

Guidelines for implementation of a performance management system in a level 2 public hospital

submitted by

Nolita Sedumedi

20935056

Dissertation submitted in fulfillment of the requirements for

the degree

Magister Curationis (Health Service Management)

in the

School of Nursing Science

at the

North-West University (Potchefstroom Campus)

Supervisor: Prof. H.C. Klopper

Co-supervisor: Dr. S. K. Coetzee

February 2012

ACKNOWLEDGEMENTS

I would like to acknowledge the following individuals, without whom none of this work would have been completed.

- My Almighty, for His power and guidance throughout this study and for allowing me to use the experience and exposure I have - He blessed me!!
- My late husband, Pitikwe, for his love, who during my first year of study was diagnosed with terminal kidney cancer. He gave me all the support and courage to continue irrespective of the sleepless nights we spent until he passed on the 20th of October 2008. He would have been very proud of my success.
- Prof Hester C. Klopper, my research leader, for her guidance, encouragement, advice and effort regardless of her very busy schedule; and for the financial support to complete this study.
- My co-supervisor, Dr. Siedine K. Coetzee, for her input and assistance; all the support with the statistics and her continued support.
- Prof. Judith Bruce and her academic staff, for their support and assistance during the trying times, their believing in me even when at times I did not believe at myself.
- My children, Lesego –Tshepang, Neo –Busang and Katlego -Nolita, and my two sisters, Lindy (post humous) and Snonfundo for all their love, encouragement and support over the period of my study years.
- Mechelle Britz, for her support and help by facilitating appointments with my research leader.

- Dr. Suria Ellis and Ms. Mari van Reenen for their assistance with the statistical data analysis.
- All the line managers (LM) and employees (E) that participated in this study – thanks for sharing your perceptions with me.
- The North-West University (Potchefstroom campus) for the post graduate bursary, financial support.

ABSTRACT

INTRODUCTION

The intention of this study was to formulate guidelines for the implementation of Performance Management System (PMS) regarding line managers (LM) and employees (E) in a level 2 public hospital in the North-West Province. From a preliminary evaluation it was evident that the implementation of performance management as outlined in the NWPG policy No. 13, was not effective. The results of the research was to provide baseline data of the current policy implementation by the line managers and employees; an indication of the ability of the PMS to reach its goal of improved performance between line managers and employees in the long term; and the barriers to the policy implementation discovered over the course of the study.

RESEARCH QUESTIONS

Based on the statement of the problem, the following research questions were asked:

- How is PMS implemented from the perspective of line managers in a level 2 public hospital?
- How is PMS implemented from the perspective of employees in a level 2 public hospital?
- What guidelines can be formulated for line managers and employees regarding PMS?

AIM AND OBJECTIVES OF THE STUDY

The principal aim of this study was to formulate guidelines for implementation of PMS by line managers and employees. The objectives below of the research which are derived from the principal aim were:

- To describe the implementation of the PMS from the perspective of line managers in a level 2 public hospital.

- To describe the implementation of the PMS from the perspective of employees in a level 2 public hospital.
- To formulate guidelines for line managers and employees regarding PMS?

RESEARCH DESIGN

A quantitative, explorative, descriptive, and contextual design was used in this study to reach the overarching aim and respective objectives.

RESEARCH METHOD

The researcher firstly conducted a literature review to understand implementation of PMS and related constructs. Thereafter the researcher used two similar structured questionnaires for both LM and E to collect data. The questionnaires were developed to measure the perceptions of both LM and E in the implementation of PMS in a level 2 public hospital. The questionnaires were based on the six steps (performance planning, developing performance criteria, performance monitoring, performance review and assessment, annual performance assessment and performance assessment outcomes) of the current PMS policy used in a level 2 public hospital. The study is based on transformational leadership whereby the line managers (LM) as nurse leaders with transformational characteristics are assumed to be empowering the employees (E) and creating enthusiasm for nursing practice. Minor adaptations were made to the questionnaires prior to administration to the nursing personnel in a level 2 public hospital in North West Province. An all inclusive sample was taken, representative of a larger population and this amounted to twenty four line managers (n=24) and fifty five employees (n=55) that participated in the study.

RESULTS

There were problems identified from both the line managers (LM) and employees (E) in performance planning, developing performance criteria, and monitoring performance,

organizing and the process of performance review and assessment and lastly the annual performance assessment. The main two main findings are:

- The effect size of all the questions indicates a practically visible and thus significant difference with regard to LM and E perceptions of the implementation of PMS.
- There is statistical evidence of improper implementation of PMS from both groups regarding some of the performance implementation items.

Based on the empirical evidence and the problems identified from the results, guidelines for the implementation of PMS were formulated. It is suggested that these be used and implemented to streamline the PMS in level 2 public hospitals.

Keywords: Key result areas (KRAs), Generic assessment factors (GAFs), reward, work plan, Performance Agreement (PA), Performance Management System (PMS).

LIST OF ABBREVIATIONS

DOH - Department of Health

E - Employee/s

ETD - Electronic thesis and dissertations

GAFs - Generic assessment factors

KRAs - Key result areas

LM - Line manager/s

OSD - Occupational Specific Dispensation

PDP - Personal Development Plan

PA - Performance agreement

PMDS - Performance management development system

PMS - Performance management system

SMART- Simple, measurable agreed upon and timely performance management
system

SOEs - State owned enterprises

WHO - World Health Organization

TABLE OF CONTENTS

	TITLE PAGE	i
	ACKNOWLEDGEMENTS	ii
	ABSTRACT	iv
	LIST OF ABBREVIATIONS	vii
	CHAPTER 1: ORIENTATION OF THE STUDY	1
1.1	INTRODUCTION	1
1.2	BACKGROUND TO AND RATIONALE FOR THE STUDY	1
1.3	STATEMENT OF THE PROBLEM	4
1.4	RESEARCH QUESTIONS	5
1.5	AIM AND OBJECTIVES OF THE STUDY	5
1.6	ASSUMPTIONS OF THE RESEARCHER	6
1.6.1	META-THEORETICAL ASSUMPTIONS	6
1.6.2	THEORETICAL ASSUMPTIONS	8
1.7	RESEARCH DESIGN	11
1.7.1	Quantitative design	12
1.7.2	Exploratory design	12
1.7.3	Descriptive design	13
1.7.4	Contextual design	13
1.8	RESEARCH METHOD	14

1.9	ETHICAL CONSIDERATIONS	15
1.9.1	Right to self – determination	16
1.9.2	Right to privacy	16
1.9.3	Right to anonymity and confidentiality	16
1.9.4	Right to fair treatment	17
1.9.5	Right to protection from discomfort and harm	17
1.10	SUMMARY	17
	CHAPTER 2: LITERATURE REVIEW	20
2.1	INTRODUCTION	20
2.2	SEARCH STRATEGY	20
2.3	PERFORMANCE MANAGEMENT SYSTEM (PMS)	21
2.3.1	Definition	21
2.3.2	Purpose	22
2.3.3	Objectives	22
2.3.4	Advantages	23
2.3.5	Challenges	25
2.3.6	Limitations	26
2.4	PERFORMANCE AGREEMENT	27
2.4.1	Definition	27
2.4.2	Purpose	28
2.4.3	Advantages	28
2.4.4	Limitations	29

2.5	PERFORMANCE APPRAISAL	30
2.5.1	Definition	30
2.5.2	Purpose	31
2.5.3	Objectives	32
2.5.4	Outcomes of effective performance appraisal	32
2.5.5	Limitations	33
2.6	THE NORTH WEST PROVINCIAL ADMINISTRATION POLICY NO 13 (Amendment approved for implementation effective from 200/9 performance cycle)	37
2.6.1	Goals	37
2.6.2	Objectives	37
2.6.3	Roles for line managers	38
2.6.4	Roles for employees	39
2.6.5	Roles for moderating committee	39
2.6.6	Process of PMDS	40
2.7	CONTEXT: THE HEALTH CARE SYSTEM OF SOUTH AFRICA	46
2.7.1	Public health services	47
2.7.1.1	Primary health care services	47
2.7.1.2	Hospital services	48
2.7.2	Private health services	51
2.8	MOTIVATING AND REWARDING EMPLOYEES	52
2.9	SUMMARY OF PMS, PERFORMANCE AGREEMENT,	

	PERFORMANCE APPRAISAL AND THE PMDS	53
2.10	SUMMARY	57
	CHAPTER 3: RESEARCH DESIGN AND - METHOD	58
3.1	INTRODUCTION	58
3.2	RESEARCH DESIGN	58
3.2.1	Quantitative design	59
3.2.2	Explorative research	59
3.2.3	Descriptive research	60
3.2.4	Contextual design	61
3.3	RESEARCH METHOD	62
3.3.1	Population and sampling	63
3.3.2	Pilot study	64
3.3.3	Data collection	65
3.3.3.1	Phase 1: Step 1 and step 2	65
3.3.3.2	Phase 2 Step 3	68
3.3.4	Data analysis	68
3.3.5	Validity and Reliability	70
3.3.5.1	Validity	70
3.3.5.2	Reliability	72
3.4	ETHICAL CONSIDERATIONS	72
3.5.	SUMMARY	74

	CHAPTER4: PRESENTATION AND INTEPRETATION	
	OF THE RESEARCH FINDINGS	75
4.1	INTRODUCTION	75
4.2	BIOGRAPHIC DATA	76
4.2.1	Age	77
4.2.2	Gender	78
4.2.3	Years of experience in nursing	79
4.2.4	Qualifications	80
4.2.5	Home language	82
4.3	PERCEPTIONS OF IMPLEMENTATION OF PERFORMANCE	
	MANAGEMENT SYSTEM (PMS)	83
4.3.1	Perceptions of the implementation of PMS by	
	LM and E: Likert scale	83
4.3.1.1	Item 6	86
4.3.1.2	Item 7	87
4.3.1.3	Item 8	87
4.3.1.4	Item 9	88
4.3.1.5	Item 10	89
4.3.1.6	Item 11	89
4.3.1.7	Item 12	90
4.3.1.8	Item 13	91
4.3.1.9	Item 14	92

4.3.1.10	Item 15	92
4.3.1.11	Item 16	93
4.3.1.12	Item 17	94
4.3.1.13	Item 18	95
4.3.1.14	Item 19	95
4.3.1.15	Item 20	96
4.3.1.16	Item 21	97
4.3.1.17	Item 22	97
4.3.1.18	Item 23	98
4.3.1.19	Item 24	99
4.3.1.20	Item 25	99
4.3.1.21	Item 26	100
4.3.1.22	Item 27	101
4.3.1.23	Item 28	102
4.3.1.24	Item 29	102
4.3.1.25	Item 30	103
4.3.1.26	Item 31	104
4.3.1.27	Item 32	104
4.3.1.28	Item 33	105
4.3.1.29	Item 34	106
4.3.1.30	Item 35	107
4.3.2	Group comparison of LM and E on performance review	

	and assessment (6-32) and annual performance	
	assessment (33-35)	107
4.3.3	Perceptions of the implementation of PMS by LM	
	and E: Yes / No Questions	109
4.4.	SUMMARY OF THE RESULTS	
	AND PROBLEMS IDENTIFIED	111
4.4.1	Biographic data	112
4.4.2	Performance planning	112
4.4.3	Developing performance criteria	112
4.4.4	Monitoring performance	113
4.4.5	Performance review and assessment	113
4.5.6	Annual Performance assessment	115
4.5	SUMMARY	115
	CHAPTER5: GUIDELINES FOR IMPLEMENTATION	
	OF A PERFORMANCE MANAGEMENT SYSTEM IN A	
	LEVEL TWO (2) PUBLIC HOSPITAL, EVALUATION	
	OF THE STUDY, LIMITATIONS AND RECOMMENDATIONS	
	FOR PRACTICE, EDUCATION, RESEARCH AND POLICY	
	OF THE RESEARCH FINDINGS	116
5.1	INTRODUCTION	116
5.2	THEORETICALFRAMEWORK:TRANSFORMATIONAL	
	LEADERSHIP	116

5.3	APPLICATION OF TRANSFORMATIONAL LEADERSHIP IN THE GUIDELINES	120
5.4	METHOD OF GUIDELINE DEVELOPMENT	122
5.5	EVALUATION OF STUDY	135
5.6	LIMITATIONS OF THE STUDY	136
5.7	RECOMMENDATIONS	137
5.7.1	Recommendations for practice	137
5.7.2	Recommendations for education	138
5.7.3	Recommendations for research	138
5.7.4	Recommendations for policy – making	139
5.8	SUMMARY	140
	BIBLIOGRAPHY	141
	LIST OF TABLES	
Table 1.1	Illustration of structure of this study	15
Table 1.2	Research methods used in different phases and steps	19
Table 2.1	Work plan	43
Table 2.2	Levels of South Africa public sector hospitals by Province	51
Table 3.1	Structure of the project	58
Table 3.2	Ethical rights as applied by the researcher	73
Table 4.1	Overview of the research objectives, steps and method of analysis	75

Table 4.2	LM – Age distribution	77
Table 4.3	E – Age distribution	78
Table 4.4	Gender: Line managers (LM) and employees (E)	78
Table 4.5	LM – Years of Experience distribution	79
Table 4.6	E – Years of Experience distribution	80
Table 4.7	LM – Qualifications distribution	81
Table 4.8	E – Qualifications distribution	81
Table 4.9	LM – Home language distribution	82
Table 4.10	E – Home language distribution	83
Table 4.11	Perceptions of LM and E of the implementation of PMS	84
Table 4.12	Analysis of item 6	86
Table 4.13	Analysis of item 7	87
Table 4.14	Analysis of item 8	88
Table 4.15	Analysis of item 9	88
Table 4.16	Analysis of item 10	89
Table 4.17	Analysis of item 11	90
Table 4.18	Analysis of item 12	90
Table 4.19	Analysis of item 13	91
Table 4.20	Analysis of item 14	92
Table 4.21	Analysis of item 15	93
Table 4.22	Analysis of item 16	94
Table 4.23	Analysis of item 17	94

Table 4.24	Analysis of item 18	95
Table 4.25	Analysis of item 19	96
Table 4.26	Analysis of item 20	96
Table 4.27	Analysis of item 21	97
Table 4.28	Analysis of item 22	98
Table 4.29	Analysis of item 23	98
Table 4.30	Analysis of item 24	99
Table 4.31	Analysis of item 25	100
Table 4.32	Analysis of item 26	101
Table 4.33	Analysis of item 27	101
Table 4.34	Analysis of item 28	102
Table 4.35	Analysis of item 29	103
Table 4.36	Analysis of item 30	103
Table 4.37	Analysis of item 31	104
Table 4.38	Analysis of item 32	105
Table 4.39	Analysis of item 33	106
Table 4.40	Analysis of item 34	106
Table 4.41	Analysis of item 35	107
Table 4.42	Group analysis of questions 6 -32 (Performance review and assessment) against questions 33 -35 (Annual performance assessment)	108
Table 4.43	Analysis of the Yes /No questions' perceptions	

	on implementation of PMS by LM and E	110
Table 4.44	Group analysis of questions 36 -48	111
Table 5.1	Identification of problems	124
Table 5.2	Formulation of guidelines and operationalisation plan	126
LIST OF FIGURES		
Figure 1.1	Illustration of meta – theoretical assumptions	8
Figure 2.1	The performance management system including performance agreement and performance appraisal	36
Figure 2.2	The six steps of the performance development management system (PMDS)	41
Figure 3.1	North west Province and the peri- urban area in which the level 2 public hospital is situated including the surrounding areas that utilize its various health services	61
Figure 3.2	Different functions at different levels of the health care system	62
Figure 3.3	Population investigated in this study	63
Figure 4.1	Population and sample in this study	76
Figure 4.2	LM - % Age distribution	77

Figure 4.3	E - % Age distribution	78
Figure 4.4	LM - % Years of Experience distribution	79
Figure 4.5	E - % Years of Experience distribution	80
Figure 4.6	LM – Qualifications % distribution	81
Figure 4.7	E – Qualifications % distribution	81
Figure 4.8	LM – Home language % distribution	82
Figure 4.9	E – Home language % distribution	83
Figure 5.1	Five practices of transformational leadership	120
Figure 5.2	Graphical presentation of the manner in which guidelines are developed	123

APPENDICES

APPENDIX 1	Research Ethics application	147
APPENDIX 2	Approval letter to undertake research study	148
APPENDIX 3	Level 2 public hospital approval letter for data collection	149
APPENDIX 4	Consent form for participants	150
APPENDIX 5	Invitation letter for participants to participate in the research study	151
APPENDIX 6	Employees (E) questionnaire	152
APPENDIX 7	Line managers (LM) questionnaire	156

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

In this chapter the background to and rationale for this study are discussed. The study is on guidelines for the implementation of Performance Management System (PMS) in a level 2 public hospital. Also discussed in the present chapter are the statement of the problem; research questions; the principal aim and objectives; assumptions; research design and method; the rigour; and ethical considerations. A PMS is seen as a tool to ensure effective service delivery. It involves a complete system of goal setting, training, communication and ongoing feedback. PMS remains a stepping stone for any organisation, leading to a comprehensive approach for planning and sustaining improvements in the performance of employees and teams, in order to meet standards.

1.2 BACKGROUND TO AND RATIONALE FOR THE STUDY

There is a major concern from line managers and employees on how a PMS can be implemented in such a way that at the end of it the line managers and employees are content with the work done and a positive experience of the process is projected. The PMS should be a continuous process. However, the researcher has observed that the process of performance management is not managed throughout the year and it tends to be an annual event. The trial and error PMS implementation remains a challenge facing line managers and employees. Despite all the research, performance management has not been a success in the public sector, as some of the problems occur because PMS is seen as purely a tool for measurement and evaluation rather than as a tool for improvement (Fryer, Antony & Ogden, 2009:478).

PMS is popularized in both private and public sectors worldwide in reaction to the need for organisations to find an edge in a growing competitive marketplace. Walker (in Booyens, 2004:15), indicates that companies use PMS to strengthen the supervisory skills; equip employees to better manage their work and it is a change agent leading to promotion and improvement of performance.

Kwaku Ohemeng (2009:109) argues that PMS has become a key element in modern public sector governance. Many organisations in developing countries have introduced it as a means to measure organisational and individual efficiency in order to ensure that service delivery by the public sector organisations meets the needs of the public. However, the implementation of PMS in many of these countries has been affected by a number of institutional and capacity constraints such as culture, fragmentation in the institution, public apathy, and leadership support, thus making it difficult for many of them to realize the 'benefits' of such a system (Kwaku Ohemeng (2009:109). The author further examines these constraints with a focus on Ghana, using information from interviews of senior bureaucrats and chief executive officers of state-owned enterprises (SOEs), arguing that without a critical analysis of these constraints, performance management, no matter how attractive it may be, will not achieve the desired results in developing countries (Kwaku Ohemeng (2009:109).

In most organisations the adoption of PMS has become a combination of both artificial trends and real needs. There remain misconceptions and challenges about the process, with no standard implementation. This results in failure to solve individual performance problems, poor management-employee relations, inaccurate performance evaluation and feedback, mismanagement of under-performance, failure to reward good performance, failure to give direction to employees regarding their life-long learning, career progression and personal development, amongst others (North-West Provincial Administration, 2008: 1).

Nurses are seen as the largest human resource element of the health care system, and have a major role in providing ongoing, high quality care to the needy. For the health organisations to grow the individuals within them need to grow and by so doing performance will be increased and staff motivation and retention maintained (Yoder- Wise, 2007:294).

In the South African nursing practice context there appears to be limited information regarding performance management. Walker (in Booyens, 2004:15) defines performance management as “improving the performance of individuals and the organisation as a whole, consisting of both personnel and the organisation”.

The line managers and employees in the health service appear not to be empowered to deal with the many challenges regarding the PMS. South African as well as international organisations experience problems with implementation of PMS because human resources rather than line management are still perceived to own the process and there seems to be a lack of empowerment of line management and employees in performance management. It remains necessary that line managers and employees change their outlook on PMS. The time has come that PMS is taken out of the hands of the human resource manager and given to the real end users (Whitford & Coetsee, 2006). According to Grobler, Warnich, Carrell, Elbert and Hatfield (2002:260), despite the enthusiasm regarding PMS by different companies in South Africa, there is rather a bleak picture of the way employee performance is managed and rewarded.

However, no standard guidelines exist for the implementation of PMS and there is a need for development of implementation guidelines whereby the line managers and employees will be given a blueprint on how to go about the process. According to Jooste and Fourie (2009), for the PMS to be successful

ongoing communication between managers and followers is needed. Also, clear expectations and understanding about the important tasks the follower is expected to do (job description) need to be established.

1.3 STATEMENT OF THE PROBLEM

The question that always arises in one's mind during the performance management cycle is whether line managers internalize the meaning of PMS? Is there any communication in a way that lets employees know what is expected and how to perform according to the expectations?

The Parliamentary Monitoring Group (2008) gave a summary report on the survey conducted on the implementation of a performance management and development system (PMDS) for senior managers in the Eastern Cape and North-West Provinces and on other research studies on PMDS. It was found that compliance of the Eastern Cape Province Senior Management System employees was unsatisfactory and although North-West Province was found to be more compliant, non-adherence to the performance agreements (PAs) was a serious issue. It was also worrying that PAs were not used as reference points for managerial performance and results assessments, even after being signed. This was a challenging report for the public sector employees.

Management of employees' performance in public sector health services is a vital part of effective service delivery. PMS is an ongoing process whereby the employee and the line manager strive constantly to improve the employee's performance and his or her contribution to the organisation's strategic goals. Managing performance is therefore a key human resource management tool. It is for this purpose that the line managers and employees' implementation of PMS becomes crucial. Their understanding of the process will enhance measurement

of their performance and achievement of the public sector strategic goals (North-West Provincial Administration, 2008:1).

The problem that resulted in this research is a need to follow up the nursing personnel (line managers and employees) implementation of the PMS and develop guidelines so that there is a clearly understood, effective and standardized PMS in the health organisation as stipulated in Policy No 13 of North-West Provincial Administration (2008:2). The need for the study arises from the experiences and challenges line managers and employees face regarding the implementation of PMS.

1.4. RESEARCH QUESTIONS

Based on the statement of the problem, the following research questions were asked:

- How is PMS implemented from the perspective of line managers in a level 2 public hospital?
- How is PMS implemented from the perspective of employees in a level 2 public hospital?
- What guidelines can be formulated for line managers and employees regarding implementation of PMS?

1.5 AIM AND OBJECTIVES OF THE STUDY

The principal aim of this study was to formulate guidelines for implementation of PMS by line managers and employees. The objectives of the research which are derived from the principal aim were:

- To describe the implementation of the PMS from the perspective of line managers in a level 2 public hospital.
- To describe the implementation of the PMS from the perspective of employees in a level 2 public hospital.

1.6 ASSUMPTIONS OF THE RESEARCHER

The following meta-theoretical and theoretical assumptions define the framework within which the researcher conducted this study.

1.6.1 Meta-theoretical assumptions

The researcher is a nurse manager with values and therefore views the participants in the study from this perspective. The researcher applied the four basic concepts of nursing, called meta-paradigms. The four elements of nursing are person or client, environment, nursing and health, and they are interlinked and form the basis of the meta-theoretical assumptions of this research study. Figure 1.1 illustrates the connections between these concepts:

- **Person**

Person may represent an individual, a family, a community or a client and is the focus of nursing practice. It is characterized by accumulation of knowledge from biological, physical and social sciences (George 2002:4). In this study the line managers and employee participants were viewed as whole persons who are optimistic and willing to participate in the study for the benefit of their growth and development. Their capacity to change and being able to participate creatively in change was taken into consideration.

- **Environment**

Environment is the internal or external surroundings that affect the client. The environment may represent the immediate physical surroundings of an individual, a family, a community or a society. The person and the environment are seen as continuously interdependent and interacting (Xiaohan, 2005). In this study, the level 2 public hospital where the study was conducted represents the environment. The line managers and employee are unique beings who find themselves in interaction with the ever changing and developing environment.

- **Nursing**

Nursing is the attributes, characteristics, and actions of the nurse providing care on behalf of, or in conjunction with the client. Nursing is seen as a science of studying man as a whole person. It is the practice of the art and science of the nursing discipline. Nursing is seen as the science that has an abstract body of knowledge and an art which uses the science's body of knowledge and deals with the whole person (George, 2002:4). In this study, line managers and employees' participants' key performance areas are about improving nursing care to patients in the level 2 public hospital.

- **Health**

Health is the degree of wellness or well-being that the client experiences. The World Health Organisation (WHO) in Vlok (2005:27) defines health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. In this study the nursing personnel (line managers and employees) participants are working in a level 2 public hospital, a health service institution that renders primary, secondary and tertiary health care services, in order to restore patient's state of complete physical, mental and social well being.

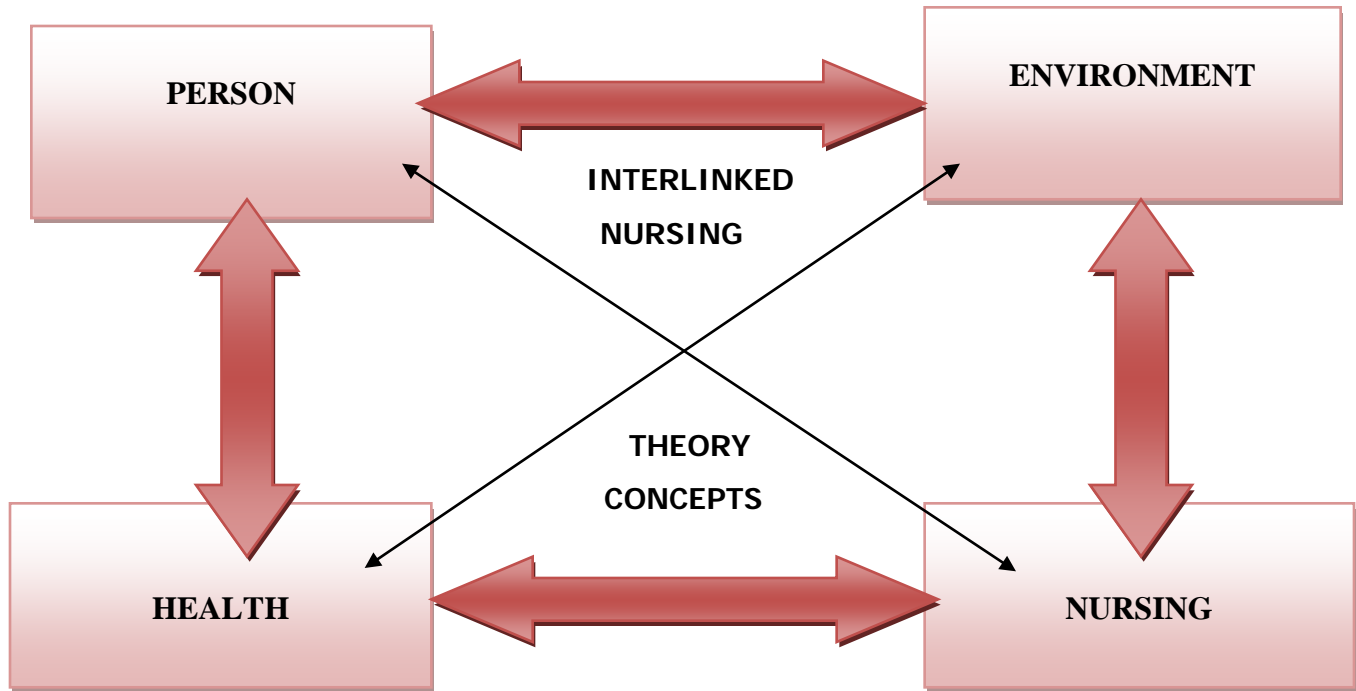


Figure 1.1 Illustration of meta-theoretical assumptions

1.6.2 Theoretical assumptions

Theoretical assumptions refer to a theory that is used as point of departure for the study, as well as the core concepts used throughout the study. The theoretical assumptions are based on the transformational leadership theory of Kouzes and Posner (2008:14). Transformational leadership emerged in the last millennium when organisations needed to re-establish themselves and transform their structures, their human resources, quality and productivity (Yoder-Wise, 2007:10). According to Marquis and Huston (2006:56) transformational leadership is an interactive relationship based on trust between the leader and the follower. Transformational leaders work towards change of vision in their organisations (Tucker and Russel, 2004). According to Keller (1992), the transformational leader serves as a coach, teacher, or mentor and produces

more commitment from subordinates and encourages them to develop personal self-interest in order to improve group performance. Meyer, Naude, Shangase and Van Niekerk (2009:211) regard a person with transformational leadership as a true leader who inspires his/her team with a shared vision and future, highly visible, spends more time in communicating, do not lead by giving instructions but by delegating responsibilities amongst the team. The transformational leadership theory of Kouzes and Posner will be discussed in Chapter 5 (refer to 5.2).

The following concepts are central to this study and are defined as follows:

- **Performance management system (PMS)**

A performance management system is a means of gathering better results from the organisation, teams and individuals by understanding and managing performance within an agreed framework of planned goals and standards. Performance required is measured to meet strategic goals and managed through reward and recognition (Esu & Inyang, 2009).

- **Key result areas (KRAs)**

Key result areas are crucial activities and performance measures set according to agreed upon standards with an employee (North-West Provincial Administration, 2008:8).

- **Generic assessment factors (GAFs)**

Generic assessment factors are elements and standards used to describe and assess performance taking into consideration the knowledge, skills and attributes of an employee (North-West Provincial Administration, 2008:8).

- **Reward / incentive**

A reward or incentive is an encouragement or motivation to better performance. A great leader recognizes the excellent performance of someone else and allows others to shine for their accomplishments (Marquis and Huston, 2006:505).

- **Work plan**

A work plan is a document which is part of the performance agreement and which contains key result areas, associated outputs/activities and their performance standards (North-West Provincial Administration, 2008:2).

- **Performance agreement**

A performance agreement is a document agreed upon and signed by an employee and his or her line manager, which includes a description of the job, selected KPAs and GAFs, a work plan and the employee's personal development plan (North-West Provincial Administration, 2008:2).

- **Performance appraisal**

Performance appraisal is part of performance management system as an ongoing process of identifying, observing, measuring, recording, developing job-relevant strengths and weaknesses of employees and rewarding performance where it is due (Swanepoel, Erasmus, van Wyk & Schenk, 2003:372).

- **Performance development plan**

It is a plan that identifies any performance output shortfall in the work of the employee in order to plan and implement an action plan to reduce the gap. The employee and the manager are expected to take joint responsibility for the achievement of the performance development plan (North-West Provincial Administration, 2008:9).

- **Line manager**

For the purpose of this study a line manager is defined as a professional nurse who according to the Nursing Act, 2005 (Act No. 33 of 2005) is defined as a person educated and competent to practice comprehensive nursing independently; assumes responsibility and accountability for such practice; and is registered and licensed as a professional nurse under the act (Muller, 2009:34). The line manager supervises the performance of the employees, inclusive of professional nurses, staff nurses and the nursing auxiliaries.

- **Employee**

According to the North-West Provincial Administration (2008:2), an employee is referred to as any person employed in terms of the Public Service Act, 1994, irrespective of rank or position. For the purpose of this study an employee refers to any professional nurse, not serving as a line manager and the following sub-categories of nurses:

- *Staff nurse* refers to a person who is educated and competent to practise basic nursing independently; assumes responsibility and accountability for such practise; and is registered and licensed as a staff nurse under the Nursing Act, No 33 of 2005.
- *Nursing auxiliary* refers to a person who is educated and competent to practice elementary nursing independently; assumes responsibility and accountability for such practice; and is registered and licensed as a nursing auxiliary under the Nursing Act, No 33 of 2005 (Muller, 2009:35).

1.7 RESEARCH DESIGN

The research design of this study is typified as quantitative, explorative, descriptive, and contextual in nature. This design was relevant to describe the information on the population collected and in order to have a greater control and improve the validity of the study. The results of objectives 1, 2 and 3

provided evidence for the development of guidelines for implementation of PMS by line managers and employees which was the principal aim of this study. An overview of the research design and - method is provided to orientate the reader to this study. A detailed description of the research design and - method follows in Chapter 3.

1.7.1 Quantitative design

A research design is the blueprint of the research study, since it directs the choice of population, sampling method, measurement method, data collection and analysis procedure (Klopper, 2008:69). A quantitative research design is formal, objective, purposeful, systematic and measurable (Burns and Grove, 2009:22). A quantitative research design was used, flowing directly from the stated research questions and from the specific aim and objectives of the study. Two questionnaires (one for the line managers and another for the employees) were used to describe the implementation of PMS by the nursing personnel in a level 2 public hospital in North-West Province. The quantitative design directed the researcher on the choice of population, sampling method, measurement method, data collection and analysis procedure (Klopper, 2008:69-70).

1.7.2 Exploratory research

According to Wood and Ross-Kerr (2006:120) exploratory research provides an in - depth exploration of a single process, variable or concept. It is a flexible research approach that enables the researcher to examine all the aspects of the study that are needed. The key to a good exploratory research is flexibility. Exploratory research is not intended for generalization to large populations and is designed to increase the knowledge of the field of study; by conducting a pilot study to test the methodology before a larger study is undertaken (Burns and Grove, 2009:359).

In this study a pilot study was conducted to provide an in-depth exploration of the implementation of performance management by the nursing personnel in a level 2 public hospital. The flexibility of this research design provided an opportunity to examine all aspects of the problem.

1.7.3 Descriptive research

A descriptive design is used to develop a theory, identify problems with the present practice, justify current practice, make judgements, or find out on what others in the same situations are doing (Burns and Grove, 2009:237). According to Brink, van der Walt and van Rensburg (2006:10), a descriptive design consists of a typical descriptive design, comparative descriptive design, time dimensional and case study design.

A typical descriptive design was used in order to achieve objectives 1 and 2 of this study. This aimed at describing the implementation of the PMS from the perspective of line managers and employees in a level 2 public hospital in the North-West Province. In a typical descriptive design the researcher studies characteristics of a single sample and identifies a phenomenon of interest and the variables within that phenomenon. The researcher conceptually and operationally defines the variables of interest. These variables are further described to display a complete picture of the existing phenomenon (Burns and Grove, 2009:237; Brink *et al.*, 2006:104). Descriptive research is further discussed in detail in Chapter 3.

1.7.4 Contextual design

A short overview of the context of this study is provided here, followed by a detailed description in Chapter 2 (refer to 2.7) and Chapter 3 (refer to 3.2.4). According to Van Rensburg and Pelsler (2004: 162), the health care system of South Africa has transformed and provides significant health policy and

legislation changes. The formerly divided and fragmented health authorities and services are now consolidated. In principle the staff and patients are freed from race and gender discrimination; there is equity and representativeness resulting in respect of core human values and constitutional rights, though the two class character of the health sector of a weak public sector used by the majority of the population, and a strong private sector providing services for the wealthy and insured minority still remains. Yet in general the health transformation has improved (and continues to improve) the health care of South Africa to a certain extent. The specific context of this study was a level 2 public hospital.

1.8 RESEARCH METHOD

The research method consists of the population, sampling, data analysis, reliability and validity (Klopper, 2008:69). The formulation of guidelines for implementation of PMS by line managers and employees was approached in two phases. The first phase consisted of the gathering of evidence regarding the perception of implementation of PMS by line managers and employees in the level 2 public hospitals in North-West Province, and the second phase involved the formulation of the guidelines to implement PMS by line managers and employees in the same hospital. Table 1.1 provides an illustration of how the structure of this research study is linked to the objectives.

Table 1.1 Illustration of structure of this research study

Phase 1: Compilation of evidence regarding implementation of PMS by line managers and employees in the level 2 public hospital in the North-West Province	
Objective 1 Describe the implementation of the PMS from the perspective of line managers in a level 2 public hospital.	Step 1 Explore and describe the implementation of the PMS from the perspective of line managers in a level 2 public hospital.
Objective 2 Describe the implementation of the PMS from the perspective of employees in a level 2 public hospital.	Step 2 Explore and describe the implementation of the PMS from the perspective of employees.
Phase 2: Formulation of guidelines for the implementation of PMS by line managers and employees in the level 2 public hospital in the North-West Province	
Objective 3 Formulate guidelines for the implementation of PMS by line managers and employees.	Step 3 Develop and formulation of guidelines for the implementation of PMS.

A summary of the research method used (population, sample, and data analysis, reliability and validity) is illustrated in Table 1.2. A detailed discussion of the research method can be found in Chapter 3.

1.9 ETHICAL CONSIDERATIONS

Permission to conduct the study was obtained from the North-West University (Potchefstroom campus) Ethics Committee (certificate number: NWU-00004-10-S1 attached as Appendix 1), the North-West Department of Health Research Committee (approval letter attached as Appendix 2), the level 2 public hospital Ethical Committee (approval letter attached as Appendix 3), written informed consent obtained from the nursing personnel involved in the study (consent form attached as Appendix 4). The researcher adhered to the following optimal ethical considerations throughout the research process for protection of participants' human rights (Burns & Grove, 2009:189; Brink *et al.*, 2006:30):

1.9.1 Right to self-determination

This right is based on the ethical principle of respect for persons. The participants were treated as autonomous agents, who had the freedom to conduct their lives as they chose without external controls. They were informed about the proposed study and allowed to voluntarily choose to participate or not. The participants were informed that they have the right to withdraw from the study at any time without a penalty (Burns & Grove, 2009:189; Brink *et al.*, 2006:32).

1.9.2 Right to privacy

This is the right an individual has to determine the time, extent, and general circumstances under which personal information will be shared with or withheld from others. Data collection methods were scrutinized to protect the participant's privacy, and data could not be gathered from the participants without their knowledge (Burns & Grove, 2009:194; Brink *et al.*, 2006:33).

1.9.3 Right to anonymity and confidentiality

On the basis of the right to privacy, the participants had the right to anonymity and the right to assume that the data collected was kept confidential. A list of line managers and employees working in the level 2 public hospital and unit allocation was provided by the human resource department for the researcher to gain access to the population of line managers and employees. After the researcher obtained consent from the participants on their participation, the list of real names was destroyed. The written approval signature was separate from the questionnaire in order to ensure anonymity. The participant's identity would not be linked, even by the researcher, with his or her individual responses. The data collected underwent group analysis (one group were the line managers and

the other group the employees) with each questionnaire coded and numbered as either LM (for line managers) or E (for employees) (Burns & Grove, 2009:196; Brink *et al.*, 2006:34).

1.9.4 Right to fair treatment

The right to fair treatment is based on the ethical principle of justice. Each person was treated fairly as the selection of line managers and employees' population in the level 2 public hospital was fair by being included for reasons directly related to the study. An all inclusive sampling did not allow for any biasness that might influence subject selection (Burns & Grove, 2009:198; Brink *et al.*, 2006:33).

1.9.5 Right to protection from discomfort and harm

The right to protection from discomfort and harm is based on the ethical principle of beneficence, which holds that one should do good and do no harm. Discomfort and harm can be physiological, emotional, social, and economic in nature. The researcher explained to the participants that the questionnaires to be completed would take not more than twenty minutes and there would be no embarrassment associated with responding to the questionnaires. The discomfort would be minimal and temporary and similar to what the participant would experience in his or her daily life and will immediately be gone after completion of the questionnaires (Burns & Grove, 2009:198; Brink *et al.*, 2006:39).

1.10 SUMMARY

In this chapter the introduction and background, statement of the problem, research questions, principal aim and objectives and the researcher's assumptions were discussed. An overview of the research design and - method, and ethical considerations were also outlined. In the next chapter (Chapter 2)

the literature will be surveyed and described in order to gain a greater understanding of the PMS and its implementation.

Table 1.2 Research methods used in the different phases and steps

Phase 1: Compilation of evidence regarding implementation of PMS by line managers (LM) and employees (E) in a level 2 public hospital in the North-West Province				
OBJECTIVE	POPULATION AND SAMPLE	DATA COLLECTION	DATA ANALYSIS	RELIABILITY AND VALIDITY
<p>Objective 1: Describe the implementation of the PMS from the perspective of line managers in a level 2 public hospital.</p>	<p>Population: Forty eight line managers working at the level 2 public hospital (N=48) Sampling: All inclusive sampling was used and all line managers were invited to participate in the study Sample size: Twenty six line managers accepted the invitation and twenty four completed the questionnaires (n=24)</p>	Questionnaires	Descriptive statistics	<p>Content validity Face validity Criterion reference validity Objectivity Stability Equivalence Homogeneity</p>
<p>Objective 2: Describe the implementation of the PMS from the perspective of employees in a level 2 public hospital.</p>	<p>Population: One hundred nursing employees working at the level 2 public hospital (N=100) Sampling: All inclusive sampling was used and all employees were invited to participate in the study Sample: Fifty six employees accepted the invitation and five employees completed the questionnaires (n=55)</p>	Questionnaires	Descriptive statistics	<p>Content validity Face validity Criterion reference validity Objectivity Stability Equivalence Homogeneity</p>
Phase 2: Formulation of guidelines for the implementation of PMS by line managers and employees in the level 2 public hospital in the North-West Province				
<p>Objective 3: Develop guidelines for the implementation of PMS by line managers and employees.</p>	Evidence from Objectives 1 and 2	Integrating and synthesizing data from Objectives 1 and 2	Synthesis of evidence	<p>Content validity Deductive and inductive reasoning</p>

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter focuses on the definition of the performance management system (PMS) the purpose, objectives/outcomes and limitations of PMS and performance appraisal (PA). The performance management development system (PMDS), as addressed in the North-West Provincial Government Policy No 13 of 2008 as amended, its purpose and objectives are also outlined. The chapter further details the importance of implementing the PMS system as a whole in relation to its parts which are the performance agreement and the performance appraisal. The North-West Provincial Government policy No 13 is further broken down and discussed in detail. To conclude the literature study, the context of the South African health care system (levels of health care services in particular) is outlined. The topics chosen for this literature review provide the framework for a deeper and broader understanding of the PMS research conducted.

2.2 SEARCH STRATEGY

Literature searched consisted of books, journals, theses, dissertations and international electronic databases namely EBSCOHost, Google Scholar for electronic theses and dissertations (ETD), A to Z journal list, Emerald, ProQuest, JSTOR, Sabinet online and other databases that could be freely accessed at the North-West University campus library and inter-library loans. The literature cited was selected based on its relevancy to the prospective study. Search words used by the researcher were: performance management system; performance appraisal; performance agreement and performance development plan.

2.3 PERFORMANCE MANAGEMENT SYSTEM (PMS)

2.3.1 Definition

Gunaratne and du Plessis (2007:17) value PMS and define it as a process that is not simply a once a year meeting to review the past year's performance and set goals for the next year, but it involves a number of activities, namely: 1. setting goals; 2. preparing performance plans; 3. conducting reviews; 4. tracking behaviours; 5. gathering data; and 6. writing evaluations. All these activities are of significance as they require time, commitment and skills.

PMS can provide the link between "what's" and "how's" of personnel performance. In many occasions companies use the following acronym to apply the system (The Government of the Republic of the Gambia, 2003:18):

- S** Simple, clear and understandable
- M** Measurable, in terms of quantity and where possible, quality, money and time
- A** Agreed between the member and the supervisor
- R** Realistic – within the control of the member, taking account of her/his experience – but challenging
- T** Timely – to reflect current priorities, assessable within the annual reporting cycle of the performance appraisal.

PMS is not simply the appraisal of individual performance. Rather, it is an integrated and continuous system that develops, communicates and enables the future direction, core competencies and values of the organization, and helps to create an achievable degree of understanding. It ensures the development and effective carrying out of

corporate, department, team and individual objectives; performance appraisal system; reward strategies and schemes; training and development strategies and plans; feedback, communication and coaching; individual career planning; and mechanisms for monitoring the effectiveness of PMS and interventions (Esu & Inyang, 2009:100).

2.3.2 Purpose

The Australia Management Advisory Committee (2001:15) suggested that an effective PMS can increase productivity and morale in an organization and help one retain valued high-performers. Most organizations recognize the importance of performance management in improving both individual and organizational performance. Swanepoel *et al.*, (2003:375) state that performance management significantly affects the success of the organization by having managers and employees working together to set expectations, review results and reward performance.

Fryer *et al.*, (2009:478) assessed the state of PMS within the public sector and stated that the literature identifies the key features of a successful PMS as: alignment of the performance management system and the existing systems and strategies of the organization; leadership commitment; a culture in which it is seen as a way of improving and identifying good performance in an organization; involvement of stakeholders; and continuous monitoring, feedback and learning from results. However, some authors also feel it is important that the PMS is not static but matures as the management style and the culture of the organization develops.

2.3.3 Objectives

PMS has a number of key goals and objectives as outlined by Cannel (2009) namely: it creates a culture that empowers individuals and teams to take responsibility for their own learning and development and the continuous improvement of the business processes and activities; it enhances the sharing of expectations between the firm and its employees, it facilitates the alignment of individual and organizational goals and

objectives; and it facilitates a good working relationship between managers and employees and promotes an environment conducive to increasing performance; and it implements performance metrics to assess the extent of meeting performance targets.

Rao (2008:6) regarded the most important objectives of PMS as enabling each individual employee to plan his/her annual work and take responsibility for his/her work since this will make the individual enjoy a sense of fulfilment. The objectives ensure that the individual aligns his/her goals with organizational goals as every individual views his work from the perspective of organizational priorities; and to ensure that the individual is involved in productive activities, using his/her competencies in contributing to the achievement of departmental or organizational goals and outcomes, whilst at the same time continuously learning and developing his/her capabilities and enjoying work.

2.3.4 Advantages

The way to increase employees' motivation and productivity is to ensure that everyone has a common understanding of what high performance is and to make sure that employees know what is expected of them (Prasetya & Masanori, 2011:85). Also, managers should recognize the effect that they have on their employees and the need to use their positions to influence the link between motivation and performance in positive and creative ways.

Esu and Inyang (2009:100) explained that by clarifying what is expected of each employee, outlining which behaviours will be rewarded, and giving feedback on performance, people can focus more on contributing to the goals of the organization whilst also reducing stress on employees and managers.

Effective PMS can also contribute to the personal development and growth of an employee. As organizations encourage employees to use their talents and skills in the workplace, employees develop a source of portable skills that make them more

marketable and that contributes to their feeling of self worth (Whitford & Coetsee, 2006:65).

Mothusi (2008:69) studied and researched four government departments in Botswana. His findings revealed that the culture of public servants changed following the introduction of PMS. The majority of respondents revealed that a culture of planning and accountability for one's performance and action is becoming entrenched. This is because PMS makes it compulsory for officers to plan and do their work in a systematic and organized manner through preparation and execution of performance development plans as well as upholding departmental values as reflected in the vision and mission statements. On the negative side, the study findings revealed that a top-down approach was adopted at the planning stage, thus resulting in lack of ownership of the reform.

Rao (2008:8) pointed out that performance should be assessed against flexible expectations, because these could be changed during the course of performance when there are challenges, and when the new information and data becomes available. The author regarded sharing and reviewing of the expectations as essential in PMS. He also suggested use of innovative methods during the annual reviews of performance rather than assigning numbers to employees.

Swanepoel *et al.*, (2003:375) referred to performance management as a concept that is broader and more integrative than performance appraisal, where performance ratings are not emphasized. Performance management involves planning, reviewing, allocating of resources, and problem solving aspects.

The value of PMS and its significant difference from performance appraisal is that it is a continuous and much wider and more comprehensive process of management that clarifies and emphasizes the support role of managers. For PMS to be successful there needs to be ongoing communication between managers (line managers) and followers (employees), and clear expectations and understanding created about the important

duties the employee is expected to perform (job description); how the leader–manager’s job contributes to the goals of the health care setting; what “doing the job well” means; how job performance will be measured; and identifying barriers to performance and how they can be removed (Jooste and Fourie, 2009).

In research conducted by Down, Chadbourn and Hogan (2000:213) on how teachers were managing PMS, the teachers found despite continued reservations, that they could take charge of the process, maintain a sense of autonomy and control over their work, and capitalize on the limited opportunities for professional growth provided by annual appraisal cycles. The findings of the study could be summarized in four key elements: that teachers could see the potential of PMS to improve the teaching profession, but they were concerned about the way it was being implemented; they were suspicious of the motives behind PMS and that it could easily be used to disempower and control teachers; they were concerned that it would promote the collection and showcasing of “evidence” rather than rewarding genuine good teaching.

2.3.5 Challenges

Currently, PMS in South African organizations has been failing to follow best practices and there is still a struggle to implement it effectively (Whitford & Coetsee, 2006:63). Some of the common problems experienced by South African as well as international organizations are: Human Resources, rather than line management, is still seen to own the process; lack of empowerment of line management and employees in performance management; short-term focus, which often results in little managerial commitment to the implementation of performance management; there is still a struggle to align performance with the strategy and goals of the organization; organizations often experience problems in rewarding employees and taking decisions on remuneration and promotion of employees; the results from performance management are sometimes found to be questionable; PMS tends to focus on evaluation rather than on development; and organizations focus on historical

performance events rather than on future performance behaviours (Whitford & Coetsee, 2006:64).

2.3.6 Limitations

Grobler *et al.*, (2002:260) argued that despite the enthusiasm regarding PMS by different companies in South Africa, a survey of some leading organizations undertaken by the University of Stellenbosch Business School revealed a murky picture of the way employee performance was managed and rewarded in South Africa. Major problems that were identified during the survey included the existence of a negative working culture, and insufficient line management support for performance management.

PMS is assumed to be inappropriate and a bureaucracy of the past as compared to the current changes of today. Although organizations realize that people are a key source of sustaining them in the competitive world, very little managerial attention has been given to employee development, motivation and commitment. It has also been discovered that traditional methods of setting objectives and performance appraisal are still the driving forces of PMS, replaced often by personal development plans. Human resource managers still own the PMS, practising old methods and trying to show transformation only by increasing salaries of employees (Whitford & Coetsee, 2006:66).

Rao (2008:7) identified a number of limitations in PMS, amongst others a lack of focus in its management. It is common for line managers to enquire if they should continue with filling in performance plans (work plans) and appraisal forms. There are insufficient managerial skills to improve performance; more managers are needed for implementing PMS effectively. It has always been a problem to identify managers accountable for PMS in organizations because of the ineffectiveness and lack of implementation of the PMS system.

The PMS needs to focus on the objectives of the job and of the organization. This means that the strategic plan of the organization and measurable objectives must be communicated to individuals and teams. Employees must not only know what is to be achieved but also how to go about achieving it (Whitford & Coetsee, 2006:73).

CONCLUSION ON PERFORMANCE MANAGEMENT. As much as a good PMS can reduce the wastage of time and talent, and ensure a better utilization of human resources, it is a complex process that involves a continuous dialogue, discussion, and debate at different levels: individuals, teams, and the organization in general. It cannot therefore be reduced to an annual exercise only in which less than a few hours are allocated and yet great results are expected. Its complexity comes from the intricacy of defining performance itself. It should therefore be emphasized that no matter what is done, there will always be issues in managing performance (Rao, 2008:13; Fryer *et al.*, 2009:480).

2.4 PERFORMANCE AGREEMENT

2.4.1 Definition

According to the North-West Provincial Administration (2008:8), the performance agreement is the document that the manager and employee jointly develop at the beginning of the assessment period. It sets out the employee's goals, objectives and targets for the year. These job expectations and standards will form the basis of the employee's performance management. The content of the performance agreement must include: employee data and a clear description of the employee's job role, including the main objectives, job purpose and the relevant Key Result Areas ([KRA's], which are actions and activities that are critical for making an effective contribution to the achievement of departmental strategies, and they are goods and services produced by an employee often measured by goals, objectives or standards) and Generic Assessment Factors ([GAF's] actions and behaviours that can be measured through

performance dimensions); a completed annual work plan (as an attachment); and a personal development plan.

The purpose of the development plan is to identify any performance output shortfall in the work of the employee in order to plan and implement an action plan to reduce the gap. The employee and the manager are required to take joint responsibility for the achievement of the personal development plan (The Government of the Republic of the Gambia, 2003:18).

2.4.2 Purpose

The performance agreement is developed for a number of reasons: to assist the line manager and the employee in complying with the provisions of employment entered into between two parties; to specify objectives and targets established for the employee and to communicate to the employee the employer's (represented by the line manager) expectations of his/her performance and accountabilities; to monitor and measure performance against set targeted outputs; to use the performance agreement and plan as the only basis for assessing whether the employee has met the performance expectation applicable to him/her; appropriately reward the employee according to his/her PMS in case of outstanding performance; and to give effect to the employer's commitment to a performance-oriented relationship with the employee in achieving equitable and improved service delivery ((The Government of the Republic of the Gambia, 2003:17).

2.4.3 Advantages

A performance agreement is a contract that ties organization's objectives to employee's objectives, job duties and responsibilities; it is specific to an individual; it facilitates employee and supervisor communication; it is future-oriented, it is flexible; it can be put into place for all employees, but more easily used for employees with a broader scope of responsibilities, and a mixture of non-routine and routine work and makes it

very clear how performance will be measured (North-West Provincial Administration, 2008:8).

2.4.4 Limitations

The performance agreement objectives and standards can focus on annual results, while ignoring routine aspects of jobs. Care must be taken to ensure that objectives are realistic; objectives and standards can be compromised by changing circumstances and too much flexibility; must be consistent with culture and it can be time consuming to implement a fully integrated system and it can become too task oriented and less flexible when responsibilities of a position change. Also, if standards are not reviewed and updated regularly, it can hold the employee and unit back, may not provide enough challenge for the employee and may become too task-oriented (The Government of the Republic of the Gambia, 2003:18; North-West Provincial Administration, 2008:8).

CONCLUSION ON PERFORMANCE AGREEMENT

The agreements reached on the KPAs and GAFs will inform the PMS. The performance of all members of staff is assessed against the performance agreement decided upon by both parties (the line manager and the employee). Each relevant criterion is weighed to show the extent of its relevancy to the specific member's job. The performance agreement forms the basis regarding developmental requirements, granting or considering a reward during the implementation of PMS ((The Government of the Republic of the Gambia, 2003:18; North-West Provincial Administration, 2008:8).

2.5 PERFORMANCE APPRAISAL

2.5.1 Definition

Performance appraisal is one of the phases of PMS. It provides an excellent opportunity for an employer to communicate with the employee about past performance, evaluate the employee's job satisfaction, and make plans for the employee's future performance. It is the process of measuring an employee's performance in the current position. Many terms are used for this process, including evaluation, appraisal, and assessment, and usage varies depending on policy and/or contract language (The Australia Management Advisory Committee, 2001:15).

The performance appraisal summarizes the employee's contributions over the entire assessment period. It may occur as often as is necessary to acknowledge the employee for accomplishments and to plan together for improved performance (Rao, 2008:13; Esu & Inyang, 2009:101).

Performance appraisal may also be defined as a formal and systematic process whereby relevant strengths and weaknesses of employees are identified, observed, measured, recorded and developed. This definition lays out the important components of what the process of performance appraisal should ideally entail namely: 1. **identification** - the rational and legally defensible determination of the performance dimensions to be examined; 2. **observation** - observing all appraisal aspects sufficiently for making accurate and fair judgments; 3. **measurement** - the appraiser's translation of the observations into value judgments about how "good" or "bad" the employee's performance was; 4. **recording** - concerns the documentation of the performance appraisal process and outcomes; 5. **development** - indicates that appraisal is not simply an assessment of the past but that it should also focus on the future and on the improvement of individual performance. In performance management, appraisal is acknowledged as one of several planning and accountability systems in an organization

(Swanepoel *et al.*, 2003:375; (The Government of the Republic of the Gambia, 2003:22).

2.5.2 Purpose

Bitange, Kibet and Magutu (2010:125), outlined the purpose of performance appraisal as a means to identify weaknesses and strengths as well as opportunities for improvement and skills development. Appraisal results are used to determine reward outcomes i.e. identifying the better performing employees who should get the majority of available merit pay increases, bonuses, and promotion. They further state that appraisal results are also used to identify the poorer performers who may require some form of counselling, or in extreme cases, demotion, dismissal or decrease in pay.

Performance appraisal assists to evaluate an employee's contribution, to facilitate for training and career development and forecasting in response to the employees' performance. Each employee is unique in the way that they perform. The strengths and weaknesses in employee performance are clearly defined. Managers are able to measure contributions relevant to each employee's role (Bitange *et al.*, 2010:125). This measurement assists in further training and possible career development. It is in the organization's best interests to ensure ongoing training and career development of each of their members of staff. Not only do performance appraisals explain areas where training may be required but they too explain unique motivators relevant for each employee (Bitange *et al.*, 2010: 125).

Performance appraisals assist in empowering businesses. By understanding each individual that makes up a team, employers are able to plan future career paths for employees on a personal basis, and managers are able to map a career growth plan for their employees and for the company as a whole (Bitange *et al.*, 2010: 125).

2.5.3 Objectives

According to the (The Government of the Republic of the Gambia, (2003:22), the main objective of performance appraisals is to measure and improve the performance of employees and increase their future potential and value to the company. Other objectives include providing feedback, improving communication, understanding training needs, clarifying roles and responsibilities and determining how to allocate rewards. The feedback received by the employee can be helpful in giving insight to how superiors value his/her performance, highlighting the gap between actual and desired performance and diagnosing strengths and weaknesses and showing areas for improvement.

The method of performance appraisals helps superiors strengthen relationships and improve communication with employees. The performance appraisals also identify the necessary training and development the employee needs to close the gap between current performance and desired performance. Roles, responsibilities and expectations of all employees are clarified. Performance appraisals reduce employee grievances by clearly documenting the criteria used to make organizational decisions such as promotions, raises or disciplinary action (Bitange *et al.*, 2010: 125).

Performance appraisals help the employees to feel positive about the job; feel appreciated for specific contributions; benefit by specific, constructive feedback; keep informed about current and future performance objectives; keep motivated to do well to develop; and stay involved as a participant in the process (Booyens, 2004:570).

2.5.4 Outcomes of effective performance appraisal

Ishaq, Iqbal and Zaheer (2009:480), studied outcomes of performance appraisal and explored factors that could harm performance appraisal effectiveness from the perspective of Pakistani public and private sector organizations. Those authors stated that common outcomes of an effective performance appraisal process are employees'

learning about themselves, employees' knowledge about how they are doing, employees' learning about "what management values". The same authors regarded outcomes of effective performance appraisal as improvement in the accuracy of employee performance and establishing relationship between performance on tasks and a clear potential for reward. They stated five outcomes, i.e. use of evaluations as feedback to improve performance, reduced employee turnover, increased motivation, existence of feelings of equity among employees, linkage between performance and rewards.

Literature regarded acceptability and the purpose of performance appraisal to be both paramount and interdependent. Evidence suggested that from an employee perspective, in order to be acceptable the appraisal needs to have a clear purpose, and the appraisal purpose has to be acceptable. The relationship between purpose and acceptability reinforces the need for appraisal to be embedded in PMS rather than to stand alone as a human resource event. If the appraisal is part of a fully fledged PMS, it is more likely that the appraisal will be linked to the organization's strategy and that both compensation, and training and development needs will be achieved. Under these conditions the appraisal is more likely to be acceptable to those rated (Maley, 2009).

2.5.5 Limitations

The following aspects can cause harm to the effectiveness of performance appraisal: exemptions to the highly visible employees, conduct of performance appraisal to punish the low performers, rewards for non-performance, doubts in the mind of performers about appraisal's after-effects, organization politics that leads to disturbed performance of targeted employee; use of fundamentally flawed appraisals, focus on encouraging individuals, which automatically discourages teamwork, inconsistencies in setting and applying appraisal criteria, focus on extremes (exceptionally good or poor performance), focus on achievement of short-term goals, support to autocrat supervisors, subjectivity of appraisal results and creation of emotional anguish in employees; use of vague qualities and irrelevant measurement criteria, use of useless

checklists for evaluation, monologues instead of dialogues in feedback sessions, reluctance of appraisers to offer feedback, supervisor's misguidance to appraiser; inaccuracies at supervisor/organization's end (Ishaq *et al.*, 2009:480).

Rao (2008:2) in his article pointed out the flaws in the annual performance appraisals previously utilized to measure the whole year's effort of an employee in terms of numbers. He suggested that this system should be replaced with the PMS which offers a set of changes to make it more effective. He suggested change from "appraisal" to "management" and focus on "contributions and improvement". Many nurse managers perceive the appraisal as a time consuming process of endless paperwork (Yoder-Wise, 2007:294). The term "appraisal" suggests that the main purpose of the system is appraisal or evaluation. It amounts to reducing the entire year's or six month's work of an individual into a number. The use of performance appraisal only has wrought havoc in the lives of many employees. It has caused few people to get promoted, some of them undeservingly and a few others to walk into the office every day with low interest and satisfaction to carry on with their jobs (Rao, 2008:2).

South African research indicated that problems in performance appraisal resulted from technical issues in the system itself e.g. choice of format and administrative procedures; purposes for which it is designed, linking it to other systems such as reward systems; and human issues related to perceptions and the interaction process between manager and employee e.g. employee mistrust of the real goals of performance review, feedback not being regular or meaningful enough for improving performance, supervisors being prejudiced in their ratings (Swanepoel *et al.*, 2003:378).

There are commonly encountered judgmental biases or rater errors in performance appraisal namely:

- leniency and strictness error – the tendency of some evaluators to assign either mostly favourable ratings or mostly very harsh ratings to all employees;

- central tendency – to assign all ratings towards the centre of all scales, thus evaluating all employees as average;
- halo error – to allow the rating assigned to one performance dimension in order to influence, either positively or negatively, the ratings on all subsequent dimensions;
- same-as-me and different-from-me error – to assign more favourable ratings to employees who are perceived by the rater to be similar to or behave in a similar way to the rater or to rate less favourably those employees who are demonstrably different from the rater; and
- contrast error – to allow the rating of an individual to be positively or negatively influenced by the relative evaluation of the preceding rate. An average performer may receive a poorer rating than would otherwise have been the case if his/her appraisal follows that of an excellent performer (Swanepoel *et al.*, 2003: 380; Yoder-Wise, 2007:294).

No two numbers are comparable in appraisals. The numbers in performance appraisals do not follow any rules except the rules of the nominal scales. However the organization may try to promote objectivity, it should be recognized that the numbers assigned by each appraiser at best follow ordinal scales. The ratings depend on so many factors: for instance the manager, his/her previous background, his/her personality, expectations, the performer (assessed) and his/her own background, the way the goals are set, the level of the goals, expectations of the assessor from the performer, the culture of the organization. One cannot say that a person who gets a 68 rating on a 100 point system is definitely superior to another who gets a rating of 64, and especially if the 64 is from a setting where the performer had a lot of odds to face (including perhaps that of the supervisor himself). Yet we treat them as sacred and use them to fit into normal probability, add, subtract, multiply, and calculate incentives, for instance. This is fundamentally a wrong attempt to fit qualities into quantities and use them for anything beyond a discussion or analysis (Rao, 2008:480).

Rao (2008:13) regarded the main difference between PMS and performance appraisal as being their respective emphasis and spirit, whereby good organizations in the past have used their performance appraisal systems' title as PMS. He stated that the title seemed to mean a lot in communicating the appropriateness of the system and its emphasis.

CONCLUSION ON PERFORMANCE APPRAISAL

The performance appraisal system is important for work performance of any organization because it determines the organization's success or failure. It is the only objective and metric way by which the level of performance of line managers and employees can be measured. Much as performance appraisal has its limitations, it remains a legitimate and important part of managing the performance of employees in order to achieve the results and goals expected of them (Swanepoel *et al.*, 2003:275)

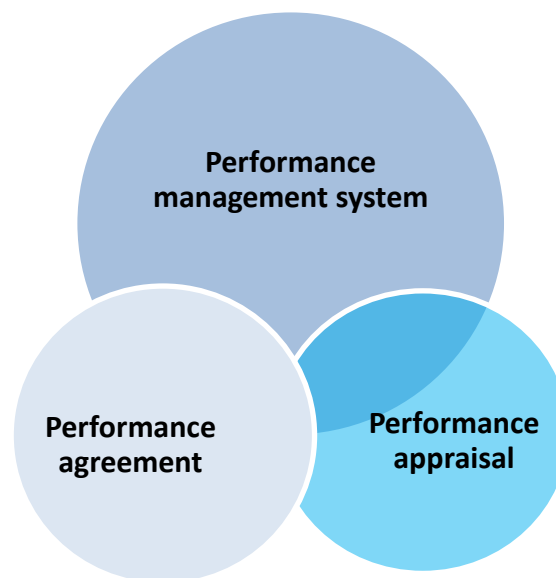


Figure 2.1 The performance management system including performance agreement and performance appraisal

2.6 THE NORTH-WEST PROVINCIAL ADMINISTRATION POLICY NO. 13 (Amendment approved for implementation effective from 2008/9 performance cycle)

The North-West Provincial Administration introduced the above mentioned policy to create a better understanding of PMS in the province and gave guidance on the implementation and management of performance appraisal within the context of PMS. This policy was used as a baseline of this literature study. It outlined the performance management system and termed it a Performance Management Development System (PMDS). It is in this context that its goals, objectives, roles of the line manager and the employee and its entire operational framework are outlined below.

2.6.1 Goals

The goals of the PMDS policy are to establish an objective system through which performance can be managed; guide employees and assist them to be able to link strategic focus areas of the provincial administration with their departmental operational activities; give clarity to employees on what must be done, how and why it must be done; involve employees in setting standards and empowering them on how to achieve them; establish which skills are necessary and arrange appropriate interventions; ensure regular and consistent review of employees' performance as well as assessment of employees on an annual basis; timeouts; corrective action where there is deviation in terms of expected performance and outcome; and ensure rewarding of performance or incentives where it is due (North-West Provincial Administration, 2008:4).

2.6.2 Objectives

The (North-West Provincial Administration, 2008:4) stipulated that the objectives were to introduce an objective and fair employee appraisal system that would be useful to ensure that the public service is result-oriented; to enhance communication so that the

main objectives and standards are communicated in a consultative and supportive manner so that each employee understands clearly what is expected of him or her; to ensure a continuous cycle of planning, capacity building and feedback on the objective criteria; to provide a centralized record of performance for each employee resulting in the increase of management control over work and results; to instil and sustain a performance culture within the public service; to promote and establish a work contract between employee and the line manager; and to remedy poor performance and to reward good performance.

It must be clear from the outset that there is a difference between the use of traditional performance appraisal and the use of PMS. In contrast to performance appraisals, PMS is a process, not an event. Performance appraisal is a one-time assessment of a person's achievement whereas PMS focuses on ongoing assessment over time. The continuous nature of PMS is what sets it apart from other evaluation methods (Rao, 2008:3).

2.6.3 Roles for line managers

The roles for line managers are to show the employees the link between strategic objectives of the department and the directorates that the employees are serving; communicate the performance assessment process to all employees before the commencement of the performance assessment cycle; fully inform the employees of the criteria used for assessment; explain the development of performance agreements to all employees under their supervision; develop a performance agreement jointly with each employee; provide regular informal performance feedback to employees and formal feedback on designated dates; identify training needs of employees; carry out the half-yearly and annual assessment of the employees on the designated date; convey the final assessment results to the employees; report/present the annual assessment of the employees to the moderating committee; afford the employee the right to refuse to

sign a performance assessment questionnaire if he/she is not satisfied with the outcome of the assessment; and identify the appeals route to be followed in the event of dissatisfaction with the outcome of the assessment (North-West Provincial Administration, 2008:4).

2.6.4 Roles for employees

The employees role are to obtain and sign a job description; clarify with their immediate supervisors the dates and process for developing and submitting their performance agreement; participate in and sign a performance agreement including the workplan; take full responsibility for their career; and commit themselves to personal development for purposes of advancement and growth (North-West Provincial Administration, 2008:3). In this policy the PMS is viewed as a performance cycle of twelve (12) month period in which performance is planned, implemented and assessed. The cycle commences on 1st of April and ends on 31st March of the following year. The probation cycle is however linked to the appointment date of the employee (North-West Provincial Administration, 2008:3).

2.6.5 Roles for moderating committee

The North-West Provincial Administration (2008:4) defined the moderating committee as a committee that conducts assessment moderating meetings to review and ratify assessment outcomes. The role of the moderating committee is to ensure equity and consistency in the application of PMDS; to satisfy itself that departmental and component plans are developed and the PMDS procedures are followed to ensure that line managers agree on work plans and assess performance in a realistic, consistent and fair manner; to ensure that scores given across the department are realistic; to ensure that bonuses are widely distributed and that pay progression and bonuses are within budgetary provisions, that is, 1.5% of total salary bill for performance bonuses and 1% for pay progression.

The moderating committee does not take away the responsibility of the supervisor to overview the performance management actions and assessment outcomes of his/her subordinate supervisor, that is, to ensure equity and consistency in their components. If the moderating committee identifies deviations or discrepancies in the assessment report (and having engaged the supervisor in its sitting), it must finalize the moderation process and present the identified deviations or discrepancies in writing. The assessment report(s) must thereafter be forwarded to the head of department or his/her delegate for final consideration. Detailed minutes of the decisions must be kept by all role players involved (North-West Provincial Administration, 2008:14).

2.6.6 Process of PMDS

The PMDS consists of six steps namely: 1. performance planning; 2. developing performance criteria; 3. performance monitoring; 4. performance review and assessment; 5. annual performance assessment; and 6. performance assessment outcomes. Each of these steps will be discussed.

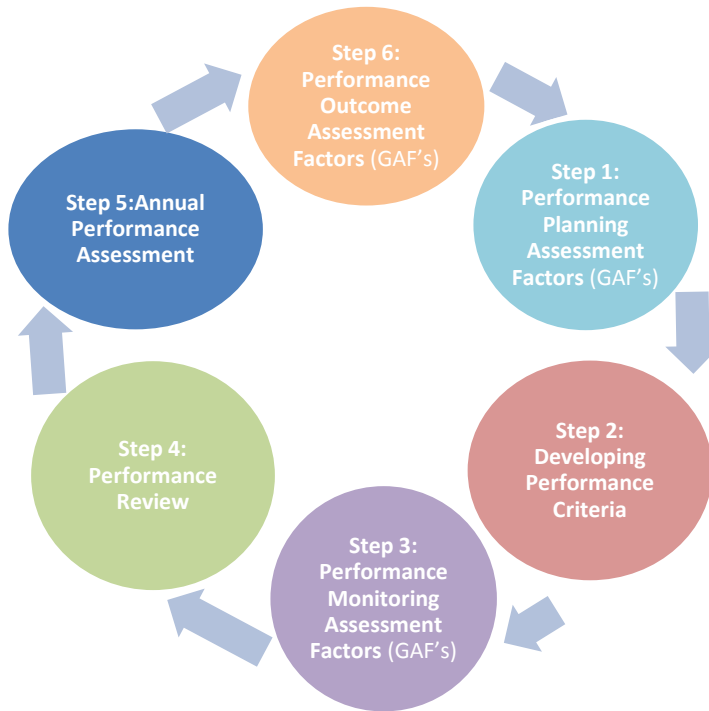


Figure 2.2 The six steps of the performance development management system (PMDS) (adapted from the North-West Provincial Administration Policy No. 13)

- **Performance planning**

In performance planning (step 1) the functions are identified in a role clarification session, then the performance standards are set, and performance objectives determined by both the managers and employees. These are then linked with the departmental strategic goals. Planning also involves aspects such as the manner and methods of observation, feedback, evaluation, development and how the results of the assessment would be used. All employees from salary 1-12 are required to enter into and sign performance agreements within two months after the start of the new cycle. A newly appointed employee is required to complete his/her performance agreement

within the first three months of appointment (North-West Provincial Administration, 2008:7).

- **Developing performance criteria**

Criteria for performance need to be developed (step 2). The criteria for assessment must be agreed upon a year in advance of the annual performance assessment. The criteria upon which the performance of an employee is assessed consist of Key Result Areas (KRAs) and the Generic Assessment Factors (GAFs). In the work plan the KRAs must be dissected into key activities and performance measures that the employee undertakes and the GAFs, which are elements and standards used to describe and assess performance regarding the knowledge, skills and attributes and each line manager and employee must agree on at least five out of the fifteen GAFs that are seen as important for effective performance in that specific job. Each KRA and GAF must be weighed in percentages according to the importance it has in the employee's job. The KRAs cover the main areas of work which account for 70%, whilst the GAFs make up the other 30% of the assessment score, and the weighing must add up to a final assessment score of 100%. A guide to GAFs includes: job knowledge; technical skills; acceptance of responsibility; quality of work; reliability; initiative; communication; interpersonal relationships; flexibility; team work; planning and execution; leadership; delegation and empowerment; management of financial resources; and management of human resources. Each employee must be assessed against both areas (North-West Provincial Administration, 2008:9).

The table below (refer to Table 2.1) illustrates a work plan where performance criteria are developed.

TABLE 2.1 Work plan

KRAs	ACTIVITIES	WEIGHT	PERFORMANCE MEASURES (Quality, Quantity, Time, Cost)	TIME FRAMES	GAF's	WEIGHT
KRA 1		30%			Any 5 Of GAFs	20%
KRA 2		20%			Any 5 Of GAFs	20%
KRA 3		20%			Any 5 Of GAFs	20%
KRA 4		20%			Any 5 Of GAFs	20%
KRA 5		10%			Any 5 Of GAFs	20%
TOTAL		100%				100%
FINAL SCORE		70%				30%

- **Performance monitoring**

The line managers must continually monitor the manner in which the employees utilize their knowledge, skills and attributes in the performance of activities specified in the work plan (step 3). The line managers must also record the strong and weak points as well as specific training and development needs of employees (North-West Provincial Administration, 2008:10).

- **Performance review and assessment**

One-to-one communication sessions must take place from time to time between the line managers and employees about the progress toward the achievement of the

objectives agreed upon (step 4). This provides feedback and creates an opportunity for the employees to raise particular concerns and/or suggestions. Line managers have the duty to communicate performance feedback close to the events being assessed. The performance review sessions are also necessary to reveal areas required to modify the performance agreement. These sessions serve to assist employees in determining the status of their performance at any given time separate from the annual performance assessment period (North-West Provincial Administration, 2008:10).

The performance feedback must be both **formal** – in writing after a discussion between an employee and the line manager at least twice during the six months before the employee's annual formal performance assessment date; and **informal** – verbally on quarterly basis (North-West Provincial Administration, 2008:10).

In unsatisfactory performance (not fully effective) the feedback must be in writing. The six months reviews will be conducted during September (half-yearly review) and March (annual performance review). The periodic reviews must also include a discussion on the employee's development plan requirements (North-West Provincial Administration, 2008:10).

The employee must be informed in advance of an intended formal performance review, at least 48 hours before the review takes place so that he/she can prepare for performance feedback. The review must be a one-to-one discussion between the line manager and the employee. Employees have the right to know how their managers are assessing them. The feedback must be limited to an agreement on the outcome from the work plan (North-West Provincial Administration, 2008:10).

The employee's performance review will be based on the categories of performance indicated. The total of the individual key result areas (KRAs) and generic assessment factors (GAFs) assessment scores is an assessment score for the employee's performance. The employee may choose not to sign the indicated results if he/she is

not satisfied with the outcome of the assessment. He/she also has to acknowledge receipt of the assessment outcomes. He/she must be granted the right to appeal against the decision arrived at in the assessment process and can also follow the grievance and dispute resolution procedures applicable in the public service (North-West Provincial Administration, 2008:11).

Coaching, mentoring, advice, attendance of courses and in-service training are some of the normal performance interventions available to employees and managers. Any performance improvement mechanisms to address identified training and development needs must be recorded in the performance development plan. The training and development needs are not only to be identified during performance reviews and assessments, but also at the planning phase when the work plan is developed (North-West Provincial Administration, 2008: 11).

If it becomes evident during the performance feedback/review sessions that the criteria set or agreed upon for the achievement of objectives at the planning stage were not specific enough or unrealistic, re-planning is done in order to improve the employees' performance. On completion of the performance review, the employee and the manager must sign the half-yearly review form to indicate that the formal six monthly performance reviews has occurred (North-West Provincial Administration, 2008:11).

- **Annual performance assessment**

The annual (formal) performance assessment (step 5) is conducted to identify the overall level of performance of employees during a particular performance cycle. This is the deciding factor regarding whether the performance of the employees has been up to the agreed upon or set standards. The annual assessment instrument is utilized at this stage. The date for formal annual assessment in March coincides with the second sixth-monthly performance review (North-West Provincial Administration, 2008: 12).

- **Performance assessment outcomes**

The outcome of the performance assessment process (step 6) is used to decide on confirmation of appointment for employees on probation, rewards, further training and development of the employees in some aspects of the job and corrective action for employees' performance not fully active in spite of measures already taken to improve performance or for line managers' consistent negative behaviour patterns (North-West Provincial Administration, 2008:15).

2.7 CONTEXT: THE HEALTH CARE SYSTEM OF SOUTH AFRICA

Van Rensburg, Fourie and Pretorius (1992:56) outlined the structure and dynamics of the health care system in South Africa before 1994, commenting on the complexity of the system. Problems and deficiencies in South African health care have a long history. Over the past few years, there has been a widespread perception that services in hospitals have seriously deteriorated, due to staff shortages and the growing HIV/AIDS epidemic. The media has been filled with stories and letters about people being poorly treated when visiting hospitals (Cullinan, 2006). There has also been evidence of widespread mismanagement, patient neglect and abuse, appalling standards of care, lack of hygiene, lack of infection control and a lack of accountability to patients of many hospitals and health facilities (Cullinan, 2006).

In 1994, the new democratic government inherited a highly fragmented, inequitable health system with health departments for four different racial groups as well as an own department of health for each of the ten homelands (Van Rensburg & Pelsler, 2004:109). Health services were essentially doctor-dependent medical services biased towards curing existing diseases (i.e. providing medical care) rather than preventing disease through provision of services such as clean water and sanitation and education (Cullinan, 2006).

There was a strong private health sector which included health professionals in private practice, private hospitals, pharmaceutical manufacturers and distributors and medical aid schemes. Approximately 80% of the funds spent on health in the country were spent in the private sector, which accounted for almost half the country's approximately 400 hospitals. Yet only about 17% of the population, the majority white and Indian had medical aid schemes and used private health facilities. The rest of the population depended on the public health system, which was struggling to meet demands (Cullinan, 2006).

Since 1994 the South African health system has achieved significant progress in legislation, gazetted policies and better health systems management, though prevention and control of epidemics and allocation of resources are still challenges (Harrison, 2010).

According to Van Rensburg and Pelsler (2004:162), the government has transformed restructured South African health care system so that scarce resources are used more efficiently. Patients using the public health system are now only able to access higher levels of care once they have been assessed and referred upwards by health workers at a primary health care level.

2.7.1 Public health services

Public health services are health services provided by the state in the form of primary health care, basic and specialized hospital services. Below is a discussion of the various health services:

2.7.1.1 Primary health care services

The point of entry for South Africans to health services is at primary level through local clinics and community health centres. These facilities treat people who are able to walk and do not need to be confined to bed. From April 1996, services at this level were free of charge (Cullinan, 2006). They offer services such as mother and child care,

immunization, family planning, treatment for sexually transmitted infections (STIs), minor ailments and chronic illnesses e.g. diabetes and hypertension (Cullinan, 2006; Van Rensburg & Pelsler, 2004:162).

2.7.1.2 Hospital services

Drafted recommendations on the definition of each category and what services should be available at each facility or any norms and standards were developed for the DoH's Directorate of Quality Assurance and were to be adopted during 2006 (Cullinan, 2006). These recommendations had yet to be officially endorsed by the department. There are three categories of hospitals in South Africa. The most common names used to refer to these categories are District, Regional and Tertiary (provincial tertiary and national central) hospitals although government is now replacing these with the names Level 1, 2 and 3 hospitals. As their names imply, they offer different levels of service (Cullinan, 2006; Van Rensburg & Pelsler, 2004:475).

- **District hospital (Level 1)**

A district hospital is defined as a facility at which a range of outpatient and inpatient services are offered. It is open 24 hours a day, seven days a week. The hospital would have between 30 and 200 beds, a 24-hour emergency service and an operating theatre. In the North-West Province in 2006 there were 24 District Hospitals (Cullinan, 2006). A District Hospital is a first level of referral and ordinary general practitioners are available with access to basic diagnostic and therapeutic services, such as X-rays and basic laboratory tests. It would have a functional operating theatre in which operations are performed regularly under general anaesthesia (although there would be no specialist anaesthetist). There would be no intensive care unit (Cullinan, 2006). According to the World Health Organisation's definition, district hospitals should provide diagnostic, treatment, care, counselling and rehabilitation services and cover the following clinical disciplines at generalist level: family medicine and primary health care, medicine,

obstetrics, psychiatry, rehabilitation, surgery, paediatrics and geriatrics, though the list is not fixed, as it depends on the needs of the population served (Cullinan, 2006).

- **Regional hospitals (Level 2)**

This study was conducted in a regional level 2 public hospital. Regional hospitals are level 2 facilities that provide care requiring the intervention of specialists and general practitioners. A hospital providing a single specialist service would be classified as a specialized level 2 hospital. A general level 2 hospital would need to provide and be staffed permanently in at least five of the following eight basic specialties: surgery, medicine, orthopaedics, paediatrics, obstetrics and gynaecology, psychiatry, diagnostic radiology and anaesthetics. Regional hospitals are often the most overburdened of all levels of hospitals, bearing the brunt of the many inadequacies in the district hospitals. In the North-West Province in 2006 there were four Regional Hospitals (Cullinan, 2006; Van Rensburg & Pelser, 2004:475).

- **Tertiary hospitals (Level 3)**

A Level 3 facility provides specialist and sub-specialist care. They are divided into four subcategories:

- *Provincial tertiary hospitals (Tertiary 1)*

These hospitals receive patients from, and provide sub-specialist support to, a number of regional hospitals. Most of the care should be Level 3 care that requires the expertise of clinicians working as sub-specialists or in rarer specialties (within surgery for example, sub-specialties such as urology, neurosurgery, plastic surgery and cardiothoracic surgery). In the North-West Province in 2006 there were two tertiary hospitals (Cullinan, 2006; Van Rensburg & Pelser, 2004:475).

- *National referral hospitals (Tertiary 2)*

Some tertiary 1 hospitals will also provide a defined range (package) of other specialized services. These are classified as tertiary 2 hospitals - also called national referral hospitals (Cullinan, 2006).

- *Central referral hospitals (Tertiary 3)*

In a very small number of hospitals, currently two, there will be an additional package of sub-specialties. These will be referred to as tertiary 3 hospitals (also called central referral hospitals). These hospitals consist of very highly specialized national referral units that together provide an environment for multi-specialty clinical services, innovation and research. The services provided will generally be of high cost and low volume, and ones that require high technology and/or multi-disciplinary teams of people with scarce skills to provide sustained care of high quality (Cullinan, 2006; Van Rensburg & Pelser, 2004:475).

- *Specialized hospitals*

There are a wide range of possible specialties that could be focused in a hospital, including spinal injuries, maternity, heart, infectious diseases and so on. Two common specialized hospitals catering for high incidence chronic conditions that are found nationally are: psychiatric hospitals that provide long term in-patient care for patients with chronic psychiatric conditions and TB hospitals that provide long term in-patient care for patients with chronic TB (Cullinan, 2006; Van Rensburg & Pelser, 2004:475). The following table illustrates the levels of the public sector hospitals in South Africa in 2006.

**Table 2.2 Levels of South Africa public sector hospitals by province
(adapted from Cullinan, 2006)**

Province	District Hospital (Level 1)	Regional Hospital (Level 2)	Provincial Hospital (Level 3)	National Central Hospital	Specialised Hospital	Total Hospitals
EC	47	9			16	72
FS	24	5	2		3	34
GP	8	11		4	6	29
KZN	37	14	1	1	9	62
LP	37	5	2		3	47
MP	20	5	1		1	27
NC	22	1			3	26
NW	24	4			2	30
WC	28	9		3	21	61
SA	247	63	6	8	64	388

2.7.2 Private health services

Van Rensburg and Pelsler (2004:479), regard private health services as the health services rendered by non-governmental organizations, procured from private providers and funded by private insurances. These services in South Africa continue to be highly resourced although a limited number of South Africans have access to them and as a result utilize public health services, specifically the primary health care which strives towards interdepartmental and inter-sectoral collaboration, community involvement and community ownership, people-centeredness and people empowerment (Van Rensburg and Pelsler 2004:413).

2.8 MOTIVATING AND REWARDING EMPLOYEES

A health worker is more likely to accept a job if there are benefits involved. Provision of rewards in the health sector may result in the rise of skilled professionals and fewer movements to other jobs or other countries. Because health workers value both financial and non-financial rewards, they will work for lower salaries if other job characteristics are attractive. Countries need to recognize that the use of incentives to improve performance normally requires good regulatory frameworks and skilled managerial resources (Hongoro & Normand, 2006).

The Department of Health (Mahlathi, 2009) provided clarity on the speculation regarding the implementation of Occupational Specific dispensation and the public health system "not collapsing or in crisis", stating that the public health system in South Africa continued to function and provide health care to millions in the country despite the many challenges it was facing. The Department of Health reported on what was being done to address the challenges:

- the implementation of the Occupation Specific Dispensation (OSD) for nurses in 2007 as part of a plan to attract more nurses into the sector and retain them. Despite the implementation and teething challenges that were encountered, more nurses were re-joining the public sector. A decision was made to start with this sector of health care workers, given the extent to which they were being lost to the private health sector and foreign countries;
- the current negotiations in the bargaining council to agree on a similar OSD regime to cater for doctors, dentists, pharmacists and emergency medical personnel. Apart from remuneration, the OSD for this category of professionals would also address issues of career progression and performance management amongst others so that good performers are recognized and rewarded accordingly;

- the current hospital revitalization programme that is geared at building new infrastructure and rehabilitating existing facilities. In the immediate past financial year for instance, 2009/2010, approximately R3 billion was set to be spent for this purpose, with the budget increasing to R4,1 billion in the 2011/2012 financial year. There was progress on the quality improvement initiatives that address among others: patient experience of care; clinical care; waste management; and patient and staff safety (Mahlathi,2009).

Martinez and Martineau (2001) suggested that while cash rewards can act as incentives for improved performance, they are not a central feature of performance management. The staff does not necessarily appreciate cash rewards, particularly if they are unsure of getting them or if others get rewards for what is essentially a team effort.

2.9 SUMMARY OF PMS, PERFORMANCE AGREEMENT, PERFORMANCE APPRAISAL AND THE PMDS

PMS was defined as a process that is not simply a once a year meeting to review the past year's performance and set goals for the next year. Rather, it involves a number of activities, namely setting goals, preparing performance plans (performance agreement), conducting reviews, tracking behaviours, gathering data and writing evaluations (performance appraisal). All these activities require time, commitment and skills (Gunaratne & du Plessis (2007:17). The SMART acronym that is used by many companies to apply PMS was further discussed (The Government of the Republic of the Gambia, 2003:18).

The purpose of PMS is to increase productivity and morale in an organization (The Australia Management Advisory Committee, 2001:15). PMS objectives are among others to create a culture in which individuals and teams at work are empowered and take responsibility for their own learning and development (Cannel, 2009). Also, to enable each employee to plan his/her annual work and take responsibility for their own work (Rao, 2008:6). The advantage of PMS is that, if implemented effectively

and expectations are clarified, people at work can focus more on contributing to the goals of the organization while also reducing stress on employees and managers (Esu and Inyang, 2009:100); and contributing to the personal development and growth of an employee (Whitford & Coetsee, 2006:65).

PMS also has its own challenges and limitations. Human resources in South Africa rather than line management still own the process and hence there is a lack of empowerment of line management and employees in performance management. It is assumed to be inappropriate and bureaucratic. Instead of being implemented, human resource managers practice traditional methods of still setting objectives and using performance appraisal as a driving force (Whitford & Coetsee, 2006:64).

The performance agreement is the document that the manager and employee jointly develop at the beginning of the assessment period which sets out the employee's goals, objectives and targets for the year. It includes employee data and a clear description of the employee's job role including the main objectives, job purpose and the relevant Key Result Areas, Generic Assessment factors, a completed annual workplan and a personal development plan. The performance agreement serves as a blueprint of managing performance of the employee by the line manager (Department of Public Service and Administration, 2003:17).

The advantage of developing a performance agreement is that it facilitates the employee and line manager communication; it is future-oriented, it is flexible; it can be put into place for all employees, and it is best when applied to any employee performing the same job duties (North-West Provincial Administration, 2008:8).

The performance agreement has its own limitations of focusing on annual results, while ignoring routine aspects of job, and can become too task oriented (The Government of the Republic of the Gambia, 2003:18; North-West Provincial Administration, 2008:8).

Performance appraisal is defined as part of PMS whereby an opportunity is provided for an employer to communicate with the employee about past performance, evaluate the employee's job satisfaction, and make plans for the employee's future performance. It is the process of measuring an employee's performance in the current position (The Australia Management Advisory Committee, 2001:15). PMS summarizes the employee's contributions over the entire assessment period and it comprises performance agreement and performance appraisal. (Rao, 2008:13; Esu & Inyang, 2009:101). Performance appraisal identifies, observe, measure, record and develop relevant strengths and weaknesses of employees (The Government of the Republic of the Gambia, 2003:22). It provides opportunities for improvement and skills development, assists to evaluate an employee's contribution, facilitates training and career development and forecasting in response to the employees performance and assists in empowering health services (Bitange, *et al.*, 2010:125).

The main objective of performance appraisal is to measure and improve the performance of employees and increase their future potential and value to the organization (The Government of the Republic of the Gambia, 2003:18).

In order for the performance appraisal to have effective outcomes it must be embedded in PMS rather than stand alone as a human resource event. If the appraisal is part of a fully fledged PMS, it is more likely that the appraisal will be linked to the organization's strategy and that both compensation and training and development needs will be achieved. Under these conditions the appraisal is more likely to be acceptable to the rated (Maley, 2009). Performance appraisal effectiveness can be harmed by its endless paperwork (Yoder-Wise, 2007:294) and reducing the entire year's or six month's work of an individual into a number (Rao, 2008:2).

The North-West Provincial Administration introduced a policy to create a better understanding of the PMS in the province and gave guidance on its implementation and management. Its main aim is to establish an objective system through which performance can be managed; guide employees and assist them to be able to link to

the strategic focus areas of the provincial administration (North-West Provincial Administration, 2008:4). The objectives of this policy are to introduce an objective and fair employee appraisal system that will ensure that the public service is result oriented; to enhance communication so that each employee understands clearly what is expected from him/her; to ensure a continuous cycle of planning, capacity building and feedback on the objective criteria; to provide a centralized record of performance for each employee resulting in the increase of management control over work and results; to instil and sustain a performance culture within the public service; to promote and establish a work contract between employee and the line manager; and to remedy poor performance and to reward good performance (North-West Provincial Administration, 2008:4). Roles of the line managers, employees, moderating committee are well stipulated in this policy.

The PMS policy outlines six steps, namely: performance planning, developing performance criteria, performance monitoring, performance review and assessment, annual performance assessment and performance assessment outcomes.

The health care system of South Africa introduced a hierarchy of health services in the public sector (primary and hospital services) so that scarce resources are used more efficiently (Cullinan, 2006; van Rensburg & Pelsler, 2004:162). There are also highly resourced private health services used by the affluent and assist in sharing the provision of quality patient care to all in South Africa (Van Rensburg *et al.*, 2004:413).

Provision of rewards to health workers by the health sector will result in the rise of skilled professionals and fewer movements to other jobs or other countries. Countries need to recognize that the use of incentives to improve performance normally requires good regulatory frameworks and skilled managerial resources (Hongoro & Normand, 2006). In South Africa the implementation of the OSD for nurses in 2007, the current negotiations in the bargaining council to agree on a similar OSD regime to cater for doctors, dentists, pharmacists and emergency medical personnel and the current

hospital revitalization programme have assisted in retaining health workers in the public sector.

2.10 SUMMARY

This chapter dealt with PMS, North-West Provincial Government policy of PMDS, and further displayed the interrelation between PMS, performance agreement and performance appraisal. Overall during performance management, the line managers need to place their efforts into ongoing coaching, mutual goal setting, and the leadership training of subordinates. This focus requires the managers to spend more regularly scheduled face-to-face time with subordinates. Thus, it is people who are managed, rather than paper flow (Marquis & Huston, 2006:633).

The literature search on the hospital levels of health care enabled the researcher to develop a vast background and insight into the level 2 public hospital to be researched, its allocated scope of work and the challenges that the nursing personnel were subjected to. The importance of rewarding and motivating staff was also outlined.

CHAPTER 3

RESEARCH DESIGN AND - METHOD

3.1 INTRODUCTION

In the previous chapter the focus was on a literature review of performance management systems (PMS). This process was defined and discussed in detail, performance agreements and performance appraisals were discussed as parts of the PMS, and relevant policy utilised in a level 2 public hospital in the North-West Province, was outlined. In this chapter the focus is on the detailed description of the research design, research method and ethical considerations. Table 3.1 illustrates the structure of the research project indicating the method of steps 1, 2 and 3.

Table 3.1 Structure of the project

Phase 1: Compilation of evidence regarding implementation of PMS by line managers and employees in the level 2 public hospital in the North-West Province	
Objective 1 Describe the implementation of the PMS from the perspective of line managers in a level 2 public hospital.	Step 1 Explore and describe the implementation of the PMS from the perspective of line managers in a level 2 public hospital.
Objective 2 Describe the implementation of the PMS from the perspective of employees in a level 2 public hospital.	Step 2 Explore and describe the implementation of the PMS from the perspective of employees.
Phase 2: Formulation of guidelines for the implementation of PMS by line managers and employees in the level 2 public hospital in the North-West Province	
Objective 3 Formulate guidelines for the implementation of PMS by line managers and employees.	Step 3 Develop and formulate guidelines for the implementation of PMS.

3.2 RESEARCH DESIGN

A quantitative, descriptive, explorative and contextual study was utilized to achieve the main aim of the study. According to Burns and Grove (2009:237), a typical descriptive design examines characteristics of a single sample; it identifies a phenomenon of interest and the variables within the phenomenon, develops conceptual and operational definitions of the variables and describes the variables.

The implementation of PMS by the nursing personnel (line managers and employees) was of concern and therefore the researcher specifically designed and selected questionnaires to measure the implementation of PMS by the line managers and employees in a level 2 public hospital in the North-West Province. Two questionnaires were designed, one for the line managers and another for employees. The same types of questions relevant to the role of each group in the PMS were asked of both groups. These questionnaires covered the relevant content in the PMS policy utilized in the public health care institutions in the North-West Province (North-West Provincial Government Policy No 13, 2008). Questionnaires were used in order to obtain the most complete and accurate information possible and within reasonable limits of time and resources (Brink *et al.*, 2006:147). Because participants could not ask questions and the researcher could not probe, questions were presented to the line managers and employees in a consistent manner and there was less bias (Burns and Grove, 2009:406).

3.2.1 Quantitative Design

The design determines the methodology used to obtain information for the study, which includes the participants, data collection, and analysis of data and interpretation of results (Brink *et al.*, 2006: 92t). In this study, a quantitative design was followed. Two questionnaires (one for the line managers and another for the employees) were used to describe the implementation of PMS by the nursing personnel in a level 2 public hospital in the North-West Province. The quantitative design directed the researcher regarding the choice of population, sampling method, measurement method, data collection and analysis procedure (Klopper, 2008:69).

3.2.2 Explorative research

The explorative study provides an in-depth exploration of a single process, variable or concept. It is a flexible research that enables the researcher to examine all the aspects of the study that are needed. The key to good exploratory research is flexibility (Burns and Grove, 2009:359). Exploratory research is not intended for

generalization to large populations and is designed to increase the knowledge of the field of study (Burns and Grove, 2009:359). In this study the implementation of the PMS from the perspective of line managers and employees in a level 2 public hospital were explored. It was also deemed necessary to conduct a pilot study to provide an exploration of the implementation of performance management by the nursing personnel in a level 2 public hospital. The flexibility of this research design provided an opportunity to examine all aspects of the problem.

3.2.3 Descriptive research

A typical descriptive design is used to develop a theory, or identify problems with the present practice, justify current practice, make judgements, or find out on what others in the same situations are doing (Burns and Grove, 2009:237). According to Brink *et al.*, (2006:10) a descriptive design could take on four different forms of descriptive studies, i.e. a typical descriptive study, a comparative descriptive study, a time dimensional descriptive study or a descriptive case study. In a typical descriptive design the researcher studies characteristics of a single sample and identifies a phenomenon of interest and the variables within that phenomenon. The researcher conceptually and operationally defines the variables of interest. These variables are further described to display a complete picture of the existing phenomenon (Burns and Grove, 2009: 237; Brink *et al.*, 2006:104).

Based on these characteristics of a typical descriptive research design the researcher found it to be the most applicable for application in this study as it provided descriptions in order to achieve Objectives 1 and 2 of this study. Questionnaires (surveys) were used to collect data on the implementation of PMS by the line managers and employees in a level 2 public hospital. In typical descriptive design, the study is conducted to describe a phenomenon on which little information is available (Burns & Grove, 2009: 237). There was no treatment or intervention, the researcher merely searched for accurate information about the implementation of the PMS by line managers and employees at a level 2 public hospital in the North-West Province. After the collection of data, the results were interpreted and this

assisted the researcher to develop and formulate guidelines for the implementation of PMS in the level 2 public hospital in the North-West Province (see Chapter 5).

3.2.4 Contextual design

South Africa has nine provinces, each with their own Provincial Department of Health. One of these provinces is North-West Province where this study was conducted. The level 2 hospital included in this study is in a peri-urban district of Potchefstroom, North West Province, South Africa. Figure 3.1 shows the regions of the North-West Province and the district included in this study is circled.

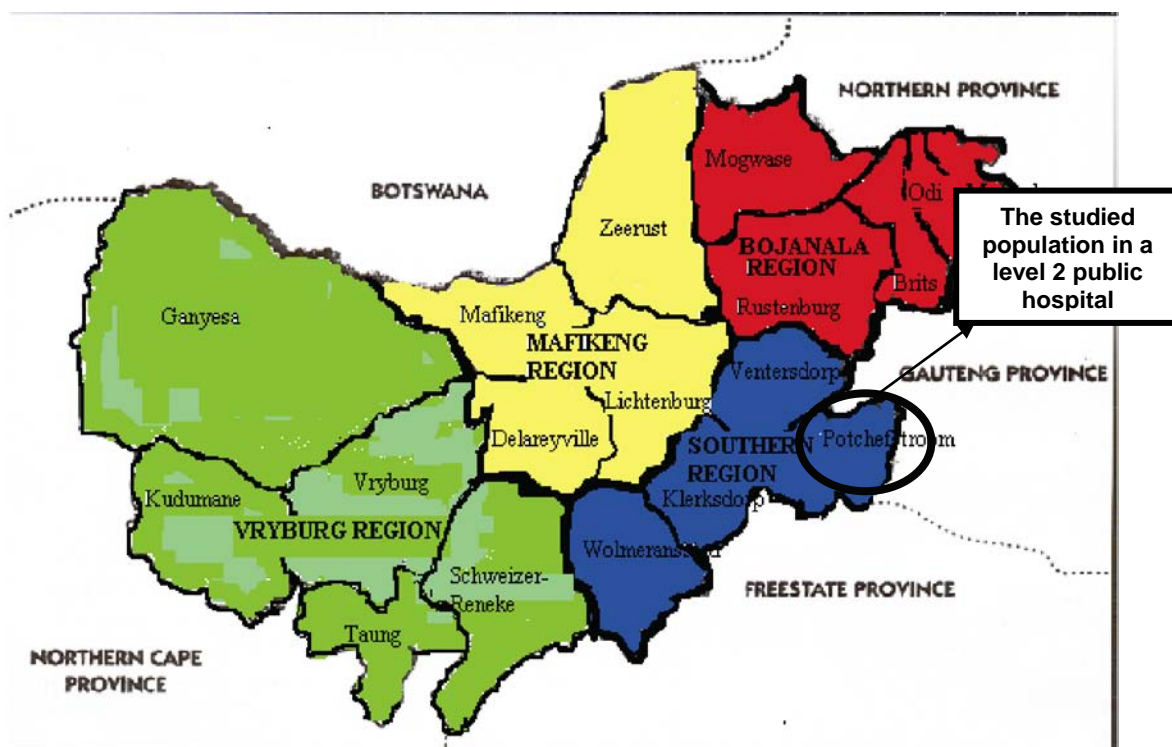


Figure 3.1 North-West Province and the peri-urban area in which the level 2 public hospital is situated including the surrounding areas that utilize its various health services

The complex health care system in South Africa makes provision for different levels of hospitals. These different levels of hospitals function differently and offer different resources and staffing (see Figure 3.2). The level 1 hospitals refer patients to level

2, while level 2 hospitals refer patients to level 3 hospitals. The focus of this research will be on level 2 hospitals as this is a level of the district health services (see Figure 3.2). For this study only the nursing personnel population in the level 2 public hospital was used.

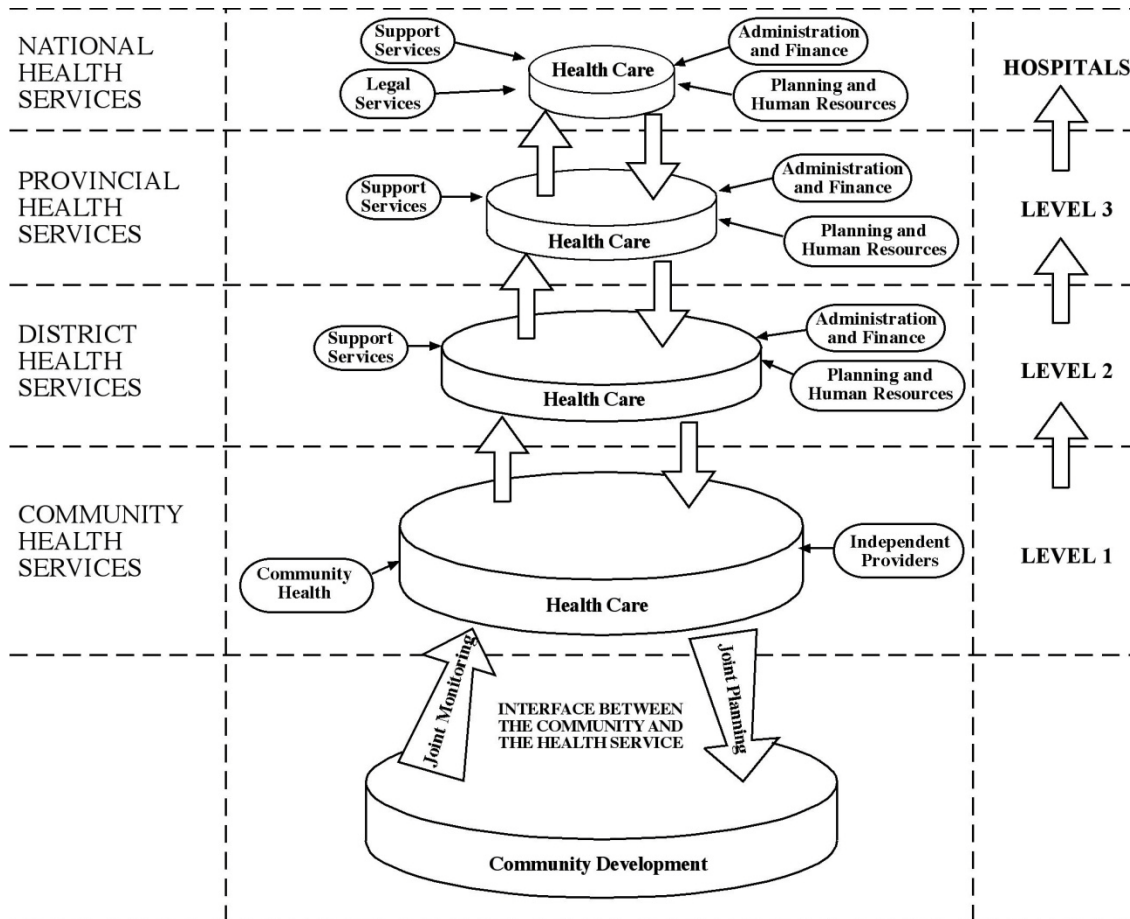


Figure 3.2 Different functions at different levels of the health care system (adapted from ANC National Health Plan, 1994)

3.3 RESEARCH METHOD

The research method is discussed in the following paragraphs with attention given to the total process of the method. Klopper (2008:69) states that the research design includes the steps of population and sampling, data collection, data analysis and ensuring validity and reliability. Each of these steps will now be discussed.

3.3.1 Population and sampling

Attention is given in the description of the population, the sampling method and sample size.

- **Population**

The nursing personnel (line managers and employees) in the level 2 public hospital in the North-West Province of South Africa voluntarily participated in the study. The total population consisted of forty eight line managers (LM) (N=48) and one hundred employees (E) (N=100).

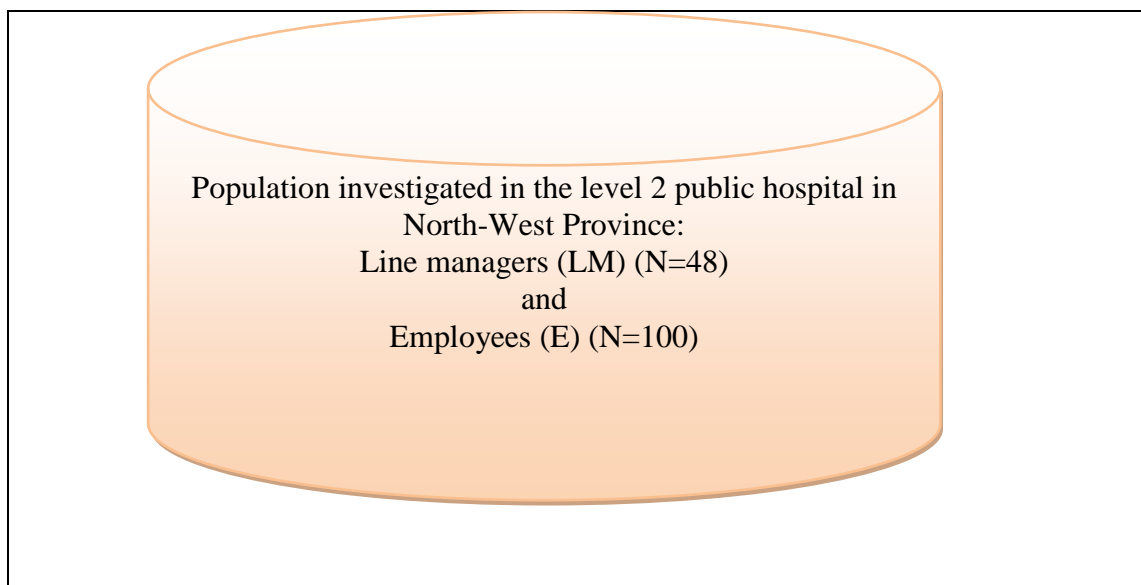


Figure 3.3 Population investigated in this study

- **Sampling method**

Sampling plays an important role in the implication and generalization of findings (Burns and Grove, 2009:349). Sampling is the researcher's process of selecting a number of nursing personnel from the total population in order to obtain information regarding a phenomenon on a way that represented the population of interest (Brink *et al.*, 2006:124). The researcher was permitted by the Chief Executive Officer to

request all the line managers and employees' name list from the human resource department in the level 2 public hospital. Once the population size was determined, it was decided to use an all inclusive sample. All the line managers and employees were invited to participate in the study.

- **Sampling size**

The participants, who agreed to participate in the study, were visited in their respective units, and their permission to take part was obtained and the questionnaires were issued to them. Those working night duty were visited during the night. All were given two days to complete and return the questionnaires. The researcher went back on the third day to collect the questionnaires from both the participants on day and night duties. Of the twenty six questionnaires disseminated to the line managers twenty four (n=24) completed questionnaire and were handed back, indicating a 92% response rate and of the fifty six questionnaires distributed to the employees, fifty five (n= 55) questionnaires were handed back, thus a response rate of 98%.

3.3.2 Pilot study

The pilot study was conducted to refine the research method. It was developed much like the proposed study, using the same questionnaire and techniques of analysis, and participants with the same characteristics and geographical location. It was conducted to develop and refine a number of steps in the research process (Burns and Grove, 2009:44). According to Brink *et al.*, (2006: 166) the pilot study tests the practical aspects of the study and helps to detect possible flaws in the questionnaires, for example ambiguous instructions or wording. For the pilot study, the participants had to volunteer and the following requirements were adhered to:

- All the participants to be the line managers and employees
- Volunteered to participate
- Signed a consent form

A covering letter explaining the purpose of the study, the name of the researcher, the proof of approval from the North-West University (Potchefstroom Campus) and North-West Department of Health Research Committee and the approximate time required to complete the questionnaire was attached to the questionnaires. Altogether 46 questions and items put to fifteen participants (five for line managers and ten for employees) were delivered to the participants, who were then told that they can easily complete the questionnaire in their own time and their responses automatically submitted to the researcher within two days. A follow-up appointment was made with the co-supervisor a week later to discuss the problems experienced with the questionnaires. Two problems were identified. They were:

- an ambiguous question was asked and as a result participants left it unmarked.
- the nursing personnel needed an additional question regarding the correctness of the PMS implementation.

The researcher and the co-supervisor agreed on breaking down the ambiguous question into two questions and adding a question pertaining to the correctness of the PMS implementation. After the problems were rectified, the final questionnaire with 48 questions was processed, approved by the North-West University (Potchefstroom Campus) and the researcher could commence with data collection.

3.3.3 Data collection

3.3.3.1 Phase 1: Step 1 and step 2

According to Burns and Grove (2009:44), data collection in quantitative research involves obtaining numerical data to address the objectives and answer the research questions. The researcher may observe, question or measure the most frequently used methods and may use instruments such as observations, interviews, questionnaires or scales (Brink *et al.*, 2006:54). The study utilized questionnaires for the collection of data. A questionnaire is a printed self-report form designed to elicit information that can be obtained from a subject's written responses. Although the

questions in a questionnaire tend to have less depth, the subject being unable to elaborate on responses or ask for questions to be clarified, and the data collector is not able to probe strategically, questions are presented in a consistent manner, and there is less opportunity for bias. Burns and Grove (2009:406) and Brink *et al.*, (2006:147) outline some advantages and disadvantages of questionnaires, which were applied to the questionnaire used in this study.

Advantages of questionnaires

- Questionnaires are a quick way of collecting data from a large group of people. In this study it was essential that the data be collected with speed as the nursing personnel was faced with a high load of work and the minimal time offered by the hospital to the researcher needed to be utilized effectively.
- Questionnaires require less time and money. The researcher was able to handle the task within three days and spent a minimal amount of money (as planned) on producing the required number of completed questionnaires.
- Participants could remain anonymous, because the questionnaires were coded to ensure anonymity and to accommodate honest answers from participants.
- A standardized format for all participants was provided by the researcher.
- Responses collected from the participants could not be influenced by the researcher's views or emotions about the topic because answers to all items (for both line managers and employees) in the questionnaires consisted of a 5 point Likert scale, namely: strongly disagree, disagree, neutral, agree and strongly agree.

Disadvantages of questionnaires

- There is often limited time to clarify any questions that could be misunderstood by participants.

Considerable effort was taken to produce two well-designed, structured check list-type questionnaires based on the North-West Provincial Administration Policy

No 13 as amended (2008) principles, and to collect data from the line managers and employees in a level 2 public hospital.

No previous studies have been conducted on the nursing personnel in South Africa regarding the implementation of the PMS in public hospitals. This shows how crucial it was to explore and describe the implementation of the PMS regarding the nursing personnel, which led to reaching the principal aim of this study (development and formulation of guidelines for implementation of PMS by line managers and employees in a level 2 public hospital in the North-West Province).

Two questionnaires were designed, one for the line managers and another for employees. The same type of questions, but appropriate to the role of each group in the PMS, were put to both groups. Each questionnaire consisted of 48 questions of which only five (Section A – Questions 1-5) consisted of biographic information where the subjects were requested to mark what was applicable with an X. The remaining 43 questions (Section B – Questions 6-48) needed performance management information, in line with the North-West Provincial Administration policy No.13 as amended (2008). All 43 questions covered the relevant content in the PMS as outlined in the North-West Provincial Administration policy No.13 as amended (2008), (13.4.4 Performance review and assessment and 13.4.5 Annual performance assessment). 30 of these 43 questions were scored on a five-point Likert scales ranging from strongly disagree to strongly agree with numerical values rising from one to five and the remaining 13 questions were scored on Yes/No response to the statements.

The questionnaire consisted of four pages. The overall appearance of the check list-type of questionnaires was neat and grammatically correct with no typing or spelling errors. All the questions were arranged in a way that was logical and relevant to respondents of both groups. A covering letter (appendix 5) insert explaining the purpose of the study, the name of the researcher, the approximate time required to complete the questionnaire and the institution supporting the study accompanied the questionnaires. The questionnaires were then delivered to the participants who

agreed to participate in the study, who were then told that they can easily complete the questionnaire in their own time and their responses automatically submitted to the researcher within two days. The participants signed an informed consent beforehand and were informed of the voluntary nature of their involvement and that they could withdraw from the study at any time during the research. The baseline data of this study were collected from September to December 2010.

The Statistical Consultation Services of North-West University (Potchefstroom Campus) supported and advised in reviewing the final production of the questionnaires. Small adaptations such as slightly changing the items to a more understandable and spoken English, constructing measurable questions and developing a five-point Likert scale ranging from strongly disagree to strongly agree with numerical values rising from one to five. The School of Nursing Science of North-West University (Potchefstroom Campus) and the researcher produced the final document of the questionnaires after the pilot study had been conducted.

3.3.3.2 Phase 2: Step 3

The results from phase 1 step 1 and step 2 were combined and synthesized. Inductive and deductive reasoning was applied to develop and formulate guidelines for implementation of PMS by the nursing personnel (line managers and employees) in a level 2 public hospital in the North-West Province.

3.3.4 Data analysis

According to Burns and Grove (2009:470), data analysis begins with description. Descriptive statistics allow the researcher to organize the data in ways that give meaning, facilitate insight and examine a phenomenon from a variety of angles. Statistics is the most powerful tool available to the researcher in analyzing quantitative data. Statistical strategies were recommended for all quantitative data with the exception of nominal data. Nominal data refers to data that can be categorised, i.e. male/female and often statistical concepts are meaningless for

nominal data as it will be useless to ask what the standard deviation for male/female is. A descriptive approach employed measures such as frequency distributions and measures of central tendency (Brink *et al.*, 2009:171).

Descriptive statistics were utilized to examine implementation of the PMS characteristic and the distribution of variables. Frequency distribution was the first step taken to arrange data collected for interpretation and analysis. A systematic arrangement of the lowest to the highest scores linked with the number of times the score occurred. Each score could be listed separately, or the results could be grouped (Brink *et al.*, 2006:172). In this study frequency distribution allowed the researcher to check for errors in coding and computer programming. The ungrouped frequency distribution approach was used to organize discrete (categorical) data e.g. gender, and grouped frequency distribution was used to examine continuous data e.g. age (Burns & Grove, 2009: 470).

The following step was to determine the measures of central tendency. A measure of central tendency is frequently referred to in lay language as an average and it is the most concise representation of the location of the data. The three measures of central tendency commonly used in statistical analyses are the mode, median (MD) and mean (Burns & Grove, 2009:471). For the purpose of this study, only the mean was utilized. It is the sum of the scores divided by the number of scores being summed. To obtain the mean, the researcher added all the scores together and divided the total by the total number of scores (Brink *et al.*, 2006:177).

The standard deviation was used to measure variability, as it is a widely used measure of variability when interval or ratio is described. The variation among the numbers showed whether or not the scores clustered around the middle with few scores at either extreme. Two sets of results with the same mean may differ considerably in distribution, but the standard deviation would quantify the difference. The larger the standard deviation, the more spread out the scores were about the mean in a distribution (Brink *et al.*, 2006:178).

3.3.5 Validity and Reliability

The following discussion outlines reliability and validity of the two questionnaires used by the researcher in this study:

3.3.5.1 Validity

Validity is the degree to which an instrument measures what it is supposed to be measuring (Polit & Beck, 2006: 328). Klopper and Knobloch (2010:318) outline the following four basic epistemological standards that guide qualitative and quantitative research in ensuring validity of the findings:

- The truth value of the research findings refers to the degree to which the truth of the findings can be trusted
- Applicability of the research findings refers to the degree to which the research findings can be carried over to a larger population of the same phenomena or context
- Consistency of the research findings refers to the consistency of the research findings if the research is repeated in the same context and with the same participants; and
- Neutrality of the research findings refers to the way in which the research is conducted to prevent prejudices, interests and individual views.

In this research study, validity was ensured by piloting the questionnaire to the five nursing line managers and ten employees who were not part of the actual research study. The pre-testing of the check list-type questionnaires made it possible to determine that the questionnaires were useful in generating the desired information (Polit and Beck, 2006: 296).

- **Content validity**

The evidence for content validity was obtained from literature, representatives of the relevant populations and content experts. The content validity measured the extent to which the method of measurement included all the major elements relevant to the construct being measured (Burns & Grove, 2009:381). In this study all the core characteristics of PMS were identified, defined, described and analyzed.

- **Face validity**

Face validity verifies that the instrument gives the appearance of measuring the content it is supposed to measure (Brink *et al.*, 2006:160). The two questionnaires were piloted to measure their usefulness and readability (Burns & Grove, 2009:383; Brink *et al.*, 2006:160).

- **Criterion reference validity**

Criterion reference validity was applied to compare the line managers and employees score against the implementation of PMS in the level 2 public hospital in the North-West Province. The criterion reference validity assisted in establishing a relationship between the scores from both the line managers and employees questionnaires (Burns & Grove, 2009:376; Brink *et al.*, 2006:160).

- **Objectivity**

For objectivity the researcher remained separated from the participants and they completed the questionnaires during their own time and the researcher only came back after two days to collect the completed questionnaires. There was no linking of the completed questionnaires to the participants during data collection and data analysis.

3.3.5.2 Reliability

Reliability of the questionnaires was tested by the researcher using internal reliability. According to Klopper and Knobloch (2010:322) reliability consistency of results is obtained by using a particular instrument repeatedly on the same person in the same context and establishing whether it produces the same or comparable results. The questionnaires for this study were seen as reliable as consistent results were obtained throughout. The questionnaires accurately reflected true scores and the error component of obtained scores were minimized. Three methods of testing the reliability were used: testing for the stability of the instrument as completed by the participants; testing for equivalence in the results; and internal consistency of the construct "Performance Management System" (Wood & Ross-Kerr, 2006:207). Both the line managers and the employees were asked the same questions developed from the relevant content of the North-West Provincial Administration Policy No 13 as amended (2008). This increased and ensured reliability. In discussing the strength of a relationship between the line managers and employees data analysis, the researcher used the effect size. It explained how much effect variation in the line managers had on variation in the employees.

3.4 ETHICAL CONSIDERATIONS

Permission to conduct the study was obtained from the North-West Department of Health Research Committee, and the North-West University (Potchefstroom campus) Ethics Committee (See Ethical Approval No: 00004-10-S1, included in this study as Appendix 1 and Potchefstroom Hospital approval as Appendix 3). A written informed consent was obtained from the nursing personnel who were involved in the study. Table 3.2 outlines a brief of (refer to Chapter 1 for details) the ethical principles adhered to by the researcher during this study throughout the research process for protection of participants' human rights.

Table 3.2 Ethical rights as applied by the researcher

Ethical right	Application
Right to self-determination	The participants were treated as autonomous agents. They were informed about the prospective study and allowed to voluntarily choose to participate or not. The participants were informed that they have the right to withdraw from the study at any time without any fear of penalty (see Chapter 1).
Right to privacy	Data collection methods were scrutinized to protect the participant's privacy, and data was not gathered from the participants without their knowledge. Individuals had the right to access their records and to prevent access by others to these records (see Chapter 1).
Right to anonymity and confidentiality	The participants had the right to anonymity and the right to assume that the data collected was kept confidential. The participant's identity could not be linked, even by the researcher, with his or her individual responses because only codes and no names appeared on questionnaires (see Chapter 1).
Right to fair treatment	Each person was treated fairly and received what was due to him or her. The selection of participants and how they were treated during the course of this study was fair and just (see Chapter 1).
Right to protection from discomfort and harm	The researcher protected the participants from any kind of harm (see Chapter 1).

3.5 SUMMARY

This chapter dealt in detail with the research design, research method – inclusive of population and sample, data collection, data analysis, and the validity and reliability of the study as well as the ethical considerations adhered to. The quantitative research design was the most relevant to answer the research questions. The checklist-type questionnaire as the data gathering instrument used, as well as the pilot study was outlined. Descriptive statistics facilitated the identification of the PMS implementation deficits in the studied population, which led to the development and formulation of guidelines for implementation of PMS by line managers and employees in Chapter 5. The next chapter focuses on the results and the discussion of the results of the questionnaires.

CHAPTER 4

PRESENTATION AND INTERPRETATION OF THE RESEARCH FINDINGS

4.1 INTRODUCTION

In the previous chapter, the research design and method, data analysis, validity and reliability, as well as ethical considerations were discussed. In this chapter the data collected for Objective 1 and Objective 2 (refer to Table 4.1) are analysed and presented, and the findings of the research are interpreted regarding the implementation of a PMS in a level 2 public hospital from the perspective of the line managers (LM) and employees (E).

Table 4.1 Overview of the research objectives, steps and method of analysis

Phase 1: Compilation of evidence regarding implementation of PMS by line managers (LM) and employees (E) in a level 2 public hospital in the North-West Province		
Objectives	Steps	Method of analysis
Objective 1 Describe the implementation of PMS from the perspective of line managers (LM) in a level 2 public hospital.	Step 1 Describe and explore the implementation of PMS from the perspective of line managers (LM) in a level 2 public hospital.	Analysis <ul style="list-style-type: none"> - Descriptive statistics: mean, standard deviations, frequencies and percentages. - Effect sizes - Cronbach's alpha
Objective 2 Describe the implementation of PMS from the perspective of employees (E) in a level 2 public hospital.	Step 2 Describe and explore the implementation of PMS from the perspective of employees (E).	Analysis <ul style="list-style-type: none"> - Descriptive statistics: mean, standard deviations, frequencies and percentages. - Effect sizes - Cronbach's alpha
Phase 2: Formulation of guidelines for the implementation of PMS by line managers and employees in the level 2 public hospital in the North-West Province		
Objective 3 Formulate guidelines for the implementation of PMS by line managers (LM) and employees (E).	Step 3 Development and formulation of guidelines for PMS implementation.	Inductive and deductive reasoning

The population consisted of forty eight line managers (N=48) and one hundred employees (N=100). An all inclusive sample was used and all 148 prospective participants were invited to participate in the study. n=24 line managers and n=55 employees completed the questionnaires. Figure 4.1 illustrates the population and sample for this study. The data was captured using the Epidata programme and analysed using the SPSS (2007) programme. Descriptive data are reported as means (m), standard deviations (SD), frequencies (f) and percentages (%). Effect sizes are reported as a phi-coefficient (p) of which the guideline values are 0.1 for a small effect, 0.3 for medium effect and 0.5 for a large effect. Item 1 to 5 analyzed the biographical data (4.2) and item 6 to 35 analyzed the perceptions on implementation of PMS (4.3).

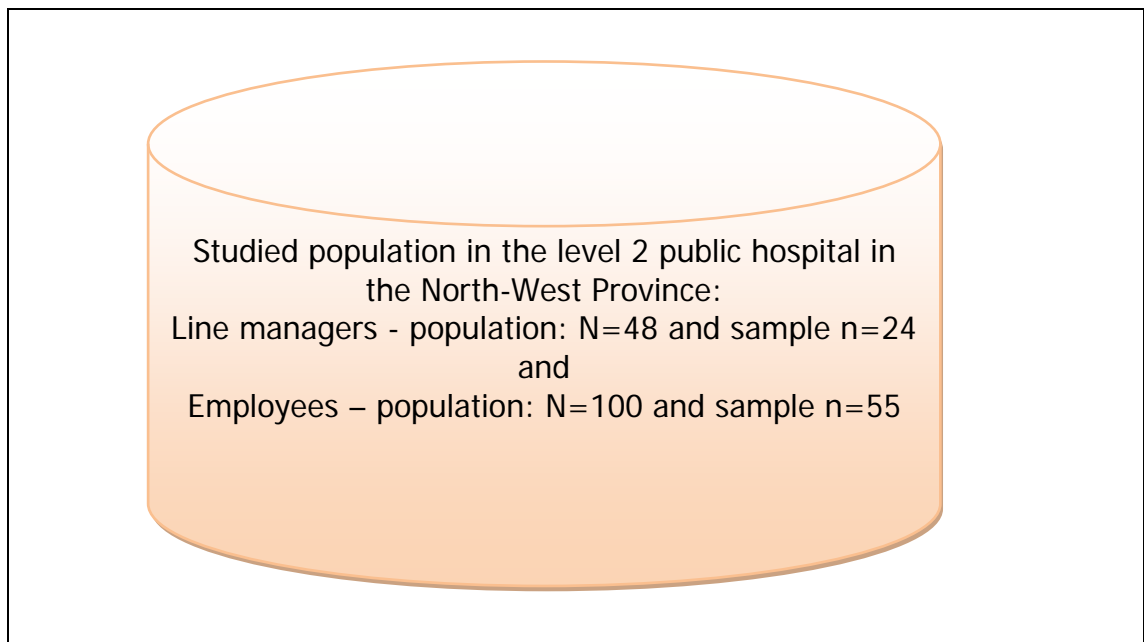


Figure 4.1 Population and sample in this study

4.2 BIOGRAPHIC DATA

This section presents the research findings and interpretation of the biographic data of the LM and E, including their age, gender, years of experience in nursing, present qualifications and home language.

4.2.1 Age

This section of the research presents the LM and E age. Table 4.2 presents the age of LM and this is illustrated in Figure 4.2, while Table 4.3 presents the age of E and Figure 4.3 illustrates these findings.

Table 4.2 LM - Age distribution

AGE	LM (n=24)	
	f	%
18-25	1	4.2
26-30	1	4.2
31-35	3	12.5
36-40	3	12.5
41-45	4	16.7
46-50	5	20.8
51-55	3	12.5
56-60	3	12.5
> 60	1	4.2

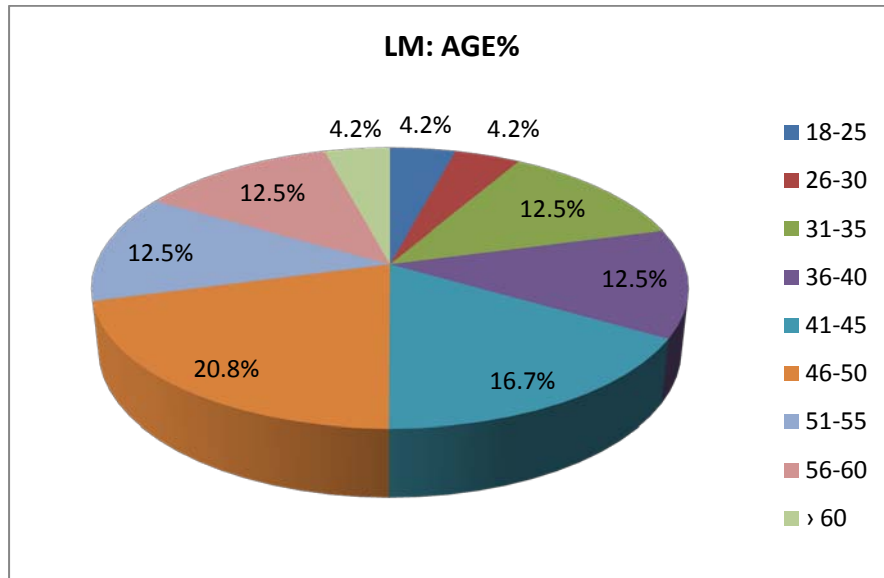


Figure 4.2 LM - Age % distribution

Table 4.2 shows an equal distribution of LM between the ages of 18 and 45, and 46 and older than 60 years of age. The majority of LM range from 46 to 50 years old (20.8%). There is a significant high percentage of LM over 46 years of age (50%) which shows that almost half of the LM will retire in the next fourteen years. It also becomes evident that older registered nurses are often appointed as LMs. According to the South African Nursing Council statistics (2010), this age category is the highest and it shows a continuing shortage of registered nurses in South Africa. The analysis shows the least numbers of registered nurses in the 18 to 25 and 26 to 30 age categories as most nurses only register at the age of 21/22. The 60 plus age category was very small because the LM retirement age is 60.

Table 4.3 E - Age distribution

AGE	E (n=55)	
	f	%
18-25	4	7.3
26-30	13	23.6
31-35	6	10.9
36-40	11	20.0
41-45	6	10.9
46-50	8	14.5
51-55	5	9.1
56-60	1	1.8
> 60	1	1.8

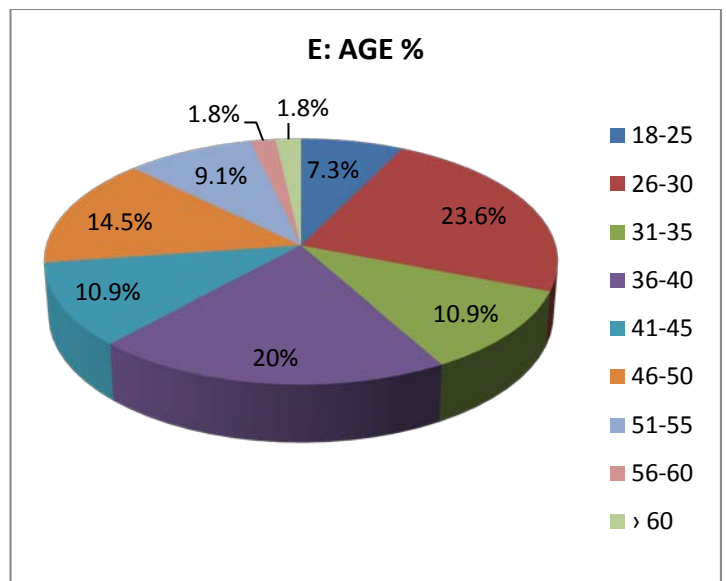


Figure 4.3 E - Age % distribution

There is an almost equal distribution of the 26 to 30 age category (23.6%) and 36 to 40 (20%) age categories for the E. This shows that E in this age category tend to need gaining experience and on the job training. The smallest age categories of E are 56 to 60 and 60 and older. It would seem that this age category of E are either appointed as LM or seek employment in other structures.

4.2.2 Gender

This section of the research presents the LM and E gender. Table 4.4 presents the LM and E gender.

Table 4.4 Gender: Line managers (LM) and employees (E)

GENDER	LM (n=24)		E (n=55)	
	F	%	f	%
Male	3	12.5	4	7.5
Female	21	87.5	49	92.5

Missing frequency for E = 2

The majority of LM and E were females at 87.5% and 92.5% respectively. This appears to be common in the nursing profession (SANC, 2010) as it was historically a profession for females.

4.2.3 Years of experience in nursing

This section of the research presents LM and E experience in nursing. Table 4.5 presents LM years of experience in nursing and Figure 4.4 illustrates the percentage. Table 4.6 presents E years of experience in nursing and Figure 4.5 illustrates the percentage.

Table 4.5: LM -Years of experience distribution

YEARS OF EXPERIENCE	LM (n=24)	
	f	%
1-3 years	5	20.8
4-6 years	0	0
7-10 years	0	0
>10 years	19	79.2

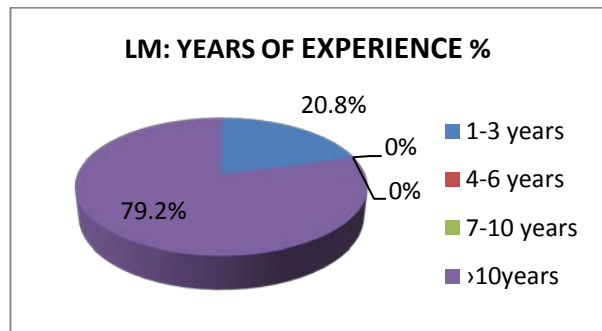


Figure 4.4 LM- % Years of experience distribution

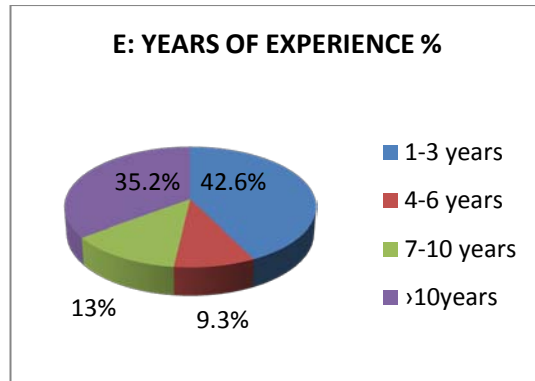
No LM have 4-10 years of experience and the overwhelming majority of LM have 10 years or more of experience. This presents an interesting phenomenon. Possible reasons may be:

- That a number of LM with 1-3 years of practice leave the practice for better opportunities and only re-enter when they have 10 years plus of experience and are working towards retirement (Kline, 2003:107).
- The Occupational Specific Dispensation (OSD), introduced by the South African Government in 2007 raised the salaries of public service nurses. This change elevated the status of public service nurses and brought back into the public sector nurses who had immigrated into other countries and migrated into private sector nursing (Breier, Wildschut & Mgqolozana, 2009:6).

- Most registered nurses are only afforded the opportunity to become line managers after 10 years of experience.

Table 4.6 E - Years of experience distribution

YEARS OF EXPERIENCE IN NURSING	E (n=55)	
	f	%
1-3 years	23	42.6
4-6 years	5	9.3
7-10 years	7	13.0
>10 years	19	35.2



Missing Frequency = 1

Figure 4.5 E - % Years of experience distribution

The largest single proportion of E, have 1-3 years of experience at 42.6%. This shows that a larger number of E are newly qualified and have fewer years of experience, and that a number of E with 1-3 years of practice leave the practice for better opportunities and only re-enter when they have 10 years plus of experience and are working towards retirement (Kline, 2003:107).

4.2.4 Qualifications

This section of the research presents the LM and E qualifications. Table 4.7 presents the LM qualifications and Figure 4.6 illustrates these findings. Table 4.8 presents the E qualifications and this is illustrated in Figure 4.7.

Table 4.7 LM - Qualifications distribution

QUALIFICATIONS	LINE MANAGERS (n=24)	
	F	%
Registered nurse	4	16.7
Registered nurse and midwife	5	20.8
Registered nurse, midwife and other qualifications	15	62.5

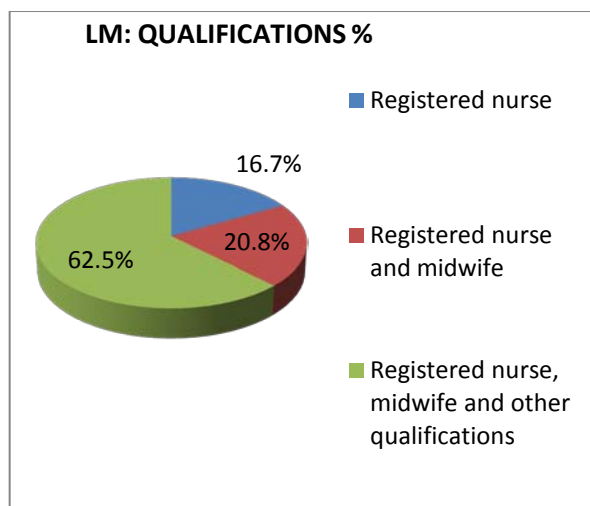


Figure 4.6 LM - Qualifications % distribution

The majority (62.5%) of LM are registered nurses, midwives and have other qualifications (among them education, management, advanced midwifery and neonatal care, operating theatre, intensive care). This shows that the majority of LM in the level 2 public hospital is highly qualified.

Table 4.8 E - Qualifications distribution

QUALIFICATIONS	E (n=55)	
	F	%
Enrolled nursing assistant	29	52.7
Enrolled nurse	24	43.6
Registered nurse	1	1.8
Registered nurse and midwife	1	1.8
Registered nurse, midwife and other qualifications	0	0

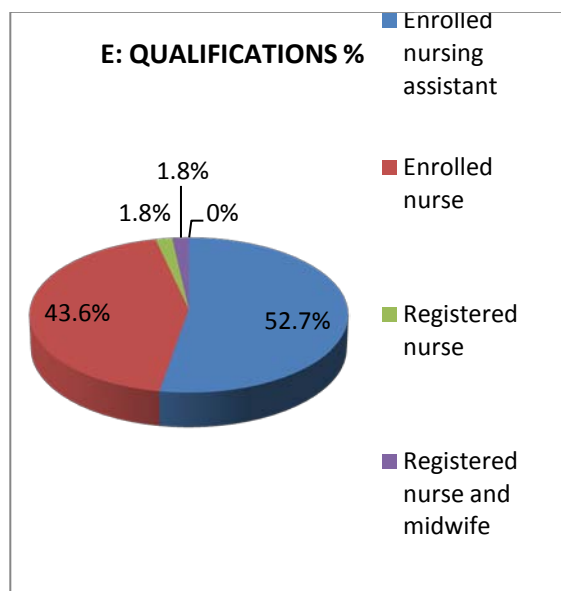


Figure 4.7 E – Qualifications % distribution

The majority of E is enrolled nursing assistants (52.7%) and enrolled nurses (43.6%) with no E registered as nurses, midwives and other qualifications. This shows a disconcerting trend in that most patient care is provided by enrolled nursing assistants and enrolled nurses, which affects the quality of care (Kraak, 2005:57-83).

4.2.5 Home language

This section of the research presents the LM and E home language. Table 4.9 presents the LM home language and Figure 4.8 illustrates these findings. Table 4.10 presents the E home language and this is illustrated in Figure 4.9

Table 4.9 LM - Home language distribution

HOME LANGUAGE	LM (n=24)	
	f	%
English	0	0
Setswana	13	54.2
Zulu	2	8.3
Afrikaans	6	25.0
Other	3	12.5

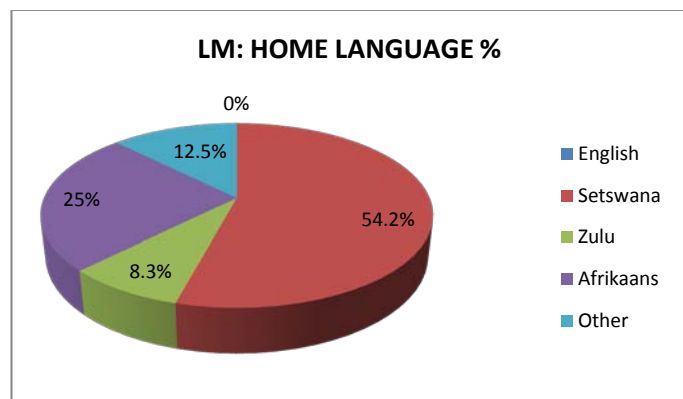


Figure 4.8 LM - Home language % distribution

The home language of the majority of the LM is Setswana (54.2%), while no LM has English as their home language. The North-West Province's indigenous home language is Setswana, and thus there are fewer language barriers between the LM and E, and the served community. Other languages include Isixhosa, Sesotho, Shangaan and languages not listed above.

Table 4.10 E - Home language distribution

HOME LANGUAGE	E (n=55)	
	f	%
English	3	5.5
Setswana	34	61.8
Zulu	1	1.8
Afrikaans	6	10.9
Other	11	20.0

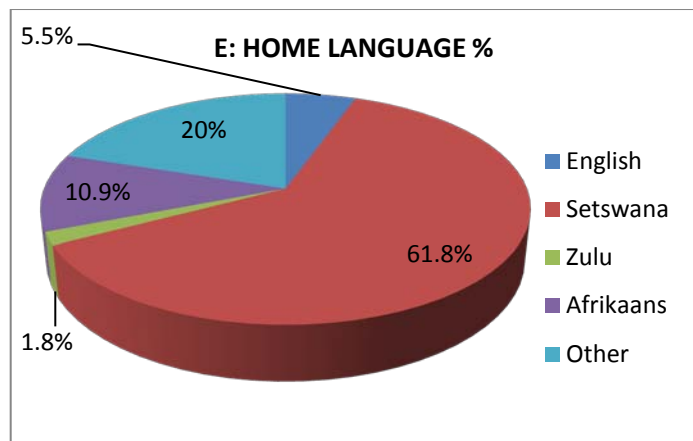


Figure 4.9 E - Home language % distribution

The home language of the majority of the E is Setswana (61.8%) while the smallest single proportion is Zulu-speakers. This shows that the North-West Province's indigenous home language of Setswana is spoken by most E, thus resulting in no language barriers in rendering of nursing care.

4.3 PERCEPTIONS OF IMPLEMENTATION OF PERFORMANCE MANAGEMENT SYSTEM (PMS)

In this section the researcher used the two questionnaires to compare the line manager (LM) and employee (E) perceptions of the implementation of PMS and interprets the findings. The mean (m), the standard deviation (SD), frequency (f), percentage (%), effect sizes (p) and Cronbach's Alpha of all questions were presented and interpreted.

4.3.1 Perceptions of the implementation of PMS by LM and E: Likert Scale

This section presents the analysis and interpretation of the Likert scale questions regarding the perceptions of the implementation of PMS from the perspectives of the LM (n=24) and E (n=55) participants. Table 4.11 presents the analysis of LM and E

perceptions of the implementation of PMS. The two questionnaires addressing the LM and the E were combined in order to address both groups.

Table 4.11 Perceptions of LM and E of the implementation of PMS

Item no.	Question	Line manager (n=24)		Employee (n=55)		Effect Size (p)
		m	SD	m	SD	
6	The line manager and employee mutually agree upon objectives to be achieved in the employee's work plan.	3.79	1.02	3.40	1.03	0.38
7	The line manager and employee discuss the employee key performance areas (KPA's).	3.88	1.03	3.05	1.28	0.64
8	The line manager and employee discuss the employee generic assessment factors (GAF's).	3.75	1.07	2.94	1.26	0.64
9	One-to-one communication sessions about the progress towards the achievement of objectives take place between the line manager and employee.	3.71	1.16	3.00	1.25	0.57
10	The line manager communicates performance feedback to the employee.	3.75	1.03	3.09	1.34	0.49
11	The employee participates in performance feedback.	3.42	1.18	2.94	1.31	0.36
12	Performance feedback is a transparent process.	3.39	1.23	2.87	1.21	0.43
13	The line manager provides the employee with the opportunity to raise concerns during performance feedback sessions.	3.71	0.95	3.02	1.27	0.54
14	The line manager provides the employee with the opportunity to make suggestions during performance feedback session.	3.50	1.10	2.96	1.28	0.42
15	The line manager provides the employee with the performance at least a week after the assessment.	3.17	1.37	2.58	1.21	0.43
16	The line manager assists the employee to determine the status of his/her performance during the performance feedback session.	3.63	1.10	2.72	1.19	0.76
17	The line manager assists the employee to identify performance weaknesses and strengths during the performance feedback session.	3.58	0.97	2.85	1.31	0.56
18	The line manager and employee discuss strategies to address the identified weaknesses.	3.58	1.14	2.74	1.19	0.71
19	The line manager provides performance feedback to the employee in writing.	3.04	1.15	2.42	1.19	0.52

20	The line manager provides verbal performance feedback to the employee.	3.67	0.96	2.69	1.37	0.72
21	The line manager provides verbal performance feedback to the employee at least four (4) times a year.	3.66	0.98	2.47	1.31	0.90
22	The line manager conducts performance reviews of the employee every six (6) months.	3.00	1.22	2.49	1.19	0.42
23	The line manager and employee have a discussion about the employee development plan during the performance review.	3.17	1.09	2.44	1.17	0.63
24	The line manager informs the employee about the intended performance review 48 hours prior to the evaluation.	2.92	1.14	2.38	1.24	0.43
25	The line manager conducts the performance review by method of one to one communication between him/her self and the employee.	3.50	1.14	2.78	1.24	0.58
26	The line manager explains to the employee how the employee's performance will be assessed.	3.46	0.98	3.06	1.35	0.30
27	The performance feedback is limited to the agreed upon objectives from the work plan.	3.52	.85	2.83	1.05	0.65
28	The employee performance review is based on his/her key rating areas (KRA's).	3.83	1.13	3.20	1.21	0.52
29	The employee performance review is based on his/her generic assessment factors (GAF's).	3.83	.96	3.11	1.13	0.64
30	The line manager makes use of performance interventions available to the employer (e.g. coaching, mentoring, advice, in- service training) to assist in improving the employee's performance.	3.92	1.18	3.40	1.23	0.42
31	The line manager and employee identify training and development needs at the planning phase when the work plan is developed.	3.63	0.92	2.91	1.16	0.62
32	The line manager and employee identify training and development needs during performance reviews.	3.63	1.01	2.89	1.10	0.67
33	The employee annual assessment is based on his/her key result areas (KRA's).	4.00	0.93	3.27	1.04	0.70
34	The employee annual assessment is based on his/her generic assessment factors (GAF's).	3.92	0.97	3.18	1.07	0.69
35	The employee's overall score is in line with the assessment rating provided.	4.04	0.99	3.25	1.09	0.72

Table 4.11 shows that the LM means range from 2.92 to 4.04, whilst the E means range from 2.38 to 3.40. The highest mean scored by the LM was at item 35 “The employee’s overall score is in line with the assessment rating provided” (M = 4.04) and for the E at items 6 “The line manager and employee mutually agree upon objectives to be achieved in the employee’s work plan” and 30 “The line manager makes use of performance interventions available to the employer (e.g. coaching, mentoring, advice, in- service training) to assist in improving the employee’s performance” (M= 3.40). The lowest mean scores for both LM and E were in item 24 “The line manager informs the employee about the intended performance review 48 hours prior to the evaluation” where the respective scores were (M=2.94) and (M=2.38). The LM perceptions of the implementation of PMS were more positive while that of the E was either neutral or negative. All the items in Table 4.11 have an effect size greater than 0.25 and the highest effect size was 0.90 (Question 21). This shows that the effect size of all these items is practically visible, and thus significant (Ellis & Steyn, 2003). The discussion of the aforementioned items follows.

4.3.1.1 Item 6

The LM (M=3.79) agree and the E (M=3.40) remained neutral that they had mutually agreed upon objectives to be achieved in the E work plan. The p value (p=0.38) shows evidence of a moderate significance. Table 4.12 compares the frequencies and percentage responses by the LM and E on item 6.

Table 4.12 Analysis of item 6

Item no.6	SD		D		N		A		SA	
	f	%	f	%	f	%	f	%	f	%
The line manager and employee mutually agree upon objectives to be achieved in the employee's work plan.										
Line managers (LM)	2	8%	0	0	3	13%	15	62%	4	17%
Employees (E)	2	4%	10	18%	13	24%	24	43%	6	11%

Table 4.12 shows that majority of LM strongly agree (17%) and agree (62%) on this item, while the E were likely to agree (43%) and strongly agree (11%) on this item. This indicates a positive response from both LM and E. Although most E answered in the affirmative, it is noted that 24% of E remained neutral and 22% disagreed and strongly disagreed, which indicated that the affirmative E response is not as pronounced as the affirmative LM response in this instance.

4.3.1.2 Item 7

The LM (M=3.88) agree that they discuss the employee's key performance areas, while the E (M=3.05) remain neutral on this item (see Table 4.11). The p value (p=0.64) indicates a high significance. Table 4.13 compares the frequencies and percentage responses by the LM and E on item 7.

Table 4.13 Analysis of item 7

Item no.7 The line manager and employee discuss the employee key performance areas (KPA's).	SD		D		N		A		SA	
	F	%	f	%	f	%	f	%	f	%
Line managers (LM)	2	8%	0	0	2	8%	15	62%	5	22%
Employees (E)	9	16%	11	20%	8	15%	22	40%	5	9%

Analysis of Table 4.13 shows that the majority of LM participants agree (62%) and strongly agree (22%) with this item, while the E participants were more likely to agree (40%), disagree (20%) and strongly disagree (16%) with this item.

4.3.1.3 Item 8

The LM (M=3.75) agree that the line managers and the employee discuss the employee generic assessment factors, while E (M=2.94) remained neutral on this item. The p value (p=0.64) shows evidence of a high significance. Table 4.14 provides a comparison of the frequencies and percentage responses by the LM and E on item 8.

Table 4.14 Analysis of item 8

Item no.8 The line manager and employee discuss the employee generic assessment factors (GAF's).	SD		D		N		A		SA	
	F	%	f	%	f	%	f	%	f	%
Line managers (LM)	1	4%	2	8%	5	21%	10	42%	6	25%
Employees (E)	8	16%	13	25%	8	16%	18	35%	4	8%

Table 4.14 shows that the majority (67%) of LM strongly agree and agree that the line manager and employee discuss the employee GAF's; while the E more strongly disagree (16%) and disagree (25%) with this item. This indicates that E seems divided on the discussion of the generic assessment factors with the LM, and they are clearly more dissatisfied with the discussion of employee GAF's than the LM.

4.3.1.4 Item 9

The LM (M=3.71) agree that one-to-one communication sessions about the progress towards the achievement of objectives takes place between the line manager and employee, while on average the E (M=3.00) remain neutral on this item. The p value (p=0.57) shows evidence of a high significance. Table 4.15 further compares the frequencies and percentage responses by the LM and E on item 9.

Table 4.15 Analysis of item 9

Item no.9 One-to-one communication sessions about the progress towards the achievement of objectives take place between the line manager and employee.	SD		D		N		A		SA	
	F	%	f	%	f	%	f	%	f	%
Line managers (LM)	1	4%	3	13%	5	21%	8	33%	7	29%
Employees (E)	7	13%	16	29%	7	13%	20	36%	5	9%

Analysis of Table 4.15 shows an unequal distribution of both LM and E responses, but LM more likely agreed (33%) and strongly agreed (29%); while E agreed (36%), strongly disagreed (13%) and disagreed (29%) with this item. This indicates some uncertainty from E regarding this item, as 45% agreed to some extent, while 42% disagreed to some extent.

4.3.1.5 Item 10

The LM (M=3.71) agree that the line manager communicates performance feedback to the employee, while E (M=3.09), more likely remain neutral on this item. The p value (p=0.49) shows evidence of a high significance. Table 4.16 further compares the frequencies and percentages responses by the LM and E on item 10.

Table 4.16 Analysis of item 10

Item no.10	SD		D		N		A		SA	
	F	%	f	%	f	%	f	%	f	%
The line manager communicates performance feedback to the employee.										
Line managers (LM)	1	4%	2	8%	4	17%	12	50%	5	21%
Employees(E)	10	18%	9	16%	9	16%	20	36%	7	13%

Table 4.16 shows that the majority of LM (71%) agree and strongly agree that the line manager communicates feedback performance to the employee, while the E responses show an unequal distribution across the scale, with the highest concentration (36%) on agree and strongly agree (13%). However, it is noteworthy that 16% and 18% respectively of E strongly disagree and disagree that they receive performance feedback.

4.3.1.6 Item 11

Both the LM (M=3.42) and E (M=2.94) are more likely to remain neutral that the employee participates in performance feedback. The p value (p=0.36) shows

evidence of a moderate significance. Table 4.17 compares the frequencies and percentage responses by the LM and E on item 11.

Table 4.17 Analysis of item 11

Item no.11 The employee participates in performance feedback.	SD		D		N		A		SA	
	F	%	f	%	f	%	f	%	f	%
Line managers (LM)	2	8%	4	16%	3	13%	12	50%	3	13%
Employees (E)	10	19%	12	22%	8	15%	19	35%	5	9%

The majority of LM agree and strongly agree (63%) that the employees participate in performance feedback; while E more likely agree (35%) and disagree (22%). Therefore, although 44% of the E agree that employees participate in performance feedback, it has to be considered that 41% disagree with this. This shows a discrepancy in the perception of employees on their participation in the performance feedback.

4.3.1.7 Item 12

Both the LM (M=3.39) and E (M=2.87) more likely remain neutral that performance feedback is a transparent process. The p value (p=0.43) shows evidence of a moderate significance. Table 4.18 compares the frequencies and percentage responses by the LM and E on item 12.

Table 4.18 Analysis of item 12

Item no.12 Performance feedback is a transparent process.	SD		D		N		A		SA	
	F	%	f	%	f	%	f	%	f	%
Line managers (LM)	2	9%	3	13%	7	30%	6	26%	5	22%
Employees(E)	9	17%	12	23%	10	19%	19	37%	2	4%

Table 4.18 shows that the largest single proportion of LM (30%) has a neutral view of whether performance feedback is a transparent process or not. Additionally, 48%

agree or strongly agree on this item. The E agree (37%) and strongly agree (4%). Notably, at the same time 17% of the E strongly disagree and disagree (23%) regarding this item. This shows that many line managers preferred not to respond on this variable. Of those that did respond, the largest proportion does perceive performance feedback as a transparent process. The E response is almost equally divided between agree and disagree (40% disagree and 41% agree and strongly agree). The employees therefore appear to have an ambivalent attitude on the transparency of the process.

4.3.1.8 Item 13

On average, the LM (M=3.71) agree that the line manager provides the employee with the opportunity to raise concerns during performance feedback sessions, while E (M=3.02), remain neutral on this item. The p value (p=0.54) shows evidence of a high significance. Table 4.19 compares the frequencies and percentage responses by the LM and E on item 13.

Table 4.19 Analysis of item 13

Item no.13	SD		D		N		A		SA	
	f	%	f	%	f	%	f	%	f	%
The line manager provides the employee with the opportunity to raise concerns during performance feedback sessions.										
Line managers (LM)	1	4%	1	4%	6	25%	12	50%	4	17%
Employees (E)	8	14%	14	26%	7	13%	21	38%	5	9%

The analysis shows that the majority of LM participants agree and strongly agree (67%) that the line manager provides the employee with the opportunity to raise concerns during performance feedback sessions, while E varied between agree and strongly agree (47%), disagree (26%) and strongly disagree (14%). Therefore 40% of the employees express some form of disagreement with the statement that the line manager provides the employee with the opportunity to raise concerns during feedback sessions, while 47% agree or strongly with the statement. Thus support

for the idea that E receives the opportunity to provide feedback is much more unequivocal among the LM.

4.3.1.9 Item 14

The LM (M=3.50) agree that the line manager provides the employee with the opportunity to make suggestions during performance feedback, while the E (M=2.96) remains neutral regarding this item. The p value (p=0.42) shows evidence of a moderate significance. Table 4.20 compares the frequencies and percentages responses by the LM and E on item 14.

Table 4.20 Analysis of item 14

Item no.14 The line manager provides the employee with the opportunity to make suggestions during performance feedback session.	SD		D		N		A		SA	
	f	%	f	%	f	%	f	%	f	%
Line managers (LM)	2	8%	2	8%	5	21%	12	50%	3	13%
Employees (E)	8	15%	16	29%	6	11%	20	36%	5	9%

The majority of LM agree and strongly agree (63%) that the line manager provides the employee with the opportunity to make suggestions during performance feedback session, while E varied between agree (36%), and disagree (29%) with this item. Taken together, 44% of the employees disagreed to some degree that the line manager provides the employee with the opportunity to make suggestions during feedback. Only 1% more (45%) of employees agree and strongly agree on this item. Accordingly the employee response to this item is again more equivocal.

4.3.1.10 Item 15

Both the LM (M=3.17) and E (M=2.58) were more likely to remain neutral that the line manager provides the employee with the performance feedback at least within a week after the assessment. The p value (p=0.38) shows evidence of a moderate

significance. Table 4.21 compares the frequencies and percentage responses by the LM and E on item 15.

Table 4.21 Analysis of item 15

Item no. 15 The line manager provides the employee with the performance at least a week after the assessment.	SD		D		N		A		SA	
	f	%	f	%	f	%	f	%	f	%
Line managers (LM)	3	13%	6	25%	4	17%	6	25%	5	20%
Employees (E)	11	20%	20	36%	8	14%	13	24%	3	6%

The analysis shows that LM on average, disagree (25%) and agree (25%) that the line manager provides the employee with the performance feedback at least within a week after the assessment, while the majority of E strongly disagree (20%) and disagree (36%) with this item. This indicates that this item is not implemented as it should be.

4.3.1.11 Item 16

The LM (M=3.63) agree that the line manager assists the employee to determine the status of his/her performance during the performance feedback session, while E (M=2.72), more likely remain neutral with this item. The p value (p=0.76) shows evidence of a high significance. Table 4.22 provides a comparison of the frequencies and percentage responses by the LM and E on item 16.

Table 4.22 Analysis of item 16

Item no.16	SD		D		N		A		SA	
	f	%	f	%	f	%	f	%	f	%
The line manager assists the employee to determine the status of his/her performance during the performance feedback session.										
Line Managers (LM)	1	4%	2	8%	8	33%	7	30%	6	25%
Employees (E)	10	19%	15	28%	11	20%	16	30%	2	4%

Table 4.22 shows that LM more likely agree (30%) and strongly agree (25%) but that neutral (33%) is also prominent, while E agree (30%), disagree (28%) and strongly disagree (19%) with this item. On balance then the largest proportion of employees disagree that the LM assists the E to determine the status of his/her performance, while the line managers have the opposite view.

4.3.1.12 Item 17

The LM (M=3.58) agree that the line manager assists the employee to identify performance weaknesses and strengths during the performance feedback session, while E (M=2.85), remain neutral with this item. The p value (p=0.56) shows evidence of a high significance. Table 4.23 provides additional comparison between the frequencies and percentage responses by the LM and E on item 17.

Table 4.23 Analysis of item 17

Item no.17	SD		D		N		A		SA	
	f	%	f	%	f	%	f	%	f	%
The line manager assists the employee to identify performance weaknesses and strengths during the performance feedback session.										
Line managers (LM)	1	4%	1	4%	9	38%	9	38%	4	16%
Employees (E)	11	20%	13	24%	9	16%	17	31%	5	9%

The analysis shows LM were more likely to agree (38%) and strongly agree (16%), while E were more likely to strongly disagree (20%) and disagree (24%) with this item. Of note is that 44% of E disagree and strongly disagree with this item.

4.3.1.13 Item 18

The LM (M=3.58) agree that the line manager and employee discuss strategies to address the identified weaknesses, while E (M=2.74) are more likely to remain neutral with this item. The p value (p=0.71) shows evidence of a high significance. Table 4.24 compares the frequencies and percentage responses by the LM and E on item 18.

Table 4.24 Analysis of item 18

Item no.18	SD		D		N		A		SA	
	f	%	f	%	f	%	f	%	f	%
The line manager and employee discuss strategies to address the identified weaknesses.										
Line managers (LM)	1	4%	3	13%	7	29%	7	29%	6	25%
Employees (E)	10	19%	13	24%	14	26%	13	25%	3	6%

This analysis shows many LM remain neutral (29%), agree (29%) and strongly agree (25%), and E more likely agree (25%). However, 43% of the E also disagree (24%) and strongly disagree (19%), thus indicating a wide discrepancy between the perceptions of the LM and the E on this item.

4.3.1.14 Item 19

Both the LM (M=3.04) and E (M=2.42) participants more likely remained neutral that the line manager provides performance feedback to the employee in writing. The p value (p=0.52) shows evidence of a high significance. Table 4.25 compares the frequencies and percentage of responses by the LM and E on item 19.

Table 4.25 Analysis of item 19

Item no.19	SD		D		N		A		SA	
	f	%	f	%	f	%	f	%	f	%
The line manager provides performance feedback to the employee in writing.										
Line managers (LM)	2	10%	6	25%	6	25%	7	30%	2	10%
Employees (E)	14	26%	19	35%	10	18%	9	16%	3	5%

Table 4.25 shows that LM agree and strongly agree (40%), disagree (25%), and remained neutral with this item. The equivocal response by the LM (40% agree to some extent and 35% strongly disagree and disagree to some extent) leaves some doubt regarding whether they do in fact provide adequate feedback in writing to the E. E more likely strongly disagree and disagree (61%) that the line manager provides feedback to the employee in writing. This inconsistency reveals that item 19 is probably not adequately implemented.

4.3.1.15 Item 20

The LM (M=3.67) agree that the line manager provides verbal performance feedback to the employee, while E (M=2.69) are neutral with regard to this item. The p value (p=0.72) shows evidence of a high significance. Table 4.26 provides a comparison of the frequencies and percentage responses by the LM and E on item 20.

Table 4.26 Analysis of item 20

Item no.20	SD		D		N		A		SA	
	f	%	f	%	f	%	f	%	f	%
The line manager provides verbal performance feedback to the employee.										
Line managers (LM)	1	4%	2	8%	4	17%	14	58%	3	13%
Employees (E)	15	28%	12	22%	6	11%	17	32%	4	7%

The respondents differ sharply in their responses to this item. The majority of LM agree (58%) and strongly agree (13%) that the LM provides verbal performance

feedback to the employees, while E strongly disagree (28%) and disagree (22%) with this item, although (32%) agree. The views of managers and employees therefore clash on this item.

4.3.1.16 Item 21

The LM (M=3.66) agree that the line manager provides verbal performance feedback to the employee at least four (4) times a year; while E (M=2.47), remain neutral on this item. The p value (p=0.90) shows evidence of the highest significance with this item. Table 4.27 compares the frequencies and percentage responses by the LM and E on item 21.

Table 4.27 Analysis of item 21

Item no.21 The line manager provides verbal performance feedback to the employee at least four times a year.	SD		D		N		A		SA	
	f	%	f	%	f	%	f	%	f	%
Line managers (LM)	1	4%	1	4%	7	30%	10	45%	4	17%
Employees(E)	16	30%	16	30%	3	6%	16	30%	2	4%

Analysis of Table 4.27 shows that 62% of LM agree (45%) and strongly agree (17%) that the LM provides verbal feedback at least four times a year to the employee. However it was noteworthy that 30% remained neutral on this item. The majority of E on the other hand (60%) strongly disagree and disagree. This shows that line managers probably do not give verbal performance-related feedback to employees as often as they should.

4.3.1.17 Item 22

Both the LM (M=3.00) and E (M=2.49) tend to remain neutral that the line manager conducts performance reviews of the employee every six months. The p value

($p=0.42$) shows evidence of a moderate significance. Table 4.28 provides comparison of the frequencies and percentage responses by the LM and E on item 22.

Table 4.28 Analysis of item 22

Item no.22	SD		D		N		A		SA	
	f	%	f	%	f	%	f	%	f	%
The line manager conducts performance reviews of the employee every six months.										
Line managers (LM)	4	17%	3	13%	8	33%	7	29%	2	8%
Employees (E)	12	22%	20	36%	11	20%	8	15%	4	7%

Table 4.28 shows that the largest proportion of LM agree (29%) and remain neutral (33%), while E participants strongly disagree (22%) and disagree (36%) on this item. This shows inconsistency in the implementation of item 22.

4.3.1.18 Item 23

LM ($M=3.17$) tend to remain neutral and E ($M=2.44$) disagree that the line manager and employee have a discussion about the employee development plan during the performance review. The p value ($p=0.63$) shows evidence of a high significance. Table 4.29 compares the frequencies and percentage responses by the LM and E on item 23.

Table 4.29 Analysis of item 23

Item No.23	SD		D		N		A		SA	
	f	%	f	%	F	%	f	%	f	%
The line manager and employee have a discussion about the employee development plan during the performance review.										
Line Managers (LM)	2	8%	5	21%	5	21%	11	46%	1	4%
Employees (E)	13	24%	19	34%	12	22%	8	15%	3	5%

Table 4.29 shows that most LM agree (46%), but they also disagree (21%) and remain neutral (21%) with this item, while an even higher percentage of E strongly disagree (24%), disagree (34%) and remain neutral (22%). This seems to indicate that not enough discussion takes place about the employee development plan during the performance review.

4.3.1.19 Item 24

The LM (M=2.94) remain neutral and E (M=2.38) disagree that the line manager informs the employee about the intended performance review 48 hours prior to the evaluation. The p value (p=0.43) shows evidence of a moderate significance. Table 4.30 provides comparison of the frequency and percentage responses by the LM and E on item 24.

Table 4.30 Analysis of item 24

Item no.24	SD		D		N		A		SA	
	f	%	f	%	f	%	f	%	f	%
The line manager informs the employee about the intended performance review 48 hours prior to the evaluation.										
Line managers (LM)	3	13%	6	25%	6	25%	8	33%	1	4%
Employees (E)	12	22%	28	51%	2	4%	8	14%	5	9%

Table 4.30 shows that the largest single proportion of LM agree (33%), disagree (25%) and remain neutral (25%), while E strongly disagree (22%) and disagree (51%) with this item. This seems to indicate that the LM is not likely to inform the E about intended performance review 48 hours prior to evaluation.

4.3.1.20 Item 25

The LM (M=3.50) agree that the line manager conducts the performance review by method of one-to-one communication between him/her self and the employee, while

E (M=2.78), are neutral on this item. The p value (p=0.58) shows evidence of a high significance. Table 4.31 compares the frequencies and percentage responses by the LM and E on item 25.

Table 4.31 Analysis of item 25

Item no.25 The line manager conducts the performance review by method of one to one communication between him/her self and the employee.	SD		D		N		A		SA	
	F	%	f	%	f	%	f	%	f	%
Line managers (LM)	1	4%	5	21%	3	12%	11	46%	4	17%
Employees (E)	10	18%	15	27%	11	20%	15	27%	4	8%

Table 4.31 analysis shows that LM tend to agree (46%) and strongly agree (17%), while E on average disagree and agree (27%), strongly disagree (18%) and remain neutral (20%) with this item. This shows inconsistency in the implementation of item 25.

4.3.1.21 Item 26

The LM (M=3.46) agree and E (M=3.06) remain neutral that the line manager explains to the employee how the employee's performance will be assessed. The p value (p=0.30) shows evidence of a moderate significance. Table 4.32 provides comparison of the frequencies and percentage of responses by the line manager and employee participants on item 26.

Table 4.32 Analysis of item 26

Item no.26	SD		D		N		A		SA	
	F	%	f	%	f	%	f	%	f	%
The line manager explains to the employee how the employee's performance will be assessed.										
Line managers (LM)	1	4%	2	8%	9	38%	9	38%	3	12%
Employees (E)	9	17%	13	24%	5	9%	20	37%	7	13%

Table 4.32 shows that on average both LM and E agree and strongly agree (50%) on this item. Although it is important to note that as many as 38% of LM remain neutral and 41% of E disagree and strongly disagree that the line manager explains to the employee how the employee's performance will be assessed.

4.3.1.22 Item 27

The LM (M=3.52) agree that the performance feedback is limited to the agreed upon objectives from the work plan, while E (M=2.83) remain neutral on this item. The p value (p=0.65) shows evidence of a high significance. Table 4.33 compares the frequencies and percentage responses by the LM and E on item 27.

Table 4.33 Analysis of item 27

Item no.27	SD		D		N		A		SA	
	F	%	F	%	f	%	f	%	f	%
The performance feedback is limited to the agreed upon objectives from the work plan.										
Line Managers (LM)	1	4%	1	4%	7	30%	13	58%	1	4%
Employees (E)	6	11%	15	27%	18	33%	14	25%	2	4%

The majority of LM agree (58%) and remain neutral (30%), while E disagree (27%), agree (25%) and remain neutral (33%) on this item. This shows that the E may not have as much confidence as LM that the feedback is limited to the agreed upon objectives in this item.

4.3.1.23 Item 28

The LM (M=3.83) agree that the employee performance review is based on his/her key rating areas (KRA's); while E (M=3.20), are more likely to remain neutral on this item. The p value (p=0.52) shows evidence of a high significance. Table 4.34 compares the frequencies and percentages responses by the LM and E on item 28.

Table 4.34 Analysis of item 28

Item no.28	SD		D		N		A		SA	
	f	%	F	%	f	%	f	%	f	%
The employee performance review is based on his/her key rating areas (KRA's).										
Line managers (LM)	1	4%	2	8%	5	22%	8	33%	8	33%
Employees (E)	7	13%	7	13%	16	29%	18	32%	7	13%

Table 4.34 shows that the majority of LM participants agree and strongly agree (66%), while E more likely agree (32%) and remain neutral (29%) regarding this item. This seems to indicate that there is some implementation of item 28 by the LM.

4.3.1.24 Item 29

The LM (M=3.83) agree that the employee performance review is based on his/her generic assessment factors (GAF's), while E (M=3.11), more likely remain neutral on this item. The p value (p=0.64) shows evidence of a high significance. Table 4.35 compares the frequencies and percentages responses by the LM and E on item 29.

Table 4.35 Analysis of item 29

Item no.29	SD		D		N		A		SA	
	F	%	f	%	f	%	f	%	f	%
The employee performance review is based on his/her generic assessment factors (GAF's).										
Line Managers (LM)	1	4%	0	0	7	29%	10	42%	6	25%
Employees (E)	7	13%	7	13%	18	33%	19	34%	4	7%

Table 4.35 analysis shows that majority of LM agree (42%) and strongly agree (25%), while E more likely agree (34%) and remain neutral (33%) on this item. A high percentage of both LM (29%) and E (33%) participants remained neutral. This indicates a degree of uncertainty on implementation of item 29 from E in particular.

4.3.1.25 Item 30

LM (M=3.92) agree and E (M=3.40) are neutral that the line managers make use of performance interventions available to the employer (e.g. coaching, mentoring, advice, in-service training) to assist in improving the employee's performance. The p value (p=0.40) shows evidence of a moderate significance. Table 4.36 provides comparison of the frequencies and percentage responses by the LM and E on item 30.

Table 4.36 Analysis of item 30

Item no.30	SD		D		N		A		SA	
	f	%	f	%	f	%	f	%	f	%
The line manager makes use of performance interventions available to the employer (e.g. coaching, mentoring, advice, in-service training) to assist in improving the employee's performance.										
Line managers (LM)	2	8%	1	4%	2	8%	11	46%	8	34%
Employees (E)	6	11%	5	9%	16	29%	17	31%	11	20%

The majority of LM agree (46%) and strongly agree (34%), while E more likely agree (31%), strongly agree (20%) and remain neutral (29%). This shows that E is less likely to agree on this item and/or LM may not be addressing E expectations during implementation of this item.

4.3.1.26 Item 31

The LM (M=3.63) agree that the line manager and employee identify training and development needs at the planning phase when the work plan is developed, while E (M=2.91), remain neutral on this item. The p value (p=0.62) shows evidence of a high significance. Table 4.37 compares the frequencies and percentages responses by the LM and E on item 31.

Table 4.37 Analysis of item 31

Item no.31	SD		D		N		A		SA	
	F	%	f	%	f	%	f	%	F	%
The line manager and employee identify training and development needs at the planning phase when the work plan is developed.										
Line managers (LM)	1	4%	1	4%	7	29%	12	50%	3	13%
Employees (E)	7	13%	14	26%	15	27%	15	27%	4	7%

Table 4.37 shows that majority of LM agree (50%) and strongly agree (13%), while (29%) remain neutral. The E respondents disagree (26%) and strongly disagree (13%), while 27% both agree and remain neutral on this item. This shows that LM and E have different views on the implementation of this item.

4.3.1.27 Item 32

The LM (M=3.63) agree that the line manager and employee identify training and development needs during performance reviews; while E (M=2.89) remain neutral

with this item. The p value ($p=0.67$) shows evidence of a high significance. Table 4.38 compares the frequencies and percentage responses by the LM and E on item 32.

Table 4.38 Analysis of item 32

Item No.32 The line manager and employee identify training and development needs during performance reviews.	SD		D		N		A		SA	
	f	%	f	%	f	%	f	%	F	%
Line managers (LM)	2	8%	0	0	6	25%	13	54%	3	13%
Employees (E)	5	9%	19	35%	10	18%	19	34%	2	4%

Table 4.38 shows that majority of LM agree (54%), strongly agree (13%) and remain neutral (25%), regarding whether development needs are identified during performance reviews. The E responses are more ambiguous, with E disagree (35%), strongly disagree (9%) accounting for 44%, while agree (34%) and strongly agree (4%) constitute 39% of the responses. A relatively large proportion of both LM (25%) and E (18%) remained neutral regarding this item.

4.3.1.28 Item 33

The LM ($M=4.00$) agree and E ($M=3.27$) remain neutral that the employee annual assessment is based on his/her key result areas (KRA's). The p value ($p=0.70$) shows evidence of a high significance. Table 4.39 compares the frequencies and percentage responses by the LM and E on item 33.

Table 4.39 Analysis of item 33

Item no.33	SD		D		N		A		SA	
	f	%	f	%	f	%	f	%	f	%
The employee annual assessment is based on his/her key result areas (KRA's).										
Line managers (LM)	1	4%	0	0	4	17%	12	50%	7	29%
Employees (E)	5	9%	6	11%	16	29%	25	46%	3	5%

Table 4.39 shows that the majority of LM participants agree (50%), strongly agree (29%) and remain neutral (17%), while more than half of E (51%) agree and strongly agree. Also, 29% of E remains neutral regarding this item. This seems to indicate that both groups hold the view that the annual employee assessment is based upon employee key result areas.

4.3.1.29 Item 34

The LM (M=3.92) agree that the employee annual assessment is based on his/her generic assessment factors (GAF's); while E (M=3.18), remain neutral on this item. The p value (p=0.69) shows evidence of a high significance. Table 4.40 provides comparison of the frequencies and percentage responses by the LM and E on item 34.

Table 4.40 Analysis of item 34

Item no.34	SD		D		N		A		SA	
	f	%	f	%	f	%	f	%	f	%
The employee annual assessment is based on his/her generic assessment factors (GAF's).										
Line managers (LM)	1	4%	1	4%	3	13%	13	54%	6	25%
Employees (E)	5	9%	8	15%	16	30%	22	41%	3	5%

Table 4.40 analysis shows that the majority of LM agree and strongly agree (79%) that the employee annual assessment is based on his/her generic assessment

factors (GAF's); while the E more likely agree and strongly agree (46%) but a large proportion remain neutral (30%) on this item. This shows that both LMs and E, but especially LMs, affirm that the employee annual assessment is based on the employee's GAF's.

4.3.1.30 Item 35

The LM agree (M=4.04) that the employee's overall score is in line with the assessment rating provided; while E more likely remain neutral (M=3.25) with this item. The p value (p=0.72) shows evidence of high significance. Table 4.41 compares the frequencies and percentage responses by the LM and E on item 35.

Table 4.41 Analysis of Item 35

Item no.35	SD		D		N		A		SA	
	f	%	f	%	f	%	f	%	f	%
The employee's overall score is in line with the assessment rating provided.										
Line managers(LM)	1	4%	1	4%	2	8%	12	51%	8	33%
Employees (E)	5	9%	8	15%	14	26%	24	44%	4	6%

Table 4.41 shows that the majority of LM agree (51%) and strongly agree (33%) that the employee score is in line with the assessment rating provided; while fully half of the E agree and strongly agree (50%) agree on this item. A relatively large proportion of the E's (26%) remain neutral on this item.

4.3.2 Group comparison of LM and E on performance review and assessment (6 – 32) and annual performance assessment (33 -35)

In this section the PMS questions are grouped into two concepts, namely performance review and assessment and annual performance assessment, which are the two selected implementation steps used to formulate the questionnaires for this research. In Table 4.42 the mean (M), standard deviation (SD) for the grouped

question of LM and E are presented, as well as the effect size and p-value for both groups combined.

Table 4.42 Group analysis of questions 6-32 (Performance review and assessment) against questions 33-35 (Annual performance assessment)

Factor 1	Line manager	Number	Mean	Standard deviation	p-value	Effect size
1. Performance review and assessment (Question 6-32)		24	3.6	0.77	0.00001	0.71
	Employee	55	2.9	0.95		
Factor 2	Line manager	Number	Mean	Standard deviation	p-value	Effect size
2. Annual performance Assessment (Question 33-35)		24	4.0	0.86	0.00001	0.77
	Employee	55	3.2	0.96		

The comparison between the LM and E (Question 6-32) shows a mean score of 3.6 from LM and 2.9 from E, and (Questions 33-35) a mean score of 4.0 for LM and 3.2 for E. This shows that on average LM tended to agree, whilst the E remained neutral on the implementation of PMS of the two factors i.e. performance review and assessment and annual performance assessment. The p-value (assuming variances are not equal) of 0.00001 is statistically significant showing that even if a different sample was taken within the level 2 public hospital, the same difference would be observed in the responses, and the effect size of 0.71 for (Question 6-32) and 0.77 for (Question 33,34 and 35) is practically visible and thus significant. Cronbach's alpha for performance review and assessment (Question 6-32) of LM was 0.77 and 0.95 for E, and annual performance assessment (Question 33, 34 and 35) of LM was 0.86 and 0.96 for E, which shows that there is reliability within the factors.

4.3.3 Perceptions of the implementation of PMS by LM and E: Yes/No Questions

This section presents the analysis and interpretation of the Yes/No questions regarding the implementation of the PMS from the perspectives of the LM (n=24) and E (n=55). Table 4.43 presents the analysis of the LM and E on the frequency and the percentages of Yes/No questions and Table 4.44 presents the comparison of the LM and E Yes/No scores regarding the mean, the p-value and the effect size.

The highest score for LM on the yes response was items 37, 40, 41 and 46 (92%). The lowest score for the LM was 52% for item 47. The E highest score on the yes response was 73% on item 36. The lowest for the E was 56% on items 38 and 43. This demonstrates inconsistency in the implementation of items 36-48 by both the LM and E, with the LM being more positive on the implementation of these items than E.

Table 4.43 Analysis of the Yes/No questions' perceptions on implementation of PMS by LM and E

Item No.	Line managers and Employees perspective	Line managers				Employees			
		Yes		No		Yes		No	
		f	%	f	%	f	%	F	%
36	The employee was given a choice not to sign the indicated results if he/she was not in agreement with the outcome of his/her assessment.	19	79%	5	21%	40	73%	15	27%
37	The employee acknowledged receipt of the assessment outcomes.	22	92%	2	8%	32	58%	23	42%
38	The employee was given the right to appeal against the decision made in the assessment process.	15	62%	9	38%	24	44%	31	56%
39	The criteria for the achievement of objectives were specific.	21	88%	3	12%	32	58%	23	42%
40	The criteria for the achievement of objectives were realistic.	22	92%	2	8%	30	55%	25	45%
41	The criteria for the achievement of objectives were attainable.	22	92%	2	8%	32	59%	22	41%
42	After the performance review re-planning of the work plan was identified to improve the employee's performance.	14	58%	10	42%	25	46%	30	54%
43	The line manager and employee agreed on the need to re-plan the work plan to improve the employee's performance.	17	71%	7	29%	24	44%	31	56%
44	The line manager and employee signed the half-yearly performance assessment.	21	88%	3	12%	31	56%	24	44%
45	The line manager and employee signed the annual performance assessment.	21	88%	3	12%	34	62%	21	38%
46	The employee confirmed his/her participation in the final performance feedback session in the form of a signature.	22	92%	2	8%	36	66%	19	34%
47	The employee reported to somebody other than me as his/her supervisor	11	48%	12	52%	17	69%	38	31%
48	The annual performance review was done correctly.	19	83%	4	17%	27	49%	38	51%

Missing frequency = 1 for Line managers (Item 47 and 48)

= 1 for Employees (Item 41)

In this section the comparison provided is between the LM and E L score in Yes/no questions (36-48).

Table 4.44 Group analysis of questions 36-48

Compare	Mean score	p-value	Effect size
Line manager (n=24)	10.25	0.00001	0.88
Employee (n=55)	6.98		

The mean score of 10.25 from LM, compared to 6.98 from the E, shows that the LM seem to agree more to PMS being implemented as expected in comparison to the E. The p-value (assuming variances are not equal) of 0.00001 is statistically significant showing that even if a different sample was taken within the hospital, the same difference would be observed, and the effect size of 0.88 is practically visible and thus significant (Ellis & Steyn, 2003).

4.4 SUMMARY OF THE RESULTS AND PROBLEMS IDENTIFIED

This section reports on the problems identified from the research study conducted in a level 2 public hospital in the North-West Province regarding implementation of PMS by line managers (LM) and employees (E). The analysed and interpreted data resulted in the researcher identifying problems to be addressed in the formulation of guidelines. The main two main findings are:

- The effect size of all the questions indicates a practically visible and thus significant difference with regard to LM and E perceptions of the implementation of PMS (see items 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35).
- There is statistical evidence of improper implementation of PMS from both groups regarding some of the performance implementation items (see items 8, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 27, 31, 32, 37, 38, 39, 40, 41, 42, 43, 44, 48).

Specific problems identified are presented and is used as evidence for the formulation of the guidelines (see Chapter 5).

4.4.1. Biographic data

- The majority of line managers employed in the level 2 public hospital in the North-West Province are over 46 years of age (and a very minimal group in 18-25 and 26-30 age groups [see 4.2.1]);
- The majority of LM participants have >10 years of experience and none have 4-10 years of experience; while a larger number of employee participants are newly qualified and have fewer years of experience (see 4.2.3).
- The majority of LM (87.5%) and E (92.5%) participants are females.

4.4.2 Performance planning

- LM and E do not identify training and development needs at the planning phase when the work plan is developed as evidenced by E (M= 2.91) in item 31.

4.4.3 Developing performance criteria

- There is a difference of perception (positive and negative) from both LM and E regarding the discussion of the employee generic assessment factors (GAF's) as evidenced by E (M=2.94) in item 8.
- 42%, 45% and 41% of E regarded the criteria for the achievement of objectives as not specific (item 39), realistic (item 40) and attainable (item 41) respectively.

4.4.4 Monitoring performance

- LM do not discuss strategies to address the identified weaknesses with E as evidenced by E (M=2.74) in item 18.
- No discussion takes place about the E development plan during the performance review as evidenced in E (M=2.44) in item 23.
- 42% of LM and 54% of E confirmed that after the performance review re-planning of the work plan was not identified to improve the E performance (item 42).
- 56% of E confirmed that the LM and E did not agree on the need to re-plan the work plan to improve the E performance (item 43).

4.4.5 Performance review and assessment

- Organisation
 - LM do not provide E with the performance feedback within at least a week after the assessment. This is evidenced by E (M=2.58) in item 15.
 - LM do not provide performance feedback to E in writing and/or verbally as evidenced by E (M=2.42) in item 19 and (M=2.69) in item 20.
 - LM do not provide verbal performance feedback to E at least four (4) times a year as evidenced by E (M=2.47) in item 21.
 - LM do not conduct performance reviews of E every six (6) months as evidenced by E (M=2.49) in item 22.
 - LM do not inform E about the intended performance review 48 hours prior to the evaluation. This is evidenced by both LM (M=2.94) and E (M=2.38) in item 24.
 - LM do not conduct the performance review by method of one to one communication between themselves and E as evidenced by E (M=2.78) in item 25.

- The performance feedback is not limited to the agreed upon objectives from the work plan as evidenced by E (M=2.83) in item 27.

- Process
 - E are not given an opportunity to participate in performance feedback as evidenced by E (M=2.94) in item 11.
 - E do not regard performance feedback as a transparent process. This is evidenced by E (M=2.87) in item 12.
 - LM do not provide E with the opportunity to make suggestions during performance feedback session as evidenced by E (M=2.96) in item 14.
 - LM do not assist the E to determine the status of their performance during the performance feedback session as evidenced by E (M=2.72) in item 16.
 - LM do not assist E to identify performance weaknesses and strengths during the performance feedback session as evidenced by E (M=2.85) in item 17.
 - LM and E do not identify training and development needs during performance reviews as evidenced by E (M=2.89) in item 32.
 - 42% of E does not acknowledge receipt of the assessment outcomes (item 37).
 - 56% of E was not given the right to appeal against the decision made in the assessment process (item 38).
 - 44% of E confirmed that LM and E did not sign the half-yearly performance assessment (item 44).
 - 69% of E confirmed that E reported to somebody other than LM as their supervisors (item 47).

4.5.6 Annual Performance assessment

- 51% of E confirmed that the annual performance review was not done correctly (item 48).
- There is a statistical evidence of a discrepancy in the uniform implementation of PMS and uncertainty from both groups regarding some of the performance implementation variables (see all items above).

4.5 SUMMARY

The researcher presented, analyzed and interpreted the biographical (Section A: Question 1-5) and LM and E perceptions of PMS implementation (Section B, Question 6-48) data. The mean, standard deviation, p-value and effect sizes of each section of the instrument were determined. In conclusion, questions that showed ineffective implementation of PMS from the perception of LM and/or E were highlighted and grouped together. In the next chapter guidelines will be developed and formulated from the problems identified.

CHAPTER 5

GUIDELINES FOR IMPLEMENTATION OF A PERFORMANCE MANAGEMENT SYSTEM IN A LEVEL TWO (2) PUBLIC HOSPITAL, EVALUATION OF THE STUDY, LIMITATIONS AND RECOMMENDATIONS FOR PRACTICE, EDUCATION, RESEARCH AND POLICY

5.1 INTRODUCTION

In this chapter, the principal aim of this study, which was to formulate guidelines for the implementation of PMS by the line managers and employees in a level 2 public hospital in the North-West Province, is achieved. The development of these guidelines was based on the literature review conducted and on transformational leadership theory and the problems identified in the empirical research. Thereafter the evaluation of the study, limitations and recommendation for practice, education, research and policy were discussed.

5.2 THEORETICAL FRAMEWORK: TRANSFORMATIONAL LEADERSHIP

According to Marquis and Huston (2006:56) transformational leadership is an interactive relationship based on trust between the leader and the follower. Transformational leaders work towards change of vision in their organizations (Tucker and Russel, 2004). According to Keller (1992), the transformational leader serves as a coach, teacher or mentor and encourages more commitment and development of personal self interest from the followers.

Meyer *et al.*, (2009:211) regard a person with transformational leadership as a true leader who inspires his/her team with a shared vision and future, is highly visible, spends more time communicating and does not lead by giving instructions but delegates responsibilities amongst the team.

Transformational leadership acknowledges the significant role of the followers because leaders and followers motivate one another to operate at higher levels (Muller, 2009:159). Kouzes and Posner (2008:14) outline the following five (5) practices of exemplary leadership:

- *Modeling the way.* As the leader one needs to be a good example and model the behaviour expected from the followers. In order to model the behaviour they expect from others well, leaders must have clear guiding principles through clarifying their core values. They need to speak and act on behalf of organizations they work for and lead through direct involvement and action. Leaders need to know the people they are leading and speak their language. The line manager needs to speak about PMS and know what he/she speaks about to the employees. But to speak out on the PMS the line manager has to have the necessary knowledge and comprehension of what he/she stands for. Kouzes and Posner (2008:47) refer to “the first law of Leadership”: “If you don’t believe in the messenger, you won’t believe the message.” The line manager needs to simplify PMS for the employees, find his/her own voice and have credibility to lead.
- *Inspiring a shared vision.* In order to gain support of the followers, leaders must have a close knowledge of their dreams, hopes, aspirations, visions and values. Exemplary leaders are forward looking, and are able to forecast the future and imagine greater opportunities. But this vision need not just be the leader’s vision; it must be a shared vision. Leaders need to ensure that what they see is also seen by the followers. When both the line managers and employees share knowledge and skill on PMS, they will be able to sustain higher levels of motivation and face PMS challenges together. Kouzes and Posner (2008:106) outline two essentials that leaders need to master in order to inspire a shared vision: imagining the possibilities whereby the leader reflects on his/her past, attends to the present, outlines prospects for the future and feels his/her passion; and finding a common purpose whereby the leader listens deeply to others, determines what is meaningful for others,

makes it a cause for commitment and looks forward in times of rapid change. Line managers need to begin actively and deeply listening to employees during implementation of PMS. Once they create an open and conducive environment of collaboration, there will be a free exchange of ideas and improvements in the implementation of PMS. This increased interaction can assist both the line manager and employee to craft a vision that they can call their own.

- *Challenging the process.* A good leader continuously challenges the status quo to search for new opportunities. Real leaders are willing to step out into the unknown. They create new ways of doing things in order to experiment with new ideas and practices and take risks in order to learn from the mistakes made. The leader is also prepared to face the consequences and is always accountable. Leadership is connected with the process of innovation, bringing new ideas or solutions into use. Leaders make something happen. Innovation needs more listening and communication. If line managers need to detect demands for change in the implementation of PMS, they must stay sensitive to new ideas coming from employees and must reach out and talk to them. Leaders guiding change must establish relationships with their followers, connect with more sources of information and conduct management by walking around more frequently.
- *Enabling others to act.* A good leader "opens up the way" for the followers and people who want to grow by ensuring that followers are given ownership, allowed creativity and freedom to explore new ideas and ways of thinking (Kouzes & Posner 2008:223) The leader needs to create a climate of trust and facilitate relationships with followers. Trust is a more essential element of a winning team. For the implementation of PMS to be a success, line managers as transformational leaders need to work together with employees as followers. Line managers and employees need to interact with one another on both a personal and professional basis so that they can realize that they are in the implementation of PMS together. A good line

manager will make employees feel trusted, allow them to use their discretion, assigned some form of authority and more information, and they are then more likely enabled to act and produce extraordinary results.

- *Encouraging the heart.* Followers act best of all when they are passionate about what they are doing. A leader who encourages the heart of followers uplifts their spirits and motivates them to accept the values determined by the organization. It is part of the leader's job to show appreciation of the job well done (Kouzes & Posner, 2008:22). Performance improves when leaders bring followers together to celebrate their achievements and to reinforce their principles. Line managers need to link performance of followers with reward. If line managers want to build and maintain a culture of excellence in the implementation of PMS, then they have to encourage, recognize, reward, reinforce and celebrate exceptional efforts and successes of employees (Kouzes & Posner, 2008:321).

In this study the line managers as nurse leaders with transformational characteristics are assumed to be empowering the employees and creating enthusiasm for nursing practice. Line managers as transformational leaders positively affect group performance. Line managers should be equipped to motivate employees to be more creative in their performance. Line managers' transformational approach to leadership will enhance commitment, reduce employees' feeling of stress regarding the implementation of PMS and develop employees to enhance their capabilities (Bass & Riggio, 2006:55). This study, if findings are shared and guidelines implemented will further make the line managers as leaders realize their strengths or weaknesses in the implementation of PMS in their organization. See the process of transformational leadership as reflected below in Figure 5.1.

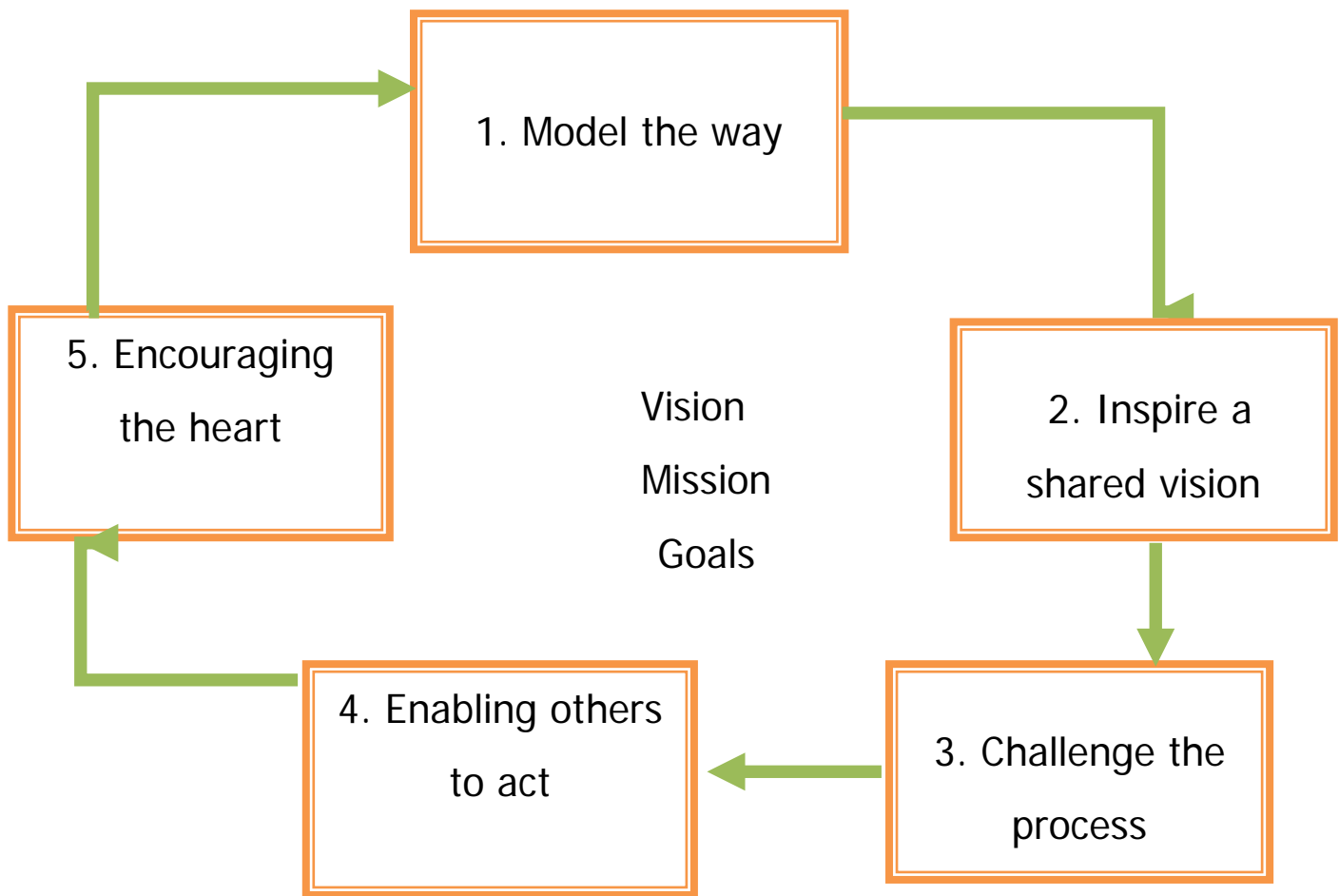


Figure 5.1 Five practices of transformational leadership (adapted from Kouzes and Posner, 2007:14)

5.3 APPLICATION OF TRANSFORMATIONAL LEADERSHIP IN THE GUIDELINES

Biographic problems identified in the study were generation differences, nurses' employment inequity (the majority of nurses being females) and a larger number of employees having fewer years of experience. All of these problems have always created a challenge in the workplace. The young emerging workforce needs a leader that excites them because fun and balance are part of their lives. Implementation of PMS by a transformational leader will emerge with a vision that is inspiring and

powerful enough to transform the workplace. A transformation leadership approach will attend to the needs of both the leader and the follower and create an environment where everyone thrives (Yoder-Wise, 2007:34).

In order to plan for implementation of PMS, a good leader will provide opportunities for the followers in order for them to master the task. Training of employees in PMS will encourage initiative. The best leaders know that the investment in training will pay off in the long term. PMS cannot be implemented effectively if both parties (LM and E) don't know what to do.

During development of criteria for the implementation of PMS, a good leader will model the way by taking an active role in the work of change; inspire the followers by bringing everyone together to move towards the shared vision that is acceptable, desirable and achievable. During the monitoring of performance a good leader will challenge the process by questioning the way PMS has been implemented in the past and think creatively about new solutions; enable the followers to act and be involved.

Line managers need to encourage the heart of employees, providing verbal feedback immediately and written feedback within the specified time after performance review and assessment by appreciating and rewarding the followers for good performance. Line managers need to foster collaboration by communicating performance reviews and assessments and in so doing build trust and facilitate relationships with the employees. Followers need to be strengthened in order to increase their self-determination and developing their competence.

During annual performance assessment, which is the last phase of the implementation of PMS, line managers need to recognize the followers' contribution in the achievement of the shared vision by appreciating individual excellence, celebrating the values and victories and creating a spirit of togetherness.

5.4 METHOD OF GUIDELINE DEVELOPMENT

Deductive and inductive reasoning were used to analyze the problems identified in Chapter 4. Burns and Grove (2005:733) explain deductive reasoning as reasoning from general to specific and inductive reasoning as analysis from specific to general, meaning specific instances are observed, combined into a general statement and the premises provide only partial support for the conclusion. It is a series of particular instances that are observed and then combined into a larger whole or set of things, or a general statement (Rossouw, 2003:40; Chinn & Kramer, 2004:299; Burns & Grove, 2005:739).

In this study, deductive logic was used to identify problems and synthesize the conclusion statements about the implementation of PMS by line managers (LM) and employees (E) in a level 2 public hospital in the North-West Province. From the results of the empirical research, problems were identified and were used as the basis or evidence for the guidelines developed and formulation for the implementation of PMS in a level 2 public hospital in the North-West Province. Deductive logic was applied to formulate guidelines and inductive logic to provide some operationalisation suggestion to improve the implementation of PMS by line managers (LM) and employees (E) in a Level Two (2) public hospital in the North-West Province.

Figure 5.2 provides a graphic presentation of the method of developing guidelines. Table 5.1 provides a summary of the identified problems and is presented in three columns, i.e. identified problem, the item in the questionnaire (as evidence for the identified problem) and a description of Likert scale questions. Table 5.2 provides the formulated guidelines and the operationalisation plan. The table is presented with four columns, i.e. firstly, the formulated guidelines, secondly, suggestions for operationalisation of the guidelines, followed by thirdly, the evidence from which the guidelines were deduced from, and lastly, how the guidelines fits in the framework of transformational leadership.

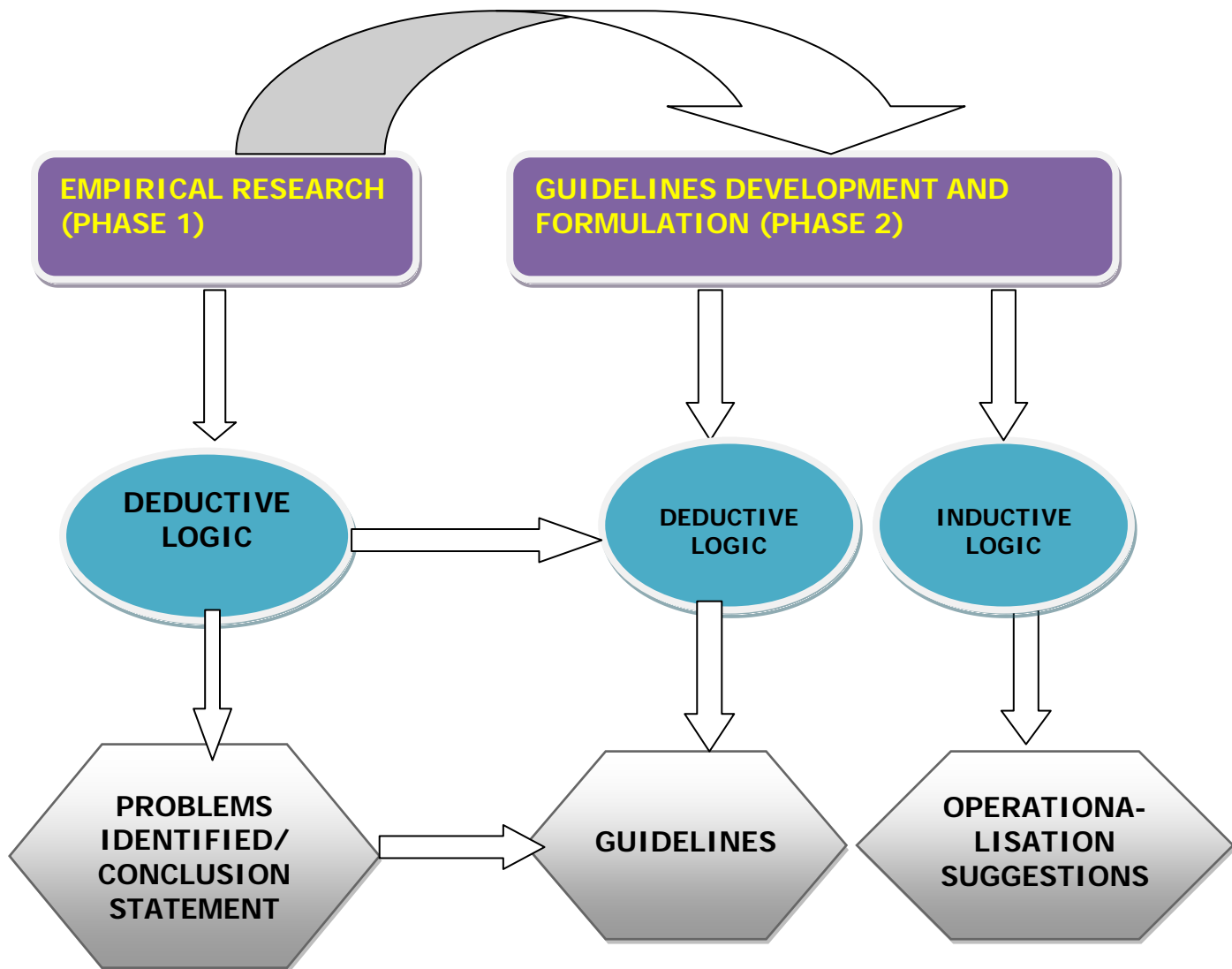


Figure 5.2 Graphical presentation of the manner in which guidelines are developed

Problems were identified according to the NWPG policy diagram, also called the process of PMDS as discussed in Chapter 2, namely:

1. Performance planning
2. Developing performance criteria
3. Performance monitoring
4. Performance review
5. Annual performance assessment
6. Performance assessment outcomes

No problems were identified from the sixth step of PMS (performance outcome) because this step is used to decide on confirmation of appointment for E on probation, rewards, further training and development in some aspects of the job. It is also used to correct E's performance not fully active in spite of measures already taken.

Table 5.1 Identification of problems

PROBLEM	ITEM	Description of Likert scale questions
Performance planning	31	The LM and E identify training and development needs at the planning phase when the work plan is developed.
Developing performance criteria	8	The LM and E discuss the E generic assessment factors (GAFs).
	39	The criteria for the achievement of objectives were specific.
	40	The criteria for the achievement of objectives were realistic.
	41	The criteria for the achievement of objectives were specific. The criteria for the achievement of objectives were attainable.
Monitoring performance	18	The LM and E discuss strategies to address the identified weaknesses.
	23	The LM and E have a discussion about the E development plan during the performance review.
	32	The LM and E identify training and development needs during performance reviews.
	42	After the performance review re-planning of the work plan was identified to improve the E performance.
	43	The LM and E agreed on the need to re-plan the work plan to improve the E performance.
Performance review assessment – Organization	15	The LM provides the E with the performance at least a week after the assessment.
	19	The LM provides performance feedback to the E in writing.
	20	The LM provides verbal performance feedback to the E.
	21	The LM provides verbal performance feedback to the E at least four (4) times a year.

Performance review assessment - Process	22	The LM conducts performance reviews of the E every six (6) months.
	24	The LM informs the E about the intended performance review 48 hours prior to the evaluation.
	25	The LM conducts the performance review by means of one-to-one communication between him/her self and the E.
	27	The performance feedback is limited to the agreed upon objectives from the work plan.
	11	The E participates in performance feedback.
	12	Performance feedback is a transparent process.
	14	The LM provides the E with the opportunity to make suggestions during performance feedback session.
	16	The LM assists the E to determine the status of his/her performance during the performance feedback session.
	17	The LM assists the E to identify performance weaknesses and strengths during the performance feedback session.
	32	The LM and E identify training and development needs during performance reviews.
	37	The E acknowledged receipt of the assessment outcomes.
	38	The E was given the right to appeal against the decision made in the assessment process.
	44	The LM and E signed the half-yearly performance assessment.
	47	The E reported to somebody other than me as his/her supervisor.
Annual performance assessment	48	The annual performance review was done correctly.

Table 5.2 Formulation of guidelines and operationalisation plan

GUIDELINES	SUGGESTIONS FOR OPERATIONALISATION	PROBLEMS IDENTIFIED	TRANSFORMATIONAL LEADERSHIP
<p>1. Plan performance of E and identify training and development needs at the planning phase when the work plan is developed</p>	<p>LM and E to:</p> <ul style="list-style-type: none"> • Enter into and sign Performance Agreement (PA) with a work plan and a Personal Development Plan (PDP) attached. • Draw PA and PDP on an individual basis. • Review the work plan regularly to ensure relevance throughout. 	<p>Item 31</p>	<ul style="list-style-type: none"> • Model the way • Inspire a shared vision • Challenge the process • Enable others to act • Encourage the heart

Table 5.2 Formulation of guidelines and operationalisation plan

<p>2. Select at least five generic assessment factors (GAF's) to describe and assess performance taking into consideration knowledge, skills and attributes.</p>	<ul style="list-style-type: none"> • Discuss the selected generic assessment factors (GAF's) in order to identify the difference of perception (positive and negative) from both LM and E. • Weigh each of the five generic assessment factors (GAF's) selected to show the extent to which it relates to E's specific job. • Rate each of the selected generic assessment factors (GAF's) using the guide to generic factors for assessing performance. 	<p>Item 8</p>	<ul style="list-style-type: none"> • Model the way • Inspire a shared vision • Challenge the process • Enable others to act • Encourage the heart
--	---	---------------	--

Table 5.2 Formulation of guidelines and operationalisation plan

<p>3. Develop specific, realistic and attainable performance criteria for the achievement of objectives.</p>	<ul style="list-style-type: none">• Develop performance criteria according to set standards as outlined in the work plan.• Apply performance criteria discussed and agreed up-front.	<p>Item39, 40, 41</p>	<ul style="list-style-type: none">• Model the way• Inspire a shared vision• Challenge the process• Enable others to act• Encourage the heart
--	---	-----------------------	--

Table 5.2 Formulation of guidelines and operationalisation plan

<p>4. Monitor E performance according to knowledge, skills and attributes specified in the work plan.</p>	<ul style="list-style-type: none"> • Discuss strategies to address E's identified weaknesses. • Identify the E training and development needs during performance reviews. • Record the strong and weak points as well as specific training and development needs of E during performance review. • Assess (both LM and E) need for re-planning of the work plan to improve E performance. 	<p>Item 18, 23, 32, 42, 43</p>	<ul style="list-style-type: none"> • Model the way • Inspire a shared vision • Challenge the process • Enable others to act • Encourage the heart
---	---	--------------------------------	--

Table 5.2 Formulation of guidelines and operationalisation plan

<p>5. Provide E with feedback during the organization and process of performance review and assessment</p>	<ul style="list-style-type: none"> • Provide E with performance feedback within at least a week after the assessment. • Provide performance feedback to E in writing at least twice a week during six months and verbally on quarterly basis. • Conduct performance reviews of E every six (6) months. • Inform E about the intended performance review 48 hours prior to the evaluation. • Conduct the performance 	<p>Item 15, 19, 20, 21, 22, 24, 25, 27 (organization) 11, 12, 14, 16, 17, 32, 37, 38, 44, 47 (process)</p>	<ul style="list-style-type: none"> • Model the way • Inspire a shared vision • Challenge the process • Enable others to act • Encourage the heart
--	--	--	--

	<p>review by method of one to one communication between LM and E.</p> <ul style="list-style-type: none">• Limit performance feedback to the agreed upon objectives from the work plan.• Provide E with an opportunity to participate and make suggestions during performance feedback session.• Establish transparency		
--	--	--	--

	<p>during performance feedback.</p> <ul style="list-style-type: none">• Inform E about the status of their performance (weaknesses and strengths) during the performance feedback session.• Identify E training and development needs during performance reviews.• Provide E with the assessment outcomes.• Inform E about the right to appeal against the decision made in the assessment process.• Sign the half-yearly		
--	---	--	--

	<p>performance assessment with E.</p> <ul style="list-style-type: none">• Report to LM as the E supervisors.		
--	--	--	--

Table 5.2 Formulation of guidelines and operationalisation plan

6. Conduct E annual performance assessment	<ul style="list-style-type: none">• Conduct the annual performance assessment according to the annual assessment instrument and agreed upon or set standards.	Item 48	<ul style="list-style-type: none">• Model the way• Inspire a shared vision• Challenge the process• Enable others to act• Encourage the heart
--	---	---------	--

5.5. EVALUATION OF THE STUDY

The researcher reviewed the objectives of the study in order to evaluate whether the principal aim of this study (to formulate guidelines for implementation of PMS by LM and E) was achieved. An in-depth literature review was conducted to understand the implementation of PMS and related constructs from a theoretical perspective. These constructs consisted of Key Result Areas (KRAs), Generic Assessment Factors (GAFs), reward, work plan, performance agreement, performance management system, performance appraisal, performance development plan, line manager (LM) and employee (E).

The four elements of nursing (person, environment, health, and nursing) were interlinked and formed the basis of the meta-theoretical assumptions of the study. A contextual discussion on the health care system of South Africa in both the public (district, regional tertiary) and private a health sectors was outlined, and lastly the theoretical assumptions used for this study was the transformational theory which Kouzes and Posner outline as exemplary leadership “that make the role of the leader and the process of leadership understandable and accessible to anyone who wants to improve on their own abilities and guide others in significant ways”.

The researcher adhered to optimal ethical considerations (right to self-determination, privacy, anonymity and confidentiality, fair treatment, ethical protection from discomfort and harm) throughout the research process for protection of participants' human rights. The researcher managed the distribution and collection of questionnaires from the line manager and employee participants in the level 2 public hospital in the North-West Province.

After data collection a statistician helped the researcher to analyze the data. Descriptive and inferential statistics were used to analyze data in a form of frequency distribution and t test – p-value and d-value – in order to compare the differences between line managers' and employees' responses. Factor analysis indicated a higher Cronbach's alpha and this established internal consistency and

reliability in the structured data collection instrument utilized. The analyzed data, the literature review conducted on PMS and related constructs, assisted the development of guidelines to facilitate the implementation of PMS by the line manager and employee participants in the Level Two (2) public hospital in the North-West Province thereby enabling the researcher to achieve the principal aim of the study.

5.6 LIMITATIONS OF THE STUDY

The following limitations were identified during this research study:

- 5.6.1 In responding to the questionnaires some of the line manager and employee participants encountered some difficulties in interpreting the questions and as a result the completion of the questionnaire took longer than expected. This indicated that some of the participants might not be familiar with the policy document used to develop the questionnaire.
- 5.6.2 At the time of data collection, there was a national strike on public health care services. As a result the work environment was unstable with some uncertainties experienced by participants.
- 5.6.3 Performance bonus remunerations were paid to the nursing personnel at the time of data collection, and this resulted in those rewarded being very keen on completing the questionnaire whilst those not rewarded were reluctant. This might have influenced the responses to the questionnaires.
- 5.6.4 The results of this study can be representative of LM and E population of the Level Two (2) public hospital in the North-West Province as the population size consisted of the hospital LM and E who participated in the research study.

5.7 RECOMMENDATIONS

Recommendations are provided for practice, education, research and policy-making.

5.7.1 Recommendations for practice

The implementation of these developed guidelines will assist the public health sector, the nursing personnel (line managers and employees) in implementation of PMS in a Level Two (2) public hospital in the North-West Province in the following ways:

- 5.7.1.1 By supporting these guidelines, the public health sector could improve performance and productivity with the retention of the staff.
- 5.7.1.2 By implementing these guidelines, the young professional nurses could be professionally developed and on the job training implemented in order to encourage them to ascend the career path ladder whilst on the job. More young nurses could be put on the succession plan in order to close the gap between the line managers.
- 5.7.1.3 By implementing the guidelines the line managers and employees will be empowered to make autonomous decisions regarding implementation of PMS, increasing performance which will improve quality of patient life in the public health sector and decreasing poor and/or non-performance amongst the nursing personnel.
- 5.7.1.4 By implementing the guidelines, there will be continuous informal and formal communication between the line managers and employees about PMS, and this will result in LM and E being inspired to implement the Batho Pele principles (consultation, service standards, access, courtesy, information, openness and transparency, redress and value for money).

5.7.2 Recommendations for education

Implementation of the following recommendation could bring improvement and more value to nursing education:

- 5.7.2.1 Incorporation of Performance Management System in the curriculum of nurse employees so that its value is highlighted in earlier years of professional development.
- 5.7.2.2 Role modelling in the practical setting and simulation exercises during classroom teaching could help employees to learn how to manage performance and implement it effectively.
- 5.7.2.3 The nursing personnel could conduct regular in-service education and develop knowledge, communication skills and values to effectively deal with each situation relating to performance management.
- 5.7.2.4 The guidelines could act as a framework for nursing personnel on training whereby information gathered during training could be compared with available guidelines in the practical setting.
- 5.7.2.5 The application of guidelines to facilitate implementation of PMS by the line managers and employees will challenge them to understand the importance of implementing the system in the workplace.

5.7.3 Recommendations for research

The literature review, research findings and problems identified necessitates further research on implementation of PMS by the nursing personnel. Further research is recommended on:

- 5.7.3.1. The use of PMS as a form of reward/motivation for nursing personnel in South Africa.
- 5.7.3.2 The effect of PMS for nurses in the South African health care system – public and private.

- 5.7.3.3 Implementation of PMS in different public health facilities could be investigated and compared.
- 5.7.3.4 The perceptions of the nursing managers in the facilitation of PMS implementation.
- 5.7.3.5 Exploring the level of commitment of the nurse managers in improving nurse personnel performance.
- 5.7.3.6 The effect of the personnel development plan in performance management.

5.7.4 Recommendations for policy-making

The availability of implied and expressed policies and procedures either written or verbal, in an organization promote consistency of action. The following recommendations for policy- making could assist in effective implementation of PMS guidelines:

- 5.7.4.1 Forming a committee of key players to address the performance management policy and procedures within the organization.
- 5.7.4.2 Having a uniform PMS policy and procedure developed through organizational collaboration is critical.
- 5.7.4.3 Although top management is more involved in the setting of organizational PMS policy, LM and E must determine how this policy will be implemented on their units. Input from LM and E in forming, implementing and reviewing policies allow them to own the process and develop guidelines that are supported and easy to follow.
- 5.7.4.4 After the PMS policy and procedures are formulated, the LM must have a responsibility for communicating the policy to E both in writing and verbally.
- 5.7.4.5 Involving LM and E in PMS policy-making increases the quality of the end product and the assurance that the policy will be implemented as planned. Self-established PMS policy will save nursing personnel time,

facilitate delegation, reduce costs, increase productivity and provide quality patient care.

- 5.7.4.6 The PMS policy and procedures need to be reviewed and revised by LM and E in order to ensure currency, relevancy and applicability. PMS policy-making significantly affects organizational success by having LM and E working together to set expectations, review results and reward performance.

5.8 SUMMARY

This chapter addressed the identified problems in the implementation of PMS based on the transformational leadership theory and developed measurable and achievable guidelines to facilitate effective implementation by line managers and employees in a level 2 public hospital in the North-West Province. Literature review and PMS-related constructs were also utilized to form the basis of the study. Each of the guidelines was based on findings in literature, in the form of analysed data on each item. The chapter was then concluded by discussing the limitations and recommendations for practice, education and future research based on the implementation of PMS by the line managers and employees.

BIBLIOGRAPHY

BASS, B.M. & RIGGIO, R.E. 2006. Transformational leadership. 2nd ed. Mahwah, N.J.: Erlbaum. 282 p.

BITANGE, R., KIBET, K.S. & MAGUTU, P.O. 2010. The effectiveness of performance appraisal systems in private universities in Kenya: an assessment of Kabarsk University performance appraisal systems. African journal of business management, 1:12, April.

BOOYENS, S.W. 2004. Dimensions of nursing management. 2nd ed. Lansdowne: Juta. 719 p.

BREIER, M., WILDSCHUT, A. & MGQOLOZANA, T. 2009. Nursing in a new era: the profession and education of nurses in South Africa. Cape Town: HSRC Press. 141 p.

BRINK, H., VAN DER WALT, C. & VAN RENSBURG, G. 2006. Fundamentals of research methodology for health care professionals. 2nd ed. Cape Town: Juta. 226 p.

BURNS, N. & GROVE, S.N. 2005. The practice of nursing research: conduct, critique & utilization. 5th ed. St. Louis: Saunders/Elsevier. 780 p.

BURNS, N. & GROVE, S.K. 2009. The practice of nursing research: conduct, critique, & utilization. 6th ed. St Louis: Saunders/Elsevier. 750 p.

CANNEL, M. 2009. Performance management: an overview. London: Chartered Institute of Personnel and Development (CIPD).

CHINN, P.L. & KRAMER, M.K. 2004. Integrated theory and knowledge development in nursing. 7th ed. St Louis: Mosby. 336p.

CULLINAN, K. 2006. Health services in South Africa. A basic introduction. www.healthnews.org.za. Date of access: 20 May 2010.

HARRISON, D. 2009. An Overview of Health and Health care in South Africa 1994 – 2010: Priorities, Progress and Prospects for New Gains (A Discussion Document Commissioned by the Henry J. Kaiser Family Foundation to Help Inform the National Health Leaders' Retreat. Muldersdrift, January 24-26 2010.

DOWN, B., CHADBOURNE, R. & HOGAN, C. 2000. How are teachers managing performance management? *Asia-Pacific journal of teachers education*, 28(3):213-223.

ELLIS, S.M. & STEYN, H.S. 2003. Practical significance (effect sizes) versus or in combination with statistical significance (p-values). *Management dynamics*, 12(4): 51-53.

ESU, B.B. & INYANG, B.J. 2009. A case for performance management in the public sector in Nigeria. *International journal of business and management*, 4(4):98-105.

FRYER, K., ANTONY, J. & OGDEN, S. 2009. Performance management in the public sector. *International journal of public sector management*, 22(6): 478-498.

GEORGE, J.B. 2002. *Nursing Theories: the base for professional nursing practice* 5th ed. New Jersey: Prentice Hall. 611p.

GROBLER, P.A., WARNICH, S., CARRELL, M.R., ELBERT, N.F. & HATFIELD, R.D. 2002. *Human resource management in South Africa*. 2nd ed. London: Thomson/Learning. 678p.

GUNARATNE, A. & DU PLESSIS, A. 2007. Performance management system: a powerful tool to achieve organizational goals. *Journal of global business and technology*, 3(1):17-28.

HONGORO, C. & NORMAND, C. 2006. Health workers building and motivating the workforce. In: Jamison, D.T. et al, eds., Disease Control Priorities in Developing Countries, 2nd ed., New York, Oxford University Press, 2006:1,309-1,322.

ISHAQ, H.M., IQBAL, M.Z. & ZAHEER, A. 2009. Effectiveness of performance appraisal: its outcomes and detriments in Pakistani organizations. *European journal of social sciences*, 10(3):479-485.

JOOSTE, C. & FOURIE, B. 2009. The role of strategic leadership in effective strategy implementation: perceptions of South African strategic leaders. *South African business review*, 13(3):51-68.

KELLER, R.T. 1992. Transformational leadership and the performance of research and development project groups. *Journal of management*, 18(3):489-501.

KLINE, D.S. 2003. Push and pull factors in international nurse migration. *Journal of nursing scholarship*, 35(2):107-112.

KLOPPER, H.C. 2008. The qualitative research proposal. *Curationis*, 31(4):62-72, Dec.

KLOPPER, H.C. & KNOBLOCH, S.K. 2010. Validity, reliability and trustworthiness. (In Jooste, K, ed. *The principles and practice of nursing and health care: ethos and professional practice, management, staff development and research*. Pretoria: Van Schaik Publishers. Chapter 31)

KOUZES, J.M. & POSNER, B.Z. 2008. *The leadership challenge*. 4th ed. Hoboken, N.J.: Wiley. 389 p.

KRAAK, A. 2005. "HRD and the skills crisis." *Human resource development review*, 61-87.

KWAKU OHEMENG, F.L. 2009. Constraints in the implementation of performance management systems in developing countries: the Ghanaian case. *International journal of cross cultural management*, 9(1):109-132.

MALEY, J.F. 2009. The influence of performance appraisal on the psychological contract of the inpatriate manager. *SA journal of human resource management/SA tydskrif vir menslikehulpbronbestuur*, 7(1):1-10.

MARQUIS, B.L. & HUSTON, C.J. 2006. Leadership roles and management functions in nursing: theory and application. 5th ed. Philadelphia: Lippincott Williams & Wilkins. 723 p.

MARTINEZ, J. & MARTINEAU, T. 2001. Introducing performance management in national health systems: issues on policy and implementation. (An IHSD issues note.) London: Institute for Health Sector Development.

MEYER, S., NAUDE, M. & VAN NIEKERK, S. 2006. The nursing unit manager: a comprehensive guide. 3rd ed. Sandton: Heinemann. 417 p.

MEYER, S., NAUDE, M., SHANGASE, N. & VAN NIEKERK, S. 2009. The nursing unit manager; a comprehensive guide. South Africa: Heinemann.<http://www.nwu.ac.za/library/>. Date of access: 19 May 2009.

MOTHUSI, B. 2008. Public sector reforms and managing change in Botswana: the case of performance management system (PMS). Cleveland, Oh.: Cleveland State University. (Thesis - PhD.) 229 p.

MULLER, M. 2009. Nursing Dynamics. Sandton: Heinemann.389p.

NORTH WEST PROVINCIAL ADMINISTRATION. 2008. Amendment approved for implementation effective from 2008/9 performance cycle. Performance Management and Development System (PMDS). Policy No NWPG 13. 25 p.

PARLIAMENTARY MONITORING GROUP. 2008. Performance management and development system. Public Service Commission report on implementation in Eastern Cape and North West provinces. [http://www.pmg.org./](http://www.pmg.org/) Date of access: 6 April 2009.

POLIT, D.F. & BECK, C.T. 2006. Essentials of nursing research: methods, appraisal, and utilization. 6th ed. Philadelphia: Lippincott Williams & Wilkins. 554 p.

PRASETYA, A. & MASANORI, K. 2011. Employees' perception towards the performance assessment system and salary system: a case study. (2011 International Conference on Economics, Trade and Development. IPEER, 7:20-24).

RAO, T.V. 2008. Vikalpa. Lessons from experience: a new look. Performance management systems, 33(3):1-15, July/Sept.

ROSSOUW, D. 2003. Intellectual tools : skills for the human Sciences. 2nd ed. Pretoria: Van Schaik.

SMIT, L. & MYBURG, M. 2007. Occupational specific dispensation for nurses (OSD). Press release for nurses. Naptosa Gauteng.

SOUTH AFRICA. 2005. Nursing Act, No 33 of 2005. Pretoria: Government Printer.

SWANEPOEL, B., ERASMUS, B., VAN WYK, M. & SCHENK, H. 2003. South African human resource management: theory and practice. 3rd ed. Lansdowne: Juta. 889 p.

THE AUSTRALIA MANAGEMENT ADVISORY COMMITTEE. 2003. Performance management in the Australian public service: a strategic framework. Australian Public Service Commission, Commonwealth of Australia.

THE GOVERNMENT OF THE REPUBLIC OF THE GAMBIA. 2003. SMS performance management and development system in South Africa. www.cafrad.org. Date of access: 20 May 2010.

- TUCKER, B.A. & RUSSEL, R.F. 2004. The influence of transformational leader. *Journal of leadership and organizational studies*, 10(4): 103-111.
- VAN RENSBURG, H.C.J. & FOURIE, A. & PRETORIUS, E. 1992. Health care in South Africa. Structure and dynamics. 4th ed. Pretoria: Academica. 438p.
- VAN RENSBURG, H.C.J. & PELSER, A.J. 2004. The transformation of the South African system. (In Van Rensburg, H.C.J., ed. Health and health care in South Africa. Pretoria: Van Schaik. p. 109-170.)
- VLOK, M.E. 2005. Manual of community nursing & communicable diseases. A textbook for South African students. 5th ed. Lansdowne: Juta. 838p.
- WHITFORD, C.M. & COETSEE, W.J. 2006. A model of the underlying philosophy and criteria for effective implementation of performance management. *Journal of human resource management*, 4(1):63-76.
- WOOD, M.J. & ROSS-KERR, J.C. 2006. Basic steps in planning nursing research: from question to proposal. 6th ed. London: Jones & Bartlett. 511 p.
- XIAOHAN, L. 2005. Basic concepts in nursing science. School of Nursing. China Medical University. <http://www.nwu.ac.za/library/>. Date of access: 28 May 2009.
- YODER-WISE, P.S. 2007. Leading and managing in nursing. 4th ed. St. Louis: Mosby/Elsevier. 732 p.

APPENDIX 1: Research Ethics application



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
INSTITUTIONAL OFFICE

Private Bag X1290, Potchefstroom
South Africa 2520

Tel: +27 18 299-4900

Fax: +27 18 299-4910

Web: <http://www.nwu.ac.za>

Tel: 018-2994852

Institutional Research Ethics Secretariate

2010-05-27

Dear Sir/Madam


RESEARCH ETHICS APPLICATION – NWU-00004-10-S1

Guidelines for implementation of the performance management system (PMS) in hospitals and clinics in the
Kenneth Kaunda District

Prof H. Klopper
Student: S Knobloch and N Sedumedi

We hereby acknowledge that above application is approved by the NWU Research Ethics Committee.

A formal approval certificate will follow shortly.


Yours sincerely

HM Halgryn

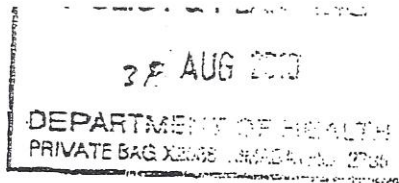
Institutional Research Ethics Secretariate

APPENDIX 2: Approval letter to undertake research study



Health & Soc Dev

Department:
Health & Social Development
North West Provincial Government
REPUBLIC OF SOUTH AFRICA



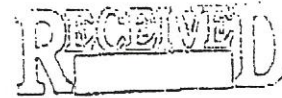
relo Building
ithuli Drive
745
X2068
)

DIRECTORATE POLICY, PLANNING AND RESEARCH

Enq -Tel: (018) 387 5757
Fax: 086 734 0956
smaiakane@nwpg.gov.za

To : Ms N.Sedumedi
Excelsius Nursing College- North West Department of Health and Social Development

From : Director: Policy, Planning & Research Directorate
Mr K.Rabanye



Date : 1st September 2010

Subject: Request for approval : : **Guidelines for implementation of Performance Management System(PMS) in a level 2 Public hospital**

The above stated subject matter bears reference

This communiqué serves to inform your good office that permission to undertake the above mentioned study has been granted by the North West Department of Health and Social Development.

Arrangements with managers at hospital level shall be facilitated by the researcher. We shall be delighted to receive a final report in this regard.

Yours truly

Mr K.Rabanye

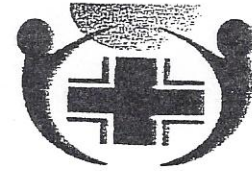
Chairperson: PHRC –Health Branch

North West Department of Health and Social Development



Health & Soc Dev

Department:
Health & Social Development
North West Provincial Government
REPUBLIC OF SOUTH AFRICA



reference to be directed to

Chief Executive Officer
Potchefstroom Hospital
Tel: X938
Fax: 056 294 7877

**OFFICE OF THE CEO
POTCHEFSTROOM HOSPITAL**

Tel: (018) 293 4554
Fax: (018) 294 7877
atudi@nwpa.gov.za
Enquiries: G.A. Tudi (Pinky)

6 September 2010

TO: MS N. SEDUMEDI

FROM: MS G.T. TLHAPI

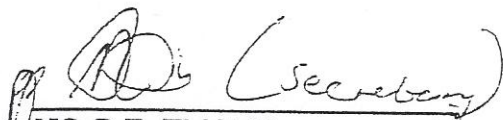
**SUBJECT: DATA COLLECTION ON THE IMPLEMENTATION OF
PERFORMANCE MANAGEMENT SYSTEM (PMS) IN A LEVEL 2 PUBLIC
HOSPITAL ON 7 SEPTEMBER 2010**

Office of the CEO acknowledges receipt of your letter dated 2 September 2010 regarding the above mentioned.

Your request is approved by Top Management as requested. You will be assisted by Mr. Mlambo AD Admin Manager during your visit to the hospital.

Hope this serves you well, good luck on your research.

Sincerely,


**MS G.T. TLHAPI
CHIEF EXECUTIVE OFFICER**



Healthy Living for All

Consent Form

STUDY TITLE: GUIDELINES FOR IMPLEMENTATION OF PERFORMANCE MANAGEMENT SYSTEM (PMS) IN POTCHEFSTROOM HOSPITAL

Researcher: Mrs N. Sedumedi Mentor: Prof. H. Klopper

Participant Study No: _____

You are invited to be in a research study to assist in developing implementation guidelines for line managers (supervisors) and employees so that there is a clearly understood, effective and standardized PMS in the health organization as stipulated in Policy No 13 of North West Province Government (NWPG) (2008). The study have been approved by the appropriate people and review boards at the **University of North West, NWDOH Potchefstroom campus and Potchefstroom hospital**. If you are to participate in this study I, as a specially trained researcher will explain the questionnaire to you before completion either verbally or telephonically. There is no risk associated with this study. Participation in this study will take approximately twenty (20) minutes. You are free to ask any questions about the study or about being a participant and you may call the researcher at (018) 462 7217 if you have further questions.

Your participation in this study is voluntary: You are under no obligation to participate. You have the right to withdraw at any time and the hospital will not be affected. Neither you nor the hospital will be charged or incur any expense or compensation for your participation. The study data will be coded so they will not be linked to your name. Your identity will not be revealed while the study is being conducted. All the data will be collected by the researcher, stored in a secure place, and will not be shared without your permission. A copy of the consent form will be given to you.

I, the participant _____ have read this consent form and voluntarily consent to participate in this study. I understand that I am to rely on the researcher for information regarding the nature and purpose of the research study. I have been given an opportunity to discuss these with the researcher.

Participant's Signature

Date

I, the researcher have explained this study to the above participant and have sought his / her understanding for informed consent.

Researcher's Signature

Date

APPENDIX 5: Invitation for participants to participate in the research study



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

Private Bag X6001
Potchefstroom
South Africa
2520

Tel: (018) 299-4900
Fax: (018) 299-4910
Web: <http://www.nwu.ac.za>

School of Nursing Science
Tel: (018) 299 1879
Fax (018) 299 1715
EMail Siedine.Knobloch@nwu.ac.za

02 September 2010

Dear Participant

RE: Data Collection on the implementation of Performance Management System (PMS) in a level 2 Public hospital on 07 September 2010

We herewith invite you to participate in the research study on the implementation of Performance Management System in a level 2 Public hospital. The purpose of this questionnaire is to assess the implementation of Performance Management System (PMS) from the perspectives of line managers and nurse employees in a level 2 hospital, and to develop guidelines on its implementation.

The information you provide in the questionnaire will be kept confidential. You should not put your name or that of your hospital on the questionnaire, so that neither you nor the hospital can ever be connected to the results in any way. The results of the questionnaire will be reported in group, so that individual persons or hospital cannot be identified. Only with your generous help, by you sharing your experiences and opinions, can this study be useful. It should take you about 10-15 minutes to complete. Your participation in this study is voluntary and you are under no obligation to participate. You may withdraw from the study at anytime without repercussion or penalty.

The research study has received ethical clearance from the North-West University Ethics Committee (NWU-00004-10-S1) and the North West Department of Health (Policy, Planning & Research Directorate). A report of the findings and guidelines developed from the study will be presented to your office and a formal presentation will be presented at the hospital.

If you have any questions or comments about the study, please call or e-mail us at the numbers or e-mail addresses listed below.

Thank-you very much for helping with this research study.

Kind Regards

Nolita Sedumedi
BSc, RN, RM
nsedumedi@nwu.ac.za
Tel: 018 406 8648
Fax: 018 462 1039

A handwritten signature in black ink, appearing to read 'Siedine Knobloch'.

Siedine Knobloch
PhD, RN, RM
Siedine.Knobloch@nwu.ac.za
Tel: 018 299 1879
Fax: 018 299 1715



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

Performance Management System Questionnaire

- Employees -

Thank you for agreeing to complete this questionnaire, which consists of 2 sections regarding the performance management system. Directions are provided for each section or question. Please mark (x) for the response that comes closest to the way you feel.

A. BIOGRAPHIC INFORMATION

The following section asks about your personal information. Please answer the questions below or mark (x) the response that comes closest to the way you feel.

1	Age:	
	18-25	1
	26-30	2
	31-35	3
	36-40	4
	41-45	5
	46-50	6
	51-55	7
	56-60	8
	Older than 60 years	9
2	Gender:	1 Male 2 Female

3	Years of experience in nursing:	
	1-3 years	1
	4-6 years	2
	7-10 years	3
	10 years and more	4

4	Present Qualification	
	Enrolled nursing assistant	1
	Enrolled nurse	2
	Registered nurse	3
	Registered nurse and midwife	4
	Registered nurse, midwife and other qualifications: <i>Please specify qualifications:</i>	5

5	Home Language:	
	English	1
	Setswana	2
	Zulu	3
	Afrikaans	4
	Other <i>Please specify</i>	5

B. PERFORMANCE MANAGEMENT SYSTEM

The following section asks about the performance management system. Please mark (x) the response that comes closest to the way you feel.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
6	The line manager and I agree upon objectives to be achieved in my work plan.	1	2	3	4	5
7	The line manager and I discussed my key performance areas (KPA's)	1	2	3	4	5
8	The line manager and I discussed my generic assessment factors (GAF's)	1	2	3	4	5
9	One to one communication sessions about the progress toward the achievement of objectives takes place between the line manager and I.	1	2	3	4	5
10	The line manager communicates performance feedback to me.	1	2	3	4	5
11	I participate in performance feedback.	1	2	3	4	5
12	Performance feedback is a transparent process.	1	2	3	4	5
13	The line manager provides me with the opportunity to raise concerns during the performance feedback session.	1	2	3	4	5
14	The line manager provides me with the opportunity to make suggestions during the performance feedback session.	1	2	3	4	5

ire - Employees

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
15	The line manager provides me with performance feedback at least a week after the assessment.	1	2	3	4	5
16	The line manager assists me to determine the status of my performance during the performance feedback session.	1	2	3	4	5
17	The line manager assists me to identify performance weaknesses and strengths during the performance feedback session.	1	2	3	4	5
18	The line manager and I discuss strategies to address the identified weaknesses.	1	2	3	4	5
19	The line manager provides me with performance feedback in writing.	1	2	3	4	5
20	The line manager provides me with verbal performance feedback.	1	2	3	4	5
21	The line manager provides me with verbal performance feedback at least four (4) times a year.	1	2	3	4	5
22	The line manager conducts performance reviews every six (6) months.	1	2	3	4	5
23	The line manager and I have a discussion about my development plan during the performance review.	1	2	3	4	5
24	The line manager informs me about the intended performance review 48 hours prior to the evaluation.	1	2	3	4	5
25	The line manager conducts the performance review by method of one to one communication with me.	1	2	3	4	5
26	The line manager explains how my performance will be assessed.	1	2	3	4	5
27	The performance feedback is limited to the agreed upon objectives from my work plan.	1	2	3	4	5
28	The performance review is based on my key rating areas (KRA's).	1	2	3	4	5
29	The performance review is based on my generic assessment factors (GAF's).	1	2	3	4	5
30	The line manager makes use of performance interventions available to him/her (eg. coaching, mentoring, advice, in-service training) to assist me in improving my performance.	1	2	3	4	5

Performance Management System Questionnaire - Employees

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
31	The line manager and I identify training and development needs at the planning phase when my work plan is developed.	1	2	3	4	5
32	The line manager and I identify training and development needs during my performance reviews.	1	2	3	4	5
33	The annual assessment is based on my key result areas (KRA's).	1	2	3	4	5
34	The annual assessment is based on my generic assessment factors (GAF's).	1	2	3	4	5
35	My overall score is in line with the assessment rating provided.	1	2	3	4	5

Please mark (x) your response (yes or no) to the statement.

		Yes	No
36	I was given a choice not to sign the indicated results if I was not in agreement with the outcome of my assessment.	1	2
37	The acknowledged receipt of the assessment outcomes	1	2
38	I was given the right to appeal against the decision made in the assessment process.	1	2
39	The criteria for the achievement of objectives were specific.	1	2
40	The criteria for the achievement of objectives were realistic.	1	2
41	The criteria for the achievement of objectives was attainable.	1	2
42	After the performance review re-planning of the work plan was identified to improve my performance.	1	2
43	The line manager and I agreed on the need to re-plan the work plan to improve my performance.	1	2
44	The line manager and I signed the half-yearly performance review form.	1	2
45	The line manager and I signed the annual performance assessment.	1	2
46	I confirmed my participation in the final performance feedback session in the form of a signature.	1	2
47	I reported to somebody other than my supervisor.	1	2
48	The annual performance review was done correctly.	1	2

Performance Management System Questionnaire - Employees

APPENDIX 7 Line managers (LM) questionnaire



NORTH-WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

Performance Management System Questionnaire

- Line Managers/Supervisors -

Thank you for agreeing to complete this questionnaire, which consists of 2 sections regarding the performance management system. Directions are provided for each section or question. Please mark (x) for the response that comes closest to the way you feel.

A. BIOGRAPHIC INFORMATION

The following section asks about your personal information. Please answer the questions below or mark (x) the response that comes closest to the way you feel.

1	Age:		
	18-25		1
	26-30		2
	31-35		3
	36-40		4
	41-45		5
	46-50		6
	51-55		7
	56-60		8
	Older than 60 years		9
2	Gender:	1 Male	2 Female

3	Years of experience in nursing:		
	1-3 years		1
	4-6 years		2
	7-10 years		3
	10 years and more		4

Performance Management System Questionnaire – Line Managers/Supervisors

4	Present Qualification	
	Registered nurse	1
	Registered nurse and midwife	2
	Registered nurse, midwife and other qualifications: <i>Please specify qualifications:</i> _____	3

5	Home Language:	
	English	1
	Setswana	2
	Zulu	3
	Afrikaans	4
	Other <i>Please specify:</i> _____	5

B. PERFORMANCE MANAGEMENT SYSTEM

The following section asks about the performance management system. Please mark (x) the response that comes closest to the way you feel.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
6	The employee and I mutually agree upon objectives to be achieved in the work plan.	1	2	3	4	5
7	The employee and I discuss his/her key performance areas (KPA's)	1	2	3	4	5
8	The employee and I discuss his/her generic assessment factors (GAF's)	1	2	3	4	5
9	One to one communication sessions about the progress toward the achievement of objectives takes place between the employee and I.	1	2	3	4	5
10	I communicate performance feedback to the employee.	1	2	3	4	5
11	The employee participates in performance feedback.	1	2	3	4	5
12	Performance feedback is a transparent process.	1	2	3	4	5

Performance Management System Questionnaire – Line Managers/Supervisors

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
13	I provide the employee with the opportunity to raise concerns during performance feedback session.	1	2	3	4	5
14	I provide the employee with the opportunity to make suggestions during performance feedback session.	1	2	3	4	5
15	I provide the employee with performance feedback at least a week after the assessment.	1	2	3	4	5
16	I assist the employee to determine the status of his/her performance during the performance feedback session.	1	2	3	4	5
17	I assist the employee to identify performance weaknesses and strengths during the performance feedback session.	1	2	3	4	5
18	The employee and I discuss strategies to address the identified weaknesses.	1	2	3	4	5
19	I provide performance feedback to the employee in writing.	1	2	3	4	5
20	I provide verbal performance feedback to the employee.	1	2	3	4	5
21	I provide verbal performance feedback to the employee at least four (4) times a year.	1	2	3	4	5
22	I conduct performance reviews of the employee every six (6) months.	1	2	3	4	5
23	The employee and I have a discussion about his/her development plan during the performance review.	1	2	3	4	5
24	I inform the employee about the intended performance review 48 hours prior to the evaluation.	1	2	3	4	5
25	I conduct the performance review by method of one to one communication between the employee and myself.	1	2	3	4	5
26	I explain to the employee how his/her performance will be assessed.	1	2	3	4	5
27	The performance feedback is limited to the agreed upon objectives from the work plan.	1	2	3	4	5
28	The employee performance review is based on his/her key rating areas (KRA's)	1	2	3	4	5

Performance Management System Questionnaire – Line Managers/Supervisors

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
29	The employee performance review is based on his/her generic assessment factors (GAF's).	1	2	3	4	5
30	I make use of performance interventions available to me (eg. coaching, mentoring, advice, in-service training) to assist the employee in improving his/her performance.	1	2	3	4	5
31	The employee and I identify training and development needs at the planning phase when the work plan is developed.	1	2	3	4	5
32	The employee and I identify training and development needs during performance reviews.	1	2	3	4	5
33	The employee annual assessment is based on his/her key result areas (KRA's)	1	2	3	4	5
34	The employee annual assessment is based on his/her generic assessment factors (GAF's).	1	2	3	4	5
35	The employee's overall score is in line with the assessment rating provided.	1	2	3	4	5

Please mark (x) your response (yes or no) to the statement.

		Yes	No
36	The employee was given a choice not to sign the indicated results if he/she was not in agreement with the outcome of his/her assessment.	1	2
37	The employee acknowledged receipt of the assessment outcomes	1	2
38	The employee was given the right to appeal against the decision made in the assessment process.	1	2
39	The criteria for the achievement of objectives were specific.	1	2
40	The criteria for the achievement of objectives were realistic.	1	2
41	The criteria for the achievement of objectives was attainable.	1	2
42	After the performance review re-planning of the work plan was identified to improve the employee's performance.	1	2
43	The employee and I agreed on the need to re-plan the work plan to improve his/her performance.	1	2
44	The employee and I signed the half-yearly performance review form.	1	2
45	The employee and I signed the annual performance assessment.	1	2
46	The employee confirmed his/her participation in the final performance feedback session in the form of a signature.	1	2
47	The employee reported to somebody other than me as his/her supervisor.	1	2
48	The annual performance review was done correctly.	1	2

Thank you for completing the questionnaire.
