		
1-10 Years	131	35.5
11-20 Years	165	44.7
21 and more	73	19.8
Supervisory title		

None	199	53.9
SECTION HEAD	38	10.3
DEPARTMENT HEAD	82	22.2
DIRECTOR	39	10.6
GENERAL DIRECTOR+	11	3.1
Job title		
Administrative	128	34.7
Medical (physicians & dentists)	56	15.2
Nursing & allied health	153	41.4
Technical & support	32	8.7

The findings presented in Table 2 illustrate the distribution of participants' responses regarding customer focus dimensions across different job categories in public healthcare facilities. Overall, the total agreement level for the customer focus domain reached 65.3%.

Notably, nursing and allied health professionals demonstrated the highest level of agreement at 68.6%, followed by administrative staff (63.1%), medical staff (63.0%), and technical and support staff (62.2%). These differences across job categories were statistically significant, as indicated by a p-value of 0.004.

Key highlights from the detailed analysis include: Highest Areas of Agreement: Significant consensus was observed regarding "staff treating customers with respect and empathy" ($p = 0.002$) and "management providing the necessary resources to continuously improve the customer experience" ($p = 0.001$).

- Strategic Alignment: A majority of participants agreed that improving customer satisfaction is integrated into their daily business goals ($p = 0.009$).
- Regular Assessment: The availability of mechanisms to regularly assess customer satisfaction levels also showed significant differences across professions ($p = 0.008$), with nursing and allied health staff reporting higher awareness or implementation of these mechanisms.
- Non-Significant Dimensions: Some dimensions did not show statistically significant differences across job categories, such as "administration commitment to addressing customer complaints" ($p = 0.491$) and the extent to which "healthcare services align with

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customer expectations” ($p = 0.116$). Furthermore, the link between “employee evaluation and achieving customer satisfaction” did not vary significantly by profession ($p = 0.245$).

In conclusion, while there is a generally positive perception of customer focus practices, nursing and allied health professionals appear to be more aligned with these TQM principles compared to their colleagues in medical, administrative, and technical roles. This suggests a strong service-oriented culture within the nursing and allied health sectors that could be further leveraged across the entire healthcare organization.

Table 2: Distribution of participants' responses to customer focus dimensions across job categories

Variables	Total 369	Administrative n=128 (34.7%)	Medical (physicians & dentists) n=56 (15.2%)	Nursing & allied health n=153 (41.4%)	Technical & support n= 32 (8.1%)	P Values
The administration is committed to addressing customer complaints						
Strongly agree	53 (14.4)	17(32.1)	7.0 (13.2)	24(45.3)	5.0 (9.4)	0.491
Agree	199(53.9)	70(35.2)	31(15.6)	83(41.7)	15 (7.5)	
Neutral	69 (18.7)	18 (26.1)	11 (15.9)	34 (49.3)	6.0 (8.7)	
Disagree	44(11.9)	21 (47.7)	6.0 (13.6)	12 (27.3)	5.0 (11.4)	
Strongly disagree	4.0 (1.1)	2.0 (50.0)	1.0 (25.0)	0.0 (0.0)	1.0 (25.0)	
The management provides the necessary resources to continuously improve the customer experience						
Strongly agree	30(8.1)	16 (53.3)	1.0(3.3)	13 (43.3)	0.0 (0.0)	0.001
Agree	210 (56.9)	67 (31.9)	27 (12.9)	93 (44.3)	23 (11.0)	
Neutral	85 (23.0)	23 (27.1)	15 (17.6)	38 (44.7)	9.0 (10.6)	
Disagree	40 (10.8)	20 (50.0)	13 (32.5)	7.0 (17.5)	0.0 (0.0)	
Strongly disagree	4.0 (1.1)	2.0 (50.0)	0.0 (0.0)	2.0 (5.0)	0.0 (0.0)	
Improving customer satisfaction is one of your daily business goals						
Strongly agree	109 (29.5)	35 (32.1)	21 (19.3)	43 (39.4)	10 (9.2)	0.009
Agree	211 (57.2)	65 (30.8)	29 (13.7)	96 (45.5)	21 (10.0)	
Neutral	36 (9.8)	18 (50.0)	4.0(11.1)	14 (38.9)	0.0 (0.0)	
Disagree	13 (3.5)	10 (76.9)	2.0 (15.4)	0.0 (0.0)	1.0 (7.7)	
Strongly disagree	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	
The healthcare services provided are in line with customer expectations						
Strongly agree	25 (6.8)	10 (40.0)	3.0 (12.0)	12 (48.0)	0.0 (0.0)	0.116
Agree	189 (51.2)	58 (30.7)	30 (15.9)	86 (45.5)	15 (7.9)	
Neutral	114 (30.9)	46 (40.4)	19 (16.7)	39 (34.2)	10 (8.8)	
Disagree	38 (10.3)	11 (28.9)	4.0 (10.5)	16 (42.1)	7.0 (18.4)	
Strongly disagree	3.0 (0.8)	3.0 (100.0)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	
Mechanisms are available within the organization to regularly assess customer satisfaction levels						
Strongly agree	29(7.9)	18 (62.1)	4.0 (13.8)	7.0 (24.1)	0.0 (0.0)	0.008

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Variables	Total 369	Administrative n=128 (34.7%)	Medical (physicians & dentists) n=56 (15.2%)	Nursing & allied health n=153 (41.4%)	Technical & support n= 32 (8.1%)	P Values
Agree	128 (34.7)	33 (25.8)	22 (17.2)	63 (49.2)	10 (7.8)	
Neutral	131 (35.5)	42 (32.1)	24 (18.3)	53 (40.5)	12 (9.2)	
Disagree	55 (14.9)	27 (49.1)	3.0 (5.5)	18 (32.7)	7.0 (12.7)	
Strongly disagree	26 (7.0)	8.0 (30.8)	3.0 (11.5)	12 (46.2)	3.0 (11.5)	
The facility's staff treat customers with respect and empathy						
Strongly agree	67 (18.2)	29(43.3)	2.0(3.0)	33(49.3)	3.0(4.5)	0.002
Agree	242 (65.6)	75(31.0)	44(18.2)	102 (42.1)	21(8.7)	
Neutral	49 (13.3)	18(36.7)	10(20.4)	15(30.6)	6.0(12.2)	
Disagree	8.0 (2.2)	6.0(75.0)	0.0(0.0)	0.0(0.0)	2.0(25.0)	
Strongly disagree	3.0 (0.8)	0.0(0.0)	0.0(0.0)	3.0(100)	0.0(0.0)	
Employee evaluation is based on achieving customer satisfaction						0.245
Strongly agree	38 (10.3)	17 (44.7)	5.0 (13.2)	16 (42.1)	0.0(0.0)	
Agree	157 (42.5)	56 (35.7)	21 (13.4)	64 (40.8)	16 (10.2)	
Neutral	116 (31.4)	34 (29.3)	21 (18.1)	50 (43.1)	11 (9.5)	
Disagree	43 (11.7)	18 (41.9)	4.0 (9.3)	16 (37.2)	5.0 (11.6)	
Strongly disagree	15 (4.1)	3.0 (20.0)	5.0 (33.3)	7.0 (46.7)	0.0(0.0)	
Total scores of customer focus domain						0.004
Strongly agree and agree	241(65.3)	80.8 (63.1)	35.3(63.0)	105 (68.6)	19.9(62.2)	
Other responses	128 (34.7)	47.2 (36.9)	20.7 (37.0)	48 (31.4)	12.1 (37.8)	

The findings presented in Table 3 provide a detailed overview of the distribution of participants' responses regarding teamwork dimensions across various job categories. The overall agreement score for the teamwork domain was notably high at **73.9%**, the highest among all TQM dimensions studied. **Nursing and allied health professionals** reported the highest level of agreement at **78.3%**, followed by administrative staff (72.0%), medical staff (69.1%), and technical and support staff (68.3%). These differences were statistically significant ($p = 0.004$).

Key findings from the analysis of teamwork dimensions include:

- **Management Support and Valuation:** There was a strong consensus that management highly values teamwork ($p = 0.001$) and encourages informal communication among employees ($p = 0.005$).

- **Participation and Conflict Resolution:** Significant differences were observed in the opportunity to participate in group decision-making ($p = 0.003$) and the extent to which the work environment supports conflict resolution within the team ($p = 0.044$). In both cases, nursing and allied health staff reported more favorable perceptions.
- **Operational Aspects:** Interestingly, some operational dimensions did not show statistically significant differences across job categories. These include the perception that tasks are performed in a team-oriented manner ($p = 0.141$), the provision of guidance and mentorship to new employees ($p = 0.147$), and the belief that teamwork helps achieve organizational goals more quickly ($p = 0.107$).
- **Overall Domain Performance:** Despite the non-significant findings in specific operational areas, the aggregate domain scores indicate that teamwork is a deeply embedded value within the public healthcare sector, particularly among the nursing and allied health workforce.

In conclusion, teamwork appears to be a major strength within the surveyed healthcare facilities. The high levels of agreement, particularly regarding management's valuation of team efforts and the support for communication and decision-making, suggest a collaborative organizational culture. However, the slightly lower agreement scores among medical and technical staff point to potential areas for targeted interventions to further harmonize team dynamics across all professional groups.

Table 3: Distribution of participants' responses to teamwork dimensions across job categories

Variables	Total 369	Administrative n=128 (34.7%)	Medical (physicians & dentists) n=56 (15.2%)	Nursing & allied health n=153 (41.4%)	Technical & support n= 32 (8.1%)	P Values
1. Tasks are performed in a team-oriented manner						
Strongly agree	119 (32.2)	39 (32.8)	14 (11.8)	59 (49.6)	7.0 (5.9)	0.141
Agree	194 (52.6)	69 (35.6)	33 (17.0)	73 (37.6)	19 (9.8)	

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Variables	Total 369	Administrative n=128 (34.7%)	Medical (physicians & dentists) n=56 (15.2%)	Nursing & allied health n=153 (41.4%)	Technical & support n= 32 (8.1%)	P Values
Neutral	49 (13.3)	15 (30.6)	7.0 (14.3)	21 (42.9)	6.0 (12.2)	
Disagree	7.0 (1.9)	5.0 (71.4)	2.0 (28.6)	0.0 (0.0)	0.0 (0.0)	
Strongly disagree	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	
2. Your colleagues provide guidance and mentorship to new employees in your department						
Strongly agree	94 (25.5)	31 (33.0)	14 (14.9)	46 (48.9)	3.0 (3.2)	0.147
Agree	227 (61.5)	86 (37.9)	33 (14.5)	84 (37.0)	24 (10.6)	
Neutral	38 (10.3)	8.0 (21.1)	6.0 (15.8)	19 (50.0)	5.0 (13.2)	
Disagree	10 (2.7)	3.0 (30.0)	3.0 (30.0)	4.0 (40.0)	0.0 (0.0)	
Strongly disagree	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	
3. Management encourages informal communication among employees						
Strongly agree	35 (9.5)	14 (40.0)	4.0 (11.4)	15 (42.9)	2.0 (5.7)	0.005
Agree	164 (44.4)	54 (32.9)	25 (15.2)	76 (46.3)	9.0 (5.5)	
Neutral	129 (35.0)	42 (32.6)	24 (18.6)	46 (35.7)	17 (13.2)	
Disagree	35 (9.5)	15 (42.9)	3.0 (8.6)	16 (45.7)	1.0 (2.9)	
Strongly disagree	6.0 (1.6)	3.0 (50.0)	0.0 (0.0)	0.0 (0.0)	3.0 (50.0)	
4. I have the opportunity to participate in group decision-making						
Strongly agree	44 (11.9)	15 (34.1)	6.0 (13.6)	23 (52.3)	0.0 (0.0)	0.003
Agree	201 (54.5)	61 (30.3)	25 (12.4)	89 (44.3)	26 (12.9)	
Neutral	82 (22.2)	31 (37.8)	15 (18.3)	31 (37.8)	5.0 (6.1)	
Disagree	33 (8.9)	14 (42.4)	9.0 (27.3)	10 (30.3)	0.0 (0.0)	
Strongly disagree	9.0 (2.4)	7.0 (77.8)	1.0 (11.1)	0.0 (0.0)	1.0 (11.1)	
5. The work environment supports conflict resolution within the team						
Strongly agree	53 (14.4)	18 (34.0)	5.0 (9.4)	30 (56.6)	0.0 (0.0)	0.044
Agree	189 (51.2)	59 (31.2)	31 (16.4)	77 (40.7)	22 (11.6)	
Neutral	96 (26.0)	39 (40.6)	15 (15.6)	32 (33.3)	10 (10.4)	
Disagree	31 (8.4)	12 (38.7)	5.0 (16.1)	14 (45.2)	0.0 (0.0)	
Strongly disagree	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	
6. Management highly values teamwork						
Strongly agree	49 (13.3)	16 (32.7)	7.0 (14.3)	23 (46.9)	3.0 (6.1)	0.001
Agree	205 (55.6)	68 (33.2)	23 (11.2)	104 (50.7)	10 (4.9)	
Neutral	84 (22.8)	27 (32.1)	16 (19.0)	25 (29.8)	16 (19.0)	
Disagree	24 (6.5)	14 (58.3)	7.0 (29.2)	0.0 (0.0)	3.0 (12.5)	
Strongly disagree	7.0 (1.9)	3.0 (42.9)	3.0 (42.9)	1.0 (14.3)	0.0 (0.0)	
7. Teamwork helps achieve organizational goals more quickly						

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Variables	Total 369	Administrative n=128 (34.7%)	Medical (physicians & dentists) n=56 (15.2%)	Nursing & allied health n=153 (41.4%)	Technical & support n= 32 (8.1%)	P Values
Strongly agree	168 (45.5)	60 (35.7)	23 (13.7)	73 (43.5)	12 (7.1)	0.107
Agree	166 (45)	55 (33.1)	28 (16.9)	67 (40.4)	16 (9.6)	
Neutral	23 (6.2)	4.0 (17.4)	5.0 (21.7)	12 (52.2)	2.0 (8.7)	
Disagree	9.0 (4.2)	7.0 (77.8)	0.0 (0.0)	0.0 (0.0)	2.0 (22.2)	
Strongly disagree	3.0 (0.8)	2.0 (66.7)	0.0 (0.0)	1.0 (33.3)	0.0 (0.0)	
8. Total scores of teamwork domain						
Strongly agree and agree	9. 273 (73.9)	92.1 (72.0)	38.7 (69.1)	119.9 (78.3)	21.9 (68.3)	0.004
Other responses	10. 96(26.1)	35.9 (28.0)	17.3 (30.9)	33.1 (21.7)	10.1 (31.7)	

The results detailed in Table 4 present the distribution of participants' responses regarding continuous improvement dimensions across various job categories. The overall agreement level for the continuous improvement domain was 62.3%. Consistent with other TQM dimensions, nursing and allied health professionals showed the highest agreement at 65.1%, followed by administrative staff (61.5%), medical staff (59.4%), and technical and support staff (57.6%). These differences were statistically significant, with a p-value of 0.003.

Key findings from the continuous improvement analysis include:

- **Management Responsiveness and Support:** Significant differences were found in how management responds to employee suggestions for quality improvement ($p = 0.034$) and the extent to which management adequately supports continuous improvement efforts ($p = 0.033$). Nursing and allied health staff reported more positive perceptions in these areas.
- **Skills Development and Innovation:** The provision of ample opportunities for employee skills development showed a highly significant difference across categories ($p = 0.002$). Similarly, management's encouragement for employees to solve work problems in innovative ways also varied significantly ($p = 0.036$).

- **Non-Significant Areas:** Some aspects of continuous improvement did not reach statistical significance across job categories. These include employees offering ideas and suggestions for improvement ($p = 0.066$), management's commitment to developing tools and resources for the work environment ($p = 0.095$), and management rewarding employees for their efforts in improving work quality ($p = 0.276$).
- **Total Domain Perception:** The aggregate data suggests that while the concept of continuous improvement is recognized, its practical application—particularly regarding rewards and resource commitment—is perceived differently across the healthcare workforce.

In conclusion, continuous improvement practices are positively perceived, especially within the nursing and allied health sectors. The significant findings related to skills development and management support for innovation highlight critical drivers for quality within these facilities. However, the lack of significance in the rewarding system suggests a need for more structured recognition programs to sustain employee engagement in long-term quality improvement initiatives.

Table 4: Distribution of participants' responses to continuous improvement dimensions across job categories

Variables	Total 369	Administrative n=128 (34.7%)	Medical (physicians & dentists) n=56 (15.2%)	Nursing & allied health n=153 (41.4%)	Technical & support n= 32 (8.1%)	P Values
1. Employees offer ideas and suggestions that contribute to continuous work improvement						
Strongly agree	58 (15.7)	23 (39.7)	8.0 (13.8)	26 (44.8)	1.0 (1.7)	0.066
Agree	231 (62.6)	74 (32.0)	37 (16.0)	94 (40.7)	26 (11.3)	
Neutral	73 (19.8)	24 (32.9)	11 (15.1)	33 (45.2)	5.0 (6.8)	
Disagree	1.0 (0.3)	1.0 (100.0)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	
Strongly disagree	6.0 (1.6)	6.0 (100.0)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	
2. Management responds positively to employee suggestions for quality improvement						
Strongly agree	32 (8.7)	13 (40.6)	4.0 (12.5)	14 (43.8)	1.0 (3.1)	0.034
Agree	213 (57.7)	73 (34.3)	35 (16.4)	92 (43.2)	13 (6.1)	
Neutral	97 (26.3)	31 (32.0)	11 (11.3)	42 (43.3)	13 (13.4)	
Disagree	23 (6.2)	10 (43.5)	6.0 (26.1)	2.0 (8.7)	5.0 (21.7)	

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Variables	Total 369	Administrative n=128 (34.7%)	Medical (physicians & dentists) n=56 (15.2%)	Nursing & allied health n=153 (41.4%)	Technical & support n= 32 (8.1%)	P Values
Strongly disagree	4.0 (1.1)	1.0 (25.0)	0.0 (0.0)	3.0 (75.0)	0.0 (0.0)	
3. Management is committed to developing tools and resources to improve the work environment						
Strongly agree	40 (10.8)	17 (42.5)	4.0 (10.0)	19 (47.5)	0.0 (0.0)	0.095
Agree	217 (58.8)	71 (32.7)	28 (12.9)	92 (42.4)	26 (12.0)	
Neutral	88 (23.8)	30 (34.1)	22 (25.0)	32 (36.4)	4.0 (4.5)	
Disagree	20 (5.4)	8.0 (40.0)	2.0 (10.0)	8.0 (40.0)	2.0 (10.0)	
Strongly disagree	4.0 (1.1)	2.0 (50.0)	0.0 (0.0)	2.0 (50.0)	0.0 (0.0)	
4. Management encourages employees to solve work problems in innovative ways						
Strongly agree	43 (11.7)	20 (46.5)	7.0 (16.3)	16 (37.2)	0.0 (0.0)	0.036
Agree	203 (55.0)	64 (31.5)	29 (14.3)	89 (43.8)	21 (10.3)	
Neutral	81 (22.0)	21 (25.9)	15 (18.5)	34 (42.0)	11 (13.6)	
Disagree	38 (10.3)	21 (55.3)	5.0 (13.2)	12 (31.6)	0.0 (0.0)	
Strongly disagree	4.0 (1.1)	2.0 (50.0)	0.0 (0.0)	2.0 (50.0)	0.0 (0.0)	
5. Management rewards employees for their efforts in improving work quality						
Strongly agree	28 (7.6)	12 (42.9)	3.0 (10.7)	13 (46.4)	0.0 (0.0)	0.276
Agree	152 (41.2)	47 (30.9)	22 (14.5)	66 (43.4)	17 (11.2)	
Neutral	118 (32.0)	39 (33.1)	20 (16.9)	48 (40.7)	11 (9.3)	
Disagree	54 (14.6)	20 (37.0)	11 (20.4)	19 (35.2)	4.0 (7.4)	
Strongly disagree	17(4.6)	10 (58.8)	0.0 (0.0)	7.0 (41.2)	0.0 (0.0)	
6. Management provides ample opportunities for employee skills development						
Strongly agree	25(6.8)	6.0 (24.0)	0.0 (0.0)	19 (76.0)	0.0 (0.0)	0.002
Agree	141(38.2)	45 (31.9)	24 (17.0)	60 (42.6)	12 (8.5)	
Neutral	129(35.0)	50 (38.8)	21 (16.3)	52 (40.3)	6.0 (4.7)	
Disagree	61(16.5)	21 (34.4)	8.0 (13.1)	20 (32.8)	12 (19.7)	
Strongly disagree	13(3.5)	6.0 (46.2)	3.0 (23.1)	2.0 (15.4)	2.0 (15.4)	
7. Management adequately supports continuous improvement efforts						
Strongly agree	30(8.1)	12 (40.0)	0.0 (0.0)	18 (60.0)	0.0 (0.0)	0.033
Agree	196(53.1)	74 (37.8)	32 (16.3)	78 (39.8)	12 (6.1)	
Neutral	99(26.8)	29 (29.3)	16 (16.2)	41 (41.4)	13 (13.1)	
Disagree	37(10.0)	10 (27.0)	6.0 (16.2)	14 (37.8)	7.0 (18.9)	
Strongly disagree	7.0(1.9)	3.0 (42.9)	2.0 (28.6)	2.0 (28.6)	0.0 (0.0)	
8. Total scores of continuous improvement domain						
Strongly agree and agree	9. 23 0 (62.3)	78.7 (61.5)	33.3 (59.4)	99.4 (65.1)	18.4 (57.6)	0.003
Other responses	10. 13 9 (37.7)	49.3 (38.5)	22.7 (40.6)	53.6 (35.0)	13.6 (42.4)	

Figure 2 displays the percentage of agreement responses across different staff categories. The data reveals that administrative staff reported the highest agreement for 'Continuous Improvement' at 78%, while Nursing and Allied Health staff peaked in 'Teamwork' at 78%. A critical finding is the significantly lower agreement levels among medical staff, whose responses ranged between 33% and 38%, indicating a substantial perception gap compared to other groups. Overall, 'Teamwork' stands out as the most widely recognized dimension across the entire sample with a 73% total agreement rate."

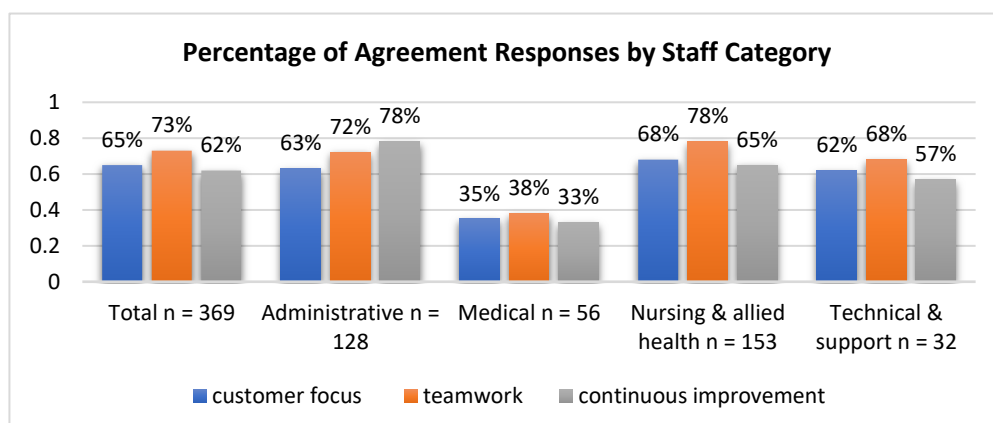


Figure 2: Distribution of Percentage of Agreement Responses by Staff Category

The findings presented in Table 5 illustrate the distribution of participants' responses regarding human resource performance evaluation dimensions across different job categories. Overall, 57.3% of participants reported positive perceptions of appraisal practices. Significant differences across professional categories were observed in several key appraisal dimensions, with nursing and allied health staff generally reporting more favorable perceptions compared to medical, administrative, and technical staff.

Key highlights from the performance evaluation analysis include:

- **Clarity and Feedback:** Statistically significant differences were found regarding the clarity of performance appraisal criteria ($p =$

0.040) and the receipt of clear feedback after each appraisal ($p = 0.001$). Nursing and allied health staff showed higher levels of agreement in these areas.

- **Managerial Interaction:** The extent to which managers discuss appraisal results with employees ($p = 0.023$) and follow up on results to improve performance ($p = 0.010$) also showed significant variation across job categories.
- **Impact on Decisions:** A highly significant difference ($p = 0.001$) was observed regarding whether promotion and reward decisions are based on appraisal results. Similarly, management's responsiveness to complaints about the appraisal process varied significantly ($p = 0.001$).
- **Technical and Environmental Factors:** The perception that the work environment helps achieve service objectives effectively showed significant differences ($p = 0.001$). Furthermore, the inclusion of technical performance aspects in the appraisal was significantly different across groups ($p = 0.001$).

Non-Significant Dimensions: Dimensions such as the measurability and achievability of performance objectives ($p = 0.072$) and the inclusion of managerial performance aspects ($p = 0.138$) did not show statistically significant differences across job categories, suggesting a more uniform perception of these specific elements.

In conclusion, while more than half of the workforce views the performance evaluation system positively, there are clear disparities in how different professional groups experience the appraisal process. The nursing and allied health staff appear to have a more structured and interactive appraisal experience compared to their colleagues. These results underscore the need for a more standardized and transparent performance management system that ensures equitable feedback and development opportunities for all healthcare employees, regardless of their professional category.

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Table 5: Distribution of participants' responses to performance evaluation dimensions across job categories

Variables	Total 369	Administrative n=128 (34.7%)	Medical (physicians & dentists) n=56 (15.2%)	Nursing & allied health n=153 (41.4%)	Technical & support n= 32 (8.1%)	P Values
1. The performance appraisal criteria are clear						
Strongly agree	22 (6.0)	10 (45.5)	2.0 (9.1)	10 (45.5)	0.0 (0.0)	0.040
Agree	221 (59.9)	82 (37.1)	32 (14.5)	92 (41.6)	15 (6.8)	
Neutral	90 (24.4)	21 (23.3)	20 (22.2)	37 (41.1)	12 (13.3)	
Disagree	29 (7.9)	13 (44.8)	2.0 (6.9)	9.0 (31.0)	5.0 (17.2)	
Strongly disagree	7.0 (1.9)	2.0 (28.6)	0.0 (0.0)	5.0 (71.4)	0.0 (0.0)	
2. Performance objectives are measurable and achievable						
Strongly agree	32 (8.7)	18 (56.2)	1.0 (3.1)	13 (40.6)	0.0 (0.0)	0.072
Agree	220 (59.6)	72 (32.7)	34 (15.5)	96 (43.6)	18 (8.2)	
Neutral	87 (23.6)	30 (34.5)	18 (20.7)	30 (34.5)	9.0 (10.3)	
Disagree	26 (7.0)	6.0 (23.1)	3.0 (11.5)	12 (46.2)	5.0 (19.2)	
Strongly disagree	4.0 (1.1)	2.0 (50.0)	0.0 (0.0)	2.0 (50.0)	0.0 (0.0)	
3. The work environment helps achieve service objectives effectively						
Strongly agree	38 (10.3)	20 (52.6)	1.0 (2.6)	17 (44.7)	0.0 (0.0)	0.001
Agree	167 (45.3)	52 (31.1)	30 (18.0)	68 (40.7)	17 (10.2)	
Neutral	126 (34.1)	39 (31.0)	23 (18.3)	56 (44.4)	8.0 (6.3)	
Disagree	28 (7.6)	15 (53.6)	2.0 (7.1)	9.0 (32.1)	2.0 (7.1)	
Strongly disagree	10 (2.7)	2.0 (20.0)	0.0 (0.0)	3.0 (30.0)	5.0 (50.0)	
4. I receive clear feedback on my performance after each appraisal						
Strongly agree	25 (6.8)	6.0 (24.0)	10 (40.0)	9.0 (36.0)	0.0 (0.0)	0.001
Agree	155 (42.0)	54 (34.8)	12 (7.7)	77 (49.7)	12 (7.7)	
Neutral	95 (25.7)	35 (36.8)	18 (18.9)	37 (38.9)	5.0 (5.3)	
Disagree	75 (20.3)	28 (37.3)	11 (14.7)	27 (36.0)	9.0 (12.0)	
Strongly disagree	19 (5.1)	5.0 (26.3)	5.0 (26.3)	3.0 (15.8)	6.0 (31.6)	
5. My manager discusses the results of my performance appraisal with me						
Strongly agree	34 (9.2)	12 (35.3)	7.0 (20.6)	15 (44.1)	0.0 (0.0)	0.023
Agree	145 (39.3)	48 (33.1)	19 (13.1)	68 (46.9)	10 (6.9)	
Neutral	75 (20.3)	34 (45.3)	8.0 (10.7)	28 (37.3)	5.0 (6.7)	
Disagree	84 (22.8)	23 (27.4)	19 (22.6)	32 (38.1)	10 (11.9)	
Strongly disagree	31 (8.4)	11 (35.5)	3.0 (9.7)	10 (32.3)	7.0 (22.6)	
6. The performance appraisal includes criteria related to managerial performance aspects of						

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Variables	Total 369	Administrative n=128 (34.7%)	Medical (physicians & dentists) n=56 (15.2%)	Nursing & allied health n=153 (41.4%)	Technical & support n= 32 (8.1%)	P Values
the job						
Strongly agree	28 (7.6)	9.0 (32.1)	4.0 (14.3)	15 (53.6)	0.0 (0.0)	0.138
Agree	227 (61.5)	86 (37.9)	25 (11.0)	94 (41.4)	22 (9.7)	
Neutral	68 (18.4)	22 (32.4)	16 (23.5)	25 (36.8)	5.0 (7.4)	
Disagree	39 (10.6)	8.0 (20.5)	9.0 (23.1)	17 (43.6)	5.0 (12.8)	
Strongly disagree	7.0 (1.9)	3.0 (42.9)	2.0 (28.6)	2.0 (28.6)	0.0 (0.0)	
7. The performance appraisal includes criteria related to technical performance aspects of the job						
Strongly agree	17 (4.6)	4.0 (23.5)	3.0 (17.6)	10 (58.8)	0.0 (0.0)	0.001
Agree	247 (66.9)	77 (31.2)	29 (11.7)	117 (47.4)	24 (9.7)	
Neutral	59 (16.0)	35 (59.3)	12 (20.3)	9.0 (15.3)	3.0 (5.1)	
Disagree	33 (8.9)	6.0 (18.2)	10 (30.3)	12 (36.4)	5.0 (15.2)	
Strongly disagree	13 (3.5)	6.0 (46.2)	2.0 (15.4)	5.0 (38.5)	0.0 (0.0)	
8. Promotion and reward decisions are based on the results of your performance appraisal						
Strongly agree	34 (9.2)	8.0 (23.5)	1.0 (2.9)	25 (73.5)	0.0 (0.0)	0.001
Agree	147 (39.8)	64 (43.5)	17 (11.6)	51 (34.7)	15 (10.2)	
Neutral	91 (24.7)	21 (23.1)	19 (20.9)	44 (48.4)	7.0 (7.7)	
Disagree	55 (14.9)	27 (49.1)	10 (18.2)	16 (29.1)	2.0 (3.6)	
Strongly disagree	42 (11.4)	8.0 (19.0)	9.0 (21.4)	17 (40.5)	8.0 (19.0)	
9. Management responds to your complaints about the appraisal process						
Strongly agree	10. 19 (5.1)	1.0 (5.3)	7.0 (36.8)	11 (57.9)	0.0 (0.0)	0.001
Agree	11. 152 (41.2)	54 (35.5)	11 (7.2)	73 (48.0)	14 (9.2)	
Neutral	12. 118 (32.0)	45 (38.1)	19 (16.1)	45 (38.1)	9.0 (7.6)	
Disagree	13. 56 (15.2)	20 (35.7)	16 (28.6)	14 (25.0)	6.0 (10.7)	
Strongly disagree	14. 24 (6.5)	8.0 (33.3)	3.0 (12.5)	10 (41.7)	3.0 (12.5)	
15. Management follows up on your appraisal results and uses them to improve your performance						
Strongly agree	16. 27 (7.3)	9.0 (33.3)	3.0 (11.1)	15 (55.6)	0.0 (0.0)	0.010
Agree	17. 158 (42.8)	51 (32.3)	16 (10.1)	79 (50.0)	12 (7.6)	
Neutral	18. 100 (27.1)	40 (40.0)	18 (18.0)	33 (33.0)	9.0 (9.0)	

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Variables	Total 369	Administrative n=128 (34.7%)	Medical (physicians & dentists) n=56 (15.2%)	Nursing & allied health n=153 (41.4%)	Technical & support n= 32 (8.1%)	P Values
Disagree	19.57 (15.4)	15 (26.3)	16 (28.1)	18 (31.6)	8.0 (14.0)	
Strongly disagree	20.27 (7.3)	13 (48.1)	3.0 (11.1)	8.0 (29.6)	3.0 (11.1)	
21. Total scores of performance evaluation domain						
Strongly agree and agree	211.5(57.3)	73.7 (57.5)	26.4 (47.1)	87.1 (56.9)	15.9 (49.6)	
Other responses	157.5 (42.7)	54.3 (42.5)	29.6 (52.9)	65.9 (43.1)	16.1 (50.4)	

Correlation Analysis:

Pearson's correlation analysis was conducted using the revised domain scores calculated from the retained and reverse-coded five-point Likert-scale items. As shown in Table 7, customer focus, teamwork, and continuous improvement were positively and significantly correlated with human resource performance evaluation. Continuous improvement demonstrated the strongest correlation with performance evaluation ($r=0.679$, $p<0.001$) followed by customer focus ($r=0.426$, $p<0.001$) and teamwork ($r=0.387$, $p<0.001$). These results support the first three study hypotheses and indicate that more favorable perceptions of the examined TQM dimensions were associated with more favorable perceptions of human resource performance evaluation practices.

Table 7. Descriptive Statistics and Pearson Correlations among the Study Variables

Variable	Mean	SD	1	2	3	4
1. Customer focus	3.648	0.568	1			
2. Teamwork	3.806	0.547	0.528***	1		
3. Continuous improvement	3.536	0.666	0.617***	0.564***	1	
4. Human resource performance evaluation	3.418	0.695	0.426***	0.387***	0.679***	1

Note: N=369. Higher scores indicate more favorable perceptions. * $p<0.001$, two-tailed.

Discussion:

The present study examined the relationships between customer focus, teamwork, continuous improvement, and human resource performance evaluation in public healthcare facilities in the Gaza Strip. All three TQM dimensions were positively and significantly correlated with performance evaluation. The regression model was statistically significant and explained 46.2% of the variance in human resource performance evaluation. However, continuous improvement was the only dimension that retained a statistically significant unique contribution after controlling for customer focus and teamwork. These findings indicate that the three dimensions are interconnected, while also demonstrating the importance of distinguishing between a significant bivariate relationship and an independent predictive contribution.

Continuous improvement showed the strongest relationship with performance evaluation ($r=0.679$) and was the only significant independent predictor in the regression model ($\beta=0.672$, $p<0.001$). This finding suggests that appraisal systems become more effective when organizations respond to employee suggestions, develop workplace resources, encourage innovative problem-solving, provide skills-development opportunities, and use evaluation results to guide corrective actions. Endalamaw et al. (2024) described continuous quality improvement as an ongoing, collaborative, and data-driven process involving the identification of performance gaps, implementation of improvement actions, evaluation of results, and continuous adjustment. The present result therefore supports the view that performance evaluation should function as part of a continuous development cycle rather than as an isolated administrative procedure.

Customer focus was positively correlated with human resource performance evaluation ($r=0.426$, $p<0.001$), supporting the first study hypothesis. Nevertheless, it did not remain a significant independent predictor after the other dimensions were included in the regression model. This may indicate that the contribution of customer focus to appraisal practices operates partly through continuous improvement. Information about patient needs, complaints, satisfaction, and service

experiences may have limited value unless it is translated into measurable performance standards and practical improvement actions. Peruzzo et al. (2025) found that patient-reported experiences can identify specific aspects of healthcare delivery that should receive priority in organizational improvement initiatives. Accordingly, customer feedback should be systematically linked with job-specific appraisal indicators and employee-development plans.

Teamwork received the highest descriptive mean among the examined TQM dimensions ($M=3.806$) and was positively correlated with performance evaluation ($r=0.387$, $p<0.001$). However, teamwork did not make a significant unique contribution after controlling for customer focus and continuous improvement. This result does not mean that teamwork is unimportant; rather, its contribution may overlap with continuous improvement because improvement activities are usually implemented through teams, shared decisions, communication, and coordinated problem-solving. McGuier et al. (2024) concluded that teamwork is important for implementing innovations in healthcare and that adaptive team functioning is associated with better implementation outcomes. Thus, teamwork may provide the collaborative mechanism through which improvement practices are implemented, even when it does not independently predict appraisal perceptions in the regression model.

The findings also showed differences across occupational groups, with nursing and allied health staff generally reporting more favorable perceptions, while technical and support personnel expressed less positive views in several areas. Human resource performance evaluation received a moderate mean score ($M=3.418$), indicating that appraisal practices still require improvement in feedback, transparency, employee participation, and follow-up. Performance indicators should reflect the responsibilities of each occupational category and should be communicated consistently to employees. van Elten and van der Kolk found that accurate, sensitive, and verifiable performance measures can strengthen trust in healthcare performance-management systems. Nevertheless, because the present study used a cross-sectional design and self-reported data, its findings demonstrate

statistical associations and predictive contributions but do not establish causal relationships.

Recommendations:

Based on the study findings, the following practical recommendations are proposed:

1. Institutionalize continuous improvement practices by establishing regular mechanisms for collecting employee suggestions, identifying performance gaps, implementing corrective actions, and monitoring the results of improvement initiatives.
2. Link performance appraisal with improvement plans so that appraisal results are used to identify development needs, assign appropriate training, and establish measurable follow-up actions for each employee.
3. Give particular attention to technical and support staff by conducting job-specific needs assessments, providing relevant professional-development opportunities, and involving them more actively in quality-improvement and appraisal discussions.
4. Develop job-specific performance indicators that reflect the different responsibilities of administrative, medical, nursing, allied health, technical, and support employees rather than applying identical general standards to all occupational groups.
5. Integrate customer feedback into appraisal practices by translating patient complaints, satisfaction results, and service experiences into clear and measurable employee-performance criteria.
6. Strengthen teamwork as a mechanism for improvement through interdisciplinary quality teams, joint problem-solving meetings, and shared responsibility for implementing and evaluating improvement initiatives.
7. Improve transparency and employee participation by discussing appraisal results individually with employees, providing written developmental feedback, and establishing a clear procedure for reviewing or challenging unclear evaluation decisions.
8. Monitor occupational differences periodically by comparing appraisal experiences and quality-management practices across

job categories and implementing corrective measures when significant disparities are identified.

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