Guidelines for the implementation of performance appraisal in clinics in the Dr Kenneth Kaunda District

by

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ABSTRACT

The Constitution of the Republic of South Africa 108 of 1996 (SA, 1996) makes provision for all citizens to receive quality health care. Legislation such as the White Paper on the Transformation of the Public Service of 1995, (SA, 1995a), the White Paper on Transforming Public Service Delivery (Batho Pele) (SA, 1997b), the Public Service Act 103 of 1994, as amended (SA, 1994), the Labour Relations Act 66 of 1995 (SA, 1995b) and the Employment Equity Act 55 of 1998 (SA, 1998) enshrines this right for all citizens by ensuring that health authorities put measures in place to improve the performance of nurse employee (NE), and thus ensuring quality health care.

NE are only able to improve the quality of their performance, if their performance is systematically appraised and their potential for development is identified. However, researchers, for instance Du Plessis (2002:116), Nkosi (2002:37-44), Narcisse and Harcourt (2008:1154), Thompson *et al*. (1999:139), Fletcher (2001:473) studied the perceptions and experiences of employees and managers of performance appraisal (PA) and these studies indicated that there is a gap in the implementation of PA.

The Performance Management and Development System (PMDS) policy (Policy no. NWPG 13) was implemented in the North West public health sector in clinics and hospitals in 2004 to provide guidelines for the implementation of PA. This policy is reviewed annually since it was first drafted. However the researcher's personal experience with PA in practice was that there is a gap between the process provided by the PMDS policy (Policy no. NWPG 13) and the implementation thereof in the North West public health sector. This led to the following research questions: how is PA implemented from the perspectives of nurse line managers (NLM) and NE in clinics in the Dr Kenneth Kaunda District (KKD) and what guidelines can be developed to improve the implementation of PA in clinics in the KKD? The study aimed to develop guidelines to improve the implementation of PA in clinics in the KKD.

The study had a cross-sectional quantitative design with exploratory, descriptive and contextual research strategies. Two questionnaires: one for NLM and the other for NE were developed from section 13.4.4 and 13.4.5 of the PMDS policy (Policy no. NWPG 13 amendment approved for 2008-2009 performance cycle) (SA, 2007), to explore and describe the perceptions of NLM and NE on the implementation of PA in clinics in the KKD.

Twenty-three problems were identified from the empirical research with regard to communication, feedback and participation in PA, which served as the evidence base towards developing guidelines to improve the implementation of PA in clinics in the KKD. The guidelines were developed using inductive and deductive reasoning and were based on the ten-point plan of Juran. Finally the research was evaluated, limitations were identified and recommendations were formulated for practice, education, management, research and policy.

Key words: performance management, performance appraisal, nurse line manager, nurse employee, guidelines

OPSOMMING

Die Grondwet van die Republiek van Suid-Afrika 108 van 1996 (SA, 1996) maak daarvoor voorsiening dat alle burgers kwaliteit gesondheidsorg sal ontvang. Wetgewing soos die Witskrif oor die Transformasie van die Staatsdiens van 1995, (SA, 1995a), die Witskrif oor die Transformasie van Openbare Dienslewering (Batho Pele) (SA, 1997b), die Staatsdienswet 103 van 1994, soos gewysig (SA, 1994), die Wet op Arbeidsverhoudinge 66 van 1995 (SA, 1995b) en die Wet op Gelyke Indiensneming 55 of 1998 (SA, 1998) beskerm hierdie reg van alle burgers deur te verseker dat die gesondheidsowerhede maatreëls daarstel om die prestasie van verpleging werknemers (VW) te verbeter en om op hierdie wyse dus kwaliteit gesondheidsorg te verseker.

VW kan slegs die kwaliteit van hulle prestasie verbeter indien hulle prestasie sistematies geevalueer word en hul potensiaal vir ontwikkeling geïdentifiseer word. Navorsers, soos Du Plessis (2002:116), Nkosi (2002:37-44), Narcisse en Harcourt (2008:1154), Thompson *et al.* (1999:139) en Fletcher (2001:473) het egter die persepsies en ervarings van werknemers en bestuurders aangaande prestasie-evaluasie ondersoek en hierdie studies dui daarop dat daar 'n gaping is in die implementering van prestasie-evaluasie.

Die Prestasiebestuur- en Ontwikkelingstelsel (PBOS) (Beleid nr. NWPG 13) is gedurende 2004 in die Noordwes openbare gesondheidsektor geïmplementeer om ñ proses daar te stel vir die implementering van prestasie-evaluasie. Hierdie beleid word op 'n jaarlikse basis hersien sedert die opstel daarvan. Die navorser se persoonlike ervaring met prestasie-evaluasie is egter dat daar 'n gaping bestaan tussen die proses wat deur die PBOS-beleid (Beleid nr. NWPG 13) voorsien word en die implementering daarvan in die Noordwes openbare gesondheidsektor. Dit het gelei na die volgende navorsingsvrae: hoe word prestasie-evaluasie geïmplementeer vanuit die perspektief van verpleging lynbestuurders (VLB) en VW in die klinieke in die Dr. Kenneth Kaunda Distrik (KKD) en watter riglyne kan ontwikkel word om die implementering van prestasie-evaluasie in die klinieke binne die KKD te verbeter? Die doel van die studie

was om riglyne te ontwikkel vir die implementering van prestasie-evaluasie in klinieke geleë binne die KKD.

Die studie het gebruik gemaak van 'n deursnee kwantitatiewe ontwerp met verkennende, beskrywende en kontekstuele navorsingstrategieë. Twee vraelyste, een vir VLB en een vir VW, is ontwikkel gebaseer op artikel 13.4.4 en 13.4.5 van die PBOS-beleid (Beleid nr. NWPG 13 wysiging goedgekeur vir die 2008-2009 prestasie siklus) (SA, 2007) om die persepsies van VLB en VW aangaande die implementering van prestasie-evaluasie in KKD te ondersoek en te beskryf.

Drie-en-twintig probleme is geïdentifiseer gebaseer op die empiriese navorsing met betrekking tot kommunikasie, terugvoer en deelname in prestasie-evaluasie en is gebruik as die basis vir die ontwikkeling van riglyne om die implementering van prestasie-evaluasie in klinieke in die KKD te verbeter. Hierdie riglyne is ontwikkel deur gebruik te maak van induktiewe sowel as deduktiewe beredenering en was gebaseer op die tien-punt plan van Juran. In die laaste plek is die navorsing geevalueer, die beperkinge is geïdentifiseer en aanbevelings is geformuleer vir die praktyk, bestuur, navorsing en beleid.

Sleutelwoorde: prestasiebestuur, prestasie-evaluasie, verpleging lynbestuurder, verpleging werknemer, riglyne

ABBREVIATIONS

GAFs	Generic assessment factor/s
KKD	Dr. Kenneth Kaunda District
KRAs	Key result area/s
NE	Nurse employee/s
NLM	Nurse line manager/s
NWPG	North West Province Government
NWU	North-West University
PA	Performance appraisal
PDP	Personal Development Plan
PHC	Public Health Clinic/s
PM	Performance management
PMDS	Performance Management and Development System
SANC	South African Nursing Council

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CHAPTER 1

ORIENTATION TO THE RESEARCH STUDY

1.1 INTRODUCTION

The aim of the study was to develop guidelines for the implementation of performance appraisal (PA) in clinics in the Dr Kenneth Kaunda District (KKD). Chapter one provides the background to the study with reference to the legal framework, a discussion on performance management (PM) and performance appraisal (PA), followed by the statement of the problem, research aim and objectives, the paradigmatic perspective of the researcher, and an orientation to the design and method that was used.

1.1.1 Legal framework

The Constitution of the Republic of South Africa 108 of 1996 (SA, 1996) gives the citizens of the country the right to receive quality health care. This right is reinforced by the White Paper on the Transformation of the Public Service of 1995, (SA, 1995b) and the White Paper on Transforming Public Service Delivery (Batho Pele) (SA, 1997b). Batho Pele states that the citizens of the country must receive the best value for their money, that the public servant should consult with the customer, standards of service should be the best possible, that access to services should be increased, customers must be treated with courtesy and be provided with more and better information, that there should be openness and transparency, and that the public servant should be able to handle complaints of customers. The Batho Pele Handbook, which is also known as the Public Service Management Framework (PSMF) was created to provide guidelines on how to achieve the promises made to the citizens of South Africa, and is supported by an integrated system of management functions, including strategic planning, human resources planning, service delivery improvement planning, financial planning, compensation management and performance management (SA, 2003).

The White Paper on the Transformation of Public Service Delivery (Section 5.2) reads that "PM procedures must in future include assessment of individual staff in contributing to improving service to the public" (SA, 1997b). The White Paper further urges that all public servants from the most senior to the most junior employees must undergo training and development to ensure quality care and service are provided to all citizens. The Public Service Act 103 of 1994, as amended (SA, 1994), Labour Relation Act 66 of 1995 (SA, 1995a) and the Employment Equity Act 55 of 1998 (SA, 1998) also makes provision for training and development, and highlights the importance of employee performance management. The primary purpose of these acts is to ensure that South Africa has a workforce that can provide effective and efficient service to its citizens. The Acts state that this depends on the commitment and effectiveness of its employees, which in turn depends on the way in which the employees are managed.

1.1.2 Performance management (PM)

The White Paper on Human Resource Management, in its executive summary (Section 26) states that "every employee's performance must be assessed at least once annually against mutual agreed objectives. The assessment process is aimed at identifying strengths and weaknesses, in order to recognize and reward good performance, and manage poor performance" (SA, 1997a). The Employment Equity Act 55 of 1998 was developed from this white paper.

PM is concerned with the broader, strategic organizational issues contributing to effective functioning and development, and rewarding of nurse employees (Armstrong, 2001:214). Armstrong adds that PM is an integrated approach to delivering sustainable success to organizations by improving the performance of teams and individuals working in the organization, and by developing the capabilities of teams and individual contributors. According to this explanation PM is the centre for the integration of all human resource activities in an organization. Williams (as quoted by Fletcher, 2001:473) provides three different activities within PM, namely:

- Managing the performance of the organization;

- Managing the performance of the nurse employee; and
- Integrating the management of the organization and nurse employee.

This study is concerned with one activity within PM, namely managing the performance of the nurse employee or PA. Swanepoel, Erasmus, Van Wyk and Schenk (2003:375) argue that it is important to distinguish between PM and PA.

1.1.3 Performance appraisal (PA)

PA is described by Grobler, Warnich, Carrell, Elbert and Hatfield (2006:265) as a key element in the use and development of an organizations' most vital resource, namely its employees. The definition of PA by Swanepoel *et al.* (2003:372) supports the description given by Grobler *et al*. (2006:265) that PA is a systematic and formal process by which the job-relevant strengths and weaknesses of nurse employees are identified, observed, measured and developed. PA is a quality improvement tool utilized by organizations to: 1) evaluate a nurse employee's performance to determine to which extent he/she executes his/her tasks 2) monitor performance 3) address poor performance to ensure a better service and/or product and 4) reward good performance to ensure the nurse employee remains motivated to uphold a good standard of service and/or product (Stone, 2008:295-305).

Moreover, Bezuidenhout, Garbers and Potgieter (2007:128) claim that PA is a systematic evaluation of nurse employees with respect to their performance on the job and their potential for development. According to these authors, PA can only be done where the nurse employee has a complete job description. A job description is a depiction of the duties or activities of the nurse employee, which highlights key result areas (KRAs) that can be measured against a set of predetermined performance standards (Robbins, Odendaal & Roodt, 2007:77). It is for this reason that every nurse employee must have knowledge of the expected performance required of him/her, as evaluation of nurse employee performance must be related to his/her job description and KRAs, which can be compared to a set of predetermined performance standards that form the basis of the evaluation (Aamodt, 2007:31).

Stone (2008:295) claims that organizations need ever-improving performance to survive and prosper in today's competitive world. He further argues that individual and organizational performance improvements are organizations' key to competitive advantage. To be able to improve individuals' performance, Schrader and Becton (2007:22) argue that the quality of performance of the nurse employee can only improve if they have knowledge of their performance. Knowledge is gained through feedback on performance received by nurse employees from their nurse line managers (Stone, 2008:304). Bezuidenhout *et al.* (2007:129) describe PA as a communication process between the nurse line manager and nurse employee which results in corrective behaviour on both sides and leads to job enrichment and job satisfaction.

1.1.4 Principles of performance appraisal (PA)

The Performance Management and Development System (PMDS) of the North West Provincial Government (Policy no. NWPG 13) was implemented in the North West public health sector in clinics and hospitals in 2004. This policy is amended annually. It provides principles and a process for the implementation of PA. The principles include one-to-one communication, feedback to nurse employees on their performance progress and participation of nurse employees in decision-making pertaining to his/her performance. The PA process can only be correctly implemented through the principles of effective communication, feedback and participation.

1.1.4.1 Communication

The PMDS policy (Policy no. NWPG 13) (amendment approved for implementation effective for 2008-2009 performance cycle) (SA, 2007) states that one-to-one communication between the nurse line manager and nurse employee pertaining to the performance of the nurse employee must take place. During the communication sessions the nurse line manager and nurse employee must discuss and agree on the nurse employee's job description (what is expected of him/her), KRAs, and generic assessment factors (GAFs), performance standards, and development plan. SA (2007) defines KRAs as actions and activities which are critical for making an effective contribution to the achievement of the departmental strategies, goals and objectives and

GAFs as elements and standards used to describe and assess performance, taking into consideration knowledge, skills and attributes.

Narcisse and Harcourt (2008) conducted a study to determine public service organizations employees' perception of fairness of PA in Saint Lucia. However, these authors found that nurse employees did not receive clear performance standards or objectives (Narcisse & Harcourt, 2008:1163). The nurse employees claimed that nurse managers took it for granted that a job description was sufficient. Nurse line managers who took part in this study confirmed this claim by stating that nurse employees only have job descriptions, as it gives nurse employees a fair idea of what is required of them and therefore they do not have set standards against which performance is measured.

Thompson, Snape, Redman and Stokes (1999:131) conducted a study to determine the experience and attitudes of nurse employees towards PA and found that more than one third of nurse employees who participated in the study claimed that they found it difficult to communicate freely during PA. The more junior nurse employees reported a lack of open communication, as they felt nurse managers use PA to reward their favourite nurse employees and that it is biased. The opposite was found in the portion of the study that focused on more senior nurse employees, who felt that performance appraisal is a valuable communication channel.

SA (2007) specifies that the nurse line manager and nurse employee must have communication sessions where feedback on the performance of the nurse employee must be given at least four times annually.

1.1.4.2 Feedback

The main aim of feedback in PA is to inform the nurse employee about the quality of his/her performance, so that the nurse employee is motivated to improve or maintain such quality. However, Du Plessis (2002:116) conducted a study in the Western Cape to develop a successful PM framework within the municipality and found that 79.48% of employees never received feedback from their line managers regarding the quality of

their performance. Furthermore, Ntsoakilethale (2005:95,118) who conducted a study of the experience and expectation of registered nurse employees in Lesotho regarding PA, found that nurse employees did not receive feedback from their nurse line managers, although it was a clear expectation that it was their nurse line managers' responsibility to provide feedback. These findings were supported by authors Nkosi (2000); Narcisse and Harcourt (2008) and Thompson *et al*. (1999).

Furthermore, feedback and the information flow of PA is not exclusively one-way (Anon, 2010a; Kinicki, Prussia, Wu, & McKee Ryan, 2004:1063). The nurse employee should also give feedback to the nurse line manager about challenges that exist in the work environment. For example, information on insufficient resources and environmental restraints that hinder the performance of the nurse employee can be discussed and addressed. Thompson *et al*. (1999:131) explored the experience and attitudes of nurse line managers and nurse employees toward the PA system and found that in the rare cases that feedback was given, the nurse line manager did most of the talking. Armstrong (1992:167) argues that as much feedback as possible should be generated by the nurse employee.

As stated, one of the main purposes of feedback is to inform the nurse employee about the quality of his or her performance so that training and development areas can be identified. Nkosi (2000) conducted a study to determine staff perception of PA at Vista University. Nkosi (2000:44) found the following response to the question "Do you feel after a performance appraisal session, that you know where you need to develop?" Results showed that 42.2% of employees did not know where they needed to develop and 8.8% were uncertain. This result indicates that the largest single proportion of employees did not receive adequate feedback, and that training and development areas were not discussed.

Schrader and Becton (2007:22) argued that the absence of performance feedback leaves the nurse employee to play guessing games concerning whether to continue on the current path or to chart another course. Feedback provides the nurse employee

with the opportunity to participate in decision-making regarding matters concerning his/her performance and training and development needs.

1.1.4.3 Participation

Metcalf (2001:55) argues that if the nurse line manager and nurse employee set future goals and objectives through a participative process it would be more likely to lead to improved performance than goals and objectives prescribed by the nurse line manager. Ntsoakilethale (2005:122) claims that participation is critical for effective PA of nurse employees. The study revealed that nurse employees expect nurse line managers and nurse employees to plan together. Further findings indicate that nurse line managers do not involve nurse employees as part of the decision-making process and formulation of work objectives. To determine staff participation in PA, Nkosi (2000:37) asked the question "Are you given the opportunity by your supervisor to state your goals in relation to those of the organization?" Only 24.4% felt that the manager gave them such an opportunity. Krause (2004:84), Rademan (2000:158), and Rademan and Vos (2001:60), in similar studies, also found that employees perceived that they are not involved in setting their performance goals. The problems associated with PA as identified through the literature are aspects addressed by the current policy on PMDS employed by the North-West Province.

The North West Provincial Government formulated the PMDS Policy no. NWPG 13 thus committing itself to improve the life of its community. The policy mentions that public servants can only achieve this mission through effective delivery of service and continuous improvement, stressing that nurse line managers and nurse employees should discuss the performance of the nurse employee. The planning stage (the first stage of the PA process cycle) is characterized by participation and nurse employee involvement in decision-making processes that involve the employee's job description, KRAs and GAFs, performance standards, and development plan. The policy states that management of nurse employees' performance is an integral part of effective service delivery. PMDS explicitly states in its goals that nurse employees must be involved in setting standards, that they must receive clarity on what must be done and on how and

why it must be done. The purpose of the policy requires that objectives must be agreed upon to solve the performance problems of the nurse employee; to enhance the relationship between nurse line manager and nurse employee and to reward good performance, to mention a few.

The PMDS policy (NWPG 13) was implemented in the North-West public health sector in clinics and hospitals in 2004 and has been amended annually. It provides principles for the implementation of PA. The principles include one to one communication, feedback to nurse employees on their performance progress and participation of nurse employees in decision-making pertaining to his/her performance. The researcher's personal experience with PA in practice is that no feedback on performance is provided by nurse line managers; there is no one to one communication with the nurse line manager regarding performance, no mutually agreed upon objective setting and no mutual development plan. This research is done to describe the implementation of PA from the perspective of nurse line managers and nurse employees in clinics in the KKD to determine gaps in the implementation of PA.

1.2 PROBLEM STATEMENT

The Constitution of the Republic of South Africa 108 of 1996 (SA, 1996) makes provision for all citizens to receive quality health care. Legislation such as the White Paper on the Transformation of the Public Service of 1995 (SA, 1995b), the White Paper on Transforming Public Service Delivery (Batho Pele) (SA, 1997b), The Public Service Act 103 of 1994, as amended (SA, 1994), Labour Relations Act 66 of 1995 (SA, 1995a) and the Employment Equity Act 55 of 1998 (SA, 1998) enshrines this right for all citizens by ensuring that health authorities put measures in place to improve the performance of nurse employees, to ensure quality health care.

One such measure highlighted in these acts is PM of which PA is an integral part. PM is a quality improvement tool utilized by organizations to evaluate a nurse employee's performance to determine to which extent he/she executes his/her tasks, monitor performance, address poor performance to ensure better service and/or product, and

reward good performance to ensure the nurse employee remains motivated to uphold a good standard of service and/or product (Stone, 2008:295-305).

Nurse employees are only able to improve the quality of their performance, if their performance is systematically appraised and their potential for development is identified. However, researchers, for instance Du Plessis (2002:116), Nkosi (2002:44), Narcisse and Harcourt (2008:1154), Thompson *et al*. (1999:139), Fletcher (2001:473) studied the perceptions and experiences of employees and managers of PA and these studies indicated that there is a gap in the implementation of PA. Findings such as a lack of communication between managers and employees, lack of feedback between managers and employees, and lack of participation in goal-setting were identified.

The PMDS policy (NWPG 13) was implemented in the North West public health sector in clinics and hospitals in 2004 to address such problems in the implementation of PA. However, the researcher's personal experience with PA in practice is that there are gaps in the implementation of PA in the North West public health sector.

The following research questions arise from the problem statement:

- How is performance appraisal implemented from the perspectives of nurse line managers in clinics in the KKD?
- How is performance appraisal implemented from the perspectives of nursing employees in clinics in the KKD?
- What guidelines can be developed to improve the implementation of performance appraisal in clinics in the KKD?

1.3 RESEARCH AIM AND OBJECTIVES

The aim of this study was to develop guidelines to improve the implementation of performance appraisal in clinics in the KKD. This aim was achieved by means of the following objectives:

- To describe how performance appraisal is implemented from the perspectives of nurse line managers in clinics in the KKD.
- To describe how performance appraisal is implemented from the perspectives of nurse employees in clinics in the KKD.
- To develop guidelines on the implementation of performance appraisal in clinics the KKD.

1.4 PARADIGMATIC PERSPECTIVES

The paradigmatic perspectives are the researcher's assumptions. The explicit statement of the researcher's assumptions is important as it provides a point of departure for the research. The researcher's assumptions consist of meta-theoretical, theoretical and methodological statements (Botes, 1995:9).

1.4.1 Meta-theoretical statements

According to Mouton and Marais (1996:192) meta-theoretical assumptions are non-epistemic statements that are not intended to be tested

1.4.1.1 Constructivism

Constructivism is a theory of knowledge that argues that humans generate knowledge and meaning from an interaction between their experiences and their ideas. Constructivism is founded on the premise that, by reflecting on one's experience, one constructs one's own understanding of the world we live in. Lowenthal and Muth (2008:2) claim that constructivism is based on the idea that knowledge does not exist in an objective world, outside of the knower. Instead, knowledge is constructed by people. Constructive learning as described by Klopper (2001:60-65) is a process of learning in which the learner uses critical thinking skills, creative thinking, analyzes alternatives, synthesizes, uses inductive and deductive reasoning, engages in discussions and dialogues and reflects on existing knowledge to create new knowledge and understanding. Lincoln & Guba (2000:166) constructivism aims to understand and

create knowledge through individual or group reconstructions centering on mutual agreement.

The researcher believes that within PA, the nurse line manager and nurse employee should engage in knowledge construction by engaging in one-to-one communication, feedback sessions and participative decision making. That creates an opportunity for nurse line managers and nurse employees to engage in discussion and dialogue to stimulate critical thinking, creative thinking, analyze alternatives, synthesize, use inductive and deductive reasoning, reflect on existing knowledge to create new knowledge and understanding. The knowledge and understanding obtained enable nurse line managers and nurse employees to assess the nurse employees performance, identifying strengths and weaknesses and how to address them in order to improve the quality of his/her performance.

1.4.1.2 Man

Man in this study refers to the nurse line manager and nurse employee. The nurse line manager and nurse employee are people who constantly strive to provide quality care to their clients. The nurse line manager and nurse employee engage in one-to-one communication, feedback sessions and participative decision making to assist them to think critically and creatively analyze alternatives, synthesize, use inductive and deductive reasoning, to create new knowledge and understanding. The knowledge and understanding obtained, enable nurse line managers and nurse employees to assess the nurse employees performance, identifying strengths and weaknesses and how to address them in order to improve the quality of his/her performance.

The nurse employee and nurse manager are also seen as God's creations. God demands His creations to love his/her fellow man as much as they love themselves. God also expects of His creations to develop their talents (Matthew, 25:14-26). It is important for nurse employees and nurse line managers to develop themselves. From this point of view continuous development and improvement of one's performance is a command from God. Within the context of PA it is the responsibility of the nurse line

manager and nurse employee to continuously improve on their performance to ensure that the client receives the best quality of care.

1.4.1.3 Health and illness

Health refers to the ability of the nurse line manager and nurse employee to ensure quality health care delivery to clients by method of continuous assessment of nurse employees' performance to address weak performance and reward good performance. It also refers to the ability of the nurse line manager and nurse employee to participate mutually in decision-making regarding the nurse employee's performance; communication between nurse manager and employee on goal setting, expectations and experience; and giving and receiving feedback about performance between nurse manager and employee (SA, 2007).

1.4.1.4 Environment

The environment of the study refers to clinics within the KKD where the nurse line manager and nurse employee work. The KKD is a district in the North West Province. The North-West Province is divided into four districts, namely the Dr Kenneth Kaunda, Bojanala, Dr Ruth Segomotsi Mompati, and the Dr Ngaka Modiri Molema district. The KKD district was selected because it is the largest district in the North-West province. The KKD is further divided into four (4) sub-districts namely the Matlosana (Klerksdorp), Potchefstroom Makwasi Hills, and Ventersdorp sub districts. This study was conducted in the Matlosana and Potchefstroom sub-districts because they are the largest and most densely populated sub-districts (City of Matlosana integrated development plan (IDP) review 2009/2010:2).

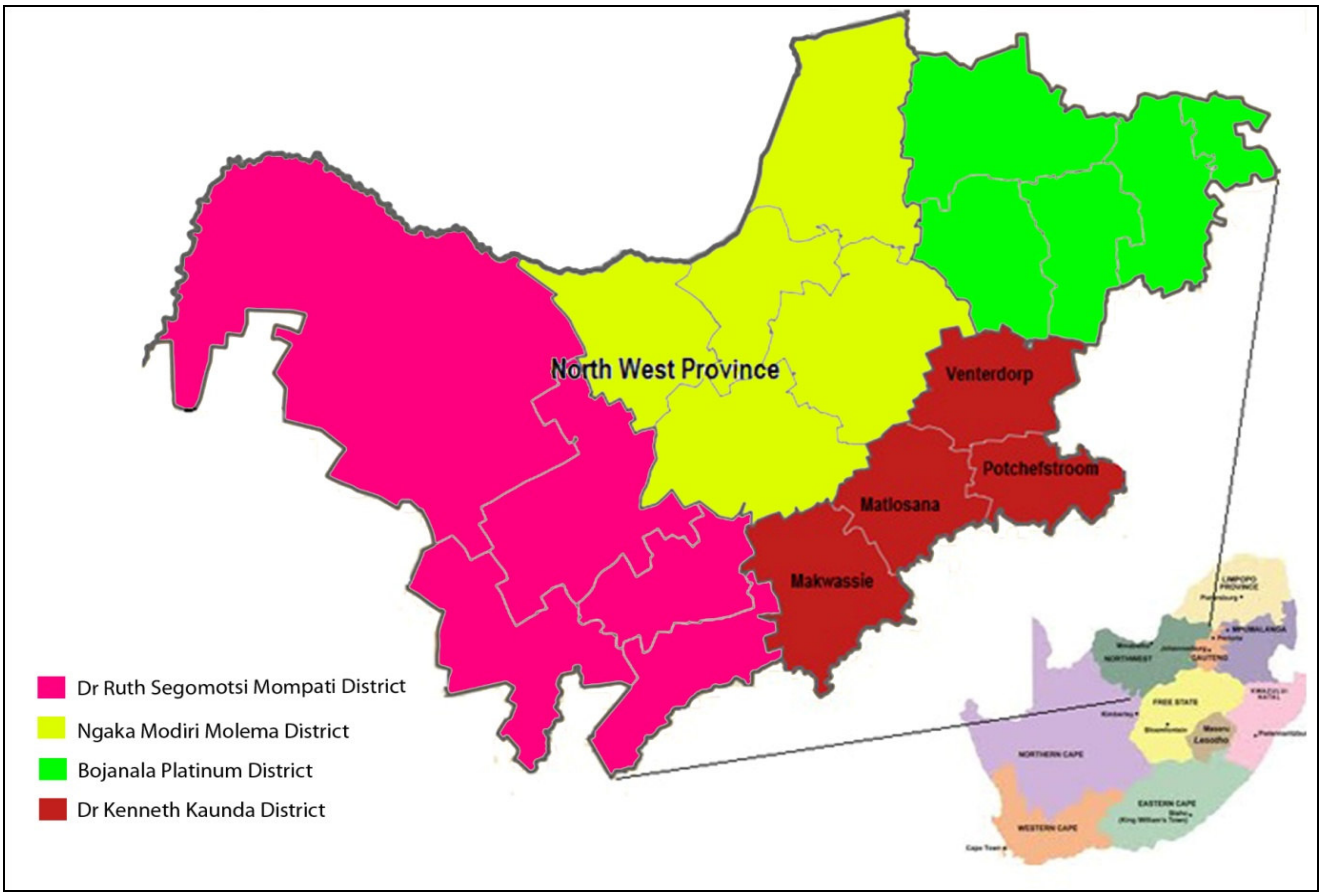


Figure 1.1: Illustration of the North West Province with the four districts and the four sub-districts of the KKD

1.4.1.5 Nursing

The International Council of Nurses' (ICN, 1987) definition of nursing is subscribed to in this study: "Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, care of the ill, disabled and dying people. Advocacy, promotion of a safe environment, research participation in shaping health policy and in patient and health system management, and education are also key nursing roles".

PA ensures that nursing care provided by nurse employees is assessed to ensure that the client receives the best quality of care in the promotion of health; prevention of

illness, care of the ill, disabled and dying. PA further identifies strengths and weaknesses of the nurse employees and addresses them through developing the knowledge, capabilities, skills and understanding of the nurse employee.

1.4.2 Theoretical statements

The theoretical statements that are used for this research include the theory upon which this study is based, a central theoretical statement as well as the definition of concepts.

1.4.2.1 Total Quality Management (TQM)

Wilson (2005:406) describes the British Standards Institution definition of TQM as: "A management philosophy that embraces all activities through which the needs and expectations of all stakeholders, and the objectives of the organization, are satisfied in the most efficient and cost effective way through a continuous drive for improvement." Dale and Bunney (1999:49) claim that TQM aims to improve quality and productivity, jobs, ensure long-term survival of organizations, and improve competitive positions, which boils down to continuous improvement of performance, service and products. Dale and Bunney summarise the ten-point plan of Juran (recognized pioneer of the TQM approach). Juran focused on the role of senior people in quality management. The ten-point plan of Juran is, according to Dale and Bunney (1999:49):

- Build awareness of the need and opportunity for improvement
- Set goals for improvement
- Organize to reach the goals
- Provide training
- Carry out projects to solve problems
- Report progress
- Give recognition
- Communicate result
- Keep the score
- Maintain momentum by making annual improvement part of the regular system and processes of the company.

The ten-point plan can be directly applied to PA (see 5.3). Stone (2008:295-305) sees TQM as the basis of PA, as it places the emphasis on nurse employees' participation in decision-making on the performance. Nurse line managers and nurse employees engage in one-to-one communication to discuss the job description, KRAs, GAFs, performance standards and development plan of the nurse employee. These aspects of the nurse employees' performance are evaluated to identify weaknesses that indicate the need for training and development, and corrective actions are taken by the nurse line manager and the nurse employee. This interaction implies that there is transparency between the nurse line manager and nurse employee on the performance of the nurse employee. PA also provides the nurse line manager with the opportunity to help the nurse employee to improve his/her performance. Feedback obtained through PA enables the nurse employee to constructively react to the feedback and improve his/her performance. PA enables the employees to improve his/her performance that positively influence the organization's performance and ultimately lead to quality service delivery. None of this is, however, possible without the total commitment of the management of the organization.

1.4.2.2 Central theoretical statement

The research describes the nurse line managers' and nurse employees' perceptions of how PA is implemented in clinics in the KKD with a view to developing guidelines to improve the implementation of PA.

1.4.2.3 Conceptual definitions

In order to define PM and PA it is necessary to define performance. The Oxford Advanced Learner's Dictionary (OALD) (2006:1080) defines performance as the "accomplishment, execution, carrying out of anything ordered or undertaken". Performance according to Muchinsky, Kriek and Schreuder (2005:211) is synonymous with behaviour. It is what people actually do and it is observable.

a) Performance Management (PM)

Armstrong (2001:214) defines PM as a strategic and integrated approach to delivering sustained success to organizations by improving the performance of teams and individuals working in the organization and by developing the capabilities for teams and individual contributors. Armstrong (2001:214) and Swanepoel *et al*. (2003:373) agree that PM is concerned with the broader, strategic organizational issues for effective functioning and development. PM can thus be seen as the centre for the integration of all human resource activities in the organization. It consists of different systems to manage the performance of the organization to ensure competitive advantage that are essential for the survival of an organization.

b) Performance Appraisal (PA)

The description of Stone (2008:295-305) is used for the purpose of this study. PA is seen as a quality improvement tool utilized by organizations to evaluate and monitor the performance of the employees in order to address poor performance and to ensure quality service to their clients. It is a process that occurs between the nurse line manager and nurse employee, characterized by one-to-one communication to discuss, engage in dialogue, encourage, critically think about and analyze alternatives, synthesize, and use inductive and deductive reasoning, to create new knowledge and understanding of the performance of the nurse employee. The knowledge and understanding obtained enable nurse line managers and nurse employees to assess the nurse employees performance, identifying strengths and weaknesses and how to address them in order to improve the quality of his/her performance. This implies that the nurse line manager must provide feedback and involve the nurse employee in decision-making pertaining to the job description, KRAs, GAFs, performance standards, and development plan.

c) Communication

Alswang and Van Rensburg (2000:291) define communication as the exchange of ideas or opinions. The OALD (2006:479) defines communication as the "activity or process of expressing ideas and feelings or giving people information".

Communication in this study refers to the one-to-one formal (written) and informal (verbal) communication between the nurse line manager and nurse employee with regard to the nurse employee's job description, KRAs, GAFs, performance standards, and development plan, and the assessment of the nurse employees performance, the identification of strengths and weaknesses and the addressing of these to improve the quality of the nurse employee's performance.

d) Feedback

The OALD (2006:540) defines feedback as "to give information or opinion about something, especially so that it can be improved or to have an influence on the development of somebody". Alswang and Van Rensburg (2000:297) define feedback as the response to actions or questions, used to determine their value. Armstrong (2001:486) constructs a definition that is congruent with the work environment. The author claims that feedback gives information to employees on how they are performing (Armstrong, 2001:486). DeNisi and Griffin (2008:271) provide a clearer definition of feedback in the work environment; it provides employees with specific information about how well they are performing a task or series of tasks. These authors further noted that the most important use of PA is to provide feedback to employees on their performance and to identify strengths and weaknesses.

Feedback in this study refers to exchange of information on opinions between nurse line managers and nurse employees related to the performance of the nurse employee. During feedback the nurse line manager and nurse employee identify the employee's performance strengths and weaknesses. They utilize the strengths and develop strategies to address weaknesses. The feedback provided must be informal on a

regular basis and formal on designated dates. It also refers to information given by the nurse employee on his/her perception of his/her job performance.

e) Participation

The OALD (2006:1062) defines participation as "The act of taking part in an activity or event". Robbins *et al.*(2007:413) refer to participation as the involvement of people. For the purpose of this study participation refers to the involvement of the nurse employee in decision-making regarding defining his/her job description, determining his/her KRAs and GAFs, performance standards, and development plan, and the assessment of his/her performance, the identification of his/her strengths and weaknesses and the addressing of these to improve the quality of the his/her performance.

f) Nurse line manager

The PMDS policy (Policy no. NWPG 13) (SA, 2007) defines a nurse line manager as "Anyone whose duties mainly involves responsibility for the work of others". The OALD (2006:896) defines a manager as "A person who is in charge of running a business, a shop/store or any organization or part of one".

In nursing practice nurse employees are evaluated by the registered nurse under whose direct supervision the nurse employee works. However, it may not always be the registered nurse in charge of the unit/department. Therefore, in this study registered nurses who evaluate/assess nurse employees' performance are seen as nurse line managers.

g) Nurse employee

The PMDS policy (SA, 2007) defines a nurse employee as "Any person employed in terms of the Public Service Act 1994, irrespective of rank or position." The OALD (2006:479) defines an employee as “A person who is paid to work for somebody".

A nurse employee for the purpose of the study refers to the nurse whose performance is evaluated after receiving a job description, KRAs, GAFs, performance standards and development plan that he/she and the nurse line manager have agreed on. The nurse

employee is also seen as someone who strives to better his/her performance, skills and knowledge through reflective learning by participating in decision-making, regarding his/her performance, constructively reacting to feedback received from nurse line manager on his/her performance.

1.4.3 Methodological statements

The methodological statements of this study are based on the Botes research model (Botes, 1995:6). This model was specifically developed for nursing research and has a functional reasoning and open methodological approach (Botes, 1995:13-14). The Botes research model is divided into three interconnected levels of nursing activities which function in a specific relationship with each other (Botes, 1995:14).

The fist level represents the nursing practice and it is in this level where research evolves through problem identification, questioning and analyzing practice. The nursing practice forms the research domain for nursing. This research evolves primarily through personal experience of the researcher in practice. In practice the researcher found that there were gaps in the implementation of PA in the North West public health sector. The researcher conducted a literature review of PA and discovered that problems with regard to the implementation of PA were well documented, but no study had been conducted in the North West Province, since the implementation of the PMDS (SA, 2007)

The second level includes nursing research and theory development. Here the researcher executes the research process on the identified problem by making research decisions within the framework of research determinants which include the researcher's assumptions, the research problem, the research objectives, the research context and the attributes of the research fields to reach the objectives of the study. Based on the problem identified the research aims to achieve the following objectives:

- To describe how performance appraisal is implemented from the perspectives of nurse line managers in clinics in the KKD.

- To describe how performance appraisal is implemented from the perspectives of nurse employees in clinics in the KKD.

- To develop guidelines on the implementation of performance appraisal in clinics in the KKD.

The third level represents the paradigmatic perspective of the researcher which was communicated in 1.5.

1.5 RESEARCH DESIGN

In order to achieve the objectives, this study adheres to a quantitative research design (Polit & Hungler, 1997:14), in the form of a cross-sectional research design (Burns & Grove, 2005:236), with exploratory (Polit & Hungler, 1997:20; Mouton & Marais, 1996:43), descriptive (Burns & Grove, 2005:44) and contextual (Mouton & Marais, 1996:49-50; Botes, 1995:9) research strategies. A full description of the research design is presented in Chapter 3.

1.6 RESEARCH METHOD

The research method includes the activities of population, sampling, data collection, ensuring rigour and data analysis (Klopper, 2008:69). A full description of the research method is presented in Chapter 3, but a brief overview of the research method is provided in Table 1.1.

Table 1.1: Overview of the research method

RESEARCH OBJECTIVE	POPULATION AND SAMPLE	DATA COLLECTION	DATA ANALYSIS	RIGOUR
To describe how PA is implemented from the perspectives of NLM in clinics in the KKD.	Nurse line managers with the following inclusion criteria were included in the sample: • Registered as a professional nurse with the South African Nursing Council. • A registered nurse employed at clinics in the KKD. • Proficient in Afrikaans or English. • A registered nurse directly involved in the evaluation of nurse employees. N=25; n=25	Section 13.4.4 and 13.4.5 of the PMDS policy (NWPG 13 of 2008-2009) (SA, 2009) was used to develop a questionnaire to describe how PA is implemented from the perspectives of nurse line managers	Data were analyzed using descriptive statistics and effect sizes were calculated using the SAS programme (SAS Institute Inc., 2003). • Frequency • Mean • Percentage • Standard deviation	Validity and reliability of the questionnaire. Truth value Applicability Consistency Neutrality
To describe how PA is implemented from the perspectives of NE in clinics in the KKD.	Nurse employees with the following inclusion criteria were included in the study: • Registered with the South African Nursing Council as auxiliary, enrolled and professional nurses. • Nurse employees at clinics in the KKD. • Proficient in Afrikaans or English. • Employed as a nurse for a minimum of one year/undergone PA. N=111; n=110	Section 13.4.4 and 13.4.5 of the PMDS policy (NWPG 13 of 2008-2009) (SA, 2009) was used to develop a questionnaire to describe how PA is implemented from the perspectives of nurse employees.	Data were analyzed using descriptive statistics and effect sizes were calculated using the SAS programme (SAS Institute Inc., 2003). • Frequency • Mean • Percentage • Standard deviation	Validity and reliability of the questionnaire. Truth value Applicability Consistency Neutrality

RESEARCH OBJECTIVE	POPULATION AND SAMPLE	DATA COLLECTION	DATA ANALYSIS	RIGOUR
To develop guidelines on the implementation of performance appraisal in clinics the KKD.	Evidence from objective 1-2.	Evidence from objective 1-2.	Deductive and inductive reasoning.	Validity and reliability of the questionnaire. Truth value Applicability Consistency Neutrality

1.7 SUMMARY

The chapter provides the background and statement of the problem that aroused the researcher's interest in the study. The meta-theoretical, theoretical and methodological assumptions which directed the study were discussed, followed by a brief orientation to the design and methods used in this study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

In Chapter 1, an overview was given of the background and rationale for the study, the statement of the problem, research aim and objectives, the paradigmatic perspective of the researcher, and the design and method that was used.

In this chapter, the literature search strategy that was followed is discussed, followed by a discussion of performance management (PM). Performance appraisal (PA) is then discussed with reference to its process, principles, characteristics and purpose/outcomes. A discussion of the PMDS policy (SA, 2007) with reference to its goals/principles, objectives and steps in the PM process and finally an overview of the South African health sector are provided, followed by a summary of the chapter.

2.2 SEARCH STRATEGY

The literature review was conducted by searching books, dissertations, theses, the World Wide Web (Google, Google Scholar), the South African Journal Database System, or SAePublications, and the International Journal Database Systems, ScienceDirect and EBSCOHost (Academic Search Premier, CINAHL, ERIC, Health Source: Nursing/Academic Edition, MasterFile Premier, MEDLINE, Pre-CINAHL, PsychINFO, SocINDEX with Full Text, Humanities International Complete, Academic Search Complete and Education Research Complete).

A broad combination of keywords was used to search the literature on the topic. The following English keywords were combined in varying sequence and searched in the categories of *All* or *Title* or *Abstract* or *Author-Supplied Abstract* or *Keywords: (performance manage** or *performance apprais** or *performance assess*)* and (*total quality manage** or *TQM*) and *(nurs*)* and *(South Africa).*

2.3 PERFORMANCE MANAGEMENT (PM)

Stone (2008:295-305) describes PM as a quality improvement tool. Grobler *et al.* (2006:266) agree, claiming that the main purpose of PM is to improve quality. PM is implemented by organizations to improve the performance of the organization and its employees against the organization's strategic plan. Muchinsky *et al.* (2005:240) agree that PM may serve its purpose if it is linked to the strategic objectives of the organization. Nilsson and Kald (2002:243) conducted a study to determine the advantages of PM in Nordic countries. Results from this study showed that communication between managers and employees enables employees at all levels to participate in the implementation of strategies, which improves organizational performance. PM according to Snell and Bohlander (2010:785) provides an environment in which employees can strive to give their best. It provides a mechanism employed by an organization to achieve its overall purpose (Armstrong, 2001:214).

PM is thus the general set of activities carried out by the organization to improve its employee- and organizational performance. The above mentioned authors also state that PM is a broader concept within which PA operates. Armstrong (2006:495), Swanepoel *et al.* (2003:375), Wilson (2005:157), and Claus and Briscoe (2009:191) agree that PM is the umbrella under which PA functions. However, it is important to distinguish between PM and PA (Swanepoel *et al*., 2003:375). Armstrong (2006:495) contends that PM is an integrated approach used by organizations to improve the performance of individuals and groups within the organization to achieve the goals of the organization. According to this explanation PM is the centre for the integration of all human resource activities in an organization. Williams (as quoted by Fletcher, 2001:473) provides three different activities within PM namely:

- Managing the performance of the organization.
- Managing the performance of the employee.
- Integrate the management of the organization and the employee.

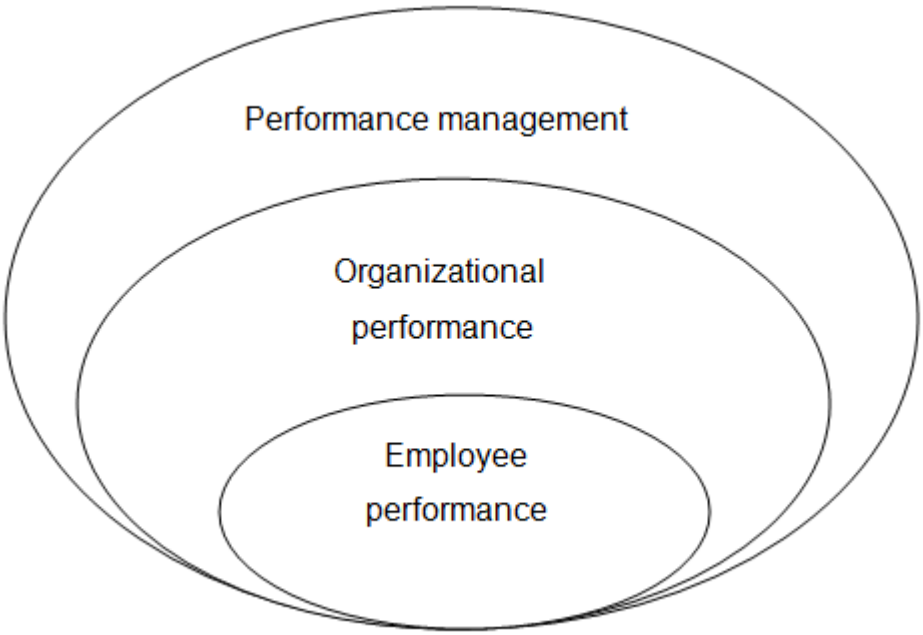


Figure 2.1: The integration between performance management, organizational performance management and employee performance management

PM is thus the bigger term under which organizational performance is managed. The employees within the organization individually contribute to the performance of the organization (see Figure 2.1). Mosiman, Mosiman and Dussault (2007) argue that PM consists of all activities in the organization that contributes to the success of the organization (Figure 2.1). They also argue that performance appraisal is only one part of the bigger process of performance management. The interest of the study is on employee performance management with the emphasis on PA that forms part of employee PM.

2.4 MANAGING THE PERFORMANCE OF THE EMPLOYEE

Employee PM is characterized by continuous communication between the nurse line manager and nurse employee pertaining to the performance of the employee. The aim of managing the performance of the employee is to assist the employee to identify performance weaknesses and to assist the employee to improve on the identified

weaknesses, the ultimate goal being to improve the performance of the organization (Grobler *et al.*, 2006:265).

2.4.1 Managing appraisal

PA functions under the umbrella of PM (Swanepoel *et al*., 2003:375; Wilson, 2005:157; Clause & Briscoe, 2009:191). PA is described by Grobler *et al*. (2006:265) as a key element in the use and development of an organizations' most vital resource, namely its employees. The definition of PA as formulated by Swanepoel *et al*. (2003:372) supports the description provided by Grobler *et al.* (2006:265) that PA is a systematic and formal process by which the performance-relevant strengths and weaknesses of employees are identified, observed, measured and addressed. PA is the specific and formal evaluation of the performance of the nurse employee in order to determine the degree to which the employee is performing his or her job (De Nisi & Griffin, 2008:529).

Stone (2008:295-305) concurs and adds that PA is a quality improvement tool utilized by organizations to: 1) evaluate an employee's performance to determine to which extent he/she executes his/her job, 2) monitor performance, 3) address poor performance to ensure a better service and/or product and 4) reward good performance to ensure the employee remains motivated to uphold a good standard of service and/or product. Moreover, PA enables employees' performance to be compared to a set of predetermined standards (Robbins *et al*., 2007:77). Bezuidenhout *et al*. (2007:128) add that PA is a systematic evaluation of nurse employees with respect to their performance on the job and their potential for development. According to these authors, PA can only be done where the nurse employee has a complete job description.

A job description is a depiction of the duties or activities of the nurse employee, which highlights key result areas (KRAs) that must be measured against a set of predetermined standards (Robbins *et al.,* 2007:77). It is for this reason that every nurse employee must have knowledge of the expected performance required of him/her, as evaluation of nurse employee performance must be related to his/her job description and KRAs, which can be compared to a set of predetermined standards that form the basis of the evaluation (Aamodt, 2007:31). Snell and Bohlander (2010:785) and DeNisi

and Griffin (2008:321) refer to PA as a process which occurs between the nurse line manager and nurse employee to understand their roles, objectives, expectations, and performance success. Schrader and Becton (2007:22) argue that, to be able to improve his/her performance, the nurse employee must have knowledge of the quality of his/her performance. For Stone (2008:304) knowledge is gained through feedback on performance received by nurse employees from their nurse line managers. Snell and Becton (2010:321) find that PA involves follow-ups and discussions between nurse line manager and nurse employee on the performance agreement between the nurse employees. Bezuidenhout *et al.* (2007:129) agree and add that PA is a communication process between the nurse manager and nurse employee that results in corrective behaviour on both sides and leads to job enrichment and job satisfaction.

2.4.1.1 Performance appraisal process

Kinicki and Williams (2009:508) provides the following diagram that illustrates what happens in the process of PA.

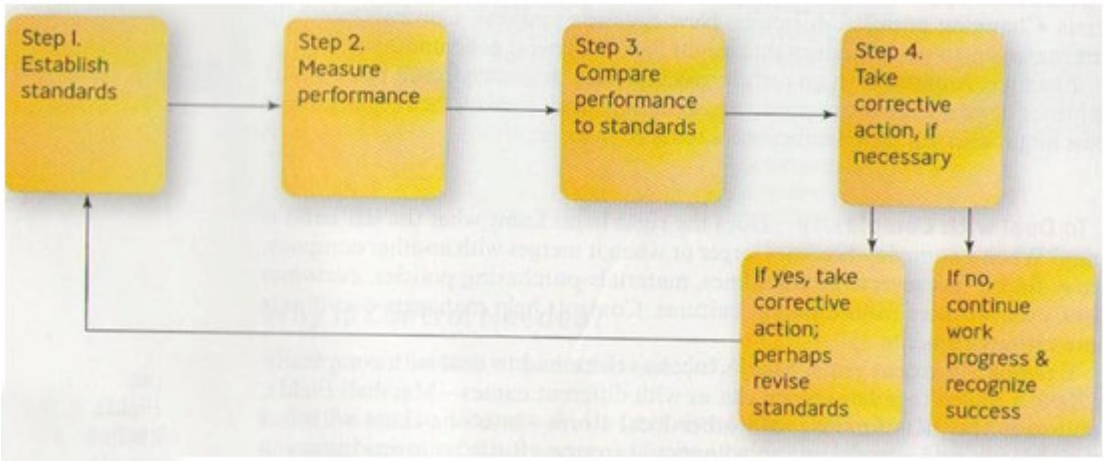


Figure 2.2: Performance appraisal diagram (Kinicki & Williams, 2009:508)

a) Step 1: Performance agreement

The PMDS policy (SA, 2007), defines a performance agreement as a "document agreed upon and signed by the nurse manager and nurse employee. That includes a job description, work plan and personal development plan".

- **Job description**

PA of the nurse employee starts with a clearly explained job description. Ivancevich (2004:158) defines a job description as a written description of what the job entails within the structure of the organization. Job description spells out the duties and responsibilities of the employee (Ivancevich, 2004:174). Grobler *et al.* (2006:157) concurs with this definition and adds that there is no standard format for a job description but that a job description includes information such as a list of duties.

- **Work plan**

A work plan is described by the PMDS policy (SA, 2007), as a document which is part of the performance agreement and which contains key result areas (KRAs) with associated outputs/activities and their performance standards and objectives, and generic assessment factors (GAFs).

Authors such as Nigro, Nigro and Kellough (2007:76), Chandra and Frank (2004:25), Grobler *et al*. (2006:267), and Miller and Thornton (2006:160) contend that nurse line managers and nurse employees jointly establish a work plan and personal development plan in the beginning of the process. Nigro *et al*. (2007:76) add that nurse line managers and nurse employees jointly develop an individual work plan that clearly defines job responsibilities, performance expectations, and performance measures.

- **Key result areas (KRAs)**

The PMDS policy (SA, 2007) defines KRAs as actions and activities which are critical for making an effective contribution to the achievement of departmental strategies, goals and objectives. KRAs are also referred to as general areas of outcome. It is the output for which the employee is responsible. KRAs according to Errey (2007:3) organise the employee's tasks into logical groups. Key tasks and performance indicators/objectives must be assigned to each KRA. Key tasks are described by Errey (2007:3) as a set of activities within a KRA that leads to the achievement of that KRAs objectives.

Objectives as used in the PMDS policy (SA, 2007) are described by Muller (2002:121) as the written expectations that should be realized within a given period. The requirements for setting objectives in a nursing unit, is that it should be compatible with organizational objectives, and should be realistic, measurable and achievable (Muller, 2002:121; Errey, 2007:3). Errey (2007:3) further points out that objectives are critical to measuring the outcome of the job. Objectives must be "SMART". This means they must be S=specific, M=measurable, A=achievable, R=relevant and T=timely. The aim of SMART is to direct employee's objectives toward organizational objectives. Objectives provide the opportunity for clearer articulation and define performance expectations (Anon, 2010a). Swansburg (as quoted by Booyens, 2001:70) argues that objectives make nursing tasks clear and unambiguous with measurable results.

Muller (2002:123) argues that the nurse line manager cannot formulate objectives in isolation, nurse employees should participate in the formulation of objectives and they (line nurse managers and nurse employees) should agree on the objectives set. Agreed upon objectives facilitate ownership of the achievement of the objectives for both the nurse line manager and nurse employee. Constructive and supportive communication can be facilitated if the nurse line manager and nurse employee mutually accept responsibility to achieve the set objectives. Mutual agreement on objectives set the stage for appraising the nurse employees' performance and thus makes PA a fair and objective process. According to the PMDS policy (SA, 2007), performance standards are written descriptions or statements of the expected level of work performance.

PA provides the nurse employee and nurse line manager with the opportunity to discuss performance and performance standards regularly (Beach & Sharman, as quoted by Bezuidenhout *et al.*, 2007:129). This ensures that both parties are informed and agree on what is expected of them. Muchinsky *et al.* (2005:240) argue that frequent communication between nurse line manager and nurse employee on the performance of the employee make yearly evaluation little more than a formality.

Swansburg (as quoted by Booyens, 2001:70) argues that communication between nurse line manager and nurse employee relating to the nurse employee's work objectives, standards, KRAs among others, makes nursing tasks clear and unambiguous with measurable results. The PMDS policy (SA, 2007) stipulates that the nurse line manager and the nurse employee must communicate, discuss, and agree on work objectives, expectations, how evaluation is to be performed and how results are be communicated. It also states that PA must be performed in a consultant, supportive manner.

Aslam (2010) conducted a study to identify problem areas and challenges in the implementation of PM. A major problem appears to be lack of comprehensible objectives (Aslam, 2010a:10). Most of the participants in the study stressed that they do not have clear directions regarding what they have to achieve.

Van der Geer, Van Tuijl and Rutte (2009) examined the relation between task uncertainty, development of indicators and performance. This study indicates that the level of uncertainty experienced by the employee determines the type of objectives needed by the employee (Van der Geer *et al*., 2009:1529). The study also illustrates that employees high on task uncertainty need more objectives than those low in task uncertainty. Because of these differences it is imperative that nurse line managers and nurse employees discuss and agree on what is expected of the nurse employee on a one-to-one basis.

- **Generic assessment factors (GAFs)**

GAFs are elements and standards used to describe and assess performance taking into consideration knowledge, skills and attributes. It is Errey's (2007:7) view that GAFs are often general across jobs, but that some jobs require lower levels of certain knowledge, skills and attributes and other jobs require higher levels.

- **Weights**

According to the PMDS policy (SA, 2007), weights are assigned to each KRA and GAF depending on the priority of the KRA and GAF in the nurse employee's work. For

example, the line manager's first KRA may be leadership because the line manager's first priority is to lead the nurse employees. This KRA is assigned the highest weight.

The nurse line manager and nurse employee must discuss and agree upon KRAs and GAFs and weights assigned to it in the nurse employee's work plan.

- **Personal development plan**

A personal development plan (PDP) also forms part of employees' performance agreement. The purpose of the PDP is to enable the nurse line manager and nurse employee to identify skill development needs and agree on steps to be taken to address identified gaps. Shortcomings of the nurse employee that were identified when the KRAs and GAFs were developed are used to develop a personal development plan for the nurse employee. Broadbent and Laughlin (2009:284) argue that it is possible in an environment characterized by mutual respect and open communication, for nurse line managers and nurse employees to manage under-performance in a firm and constructive manner.

The Public Service Commission presentation (Anon, 2008) revealed that in the North-West Province the Education Department was 100% non-compliant in this regard. It was found that senior managers had no personal plans in the performance agreement.

b) Step 2: Measure performance

In step 1 KRAs, GAFs with their objectives, standards and weights were agreed upon by the nurse line manager and nurse employee. In step 2 the performance of the nurse employee is measured in relation to the agreed upon expectations in step one. The nurse line manager employs various methods to measure the performance of the employee. The nurse line manager may observe, monitor, examine and test the performance of the nurse employee Anon (2010a).

c) Step 3: Compare performance to standards

The real performance of the nurse employee is compared to the agreed upon KRAs, GAFs with their objectives, standards and weights that were determined in step 1. Deviation from the agreed upon expectations are identified and achievements thereof are recognized. The deviations must be rectified (Kinicki & Williams, 2009:510).

d) Step 4: Take corrective actions

Kinicki and Williams, (2009:510) state that actions must be taken to correct negative performance. Where the nurse employee deviates from the set standards the nurse line manager and nurse employee must jointly agree on corrective measures to enable the nurse employee to improve his/her performance. Corrective actions can be, for instance, in-service training, coaching, mentoring and workshops. A personal development plan is devised to accommodate the gap in the nurse employee's performance. If no deviation is identified the nurse employee continues and recognition is given to the nurse employee.

2.4.1.2 Principles of PA

During the performance management cycle the nurse line manager and nurse employee communicate with each other. The nurse line manager observes the performance of the nurse employee and evaluates the performance against the set standards and provides feedback on progress made. The entire process of managing the performance of the nurse employee is characterized by the principles of communication, participation and feedback (Thompson *et al*.1999:139; Leggat 2009:16)

a) Communication

Dictionary (OALD) (2006:479) communication is the "activity or process of expressing ideas and feelings or giving people information". Armstrong and Baron (1997:581) define communication as "the process by which a person, group, organization transmits some type of information to another person, group, or organization". DeNisi and Griffin (2008:271) and Bezuidenhout *et al*. (2007:129) proposed that for communication to

work in PA, it must be a two-way communication process that occurs between the nurse line manager and nurse employee. Two-way communication according to DeNisi & Griffin,(2008:271) can among others consist of face-to-face discussions or telephonic conversations.

The PMDS policy (SA, 2007) states that communication between the nurse line manager and the nurse employee must be two-way communication on a one-to-one basis. The nurse line manager and nurse employee must discuss and agree on performance expectations (performance agreement).

Narcisse and Harcourt (2008:1163) found that employees did not receive clear standards or objectives. The employees claimed that managers took for granted that a job description was sufficient. Nurse line managers who participated in the study confirmed the claim by stating that they only need job descriptions, as it provides them with a fair idea of what is expected of them. Thompson *et al*. (1999) conducted a study to determine the experience and attitudes of employees toward PA, and found that more than one third of employees who participated claimed that they found it difficult to communicate freely during PA. The more junior employees reported a lack of open communication as they felt managers use PA to reward their favourite employees and that it is biased. The opposite was found in the portion of the study that focused on more senior employees, who felt that PA is a valuable communication channel. Favouritism and bias on the part of the managers was however also identified in studies conducted by Du Toit (2004:101), Ntsoakilethale (2005:94), Narcisse and Harcourt (2008:1163) and Yun, McFarland, Donahue and Dudley (2005:105). These authors found that in the presence of favouritism and bias constructive communication is impossible. They found that trust and mutual respect is essential for PA to be effective. Kinicki *et al.* (2004:1066) argued that feedback from a trusted manager is of the utmost importance for effective PA.

b) Feedback

The most important use of PA is to provide feedback to the nurse employee on performance and to identify strengths and weaknesses. In spite of this, Du Plessis

(2002:116), in a study to develop a PM framework within municipalities in the Western Cape, found that 75% of employees never received feedback on their performance from their managers. Nurse employees who participated in a study conducted by Ntsoakilethale (2005:95,118) on the experience and expectation of registered nurses in Lesotho regarding performance appraisal indicated that they did not receive feedback from their nurse line managers. Nurse employees in the same study expect their nurse line managers to provide feedback. Whitford and Coetsee (2006:72) conducted a study on PM in an insurance company. Participants in this study indicated that they are not sure of how the managers perceive their performance because there is a lack of performance feedback. Schrader and Becton (2007:22) argue that the absence of performance feedback leaves the employee to play guessing games concerning whether to continue on the current path or to chart another course. Feedback provides the employee with the opportunity to participate in decision-making regarding matters concerning his/her performance.

Authors such as Muchinsky (2005:1063), Bezuidenhout *et al*. (2007:129) Grobler *et al.* (2006:265*)* and Brannick and Levine (2002:197) argue that during the process of feedback the nurse line manager and the nurse employee identify strengths and weaknesses of the particular nurse employee and together they develop strategies to utilize the nurse employee's strengths and how to address identified weaknesses. Results from PA are used to improve the performance of the nurse employee to ensure health service of high quality Bezuidenhout *et al*. (2007:129).

Various studies found that managers exclude this essential component: Du Plessis (2002:116) found that 79.48% of employees never received feedback from their managers on their performance. Nkosi (2000:44) found in response to the question "Do you feel after a performance appraisal session, you know where you need to develop?" that 42.2% did not know where they need to develop, 8.8% were uncertain. This result indicated that the majority of employees did not receive adequate feedback. Narcisse and Harcourt (2008:1161) explored the fairness perception of performance appraisal and found that employees felt that there is a lack of feedback and that feedback was limited when employees were unhappy with their performance rating. In some cases

when employees wanted to discuss their concerns they were asked to write their concerns in the space provided in the performance appraisal document.

c) Participation

Employee PA provides the nurse line manager and nurse employee with the opportunity to jointly plan, measure, monitor and review the performance of the nurse employee (SA, 2007). Nurse employees should be involved in decision-making on their performance throughout the process of managing their performance (Leggat, 2009:13). Participation of employees in the workplace is essential for employee well-being and for motivating employees to commit themselves to the objectives of the organization (Whitford & Coetsee, 2006:70). For these authors nurse line managers and nurse employees must collaboratively develop measurable job objectives. The nurse line manager must thus employ a participative management style. Metcalf (2001:55) argues that if employees and managers through a participative process set future goals and objectives it is more likely to lead to improved performance than goals and objectives prescribed by the manager. When nurse employees have a meaningful role in the process of PM, their acceptance and satisfaction with the appraisal process are strongly enhanced (Roberts, 2003:95). When employees participate in the PM process, they are confident in the fairness of the appraisal process and are more likely accept the performance rating, even adverse ones (Folger, as quoted by Roberts, 2003:90). Ntsoakilethale (2005:122), found that employees in the study expected managers and employees to plan together and that both parties must adhere to the plan. However employees were also found to view PA as intimidating, manipulating and threatening, rather than a process of assistance to their performance. It was found that managers do not involve employees as part of the decision-making process.

Vasset (2010:31) in a study of municipal health service employees in Norway, examined perceptions of justice in relation to PA. Findings from this study indicated that employees who participated in the process of PA were more inclined to perceive it as fair. Those participants who were not actively involved in decision-making on their performance perceived it as less fair. Spencer and Wood (2005:56) investigated

nurses' participation in PA interviews, concluding that nurses at all levels must actively participate in the development and implementation of their PA. Vasset (2010:32) and Nilsson and Kald (2002:243) concur. They also recommend that nurses at all levels should receive training in PA. When nurse employees are involved in decision-making on their performance they are more likely to accept ownership of their performance and performance outcomes (Muchinsky *et al*., 2005:239).

Taormina and Gao (2009:121) identified some valid PA criteria that are generally acceptable to employees. They found that training of employees in PA enhances their acceptability. Employees are more likely to accept PA measures if they understand the performance measurement process (Roberts, 2003:93; Rao, 2008:3). Knowledge of PA empowers the nurse employee to actively participate in decision-making on their performance management. It will also enable nurse employees to do self-evaluation of their performance.

2.4.1.3 Purpose and outcome of performance appraisal

Swanepoel *et al*. (2003:372-373) found that PA is for administrative and development purposes. Robbins (1998:565), Muchinsky *et al.* (2005:211-214) and Anon (2010a:1-2) add that PA provides feedback to nurse employees on their performance, helps nurse employees in their career development, provides a history of the performance of the nurse employee, assists the nurse employee in determining his/her position in the organization, clarifies what is expected of the nurse employee and uses the results of the PA for human resource decisions. They all agree that PA has strategic, documentary and development purposes. Anon (2010a) lists more specific purposes for PA. PA provides an opportunity for:

a) Career development

Nurse employees can set career objectives and create strategies to maximize their career potential. Training needs for nurse employees are identified that assist them to develop their personal abilities and improve their performance. Nurse line managers in the course of PA provide the nurse employees with advice on how to improve their

performance. Improvement of performance can lead to promotion for the nurse employee.

Muchinsky *et al*. (2005:1063) are in agreement with Anon, claiming that results of PA are used as the basis for training and development. Muchinsky *et al*. (2005:1063) maintain that training and development include additional training, attending workshops, formal courses and in-service training. Employee development and training according to Muchinsky *et al*. (2005:1063) can be within the organization such as rotation between departments/wards and/or it can be formal and informal training. For example, the nurse employee who works in the operating theatre without the necessary training and education can go on a course to learn the skills and gain knowledge. Swanepoel *et al*. (2003:373) concur with these authors and add that PA is necessary to determine that the nurse employee's performance is at the desired level and to help the nurse employee to improve performance. Contrasting results were obtained in a study done by Krause (2004:82), who evaluated the performance enhancement process of the South African Police Service. This author found that 76% of employees felt that performance gaps were not linked to training and development programmes to improve quality.

b) Performance history

PA provides written evidence of the performance of the nurse employee which is not dependent upon human memory. Evidence includes visible evidence of the nurse employee's past and present performance, identified strengths and weaknesses and what mechanisms were used to improve weaknesses. This evidence is used in decision-making regarding compensation. The PMDS policy (SA, 2007), illustrates that the results of PA are used for personnel decisions. PM results (records) of every nurse employee in clinics in the KKD are kept in a central place to increase management control over work and results (SA, 2007).

c) Organizational goals

PA provides clarity to the nurse employee about organizational expectations. Nurse employees are able to view their performance in the context of the broader organizational goals. The nurse employee can set objectives for the following year. The PMDS policy (SA, 2007), requires nurse line managers and nurse employees to agree on performance expectations a year before the annual performance assessment.

2.5 PMDS POLICY

The Constitution of the Republic of South Africa 108 of 1996 (SA, 1996) makes provision for all citizens to receive quality health care. Legislation such as the White Paper on the Transformation of the Public Service of 1995, (SA, 1995b), the White Paper on Transforming Public Service Delivery (Batho Pele) (SA, 1997b), The Public Service Act 103 of 1994, as amended (SA, 1994), Labour Relation Act 66 of 1995 (SA, 1995a) and the Employment Equity Act 55 of 1998 (SA, 1998) enshrines this right for all citizens by ensuring that health authorities put measures in place to improve the performance of nurse employees, to ensure effective and efficient service delivery.

To ensure that the Province adheres to guidelines provided by legislation the PMDS policy (SA, 2007), policy was developed by the North West Provincial Government as a quality improvement tool within hospitals and clinics, to assist nurse employees to improve their performance. The PMDS policy states that the success of the Public Service in delivering its operational and development goals depends on the manner in which its employees perform their duties. Managing the performance of employees is seen as a strategy to ensure effective and efficient service delivery.

2.5.1 Goals/principles of PMDS policy

The following goals/principles are provided by the PMDS (SA, 2007):

- To provide an objective system through which performance of nurse employees can be managed.

- To enable nurse employees to link strategic focus areas of the North West Provincial Administration with their departmental operational activities.
- To eliminate ambiguity by clarifying to nurse employees what must be done, how and why it must be done.
- To involve nurse employees in setting performance standards and to assist them in achieving and maintaining the set standards.
- To identify performance weaknesses and employee strategies to improve performance.
- To ensure continuous evaluation of nurse employees' performance and to timeously take corrective action where necessary.
- To reward nurse employees for "good" performance where it is due.

2.5.2 Objectives of PMDS policy

The PMDS policy (SA, 2007), should be seen as a technique to develop and sustain a performance culture within clinics in the Dr. Kenneth Kaunda District (KKD). The policy ensures involvement of nurse employees in the decision-making process regarding their performance. It creates an environment conducive to open, consultative and supportive communication. A framework is provided in which the nurse line manager and the nurse employee can enter in to performance agreement (contract) where they can communicate and agree on objective, standards and expectations. Involvement of employees in the PA process ensures a fair and objective process. It also ensures a continuous cycle for planning, capacity building and feedback on set objectives. Poor performance can be timeously identified and rectified, while excellent performance can be rewarded. PA provides a centralized record of performance for each nurse employee to increase control over work and result.

2.5.3 Steps in the PA process

The PMDS policy (SA, 2007), provides the following diagram to illustrate the six steps in the PA process. The performance cycle is a twelve-month period for which performance is planned, executed and assessed.

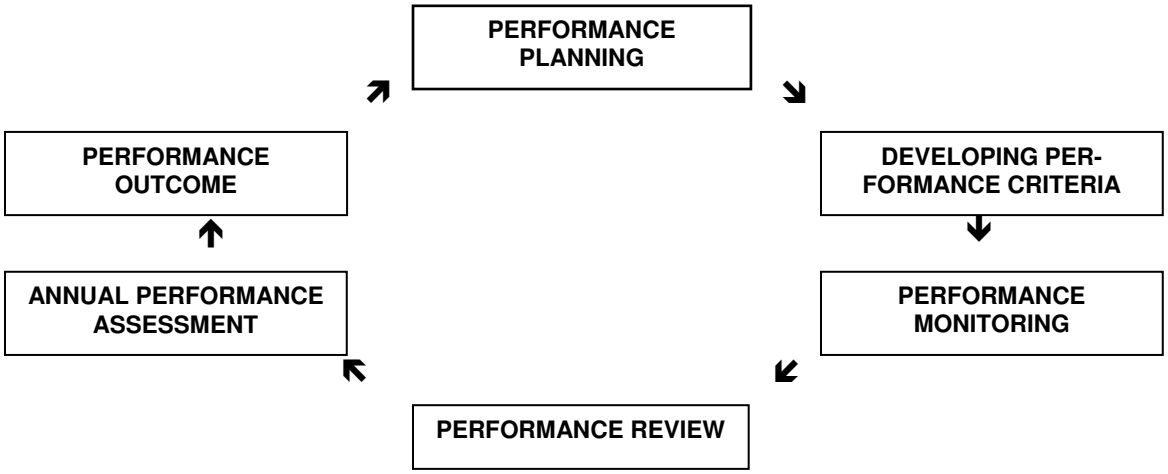


Figure 2.3: Performance management process as provided by the PMDS policy (SA, 2007)

2.5.3.1 Step 1: Performance planning

The PMDS policy (SA, 2007), Section 13.4.1 provides information on what this phase entails. It entails the development of a work plan and development plan for the nurse employee followed by the signing of the performance agreement between the nurse line manager and nurse employee. The nurse line manager and nurse employee thus first have to jointly discuss and agree on the KRAs, and GAFs in the work plan. In the development plan the nurse line manager and nurse employee record areas identified for development and the type of interventions that are to be employed to address the development needs, before the performance agreement can be signed by them both. The performance agreement document includes:

- the job detail,
- job purpose,
- responsibilities of nurse line manager and nurse employee,

- the agreed upon KRAs and GAFs with the weight assigned to each,
- how assessment is to be performed,
- how feedback is to be provided,
- the development plan that is related to the current job or envisaged career path of the nurse employee,
- how poor performance is to be managed and,
- how disputes are to be managed.

If the nurse employee reports to someone other than the nurse line manager, that person must be involved in the performance agreement of the employee. That person must also provide feedback to the nurse employee on his/her performance and be involved in the performance appraisal of the nurse employee.

Where nurse line managers manage a number of nurse employees who perform the same output, sessions must be held with the employees to determine main objectives, standards, and methods of assessment, in order to draw up a similar work plan for the entire group. But performance agreements and personal development plans must be drawn up on an individual basis. The work plan and development plan of the nurse employee should be reviewed to fit the development level of the nurse employee.

2.5.3.2 Step 2: Developing performance criteria

Sale (as quoted by Booyens, 2001:310) defines criteria as a descriptive statement of performance, behaviour, circumstances or clinical states that represent a satisfactory, positive or excellent state of affairs. Criteria according to these authors are related to standards in the sense that they serve as detailed indicators of the standard and thus make the standard workable.

The terms standards and criteria are often used interchangeably when it comes to quality improvement issues (Booyens, 2001:310). However, they are not synonymous. The Royal College of Nursing (as quoted by Booyens, 2001:310) defines standards as statements of what good nursing care should be. According to Anon (2010a:1) job standards should be clear, easily understandable and in measurable terms. Also, standards are used as basis for comparison of the real performance of the employee.

Narcisse and Harcourt (2008:1154) are of opinion that performance standards and objectives should be developed before the appraisal period commences.

The PMDS policy (SA, 2007), states that nurse line manager and nurse employees must agree on assessment criteria a year before the annual performance assessment. Criteria for performance assessment consist of KRAs and GAFs. Each employee must be assessed against both areas. KRAs account for 70% of the final assessment score, while GAFs account for 30%. KRAs are broken down in the work plan into key activities and performance measures. Each KRA must be weighted in a percentage according to the importance it has in the employee's job. The argument for weighting is that every organization values the components of jobs differently (Armstrong & Baron, 1997:87). Employees in an organization have different duties and these duties differ in importance. If performance dimensions are not weighted or ordered, the assumption can be made that there is no difference between the values of jobs (duties). The PMDS policy (SA, 2007), Section 13.4.2 states that KRAs must be broken down into key activities and performance measures. It also states that each KRA must be weighted by percentage according to the importance it has in the employee's job.

The performance of the nurse employee is assessed in terms of standards set in the work plan on which the nurse line manager and nurse employee have agreed. The PA must only be based on the performance criteria on which the nurse employee and nurse line manager agreed. Rating of the nurse employee's performance is done according to the five-point rating scale as indicated in the performance assessment instrument.

2.5.3.3 Step 3: Performance monitoring

Nurse line managers must continually monitor the manner in which nurse employees utilize their knowledge, skills and attributes in the performance of activities specified in the clinic. The nurse line manager must record the observable behaviour of the nurse employee. The strength and weaknesses should be reported on as well as specific training and development needs of the nurse employee.

2.5.3.4 Step 4: Performance review and assessment

Performance review is defined by Aamodt (2007:569), as a meeting between the nurse line manager and nurse employee to discuss the performance of the employee. This step is characterized by interaction between the nurse line manager and the nurse employee through one to one communication (SA, 2007).

One-to-one communication must take place from time to time between the nurse line manager and nurse employee about the progress towards the achievement of the objectives agreed upon (SA, 2007). The line manager and nurse employee must prepare for the one to one communication (Armstrong, 2006:510). Leggat (2009:13) reviewed articles and provided useful information to assist health managers to improve the performance of their employees. He concluded that managers should provide regular feedback to employees on their performance – not just annual appraisal feedback. Armstrong (2006:510) adds that the feedback must not be rushed through and that at least one to two hours should be used to gain the maximum value from the interview. Additionally, if employees receive regular feedback their performance improves (Leggat, 2009:14). This interaction provides feedback and creates an opportunity for the employee to raise concerns and to make suggestions. Hui and Qin-xuan (2009:1754) reviewed articles to determine why PA is not welcome and how to make PA more welcome. They add to the conclusion of Leggat (2009:14) and say that nurse line managers should strengthen communication with employees by exchanging suggestions and opinions with employees to ensure that there is an understanding between them.

Feedback assists employees to determine the status of their performance at any given time other than the annual performance assessment period (Schrader & Becton, 2007:22). The absence of performance feedback leaves the nurse employee to play guessing games concerning whether to continue on the current path or to chart another course (Schrader & Becton, 2007:22).

The PMDS policy (SA, 2007), requires that performance feedback must be given to the nurse employee in writing (formal) after a discussion between nurse line manager and

employee. The formal feedback must occur at least twice during six months. The nurse employee must be notified of the intended formal performance review to enable the nurse employee to prepare for performance feedback. The policy states that nurse line managers must notify the nurse employee at least 48 hours in advance. Armstrong (2006:512) agrees that nurse line managers and nurse employees must prepare for the interview. They should use the performance agreement as the basis for their discussions (Armstrong, 2006:504). When the nurse employee is notified of the intended interview they are be able to do a self-assessment in order to actively participate in the discussion (Aamodt, 2007:242). The nurse line manager and nurse employee must sign the performance assessment after completion thereof to indicate that the performance review has occurred. When the nurse line manager and the nurse employee cannot agree on the result of the assessment, the nurse employee must be provided with the opportunity not to sign the assessment form and to appeal against the outcome of the assessment by following the grievance and dispute procedures applied to the Public Service. The policy also states that the nurse line manager must provide the nurse employee with feedback as close to the event as possible.

The nurse line manager and nurse employee must agree on a development plan to address poor performance (Armstrong, 2006:504-507). Normal performance interventions available to nurse line managers and nurse employees are inter alia coaching, mentoring, advice, attendance of courses, and in-service training. The performance intervention decided upon must be recorded on the performance development plan of the nurse employee. It might also become clear to the nurse line manager and nurse employee during the performance feedback/review sessions that the criteria set or agreed upon for the achievement of objective at the planning stage were not specific enough or they were unrealistic and not attainable. Re-planning may be necessary at this stage and is encouraged only if it leads to the improvement of the nurse employees' performance and both parties agree on the need to re-plan.

2.5.3.5 Step 5: Annual performance assessment

The annual performance assessment is the final assessment and it gives the overall level of performance of the nurse employee during the particular cycle. This is the final indicator to see if the performance of the nurse employee has been up to the agreed upon standards. The agreed upon KRAs and GAFs are calculated as prescribed by the policy and the final rating calculated. The nurse employee must confirm his/her participation in the final performance feedback session in the form of a signature. In the case where the nurse employee reports to anybody other than their nurse line manager, that person performs the assessment of the work of the nurse employee and hands it over to the line manager.

The PMDS policy (SA, 2007), state, results from PA go to the Moderating Committee for moderation. The committee is responsible to ensure that the process is executed in a fair manner; that there is equity and consistency; that the scores given are realistic and ensure that bonuses and pay progress are within the assigned budget. If the Moderating Committee identifies deviations or discrepancies in the assessment report, it must finalize the moderation process and present the identified deviation or discrepancy in writing. This is forwarded to the Head of Department or he/his delegate for final consideration. Detailed minutes of the decisions must be kept by all role players involved.

The Performance Assessment Appeal Panel manages the deviations identified by the Moderating Committee. This panel consists of heads of departments that function as experts in the various departments. The panel makes recommendations to nurse line managers on the rating of nurse employees and on actions to be taken to ensure fair ratings.

2.5.3.6 Step 6: Performance outcome

Results of PA assist management to make managerial decisions regarding the promotion, rewards and development of nurse employees. The performance cycle

starts all over again: performance planning, developing performance criteria, monitoring, review, annual assessment and outcomes.

2.6 PRIMARY HEALTH CARE

Before 1994, South Africa had a highly fragmented and bureaucratic health care system (Cullinan, 2006:1). Public health services for white people were better than those for black people and those in the rural areas were significantly worse off in terms of access to services compared to their urban counterparts (Cullinan, 2006:2). There were fourteen departments of health, each with its own objectives (Sibiya, 2009:33). This injustice had to be corrected. The first corrective action that was taken by government was the introduction of a single National Department of Health (Sibiya, 2009:43). Primary health care (PHC) was introduced in South Africa in 1994 to reform the health services (Rabie, 2009:3). Sibiya (2009:43) adds, PHC was formally introduced in South Africa from April 1994 as the driving principle for health care provision with the implementation of two policies, "free health for pregnant mothers and children under the age of six years" as well as the "universal access to PHC for all South Africans". PHC provides preventative, promotive care and is the first line of contact that the client/patient has with health care provider. As the first point of contact, clinics are used the most and attended by the majority of the population resulting in overcrowding, limited resources, poor working conditions, poor staff morale, excessive use and even abuse of scarce resources and an unfortunate deterioration in the quality of care. It is for this reason that the researcher decided to conduct her study in clinics of the KKD.

2.7 CONCLUSION

This chapter discussed PM and explained that PM consists of PM of the organization, PM of the employee and the integration of the two. Because the study is concerned with the PM of the employee in particular, the appraisal thereof, PA was discussed with regard to the process, principles, characteristics and purpose/outcomes.

CHAPTER 3

RESEARCH DESIGN AND METHOD

3.1 OVERVIEW OF THE CHAPTER

The purpose of this chapter is to outline the research design and method of the study. The chapter commences with an overview of the objectives of the study and a discussion of the research design applied to the study. Thereafter the research methods used in the study are discussed. Finally, the rigour applied to the study is outlined, followed by ethical considerations, which conclude the chapter.

3.2 INTRODUCTION

In the first chapter, the aim of the study was stated: to develop guidelines to improve the implementation of performance appraisal in clinics in the KKD. To attain this aim the following objectives were set:

- To describe how performance appraisal is implemented from the perspectives of nurse line managers in clinics in the KKD.
- To describe how performance appraisal is implemented from the perspectives of nurse employees in clinics in the KKD.
- To develop guidelines on the implementation of performance appraisal in clinics the KKD.

In the next paragraph the research design is discussed in relation to the aim and objectives of the study.

3.3 RESEARCH DESIGN

A research design is a plan or structured framework of how one intends to conduct the research process in order to solve the research problem (Babbie & Mouton, 2001:104;

Polit & Beck, 2006:5; Burns & Grove, 2005:231). Polit and Hungler (1997:467) and Mouton and Marais (1996:33) have the same opinion, namely that a research design is the overall plan for collecting and analyzing data. The research design is associated with the structural framework of the study which concerns the planning of the implementation of the study in order to reach the goals set out (Burns & Grove, 2005:211). The design thus follows logically from the research problem (Mouton & Marais, 1996:33). A research design is a set of logical steps taken by the researcher to answer the research question. The appropriate research decisions should be made in order to increase the validity, and minimize or, where possible, exclude errors within the research (Mouton & Marais, 1996:33). Research design includes all the decisions made in planning the study, including: research strategy, sampling, sources and procedures for collecting data, instrument issues and data analysis planning (De Vos, Strydom, Fouché & Delport, 2005:133). The research design according to Mouton (2001:55-56), indicates what kind of research is done, as well as what kind of research best answers the research problem. Botes (1995:7) adds that the research design also includes measures taken to ensure the rigour of the study.

This study adheres to a cross-sectional quantitative design, with exploratory, descriptive and contextual strategies.

3.3.1 Cross-sectional quantitative research

Quantitative research is a formal, objective, systematic process in which numerical data are used to obtain empirical information (Burns & Grove, 2005:23). According to Polit and Beck (2006:15) quantitative research is the collection of empirical data that is rooted in objective reality and data is collected using formal instruments. These data are numeric and are analyzed by means of statistical processes. A cross-sectional research design is used to collect data on more than one case or groups of participants in various stages of development in a process, at a single point in time, in order to collect a body of quantitative or quantifiable data in connection with two or more variables, which are then examined to describe the status of or changes in phenomena across stages, and to detect patterns of association (Burns & Grove, 2005:236). In this

study, a cross-sectional research design was used to describe how PA is implemented in clinics in the KKD from the perspective of participants at different stages of development in the process, namely nurse line managers and nurse employees.

3.3.2 Exploratory design

Explorative designs are used to increase the knowledge of a study field (Burns & Grove, 2005:357). Singleton, Straits, Straits and McAllister (1988:90) state when attempting to explore a phenomenon of which little is known, one necessarily begins with a general description of the phenomenon. The researcher did a literature study (see chapter two) of the phenomenon. According to De Vos (2000:214), an exploratory approach enables the researcher to obtain thorough and actual information and gain new insight into the phenomenon.

The explorative approach was used to investigate the full nature of a relatively unknown phenomenon and the factors to which it is related (Polit & Beck, 2006:21). The research explored how NLM and NE perceived the implementation of PA in clinics in the KKD based on the process provided by the PMDS policy (SA, 2007), with a view to be able to develop guidelines for the implementation of PA

3.3.3 Descriptive approach

A descriptive study provides a picture of situations as they naturally happen, as well as the relationship among the variables (Burns & Grove, 2005:232). Descriptive research is a way of discovering new meaning, describing what exists, and categorizing information (Burns & Grove, 2005:26; Neuman as quoted by De Vos *et al.,* 2005:106).

Burns and Grove (2005:232) further state that descriptive designs are also used to identify problems with current practice, justify current practice, make judgment, or determine what others in similar situations are doing. This study aims to identify problems in the implementation of PA and to use the identified problems to develop guidelines to improve PA implementation.

Babbie (2004:129) and Burns and Grove (2005:232) state, for descriptive research clear and precise definitions are needed. The researcher provided clear conceptual definitions (see 1.4.2.3) to provide a picture of the phenomenon under study. Furthermore, using information from both nurse line managers and nurse employees provided a clear picture of the situation as it occurs in practice and enabled guidelines for the implementation of PA to be developed.

3.3.4 Contextual design

Singleton *et al*. (1988:483) define contextual design as a design in which information about participants and their social environment is collected. According to Babbie and Mouton (2001:272), when using a contextual design, the researcher aims to describe and understand events within the concrete, natural context in which they occur. Furthermore, Babbie and Mouton (2001:272) state that when one understands the events against the background of the context, then one can claim to understand them.

Data was collected from NLM and NE who had the inclusive criteria (see table 1.1) within a predetermine environment (see 1.4.1.4).

3.4 RESEARCH METHOD

Research method refers to the methods, techniques and procedures that are employed in the process of implementing the research design or research plan (Babbie & Mouton, 2001:104). According to Polit and Hungler (1997:4611), research methodology refers to the steps, procedures and strategies employed for gathering data and analyzing the data in the course of the research project.

In this section the research method is discussed in relation to the study population and sample, the research instrument, pilot study, data collection, data analysis and rigour.

3.4.1 Population and sample

A population is the entire set of individuals, events, organizations, objects or study elements that meets the criteria the researcher is interested in studying (Burns & Grove,

2005:324; Brink, Van der Walt & Van Rensburg, 2006:123). A sample is defined by Brink *et al.* (2006:124) as a part or fraction of a whole, or subset of a larger set, selected by the researcher to participate in the research study.

The population of interest in the present study includes nursing employees from nurse line managers to nursing assistants, involved in PA within clinics in the North West Province (see 1.4.1.4). The Potchefstroom and Matlosana sub-districts were selected for the study because they are the most densely populated areas (City of Matlosana IDP review 2009/10:2). The study used an all inclusive sample of nurse line managers and nurse employees with the predetermined criteria (see table 1.1). All nurse line managers (NLM) N = 25; n = 25 and nurse employees (NE) N = 111; n = 110 participated in the study. One nurse employee chose not to participate.

3.4.2 Research instrument

For the purpose of this study, a questionnaire was selected as research instrument.

3.4.2.1 Questionnaire as a research instrument

Questionnaires are the most appropriate data collection tool for quantitative research (De *Vos et al.,* 2005:137). It is a self-report form, designed to elicit factual data that can be obtained through the written responses of the participants (Burns & Grove, 2005:240). Furthermore, the questionnaires can be designed to determine facts about the participant or personal knowledge of the participant; facts about events or situations known to the participant; beliefs, attitudes, opinions, level of knowledge or intentions of the participant (Burns & Grove, 2005:240).

De Vos *et al.* (2005:167) discuss different types of questionnaire: mailed questionnaire, telephonic questionnaire, self-administered questionnaire, questionnaire delivered by hand, and group-administered questionnaire. De Vos *et al*. (2005:167) describe a self-administered questionnaire as a questionnaire that is handed to the participant who completes it on his/her own, but the researcher is available in case problems are experienced. The researcher must limit his/her own contribution to the completion of the questionnaire to the absolute minimum. The researcher should remain in the

background and can at most encourage the participant with a few words to continue with the contribution, or lead him/her back to the subject.

A self-administered questionnaire was used in the study because of the advantage of the researcher being available to assist if any problems are experienced.

3.4.2.2 Advantages of questionnaire

Brink *et al.* (2006:147) and Polit and Beck (2006:296) list some advantages of questionnaires:

- Questionnaires are quick, economic and cost effective since they demand less time to administer.
- Anonymity is maintained, therefore participants are more honest and objective in answering the question posed, which increases the validity of the answer given.
- The influence that the researcher might have on the participant is eliminated.
- Analysis of data is made easy by the standard format of questions.
- Questionnaires are one of the easiest research instruments to test for reliability and validity.

3.4.2.3 Limitations of questionnaires

Brink *et al.* (2006:147) provide some limitations of questionnaires:

- Low response rates are the biggest disadvantage of questionnaires. The researcher ensured that all questionnaires were received back, by handing them out and receiving them back after completion on the same day.
- Participants may not understand questions or interpret them differently, which may influence the reliability of the question. The researcher gave a presentation to all participants on the aim of the study, provided an overview of the study and

went through the questionnaire with the participants to ensure that everyone understands the questions.

- There is no opportunity to clarify items that may be misunderstood. As mentioned the researcher was present to clarify any misunderstandings.

- Participants may fail to answer all of the questions. The researcher checked the questionnaire for completion in the presence of the participant.

3.4.2.4 Format of the questionnaire

Brink *et al.* (2006:149) provide information on the formulation of questionnaires:

- Questions should be simple and short. Complex questions should be broken up into several ones.

- Questions should not contain two questions (double-barrelled questions).

- Questions should be posed at the level of the participants.

- Leading questions should be avoided.

- Question items and pages must be numbered.

Burns and Grove (2005:400) noted that a questionnaire must have a cover letter (Appendix 4) explaining the purpose of the study, the name of the researcher, the approximate amount of time required to complete the form, and institution supporting the study.

3.4.2.5 Development of the questionnaire

The PMDS policy (Policy no. NWPG 13 amendment approved for 2008-2009 performance cycle) (SA, 2007), was used to develop the questionnaires. Only the sections of the policy that refer to PA: Section 13.4.4 and Section 13.4.5 (Appendix 3) were used, because the researcher was interested in the implementation of PA and not PM in its entirety. The policy provides the process for the implementation of PA and is

therefore the most reliable source for developing the questionnaire to describe the implementation of PA in clinics in the KKD.

Two questionnaires consisting of two sections each were prepared for the study. One questionnaire was developed for the nurse line manager (Appendix 1) while the other was developed for nurse employees (Appendix 2). Section A of the questionnaire consisted of biographical questions: age, gender, years of experience, present qualification and language. Section B of the questionnaire consisted of questions derived from the PMDS policy (Policy no. NWPG 13 amendment approved for 2008-2009 performance cycle) (SA, 2007). All questions in the questionnaires were the same, with one questionnaire addressing the nurse line manager and the other the nurse employee.

A Likert scale was used to determine variations in participants' views of the implementation of PA in questions 6 - 35. According to Burns and Grove (2005:402) the Likert scale is designed to determine the opinion or attitude of the participants and it contains a number of declarative statements with a scale after each statement. In the questionnaires, one (1) represents strongly disagree, two (2) disagree, three (3) neutral, four (4) agree and five (5) strongly agree. Participants were required to select the point on each scale that best describes his/her view of the implementation of PA in clinics in clinics in the KKD. Yes/No questions were used to determine participants' agreement and disagreement of the implementation of PA in questions 36-48.

3.5 PILOT STUDY

A pilot study is a smaller version or a "dummy run" of a proposed study and is conducted to refine the methodology: data collection instrument, data collection process and research treatment (Cozby, 2008:177; Brink *et al.*, 2006:54; Burns & Grove, 2005:42). Similar subjects, the same setting, the same treatment, the same data collection and analysis techniques should be used in a pilot study (Burns & Grove, 2005:42). Moreover, the pilot study reveals whether participants understand the instructions and whether any confusing questions are being asked (Cozby, 2008:181).

Information obtained from the pilot study provides the researcher with the opportunity to make the necessary changes.

After the first draft of the questionnaire the researcher and supervisors reviewed and discussed it. The necessary changes were made and the questionnaire was sent to a statistical consultant. After the questionnaire was assessed by the statistical consultant, further changes were made. The pilot study was conducted in a Provincial Hospital, using participants selected by the same criteria as in the proposed study. The same instrument for data collection was used. The results from the pilot study were discussed by the researcher and supervisors. The last question in the questionnaire was incorrectly formulated and was corrected. A double-barrelled question was identified and corrected. After the changes were made, the final questionnaire with 48 questions was processed, approved by the supervisors and statistical consultants, and the researcher commenced with data collection.

3.6 DATA COLLECTION

Ethical permission (ethical approval number NWU-00004-10-S1) (Appendix 5) to conduct the study was obtained from the NWU (Potchefstroom Campus) ethics committee and the following steps were taken to obtain permission from the participants before data could be collected.

A letter (Appendix 6), research proposal, ethical permission (Appendix 5) and questionnaires (Appendix 1 & 2) were delivered to the office of the directorate: Policy, Planning and Research at the North West Province Department of Health offices requesting permission to conduct the study within the Potchefstroom and Matlosana sub-districts. Permission (Appendix 7) was obtained. Thereafter appointments were made with the two PHC managers in the two sub-districts and letters (Appendix 8) seeking permission was handed to the two sub-district PHC managers. The Acting PHC managers in the Matlosana sub-districts granted permission (Appendix 9) and requested the researcher to meet with the assistant directors of the four groups of clinics. A short presentation of the study was given to them, and they granted permission. Each group of clinics consisted of four clinics. The assistant directors and

the researcher agreed that data should be collected at one group of clinics per day. The assistant directors made the necessary arrangements with the nurse line managers and data was collected on four consecutive days.

Data collection started one week after the meeting with the assistant directors. The researcher gave all nursing staff on duty a short summary of the aims of the study and handed them the questionnaires to complete, while the researcher was present to answer any questions and to clarify any possible misunderstandings. All staff on duty attended the presentation and participated in the study. The new appointees were excluded from participation because they did not meet the selection criteria (see 3.4.1). In the Potchefstroom sub-district the same procedure was followed.

3.7 DATA ANALYSIS

The Statistical Consultancy Services Department of the NWU (Potchefstroom Campus) used the EpiData programme to create two EpiData files and two EpiData check files for each questionnaire to allow double entry verification (Lauritsen, 2008). The programme provides a load and verification option. Data from the questionnaire was entered into the EpiData data files, and then into the EpiData check files. The errors detection function of the programme was used to check for discrepancies between the two files. Where discrepancies were noted, the original questionnaire was traced by means of its unique identification number and the data entry item was corrected accordingly. The finalized EpiData files were sent to the Statistical Consultancy Services Department of the NWU (Potchefstroom Campus) for analysis. The analysis was done using the SPSS programme (SPSS Inc, 2009), which provided descriptive statistics and measures of effect sizes. Descriptive statistics are used to describe and synthesize data. In this study, data was reported as frequencies (f), means (M), percentage (%) and standard deviation (SD) (Brink *et al.*, 2006:172). Effect sizes are used to determine the importance of the difference or relationship, or the strength of a relationship in the sample population (Steyn, 2009:1). Effect size is reported as a Phi-coefficient (p) of which the guideline values are 0.1 for a small effect, 0.3 for a medium effect and 0.5 for a large effect (Steyn, 2009:23).

3.8 RIGOUR OF THE QUESTIONNAIRE

The rigour of the study was ensured through testing the validity and reliability of the questionnaire, and by applying the construct of trustworthiness.

3.8.1 Reliability of the questionnaire

Reliability is linked to the quality of measurement. A measurement instrument should measure what it is supposed to measure (De Vos *et al*., 2005:166). These authors also find that reliability of a measure refers to the internal consistency of question items within a specific category. In this study, reliability was ensured as the questionnaire was based on the comprehensive work of the PMDS policy (Policy no. NWPG 13 amendment approved for 2008-2009 performance cycle) (SA, 2007), that is utilized in clinics in the North West Province for the implementation of PA. The policy provides the most reliable information for the development of the questionnaire. Section 13.4.4 and Section 13.4.5, that are concerned with PA, were used to develop the questionnaire. The reliability of the questionnaires was also determined through the application Cronbach Alpha co-efficiency. The result was 0.975. The closer Cronbach Alphs coefficient is to 1.0 the greater the internal consistency of the items in the scale (Gliem & Gliem, 2003:87).

3.8.2 Validity of the questionnaire

The validity of an instrument is the determination of the extent to which the instrument adequately reflects or measures the abstract construct being examined (Polit & Hungler, 1997:299; Burns & Grove, 2005:376). The validity of the instrument is discussed with regard to its content and construct validity.

3.8.2.1 Content validity

Content validity refers to the representativeness of the content of the instrument to what the researcher wants to measure (Burns & Grove, 2005:732; Brink *et al*., 2006:200). Content validity is an assessment of how well the instrument represents all the components of the variable to be measured (Polit & Beck, 2006:329; Brink *et al.,*

2006:160). These authors also claim that the content validity of an instrument is based on the judgment of experts in the field.

Content validity was ensured, as the questionnaire was based on the PMDS policy (Policy no. NWPG 13 amendment approved for 2008-2009 performance cycle) (SA, 2007), used in clinics in the KKD. All questions were formulated using Sections 13.4.4 and 13.4.5 of the policy that is concerned with the assessment and review of nurse employees' performance. The questionnaire together with the policy was assessed by the supervisors and experts in the field of nursing management to determine its appropriateness. The questionnaire was refined by conducting a pilot study within a similar setting with participants who met the same criteria.

3.8.2.2 Construct validity

Construct validity refers to the capacity of an instrument to measure the construct that it intends to measure (Brink *et al.*, 2006:200).

The researcher defined the constructs of PA (see paragraph 1.4.2.3 b) in accordance with the PMDS policy (Policy no. NWPG 13 amendment approved for 2008-2009 performance cycle) (SA, 2007), which formed the basis of the instrument development.

3.8.3 Trustworthiness

The construct of trustworthiness consists of the epistemological standards of truth value, applicability, consistency and neutrality, as well as the theoretical and inferential validity of the study (Lincoln & Guba, 1985:289-311).

3.8.3.1 Truth value

Truth value is the assurance the researcher has in the believability of the findings and data, with reference to the research design, information, participants and the context in which the research was conducted (Lincoln & Guba, 1985:290). Truth value is obtained through the strategy of credibility which includes the techniques of prolonged

engagement, triangulation, peer examination, negative case analysis and member checking (Klopper & Knobloch, 2010:319; Lincoln & Guba, 1985:294-296).

In this study, the researcher made use of data source *triangulation* by collecting data from nurse line managers and nurse employees in clinics in the Potchefstroom and Matlosana sub-district involved in PA. The researcher also applied the strategy of *peer examination* by having contact sessions with the supervisors and experts in the field of nursing management, and evaluation of the proposal by the School of Nursing Science Postgraduate Education and Research Committee (PERC) and the NWU (Potchefstroom Campus) Ethical Committee. The researcher is also an employee who has undergone PA and thus experienced *prolonged engagement* in the context.

3.8.3.2 Applicability

Applicability refers to the ability to transfer data from research findings of a particular inquiry to other contexts and settings (Lincoln & Guba, 1998:297). Applicability also refers to the ability to generalize from the findings to larger populations through the strategy of transferability (Burns & Grove, 2005:358; Klopper & Knobloch, 2010:320-321). The strategy of transferability includes the techniques of thick description and saturation of data.

To ensure applicability of the findings to other contexts, a thick description was given of the background and rationale of the study, the aim and objectives of the study, the context in which the study was conducted and the research methodology.

3.8.3.3 Consistency

Consistency refers to the ability to reproduce the study with the same population in a similar context and get the same comparable results (Sliep *et al*., 2001:69; Lincoln & Guba, 1985:298-299; Klopper & Knobloch, 2010:322). According to Babbie and Mouton (2001:278) consistency is ensured through the strategy of dependability which includes stepwise replication, inquiry audit and triangulation.

An inquiry trail involves auditing of the research data and supporting documents by an external reviewer (Polit & Beck, 2006:335). An inquiry trail was established through dense description of the background and rationale of the study, the aim and objectives of the study, the context in which the study was conducted and the research methodology, so that the dependability of the data and supporting documentation could be audited by other researcher.

3.8.3.4 Neutrality

Neutrality as described by Lincoln and Guba (1998:300) and Klopper & Knobloch, (2010:323) is the ability to be involved in the collection, analysis and interpretation of data in such a manner that it is based only on the selected population and is free of personal intentions, interests and perceptions. The strategy of confirmability ensures neutrality through the techniques of a confirmability audit and triangulation ((Lincoln & Guba, 1985:300). Confirmability refers to the degree to which the result of the study is the product of the inquiry (Babbie & Mouton, 2001:278).

In this study, the researcher used data source triangulation as previously discussed. The inquiry audit was applied through stating the background of the study, followed by the statement of the problem and objective of the study. The researcher also provided the paradigmatic perspective of the researcher to indicate the researcher's point of departure as well as a trail of decisions made during the course of the study. During the project the supervisors examined the process.

3.9 ETHICAL ISSUES

Burns and Grove (2005:180-195), Brink *et al.* (2006:30-43), and Polit and Beck (2006:84-100) describe ethical principles for research. These principles are applied in the study. The ethical principles that guide researchers are: justice, respect for person and beneficence which is based on the human rights of the participant that need to be protected by the researcher. These rights are: fair selection and treatment, self-determination, confidentiality, anonymity, privacy and protection from discomfort and harm.

3.9.1 Ethical justice

Polit and Beck (2006:90-91), Brink *et al.* (2006:33-35) and Burns and Grove (2005:189-190) state that the right to fair treatment is based on the ethical principle of justice. This principle according to these authors includes: right to fair selection and treatment of subjects and the right to privacy.

3.9.1.1 Right to fair selection and treatment of participants

For Burns and Grove (2005:189) and Brink *et al.* (2006:33) participants in a study should be selected from the general population. Selection must be based on pre-determined inclusion criteria (see 1.4.1.4) which are directly related to the research problem. They also state that participants in a study should be randomly selected. In this study, inclusion criteria was applied in the selection of the participants and an all-inclusive sample of nursing personnel (nurse line managers and nurse employees) in clinics, in the Potchefstroom and Matlosana sub-district, involved in PA, were included in the study.

The researcher provided the participants with information pertaining to the purpose of the study. This information was given to the participant by the researcher in person, as well as in the covering letter of the questionnaire. The participants were given the right to participate or not to participate without prejudice.

3.9.1.2 Right to privacy

Privacy refers to the freedom of participants to share personal information with others without fear that this will have harmful effects. In research, it is the responsibility of the researcher to ensure that information obtained from participants, is kept private through the procedure of anonymity and confidentiality. No form of identification was attached to the questionnaires. Questionnaires were numbered after data was collected to ensure anonymity and confidentiality. Babbie and Mouton (2001:440), Burns and Grove (2005:188) and Polit and Beck (2006:89) agree that the researcher should not be able to link a given response to a participant. All information (data) was locked in a cabinet and was only accessible to the researcher and supervisors. The raw data will remain

the property of the NWU (Potchefstroom Campus). Computer passwords were used to access all research data, both original and back-up data. After completion of the project all electronic data was deleted. The complete questionnaires are destroyed by shredding five years after the project's end-date. Furthermore, the names of the participating clinics will not be mentioned in any publications or reports.

3.9.2 Principle of respect for person

The principle of respect for person refers to the researcher's acknowledgement that the participant is an autonomous individual, capable of self-determination, who is able to make their own choices.

3.9.2.1 Diminished autonomy

Those individuals with diminished autonomy include the mentally impaired, unconscious and institutionalized people (Burns & Grove, 2005:181; Brink *et al.,* 2006:32). In this study there were no individuals with diminished autonomy.

3.9.2.2 Right to self-determination

Every participant had the right to determine whether they wanted to participate in the study or not. Information about the study was provided to nurse line managers and nurse employees by the researcher and a questionnaire cover letter that was attached to every questionnaire. The participants could decide to participate or not after information about the study was given to them (Polit & Beck, 2006:89; Burns & Grove, 2005:181). Information given to participants included; the purpose of the study; the right of the person to participate or not to participate in the study without consequences or penalties; the responsibilities of the researcher toward the participant and the research study; the potential risk and benefits of the study for participants. Completion of the questionnaire was accepted as proof of consent from the participant to participate in the study. The privacy of the participants were ensured by anonymous questionnaires.

3.9.2.3 Full disclosure

Participants had the right to make an informed voluntary decision about their participation in the study. Full disclosure means that the researcher fully informs the participants of the purpose of the study, the right of the participant or not to participate and to withdraw from the study at any time without consequences, the responsibility of the researcher towards the participant and the study, and the potential risk and benefits that could possibly result from participation in the study (Polit & Beck, 2006:89; Burns & Grove, 2005:181; Brink *et al.,* 2006:32).

The researcher ensured full disclosure by providing participates with all the above mentioned information in person during the researcher's visit to the clinics. The questionnaires were also accompanied by a covering letter that provided all the information.

3.9.3 Principle of beneficence

The principle of beneficence can be described as doing good and preventing harm, which may be physical, emotional, spiritual, social, economic or legal (Burns & Grove, 2005:190; Brink *et al.*, 2006:32).

3.9.3.1 Freedom from harm and discomfort

Harm or discomfort can be physical, social, spiritual, economical, emotional or legal in nature. Therefore, the researcher gave careful consideration to the phrasing of questions. Information needed from the participants may cause some emotional distress because participants may feel uncomfortable expressing negative opinions about policies and practice in their place of work. To alleviate possible emotional distress, the participants were assured that permission was obtained from their employer to obtain information from them for the study; information obtained is to be treated as confidential and that no individual information is made public or provided to the employer or department. Further, information that is to be made public do not contain participants' or the participating clinic's name.

3.9.3.2 Freedom from exploitation

The researcher has a responsibility to ensure that participants are not placed in a disadvantaged position (Polit & Hungler, 1997:130). In this study the researcher ensured that participants were not exploited in any way. No names were assigned to the questionnaires that could link it to the participant and put them in a disadvantaged position. Permission to conduct the study was obtained from the various stakeholders. Although permission was obtained, the participants were given the opportunity not to participate without any penalties. Participants were assured that their participation and/or the information that they provided to the researcher would not be used against them in any way. Findings and guidelines from the study will be presented to the North West Province Department of Health and Social Development and to the various PHC managers to communicate the findings and guidelines to the various clinics.

3.10 SUMMARY

In this chapter the research design was described in accordance with the aim and objectives of the study. The research method was provided to illustrate the reasoning of the researcher. The description of the pilot study was given, followed by the method of data collection and analysis. The rigour of the study was discussed and the chapter concluded with the application of the ethical considerations of the study.

CHAPTER 4

PRESENTATION OF RESULTS

4.1 INTRODUCTION

The results presented in this chapter are based on the analysis of the empirical data collected from the research participants. The presentation of the analysis begins with an overview of the population and sample, followed by a discussion of the measurement instrument. Thereafter a biographic overview of the participants is presented, followed by a discussion of the perceptions of participants of PA.

4.2 OVERVIEW

The objectives of the present study were to describe the implementation of performance appraisal (PA) from the perspective of the nurse line managers (NLM) and nurse employees (NE) in clinics in the KKD and to develop guidelines on the implementation of PA.

In this study the population includes NLM and NE involved in PA within clinics in the KKD (see 1.4.1.4). The participants were selected based on the following inclusive criteria:

NLM were registered with SANC as professional nurses; employed in clinics in the KKD; proficient in English or Afrikaans; and were directly involved in the evaluation of nurse employees.

NE were registered with SANC as professional nurses, enrolled or auxiliary nurses; employed at clinics in the KKD, proficient in English or Afrikaans; and had undergone PA.

An all-inclusive sample was used. One of the NE chose not to participate. Participants (n=135) consisted of 18.4% (n=25) NLM and 81.6% (n=110) NE.

4.3 BIOGRAPHIC DATA

This section of the research presents biographical data of the participants with regard to age, gender, years of experience in nursing, present qualification and home language.

4.3.1 Age

The ages of nurse line managers (NLM) are presented in table and figure 4.1, while table and figure 4.2 presents the ages of nurse employees (NE).

Table 4.1: Age of NLM

Age		NLM age (n=25)	
		f	%
1	18-25	0	0%
2	26-30	1	4%
3	31-35	3	12%
4	36-40	7	28%
5	41-45	5	20%
6	46-50	3	12%
7	51-55	0	0%
8	56-60	5	20%
9	>60	1	4%

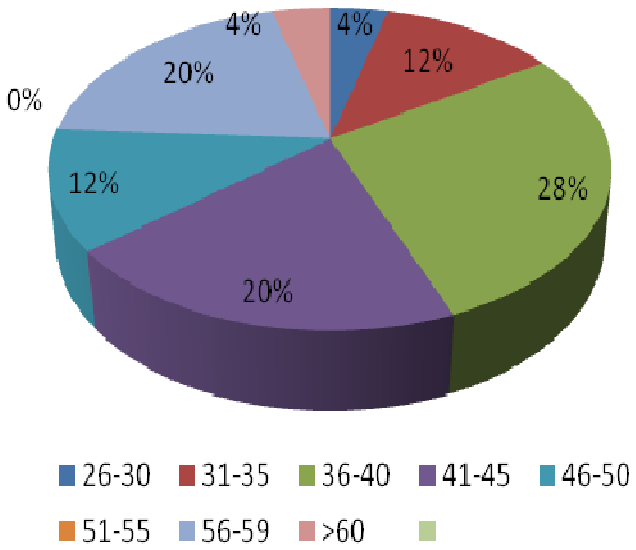


Figure 4.1: NLM age

Table 4.2: Age of NE

Age		NE age (n=110)	
		f	%
1	18-25	1	1%
2	26-30	16	14%
3	31-35	30	27%
4	36-40	16	14%
5	41-45	16	15%
6	46-50	13	12%
7	51-55	12	11%
8	56-60	3	3%
9	>60	3	3%

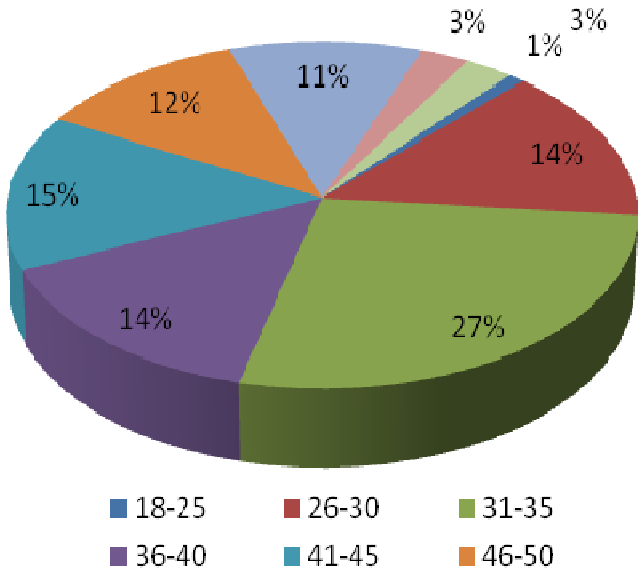


Figure 4.2: NE age

Table 4.1 shows that the greatest single proportion of NLM were in the age group 36-40 years (28%). This is a positive picture, as SANC statistics present that the greatest single proportion of professional nurses are 40-49 years old (31%). Table 4.1 also shows that 24% of NLM were over the age of 56 years, which is a disconcerting finding as this means that many NLM will reach retirement age in the next eight to ten years. Table 4.2 shows that the greatest single proportion of NE were in the age group 31-35 years (27%). This is also a positive picture, as SANC statistics indicate that the greatest single proportion of enrolled nurses are in the age group 40-49 (37%) years and that of enrolled nursing auxiliaries are in the age group 30-39 years (28%).

4.3.2 Gender

Gender of NLM is presented in table and figure 4.3, while table and figure 4.4 present the gender of NE.

Table 4.3: Gender of NLM

Gender	NLM gender (n=25)	
	F	**%**
Male	4	16%
Female	21	84%

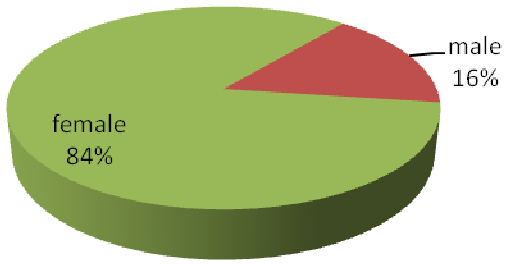


Figure 4.3: NLM gender

Table 4.4: Gender of NE

Gender	**NE gender (n=110)**	
	F	**%**
Male	27	25%
Female	83	75%

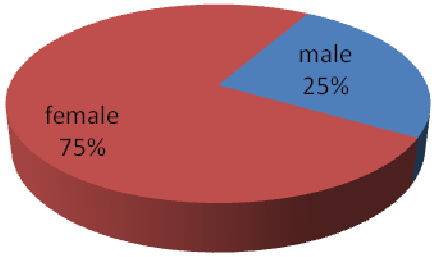


Figure 4.4: NE gender

The overwhelming majority of the NLM (84%) and NE (75%) were female. This is in line with SANC statistics (2010), according to which 1 663 (11%) of the total nursing manpower consists of males and 13 393 (89%) of females. This data indicates that there is an increase in the number of males that enter the profession in comparison with the statistics of the SANC (2010), or that practicing in clinics is preferred by males.

4.3.3 Years of experience

Table and figure 4.5 presents the years of experience in nursing of NLM and table and figure 4.6 present the years of experience in nursing of NE.

Table 4.5: NLM years of experience

Years of experience in nursing	NLM years of experience (n=25)	
	f	%
1-3 years	0	0%
4-6 years	0	0%
7-10 years	6	24%
>10 years	19	76%

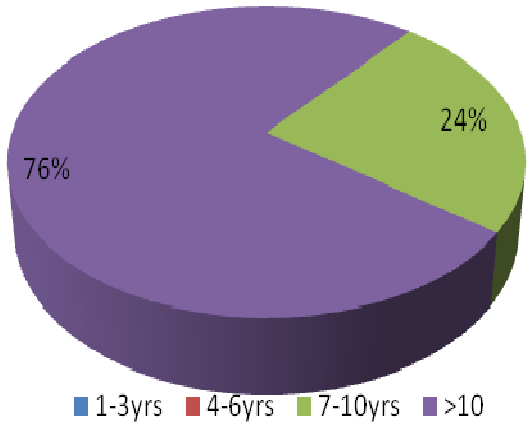


Figure 4.5: NLM years of experience

Table 4.6: NE years of experience

Years of experience in nursing	NE years of experience (n=110)	
	F	%
1-3 years	26	20%
4-6 years	23	21%
7-10 years	17	15%
>10 years	47	44%

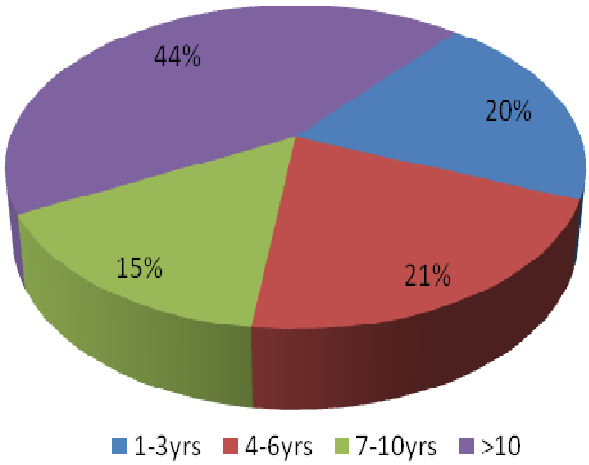


Figure 4.6: NE years of experience

The tables show that the greatest single proportion (24%) of NLM have seven to ten years experience, while the overwhelming majority had more than ten years experience (76%). NE were represented throughout the spectrum, with the greatest single proportion (44%) having more than ten years experience. This may indicate the tendency that a nurse needs at least seven years of experience to become a NLM.

4.3.4 Qualifications

Table and figure 4.7 presents the qualifications of NLM while table and figure 4.8 presents the qualifications of NE. RN with other qualification/s includes all additional qualifications recognized by the SANC as an additional qualification. These include community nursing, nurse management, nurse education and psychiatric nursing.

Table 4.7: NLM present qualification

Present qualification	NLM qualification (n=25)	
	f	%
Registered nurse (RN)	1	4%
RN and midwife	1	4%
RN, midwife and other qualification	23	92%

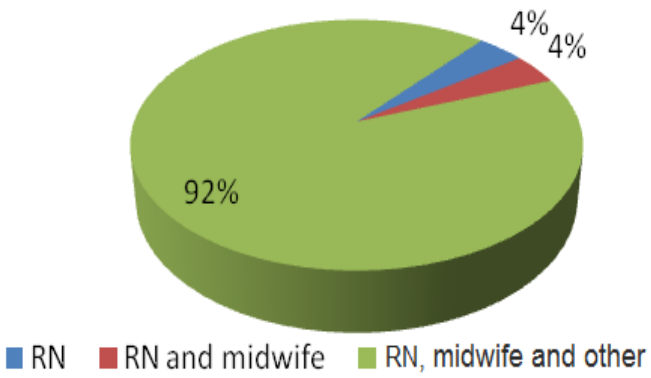


Figure 4.7: NLM present qualification

Table 4.8: NE present qualification

Present qualification	NE qualification (n=110)	
	f	%
Enrolled nursing assistant	26	24%
Enrolled nurse	5	4%
Registered nurse (RN)	11	10%
RN and midwife	19	17%
RN, midwife and other qualification/s	49	45%

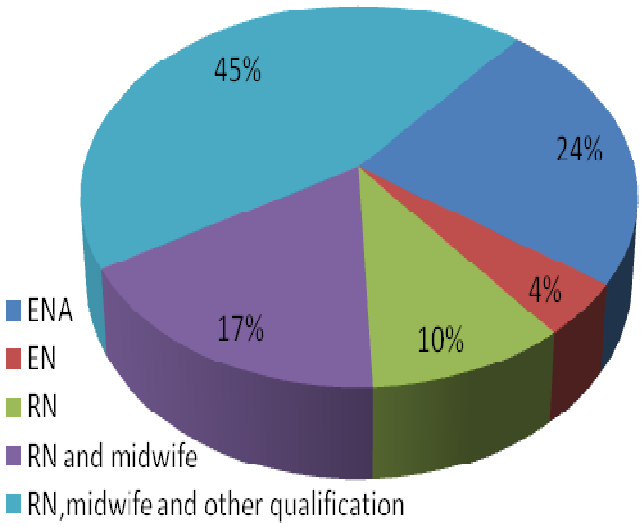


Figure 4.8: NE present qualification

Table 4.7 shows that the overwhelming majority of NLM (92%) have the qualification of registered nurse, midwife and other qualification/s. Table 4.8 shows that NE were represented from the lowest category (enrolled nursing assistant) to the highest category (registered nurse, midwife and other qualifications). The greatest single proportion of NE (45%) were registered nurses, midwives or had other qualification/s. These tables indicate the positive trend that a large percentage of participants are/were engaged in further studies. It also indicated that much of patient care is provided by registered nurses.

4.3.5 Home language

Table and figure 4.9 presents the home language of NLM while table and figure 4.10 presents the home language of NE.

Table 4.9: Home language of NLM

Home language	NLM home language (n=25)	
English	1	4%
Setswana	11	44%
Zulu	0	0%
Afrikaans	3	12%
Other languages	10	40%

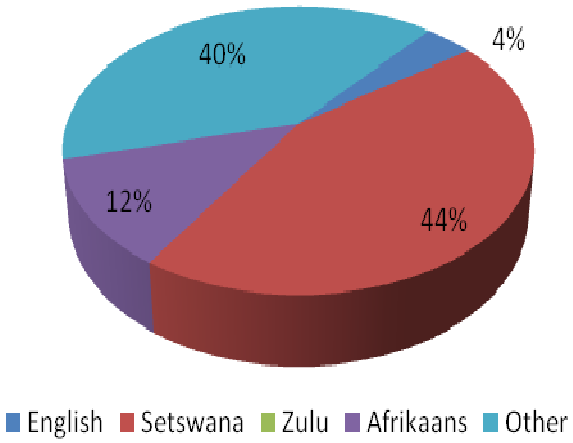


Figure 4.9: Home language of NLM

Table 4.10: Home language of NE

Home language	NE language (n=110)	
English	5	4%
Setswana	55	50%
Zulu	1	1%
Afrikaans	13	12%
Other languages	36	33%

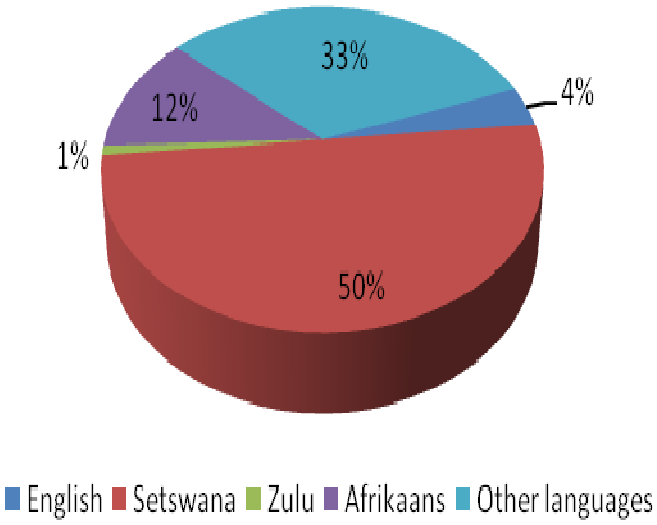


Figure 4.10: Home language of NE

These tables show that the greatest single proportion of participants in both groups (fully half of the NE participants) were Setswana speaking, which is the indigenous language of the North West Province. The tables also show that only 4% of each respective group has English as their home language.

4.4 PERCEPTION OF IMPLEMENTATION OF PA

In this section the NLM (n=25) and NE (n=110) perspective on the implementation of PA is analyzed and interpreted. The questionnaire used for NLM and NE was the same. One difference was that the one addressed the NLM (Appendix 1) and the other the NE (Appendix 2). In the analysis and interpretation the wording is changed as below to address both groups.

Table 4.11: Perception of NLM and NE on the implementation of PA

Item No.	Description of questions	Nurse line manager (n=25)		Nurse employee (n=110)		Effect Size (p)
		M	SD	M	SD	
6	The nurse line manager and nurse employee mutually agree upon objectives to be achieved in the nurse employee's work plan.	4.16	0.62	3.69	1.16	0.41
7	The nurse line manager and nurse employee discuss the nurse employee's key result areas (KRAs).	4.12	0.73	3.45	1.17	0.58
8	The nurse line manager and nurse employee discuss the nurse employee's generic assessment factors (GAFs).	4.00	0.87	3.36	1.15	0.56
9	One-to-one communication sessions about the progress toward the achievement of objectives take place between the nurse line manager and employee.	3.88	0.78	2.94	1.32	0.72
10	The nurse line manager communicates performance feedback to the nurse employee.	3.88	0.83	3.23	1.27	0.52
11	The nurse employee participates in performance feedback.	3.48	1.05	3.05	1.26	0.34
12	Performance feedback is a transparent process.	3.60	0.82	2.96	1.25	0.51
13	The nurse line manager provides the nurse employee with the opportunity to raise concerns during the performance feedback session.	3.88	0.78	3.05	1.27	0.65
14	The nurse line manager provides the nurse employee with the opportunity to make suggestions during the performance feedback session.	3.72	0.64	2.99	1.30	0.56
15	The nurse line manager provides the nurse employee with performance feedback not more than one week after the assessment.	3.24	1.01	2.68	1.23	0.46
16	The nurse line manager assists the nurse employee to determine the status of his/her performance during the performance feedback session.	3.52	1.01	2.73	1.26	0.63
17	The nurse line manager assists the nurse employee to identify performance weaknesses and strengths during the performance feedback session.	3.68	0.80	2.81	1.23	0.71
18	The nurse line manager and nurse employee discuss strategies to address the identified weaknesses.	3.48	0.74	2.79	1.29	0.54
19	The nurse line manager provides the nurse employee with performance feedback in writing.	2.56	1.08	2.51	1.17	0.04
20	The nurse line manager provides the nurse employee with verbal performance feedback.	3.64	0.86	3.00	1.29	0.50

Item No.	Description of questions	Nurse line manager (n=25)		Nurse employee (n=110)		Effect Size (p)
		M	SD	M	SD	
21	The nurse line manager provides the nurse employee with verbal performance feedback at least four (4) times a year.	3.12	1.20	2.79	1.28	0.26
22	The nurse line manager conducts performance reviews every six (6) months.	2.44	1.00	2.47	1.11	0.03
23	The nurse line manager and the nurse employee have a discussion about my development plan during the performance review.	3.28	1.10	2.63	1.16	0.56
24	The nurse line manager informs the employee about the intended performance review 48 hours prior to the evaluation.	2.84	0.99	2.56	1.10	0.25
25	The nurse line manager conducts the performance review by method of one-to-one communication with the nurse employee.	3.52	0.87	2.87	1.24	0.52
26	The nurse line manager explains to the nurse employee how his/her performance will be assessed.	3.80	0.87	2.83	1.26	0.78
27	The performance feedback is limited to the agreed upon objectives from nurse employee's work plan.	3.12	0.93	3.06	1.13	0.05
28	The performance review is based on the nurse employee key rating areas (KRAs).	3.88	0.44	3.57	1.10	0.28
29	The performance review is based on the nurse employee generic assessment factors (GAFs).	3.88	0.73	3.51	1.03	0.36
30	The nurse line manager makes use of performance interventions available to him/her (e.g. coaching, mentoring, advice, in-service training) to assist the nurse employee in improving his/her performance.	3.88	0.93	3.05	1.34	0.62
31	The nurse line manager and nurse employee identify training and development needs at the planning phase when the nurse employee's work plan is developed.	3.52	1.01	2.92	1.19	0.51
32	The nurse line manager and nurse employee identify training and development needs during nurse employee's performance reviews.	3.56	0.96	2.78	1.20	0.65
33	The annual assessment is based on the key result areas (KRAs) of the nurse employee.	3.96	0.74	3.37	1.08	0.54
34	The annual assessment is based on the generic assessment factors (GAFs) of the nurse employee.	3.92	0.76	3.35	1.09	0.52
35	The nurse employee's overall score is in line with the assessment rating provided.	4.12	0.53	2.99	1.19	0.95

Table 4.11 illustrates that NLM means were constantly scored higher than those of the NE except for item 22 “The nurse line manager conducts performance reviews every six (6) months.” The highest mean scored by NLM was achieved at item 6 (M=4.16) “The nurse line manager and nurse employee mutually agree upon objectives to be achieved in the nurse employee’s work plan.” While the highest score for NE was achieved at item 28 (M 3.57) “The performance review is based on the nurse employee key rating areas (KRAs).” The lowest mean score for both groups was at item 22; NLM (M 2.44), NE (M 2.47).

The perceptions of NLM and NE on the implementation of PA is discussed in the following sections.

4.4.1 Item 6

In general, NLM (M 4.16) and NE (M 3.69) agreed that they mutually agree upon objectives to be achieved in the work plan of the NE. The p-value (p 0.41) indicates a medium practical difference in the perception of NLM and NE with regard to this item. Further analysis of the relationship between the population groups and the item is presented in Table 4.12.

Table 4.12: Analysis of item 6

Item No 6 The nurse line manager and nurse employee mutually agreed upon objectives to be achieved in the nurse employee’s work plan.	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**
Nurse line manager (n=25)	0	0%	0	0%	3	12%	15	60%	7	28%
Nurse employee (n=110)	10	9%	6	5%	17	16%	52	47%	25	23%

The majority of NLM (60%) and the greatest single proportion of NE (47%) agree. However NLM were more likely to agree (60%) and strongly agree (28%), while NE were more likely to remain neutral (express no clear view) (16%), disagree (5%) and strongly disagree (9%) with this item.

4.4.2 Item 7

In general, NLM (M 4.12) and NE (M 3.45) agreed that NLM and NE discuss the NE key result areas (KRAs). The p-value (p 0.58) indicates a large practical difference in the perceptions of NLM and NE with relation to this item. Further analysis of the relationship between the population groups and the item is presented in Table 4.13.

Table 4.13: Analysis of item 7

Item No 7 The line manager and nurse employee discussed the nurse employee's key result areas (KRAs)	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**
Nurse line manager (n=25)	0	0%	1	4%	2	8%	15	60%	7	28%
Nurse employee (n=110)	10	9%	16	14%	14	13%	55	50%	15	14%

The majority of NLM (60%) and half of the NE (50%) agree. However, NLM were more likely to agree (60%) and strongly agree (28%), while NE were more likely to remain neutral (13%), disagree (14%) and strongly disagree (9%) with the item.

4.4.3 Item 8

In general, NLM (M 4.00) agree that NLM and NE discuss the NE generic assessment factors (GAFs), while NE (M 3.36) remained neutral on this item. The p-value (p 0.56) indicates that there is a large practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.14.

Table 4.14: Analysis of item 8

Item No 8 The nurse line manager and nurse employee discussed the nurse employee's generic assessment factors (GAFs)	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
Nurse line manager (n=25)	0	0%	2	8%	3	12%	13	52%	7	28%
Nurse employee (n=110)	10	9%	16	15%	21	19%	50	45%	13	12%

The majority of NLM (52%) and the greatest single proportion of NE (45%) agree. However NLM were more likely to agree (52%) and strongly agree (28%), while NE on the other hand, were more likely to remain neutral (19%), disagree (15%) and strongly disagree (9%).

4.4.4 Item 9

In general, NLM (M 3.88) were more likely to agree that one to one communication sessions about the progress toward the achievement of objectives take place between them and NE, while NE (M 2.94) were more likely to remain neutral. The p-value (p 0.72) indicates that there is a large practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.15.

Table 4.15: Analysis of item 9

Item No 9 One-to-one communication sessions about the progress toward the achievement of objectives take place between the nurse line manager and nurse employee.	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
Nurse line manager (n=25)	0	0%	2	8%	3	12%	16	64%	4	16%
Nurse employee (n=110)	18	16%	30	27%	17	16%	31	28%	14	13%

The majority of NLM (64%) and the greatest single proportion of NE (28%) agree with this item. However, NLM were more likely to agree (64%) and strongly agree (16%), while NE were more likely to remain neutral (16%), disagree (27%) and strongly disagree (16%). It is noteworthy that 43% of NE disagree and strongly disagree with this item.

4.4.5 Item 10

In general, NLM (M 3.88) agree that they provide the NE with verbal performance feedback, while NE (M 3.23) remained neutral. The p-value (p 0.52) indicates that there is a large practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.16.

Table 4.16: Analysis of item 10

Item No 10 The nurse line manager communicates performance feedback to the nurse employee.	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**
Nurse line manager (n=25)	0	0%	3	12%	1	4%	17	68%	4	16%
Nurse employee (n=110)	13	12%	21	19%	22	20%	36	33%	18	16%

The majority of NLM (68%) and the greatest single proportion of NE (33%) agree, but NLM were more likely to agree that NLM communicate performance feedback to NE. On the other hand NE were more likely to remain neutral (20%), disagree (19%) and strongly disagree (12%) with the item.

4.4.6 Item 11

In general, NLM (M 3.48) agreed, and NE (M 3.05) remained neutral on this item. The p-value (p 0.34) indicates that there is a medium practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.17.

Table 4.17: Analysis of item 11

Item No 11 The nurse employee participates in performance feedback.	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
Nurse line manager (n=25)	1	4%	5	20%	2	8%	15	60%	2	8%
Nurse employee (n=110)	15	13%	25	23%	22	20%	35	32%	13	12%

The majority of NLM (60%) and the greatest single proportion of NE (32%) agree that NLM should allow NE to participate in performance feedback. NLM were more likely to agree, while NE were more likely to remain neutral (20%), disagree (23%), strongly disagree (13%). Of particular interest is that 36% of NE disagree and strongly disagree with this item.

4.4.7 Item 12

In general, NLM (M 3.60) agree that performance feedback is a transparent process, while NE (M 2.96) remained neutral. The p-value (p 0.51) indicates that there is a large practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.18.

Table 4.18: Analysis of item 12

Item No 12 Performance feedback is a transparent process.	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
Nurse line manager (n=25)	0	0%	3	12%	6	24%	14	56%	2	8%
Nurse employee (n=110)	16	15%	28	25%	21	19%	34	31%	11	10%

The majority of NLM (56%) and the greatest single proportion of NE (31%) agree on this item. However, NLM were more likely to agree (56%) and remain neutral (24%). NE, on the other hand, were more likely to disagree (25%), strongly disagree (15%) and strongly agree (10%). It is to be noted that almost a quarter (24%) of NLM remained

neutral with regard to this item and 40% of NE disagreed and strongly disagreed with this item.

4.4.8 Item 13

In general, NLM (M 3.88) agree that NLM provide NE with the opportunity to raise concerns during the performance feedback session, while NE (M 3.05) remained neutral. The p-value (p 0.65) indicates that there is a large practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.19.

Table 4.19: Analysis of item 13

Item No 13 The nurse line manager provides the nurse employee with the opportunity to raise concerns during the performance feedback session	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**
Nurse line manager (n=25)	0	0%	2	8%	3	12%	16	64%	4	16%
Nurse employee (n=110)	16	14%	23	21%	24	22%	33	30%	14	13%

The majority of NLM (64%) and the greatest single proportion of NE (30%) agree on this item. However NLM were more likely to agree (64%) and strongly agree (16%), while NE were more likely to remain neutral (22%), disagree (21%) and strongly disagree (14%). Interesting to note is that 35% of NE disagree and strongly disagree with this item.

4.4.9 Item 14

In general, NLM (M 3.72) agree and NE (M 2.99) were neutral that NLM provides NE with the opportunity to make suggestions during performance feedback sessions. The p-value (p 0.56) indicates that there is a large practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.20.

Table 4.20: Analysis of item 14

Item No 14 The nurse line manager provides the nurse employee with the opportunity to make suggestions during the performance feedback session.	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
Nurse line manager (n=25)	0	0%	3	12%	4	16%	15	60%	3	12%
Nurse employee (n=110)	17	16%	27	25%	20	18%	32	29%	14	12%

The majority of NLM (60%) and the greatest single proportion of NE (29%) agree with this item. However, NLM were more likely to agree, while NE were more likely to remain neutral (18%), disagree (25%) and strongly disagree (16%). It is noteworthy that 41% of NE disagree and strongly disagree with this item.

4.4.10 Item 15

In general, NLM (M 3.24) and NE (M 2.68) did not express a clear view (remained neutral) regarding the statement that NLM provides NE with performance feedback not more than a week after the assessment. The p-value (p 0.46) indicates that there is a medium practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.21.

Table 4.21: Analysis of item 15

Item No 15 The nurse line manager provides the nurse employee with performance feedback not more than a week-after the assessment.	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
Nurse line manager (n=25)	0	0%	8	32%	5	20%	10	40%	2	8%
Nurse employee (n=110)	22	20%	33	30%	19	17%	30	27%	6	6%

The greatest single proportion of NLM (40%) agree, while the greatest single proportion of NE (30%) disagree with this item. NLM were more likely to strongly agree (8%),

agree (40%) and disagree (32%), while NE were more likely to strongly disagree (20%). This item shows a disconcerting trend with 20% of NLM and 17% of NE remaining neutral regarding this item, and 32% of NLM and 50% of NE disagreeing and strongly disagreeing with this item.

4.4.11 Item 16

In general, NLM (M 3.52) agree that NLM assists NE to determine the status of his/her performance during the performance feedback sessions while NE (M 2.73) remained neutral. The p-value (p 0.63) indicates that there is a large practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.22.

Table 4.22: Analysis of item 16

Item No 16 The nurse line manager assists the nurse employee to determine the status of his/her performance during the performance feedback sessions.	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**
Nurse line manager (n=25)	0	0%	6	24%	3	12%	13	52%	3	12%
Nurse employee (n=110)	20	18%	36	33%	17	16%	28	25%	9	8%

The majority of NLM agree (52%) while the greatest single proportion of NE disagree (33%) with this item. NLM were more likely to agree (52%) and strongly agree (12%) while NE were more likely to remain neutral (16%), disagree (33%) and strongly disagree (18%) with the item. It is disconcerting to note that 24% of NLM and 51% of NE disagree and strongly disagree with this item.

4.4.12 Item 17

In general, NLM (M 3.68) agree that NLM assist NE to identify performance weaknesses and strengths during the performance feedback sessions while NE (M 2.81) remained neutral. The p-value (p 0.71) indicates that there is a large practical

difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.23.

Table 4.23: Analysis of item 17

Item No 17 The nurse line manager assists the nurse employee to identify performance weaknesses and strengths during the performance feedback sessions.	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**
Nurse line manager (n=25)	0	0%	3	12%	4	16%	16	64%	2	8%
Nurse employee (n=110)	21	19%	25	23%	25	23%	32	29%	7	6%

The majority of NLM (64%) and the greatest single proportion of NE (29%) agree with this item. However NLM were more likely to agree (64%) and strongly agree (8%), while NE were more likely to remain neutral (23%), disagree (23%) and strongly disagree (19%) with the item. Of special note is that 42% of NE disagree and strongly disagree with this statement.

4.4.13 Item 18

In general, NLM (M 3.48) agree that NLM and NE discuss strategies to address the identified weaknesses, while NE (M 2.79) did not express a clear opinion (were neutral) on the item. The p-value (p 0.54) indicates that there is a large practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.24.

Table 4.24: Analysis of item 18

Item No 18 The nurse line manager and the nurse employee discuss strategies to address the identified weaknesses.	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**
Nurse line manager (n=25)	0	0%	2	8%	10	40%	12	48%	1	4%
Nurse employee (n=110)	22	20%	28	26%	21	19%	29	26%	10	9%

The greatest single proportion of both NLM (48%) and NE (26%) agree with this statement. However NLM were more likely to agree (48%) and remain neutral (40%) while NE were more likely to disagree (26%), strongly disagree (20%) and strongly agree (9%). It is noteworthy that 40% of NLM remained neutral with regard to this item, and 46% of NE disagreed and strongly disagreed with this item.

4.4.14 Item 19

In general, NLM (M 2.56), and NE (M 2.51) remained neutral regarding the statement that NLM provides NE with performance feedback in writing. The p-value (p 0.04) indicates that there is a small practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.25.

Table 4.25: Analysis of item 19

Item No 19 The nurse line manager provides the nurse employee with performance feedback in writing.	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**
Nurse line manager (n=25)	4	16%	10	40%	4	16%	7	28%	0	0%
Nurse employee (n=110)	23	21%	41	37%	18	16%	23	21%	5	5%

The table indicates that the greatest single proportion of both NLM (40%) and NE (37%) disagree with the statement in this item. NLM were more likely to disagree (40%) and agree (28%), while NE were more likely to strongly disagree (21%) and strongly agree (5%). It is disconcerting to note that 56% of NLM and 58% of NE disagree and strongly disagree with this statement.

4.4.15 Item 20

In general, more NLM (M 3.64) agree that NLM provides NE with verbal performance feedback while NE (M 3.00) remain neutral. The p-value (p 0.50) indicates that there is a large practical difference in the relationship between the population groups and the

item. Further analysis of the relationship between the groups and the item is presented in Table 4.26.

Table 4.26: Analysis of item 20

Item No 20 The nurse line manager provides the nurse employee with verbal performance feedback.	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**
Nurse line manager (n=25)	0	0%	4	16%	3	12%	16	64%	2	8%
Nurse employee (n=110)	19	17%	22	20%	20	18%	38	35%	11	10%

The majority of NLM (64%) and the greatest single proportion of NE (35%) agree. NLM were more likely to agree. NE on the other hand were more likely to disagree (20%), strongly disagree (17%) and strongly agree (10%) with this item. It is noteworthy that 37% of NE disagree and strongly disagree with the item.

4.4.16 Item 21

In general, NLM (M 3.12), and NE (M 2.79) remained neutral regarding the statement that NLM provides NE with verbal performance feedback at least four (4) times a year. The p-value (p 0.26) indicates that there is a medium practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.27.

Table 4.27: Analysis of item 21

Item No 21 The line manager provides the nurse employee with verbal performance feedback at least four (4) times a year.	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**
Nurse line manager (n=25)	2	8%	8	32%	2	8%	11	44%	2	8%
Nurse employee (n=110)	21	19%	31	28%	17	16%	32	29%	9	8%

The greatest single proportion of both NLM (44%) and NE (29%) agree on the statement in this item. NLM were more likely to agree (44%) and disagree (32%), while

NE were more likely to remain neutral (16%) and strongly disagree (19%). It is disconcerting to note that 40% of NLM and 47% of NE disagree and strongly disagree with this item.

4.4.17 Item 22

In general, NLM (M 2.44), and NE (M 2.47) remained neutral participants regarding the statement that the NLM conducts a performance review every six (6) months. The p-value (p 0.03) indicates that there is a small practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.28.

Table 4.28: Analysis of item 22

Item No 22 The nurse line manager conducts performance reviews every six (6) months.	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**
Nurse line manager (n=25)	3	12%	13	52%	5	20%	3	12%	1	4%
Nurse employee (n=110)	21	19%	42	38%	27	25%	14	13%	6	5%

The majority of NLM (52%) and the greatest single proportion of NE (38%) disagree on this item. NLM were more likely to disagree, while NE were more like to remain neutral (25%) and strongly disagree (19%). Of major concern is that 64% of NLM and 57% of NE reported that they disagree and strongly disagree on this item.

4.4.18 Item 23

In general, NLM (M 3.28), and NE (M 2.63) remained neutral regarding the statement that NLM and NE have a discussion about the NE development plan during the performance review. The p-value (p 0.56) indicates that there is a large practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.29.

Table 4.29: Analysis of item 23

Item No 23 The nurse line manager and the nurse employee have a discussion about NE development plan during the performance review.	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
Nurse line manager (n=25)	1	4%	6	24%	6	24%	9	36%	3	12%
Nurse employee (n=110)	22	20%	31	28%	28	26%	24	22%	5	4%

The greatest single proportion of NLM agree (36%), while the greatest single proportion of NE disagree (28%). NLM were more likely to agree and strongly agree (12%), while NE were more likely to disagree (28%) and strongly disagree (20%). Of concern is that 48% of NE reported that they disagree and strongly disagree with this item.

4.4.19 Item 24

In general, NLM (M 2.84), and NE (M 2.56) remained neutral regarding the statement that NLM informs the NE about the intended performance review 48 hours prior to the evaluation. The p-value (p 0.25) indicates that there is a medium practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.30.

Table 4.30: Analysis of item 24

Item No 24 The nurse line manager informs the nurse employee about the intended performance review 48 hours prior to the evaluation.	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
Nurse line manager (n=25)	1	4%	10	40%	7	28%	6	24%	1	4%
Nurse employee (n=110)	22	20%	32	29%	30	27%	24	22%	2	2%

The greatest single proportion of NLM (40%) and NE (29%) disagree. However NLM were more likely to disagree (40%), agree (24%) and strongly agree (4%), while NE were more likely to strongly disagree (20%). Of special note is that 44% of NLM and 49% of NE disagree and strongly disagree with this item.

4.4.20 Item 25

In general, NLM (M 3.52) agree that NLM conducts the performance review by method of one-to-one communication with the NE while NE (M 2.87) remained neutral. The p-value (p 0.56) indicates that there is a large practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.31.

Table 4.31: Analysis of item 25

Item No 25 The nurse line manager conducts the performance review by method of one to one communication with the NE.	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**
Nurse line manager (n=25)	0	0%	4	16%	6	24%	13	52%	2	8%
Nurse employee (n=110)	21	19%	22	20%	24	22%	36	33%	7	6%

The majority of NLM (52%) and the greatest single proportion of NE (33%) agree. However NLM were more likely to agree and strongly agree (8%). NE on the other hand, were more likely to disagree (20%) and strongly disagree (19%). It is of special note that 39% of NE disagree and strongly disagree with this item.

4.4.21 Item 26

In general, NLM (M 3.80) agree that NLM explains to the NE how his/her performance will be assessed while NE (M 2.83) remained neutral. The p-value (p 0.78) indicates that there is a large practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.32.

Table 4.32: Analysis of item 26

Item No 26 The line manager explains to the nurse employee how his/her performance will be assessed.	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
Nurse line manager (n=25)	0	0%	3	12%	3	12%	15	60%	4	16%
Nurse employee (n=110)	21	19%	26	24%	22	20%	33	30%	8	7%

The majority of NLM (60%) and the greatest single proportion of NE (30%) agree. However NLM were more likely to agree and strongly agree (16%), while NE were more likely to disagree (24%), strongly disagree (19%). Altogether 43% of NE disagreed and strongly disagreed with this statement.

4.4.22 Item 27

In general, NLM (M 3.12), and NE (M 3.06) remained neutral regarding the statement that performance feedback is limited to the agreed upon objectives from the NE work plan". The p-value indicates that there is a small practical difference (p 0.05) in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.33.

Table 4.33: Analysis of item 27

Item No 27 The performance feedback is limited to the agreed upon objectives from nurse employee's work plan.	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
Nurse line manager (n=25)	1	4%	6	24%	7	28%	11	44%	0	0%
Nurse employee (n=110)	14	13%	15	14%	40	36%	32	29%	9	8%

The greatest single proportion of NLM agreed (44%) with the statement, while the greatest single proportion of NE remained neutral (36%). NLM were more likely to agree (44%) and disagree (24%) with this item. NE on the other hand were more likely to remain neutral (36%), strongly disagree (13%) and strongly agree (8%).

4.4.23 Item 28

In general, NLM (M 3.88) were more likely than NE (M 3.57) to agree that performance review is based on the KRAs of the nurse employee. The p-value (p 0.28) indicates that there is medium practical difference in the perception of NLM and nurse employee. Further analysis of the relationship between the groups and the item is presented in Table 4.34.

Table 4.34: Analysis of item 28

Item No 28 The performance review is based on the nurse employee's key result areas (KRAs).	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**
Nurse line manager (n=25)	0	0%	0	0%	4	16%	20	80%	1	4%
Nurse employee (n=110)	10	9%	6	5%	21	19%	57	52%	16	15%

The overwhelming majority of NLM (80%) and the majority of NE (52%) agree that the performance review of the NE is based on the NE key result areas (KRAs). NLM were more likely to agree, while NE were more likely to strongly agree (15%), disagree (5%) and strongly disagree (9%).

4.4.24 Item 29

In general, NLM (M 3.88) and NE (M 3.51) agree that performance review is based on the NE generic assessment factors (GAFs). The p-value (p 0.36) indicates that there is a medium practical difference in the perception of NLM and NE in this item. Further analysis of the relationship between the groups and the item is presented in Table 4.35.

Table 4.35: Analysis of item 29

Item No 29 The performance review is based on nurse employee's generic assessment factors (GAFs).	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**
Nurse line manager (n=25)	1	4%	0	0%	2	8%	20	80%	2	8%
Nurse employee (n=110)	9	8%	5	5%	29	26%	55	50%	12	11%

The overwhelming majority of NLM (80%) and half of the NE (50%) agree. However, 88% of NLM reported that they agree and strongly agree. NE on the other hand were more likely to strongly disagree (8%), disagree (5%) and strongly agree (11%).

4.4.25 Item 30

In general NLM (M 3.88) agree that NLM makes use of performance interventions available to him/her (e.g. coaching, mentoring, advice, in-service training) to assist the NE in improving his/her performance while NE (M 3.05) remained neutral. The p-value (p 0.62) indicates that there is a large practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.36.

Table 4.36: Analysis of item 30

Item No 30 The nurse line manager makes use of performance interventions available to him/her (eg. coaching, mentoring, advice, in-service training) to assist the nurse employee in improving my performance.	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**
Nurse line manager (n=25)	1	4%	1	4%	3	12%	15	60%	5	20%
Nurse employee (n=110)	19	17%	23	21%	18	16%	34	31%	16	15%

The majority of NLM (60%) and the greatest single proportion of NE (31%) agree. However, NLM were more likely to agree and strongly agree (20%) with this item, while NE were more likely to disagree (21%) and strongly disagree (17%). Important to note is that 37% of NE disagree and strongly disagree with this item.

4.4.26 Item 31

In general, NLM (M 3.52) and NE (M 2.92) agree that NLM and NE identify training and development needs at the planning phase when the work plan of the employee is developed. The p-value (p 0.51) indicates that there is a large practical difference in the

relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.37.

Table 4.37: Analysis of item 31

Item No 31 The nurse line manager and nurse employee identify training and development needs at the planning phase when the nurse employee's work plan is developed.	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**
Nurse line manager (n=25)	0	0%	5	20%	6	24%	10	40%	4	16%
Nurse employee (n=110)	17	15%	25	23%	24	22%	38	35%	6	5%

The greatest single proportion of NLM (40%) and NE (35%) agree. NLM were more likely to agree and strongly agree (16%), while NE were more likely to disagree (23%) and strongly disagree (15%). Of notice is that 38% of NE reported that they disagree and strongly disagree with this item.

4.4.27 Item 32

In general the NLM (M 3.56) and NE (M 2.78) agree that NLM and NE identify training and development needs during the NE performance review. The p-value (p 0.65) indicates that there is a large practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.38.

Table 4.38: Analysis of item 32

Item No 32 The nurse line manager and nurse employee identified training and development needs during the nurse employee's performance review	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**
Nurse line manager (n=25)	0	0%	3	12%	10	40%	7	28%	5	20%
Nurse employee (n=110)	20	18%	29	26%	20	18%	37	34%	4	4%

The greatest single proportion of NLM remained neutral (40%), while the greatest single proportion of NE agreed (34%). This indicates that NLM are not sure of their own practice and need training in the identification of training and development needs of NE. The greatest single proportions of NE agree (34%), disagree (26%) and strongly disagree (18%). It is noteworthy that 44% of NE disagree and strongly disagree with this item.

4.4.28 Item 33

In general, NLM (M 3.96) agree that the annual assessment of NE is based on the NE key result areas (KRAs) while NE (M 3.37) remained neutral regarding this statement. The p-value (p 0.54) indicates a large practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.39.

Table 4.39: Analysis of item 33

Item No 33 The annual assessment is based on the nurse employee's key result areas (KRAs)	**Strongly disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly agree**	
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**	**f**	**%**
Nurse line manager (n=25)	0	0%	2	8%	1	4%	18	72%	4	16%
Nurse employee (n=110)	10	9%	12	11%	24	22%	55	50%	9	8%

The majority of NLM (72%) and half of NE (50%) agree with this item. However, NLM were more likely to agree and strongly agree (16%) while NE were more likely to disagree (11%) and strongly disagree (9%).

4.4.29 Item 34

In general, NLM (M 3.92) agree that the annual assessment of NE is based on the NE generic assessment factors (GAFs) while NE (M 3.35) remained neutral. The p-value (p 0.52) indicates that there is a large practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.40.

Table 4.40: Analysis of item 34

Item No 34 The annual assessment is based on the nurse employee's generic assessment factor (GAFs)	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
Nurse line manager (n=25)	0	0%	2	8%	2	8%	17	68%	4	16%
Nurse employee (n=110)	11	10%	10	9%	27	25%	53	48%	9	8%

The majority of NLM (68%) and the greatest single proportion of NE (48%) agree with the statement in this item. NLM indicated that they agree (68%) and strongly agree (16%) that NE annual assessment is based on the NE generic assessment factors, while NE were more likely to disagree (9%) and strongly disagree (10%).

4.4.30 Item 35

In general, NLM (M 4.12) agree that the NE overall score is in line with the assessment rating provided while NE (M 2.99) remained neutral. The p-value (p 0.95) indicates a large practical difference in the relationship between the population groups and the item. Further analysis of the relationship between the groups and the item is presented in Table 4.41.

Table 4.41: Analysis of item 35

Item No 35 The nurse employee's overall score is in line with the assessment rating provided.	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	f	%	f	%	f	%	f	%	f	%
Nurse line manager (n=25)	0	0%	0	0%	2	8%	18	72%	5	20%
Nurse employee (n=110)	16	15%	20	18%	33	30%	31	28%	10	9%

The majority of NLM agree (72%), while the greatest single proportion of NE remain neutral (30%). NLM were more likely to agree and strongly agree (20%), while NE were more likely to remain neutral, disagree (18%) and strongly disagree (15%).

4.5 ANALYSIS OF THE YES/NO QUESTIONS

Table 4.42 provides frequency and percentage analysis of participants' response to the yes/no questions.

Table 4.42: Analysis of yes/no questions

Item No.	NLM and NE perspective	NLM				NE			
		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 the assessment.	23	92%	2	8%	67	61%	43	39%
37	The employee acknowledged receipt of the assessment outcomes.	24	96%	1	4%	63	57%	47	43%
38	The employee was given the right to appeal against the decision made in the assessment process.	23	92%	2	8%	52	47%	58	53%
39	The criteria for the achievement of objectives were specific.	21	84%	4	16%	55	50%	55	50%
40	The criteria for the achievement of objectives were realistic.	21	84%	4	16%	63	57%	47	43%
41	The criteria for the achievement of objectives were attainable.	19	76%	6	24%	55	50%	55	50%
42	After the performance review re-planning of the work plan was identified to improve the employee's performance.	15	60%	10	40%	44	40%	66	60%
43	The line manager and employee agreed on the need to re-plan the work plan to improve my performance.	15	60%	10	40%	42	38%	68	62%
44	The line manager and employee signed the half-yearly performance review form.	14	56%	11	44%	62	56%	48	44%
45	The line manager and employee signed the annual performance assessment.	24	96%	1	4%	81	74%	39	26%
46	I confirmed my participation in the final performance feedback session in the form of a signature.	21	84%	4	16%	72	65%	38	35%
47	I reported to somebody other than my supervisor.	11	44%	14	56%	41	37%	68	63%

Item No.	NLM and NE perspective	NLM				NE			
		Yes		No		Yes		No	
		f	%	f	%	f	%	f	%
48	The annual performance review was done correctly.	20	80%	5	20%	54	49%	56	51%

Table 4.42 indicates that NLM responded positively (50% and above) to all questions with the exception of question 47 “I reported to somebody other than my supervisor”. The highest percentage in the “yes” responses for NLM was 96% for item 37 “The employee acknowledged receipt of the assessment outcomes,“ and item 45 “The line manager and employee signed the annual performance assessment.” The highest percentage for NE is item 45. The lowest percentage for NLM (44%) and NE (37%) on the “yes” responses, are for item 47. There was a missing frequency of 13 NE in this section of the questionnaire.

4.6 INTEGRATED DISCUSSION

The findings of the study are discussed in relation to the problem areas identified in the biographic analysis and participants’ perceptions of the implementation of PA with regard to communication, feedback and participation. These elements – communication, feedback and participation – are the core elements of PA. For the purpose of developing guidelines for the implementation of PA, the items of the questionnaires were divided into these categories. All questions concerned with communication between the NLM and NE are discussed under the heading communication. Those concerned with feedback between NLM and NE are discussed under the heading feedback. All questions concerned with participation between the NLM and NE are discussed under the heading participation.

4.6.1 Biographic analysis

The dominant group in the study is female, which is in line with the SANC statistics. However, statistics from this study indicate that the percentage of males in clinics in the KKD is higher than the national figures reported by SANC. Participants’ age is also

similar to the age statistics of SANC (2010). However, a high percentage (24%) of NLM are over the age of 56 years and this means that they will reach retirement soon. The overwhelming majority of NLM participants and the largest single proportion of the NE have the qualification, RN, midwife and other qualifications. The study also indicates that the majority of NLM and NE worked in the nursing profession a minimum of seven years.

4.6.2 Participants' perceptions of the implementation of PA

Problems in section B of the questionnaire were identified as items that had a mean score of less 2.5 and when the perception between NLM and NE had a large (p=0.5) or medium (p=0.3) practical significant difference (effect size) of the various items. NLM were generally more positive about the implementation of PA than NE. However, the neutral responses of NLM to various items indicate that NLM are not sure of their own practice. NE perception of PA will be influenced by how NLM practice it. Vasset (2010:30) states that managers are responsible for employees' perception of PA.

4.6.2.1 Communication

The study indicates that there are areas of concern with regard to communication in the implementation of PA between NLM and NE. Areas of concern were identified in the following items.

Table 4.43: Identified communication problems

Communication	Item 9	One-to-one communication sessions about the progress toward the achievement of objectives take place between the NLM and NE.
	Item 12	Performance feedback is a transparent process.
	Item 23	The NLM and the NE have a discussion about the NE development plan during the performance review.
	Item 24	The NLM informs the NE about the intended performance review 48 hours prior to the evaluation.
	Item 25	The NLM conducts the performance review by means of one-to-one communication with the NE.
	Item 26	The NLM explains to the NE how his/her performance will be assessed.
	Item 47	I report to somebody other than my supervisor.

NLM were more likely to agree with the items mentioned above, while NE were more likely to remain neutral, except for items 23 and 24 where both groups were more likely to remain neutral.

Bezuidenhout *et al.* (2007:129), Snell and Bohlander (2010:785), Robbins *et al*. (2007:253) and DeNisi and Griffin (2008:321) describe PA as a communication process between the manager and employee regarding the performance of the employee. Furthermore, managers should conduct performance reviews on a one-to-one basis Robbins *et al*. (2007:253). These authors argue that one-to-one communication related to employees' performance is a problem for many managers. Authors such as, Nigro *et al*. (2007:76), Chandra and Frank (2004:25), Grobler *et al*. (2006:267), and Miller and Thornton (2006:160) state that nurse line managers and nurse employees jointly establish a work plan and personal development plan in the beginning of the process. Muchinsky *et al.* (2005:1063), Bezuidenhout *et al*. (2007:129) Grobler *et al.* (2006:265) and Brannick and Levine (2002:197) add, during performance reviews the nurse line manager and the nurse employee identify the weaknesses of the particular nurse employee and together they develop strategies to address identified weaknesses. Results from PA are used to improve the performance of nurse employees (Bezuidenhout *et al*., 2007:129). A development plan is then drawn up to help the employee improve his/her performance. Golden rules for conducting performance interviews states that managers and employees should prepare for the performance interview (Armstrong, 2006:510). Notification beforehand enables nurse employees to do self-evaluation and participate in performance feedback.

Various researchers i.e. Du Plessis (2002), Nkosi (2002), Narcisse and Harcourt (2008), Thompson *et al.* (1999), Fletcher (2001) studied the perceptions and experiences of employees and managers of PA and these studies indicated that there is a lack of communication between managers and employees in PA.

Van der Geer, van Tuijl and Rutte (2009) in a study which examined the relation between task uncertainty, indicator development and performance, conclude that employees' performance levels differ and it is imperative that nurse line managers and

nurse employees should discuss the expected performance of the employees on a one-to-one basis. Aamodt (2007:31) argues that transparency is necessary. He states that every nurse employee must have knowledge of the expected performance required of him/her, as evaluation of nurse employee performance must be related to his/her job description and key result areas, which can be compared to a set of predetermined standards on which the parties agreed.

4.6.2.2 Feedback

The study indicates that there are areas of concern with regard to feedback in the implementation of PA between the NLM and NE. Areas of concern were identified in terms of:

Table 4.44: Identified feedback problems

Feedback	Item 15	The NLM provides the NE with performance feedback not more than a week after the assessment.
	Item 19	The NLM provides the NE with performance feedback in writing
	Item 20	The NLM provides the NE with verbal performance feedback.
	Item 21	The NLM provides the NE with verbal feedback at least four (4) times a year.
	Item 22	The NLM conducts performance reviews every six (6) months.
	Item 27	The performance feedback is limited to the agreed upon objectives from nurse employee's work plan.
	Item 35	The NE's overall score is in line with the assessment rating provided.

Bezuidenhout *et al*. (2007:129) state that PA is a communication process between the manager and employee where feedback is given and received on the performance of the employee. Du Plessis (2002:116) conducted a study in the Western Cape to develop a successful PM framework within the municipality. Altogether 79.48% of employees in this study never received feedback from their line managers. Ntsoakilethale (2005:95-118) found also that nurse employees did not receive feedback from their nurse line managers in a study conducted on registered nurse employees in Lesotho to determine their experience and expectations regarding PA. Narcisse and Harcourt (2008) on the other hand, conducted a study to determine public service

organizations employees' perception of the fairness of PA in Saint Lucia. Narcisse and Harcourt (2008:1161) found that only 50% of employees received feedback from their manager during the appraisal period.

Leggat (2009:13) reviewed articles to provide useful information to assist health managers to improve the performance of their employees. He concluded that managers should provide regular feedback to employees on their performance – not just annual appraisal feedback.

4.6.2.3 Participation

The study indicates that there are areas of concern with regard to participation in the implementation of PA between the NLM and NE. Areas of concern were identified in the following items.

Table 4.45: Identified participation problems

Participation	Item 14	The NLM provides the NE with the opportunity to make suggestions during the performance feedback sessions.
	Item 16	The NLM assists the NE to determine the status of his/her performance during the performance feedback sessions.
	Item 17	The NLM assists the NE to identify performance weaknesses and strengths during the performance feedback sessions.
	Item 18	The NLM and the NE discuss strategies to address the identified weaknesses.
	Item 31	The NLM and NE identified training and development needs at the planning phase when the NE work plan is developed.
	Item 32	The NLM and NE identified training and development needs during the NE performance review.
	Item 38	The NE was given the right to appeal against the decision made in the assessment process.
	Item 42	After the performance review re-planning of the work plan was identified to improve the NE performance.
	Item 43	The NLM and NE agree on the need to re-plan the work plan to improve the performance of the NE.

Schrader and Becton (2007:22) argued that the absence of performance feedback leaves the nurse employee to play guessing games. These authors add that the

performance of the nurse employee can only improve if they have knowledge of the quality of their performance, which is obtained from feedback. Feedback provides the nurse employee with the opportunity to participate in decision-making regarding matters concerning his/her performance and training and development needs. Swanepoel *et al*. (2003:372) and Muchinsky *et al*. (2005:129) concur, claiming that the managers should assist the employee to identify the employee's performance status by identifying the employee's weaknesses and strengths during the PA process. PA enables the nurse line manager to identify employees' strengths and weaknesses and to assist the employee to improve weaknesses and utilize strengths Swanepoel *et al.* (2003:372), Grobler *et al*. (2006) and DeNisi and Griffin (2008:271).

Whitford and Coetsee (2006:72) conducted a study on PM in an insurance company and found that participants were not sure of how the manager perceives their performance. This is an indication that managers and employees did not identify employees' performance weaknesses and strengths that will provide the basis for employee training and development needs and ultimately the development of the employees' personal development plan. In another study to determine staff perception of PA at Vista University, Nkosi (2000:44) found that 42.2% of employees did not know where they needed to develop and 8.8% were uncertain. The question that was posed to the participants was "Do you feel after a performance appraisal session, that you know where you need to develop?" This result indicates that employees did not have knowledge of the quality of their performance and that training and development areas were not discussed.

Greenburg (as quoted by Muchinsky *et al*., 2005:239) states that the employee must be given the opportunity to challenge the assessment outcomes. Parker (2006:46) argues that managers and employees may have different perceptions of fairness. Parker (2006:85) mentioned further that, if a discrepancy between manager and employee occurs, injustice arises. The Employment Equity Act makes provision for an employee who feels that they are been treated unfairly. Employees may appeal against unfair treatment.

The Public Service Commission reported on a survey on the implementation of PMDS for senior managers in the Eastern Cape and North West Province, and other studies on PMDS. This report revealed that the North West Province Education Department there was 100% non-compliance on the inclusion of personal development plans in the PA of senior managers (Anon, 2008).

After assessment the manager and employee need to set further goals to give the employee direction (Grobler *et al*., 2006:266). Metcalf concurs with this statement and adds that one purpose of PA is to set further goals and objectives that will improve employees' performance in identified areas.

Krause (2004:82) evaluated the performance enhancement process of the South African Police Service. On the question of development opportunities after the appraisal was done 76% of the participants could not see the purpose of PA. This might be because weaknesses were not identified during performance interviews and thus there was no re-planning of employees' work plan.

From the discussion above it becomes clear that the areas of concern in the implementation of PA with regard to communication, feedback and participation are well documented and essential in the successful implementation of PA.

4.7 SUMMARY

In this chapter, an overview of the research study was provided. Presentation of biographic data was illustrated using frequencies and percentages. The perceptions of participants were illustrated using means, standard deviations, effect sizes, frequencies and percentages. Finally an integrated discussion was presented based on the problem areas identified in the data analysis.

CHAPTER 5

DEVELOPMENT OF GUIDELINES, EVALUATION OF THE STUDY, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter starts with an overview of Total Quality Management (TQM) philosophy as it is used as the point of departure (see 1.4.2.1) for this study. Thereafter the method of guideline development is discussed and the guidelines for the study are presented. An evaluation of the study, limitations of the study and recommendations for practice, education, management, research and policy conclude the chapter.

5.2 CONSTRUCTIVISM

Constructivism aims to understand and create knowledge through individual or group reconstructions centering on mutual agreement (Lincoln & Guba, 2000:166). PA as prescribed by the PMDS policy (Policy no. NWPG 13 amendment approved for 2008-2009 performance cycle) (SA, 2007), rests on these same principles with the aim of understanding and creating knowledge about the employees performance by means of one-to-one communication, feedback and participation between the nurse line manager and employee to reach an agreement on what is expected of the nurse employee. Therefore the guidelines for the implementation of PA in clinics and hospitals in the KKD are based on these principles.

5.3 TOTAL QUALITY MANAGEMENT (TQM) PHILOSOPHY

TQM is described by Robbins *et al*. (2007:12) as a philosophy of management that is driven by constant achievement of customer satisfaction through continuous improvement of all organizational processes. Dale and Bunney (1999:32-36) provide a summary of the key elements of TQM. These authors mentioned that the CEO and management must commit to TQM. Without their commitment nothing much will happen. The CEO and managers need to plan, organize processes, procedures and

strategies to continuously improve quality. These processes, procedures and strategies must be standardized, systematic and simplified. These authors also claim that tools and techniques must be used to support and develop a culture of continuous improvement. The tools and techniques in this study can be seen as the implementation of PA that facilitates continuous performance improvement. Education and training in the tools and techniques used must be given to everyone in the organisation to ensure that they participate in quality improvement (Psychogois & Priporas, 2007:46; Dale & Bunney, 1999:34). These authors further state, that by involving employees in PA they are empowered and have a clear understanding of what is expected of them and where they fit into the organization. Everyone in the organization must know the role that they play within the organization (Stringham, 2004:203; Dale & Bunney, 1999:35). Dale and Bunney mention further that knowing their roles in the organization facilitates teamwork that forms the key feature of involvement, that is important for the success of the organization. In the context of the study, teamwork is seen as the interaction between NLM and NE to continuously improve the performance of the NE. The performance must be measured against key result areas (KRAs) and feedback must be given. Development plans must be made to correct identified weaknesses. Stringham (2004:184) and Dale and Bunney (1999:36) stated that everyone in the organization must work together to ensure that the best product or service is delivered.

This approach to quality management and PA, as described by the PMDS policy (Policy no. NWPG 13 amendment approved for 2008-2009 performance cycle) (SA, 2007), corresponds in the sense that performance planning and organization must take place in a situation where clear goals are set, policies are refined by top management, employees are involved in decision-making pertaining to their performance, they receive education and training on PM, they receive feedback on performance, and develop a development plan to rectify identified performance weaknesses.

One founder of TQM is Joseph Juran (Evans & Dean, 2000:55; Dale & Bunney, 1999:49). Juran identified a problem in the Japanese economy in the 1950s by recognising that sales were lost to foreign competition due to the high cost of poor

quality (Evans & Dean, 2000:55). Juran aimed at improving quality by increased compliance and decreased cost of quality (Dale & Bunney, 1999:49). To improve quality Juran developed a set of three related activities: 1) quality planning, 2) quality control and 3) quality improvement. The three related activities can be linked to PA.

1) Quality planning can be seen as the first two steps in the performance management (PM) process (see 2.5.3.1 and 2.5.3.2). In Step 1 the performance of the nurse employee is planned and in Step 2 the performance criteria are developed.

2) Quality control can be seen as Steps 3 and 4 of the PM process (see 2.5.3.3 and 2.5.3.4) where the performance of the nurse employee is monitored and reviewed to determine deviations from the performance plan, and

3) Quality improvement in the PM process occurs throughout. In Steps 1 and 2 when planning of expected performance is done by the nurse line manager and nurse employee, they identify the shortcomings preventing the employee from achieving the expected performance. A development plan is then developed for the employee to address the shortcomings and to assist him/her to deliver the expected performance. In Steps 3 and 4 of the PM process the performance of the nurse employee is monitored and reviewed with the aim to address deviation.

In view of the above, Juran recognized the role of every employee in the organization in quality improvement. Top management must participate in quality improvement programmes by defining policies while middle managers are seen as the drivers of an organization who translate top management's expectations to employees. The role of the employee is to be involved in quality improvement. Juran's theory places the primary responsibility for quality on the line managers. Juran's theory emphasizes the importance of diagnosing problems and solving the problems. The theory of Juran is also applicable to the implementation of PA. Dale and Bunney (1999:49) describe Juran's ten-point plan:

1. **Start with building awareness of the need and opportunity for improvement:** Within PA, according to the PMDS policy, the nurse line manager and nurse employee start by agreeing on the nurse employee's job description, work plan and development plan. Weaknesses that were identified in the work plan are rectified by utilizing a development plan for each employee.

2. **Set goals for improvement:** Performance goals according to the PMDS policy are set in the work plan of the nurse employee. Goals for improvement are set in the development plan of the nurse employee.

3. **Organize to reach the goals:** The PMDS policy (see 2.5.3.4) states that performance review and assessments are to be done to assess the performance of the employee, to be able to correct deviations and to ensure achievement of set goals. The nurse line manager and nurse employee must agree on a development plan to address poor performance. Normal performance interventions available to nurse line managers are inter alia coaching, mentoring, advice, attendance of courses, and in-service training.

4. **Provide training:** Training is essential to improve performance and to achieve goals. Training of all employees on the implementation of PA is also necessary in order to ensure that every employee has the same understanding of what it entails.

5. **Carry out projects to solve problems:** Within PA, an individual development plan is developed for the nurse employee to solve performance problems they experience (see 2.5.3.4).

6. **Report progress:** This refers to one-to-one communication sessions and feedback between the nurse line manager and nurse employee about the progress toward the achievement of objectives (see 2.5.3.4).

7. **Give recognition:** Giving recognition includes the identification of the nurse employee's performance strengths; providing the nurse employee with the opportunity to participate in decision-making pertaining to his/her performance;

providing the nurse employee with the opportunity to confirm his/her participation in the final performance feedback session in the form of a signature and providing the nurse employee with the opportunity to appeal against the result of the performance assessment (see 2.5.3.4 and 2.5.3.5).

8. **Communicate results:** This refers to verbal and written feedback given and received between nurse line manager and nurse employee (see 2.5.3.4).

9. **Keep the score:** Implies written feedback given to nurse employees on the assessment of their performance and having a development plan for nurse employees that serves as evidence of strategies applied to address identified weaknesses.

10. **Maintain momentum by making annual improvement part of the regular system and processes of the organization:** This refers to the PM cycle where nurse line managers and nurse employees review the performance of the nurse employee and re-plan if necessary.

Guideline for the implementation are based on the ten-point plan of Juran as it fits into Section 13.4.4 and Section 13.4.5 of the PMDS policy used for the development of the research instrument.

5.4 METHOD OF GUIDELINE DEVELOPMENT

Analysis and interpretation of data were done in Chapter 4 and problems were identified based on the empirical research. Figure 5.1 illustrates the process of guideline development for the implementation of PA.

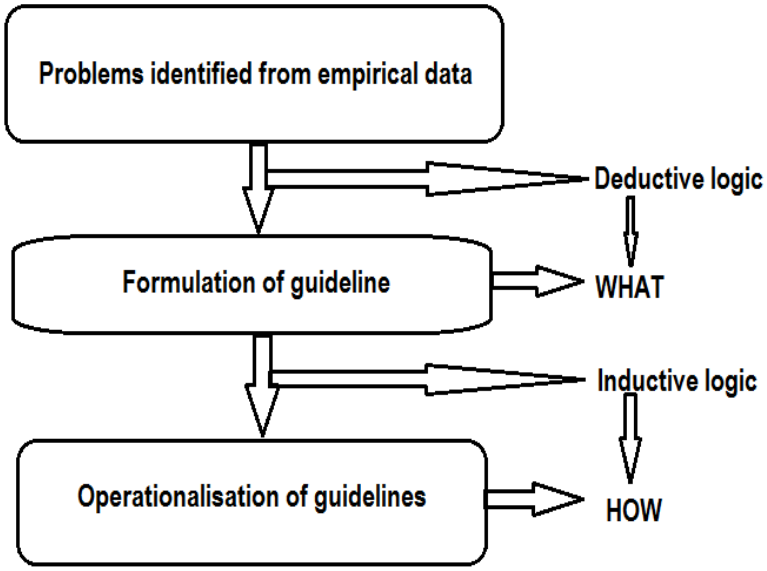


Figure 5.1: Process of guideline development

In clustering the problems as identified from empirical data, it was possible to cluster the problems into three categories, i.e. communication, feedback and participation. Communication in this study refers to one-to-one formal (written) and informal (verbal) communication between the nurse line manager and nurse employee with regard to the nurse employee's job description, KRAs, GAFs, goal setting, performance standards and work plan development, which is characterized by communication, feedback, identification of strengths and weaknesses, and participation between the nurse line manager and nurse employee and suggestions and opinions of the nurse employee PMDS policy (Policy no. NWPG 13 amendment approved for 2008-2009 performance cycle) (SA, 2007). Feedback in this study refers to exchange of information or opinions relating to the performance of the employee between nurse line manager and nurse employee. Participation refers to the involvement of the nurse employee in decision-making pertaining to defining his/her job description, determining his/her KRAs and GAFs, goal setting, performance standards, and work plan development.

Problems identified in the empirical study were used as basis for guideline development to improve the implementation of PA in clinics in the KKD. Deductive logic was used to

develop objectives to improve the implementation of PA in clinics in the KKD as required by the PMDS policy (Policy no. 13 amendment approved for 2008-2009 performance cycle) (SA, 2007) while inductive logic was used to operationalize the objectives.

5.5 GUIDELINES FOR THE IMPLEMENTATION OF PA

The formulation and operationalization of the guidelines are focused on clinics in the Dr Kenneth Kaunda District (KKD). As stated earlier, the structure of the guidelines focus on communication, feedback and participation. The guidelines are presented in table format. Column 1 provides the guidelines (WHAT) and column 2 the operationalization of the guidelines (HOW). In column 3 there is a reference to the item from the questionnaire that provides the supportive evidence of the problem identified. Lastly, column 4 shows the TQM principle from Juran's theory (see 5.2), that supports the guideline.

5.5.1 Communication

Table 5.1 presents the guidelines to address communication in the implementation of PA in clinics in the KKD.

Table 5.1: Guidelines for communication between NLM and NE in PA (problem items: 9, 12, 25, 26, 23, and 24)

Guidelines	Operationalization	Item	TQM
1. NLM and NE should have an open system of communication	Nurse line manager (NLM) 1.1 The NLM must create an atmosphere that is conducive to one-to-one communication. For example, the NLM must address the action of the nurse employee and not the person, the NLM must use a quiet, private room to conduct one-to-one communication sessions. 1.2 One-to-one communication must occur between the NLM and NE on the job description, work plan and development plan for the individual nurse employee. 1.3 One-to-one communication must occur between the NLM and NE to set performance objectives in the employee's work plan in the performance agreement document. 1.4 The NLM and NE must agree on the NE's key result areas (KRAs), and generic assessment factors (GAFs) with indicators, performance objectives and development plan. 1.5 Set objectives must be specific, measurable, achievable, relevant, and in a time frame to ensure that there is no ambiguity. 1.6 The NLM must have one-to-one communication sessions with the NE to determine how the set objectives will be achieved. 1.7 One-to-one communication sessions about the progress toward the achievement of objectives must take place between the NLM and NE. 1.8 NLM must communicate progress and the achievement of mutually agreed upon objectives at least quarterly or according to the needs of the NE. 1.9 The NLM must recognize the NE achievement of goals. 1.10 The NLM must encourage the NE to analyze his/her performance and to actively participate in one-to-one communication sessions. Nurse employee (NE) 1.11 The NE should voice his/her need for one-to-one communication pertaining to his/her performance to the NLM. 1.12 The NE must ensure that one-to-one communication occurs between the NLM and him/her on his/her job description, work plan and development plan.	9, 12, 25, 26	1, 2, 3, 6, 7

Guidelines	Operationalization	Item	TQM
	1.13 The NE must ensure that one-to-one communication occurs between the NLM and him/herself to set his/her performance objectives in his/her work plan in the performance agreement document. 1.14 The NE must clarify objectives set with the NLM to ensure that he/she understand what is expected of him/her. 1.15 The NE must ensure that the NLM and he/she determine how the set objectives will be achieved. 1.16 The NE must request of the NLM to inform him/her of his/her progress to achieve the set objectives. 1.17 The NE must do self-assessment of his/her performance to actively participate in one-to-one communication sessions. 1.18 The NE must request that his/her performance review be done on a one-to-one basis.		
2. A development plan for each NE should be agreed upon	Nurse line managers (NLM) 2.1 During the one-on-one sessions, the NLM must agree with NE on the content of the development plan. 2.2 The development plan must be based on identified performance weaknesses associated with KRAs and GAFs. 2.3 The NLM must communicate to NE their progress to achieve objectives set in the development plan. Nurse employees (NE) 2.4 NE must do self-assessment to determine the aspects to be addressed in the development plan. 2.5 The NE must participate actively in the execution of the development plan to solve identified performance weaknesses.	23	1, 2, 5, 8
3. NLM should Inform NE of intended performance review	Nurse line manager (NLM) 3.1 The NLM must inform the NE of the intended performance review 48 hours prior to the evaluation. 3.2 The NLM must provide the NE with the opportunity to do self- assessment. Nurse employee (NE) 3.3 The NE must verbalize the need to be notified 48 hours prior to the intended performance review. 3.4 The NE must prepare for the performance review by doing self-assessment.	24	3, 7, 9

5.5.2 Feedback

Table 5.2 presents guidelines to address feedback in the implementation of PA in clinics in the KKD.

Table 5.2: Guidelines for feedback between NLM and NE in PA (problem items 15, 19, 20, 21, 22, 35)

Aim	Objectives	Item	TQM
4. NLM should provide NE with verbal performance feedback	Nurse line manager (NLM) 4.1 The NLM must provide the NE with verbal performance feedback that is recorded, as needed, but at least four times a year. 4.2 NLM must motivate the NE to self-assess performance. 4.3 The NLM must use a democratic management style to facilitate easy access to give and provide performance feedback. 4.4 Verbal performance feedback must be based on agreed upon objectives. 4.5 The NLM must keep record of verbal performance feedback provided to the NE. 4.6 NLM must verbally recognize the performance progress made by the NE. Nurse employees (NE) 4.7 NE must ask for regular verbal performance feedback from their NLM, but at least four times a year. 4.8 NE must self-assess their performance and give feedback on their performance to their NLM. 4.9 NE must use the performance feedback sessions as an opportunity to voice problems experienced with the execution of the set objectives	20, 27	1, 6, 7, 8, 9, 10
5. The NLM should provide the NE with written feedback.	Nurse line managers (NLM) 5.1 The NLM must provide NE with written performance feedback on their performance at least four time a year. 5.2 The NLM must provide written performance feedback based on agreed upon objectives. 5.3 The written performance feedback must be provided and discussed on one-to-one basis. 5.4 The NLM must keep record of written feedback given to the NE on the employee's file. 5.5 The NLM must provide the NE with the opportunity for a written self-assessment. 5.6 NLM must discuss with the NE his/her written self-assessment results.	19, 27	1, 6, 7, 8, 9, 10

Aim	Objectives	Item	TQM
	Nurse employees (NE) 5.7 NE must ensure that they receive written feedback from the NLM at least four times a year. 5.8 The NE must keep record of his/her written performance feedback to be able to refer back to it when needed. 5.9 The NE must ensure that his/her written performance is based on agreed upon objectives. 5.10 NE must perform self-assessments using the agreed upon standards to assess his/her performance		
6. The NLM should provide the NE with feedback within the time frame of the PMDS policy.	Nurse line managers (NLM) 6.1 When the NLM observes deviation in the performance of the NE, the NLM must provide NE with immediate feedback or not more than a week after the assessment has been made. 6.2 The NLM and nurse employee must review the performance of the NE every six months and if necessary re-plan the work plan of the NE. 6.3 The NLM must conduct a formal performance assessment of the performance of the NE at least four times a year. 6.4 Nurse line managers together with the employees can determine dates of performance review for each employee at the beginning of the cycle and the dates can be displayed on the notice board in the nursing unit. This will enable nurse line managers to provide written and verbal notification to nurse employees. Nurse employees (NE) 6.5 NE must ensure that performance feedback is given to them regularly. 6.6 The NE must ensure that he/she receives verbal performance feedback at least four (4) times a year and that it is recorded. 6.7 The NE must ensure that his/her performance is reviewed every six (6) months and that his/her development plan is re-planned if necessary. 6.8 NE must ensure that performance review is based on the agreed upon objective.	21, 22	10
7. Assessment rating discussion with the NE should be an empowering experience	Nurse line manager 7.1 NLM and NE must agree on key result areas (KRAs) and generic assessment factors (GAFs), standards and weights assigned it during the performance agreement. 7.2 NLM must give the NE the opportunity to formally assess his/her performance on the prescribed assessment document. 7.3 NLM must discuss with the NE his/her self-assessment rating and the assessment rating of the NLM.	35	4, 9

Aim	Objectives	Item	TQM
	7.4 Consensus must be reached between the NLM and NE on the final assessment rate. 7.5 NLM must ensure that NE knows how performance rating is calculated. 7.6 NLM must only assess employees that are under their direct supervision. Nurse employees (NE) 7.7 The NE must ensure that his/she KRAs, GAFs, standards and weight assigned to it during the performance agreement with the NLM are discussed. 7.8 The NE must ensure that his/her score is in line with the assessment rating provided. 7.9 NE must assess his/her performance on the prescribed performance assessment document, and he/she must discuss his/her assessment rating in comparison with that of the NLM.		

5.5.3 Participation

Table 5.3 presents guidelines to address participation in the implementation of PA in clinics in the KKD.

Table 5.3: Guidelines for participation of NLM and NE in PA

Aims	Objective	Items	TQM
8. The NLM should ensure the involvement of the NE in the PA process	Nurse line managers (NLM) 8.1 The NLM must provide the NE with the opportunity to make suggestions about performance expectations, development needs and factors that influence their performance, during the performance feedback sessions. 8.2 The NLM must identify training and development needs of the NE in collaboration with the NE during the planning phase when the NE work plan is developed. 8.3 The NLM must discuss strategies to address the identified weaknesses with the NE. 8.4 The NLM must agree with the NE on the strategies used to address the identified weaknesses. 8.5 The NLM must utilize the identified strengths of the NE within the team context, for example to provide in-service training on areas were strengths are identified. 8.6 Provide feedback according to guidelines 4 and 5. 8.7 Participation in development plan according to guideline 2.	14, 18 31, 32	2, 3, 5, 8 4

Aims	Objective	Items	TQM
	8.8 The NLM must, when developing the performance agreement with the NE, explore the training need of the NE. 8.9 Participation of the NE must be facilitated in discussion of the KRAs and GAFs. Training and development needs, and the NLM and NE agree on the goals and objective to be achieved based on the discussions. Nurse employees (NE) 8.10 The NE must actively participate in performance feedback sessions to make suggestions on his/her performance and ensure that his/her training and development needs are identified based on KRAs and GAFs. 8.11 The NE must follow the discussed and agreed upon strategies to address the identified weakness and ensure he/she receives feedback from the NLM on progress made. 8.12 The NE must do self-assessment during the PM cycle to identify further training and development needs that were not identified during the planning phase of the work plan development and voice these needs to the NLM.		
9. The NLM and NE should discuss the NE's performance	Nurse line manager (NLM) 9.1 The NLM must assist the NE to determine the status of his/her performance during the performance feedback sessions. 9.2 The NLM and NE jointly develop an individual work plan that clearly defines job responsibilities, performance expectations, and performance measures. 9.3 The NLM must measure the NE actual performance against the agreed upon set standard. 9.4 The NLM must ensure that the NE has knowledge of the set standards. 9.5 The NLM must assist the NE to identify performance weaknesses and strengths and provide the NE with the opportunity to recognize his/her weaknesses and strengths, during the performance sessions. 9.6 The NLM must recognize the strength of the NE first and then focus on the weaknesses. Nurse employee (NE) 9.7 The NE must determine his/her performance status with the NLM. 9.8 The NE must self-evaluate to determine the status of his/her performance against the set standards 9.9 The NE must have knowledge of the set standards. 9.10 The NE with the assistance of the NLM must identify performance weaknesses and strengths and the NE should be provided with the opportunity to recognize his/her weaknesses and strengths during the performance sessions.	16, 17	1, 2, 9

Aims	Objective	Items	TQM
10. The NLM and NE should re-plan the NE work plan as necessary	Nurse line manager (NLM) 10.1 The NLM must assess the NE performance in relation to the work plan to determine if re-planning of the NE work plan is needed. 10.2 The NLM must involve the NE in decision-making pertaining to re-planning of his/her work plan. 10.3 The NLM and NE must agree to re-plan the NE work plan. Nurse employee (NE) 10.4 The NE must assess his/her performance in relation to his/her work plan to determine the need for re-planning. 10.5 The NE must verbalize the need for re-planning if needed. 10.6 The NE must participate in decisions related to his/her performance planning.	42, 43	2, 4, 6, 7
11. The NLM should provide the NE with the opportunity to appeal	Nurse line manager (NLM) 11.1 The NLM must sign a performance agreement with the NE that is clearly understood by the NE. 11.2 The NLM must provide the NE with the opportunity for follow grievance procedure if he/she is not satisfied with the outcome of the performance assessment. 11.3 Policies and procedure manuals for grievance procedure must be available to the NE in case of unhappiness with the outcome of the performance assessment. Nurse employee (NE) 11.4 The NE must have an unambiguous performance agreement signed with the NLM. 11.5 The NE must provide evidence that the NLM did/did not follow the PA process. 11.6 The NE must have evidence that he/she did indeed improve his/her performance. 11.7 The NE must complete a grievance form to appeal against the result of the assessment. 11.8 The NE must provide proof that there was no development plan between NLM and him/herself and that no or inadequate training was given to him/her to improve his/her performance.	38	7

5.6 EVALUATION OF THE STUDY

The objectives of the study were to:

- Assess the implementation of performance appraisal from the perspectives of nurse line managers in clinics in the KKD.
- Assess the implementation of performance appraisal from the perspectives of nursing employee in clinics in the KKD.
- Develop guidelines on the implementation of performance appraisal in clinics in the KKD.

Objective 1 and 2 were achieved by collecting empirical data through questionnaires (Appendix 1 and 2) that were developed using the PMDS policy (Policy no. NWPG 13 amendment approved for 2008-2009 performance cycle) (SA, 2007) (Appendix 3). The data were captured and analyses (see 3.7).

Objective 3 was achieved by analysis and interpretation of the empirical data. Problems were identified from empirical data and guidelines were developed (see 5.3). The guidelines were operationalized for practice (see 5.4).

This study added value to the manner in which PA is implemented in practice. Problems in the implementation of PA were identified and recommendations were made for practice, education, management, research and policy.

Not only was the study of value for the above, but it also added value to the researcher's personal and professional life. The researcher learned time management, to maintain a balance between her personal life and academic life. Professionally, the researcher embarked on research for the first time and gained knowledge in the field of research. The researcher's knowledge regarding PA was enriched by undertaking this study in clinics in the KKD. The researcher's insight into the implementation of PA within hospitals was also deepened.

5.7 LIMITATIONS OF THE STUDY

The following aspects have been identified as limitations of the study:

- Guidelines were developed by the researcher in fulfillment of the degree Magister Curationis. Involvement of stakeholders and decision-makers in the development of the guidelines would have provided valuable insights that could have been incorporated and improved the guidelines. The guidelines will, however, be presented to the office of the directorate: Policy, Planning and Research at the North-West Province Department of Health and the PHC managers in the two sub-districts for further feedback and consideration.

5.8 RECOMMENDATIONS

Recommendations for practice, education, management, research and policymaking are presented to improve the implementation of PA.

5.8.1 Recommendations for practice

The researcher makes the following recommendation for practice:

- To have workshops in nursing practice for all nurses (NLM and NE) on employees PM with the emphasis on: one-to-one formal (written) and informal (verbal) communication with regard to the nurse employee's job description, KRAs, GAFs, performance standards, and development plan how assessment of the nurse employees performance are performed, how strengths and weaknesses of employees are identified, and how weaknesses must be address to improve the quality of the nurse employee's performance.

- To have management skill and communication skill workshops for NLM to assist them to manage the performance of the NE as prescribed by the PMDS policy.

- To have practical examples of the various documents (performance agreement) available to guide and NLM and NE to develop the NE's performance agreement.

- To summarize the guideline for implementation of PA and distribute it in clinics and hospitals to assist NLM to implement PA as prescribed by the PMDS policy (Policy no. NWPG 13 amendment approved for 2008-2009 performance cycle) (SA, 2007).

5.8.2 Recommendations for education

The researcher makes the following recommendations for education:

- To have an introductory course of PM that includes PA, into the basic education of registered nurses.
- To integrate PM that includes PA, into nursing management diploma and degree courses.
- To provide formal lectures in the implementation of PA to all employees and to provide in-service training to NLM and NE.

5.8.3 Recommendations for management

The researcher makes the following recommendations:

- To develop an operation manual for conducting PA.
- To develop a system to ensure that PA is implemented by nurse line managers as prescribed by the PMDS policy (Policy no. NWPG 13 amendment approved for 2008-2009 performance cycle) (SA, 2007).
- To establish a committee that can monitor the manner in which PA are performed.

5.8.4 Recommendations for research

The researcher makes the following recommendations for research:

- To encourage further studies to determine NE involvement in the annual review of the PMDS policy (Policy no. NWPG 13 amendment approved for 2008-2009 performance cycle) (SA, 2007).
- To determine the benefit of PA implementation training to NLM and NE.
- To assess the perception of NLM and NE on the implementation should be nationally.

5.8.5 Recommendations for policy

The researcher makes the following recommendations for policy:

- To make the PMDS (Policy no. NWPG 13 amendment approved for 2008-2009 performance cycle) (SA, 2007) use-a-friendly by providing colorful posters for institution to display on walls.
- The various health institutions should develop and further refine the policy to suit the needs of the institution.

5.9 SUMMARY

In this final chapter, guidelines and suggestions for the operationalization thereof were formulated, the study was evaluated, limitations were stated and recommendations for practice, education, management, research and policy making were made.

References

AAMODT, M.G. 2007. Industrial/organizational psychology: an applied approach. 5th ed. Belmont: Wadsworth/Thomson Learning. 632 p.

Acts **see** SOUTH AFRICA.

ALSWANG, J. & VAN RENSBURG, A. 2000. New English usage dictionary. 6th ed. Braamfontein: Nolwazi Educational. 1051p.

ANON. 2008. Performance management and development system: Public Service Commission report on implementation in Eastern Cape and North West Province. http://www.pmg.org.za/files/docs/080312dpsa.ppt. Date of access 13 Apr. 2010.

ANON. 2010a. Purpose of performance appraisal. http://www.humanresources.hrvinet.com/purpose-of-performance-appraisal/hrvinet.com. Date access 06 Jun. 2010.

ANON. 2010b. City of Matlosana IDP review 2009/2010. http://matlosana.local.gov.za/Policies/Budget%20Policy.pdf. Date of access 17 Mar. 2011.

ARMSTRONG, M. 1992. Human resource management: strategy & action. London: Kogan Page. 232 p.

ARMSTRONG, M. 2001. A handbook of human resource management practice. 8th ed. London: Kogan Page. 981 p.

ARMSTRONG, M. 2006. Human resourch management practice. 10th ed. London: Kogan Page. 982 p.

ARMSTRONG, M. & BARON, A.1997. Behavior in organizations. 6th ed. New Jersey: Prentice-Hall. 636 p.

ASLAM, H.D. 2010. Improving performance management practice in IT firms of Pakistan. *Journal of management research,* 2(2):1-15.

BABBIE, E. 2004. The practice of social research. 10th ed. California: Wadsworth/Thomson Learning. 493 p.

BABBIE, E. & MOUTON, J. 2001. The practice of social research. Cape Town: Oxford University Press South. 674 p.

BEZUIDENHOUT, M.C., GARBERS, C.J. & POTGIETER, S. 2007. Management for healthy labour relations: a practical guide for health services in Southern Africa. 2nd ed. Pretoria: Van Schaik Publishers. 326 p.

BIBLE. 1978. The Book of the New Testament and Psalms. Cape Town: Gideons in South Africa.

BOOYENS, S.W. 2001. Introduction to health service management. 2nd ed. Cape Town: Juta Education Pty Ltd. 415 p.

BOTES, A.C. 1995. A model for research in nursing. Johannesburg: RAU. 22 p.

BRANNICK, M.T. & LEVINE, E.L. 2002. Job analysis. London: Sage. 353p.

BRINK, H., VAN DER WALT, C. & VAN RENSBURG, G. 2006. Fundamentals of research methodology for health care professionals. 2nd edition., revised by van C. der Walt and G. van Rensburg. Cape Town: Juta. 226 p.

BROADBENT, J. & LAUGHLIN, R. 2009. Performance management system: a conceptual model. *Management accounting research,* 20(4):283-295.

BURNS, N. & GROVE, S. K. 2005. The practice of nursing research conduct, critique, and utilization. 5th ed. Missouri: Elsevier. 780 p.

CHANDRA, A. & FRANK, Z.D. 2004. Utilization of performance appraisal system in health care organisations and improvement strategies for supervisors. *Health care nurse manager,* 23(1):25-30.

COZBY, P.C. 2008. Methods in behavioural research. 10th edition. Georgia: McGraw Hill Higher Education. 403 p.

CLAUS, L. & BRISOE, D. 2009. Employee performance management across borders: a review of relevant academic literature. *International journal of management review,* 11(2) 175-196.

CULLINAN, K. 2006. Health service in South Africa: A basic introduction. http://www.health-e.org.za/uploaded/cb1f388f3b351708d915c12cfb4fc3cf.pdf. Date of access 05 Dec 2010

DALE, B. & BUNNEY, H. 1999. Total Quality Management blueprint. Oxford: Blackwell. 275 p.

DE VOS, A.S., STRYDOM, H., FOUCHÉ, C.B. & DELPORT, C.S.L. 2005. Research at grass roots: for the social and human service professions. 3rd ed. Pretoria: Van Schaik. 471 p.

DENISI, A.S. & GRIFFIN, R.W. 2008. Human resource management. 3rd ed. Boston: Houghton Mifflin. 550 p.

DU PLESSIS, I. 2002. Performance management: A tool for success. Potchefstroom: North-West University. (Mini-dissertation - M.Com). 176 p.

DU TOIT, N. 2004. Social worker's experiences and perceptions of performance appraisal within a social service department at the provincial government of the Western Cape. Cape Town: University of the Western Cape. (Mini-thesis - MA). 113 p.

ERREY, C. 2007. Getting requirements right the first time: Using job analysis (Pt 2). http://www.ptgglobal.com/PDFArticles/Getting%20requirements%20right%20the%20first%20time%20%20Using%20job%20analysis%20(Part%202)%20v1.0.pdf. Date of access 27 January 2011.

EVANS, J.R. & DEAN, J.W. 2000. Total quality management, organization and strategy. 2nd ed. Ohio: South-Western Thomson Learning. 376 p.

FLETCHER, C. 2001. performance appraisal and management: The developing research agent. *Journal of occupational and organisational psychology*, 74(4): 473-487.

GLIEM, J.A. & GLIEM, R.R. 2003. Calculating, interpreting, and reporting Cronbach Alpha reliability coefficient for Likert-type scales. https://scholarworks.iupui.edu/bitstream/handle/1805/344/Gliem%20&%20Gliem.pdf?sequence=1. Date of access 13 September 2011.

GRAVETTER, F.J. & WALLNAU, L.B. 2005. Essential of statistics for the behavioural sciences. 5th ed. Belmont: Wadsworth/Thomson Learning. 544 p.

GROBLER, P., WARNICH, S., CARRELL, M.R. ELBERT, N.F. & HATFIELD, R.D. 2006. Human resource management in South Africa. 3rd edition. South-Wester Cengage Learning: Pat Bond. 564 p.

HUI, L. & QIN-XUAN, G. 2009. Performance appraisal: what's the matter with you? *Procedia earth and planetary science.* 1(1):1751-1756.

ICN (International Council of Nurses) 1987. The ICN definition of nursing. http://www.icn.ch/definition.htm. Date of access 17 March 2011.

IVANCEVICH, J.M. 2004. Human resource management. 9th ed. New York: McGraw-Hill Companies, Inc. 647.

KINICKI, A. & WILLIAMS, B.K. 2009. Management: a practical introduction. 4th ed. New York: McGraw-Hill/Irwin. 543 p.

KINICKI, A.J., PRUSSIA, G.E., WU, (JOSHUA) B. & MCKEE-RYAN, F.M. 2004. A covariance structure analysis of nurse employees' response to performance feedback. *Journal of applied psychology*, 89(6):1057-1069.

KLOPPER, H. 2001. Nursing education: a reflection. 2nd ed. Lynwood Ridge: Amabhuku Publications (Pty) Ltd. 166 p.

KLOPPER, H.C. 2006. The qualitative research proposal. Potchefstroom: North-West University. 25 p. (Unpublished).

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

KLOPPER, H.C. & KNOBLOCH, S. 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. 372 p.

KNOBLOCH, S. 2007. Compassion fatigue within the nursing profession: A concept analysis. Potchefstroom: North West University. (Thesis - MCurr.) 180 p.

KRAUSE, B. 2004. An evaluation of the performance enhancement process (PEP) of the South African Police Service (SAPS): A case study at Parrow police station. Stellenbosch: Stellenbosch University (Thesis – MPA). 102 p.

LAURITSEN J.M. 2008. EpiData data entry, data management and basic statistical analysis system. Odense Denmark: EpiData Association.

LEGGAT, S.G. 2009. A guide to performance management for health information manager, *Health information management journal* 38(3):1833-3583.

LINCOLN, Y.S. & GUBA, E.A. 1985. Naturalistic inquiry. California: Sage. 416 p.

LOWENTHAL, P. & MUTH, R. 2008. Constructivism. http://www.patricklowenthal.com/publications/Constructivismpreprint.pdf. Date of access 13 October 2007.

METCALF, C. 2001. The importance of performance appraisal and staff development: A graduating Nurse's perspective. *International journal of nursing practice*, 7(1):54-56.

MILLER, C.E. & THORNTON, C.L. 2006. How accurate are your performance appraisals? *Public personnel management*, 35(2):153-162.

MOSIMANN, R., MOSIMANN, P. & DUSSAULT, M. 2007. The manager: proven strategies for turning information into higher business performance. Ottawa: Cognos. 143 p.

MOUTON, J. 2001. How to succeed in your master's & doctoral studies: A South African guide and resource book. Goodwood, Western Cape: Van Schaik. 280 p.

MOUTON, J. & MARAIS, H.C. 1996. Basic concepts in the methodology of the social sciences. Pretoria: HSRC Publishers. 269 p.

MUCHINSKY, P.M., KRIEK, H.J. & SCHREUDER, D. 2005. Personnel psychology. 3rd ed. Cape Town: Oxford University Press South Africa. 416 p.

MULLER, M. 2002. Nursing dynamics. 3rd ed. Cape Town: Heinemann Publishers. 316 p.

NARCISSE, S. & HARCOURT, M. 2008. Nurse employee fairness perception of performance appraisal: a Saint Lucian case study. *The international journal of human resource management*, 19(6):1152-1160.

NIGRO, L. NIGRO, F. & KELLOUGH, J.E. 2007. The new public personnel administration. 6th edition. Belmot: Thomson Wadsworth. 350p.

NILSSON, F. & KALD, M. 2002. Recent advantages in performance management: the Nordic case. *European management journal* 20(3) 235-245.

NKOSI, S.D. 2000. Staff perception of performance appraisal at Vista University. Port Elisabeth: Vista University. (Dissertation - MSM). 148 p.

NTSOAKILETHALE, M. 2005. The experiences and expectations of registered nurses in Lesotho regarding performance appraisal. Bloemfontein: University of the Free State. (Dissertation –MSocSci). 249 p.

OALD (Oxford Advanced Learner's Dictionary). 2006. Hornby: Oxford University Press.1713 p.

PARKER, S. 2006. Distribution – and procedural justice: toward understanding fairness perceptions of performance appraisals in a national government department office, chief directorate surveys and mapping. Cape Town: University of the Western Cape. (Mini-Thesis-M-Comm). 128 p.

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

POLIT, D.F. & HUNGLER, B.P. 1997. Essentials of nursing research: methods, appraisal, and utilization. 4th ed. Philadelphia: Lippincott. 530 p.

PSYCHOGIOS, A.G., PRIPORAS, V. 2007. Understanding total quality management in context: qualitative research on managers' awareness of TQM aspects in the Greek service industry. *The qualitative report,* 12(1):40-66.

RABIE, T. 2009. Self-care of older persons in the Potchefstroom district. Potchefstroom: North-West University. (Thesis – M-Cur.) http://hdl.handle.net/10394/4006. Date of access 15 April 2011.

RADEMAN, D.J. 2000. An investigation into nurse employee perception and experience of performance appraisal in the public sector. Stellenbosch: Stellenbosch University. (Thesis – MCom). 196 p.

RADEMAN, D.J. & VOS, H.D. 2001. Performance appraisal in the public sector are they accurate and fair? *Journal of industrial psychology*, 27(1):54-60.

RAO, T.V. 2008. Lessons from experience: new look at performance management system. *Vikalpa*, 33(3)1-15.

ROBBINS, S.P. 1998. Organizational behavior: concepts, controversies, application. 8th ed. New Jersey: Simon & Schuster Company. 673 p.

ROBBINS, S.P., ODENDAAL, A. & ROODT, G. 2007. Organisational behaviour: global and South African perspectives. Cape Town: Creda Communications. 460 p.

ROBERTS, G.E. 2003. Employee performance appraisal system participation: a technique that works. *Public personnel management,* 32(1):89-98.

SAS INSTITUTE Inc. 2003. SAS user's guide: statistics. Version 5. Cary, N.C: SAS Institute.

SCHRADER, M. & BECTON, J.B. 2007. A critical examination of performance appraisal: an organisation's friend or foe? *Journal for quality & participation*, 30(1)20-25.

SIBIYA, M.N. 2009. A model for the integration of primary health care services in Kwazulu-Natal, South Africa. Durban University of Technology. http://ir.dut.ac.za/bitstream/handle/10321/453/Sibiya2009.pdf. Date of access 13 Sept 2010.

SINGLETON, R., STRAITS, B.C., STRAITS, M.M. & MCALLISTER, R.J. 1988. Approaches to social research. New York: Oxford University Press. 541 p.

SNELL, S. & BOHLANDER, G. 2010. Principles of human resource management. 15th ed.: London: South-Westren, Cengage Learning. 82 p.

SOUTH AFRICA 1994. Public Service Act 103 of 1994. Pretoria: Government Printer.

SOUTH AFRICA 1995a. The Labour Relation Act 66 of 1995. Pretoria: Government Printer.

SOUTH AFRICA 1995b. White Paper on Transformation of the Public Services (WPTPS) of 1995. (Notice 373 of 1995). Pretoria: Government Printer.

SOUTH AFRICA. 1996. Constitution of the Republic of South Africa. Pretoria: Government Printer.

SOUTH AFRICA 1997a. White Paper on Human Resource Management in the Public Service of 1997. Pretoria: Government Printer.

SOUTH AFRICA 1997b. White Paper on Transforming Public Service Delivery (Batho Pele). (Notice 18340 of 1997. 1 October). Pretoria: Government Printer.

SOUTH AFRICA. 1998. Employment Equity Act 55 of 1998. Pretoria: Government Printer.

SOUTH AFRICA. 2003. Batho Pele Handbook: a service delivery improvement guide. www.info.gov.za/batho-pele/publications.asp. Date of access 17 Feb 2011.

SOUTH AFRICA. 2007. Performance Management and Development System Policy. POLICY no. NWPG 13. North West Administration. (Amendment approved for implementation effective from 2008/9 performance cycle). http://premier.nwpg.gov.za/Office%20Management/PMDS/PMDS%20Old%20Files/PMDS%20Policy%20Approved%20for%20Implementation%20from%202008-2009%20Performance%20Cycle.pdf. Date of access 8 Dec 2009.

SOUTH AFRICAN NURSING COUNCIL. 2010. Age distribution (table). http://www.sanc.ca.za/statshtm. Date of access 20 Jan 2010.

SPENCER, D.G. & WOOD, E.E. 2005. Registered nurse participation in performance appraisal interviews. *Journal of professional nursing,* 23(1):55-59.

SPSS Inc. (2009). PASW Statistics 18, Release Version 18.0.0. Chicago, IL. http://www.spss.com.

STEYN, H.S. (jr.) 2009. Manual: Effect size indices and practical significance. Potchefstroom: NWU. http://www.puk.ac.za/fakulteite/natuur/skd/index.html Date of access 9 Feb 2011.

STONE, R.J. 2008. Human Resource management 6th ed. Queensland: Wiley. 914 p.

STRINGHAM, S.H. 2004. Does quality management work in the public sector? *An interactive journal,* 9(3):182-211.

SWANEPOEL, B., ERASMUS, B., VAN WYK, M. & SCHENK, H. 2003. South African Human Resource Management: theory & practice 3rd ed. Cape Town: Juta. 889 p.

TAORMINA, R.J. & GAO, J.H. 2009. Identifying acceptable performance appraisal criteria: an international perspective. *Asia Pacific journal of human resources.* 47(1):101-125.

THOMPSON, D., SNAPE, E., REDMAN, T. & STOKES, C. 1999. Public sector reform: the case of management performance appraisal in Hong Kong public sector hospital. *Asian journal of public administration*, 21(1):114-144.

VAN DER GEER, E., VAN TUIJL, H.F.J.M. & RUTTE, C.G. 2009. Performance management in healthcare: performance indicator development, task uncertainty, and types of performance indicators. *Social science & medicine,* 69(10):1523-1530.

VASSET, F. 2010. Employees' perception of justice in performance appraisal. *Nursing management*, 17(2):30-34.

WALSH, K. & FISHER, D. 2005. Action inquiry and performance appraisal: tool for organizational learning and development. *Learning organization,* 12(1):26-41.

WHITFORD, C.M. & COETSEE, W.J. 2006. A model of the underlying philosophy and criteria for effective implementation of performance management, *SA journal of human resource management,* 4(1):63-73.

WILSON, J.P. 2005. Human resource development. 2nd ed. London: Kogan Page. 564 p.

YUN, G.J., MCFARLAND, L.A., DONAHUE, L.M. & DUDLEY, N.M. 2005. Rater personality, rating format and social context: Implications for performance appraisal. *International journal of selection and assessment*, 13(2):97-1169.

APPENDIX 1

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

Performance Management System Questionnaire

- Nurse 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

4	**Present Qualification:**	
	Registered nurse	1
	Registered nurse and midwife	2
	Registered nurse, midwife and other qualifications: *Please specify qualifications: .....*	3

5	**Home Language:**	
	English	1
	Setswana	2
	Zulu	3
	Afrikaans	4
	Other: *Please specify: .....*	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 (KPAs)	1	2	3	4	5
8	The employee and I discuss his/her generic assessment factors (GAFs)	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
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

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
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 (KRAs).	1	2	3	4	5
29	The employee performance review is based on his/her generic assessment factors (GAFs).	1	2	3	4	5

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
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 (KRAs).	1	2	3	4	5
34	The employee annual assessment is based on his/her generic assessment factors (GAFs).	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

		Yes	No
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.

APPENDIX 2

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

Performance Management System Questionnaire

- Nurse 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: *Please specify qualifications: .....*	5

5	**Home Language:**	
	English	1
	Setswana	2
	Zulu	3
	Afrikaans	4
	Other: *Please specify: .....*	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 (KPAs).	1	2	3	4	5
8	The line manager and I discussed my generic assessment factors (GAFs).	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
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

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
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 (KRAs).	1	2	3	4	5
29	The performance review is based on my generic assessment factors (GAFs).	1	2	3	4	5
30	The line manager makes use of performance interventions available to him/her (eg. coaching, mentoring, advice, in-ser-vice training) to assist me in improving my performance.	1	2	3	4	5

		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 (KRAs).	1	2	3	4	5
34	The annual assessment is based on my generic assessment factors (GAFs).	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

Thank you for completing the questionnaire.

APPENDIX 3

POLICY TITLE : PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM (PMDS)

POLICY NO : NWPG 13

PREAMBLE

The North West Provincial Administration is committed to improving the lives of its communities. Public Servants can only achieve this mission through effective delivery of services.

Effective and efficient delivery hinges on effective performance. Therefore management of employees' performance is an integral part of effective service delivery. It is an ongoing process where the employee and manager strive constantly to improve the employee's performance and his or her contribution to the organisation strategic goals. The primary orientation of performance management shall be developmental in nature.

PURPOSE

The success of the Public Service in delivering its operational and developmental goals depends primarily on the efficiency and effectiveness where employees carry out their duties. Managing performance is therefore a key human resource management tool which has the following guiding principles:

(a) To enhance organisational/departmental performance against the strategic plan.

(b) To enhance individual performance against agreed upon objectives by solving individual performance problems.

(c) To enhance the manager-employee relationship by allowing for frequent communication of expectation in terms of set objectives, accurate performance evaluation and feedback.

(d) To manage under-performance in a firm and constructive manner.

(e) To reward good performance.

(f) To give direction to employees in terms of their life-long learning, career progression and personal development.

(g) To enable a culture of continuous improved service delivery.

Performance Management is the process of measuring the performance required to meet strategic goals, convert them into team and individual goals and manage them through reward and recognition. The specific objective is to ensure achievement, relevance and consistency with overall strategy and necessary change action.

Furthermore, performance management is considered historically as a process which will bind both the cultural and strategic dimensions of performance improvement in the Provincial Administration on a continuous basis**.**

A number of terms are used throughout this document as well as in the assessment instruments which are defined as follows:

Employee: Refers to any person employed in terms of the Public Service Act, 1994, irrespective of rank or position.

Competence: The blend of knowledge, skills, behaviour and attributes that an employee can apply in the work environment, which indicates an employee's ability to meet requirements of a specific post.

Incentive: An encouragement or motivation to greater performance.

Manager/Supervisor: Anyone whose duties in the main involves responsibility for the work of others. Both terms shall be used interchangeably in this policy.

Main Objectives: They are core responsibilities which together define and accomplish the purpose of the job as indicated in each employee's job description.

Performance Cycle: The period in respect of which performance is to be assessed.

Performance Standards: They are mutually agreed criteria used to describe how well work must be done. They must be specific, measurable, attainable, and realistic and have time frames. Standards develop over time and need to be constantly adjusted to reflect current conditions.

Performance Agreement: A document agreed upon and signed by an employee and her or his supervisor, which includes a description of the job, selected KRAs and GAFs, a workplan and the employee's personal development plan.

Workplan: A document which is part of the performance agreement and which contains key result areas, associated outputs/activities and their performance standards.

SCOPE OF APPLICATION

This policy applies to all employees appointed by the North West Provincial Administration, other than employees who are members of senior management whose management of performance is separately provided for.

STATUTORY AUTHORIZATION

Public Service Act, 1994 as amended

Public Service Regulations, 2001 as amended

White Paper on Human Resources Management

White Paper on Transforming of Public Service Delivery (Batho Pele)

White Paper on Transformation of the Public Service (WPTPS)

Labour Relations Act, 1995

Employment Equity Act, 1998

Skills Development Act, 1998

13. POLICY PROVISIONS AND ROLES/RESPONSIBILITIES

13.1 Goals/Principles

13.1.1 One of the principles of the WPTPS is the improvement of service delivery. However the delivery of services cannot be efficiently effected without the proper management of employees' performance. PMDS has therefore been chosen as a management tool through which the standard of efficiency can be upgraded in order to improve not only the quality of service delivery, but to improve the standard of performance, to enhance and build capacity and to have a skilled and professional public service. It must therefore focus on performance-related processes, outputs and consistency across departments.

13.1.2 The goals are therefore to:

(a) establish an objective system through which performance can be managed.

(b) guide employees to assist them to be able to link strategic focus areas of the Provincial Administration with their departmental operational activities.

(c) give clarity to employees on what must be done, how and why it must be done.

(d) involve employees in setting standards and empowering them on how to achieve them.

(e) establish which skills are necessary and arrange appropriate interventions.

(f) ensure regular and consistent review of employees' performance as well as assessment of employees on an annual basis.

(g) timeous corrective action where there is deviation in terms of expected performance and outcome.

(h) ensure rewarding of performance or incentives where it is due.

13.2 Objectives of Performance Management and Development System

13.2.1 To introduce an objective and fair employee appraisal system that would be useful to ensure that the Public Service is result oriented.

13.2.2 To enhance communication in that the main objectives and standards are communicated in a consultative and supportive manner so that each employee understands clearly what is expected from him or her.

13.2.3 To ensure a continuous cycle of planning, capacity building and feedback on the objective criteria.

13.2.4 To provide a centralised record of performance for each employee resulting in the increase of management control over work and results.

13.2.5 To instil and sustain a performance culture within the public service.

13.2.6 To promote and establish a work contract between employee and supervisor.

13.2.7 To remedy poor performance and to reward good performance.

13.3 Roles of the Stakeholders

13.3.1 Executing Authority (or Head of Department) or his/her delegate shall:

(a) determine a system for performance management and development for employees within his/her department who are not senior managers;

(b) ensure total commitment of managers by way of full compliance with the policy framework;

(c) ensure that employees are provided with the necessary resources to carry out their responsibilities;

(d) designate formal annual assessment dates for each employee;

(e) ensure that all employees are assessed on an annual basis;

(f) ensure that there is existence of a systematic remedial support for poor performance and that good performance is rewarded accordingly;

(g) appoint a Moderating Committee constituted by expertise of the different line function

(h) appoint Performance Assessment Appeal Panel;

(i) ensure that the Moderating Committee is well conversant with the assessment process;

(j) ensure that progress on PMDS is given at every management meeting; and

(k) ensure that PMDS must be one of the Heads of departments' Key Responsibility Areas, upon which they are assessed.

13.3.2 **Heads of Human Resource Components** shall:

(a) ensure smooth implementation of the system;

(b) ensure development of performance agreements and work plans;

(c) manage and monitor the process;

(d) advise or chair at moderating committee meetings;

(e) be supportive and drive the process forward;

(f) facilitate the training of employees; and

(g) be the overall co-ordinator.

13.3.3 **Training Officers** shall:

(a) train personnel;

(b) facilitate training sessions; and

(c) monitor implementation of PMDS.

13.3.4 **Training Co-ordinators** shall:

(a) co-ordinate training activities departmentally (i.e. within their respective departments; and

(b) ensure that every employee is trained on PMDS.

13.3.5 **Human Resource Practitioners** shall:

(a) ensure that work plans are implemented in line with the approved PMDS Policy;

(b) give advice to supervisors in the preparation of *performance agreements* and work plans;

(c) give advice at moderating committee meetings;

(d) ensure that training is cascaded training to all managers;

(e) give advice on PMDS policy matters;

(f) identify and manage problems relating to PMDS broadly;

(g) assist with queries/enquiries concerning PMDS;

(h) advise on counseling procedure when necessary.

13.3.6(1) **The Moderating Committee**

The Moderating Committee shall:

(a) Conduct assessment moderating meetings to review and/or ratify assessment outcomes.

(b) ensure that there is an objective assessment of all employees' performance.

(c) ensure that performance 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

(d) monitor procedural and substantive compliance with the policy in assessing employees' performance; and

(e) provide the HoD with recommendations relating to performance assessment reports presented to it.

(f) recommend changes (if any, based on patterns of use and/or problems encountered) to enhance the PMDS system and/or policy.

13.3.6(2) **The Performance Assessment Appeal Panel**

The Appeal Panel shall

(a) moderate on all assessment reports of employees who have lodged grievances;

(b) provide the HoD with recommendations on the grievance lodged;

(c) monitor procedural and substantive compliance with the policy in assessing performance of employees.

13.3.7 **Supervisors** shall:

(a) show the employees the link between strategic objectives of the department and the directorates that the employees are serving;

(b) communicate the performance assessment process to all employees before the commencement of the performance assessment cycle;

(c) fully inform the employees of the criteria used for assessment;

(d) explain the development of Performance Agreements to all employees under their supervision;

(e) develop a Performance Agreement jointly with each employee;

(f) provide informal performance feedback to employees on regular basis and formal feedback on designated date;

(g) identify training needs of employees;

(h) carry out the annual assessment of the employees on the designated date;

(i) convey the final assessment results to the employees;

(j) report/present the annual assessment of the employees to the Moderating Committee;

(k) afford the employee the right to refuse to sign a performance assessment questionnaire if not satisfied with the outcome of the assessment; and

(l) identify the appeals route to be followed in the event of dissatisfaction with the outcome of the assessment.

13.3.8 **Employees** shall:

(a) obtain and sign a job description;

(b) clarify with their immediate supervisors the dates and process for developing and submitting their Performance Agreement;

(c) participate in and sign a Performance Agreement including the workplan;

(d) take full responsibility for their career; and

(e) commit themselves to personal development for purposes of advancement and growth.

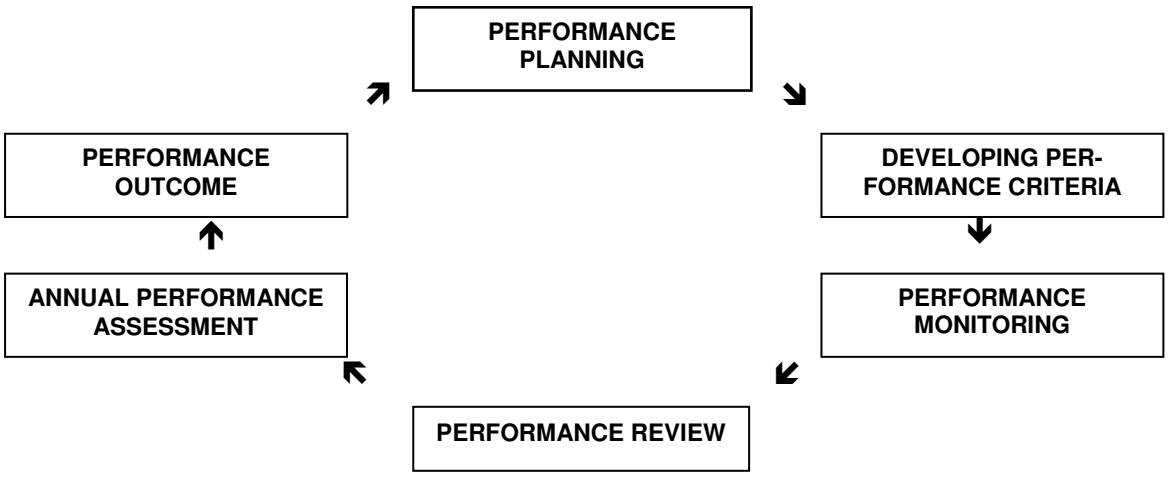
13.3.9 **Union representatives** shall:

(a) assist employees in the case of an appeal.

13.4 Steps in the Performance Management Process

The performance cycle is a twelve (12) month period for which performance is planned, executed and assessed. The cycle commences from 1st April to 31st March of the following year. The probation cycle is however linked to the appointment date of the jobholder.

There are six steps in the performance management process as illustrated in the diagram and explained below:



13.4.1 Performance Planning

(a) The functions/tasks are identified in a role clarification session, performance standards set, and performance outputs/objectives determined by both the supervisors and the employees. These must be linked with departmental strategic goals.

(b) 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.

The Performance Contract

(c) All employees from salary level 1-12 are required to enter into and sign Performance Agreements (PA), within two months after the start of the new cycle.

(d) A newly appointed employee shall complete his/her Performance Agreement within the first three months of appointment. Within that time, there must have been enough induction or orientation to the new environment.

(e) Departmental Strategic Plan, Departmental Service Delivery Improvement Plan, the Component's Operational Plan and the employee's Job Description must inform the development of the individual employee's Performance Agreement.

(f) The content of the PA (refer to Annexure **A**) must include the following:

- Employee data and a clear description of the employee's job role including the main objectives, job purpose and the relevant Key Result Areas (KRAs) and Generic Assessment Factors (GAFs). KRAs are actions and Activities which are critical for making an effective contribution to the achievement of departmental strategies, goals and objectives. GAFs are elements and standards used to describe and assess performance, taking into account knowledge, skills and personal attributes.

- A completed Annual Workplan (as an attachment). Refer to Annexure **B.**

- A Personal Development Plan (PDP). Refer to Annexure **C.**

(g) A performance contract exists when both parties have agreed on and signed the Performance Agreement and a Workplan.

(h) The manager and the employee are required to take joint responsibility for the development of the employees' Performance Agreement and the Workplan. The manager however remains accountable.

(i) Where due to operational activities, an employee reports directly to a person other than his/her supervisor e.g. a manager in another directorate/department or project, that other manager must give inputs in planning the work that the employee will perform, feedback and review sessions.

(j) If a supervisor has a number of employees under his/her control who perform the same outputs, the supervisor must have a session with them to identify and agree on the main objective(s)/outputs, standards and indicators; stakeholders and methods of assessment, in order to draw similar workplan for the entire group. Performance Agreements and Personal Development Plans must be drawn up on an individual basis.

(k) The workplan shall be reviewed from time to time to ensure relevance throughout the review period, but on at least two occasions during the review period.

(l) The PA must include a Personal Development Plan (PDP) [refer to Annexure **C**]. 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 PDP.

13.4.2 Developing Performance Criteria

(a) The criteria for assessment must be agreed a year in advance of the annual performance assessment.

(b) The criteria upon which the performance of an employee is assessed consist of Key Result Areas (KRAs) and the Generic Assessment Factors (GAFs). Each employee must be assessed against both areas. KRAs covering the main areas of work will account for 70% of the final assessment, while the GAFs make up the other 30% of the assessment score.

(c) In the workplan the KRAs must be broken down into key activities and performance measures. Each KRA must be weighted (in %) according to the importance it has in the employee's job. The weighting of all the KRAs must add up to 100.

(d) Generic Assessment Factors (GAFs) are elements and standards used to describe and assess performance taking into consideration knowledge, skills and attributes. The following GAFs are used to calculate 30% of the assessment score for employees on salary level 1-12. From this list, the supervisor and employee must agree on at least five out of the fifteen GAFs that are deemed to be most important for effective performance in that

particular job (refer to Annexure **D** for a Guide to Generic Assessment Factors).

- 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
- Management of human resource.

(e) To adapt the GAFs to specific jobs and job contexts, the employee and supervisor will need to:

- decide which of the GAFs apply to the employee's job;
- weigh each relevant GAF to show the extent to which it relates to the specific job. Use the factors of impact and frequency to decide on the importance of each GAFs to a specific job. The weighting of all the GAFs must add up to 100.

(f) Each selected GAF is rated using the guide to generic factors for assessing performance in Annexure **D.**

(g) The employees' performance will be assessed in terms of set standards as outlined in the workplan. The performance standards applied must be discussed and agreed up-front.

(h) The performance assessment must be based only on performance criteria agreed upon during the regular meetings held between employee and manager/supervisor.

(i) Employees' performance must be judged according to the five-point rating scale as indicated in the performance assessment instrument.

13.4.3 Performance monitoring

Supervisors must continually monitor the manner in which the employees utilises their knowledge, skills and attributes in the performance of activities specified in the workplan. The supervisors must also record the strong and weak points as well as specific training and development needs of employees.

13.4.4 Performance review and assessment

(a) One-to-one communication sessions must take place from time to time between the supervisors and employees about the progress toward the achievement of the objectives agreed upon. This provides feedback and creates an opportunity for the employees to raise particular concerns and/or suggestions. 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 PA.

(b) These sessions serve to assist employees in determining the status of their performance at any given time separate from the annual performance assessment period.

(c) The performance feedback must be both **formal** – in writing after a discussion between an employee and a supervisor at least twice during the six months preceding the employee's annual formal performance assessment date (refer to Annexure **E**); and **informal** – verbally on quarterly basis.

(d) Where performance is unsatisfactory (that is, not fully effective and below) the feedback must be in writing.

(e) The six months reviews will be conducted during September and March, which is in fact the 'end-of- cycle' annual performance review.

(f) The periodic reviews must also include a discussion on the employee's development plan requirements.

(g) The employee must be informed of an intended formal performance review at least 48 hours prior to the review-taking place to enable him/her to prepare for performance feedback. The review must be a one to one discussion between the supervisor and the employee.

(h) Employees have the right to know how their managers are assessing them. The feedback must be limited to the mutually agreed outcomes from the workplan and the scope of the feedback cannot be expanded unilaterally.

(i) The employee's performance review will be based on the categories of performance indicated under 13.4.5. The total of the individual KRAs and GAFs assessment scores is an assessment score for the employee's performance. The employee may choose not to sign the indicated results if not satisfied with the outcome of the assessment. However, he/she 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.

(j) Normal performance interventions available to employees and managers are inter alia coaching, mentoring, advice, attendance of courses, in-service training.

(k) Any performance improvement mechanisms to address identified training and development needs must be recorded in the performance development plan (refer Annexure **D)**. The training and development needs will not only be identified during performance reviews and assessments, but also at the planning phase when the workplan is developed.

(l) It might become clear to managers and employees 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 they were unrealistic and not attainable. Re-planning may be necessary at this stage and is encouraged only if it will lead to the improvement of the employees' performance and both parties agree on the need to re-plan.

(m) Once the performance review has been concluded, the employee and the manager must sign the half yearly review form (Annexure **E**) to indicate that the formal six monthly performance reviews has occurred.

13.4.5 Annual Performance Assessment

(a) Formal performance assessment is conducted to identify the overall level of performance of employees during a particular performance cycle. This is the ultimate determination of whether the performance of the employees has been up to the agreed upon or set standards. The annual assessment instrument is utilised at this stage (Refer **Annexure F**). The date for formal annual assessment coincides with the second sixth-monthly performance review.

(b) The performance review and annual assessment of employees will be based on the following **categories of performance**:

RATING	CATEGORY	DESCRIPTION
1	**UNACCEPTABLE PERFORMANCE**	Performance does not meet the standard expected for the job. The review/assessment indicates that the jobholder has achieved less than fully effective results against almost all of the performance criteria and indicators as specified in the Performance Agreement and Workplan.
2	**PERFORMANCE NOT FULLY EFFECTIVE**	Performance meets some of the standards expected for the job. The review/assessment indicates that the jobholder has achieved less than fully effective results against more than half of the performance criteria and indicators as specified in the Performance Agreement and Workplan.
3	**PERFORMANCEFULLY EFFECTIVE**	Performance fully meets the standard expected in all areas of the job. The review/assessment indicates that the jobholder has achieved as a minimum effective results against all of the performance criteria and indicators as specified in the Performance Agreement and Workplan.
4	**PERFORMANCE SIGNIFICANTLY ABOVE EXPECTATIONS**	Performance is significantly higher than the standard expected in the job. The review/assessment indicates that the jobholder has achieved better than fully effective results against more than half of the performance criteria and indicators as specified in the Performance Agreement and Workplan and fully achieved all others throughout the performance cycle.
5	**OUTSTANDING PERFORMANCE**	Performance far exceeds the standard expected of a jobholder at this level. The review/assessment indicates that the jobholder has achieved better than fully effective results against all of the performance criteria and indicators as specified in the PA and Workplan and maintained this in all areas of responsibility throughout the performance cycle.

(c) **Assessment of the achievement of results (KRAs) outlined in the Work-plan**

- Each KRA must be assessed on the extent to which the specified standards have been met and outputs achieved.
- An indicative rating on the five-point scale must be provided for each KRA.
- This rating must be multiplied by the weighting given to the KRA during the contracting process, to provide a score.
- The rating calculator can be used to add the scores and calculate a final KRA score, based on the 70% weighting allocated to the KRAs.

(d) **Assessment of the GAFs**

- Each GAF must be assessed according to the extent to which the specified standards have been met.
- An indicative rating on the five-point scale must be provided for each GAF.
- This rating must be multiplied by the weighting given to each GAF during the contracting process, to provide a score.
- The rating calculator may then be used to add the scores and calculate a final GAF score, based on the 30% weighting allocated to the GAFs.

(e) **Overall rating**

- An overall score, in accordance with the assessment rating is provided as a summary of the outcome of the performance review for KRAs and GAFs.
- The assessment rating calculator may then be used to provide a final score based on adding the scores achieved for the KRAs and the GAFs.

(f) The employee must confirm his/her participation in the final performance feedback session in the form of a signature.

(g) Employees who due to operational activities report to anybody other than their supervisor, that other person (manager) must perform the assessment of the work that the employee(s) was performing and hand over to the employee(s)' supervisor.

(h) Teams' performance appraisal (where applicable) occurs at the end of projects. Completion periods differ from project to project.

13.4.6 Moderation

(a) The role of the Moderating Committee is:

(i) to ensure equity and consistency in the application of PMDS;

(ii) to satisfy itself that departmental and component plans are developed and the PMDS procedures are followed;

(iii) to ensure that supervisors are agreeing on workplans and assessing

performance in a realistic, consistent and fair manner;

(iv) to ensure that scores given across the department are realistic;

(v) 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.

(b) The Moderating Committee does not take away the responsibility of the supervisor's supervisor to overview the performance management actions and assessment outcomes of his or her subordinate supervisor, that is, to ensure equity and consistency in their components.

Moderation actions

(c) If the Moderating Committee identifies deviations or discrepancies in the assessment report (and having engaged the supervisor in its sitting), it must finalise 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.

Performance Assessment Appeal Panel

(d) The Performance Assessment Appeal Panel (PAAP) is established by the Head of Department to manage disagreement over ratings referred to in paragraph 'c' above.

(e) The Panel must be constituted in such a manner that expertise of the different line function including labour relations is included. The employee concerned may also be represented by a member of her/his employee organisation if he/she so chooses. The Panel must consider all written representations within fourteen working days from the date of being received.

(f) **The PAAP has the following responsibilities** -

(i) To make recommendations to the Head of Department or his/her delegate on the rating of employees where there is disagreement between the employee and the supervisor (having exhausted interventions within the Programme) and /or between the supervisor and the Moderating Committee

(ii) Make recommendations regarding actions to be considered where managers and supervisors did not properly and fairly execute their responsibilities with regard to the PMDS.

(g) In the event of any continued/persistent disagreement over the performance assessment of an employee, involving the employee and his/her supervisor, the employee may, within five days of being informed of the decision of the Performance Assessment Appeal Panel, follow the formal grievance rules of the Public Service. As is the case with other aspects of the PMDS, employees must be informed of the route and processes to be followed in the event of disagreement over performance assessments.

13.4.7 Performance assessment outcomes

(a) The outcome of the performance assessment process will be used to decide on confirmation of appointment for employees on probation, rewards and development of the employees.

(b) The following outcomes may be linked to the completion of a performance assessment:

(i) Performance improvement mechanism(s) – to address further Training/ development in some aspects of the job;

(ii) Rewards/incentives - which must be in line with the Public Service Incentive Policy Framework dated 27/01/2003; as well as DPSA Circular 2 dated 01/07/2005 on the Implementation of an inclusive flexible remuneration package system for employees on salary levels 11 and 12;

(iii) Corrective action - as a result of the employees' consistent 'not fully effective' performance despite performance improvement endeavours; or as a result of the supervisors' consistent negative behaviour patterns.

(c) In the event a dispute arises between a supervisor and an employee assessed, the Public Service Grievance Procedure as well as the Public Service Dispute Resolution Procedure will be resorted to for a resolution.

13.4.8 Periods of absence during the performance management and development system cycle

Normal periods of leave, for example, vacation leave and/or sick leave will not interfere with the performance management and development cycle of an employee. Where an employee has been absent for a prolonged period of time such as maternity leave, long study leave, incapacity leave longer than 30 days, the supervisor and the employee must have a discussion for mutual agreement on the ability to execute a meaningful performance review for that period. If it is not possible, it must be indicated in writing in the remarks columns on the half yearly review form following that period. A period of at least 9 (nine) months' actual performance must be considered for a recommendation on the allocation of a performance reward except for employees on maternity leave where a required completed period must be 8 (eight) months.

13.4.9 Resignation or Death

In the event of resignation or death, payment of recommended rewards will only be considered where the employee had completed a full performance cycle, that is, from April to March of a particular financial year and the performance results are known.

13.4.10 Staff movement

(a) In the event of an employee being transferred between jobs within a department or between departments in the Public Service during the Performance Management and Development System cycle, the employee's performance reports for the period must be completed prior to the transfer. If the employee vacating a post is also a supervisor, the performance reviews

for each employee reporting to him/her must be completed prior to the transfer.

(b) Assessment of seconded employees remains the responsibility of the mother department. The department may liaise with the employer to whom the employee has been seconded in order to obtain relevant information necessary to assess that employee.

13.5 DEALING WITH PROBATION

13.5.1 In terms of the Public Service Act, 1994 as amended, the period of probation shall not be less than 12 calendar months. The period of probation is linked to the appointment date of the employee. The assessment to decide on whether the appointment must be confirmed or not must therefore take place 12 calendar months after the date of appointment. This means, an employee's probationary period will not necessarily coincide with the 1 April to 31 March cycle.

13.5.2 Performance Management and Development System will serve as the process to assess an employee during probation. The performance assessment of employees on probation must be conducted quarterly (refer to Annexure **G** .for probation quarterly assessment forms). At expiry of the probationary period the supervisor of the probationer must do a final assessment of the employee's performance through an Annual Assessment Instrument (Annexure **F**) in order to make a recommendation on whether or not appointment must be confirmed. This assessment must not be subjected to moderation. Where probation period runs concurrently with the performance cycle two Annual Assessment Instruments must be completed (that is, one to decide on probation period and the other one to be moderated*).*

13.5.3 Although the outcome of this assessment may not necessarily lead to assessment for reward, it may be utilised for confirmation of appointment and development purpose.

13.6 MANAGING PERFORMANCE *THAT IS NOT FULLY EFFECTIVE*

13.6.1 The employee's performance rating as 'not fully effective' or lower during the annual performance assessment must not be the first indication of the employee's shortcomings. Performance monitoring, including the performance reviews, provide opportunities to ensure this does not happen.

13.6.2 In managing performance that is not fully effective or lower, the following remedial or developmental support may also be implemented, subsequent to the determination of the cause thereof:

Training and Development - in the case where an employee lacks the necessary inherent competencies in order to carry out his/her job.

Employee Assistance Programme - where an employee encounters social and related problems that may cause poor work performance.

Incapacity Code - if the performance is not fully effective or lower and the desired improvement cannot be effected due to employee's unfitness or incapacity to carry out his/her duties the supervisor must comply with the procedural requirements of PSCBC Resolution 10 of 1999 and Resolution 1 of 2003 – "Incapacity Code".

Disciplinary action - after suggested performance improvement mechanisms and several warnings, consistent poor performance on the part of employees may require taking of disciplinary actions in terms of the Labour Relations Act and the Disciplinary Code and Procedures (i.e. PSCBC Resolution 2 of 1999 as amended).

13.7 REWARDING GOOD PERFORMANCE

13.7.1 The purpose of incentives or rewards is to recognise and acknowledge employees' good performance (that is performance which is significantly above expectation or outstanding) and to motivate those who are performing above the agreed upon or set standards.

13.7.2 Heads of Departments shall in terms of the Medium Term Expenditure Framework allocate a certain percentage of the budget towards financial incentive scheme. Such financial incentives shall be communicated to all employees.

13.7.3 Rewards or incentives must be linked with performance and focused on results or performance output. They shall influence performance and create more pleasant work environment as they serve to appreciate and add meaning to employees' work.

13.7.4 The reward system will be implemented in respect of each deserving employee based on the assessment of the supervisor and the recommendation of the relevant Moderating Committee (where applicable) with the approval of the HoD or his/her delegate.

13.7.5 There must be consistency in the application of rewards/incentives by all departments in the Provincial Administration. Equal rewards must be awarded for staff that performs at the same level so that they are perceived as equitable.

13.7.6 The Public Service Incentive Framework makes provision for the awarding of the Pay Progression and/or performance bonus to employees who achieve performance, which is satisfactory fully effective and/or significantly above expectation or outstanding.

Pay Progression System:

Salary levels 1-12

13.7.7 Employees are eligible for pay progression to the maximum notch of the salary level attached to their posts. Only one notch progression per assessment can be awarded to an employee. **[**Refer to Tables 1 and 2 on pages 20 and 21**]**

13.7.8 An employee must complete a continuous period of at least twelve months on his/her salary notch on 31 March of a year and must be performing at least fully effective/ satisfactorily. The pay progression cycle (and therefore the assessment cycle for this purpose) will run over a continuous period of 12 months, commencing on 1 April of a particular year. Progression will however take place annually on 1 July of each year. The first Pay Progression will be awarded from the outcome of the performance cycle which commenced on 01 April 2002, although payable only effective from 01 July 2003.

13.7.9 Employees on personal notches on the salary scale shall not qualify for pay progression, but shall receive any annual salary adjustments on the salary scale. A department may allocate 1% of the total remuneration/wage bill for increments in

terms of the pay progression system. This percentage may only be exceeded, in exceptional cases, with the approval of the Executing Authority.

Performance bonus

13.7.10 Employees who achieve performance, which is significantly above expectation or outstanding may be considered for the awarding of performance bonus.

An employee must have at least one year continuous service in a particular post level as at 31 March of a performance cycle before he/ she qualifies for a performance bonus.

According to the Incentive Policy Framework, the allocation of performance bonuses must not exceed 1.5% of the annual remuneration budget. However the Executing Authority has the prerogative to make a final decision on the percentage of cash bonuses to be awarded.

Employees on Salary levels 1-10 (Table 1)

13.7.11 In terms of the Incentive Policy Framework, the allocation of a performance bonus must not exceed 18 % of the employee's salary notch**.**

Employees on Salary levels 11-12: Middle Management Service (MMS) (Table 2)

13.7.12 In terms of DPSA Circular 2 of 2005 on the Implementation of an Inclusive Flexible Remuneration Package, employees on salary level 11-12 qualify for the performance bonuses up to the maximum of 14% of the MMS member's total package.

13.7.13 Tables 1 and 2 indicate the linkages between performance outcome and rewards/incentives as they will apply for employees on salary levels 1-10 and 11-12.

TABLE 1

PMDS RATING/REWARDS SCALE TABLE (LEVEL 1-10)

SCORE	PERFORMANCE CATEGORY	TOTAL SCORE	OUTCOME/DECISION/ REWARDS	REMARKS
1	Unacceptable performance	69% and lower	- No Rewards or Incentives. - Probation period may be extended or employment terminated	- Appropriate intervention compulsory - Prescribed incapacity procedures must be followed.
2	Performance not fully effective	70%-99%	- No Rewards or Incentives. - Probation period to be extended	- Appropriate intervention compulsory
3	Performance fully effective	100%-114%	- Appointment to be confirmed - **Pay progression:** One notch	- Appropriate skills development programmes to be considered in order to improve the level of performance.
4	Performance significantly above expectations	115%-129%	- Appointment to be confirmed **Pay Progression:** One notch **Performance bonus: (5%-14%)** 115%-116%=5% 117%-118%=6% 119%-120%=7% 121%-122%=8% 123%-124%=9% 125%=10%: 126%=11% 127%=12%; 128%=13% 129%=14%	- Appropriate skills development programmes to be considered in order to improve the level of performance.
5	Outstanding performance	130%-149%	**Pay Progression:** One notch); Plus **- Performance bonus: (15%- 17 %)** 130%-136%=15% 137%-143%=16% 144%-149%=17%	- Level of performance acknowledged as outstanding.
		150% and above	Appointment to be confirmed - **pay progress**: One notch; plus **performance bonus: (18%)** 150% and above=18%	
Performance Bonus is calculated on the salary notch for the qualifying/assessment period.				

TABLE 2

PMDS RATING/REWARD SCALE TABLE [LEVEL 11-12 (MMS)]

SCORE	PERFORMANCE CATEGORY	TOTAL SCORE	OUTCOME/DECISION/ REWARDS	REMARKS
1	Unacceptable performance	69% and lower	- No Rewards or Incentives. - Probation period may be extended or employment terminated	- Appropriate intervention compulsory - Prescribed incapacity procedures must be followed.
2	Performance not fully effective	70%-99%	- No Rewards or Incentives. - Probation period to be extended	- Appropriate intervention compulsory.
3	Performance fully effective	100%-114%	- Appointment to be confirmed - **Pay progression:** One notch	- Appropriate skills development programmes to be considered in order to improve the level of performance.
4	Performance significantly above expectations	115%-129%	- Appointment to be confirmed **Pay Progression:** One notch plus **Performance bonus: (5%-10%)** 115%-116%=5% 117%-118%=6% 119%-120%=7% 121%-123%=8% 124%-126%=9% 127%-129=10%	- Appropriate skills development programmes to be considered in order to improve the level of performance.
5	Outstanding performance	130%-149%	**Pay Progression:** One notch); Plus **- Performance bonus: (11%- 173%)** 130%-136%=11% 136%-140%=12% 141%-149%=13%	- Level of performance acknowledged as outstanding.
		150% and above	- **pay progress**: One notch; plus - **performance bonus: (14%)** 150% and above=14%	
Performance Bonus is calculated on the salary notch for the qualifying/ assessment period.				

13.7.14 If an employee makes a valuable suggestion, improvement or an innovation, and the mentioned initiative is successfully implemented, the employee concerned may be rewarded in accordance with the provisions stipulated in the Public Service Regulations I.VIII.G which read as follows:

"the executing authority may reward the employee through –

(i) any non-monetary reward;

(ii) a non-pensionable cash award not exceeding or in excess of 20 percent of the employee's pensionable annual salary; or

(iii) such a non-monetary reward as well as a cash award."

13.7.15 In the delivery of such rewards/incentives, a description of what was done as well as how the department/component has benefited must be given. The reward must be delivered within three (3) months after the performance has occurred. The rewards/ incentives must befit the performance that has occurred.

13.7.16 The following options may also be considered for rewarding Performance significantly above expectations and outstanding performance. A department must however develop guidelines to ensure consistency in implementing these options. These incentives may also apply where considered appropriate for rewarding of teams/groups for teamwork.

Monetary rewards:

Prizes.

Breakfast/Lunch/Dinner at departmental costs.

Department donations to a charity in the employee(s)' names.

Attendance of professional meeting/s, seminar/s or conference/s at departmental costs.

Rewards for Recognition:

Certificate of recognition.

Formal public recognition.

Informal acknowledgement.

Letter of appreciation/praise.

Publicity (mention in the departments news letter).

Being selected to represent the department at special meetings / functions.

Rewards through Job Tasks/Responsibilities:

Exposure in higher-level tasks/responsibilities (for career advancement).

Opportunity for advanced training.

Opportunity for self-management (exempt from close supervision).

Greater opportunity to set own goals and priorities.

More frequent participation in decision-making.

Status Indicators Rewards:

Status Symbols (nameplate, new furniture etc.).

Invitations to higher level meetings.

The following more cost-effective awards may also be awarded and departments could choose colours of their liking and emblems/logos/code of arms relevant to their departments.

Tie / Scarf.

Pen and Stand / holder.

T- Shirt / Golf shirt.

Tie Pin / Brooch.

Trophy (this could be differentiated by sizes).

13.8 MONITORING AND EVALUATION

The Executing Authority or his/her delegate as well as the Departmental Human Resource Manager, must monitor and ensure the adherence to the provisions of this policy.

Should this policy or any provision thereof be amended, the amended policy or provision thereof will supersede the previous one.

&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&

AMENDMENTS

First amendment: **Approved: 27/07/2004 (Date of effect: 01/04/2003)**

Second amendment: **Approved: 19/04/2005 (Date of effect: 01/04/2004)**

Third amendment: **Approved: 02/05/2006: (Date of effect: 01/04/2005)**
(Tables 1 & 2)

Fourth amendment: **Approved: 27/02/2007: (Date of effect: 01/04/2008)**

APPENDIX 4

NORTH-WEST UNIVERSITY
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Web: http://www.nwu.ac.za

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

23 November 2010

Dear Participant

RE: Assessment of the implementation of performance appraisal in clinics in the Kenneth Kaunda District (KKD)

We herewith invite you to participate in an audit questionnaire on the implementation of performance appraisal in clinics in the Kenneth Kaunda district. The purpose of this audit questionnaire is to describe how PA is implemented from the perspectives of line managers and nurse employees in clinics in the Kenneth Kaunda District, and to develop guidelines on the implementation of performance appraisal in clinics in the Kenneth Kaunda District.

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

The audit has received ethical clearance from the North-West University Ethics Committee (NWU-00004-10-S1) and Directory: Policy, Planning and Research Department of Health and Social Development North West Province. 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 study.

Kind Regards

Sharon Bezuidenhout
BCur, RN, RM
sbez10@yahoo.com
Tel: 018 293 4561
Fax: 018 293 4507

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

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Prof H Klopper

Ethics Committee
Tel +27 18 299 4850
Fax +27 18 293 5329
Email Ethics@nwu.ac.za

ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title:

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

Ethics number: NWU-00004-10-S1

Approval date: 2010-03-23 **Expiry date:** 2015-03-24

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- *The project leader (principle investigator) must report in the prescribed format to the NWU-EC:*
  - *annually (or as otherwise requested) on the progress of the project,*
  - *without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.*
- *The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.*
- *The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.*
- *In the interest of ethical responsibility the NWU-EC retains the right to:*
  - *request access to any information or data at any time during the course or after completion of the project;*
  - *withdraw or postpone approval if:*
    - *any unethical principles or practices of the project are revealed or suspected,*
    - *it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,*
    - *the required annual report and reporting of adverse events was not done timely and accurately,*
    - *new institutional rules, national legislation or international conventions deem it necessary.*

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof MMJ Lowes
(chair NWU Ethics Committee)

APPENDIX 6

NORTH-WEST UNIVERSITY
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EMail Siedine.Knobloch@nwu.ac.za

8 September 2010

The Director
Department of Health and Social Development
North-West Province
Mafikeng

Dear Ms Malakane

RE: Guidelines for the implementation of performance appraisal (PA) in clinics in the Kenneth Kaunda District (KKD)

I herewith would like to request permission to conduct a research study on the implementation of PA in clinics in the KKD. The purpose of the study is to describe the implementation of PA from the perspective of line managers and employees in clinics in the KKD, and to develop guidelines on the implementation of PA in clinics in the KKD.

Information obtained from the study will allow guidelines on the implementation of PA in clinics in the KKD to be developed which will assist in improved PA, performance of nurse personnel an ultimately, health service delivery.

Date for the study will be collected using a questionnaire that was developed using section 13.4.4 and 13.4.5 of the PMDS policy, NGPG 13 as amended 2009-2009.

Participation in the study will be voluntary. No person will be under any obligation to participate and participants may withdraw from the study at anytime without repercussion or penalty. All questionnaires will be assigned a number to assure anonymity of the participants and the clinics, and all information will be treated as confidential.

A report of the findings and guidelines developed from the study will be presented to you office and a formal presentation will be conducted at the clinics.

Ethical approval to conduct this research study was obtained from the NWU Ethical Committee (NWU-00004-10-S1).

Attached you will find ethical approval certificate, research proposal and the questionnaires to be used in this study. Should you require any further information about the study or require a formal presentation, please do not hesitate to contact me.

Your consideration of this request is sincerely appreciated.

Kind regards

Sharon Bezuidenhout
BCur, RN, RM
Sbez10@yahoo.com
Tel: (018) 293 4561
Fax: (018) 293 4507

Siedine Knobloch Coetzee
PhD, RN, RM
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Tel: (018) 299 1879
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Health & Soc Dev
Department:
Health & Social Development
North West Provincial Government
REPUBLIC OF SOUTH AFRICA

RECEIVED

2ND Floor Tirelo Building
Dr. Albert Luthuli Drive
Mafikeng, 2745
Private Bag X2068
MMABATHO

DIRECTORATE POLICY, PLANNING AND RESEARCH

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

To : The esteemed Researcher
Potchefstroom Hospital- Dr Kenneth Kaunda District
North West Department of Health

From : Directorate: Policy, Planning & Research

Date : 18 October 2010

Purpose

To inform your good self that permission to undertake a research study within the health domain has been granted by the North West Department of Health and Social Development.

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

Yours truly

pp

Mr K.Rabanye
Chairperson: PHRC –Health Branch
North West Department of Health and Social Development

DIRECTOR:
POLICY & PLANNING
18 OCT 2010
DEPARTMENT OF HEALTH
PRIVATE BAG X2068 MMABATHO 2735

APPENDIX 8

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EMail Siedine.Knobloch@nwu.ac.za

2 November 2010

The PHC Manager
Department of Health and Social Development
Klerksdorp
2531

Dear Mr W Francis

RE: Guidelines for the implementation of performance appraisal (PA) in clinics in the Kenneth Kaunda District (KKD)

Herewith we would like to request permission to conduct a research study on the implementation of PA in clinics in the KKD. The purpose of the study is to describe how PA is implemented from the perspective of line managers and employees in clinics in the KKD, and to develop guidelines on the implementation of PA in clinics in the KKD.

Information obtained from the study will allow guidelines on the implementation of PA in clinics in the KKD to be developed which will assist in improved PA, performance of nurse personnel an ultimately, health service delivery.

Date for the study will be collected using a questionnaire that was developed using section 13.4.4 and 13.4.5 of the PMDS policy, NWPG 13 as amended 2008-2009.

Participation in the study will be voluntary. No person will be under any obligation to participate and participants may withdraw from the study at anytime without repercussion or penalty. All questionnaires will be assigned a number to assure anonymity of the participants and the clinics, and all information will be treated as confidential.

A report of the findings and guidelines developed from the study will be presented to you office and a formal presentation will be conducted at the clinics.

Ethical approval to conduct this research study was obtained from the NWU Ethical Committee (NWU-00004-10-S1) and the Directorate: Policy, Planning & Research North West Department of Health.

Attached you will find ethical approval certificate, letter of permission from the Directorate; Policy, Planning & Research North West Department of Health and the questionnaires to be

used in this study. Should you require any further information about the study or require a formal presentation, please do not hesitate to contact me.

Your consideration of this request is sincerely appreciated.

Kind regards

Sharon Bezuidenhout
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APPENDIX 9

Health & Soc Dev
Department:
Health & Social Development
North West Provincial Government
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4th Floor West End Building
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MATLOSANA SUB-DISTRICT

Tel: (018) 464 2210
Fax: (018) 464 2512
Enquiry: Mrs Z Motala

TO: THE ESTEEMED RESEARCHER
POTCHEFSTROOM HOSPITAL- DR KENNETH KAUNDA DISTRICT
NORTH WEST DEPARTMENT OF HEALTH

FROM: MR W FRANCIS
ACTING-PHC MANAGER
MATLOSANA SUB DISTRICT

DATE: 03/11/10

SUBJECT: **GUIDELINES FOR THE IMPLEMENTATION OF PERFORMANCE APPRAISAL (PA) IN CLINICS IN THE KENNETH KAUNDA DISTRICT (KKD)**

Dear Madam

The above subject refers.

Approval is hereby granted to you to conduct research study within the Matlosana Sub District facilities.

You are requested to liaise with the Assistance Directors: Primary Health Care (AD: PHC) on the following numbers to confirm visit dates:

Me Makhongoana: 082 807 2207
Me Mvundle: 082 807 0986
Me Tloboro: 083 728 1663
Me Mahoko: 073 198 2995

You are also requested to provide the sub district with the statistics from your findings.

Hope you find the above in order.

King Regards

.....
MR W FRANCIS
ACTING -PHC MANAGER
MATLOSANA SUB DISTRICT