

THE IMPACT OF EVALUATION-BASED PERFORMANCE APPRAISAL ON THE PROFESSIONAL DEVIANT BEHAVIORS OF MEDICAL STAFF

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Abstract: Performance appraisal is divided into two types: developmental and evaluative. To enhance medical quality and efficiency, the healthcare service system widely adopts evaluative performance appraisal as a key management tool, primarily focusing on short-term goal achievement and closely linking compensation, promotions, and task indicators. On one hand, the "reward diligence and penalize laziness" mechanism can effectively motivate employees to improve performance output. On the other hand, if the appraisal system excessively pursues instrumentalism, this overemphasis on results and competition can translate into psychological pressure for employees, triggering work-related anxiety and even leading some to engage in professional misconduct to achieve targets. This phenomenon is particularly pronounced in high-pressure environments like healthcare work. Currently, research on evaluative performance appraisal predominantly examines its direct relationship with job performance, while lacking in-depth exploration of the psychological transmission mechanisms behind professional misconduct and the moderating role of individual stress resilience. Based on this, this study selects the Conservation of Resources Theory as its theoretical foundation. From a stress-coping perspective, it treats workplace anxiety as a mediating variable and employee resilience as a moderating variable, systematically analyzing the impact pathway of evaluative performance appraisal on healthcare workers' professional misconduct. By leveraging workplace anxiety, the study reveals the intrinsic connection between evaluative performance appraisal and professional misconduct, while introducing employee resilience to explore how it moderates the relationships among evaluative performance appraisal, work-related anxiety, and professional misconduct.

Keywords: Evaluation performance assessment; Professional misconduct; Workplace anxiety; Medical staff

1 INTRODUCTION

1.1 Research Background and Problem Statement

Performance evaluation is divided into developmental and assessment types: Developmental performance evaluation is a model focused on the long-term growth of employees, emphasizing skill enhancement, career advancement, and the exploration of personal potential. During implementation, organizations provide employees with abundant training resources to help them acquire new knowledge and master new skills, thereby adapting to evolving job demands. Assessment-based performance evaluation primarily revolves around the achievement of short-term goals, closely linking employees' key interests—such as salary adjustments and promotions—to specific task metrics. This evaluation method has clear objectives and can quickly motivate employees to concentrate on completing designated tasks in the short term. However, when it excessively emphasizes outcomes and competition, employees facing excessive performance pressure may resort to inappropriate measures to meet targets, such as simplifying necessary procedures or falsifying records[1].

From a positive perspective, setting certain performance indicators can serve as a motivational tool, encouraging employees to strive for excellence, continuously improve their skills, and thereby enhance their work capabilities and professional competence. Conversely, high-performance targets imposed by organizations on team members also imply higher demands, which may significantly lead to a decline in work quality, increased mental stress, and consequently workplace anxiety, triggering a series of uncivilized behaviors—referred to as professional misconduct—to evade intense work expectations. Specifically, professional misconduct includes actions that violate work norms [2](e.g., lack of effort, tardiness, absenteeism), breach professional ethics (e.g., corruption, bribery, fraud), and transgress organizational policies and social norms (e.g., sabotaging colleagues, engaging in unfair competition).

For the professional motivation of medical workers, the effectiveness of performance appraisal and its negative impact have a significant relationship, necessitating precautions against such adverse effects. When organizational performance appraisal goals rely excessively on quantitative metrics, it can easily induce counterproductive and unethical behavioral choices among employees. Particularly in the healthcare industry, if the performance appraisal system is poorly designed (e.g., emphasizing outcomes over processes, rigid performance indicators), it may lead to a series of hidden consequences: overemphasizing performance appraisal can shift employees' focus from "work tasks" to "work performance," fostering a cognitive bias of "working for appraisal" and diminishing their sense of professional mission. On the other hand, prolonged excessive performance pressure can trigger psychological anxiety, leading to professional misconduct in the workplace[3].

In recent years, research on the influencing factors of occupational misconduct has gradually become a shared focus in both domestic and international academic and practical circles. Occupational misconduct is a multidimensional and comprehensive issue that requires multifaceted investigation and discussion. Although some studies have explored the definition, classification, influencing factors, and countermeasures of occupational misconduct, no consensus has yet been reached based on the findings. The mechanisms underlying the causes and consequences of occupational misconduct also remain under exploration. While existing research suggests that performance appraisal may influence the occurrence of employee occupational misconduct, the empirical relationship between the two remains unclear. Moreover, the causal mechanisms—how performance appraisal promotes occupational misconduct—as well as the boundary conditions between them, are still not well understood. Current literature has confirmed that evaluative performance appraisal affects employee behavior, yet the mechanisms of its influence remain limited to the direct effects on employees, with an overemphasis on the goal-oriented function of performance targets in goal-setting. The impact of evaluative performance appraisal on employee negative behavior has not reached a consensus in previous research findings.

Therefore, to further investigate and address the aforementioned questions, this study adopts the Conservation of Resources Theory as its theoretical foundation. From the perspective of stress coping, it examines the impact of evaluative performance appraisal on healthcare workers' occupational deviance behaviors and the underlying mechanisms involved[4]. The high stress induced by evaluative performance appraisal may also reduce employees' psychological resilience and trigger psychological tension (anxiety). However, how anxiety functions to evolve into employees' occupational deviance behaviors still requires empirical validation. Additionally, employee resilience is introduced as a boundary-moderating variable, which theoretically enriches and supplements research on the influence of resilience factors on employee behavior, thereby contributing to the refinement of this theoretical framework.

1.2 Research Ideas

This study based on the perspective of Conservation of Resources Theory, aims to explore the influencing factors of occupational misconduct among healthcare professionals, clarifying the entry point and key focus of the research. Utilizing the questionnaire survey method, the study meticulously designs the questionnaire content to ensure coverage of various dimensions closely related to the research hypotheses. Meanwhile, through scientifically sound sampling methods, a broadly representative group of healthcare professionals is selected as survey subjects to guarantee the validity and reliability of the data. A series of targeted and verifiable research hypotheses are proposed, followed by result analysis, which elaborates in detail the intrinsic relationships among performance appraisal, workplace anxiety, employee resilience, and occupational misconduct among healthcare professionals^[5]. This study plays a crucial role in enhancing organizational management practices, scientifically adjusting appraisal objectives and methods, balancing organizational efficiency with employee development needs, reducing the risk of occupational misconduct caused by improper appraisal at its source, and promoting the healthy professional development of healthcare professionals.

2 Literature review

2.1 Performance Assessment

Performance management originated in enterprises, where it was used to accurately and clearly allocate and assess organizational development strategies and objectives. It later became a robust supervision mechanism for public organizations, particularly public hospitals. In the 20th century, many countries such as the United States, the United Kingdom, Australia, and the Netherlands explored hospital performance evaluation methods based on corporate performance management, aiming to control healthcare costs and improve medical quality through hospital performance assessments[6]. Internationally, research on hospital performance evaluation encompasses three levels: overall hospital performance, management capabilities of middle-level managers, and employee performance evaluation. The PAJ model is used to evaluate the rationality of hospital performance indicators; the comprehensiveness of quality management is leveraged to improve hospital performance evaluation systems; indicators for assessing the comprehensive capabilities of middle-level managers are explored; and current evaluations primarily focus on peer employee assessments. Overall, individual evaluations mainly target the physician group, which is relatively narrow and does not fully consider the conditions of multiple members within the hospital.

Due to differences in national conditions, the scale, nature, operational mechanisms, and funding budgets of hospital evaluation agencies vary. However, in general, the evaluation of public hospitals is primarily conducted by third-party social organizations or government departments. Third-party social organizations authorized by the government possess both the executive power of the government and the neutrality of social organizations[7].

2.2 Workplace Anxiety

Anxiety is often defined as a mild tendency toward fear triggered by future and realistic threats (Chambliss, Chen, and Easterly, 2017). Work anxiety is a state of fear induced by threatening events in the work environment and represents a negative emotional experience. Research indicates that although individuals exhibit varying degrees of work anxiety tendencies, the level of anxiety in the workplace is steadily increasing.

In workplace scenarios, individuals frequently experience anxiety when facing pressure or tackling specific tasks, which is termed workplace anxiety. Workplace anxiety is a form of performance anxiety, where performance anxiety refers to the anxiety experienced when engaging in certain tasks, such as job interviews, selective tests, artistic presentations, and sports competitions. Although substantial background research exists on performance anxiety, studies on workplace anxiety remain relatively limited and require further investigation. Compared to other forms of anxiety, workplace anxiety shares conceptual and impact-related similarities but also exhibits distinct differences. Unlike state anxiety, workplace anxiety is not momentary but rather a persistent, generalized sense of anxiety related to the work environment over an extended period. It also differs from trait anxiety, as workplace anxiety leans more toward evaluative anxiety and is specific to the work setting[8].

As one of the early scholars to propose work anxiety, McCaffrey developed an eight-item workplace anxiety scale (e.g., "The thought of work not going smoothly leaves me at a loss") based on an earlier five-factor scale. This scale demonstrates high reliability ($\alpha = 0.94$) and has been widely adopted by numerous scholars.

2.3 Employee Resilience

Employee resilience is a crucial factor in an organization's and its members' ability to adapt to change and withstand risks. As Linnenluecke pointed out in her 2017 study, employee resilience can directly foster the formation of positive attitudes and cognitions in individuals, as demonstrated by Luthans et al.'s research findings in 2007. Moreover, it enhances employees' commitment to the organization. Moon and Lee's 2021 study found that teams with high employee resilience exhibit greater loyalty to the organization; Santoro et al.'s 2021 research indicated that employee resilience contributes to improved well-being levels among employees; Cort's 2021 study revealed a positive correlation between employee resilience and job satisfaction; Malik and Garg's 2020 research highlighted that employee resilience strengthens employee engagement. Additionally, employee resilience aids in enhancing a team's problem-solving capabilities. Through case analysis, Barton and Kahn's 2019 study demonstrated that high-resilience teams can identify solutions more efficiently when confronting complex challenges[9]. From an organizational perspective, employee resilience benefits work performance and fosters innovative behaviors, as elaborated in detail by Cui Yuwen and Guo Lifang's 2022 research.

2.4 Professional Misconduct

"Professional misconduct" (faculty misconduct), also known as deviant behavior or deviance, refers to actions that violate the common standards generally followed by members of society. According to foreign scholars Robinson et al. in 1995, professional misconduct is defined as the conscious implementation and adoption of behaviors that harm organizational members, the organization's survival, and its institutions in various contexts[10]. This behavior ranges from minor infractions such as being late, leaving early, procrastinating, and rudeness, to more serious harmful acts like falsifying accounts, leaking secrets, and stealing public property.

3 RESEARCH HYPOTHESES

3.1 The Relationship Between Evaluation Performance Appraisal and Occupational Misconduct

Evaluative performance appraisal is a process of assessing the effectiveness of work tasks completed by a unit or individual employee over a certain period. A relatively reasonable performance appraisal standard should clearly define the specific task objectives and qualification criteria for the evaluated subjects, enabling employees to understand their work tasks and expected behavioral performance. This helps employees regulate their behavior according to organizational requirements, achieve what the organization expects, and reduce occupational misconduct caused by unclear objectives. In enterprise management, the results of employee performance appraisals are often linked to incentive mechanisms such as employee compensation, promotions, and rewards[11]. Employees who exhibit standardized, lawful, and ethically compliant work behaviors to achieve good performance and receive corresponding rewards in appraisals will further reinforce such behaviors, promoting adherence to professional norms and preventing occupational misconduct.

However, overly complex performance appraisal standards or excessive appraisal pressure beyond employees' actual capabilities may lead them to resort to unethical means to avoid penalties for failing to meet targets, such as reduced bonuses or demotions. This can result in occupational misconduct. For example, sales personnel may resort to exaggerated promotions or bribing clients to meet excessively high performance targets. Some performance appraisals emphasize results while neglecting the process and methods of behavior, leading employees to focus solely on performance data outcomes rather than the means to achieve them. In pursuit of short-term performance improvements, employees may engage in short-sighted or non-compliant activities, increasing the likelihood of occupational misconduct.

H1: There is a positive correlation between evaluative performance appraisal and occupational deviance behavior.

3.2 The Mediating Role of Workplace Anxiety

Workplace anxiety refers to an individual's experience of negative emotions such as unease, stress, and fear in a professional environment. The medical industry is characterized by high work pressure, where healthcare professionals face intense workloads and demanding technical skills while also navigating complex doctor-patient relationships and interpersonal dynamics, making them particularly susceptible to workplace anxiety. This anxiety may lead to feelings of insecurity and tension when confronting job pressures, responsibilities, and risks. Anxious emotions can increase impulsivity and reduce consideration of behavioral consequences, thereby affecting work performance and professional conduct.

Workplace anxiety can distract healthcare workers, making it difficult for them to think comprehensively and rationally, which in turn diminishes their moral judgment[12]. In such a state, employees may be more prone to overlook professional norms and ethical standards, leading to deviant behavior. High levels of workplace anxiety may create a psychological urge to escape pressure, increasing the likelihood of resorting to shortcuts or unethical methods to resolve work-related issues. Prolonged psychological stress and anxiety can result in behavioral deviations among medical staff, contributing to professional misconduct.

When employees recognize that their misconduct conflicts with their personal values and professional ethics, they may experience internal conflict and self-reproach. This cognitive dissonance can intensify their anxiety. Once professional misconduct is discovered, it often negatively impacts career development, leaving employees uncertain and worried about the future and further exacerbating workplace anxiety. Thus, a vicious cycle forms between workplace anxiety and professional misconduct.

H2: Workplace anxiety mediates the relationship between evaluation-based performance appraisal and occupational deviance.

3.3 The Moderating Effect of Employee Resilience

Employee resilience refers to an individual's objective ability to maintain a positive mindset, adaptability, effective coping, rapid recovery, and growth when facing work pressures, challenges, and difficulties. It encompasses multiple factors such as psychological resilience, adaptability to change, emotional regulation, and problem-solving capabilities. Employee resilience is a concrete manifestation of psychological capital. Individuals with higher psychological capital tend to adopt more proactive coping strategies when confronted with challenges and adversities[13]. In the context of performance evaluations and the challenges posed by assessment orientations, highly resilient employees perceive these situations as opportunities for growth and self-improvement. They employ positive cognitive reframing to accept stressors, thereby reducing their anxiety. Conversely, employees with low resilience are more likely to interpret high-performance goals as unattainable, leading to heightened anxiety[14].

H3: Employee resilience has a negative moderating effect on the mediating process between evaluative performance appraisal and workplace anxiety.

4 RESEARCH SUBJECTS ,METHODS AND FRUIT

According to the principle of convenience sampling, medical staff working in five hospitals in Xinxiang City were selected for the survey, and their basic information was collected through questionnaire methods. A total of 512 questionnaires were gathered via both online platforms like Wenjuanxing and offline direct distribution.

In this survey, 28 invalid questionnaires (due to unanswered questions, inconsistent responses to reverse-scored items, or identical answers throughout, etc.) were excluded, resulting in a final collection of 484 valid questionnaires.

The questionnaire consists of four parts: performance appraisal scale, workplace anxiety scale, employee resilience scale, and occupational deviance behavior scale. This study employs established mature scales from domestic and international sources as measurement tools. Except for basic demographic items such as gender, education level, professional title, and employment type, all other scales adopt the Likert 5-point scoring method for measurement. The specific contents are as follows:

(1) The evaluative performance appraisal orientation scale adopts the performance appraisal scale developed by Murphy, Williams, et al. consisting of a total of 4 items. Extensive domestic research has confirmed that this scale exhibits good reliability and validity. A five-point Likert scale is used for scoring, where "1" indicates "completely inconsistent," and "5" indicates "completely consistent." Higher scores indicate a greater degree of alignment, meaning the team's tendency toward performance appraisal objectives is more pronounced. In this study, the Cronbach's α value of the scale reached 0.94, and through confirmatory factor analysis, all the fit indexes met the standards: $\chi^2/df=1.77$, CFI=0.98, TLI=0.97, RMSEA=0.04, SRMR=0.04.

(2) The assessment of work-related anxiety is based on the scale designed by McCarthy et al. (2016). The scale adopts a five-point rating system, with higher scores indicating greater conformity to the described situation, that is, higher levels of workplace anxiety among employees. The first-order confirmatory factor analysis results of the scale show that all fit indices meet the standard measurement criteria: $\chi^2/df=2.73$, CFI=0.93, TLI=0.94, RMSEA=0.05, SRMR=0.04. The Cronbach's α value for this scale is 0.90.

(3) Naswall Employee resilience questionnaire designed by Naswall and Kuntz. The Likert5 scale was used to score the employee resilience questionnaire, with higher frequency of occurrence leading to higher scores for employee resilience [56]. The first-order confirmatory factor analysis results show that all fit indices meet the standards: $\chi^2/df = 1.96$, CFI = 0.92, TLI = 0.93, RMSEA = 0.06, SRMR=0. The Cronbach's α coefficient value is 0.87.

(4) The measurement section of occupational misconduct includes nine questions, which indirectly assess the likelihood of occupational misconduct by measuring healthcare professionals' perceptions of such behavior. Due to individual self-protection mechanisms and the prevailing moral standards in society, it is difficult to directly measure occupational misconduct through scales. Therefore, this study measures healthcare workers' level of agreement with occupational misconduct to indirectly predict their likelihood of engaging in such behavior. The scale uses a five-point rating system, from "strongly disagree" to "strongly agree," scoring 1-5 points respectively. Higher scores indicate greater agreement with occupational misconduct, suggesting a higher likelihood of engaging in such behavior; conversely, lower scores indicate less agreement, suggesting a lower likelihood of engaging in such behavior. The results of the first-order confirmatory factor analysis showed that all the fit indexes were within the standard range: $\chi^2/df=2.59$, CFI=0.95, TLI=0.96, RMSEA=0.05, SRMR=0.03. The Cronbach's value of the scale was 0.93.

Since this questionnaire collection primarily involved medical staff from hospitals, there exists a certain degree of common method bias. To examine this issue, first, Harman's single-factor test was conducted using SPSS 22.0. Principal component analysis was performed on all data, ultimately extracting four factors that collectively explained 66.32% of the variance. The first factor accounted for only 26.82% of the variance, which is below the empirical threshold of 40%, indicating that common method bias is not severe.

Second, discriminant validity was tested by constructing different factor models for confirmatory factor analysis. The results showed that compared to other models, the four-factor model exhibited the best fit indices, all within acceptable ranges (see Table 1). This indicates good discriminant validity among the four research variables, and the issue of common method bias was effectively controlled.

Table1 Results of Confirmatory Factor Analysis

model	χ^2	df	χ^2/df	RMSEA	CFI	TLI	SRMR
Four-factor model	1032.08	388	2.66	0.07	0.93	0.95	0.05
Three factor model	1642.23	391	4.20	0.09	0.90	0.92	0.08
Two-factor model	2137.91	393	5.44	0.10	0.86	0.89	0.10
Single factor model	2639.82	394	6.70	0.12	0.77	0.75	0.12

Table 2 presents the descriptive statistics and correlation analysis results of the variables. It can be seen that performance evaluation is significantly positively correlated with job anxiety ($r=0.48$, $p<0.01$) and occupational misconduct ($r=0.39$, $p<0.01$), and job anxiety is significantly positively correlated with occupational misconduct ($r=0.52$, $p<0.01$); employee resilience is significantly negatively correlated with job anxiety ($r=-0.31$, $p<0.01$).

Table 2 Correlation Analysis

	M	SD	1	2	3	4
1. Evaluative performance appraisal	4.23	0.75				
2 Workplace anxiety	2.82	0.87	0.48**			
3. Misbehavior	2.15	0.69	0.39**	0.52**		
4. Employee resilience	3.89	0.76	-0.12*	-0.31**	-0.26**	

5 RESEARCH CONCLUSION

(1) There is a significant positive correlation between evaluative performance appraisal and professional misconduct. This indicates that in the actual operation of public hospitals, when an evaluative performance appraisal approach is adopted—primarily focused on short-term goal achievement and closely linking salary and promotion to task indicators—it can to some extent lead to an increase in professional misconduct among medical staff.

(2) Workplace anxiety plays a mediating role between evaluative performance appraisal and professional misconduct. The pressure induced by evaluative performance appraisal causes medical staff to experience workplace anxiety, and this anxious emotion further contributes to the occurrence of professional misconduct. In other words, evaluative performance appraisal does not directly trigger professional misconduct but rather exerts a negative influence on medical staff's professional behavior indirectly through the key mediating variable of workplace anxiety.

(3) Employee resilience exerts a negative moderating effect in the mediating process between evaluative performance appraisal and workplace anxiety. When employees possess higher resilience, they are better able to cope effectively with the pressure brought by evaluative performance appraisal, thereby mitigating the generation of workplace anxiety[15]. Conversely, when employee resilience is low, evaluative performance appraisal is more likely to trigger workplace anxiety.

COMPETING INTERESTS

The authors have no relevant financial or non-financial interests to disclose.

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