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Evaluating the Implementation of Employee Performance Management and Development System (EPMDS) by Operational Managers at Eshowe Hospital, KwaZulu-Natal

Promise Nhlanhla Sangweni

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Evaluating the implementation of Employee Performance Management and Development. System (EPMDS) by Operational Managers at Eshowe Hospital

By

Mr Promise Nhlanhla Sangweni

136851

Management College of Southern Africa (MANCOSA)

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Supervisor: Mr Sayed Moinuddin Rehman

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DECLARATION

I, Promise Nhlanhla Sangweni declare that the dissertation entitled: **'Evaluating the implementation of Employee Performance Management and Development System (EPMDS) by Operational Managers at Eshowe Hospital'**, is my own original work and that the resources that I have used and quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree institution.

13/02/19

Promise Nhlanhla Sangweni **Date**

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Lastly, but not least, I also like to send my appreciation to my supervisor, Mr Sayed Rehman for the support and guidance he gave me throughout the study.

ABSTRACT

KwaZulu-Natal Department of Health (KZN DOH) is implementing the Performance Management and Development System (PMDS) that seems to be overemphasizing on payment of bonuses than incorporating an important facet of development. The fact that the skills budget has been withdrawn from hospitals and centrally controlled in Head Office Human Resource Development (HRD), makes matters worse when an officer needs to be subjected to training on identified gaps during PMDS. The current PMDS seem to be poorly implemented at Eshowe Hospital where even the supervisors seem to be not clued up as to how the process works.

The study investigated the implementation of Employee Performance Management and Development System (EPMDS) by Operational Managers at Eshowe Hospital. A qualitative research design, which was exploratory-descriptive and contextual in nature was undertaken using a semi-structured interview guide administered to Operational Managers (OMs) working at Eshowe Hospital. The study used non-probability sampling approach and it was convenience sampling involving choosing readily available Operational Managers in the hospital.

The findings revealed six themes that emerged from the data. The themes identified include, necessity for PMDS, planning for performance agreement, formulation of performance goals, appropriateness of performance monitoring, OMs' perception of giving feedback and OMs' understanding of PMDS. There is lack of knowledge of OMs on how to correctly implement PMDS, OMs agreed that there is a need of PMDS as it helps them with quality improvement as PMDS tool helps with performance evaluation, some agreed that there is a need to plan for performance appraisal session while others believe there is no need to plan for it, performance goals and objectives help staff to commit themselves and strive for achieving goals, performance monitoring is not properly conducted by OMs as they are also expected to be 'hands on' on everything in the wards, frequent changes made on the PMDS tool also disturbs OMs and lack of incentives when staff has scored above the average is also a demotivating factor on staff.

The knowledge gained from the study gave an insight regarding the need to orientate and give proper in-service to OMs on PMDS process. There is also a need to limit frequent changes made by policy makers on the tool as this only confuses OMs. There is a dire need that necessary incentives that go with outstanding performance be revived. There is also a need to incorporate the development facet in PMDS as most OMs over-emphasized the use of monetary incentives.

The need for planning during performance appraisal would also ensure that the PMDS process is not done haphazardly. Lastly but not least, counselling, coaching and support need to be strengthened for PMDS to be successful.

Though this study did not cover a wide scope, it is believed the ultimate goal of this research study was achieved.

TABLE OF CONTENTS

Declaration iii

Acknowledgements iv

Abstract v

Table of contents vii

List of tables xiv

List of Acronyms xv

CHAPTER ONE: INTRODUCTION

1.1 Introduction 1

1.2 Background to the problem 1

1.3 Problem Statement 3

1.4 Aim of the Study 3

1.5 Research objectives 3

1.6 Research Questions 4

1.7 Significance of the Study 4

1.8 Format of the study 4

1.9 Conclusion 5

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction 6

2.2. PMDS background 6

2.3. Purposes of Performance Management and Development 7

2.3.1. Strategic drive 7

2.3.2. Administrative purpose 7

2.3.3. Information purpose 8
2.3.4. Developmental purpose 8
2.3.5. Organizational maintenance purpose 8
2.3.6. Documentational purpose 8
2.4. The Principles of Performance Management and Development Systems… 9
2.4.1. Strategic congruence 9
2.4.2. Context similarity 9
2.4.3. Circumspection 9
2.4.4. Practicality 9
2.4.5. Meaningfulness 10
2.4.6. Specificity 10
2.4.7. Identification of productive and unproductive performance 10
2.4.8. Dependability 10
2.4.9. Validity 11
2.4.10. Acceptability and fairness 10
2.4.11. Inclusiveness 11
2.4.12. Openness 11
2.4.13. Correctability 11
2.4.14. Standardization 12
2.4.15. Ethicality 12
2.5. Performance appraisal and performance management 12
2.6. Advantages of successfully implemented PMDS… 13
2.6.1. Motivation to perform is increased 13
2.6.2. Self - esteem is increased 14

2.6.3. Managers gain insight about their subordinates 14
2.6.4. The definition of job and criteria are clarified 14
2.6.5. Self-insight and development are enhanced 14
2.6.6. Administrative actions are more fair and appropriate 15
2.6.7. Organizational goals are made clear… 15
2.6.8. Employees become more equipped with knowledge 15
2.6.9. Employee misbehaviour is reduced 15
2.6.10. There is better and more timely differentiation between good and poor performers.....16
2.6.11. There is better protection from litigation and lawsuits… 16
2.6.12. Organizational change is facilitated 16
2.6.13. Motivation, commitment, and intentions to stay in the organization are enhanced .. .16
2.7. The Performance Management and Development Process…..... 17
2.7.1. Performance planning..... 17
2.7.2. Establish clear goals and objectives ……..17
2.7.3. Monitor performance..... 17
2.7.4. Provide feedback.....18
2.7.5. Coach, counsel & support… 18
2.8. Key players in performance management 18
2.8.1. Supervisors' role… 19
2.8.2. Employees' role 19
2.8.3. Human resource role 19
2.9. Managing unsatisfactory performers…..... 19
2.10. Conclusion……..20

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1. Introduction 21

3. 2. Research Design 21

3.2.1. Causal-comparative research design 22

3.2.2. Correlational research design 22

3.2.3. Explanatory research design 22

3.2.4. Exploratory research design 22

3.2.5. Descriptive research design 22

3.2.6. Contextual research design 22

3.3. Research Philosophy 22

3.3.1. Phenomenological research paradigm 22

3.3.2. Positivism paradigm 23

3.4. Research Methods 24

3.4.1. Target population 25

3.4.2. Sampling 25

3.4.2.1. Non-probability sampling 25

3.4.3. Data Collection 26

3.4.3.1. Interviews 26

3.4.3.2. Facilitative communication skills 28

3.4.3.3. Preparation for an interview 29

3.4.4.4 Pre-testing the interview instrument 29

3.5. Data analysis 30

3.5.1. Measures to ensure trustworthiness 31

3.5.1.1. Truth value 30

3.5.1.2. Applicability 32
3.5.1.3. Consistency 32
3.5.1.4. Neutrality 33
3.6. Limitations of the study 33
3.7. Elimination of bias 34
3.8. Ethical considerations… 34
3.8.1. Ensuring that an informed consent is signed..... 34
3.8.2. Ensuring no harm comes to participants… 35
3.8.3. Ensuring confidentiality and anonymity 35
3.8.4. Ensuring that permission is obtained 35
3.9. Conclusion 35

CHAPTER FOUR: DISCUSSION RESEARCH FINDINGS

4.1. Introduction 37
4.2. Sample description 37
4.3. Themes emerging from the data 38
4.4.Necessity for PMDS in a health service… 40
4.4.1.Planning in-service education of employees… 40
4.4.2.Assist Operational Managers with quality improvement… 41
4.4.3.A tool of motivation for employees… 41
4.4.4. Assist with Performance assessment 42
4.5.Planning for performance agreement…..... 42
4.6.Formulation of performance goals and objectives… 43
4.7.The appropriateness of performance monitoring ..... .44
4.7.1. Performance monitoring is appropriately conducted by OMs within our setting ..... .44

4.7.2. Performance monitoring is inappropriately conducted by OM's within our setting…44

4.8.OMs' perception of giving feedback……...45

4.8.1.Perception of the necessity to give feedback during PMDS……45

4.8.1.1. Assist employees improve performance……..45

4.8.1.2. Assist employees to have an insight on PMDS……46

4.8.1.3. Assist employees know their shortcomings……46

4.8.1.4. Assist motivate employees……..46

4.8.2. Perception of the content of feedback during PMDS……46

4.8.2.1. Employee's performance……47

4.8.2.2. Sequence of feedback……47

4.8.2.3. Plan for employee improvement……47

4.9. OMs' understanding of providing feedback……48

4.9.1. Understanding and implementation of counselling in PMDS……..48

4.9.2. Understanding and implementation of coaching in PMDS……..49

4.9.2.1. Understanding of coaching in PMDS……...49

4.9.2.2. Implementation of coaching in PMDS……49

4.9.3. Understanding and implementation of support in PMDS……50

4.9.3.1.Understanding of support in PMDS……..50

4.9.3.2. Implementation of support in PMDS……50

4.10. Challenges experienced with the current PMDS……...51

4.10.1. Attitudes and perceptions of stafftowards PMDS……51

4.10.2. Orientation……...51

4.10.3. PMDS Tools……52

4.10.4. Lack of incentives……52

4.10.5. Cumbersome process……52

4.10.5.1.Time shortage…….53

4.10.5.2. Dissatisfaction with rating system……53

4.11. Interpretation and discussion……...53

4.12. Conclusion……....55

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction 57

5.2. Findings.....57

5.3. Conclusion 58

5.4. Recommendations… 59

5.4.1. Recommendations regarding practice of OMs……..59

5.4.1.1. Review the issue of extra-motivation for staff who have scored above average in PMDS……..60

5.4.1.2. Develop a concise and user-friendly PMDS tool… 60

5.4.1.3. Direct involvement of Operational Managers in the implementation of PMDS…....60

5.4.1.4. Employees should not be penalized for mistakes committed by their supervisors or HR office……...61

5.4.1.5. Improving PMDS reward System 61

5.4.1.6. Improve on the current PMDS system and avoid changing it to another performance management system 61

5.4.2. Recommendations regarding education of OMs… 62

5.4.3. Recommendations for future research..... 63

Bibliography 64

Appendices.....70

Appendix A: Interview guide……..…….71

Appendix B: Introductory Letter and Consent Form for Participants… 74

Appendix C: Permission letter from Eshowe Hospital… 76

Appendix D: Ethical Approval…….77

Appendix E: KZN DOH Approval letter…….….78

LIST OF TABLES

Table 1. Difference between Performance appraisal and Performance management 13

Table 2. Demographic description of the study participants 35

Table 3. Themes, categories and sub-categories that emerged from data analysis..... 37

List of Acronyms

CEO Chief Executive Officer

COGTA Corporate Affairs, Local government and Traditional Affairs

DOH Department of Health

DPSA Department of Public Service and Administration

EFF Economic Freedom Fighters

EPMDS Employee Performance Management and Development System

GAFs Generic Assessment Factors

HoDs Heads of Departments

HRD Human Resource Development

HRM Human Resource Management

HRKM Health Research and Knowledge Management

IRC Interim Review Committee

KFF Kaiser Family Foundation

KRAs Key Result Areas

KZN KwaZulu-Natal

NDP National Development Plan

OSD Occupational Specific Dispensation

OMs Operational Managers

PAs Performance Agreements

PDP Personal Development Plan

PM Performance Management

PMDS Performance Management and Development System

PSC Public Service Commission

QIPs Quality Improvement Plans

SANC South African Nursing Council

SMART Specific, Measurable, Attainable, Realistic and Time-bound

SMS Senior Management Service

CHAPTER ONE: ORIENTATION TO THE STUDY

1.1. INTRODUCTION

Performance Management and Development System (PMDS) is a very important tool used in human resources to manage and measure employees' work performance (Paile, 2012). It was introduced in the Public Health Sector few years ago with the very same aim of managing and measuring employees' work performance. Since its inception in the Public service, PMDS seem to be not understood by many including those in Management positions. Operational Managers are no exception to this. Operational Managers are those managers who supervise units or wards in the hospital and in olden days they used to be called Unit Managers. PMDS is a non-ending process whereby workers and supervisors work together in setting criteria for their prospects, sending and receiving response, going over results and rewarding performance. The PMDS serves as a good tool that helps managers and supervisors to manage the work of their supervisees (Adejoka and Bayat, 2014). On the other hand, it helps improve reciprocal communication between employees and managers.

PMDS is an agreement between the employee and supervisor and it is not dictated upon by the supervisor. During performance agreement and half yearly reviews and annual performance assessments, there are scores ranging from 1 to 5 that are allocated according to employees' performance, whereby 1 to 2, denotes poor performance, 3 denotes fully effective performance and 4 and 5 denotes outstanding performance. Interim Review Committee (IRC) is expected to moderate scores to ensure that there is uniformity in the application of the tool throughout the Department. Employee Performance and Development System (EPMDS) as it is always referred to in the Department of Health because of the most important role employees play in the effective implementation of Performance Management. This chapter covers the background to the problem, problem statement, aims of the study, research objectives, research questions, significance of the research and the format of the study.

1.2. BACKGROUND TO THE PROBLEM

The Department of Public Service and Administration (DPSA) strategic plan (2015/2020) cited that with the introduction of the National Development Plan (NDP) 2030, it is essential that

employees' performance is monitored in the public service so that employees can be capacitated where necessary and be compensated according to their performance. With the introduction of PMDS, the main aim was to improve performance of public servants so that public services are both efficient and effective in addressing the needs of the public at large.

Makamu (2016) states that the Public Service Commission (PSC) has been, since 2004, monitoring and evaluating the performance management practices in the Public Service. In all the reports, it was found that the overall implementation of the performance management and development system of Senior Management Service (SMS) employees was unsatisfactory. The PSC stipulates that all Heads of Departments (HoDs) performance should be evaluated through the signing of performance agreements (PAs). Signing of PAs for HoDs is similar to the signing of all employees in the Public service, the only gap could be with the linking of PMDS of high-level managers and those employees at the grass root level.

PSC (2014) notes that the PMDS tool is misinterpreted by many as the tool that is used for monetary gain while downplaying another important aspect of staff development. If managers are not implementing the PMDS tool accordingly, employees may be discouraged more especially if all employees are rated as average by lazy managers. Henceforth most employees usually look at PMDS as the time-wasting exercise and this leads to poor implementation at all levels thereof.

It is important that senior managers' performance is up to scratch in the Public Service to be able to deliver on departmental mandates and be able to deal with governance challenges. This should be taken serious in the era where there is more than enough pressure to improve service delivery in the public service due to formation of more robust and radical political parties such as Economic Freedom Fighters (EFF).

Eshowe Hospital is situated in Ward 11, Eshowe Town but predominately serving rural communities under uMlalazi Municipality. Although in the past, it had some packages of Regional services, it is now operating as a Large District Hospital with 400 useable beds and serves the population of approximately 213 601 (Census, 2011). There are 6 residential clinics which refer to Eshowe Hospital.

In the fourth quarter of 2016 about 95% of staff submitted their PMDS. Out of those, Operational

Managers submitted EPMDS with lot of gaps inter alia all rated themselves and their staff as average.

1.3. PROBLEM STATEMENT

This research explored the knowledge Operational Managers have for the effective implementation of PMDS at Eshowe District Hospital. Operational managers in the hospital play a significant role in the implementation of PMDS as they lead units or wards in the public hospitals since the inception of PMDS in 2001. Some see the use of this tool as time wasting. Du-Plessis (2015) unveils that even the implementers of PMDS are not sure about it and not everyone knows how PMDS works and benefits and challenges thereof.

Tshabalala (2015) cites that some managers see PMDS as a weapon to get at those under their direction. This is made up of conflicts between supervisors and supervisees during performance appraisal sessions. These tensions are usually caused by poor communication between supervisor and supervisee and if there were open and honest discussions during the entire PMDS process, there would not be such tensions. Another knowledge gap in PMDS is that some employees look at PMDS as money making process without incorporating another important aspect of staff development.

1.4. AIM OF THE STUDY

The purpose of this study was to evaluate the implementation of PMDS by the Operational Managers at Eshowe Hospital.

1.5. RESEARCH OBJECTIVES

The objectives of this study were: -

1.5.1. To explore Operational Managers' perception of the implementation of the Performance Management and Development System at Eshowe Hospital,

1.5.2. To describe Operational Managers' perception of the implementation of the Performance Management and Development System at Eshowe Hospital and,

1.5.3. To provide recommendations on how to improve the implementation of Performance Management and Development System.

1.6. RESEARCH QUESTIONS

Research questions are specific queries researchers want to answer in addressing the problem (Polit and Beck 2017). In this study, the researcher desired to answer the following research questions, namely: -

1. What is the perception of the implementation of EPMDS by Operational Managers?
2. What are the challenges of Operational Managers in the implementation of PMDS?
3. What recommendations can be proposed to ensure EPMDS is effectively managed at Eshowe Hospital?

1.7. SIGNIFICANCE OF THE RESEARCH

The information that was gathered in this study will assist policy makers to understand the knowledge gap that exists among Operational Managers at Eshowe Hospital in order to plan necessary interventions on bridging knowledge gaps. It is further expected that findings from this study will help health managers and authorities to explore and describe Operational Managers' perception of the implementation of the PMDS at Eshowe Hospital

1.8. FORMAT OF THE STUDY

This study was divided into 5 chapters, as follows:

Chapter One**:** The introduction which will give information about the research that is being undertaken.

Chapter Two: The Literature Review which will provide critical analysis and evaluation of

existing knowledge pertaining to each of the research problems that this research will seek to address.

Chapter Three: The Research Methodology where information about the chosen research methodology will be outlined.

Chapter Four: The Results, Discussion, analysis and interpretation of findings.

Chapter Five: The Conclusions and Recommendations which will comprise of conclusions drawn and proposed recommendations for the study

1.9. CONCLUSION

This chapter introduced the background of the study, problem statement, aims and objectives of the study, research questions, significance of the study and outline of the study.

The next chapter will discuss literature review that has been consulted during the conducting of this study.

CHAPTER TWO: LITERATURE REVIEW

2.1. INTRODUCTION

The previous chapter provided the reader with an overview of the dissertation, which explored Performance Management Development System (PMDS) in the public service. This chapter discusses the purpose of PMDS, the principles of PMDS, difference between performance appraisal and performance management, advantages of successfully implemented PMDS, the PMDS process, key players in performance management and managing the unsatisfactory performers.

According to Brink et al (2012), the researcher reviews the literature in some detail, but does not report on the whole of the literature review. It is also not appropriate for the researcher to try to include everything but should rather report on the portions of the review that are presumed to be relevant. In this section, the researcher will try to do exactly that.

2.2. PMDS BACKGROUND

KZN Department of Corporate Affairs, Local government and Traditional Affairs (COGTA) (2013), defines Performance Management System as an imposing framework for dealing with performance of workers, which covers all aspects PMDS cycle, inter alia performance agreement, performance reviews monitoring, annual performance assessment, performance appraisal and handling results of appraisal.

PMDS documentation outlines what is expected from each employee role-based competency expectation for each employee even if employees have different job descriptions. According to Marquis and Huston (2017) workers can be assisted to convert these capabilities into work activities for a particular job. In PMDS, there are scores ranging from 1 to 5 that are allocated according to employees' performance, whereby 1 to 2, signifies poor performance, 3 signifies fully effective performance and 4 and 5 signifies outstanding performance. Hough, Thompson, Strickland and Gamble (2011) re-iterate that these scores stand for performance of each employee and serves as a link between organisational causal attributes, intervening attributes and end results that all link up to pre-set organizational objectives. It is important that PMDS is not a once-off process but is made up of series of monitoring and evaluation of employee's performance that is clearly documented for accurate decision-making. Managers are blamed for only focusing only on one measure of performance i.e. outcomes. While on the other hand, Hersey and Blanchard further argue that both causal, intervening and end results variables must be considered since

they are interdependent to each other.

2.3. PURPOSES OF PERFORMANCE MANAGEMENT AND DEVELOPMENT

Performance Management (PM) is a Human Resource Management (HRM) practice that aspires to encompass management of the individual, the team and the organisation. PM is an ongoing process of identifying, measuring and developing performance by linking the performance of the employee to the mission and goals of the organisation (Moore-Gahan, 2014).

Performance management and development system deals with monitoring how employee performs his job and later planning appropriate training. In many instances the latter is sometimes understated, and this deprives employees of an opportunity to be developed so that they improve their performance until they are fully effective.

According to Aguinis, (2014), there are several purposes of PMDS inter alia: -

2.3.1. Strategic drive

The ultimate purpose of PMDS is simply to assist managers to attain their organizational strategic objectives. PMDS ensures that the personal goals of employees are at same par with those of the organisation. Behaviours that will not assist the organization reach its objectives are discouraged at all costs by proper supervision of employees by managers. Another strategic purpose of PMDS is that, they play an important role in the on boarding process which is the process that leads new employees to transition from being organisational outsiders to organisational insiders.

In other words, PMDS should be directly linked to strategic objectives of the organization to ensure that set targets are effectively met. This will ensure that the organisation achieves goals and objectives it has set for itself.

2.3.2. Administrative purpose

PMDS has an important purpose to provide useful information that will be used for taking human management decisions such as salary increment, salary adjustments, promotions and demotions, dismissal and identifying employees who require further training and future career pathing.

2.3.3. Information purpose

PMDS serve as an important purpose in that, more information may be exchanged between the manager and employee improving communication in general. Managers will be in a better position to understand what employees feel and think on the ground to implement correct strategies to assist them in achieving the organizational objectives.

2.3.4. Developmental purpose

It is important to receive feedback from employees from time to time so that necessary training and coaching can be arranged where gaps are identified to improve performance of employees. Though many look at PMDS as a monetary tool, it is important to mention that PMDS can also be useful as a development tool to bridge gaps that have been identified during the performance appraisal.

2.3.5. Organisational maintenance purpose

This purpose of PMDS looks at workforce planning. Workforce planning is a process used to align needs of the employees with those of the organisation and therefore correct allocation of workforce to achieve the goals of the organization. Other organisational maintenance purposes served by PMDS include assessing future training needs, evaluating the effectiveness of human resource interventions e.g. whether employees perform at higher levels after participating in a training programme.

2.3.6. Documentational purpose

PMDS also serves the purpose of documenting critical information that can be usedfor important administrative decisions such as during litigation when documentation can be used in the court of law. PMDS can also document important aspects that can be used for future planning and assist managers as documented proof that can be used during a disciplinary case against the staff member more especially if it relates to incapacity and poor performance.

2.4. THE PRINCIPLES OF PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEMS

According to Aguinis, (2014), there are several principles of PMDS inter alia:

2.4.1. Strategic congruence

The system should be congruent with the unit and organization's strategy. In other words, individual goals must be aligned with unit and organizational goals. This means that PMDS of managers and staff in general should be aligned to the organizational strategic and operational plans to be able to achieve set targets.

2.4.2. Context similarity

PMDS should strive to address the culture of the organization and that of the local people this can only be achieved if the system is congruent with culture of the organization and that of the local people. This means that although performance is measured similarly around the world, the interpersonal aspects of the system are adapted and customized to the local culture.

2.4.3. Circumspection

PMDS should be thorough and follow the following dimensions namely; first, both employees and managers must be assessed; second, all Key Result Areas (KRAs) and Generic Administrative Factors (GAFs) should also be evaluated; third, the evaluation of PMDS should cover the entire period under assessment and not only few weeks or few months; finally, a person providing feedback should start by positive feedback and later cover areas that need improvement.

2.4.4. Practicality

PMDS should be straight forward and not complicated unnecessarily. The aim is to use the system to plan for the proper compensation of employees according to their performance and implement the improvement plan where employee's performance is not up to scratch.

2.4.5. Meaningfulness

PMDS must make sense in that, first, the standards and evaluations selected for each key performance area must be deemed critical and pertinent; second, include only the performance indicators that are within the capacity of the employee; third, regular assessments should be conducted preferably quarterly; fourth, the system should capacitate those conducting evaluation; finally, PMDS results should inform future decision-making.

2.4.6. Specificity

PMDS should be on point and deliver comprehensive and solid direction to employees on expectations and how to achieve them. PMDS tool should not beat about the bush when evaluating the employees but only address the KRAs and GAFs that were agreed upon during the signing of performance agreement.

2.4.7. Identification of productive and unproductive performance

An effective PMDS must be the one that strives to identify behaviours that lead to outstanding performance so that managers can take advantage of. While on the other hand, untoward behaviours that bring about unproductive performance must be handled with care and rooted out. Those employees whose performance is exceptional must be identified so that they are compensated and promoted accordingly. The habit of rating all employees alike no matter how different their performance is, should be avoided at all costs.

2.4.8. Dependability

Managers and supervisors cannot follow employees on whatever they are doing but will also depend on them to do their work with dedication. On the other hand, the system to assess the employees must be reliable in that even if the raters can be changed, PMDS tool should still yield same results. It is important that the PMDS tool also have this important feature because it gives those evaluated an assurance that the tool is trustworthy and even if the evaluator can be changed, the tool will produce the same results.

2.4.9. Validity

In research, validity means that the tool measures what it intends to measure. In other words, the tool should be as accurate as possible. This is what is expected from a PMDS tool. PMDS should measure what is deemed important for the job. The PMDS tool should only measure KRAs and GAFs that were identified earlier between the supervisor and the supervisee.

2.4.10. Acceptability and fairness

PMDS tool must be both acceptable and fair to both the rater and the employee. It is important that even the employees themselves perceive the PMDS tool to be fair. This will ensure that results brought about by the tool are acceptable to be fair by the employees. If results are perceived to be fair, it is likely that employees will comply with whatever recommendation that will be proposed by the supervisor.

2.4.11. Inclusiveness

Good PMDS must allow everybody including both managers and employees to be involved during the process of planning and actual implementation of the tool. If all stakeholders were involved in the process, they are likely to implement it successfully since there will be sense of ownership of the process and they all know what the process requires of them.

2.4.12. Openness

Good performance management systems have no secrets and no hidden agendas. This is clearly demonstrated by discussing the deadlines of PMDS with employees and agreeing on KRAs and GAFs that will be evaluated. Two-way communication that is open and honest is also encouraged during performance appraisal.

2.4.13. Correctability

PMDS should be objective in that there should be no suspicion that there is an error in the system. Once the employees identify that there are gaps in the PMDS tool, there is likelihood that results may not be accepted as the true reflection of their performance. Both the supervisor and the

supervisee should agree on the correctness of the PMDS tool and ensure that it does not have gaps and is free of errors before used.

2.4.14. Standardization

Good performance management system should be standardized in that it should have same features. Standardized tool can be defined as the tool that is agreed upon and has a tendency of having repeatable outcomes. Even the PMDS tool should have this attribute. This can be achieved through ongoing training of both managers and employees on the tool itself and its use.

2.4.15. Ethicality

Good management systems conform to set ethical principles. Supervisors should always be objective when evaluating employees and avoid their personal egos that may distract them. This can be achieved by ensuring that supervisors focus only on agreed upon KRAs and GAFs to avoid adding things that will make an employee suspicious of hidden agendas by the supervisor.

2.5. PERFORMANCE APPRAISAL AND PERFORMANCE MANAGEMENT

Abdool (2016) states that performance management is assumed to be the same with performance measurement. However, performance appraisal is one of the processes within the performance management and development system. Performance measurement could be described as a formal process of assessing an employee's performance by the supervisor or manager with the aim to check whether the employee is performing effectively or not, while on the other hand performance management is much wider as it consists of how the supervisor supports and manages the performance of his or her employees. Refer to differences between Performance appraisal and Performance management on Table 1 below:

Table 1. Difference between Performance appraisal and Performance management adapted from (Flynn 2013)

PERFORMANCE APPRAISAL	PERFORMANCE MANAGEMENT
• From manager to employee communication.	• Reciprocal
• Interval appraisal meetings.	• Continuous meetings per need.
• Rating forms an integral part of the meeting.	• No rating.
• Massive and inflexible system.	• Supple process.
• Emphasis is on quantified objectives.	• Emphasis is on principles and behaviours.
• It has everything to do with payment of salaries.	• Nothing to do with payment of salaries but encompasses the development part.
• Administrative complex paperwork.	• Paperwork kept to a minimum.
• Driven for administrative purpose.	• Driven by supervisors and employees as per identified need.

2.6. ADVANTAGES OF SUCCESSFULLY IMPLEMENTED PMDS

There are many advantages associated with the implementation of a performance management system. According to Aguinis (2014), a well implemented performance management system can make the following important contributions namely: -

2.6.1. Motivation to perform is increased

Experience has taught managers that knowledge on how employees has fared in the past and praise where praise is due, will motivate them to even do much better in the future. Performance appraisal that seeks to celebrate good things achieved will further encourage staff to do better

next time. There is no need for supervisors to withhold feedback up to the end of the reporting period and come with a surprise at the end. The strong point of PMDS is to give positive feedback and highlight the gaps to encourage employees on good things they have already achieved.

2.6.2. Self - esteem is increased

Receiving a positive feedback on good work done by employees, will tend to boost their future performance and further improve self-esteem of employees. Knowing what you are doing in the organization is making a positive impact will make employees to work even harder due to level of job satisfaction they have.

2.6.3. Managers gain insight about their subordinates

Gaining new insights into a person's performance and personality will help the manager build a better relationship with that person. Supervisors gain a better understanding of everyone's contribution to the organization. It is a known fact that supervisors and supervisees are all busy in the workplace and there is no time to have constructive interactions. PMDS provides this opportune time for managers to know their employees better.

2.6.4. The definition of job and criteria are clarified

The employee gets to know more about his or her job when performance appraisal is done. In that way his or her gaps gets exposed and acted upon. When employees are given orientation and induction, it is not possible for supervisors to give every detail about the job itself and its criteria. PMDS provides for the better clarification of the job demands where the supervisor has ample time to discuss about the job.

2.6.5. Self-insight and development are enhanced

Employees begin to understand their strengths and weaknesses for future career paths. In this case further training programs can be put in place to address identified weaknesses and appropriate praise and monetary increment can be rewarded to deserving employees. If gaps in performance were identified, supervisors and their supervisees can together identify the skill gap. Supervisors also stand a better chance to organize a staff development programme that will assist them to

improve their performance.

2.6.6. Administrative actions are more fair and appropriate

If PMDS was implemented in a fair and appropriate manner, employees can be given their salary increases, promotions and demotions, transfers and terminations can be effected objectively. An effective PMDS must be able to identify underperformers that may need to be assisted to improve or eliminate those that have been identified as permanent poor performers.

2.6.7. Organizational goals are made clear

The goals of the unit and the organization are made clear, and the employee understands the link between what she does and organizational success. PMDS allows for further engagement between employees and their supervisors on what the organizational goals are and, in that ways, goals are further clarified. PMDS must address in its core the goals of the organization.

2.6.8. Employees become more equipped with knowledge

Since developmental needs are identified during the performance appraisal, employees can improve their skills and consequently their work performance. Another important aspect of PMDS is to develop employees to be better people in future. This is achieved when supervisors prepare their supervisees for better opportunities and increased responsibility. This will assist the organization to prepare them for succession planning for new career pathing.

2.6.9. Employee's misbehaviour is reduced

Having good performance management will ensure that misconduct is clearly defined and labelled as such and identified early before it leads to irreversible negative consequences that may further lead to discipline. During PMDS, unwanted behaviours are eliminated because employees are sent for further training and coaching on identified gaps. This will prevent litigation against the organization in the long run.

2.6.10. There is better and more timely differentiation between good and poor performers

Performance management systems allow for a quicker identification of good and poor performers. This allows supervisors to address performance problems early enough before they become so entrenched that it cannot be easily corrected. Sometimes, managers and supervisors are tempted to rate employees unfairly equal thereby discouraging hard workers not to continue to do their best. Supervisors should desist from this and be sincere in their rating.

2.6.11. There is better protection from litigation and lawsuits

Data collected through performance management systems can help document compliance with regulations unlike when performance management systems are not in place where there will be increased exposure to litigation for the organization. PMDS will help to reduce litigation and lawsuits by managers acting on identified skill gaps that may lead to malpractice in the in the organization consequently resulting in lawsuit and litigation.

2.6.12. Organizational change is facilitated

If PMDS is correctly conducted, organizational change can be enhanced in that gaps identified, will be corrected through a quality improvement project that will be pursued ensuring that undesired behaviours from employees are changed for the better. PMDS seeks to ensure that the organization moves from the undesired past to a much-needed future. When employees are engaged in development on identified gaps after PMDS, this will ensure that they do not benefit only as individuals, but the organization will also prosper.

2.6.13. Motivation, commitment, and intentions to stay in the organization are enhanced

If employees are happy with their performance and satisfied with their performance appraisal, there is likelihood that employees can be retained even better. Knowing that your contribution in the organization is having a positive impact will encourage employees to put more effort in their work and consequently staying longer in the organization.

2.7. THE PERFORMANCE MANAGEMENT AND DEVELOPMENT PROCESS

Abdool (2016) defines performance management process as an authoritative framework for managing employee performance, which includes the policy framework as well as the framework relating to all aspects and elements in the performance cycle. It is an on-going interactive process between an employee and her or his supervisor about the employee's performance. For effectiveness of operation the process is divided into five interconnected steps as depicted below (Muller, Bezuidenhout and Jooste, 2011).

2.7.1. Performance planning

Performance planning is the first and most crucial component of any performance management process (Mtshali, 2013). Performance planning should ideally be done by both the employee and supervisor at the beginning of the performance cycle by drawing up of performance agreement (Colli, 2013). The employee should decide upon the targets and the key result areas which can be performed over the course of the year within the performance budget which is finalized after an agreement between supervisor and the employee. The content of the performance agreement must include job description, work plan and personal improvement plan (PDP).

2.7.2. Establish clear goals and objectives

Once the important job duties and tasks have been developed for the employee in the form of job description, the performance goals should be established for inclusion in the performance agreement (Muller et al, 2011). An employee can strive to achieve the set criteria to achieve organizational performance and these criteria can be used to evaluate the performance of an employee (Muller et al, 2011).

2.7.3. Monitor performance

Paile (2012) proposes that managers should monitor employees' performance continuously and where gaps are identified, corrective measures must be implemented. Should the supervisor determine the employee has unacceptable performance on any critical element; monitoring performance enables the supervisor to identify the problem early and get a corrective measure in

place well before the rating of record is due?

2.7.4. Provide feedback

Ongoing performance feedback and coaching is necessary. The employee should not wait until the review cycle is over to solicit performance feedback (Aguinis, 2014). Providing feedback will help the employee to know his or her strengths and weaknesses so that an improvement plan can be put in place to address identified gaps. Where positive feedback was received will help the employee to work towards sustaining the good behaviour.

2.7.5. Coach, counsel & support

It remains the duty of the manager to ensure that PMDS is fully implemented and where weak points were identified, proper development can be implemented inter alia, formal training, informal training, coaching and monitoring according to the identified need.

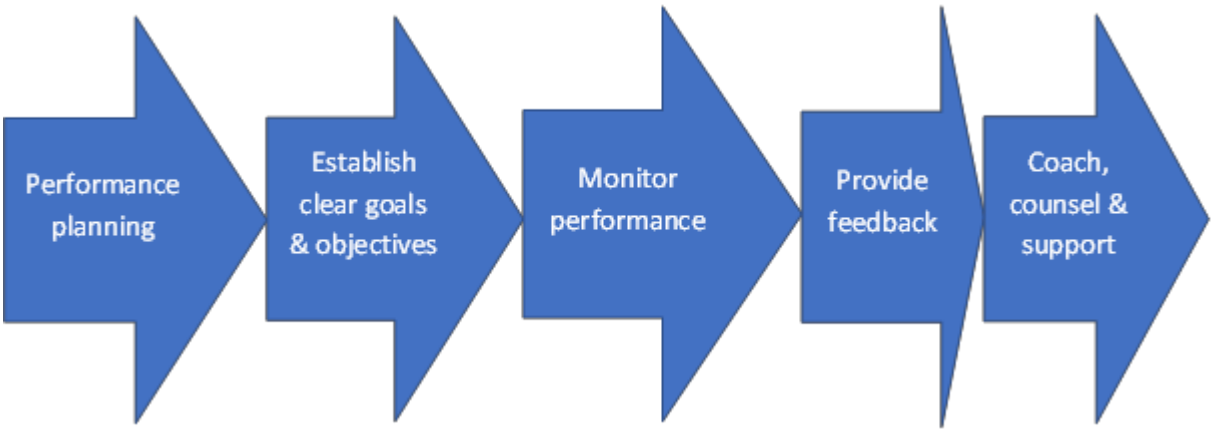

Figure 1. Performance Management and Development Process adapted from (Nel et al 2017)

2.8. KEY PLAYERS IN PERFORMANCE MANAGEMENT

This section considers the role of managers or supervisors, subordinates and human resource units in the implementation of performance management.

2.8.1. Supervisors' role

Paile (2012) cited that managers and supervisors have an important role to play in PMDS inter alia, mentoring, counselling, coaching and decide if the performance by employees is up to standard. This calls managers to communicate adequately with supervisees on weaknesses and strengths in their performance. Managers also need to be good role models to walk the talk during all stages during PMDS process. The venue for performance appraisal should be prepared such that it does not have any physical disturbances.

2.8.2. Employees' role

Equally, employees should form an important part during PMDS in that they must commit themselves as to what it entails and work towards achieving set targets. If ever some targets are perceived to be difficult, this must be communicated with the immediate supervisor in order to achieve a new settlement. Employees must also agree to take full responsibility for their PMDS so as to ensure that their performance remains aligned to the set PMDS targets.

2.8.3. Human resource role

HR departments usually have overall responsibility for the administration of the formal performance management system by coordinating the performance management system for the entire organization. Rothwell, Hohne and King (2018) concur, stating that the human resource department is responsible for performance management as analysts, intervention specialists, change managers and evaluators.

2.9. MANAGING UNSATISFACTORY PERFORMERS

Human Resource unit has an overarching responsibility on PMDS of any organization as this is an important component of HR. It is therefore expected that HR may from time to time give an expert advice on PMDS issues. It is also expected of HR unit to set necessary timelines for submission of PMDS and decide on how to deal with

unsatisfactory performance e.g. corrective measures and dismissal for any incapacity identified (Erasmus Swanepoel, Schenk, van der Westhuizen and Wessels, 2011).

2.10. CONCLUSION

Literature reviewed here looked at purposes of PMDS, principles of PMDS, difference between performance appraisal and performance management, advantages of successfully implemented PMDS, Performance Management and Development Process, role players in performance management and managing unsatisfactory performers. In the next chapter, the research design and methodology will be discussed.

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1. INTRODUCTION

The previous chapter explored the purposes of Performance Management and Development System (PMDS), principles of PMDS, difference between performance appraisal and performance management, advantages of successfully implemented PMDS, Performance Management and Development Process, role players in performance management and managing unsatisfactory performers.

This chapter discusses the methodology used throughout this piece of research. The main aim of this chapter is to illustrate the research process implemented by the researcher and the reasoning behind the choice of method. This chapter focuses on the research methodology, research design, sampling procedures, data collection instruments, data collection methods and ethical considerations.

3.2. RESEARCH DESIGN

Research designs are techniques, researchers use to organize a study and to collect and analyse information relevant to the question (Polit and Beck, 2017). The qualitative research design helps to understand the subject and defining concepts while quantitative research focuses on presenting and interpreting numerical data using statistical techniques. There are a number of research designs from which a researcher can choose, namely, qualitative or quantitative designs. In this study, the researcher followed a qualitative research design that is explanatory, descriptive, and contextual in nature. The aspects of the qualitative research design followed in this study are as follows:

3.2.1 Exploratory aspect of research design

This type of research design has a low degree of certainty and understanding of the phenomena. According to Polit and Beck (2017), research is undertaken for an investigation about the full nature of the phenomenon, how it happens, and what other factors to which it is related. Furthermore, this type of study design provides promising insights, and is conducted to develop theory, and is flexible and lacks a formal structure (Polit and Beck, 2017).

3.2.2 Descriptive aspect of research design

Brink, Van der Walt, and Van Rensburg (2012), describe descriptive study design are used where more information is required in a particular field through the provision of a picture of the phenomenon as it occurs naturally. Experimental designs differ from non-experimental designs in that researcher can control the action of the specific variables being studied (Brink and Beck, 2012). Experiments are concerned with testing hypotheses and establishing causality. Some factors may limit the extent to which purely experimental designs can be used in health sciences research due to human nature of the participants and naturistic setting. Non-experimental designs on the other hand have no manipulation of the independent variable. In this design, no intervention, no is the setting is controlled therefore the study is conducted in a naturistic setting and phenomena are observed as they occur.

3.2.3 Contextual aspect of research design

Qualitative research is expected to be contextual. Sangweni (2015), describes a contextual study as findings valid within the time-space and value context, where the study was conducted. Context specific study is one of central features of naturalistic inquiry, which refers to the specific environment of field in which the study is conducted, and information is derived (Sangweni, 2015). Contextualization refers to the placement of data into a local area where data were collected since it is not advisable to generalise research findings of qualitative research.

3.3. RESEARCH PHILOSOPHY

There are two different research philosophies that researchers can choose from and they include quantitative and qualitative methods. A quantitative research is based on the positivist research paradigm while a qualitative research is based on the phenomenological research paradigm.

3.3.1 Phenomenological research paradigm

Phenomenological research is a design of inquiry coming from philosophy and psychology in which the researcher describes the lived experiences of individuals about phenomena as described by participants (Creswell, 2014). Phenomenological research entails conducting interviews and

is an approach to qualitative research with the goal of the research being to rely as much as possible on the research participants' views; hence this type of research does not have a formal structure and makes use of open- ended questions so that participants can share their experiences without any limitations (Creswell, 2014). In qualitative research, the researcher strives to make sense of the meaning individuals ascribe to the world they live in and inductively develop a theory.

Therefore, in this study, it was appropriate to follow qualitative research design, which was exploratory-descriptive and contextual in nature to evaluate the implementation of Employee Performance Management Development System (EPMDS) by Operational Managers at Eshowe Hospital. Grove, Burns & Gray (2013), cites that exploratory- descriptive researchers identify a specific lack of knowledge that can be addressed only through seeking the viewpoints of the people most affected. The researcher reports data without transforming the data into abstract concepts or constructs. In this study an exploratory-descriptive design was achieved in the following manner:

- By exploring Operational Managers' knowledge on the implementation of the Performance Management Development System at Eshowe Hospital.
- By describing Operational Managers' knowledge regarding the implementation of the Performance Management Development System at Eshowe Hospital.
- By exploring the challenges in the Performance Management Development System.

While on the other hand, contextual design was achieved by localising findings within the time-space and value context where the study was conducted. This means that findings collected here cannot be generalized to another setting as it happens with the quantitative research. This study is bound to the context of describing and exploring the implementation of EPMDS by Operational Managers at Eshowe Hospital.

3.3.2. Positivism paradigm

The positivism research is sometimes called post-positivism research or the scientific methods. Creswell (2014), states that positivism research represents a traditional form of research. The author further states that this type of research holds true for quantitative research than a qualitative research. Creswell (2014), further states that positivism holds a deterministic philosophy in which cause determines effects concur with the affirmation by Polit and Beck (2017) that phenomena do not exist randomly, but they have antecedent causes.

The reductionist nature of positivism research emanates from the intent to reduce ideas into small, discrete set to test, such as variables from which hypothesis and research questions are derived (Creswell, 2014). Unlike phenomenology, positivism research begins with theory, data collection which will eventually support or disprove the theory. In positivism, the researcher is independent from the study participants and this serves as the basis for objectivity in quantitative research studies (Polit and Beck, 2017).

According to Polit and Beck (2017), quantitative research uses a deductive reasoning approach to make predictions about how phenomena would behave in the real world if the theory were true. Creswell (2014), describes qualitative research as an approach for exploration with the aim of understanding the meaning individuals or groups ascribe to a social or human problem, while quantitative research is an approach for testing objective theories by examining the relationship among variables. These variables can be measured using instruments so that numbered data can be analysed using statistical procedures.

Qualitative research as an approach for exploration with the aim of understanding the meaning individuals or groups ascribe to a social or human problem, while quantitative research as an approach for testing objective theories by examining the relationship among variables. The research methodology that was chosen by the researcher in this study was the qualitative methodology. The reason for choosing qualitative methodology was understanding rather than explanation and prediction. Brink et al (2012), warns that the researcher who wants to obtain an insider's perspective, needs to stand back and let the research participant's voice be heard.

Qualitative research is also having its own flaws more especially if the researcher lacks sufficient knowledge, experience, and skills to do qualitative research can hinder the formation of original knowledge and improvement in understanding the phenomenon under study. This will result in poor interpretation of research and there will be no enough exploration of research topic under study.

3.4. RESEARCH METHODS

Research methods are techniques researchers use to structure a study and to gather and analyse information relevant to the question (Polit & Beck 2017). In this study various research methods

were applied by the researcher with the aim of understating perceptions and challenges that Operational Managers have in implementing PMDS at Eshowe Hospital. The research strategy chosen in this study was the phenomenological research which was relevant for the qualitative study like this one.

3.4.1 Target population

According to Houser (2015), a population in the study are all the individuals of interest to the researcher as well as to whom the research results are applicable and have significance while Grove et al. (2013), defines the population as all elements (individual, objects, or substances) that meet certain criteria for inclusion in a given universe.

The target population for this study was all Operational Managers working at Eshowe Hospital. These Operational Managers are key in the running of hospital units and wards and one of their responsibilities is to ensure that their staff performance management and development system is implemented. They further have to ensure that staff PMDS is submitted to Human Resource Department before the stipulated timelines.

3.4.2 Sampling

Sampling is the process of selecting the sample from the population in order to obtain information regarding the phenomenon in a way that represents the population of interest (Sangweni, 2015). Sampling should be based on reasons directly related to the research and not because people are easily accessible.

Polit and Beck (2017), mention two sampling methods, namely; probability and non-probability sampling. They are further unpacked as probability sampling that involves random selection of elements while non-probability sampling involves non- random methods.

3.4.2.1. Non-probability sampling

Non-probability sampling may or may not accurately represent the population (Sangweni, 2015). It is usually more convenient and economical and allows the study populations when they are amenable to probability sampling, or when the researcher is unable to locate the entire

population.

In this study, non-probability sampling approach was used, and it was convenience sampling involving choosing readily available people or objects for the study. The inclusion criterion was all Operational Managers working in Eshowe Hospital. Other supervisors and other staff were never part of this study. The researcher continued to interview Operational Managers working at Eshowe Hospital until saturation was reached.

3.4.3 Data collection

Data collection is defined as the precise, systematic gathering of information relevant to research purpose or the specific objectives and questions of the study (Sangweni, 2015). Data collection occurs simultaneously with data analysis in qualitative studies and it is a mechanical process that can be completely planned before it is started and the researcher as a whole person is completely involved in perceiving, reacting, interacting, reflecting, attaching meaning, and recording.

According to Brink et al (2012), data is collected according to the pre-established plan. This is when the researcher explains the study to the participants and to obtain written, informed consent. Data collection varies according to the study design. Research also demands that each piece of data collected has a purpose that is related to the study goal and is not collected as a 'nice to know' data. "Data analysis refers to a process which entails an effort to formally identify themes and to construct hypotheses (ideas) as they are suggested (emerge) from the data and an attempt to demonstrate support for those themes and hypotheses" (Bogdan & Taylor 1975, cited in Tesch 1990). In this study the researcher made use of in-depth interviews to collect data.

The research instrument is used to measure the variables relevant for the study. A research instrument in this study was semi-structured interview schedule.

3.4.3.1. Interviews

The researcher used an in-depth semi-structured face to face interviews as the primary tool for gathering data for this study. Brink et al (2012), define interviews as the method of data collection in which an interviewer obtains responses from the participants in a face to face encounter, through a telephonic call or by electronic means. Interviews are frequently used in exploratory

and descriptive research, and in case studies. Data collection interviews are generally classified as either structured, semi structured and unstructured. In this study, the interviewing process was both structured and semi-structured.

Interviews were used as they are the best way of exploring the implementation of EPMDS by Operational Managers at Eshowe Hospital. In this study a semi-structured and structured in-depth face to face interview which is more free-flowing was used, with its structure being limited only by the focus of the research. Two or three open ended questions were asked and followed by more specific probing questions that depended on the answers obtained on the former questions. The participant was not confined to pre-specified response options but was allowed to answer using his or her own words. All participants were asked the following questions:

- What is the perception of Operational Managers on the implementation of EPMDS by Operational Managers,
- What are the challenges of Operational Managers in the implementation of EPMDS?
- What recommendations can be proposed to ensure effective implementation of EPMDS by Operational Managers at Eshowe Hospital?

According to Grove et al (2013), interviews have the following advantages and disadvantages namely:

1. Advantages

- Interviews are flexible techniques that can allow the researchers to explore greater depth of meaning than they can obtain with other techniques.
- In interviews, interpersonal skills are used to encourage the subject's cooperation and elicit more information.
- The response rate to interviews is higher than the response rate to questionnaires.
- Interviews allow researchers to collect data from participants who are unable or unlikely to complete questionnaires, such as very ill subjects or subjects whose reading, writing, and ability to express themselves are marginal.
- Interviews are a form of self-report, and researcher must assume that the information provided is accurate.

2. Disadvantages

- Interviewing requires much more time than questionnaires and scales and is costly.
- Because of time and cost, sample size is usually limited.
- Response may be biased.

In this study, both semi-structured and unstructured interviews yielded rich data as participants were able to respond and raise their views based on their experience without the influence of the researcher. In order to facilitate discussion during interviews, the researcher employed facilitative communication techniques as discussed in the sub-heading below.

3.4.3.2. Facilitative communication skills

The following facilitative communication skills were used in conducting interviews to help evaluate implementation of EPMDS by Operational Managers at Eshowe Hospital: probing, reflecting, clarifying, paraphrasing and summarising (Sangweni, 2015).

- **Probing**. Probing was used to explore problems and to disclose information about a person in the empathetic atmosphere of a therapeutic relationship, it is necessary to understand the problem better. The interviewer used probing to elicit more information from participants, with phrases like: "tell me more"; "I wonder, let's talk about …"
- **Reflecting**. Besides probing, the interviewer also used reflecting. Reflecting involves two dimensions, namely reflecting content and feelings. According to Sangweni (2015), reflecting content is repeating the client's verbal or non-verbal message for the client's benefit. This means the interviewer repeats the client's statements. This affords the client a chance to hear and think over what he or she said. Reflecting feelings means validating what the participants imply. The researcher reflected the feelings portrayed by the participants during interviews.
- **Clarifying.** Clarifying is an attempt to understand the basis of the nature of clients' statements. Clarification is necessary when a participant's communication is not to the

point. The interviewer used statements such as “you are feeling anxious now, what’s that like for you?”

- **Paraphrasing.** Here the interviewer assimilates and restate what the researcher heard the clients say. Paraphrasing tests what the researcher understands of what participants are trying to communicate.
- **Summarising**. The interviewer synthesises what has been communicated in an interview and highlights the major affective and cognitive themes. The response is important at the end of a session for both researcher and participant because it helps the participant recall areas discussed.

3.4.3.3. Preparation for an interview

Appointments were made with the Nursing Manager and Assistant Nursing Managers as they are all in-charge of Operational Managers. Operational Managers were contacted beforehand so that the interview space could be secured for the interviews to be conducted without hassles. It was also the responsibility of the researcher to confirm the availability of respondents before the appointment.

The open-ended interview was used to encourage the participants to provide as much information as possible and follow-up questions were asked to confirm answers given to some questions. The voice recorder was prepared beforehand to digitally record interviews and the permission was sought from the concerned participants before doing so.

3.4.3.4. Pre-testing the interview instrument

Brink et al (2012), states that in order to test the practical aspects of a research study, the researcher can conduct a pilot study or pre-test. It is done by including a few individuals who meet the inclusion criteria, but who will not form part of the sample and data collected during this process are not included in the main study. Its purpose is to investigate the feasibility of the proposed study and to detect possible flaws in the methodology of the proposed study. It is necessary to determine whether questions and directions are clear to participants and whether they understand what is required from them. The pilot study is sometimes viewed as part of the planning phase, as it may bring about changes before the actual data collection commences.

In this study, two pilot interviews were conducted by the researcher. As in other qualitative

studies, such interviews were used to identify areas of concern in the tool and that information will be presented in Chapter 4.

3.5. DATA ANALYSIS

The process of data analysis involves making sense out of text. The purpose of data analysis is to classify, order, manipulate and organise raw data so that the information derived from such data can be described in meaningful terms (Brink et al 2012).

Qualitative data analysis that will be used in this study, involves reading descriptive data, making notes on the trends found in the data and developing some descriptive categories. Unlike quantitative data, there is no exact formula for analysing qualitative data and researchers end up with lots of paper and lots of words on them and this information must be sorted out, organized and analysed.

According to Brink et al (2012), before starting to analyse or process data, the researcher must examine them for completeness and accuracy. At this stage, data was organised in an orderly, coherent fashion so that he could distinguish patterns and relationships. Since this was a qualitative research, statistics were not used to analyse the data. Researchers must be open to the possibility of seeing contradictory or alternative explanations (Sangweni, 2015).

Qualitative data analysis steps were used. Data analysis entails categorising, ordering, manipulating and summarising the data and describing them in meaningful terms (Brink 2012). The recorded interviews were transcribed verbatim and analysed according to Creswell's (2014), eight-step descriptive method as follows:

- **Get a sense of the whole.** All transcriptions were carefully and jotted down some ideas as they came to mind.

- **Pick an interview**. The shortest, most interesting interview was selected and went through it asking, what is this about? The researcher thought about the underlying meaning and wrote down any thoughts in the margin.

- **Make a list of topics.** When this task had been completed for several informants, a list of

all topics was made, and formed these topics into columns that could be arranged as major topics.

- **Code.** The list was taken, and interviewer went back to the data, then abbreviated the topics and codes and wrote codes next to the appropriate segment of the text.

- **Categorise.** The most descriptive wording was used and converted it into categories and reduced the total list of categories by grouping related topics together.

- **Arrange abbreviations alphabetically**. A final decision was made on the abbreviation for each category and sorted these codes alphabetically.

- **Analyse.** Data material belonging to each category was assembled in one place and performed preliminary analysis.

- **Record.** When necessary, the existing data was recorded. This was done using a voice recorder in order to assist later when analysing data.

3.5.1. Measures to ensure trustworthiness

Brink et al. (2012), state that methods for establishing reliability and validity in qualitative research are not the same as those used in quantitative research. It suffices to say the criteria for measuring reliability and validity of quantitative research instruments are not appropriate in qualitative approaches. In fact, qualitative researchers tend to reject the terms 'reliability' and 'validity'.

As this is a qualitative study, there are many ways of establishing trustworthiness for example member check, interview corroboration, peer debriefing, prolonged engagement, negative case analysis, bracketing, to mention but a few (Lincoln & Guba 1985). Sangweni (2015), unveils that trustworthiness has four epistemological standards namely: truth value, applicability, consistency and neutrality. For each of these four standards there are specific stipulated strategies and criteria to adhere to ensure rigour in the research. Lincoln and Guba's model (1985) also applies the criteria of truth value, applicability, consistency and neutrality as follows:

3.5.1.1. Applicability

Applicability refers to the degree to which the findings can be applied to different contexts and groups (Botma et al, 2010). It is the ability to generalise the findings to larger populations, by using the strategy of transferability. In other words, transferability refers to the probability that findings will have meaning to others in similar situations. The criteria are selection of sources or sampling; comparison of sample to demographic data; saturation of data; and thick or dense description.

In this study, findings were never generalised to another settingsince this is a qualitative research and the sample was not enough for the sample to be representative of the entire population. Transferability was enhanced by presenting detailed descriptive data about the research setting or context as well as about the transactions and processes observed during the inquiry (Polit and Beck, 2017). This reaffirmed that transferability is, to some extent, an issue of sampling and design rather than the soundness of the data itself, the following strategies were used to ensure transferability, namely: thick descriptions and saturation.

3.5.1.2. Consistency

Consistency considers whether the findings will be consistent if the enquiry was replicated with the same participants and in a similar context (Botma et al, 2017). The strategy of dependability is used, which implies the following criteria: a dependable audit, namely, the detailed description of how the researcher collected data and the kind of data collected. In quantitative research consistency would be termed “reliability”. This is quite different in qualitative research where variability is always possible, since the researcher and participants are the main instruments that are assessed for consistency. In consistency, the question that is asked is how dependable are the results? Dependability is met once credibility of the findings has been determined.

In this study strategies used to ensure credibility, as well as applicability, as described earlier, were also used to ensure the dependability of the study. Apart from maintaining dependability, neutrality was maintained.

3.5.1.3.Neutrality

Neutrality entails freedom from bias during the research process and results description and refers to the degree to which the findings are a function solely of the informants and conditions of the research, and not of other biases, motives or perspectives (Botma et al, 2010). According to Lincoln and Guba (1985), the criterion of neutrality is a measure of the extent to which the findings of a study are free from bias. There should be congruency between two or more independent people about accuracy, relevance and meaning of data. Here the strategy of confirmability is used, and the criteria applied are confirmability audit, triangulation, and reflexivity. By leaving an audit trail, this illustrated as clearly as possible the evidence and thought processes that have led to the conclusions.

In this study, neutrality was maintained by allowing confirmability audit by other researchers to compare if findings were functions solely of participants and not of other biases. Since the researcher is also the Chief Executive Officer (CEO) of the Hospital where Operational Managers were to be interviewed, a separate interviewer was utilized to collect data. An inquiry audit is a scrutiny of the data and relevant supporting documents by an external reviewer for verification (Polit and Beck, 2017). This involves the external auditor going through an audit trail and being able to follow and understand the research process and progression (Sangweni, 2015). The audit trail in this study consisted of the field notes that were collected, the audio tapes, and the drafts of research proposal and write-up. It is worth mentioning that every research has its limitations.

3.6. LIMITATIONS OF THE STUDY

According to Grove et al (2013), limitations are restrictions or problems that may decrease the generalisability of the findings, while Simon and Goes (2013) define limitations as matters and occurrences which are out of the researcher's control that limit the extensity to which a study can go, and sometimes affect the result and conclusions that can be drawn. Every study, no matter how well it is conducted and constructed, has limitations.

This study had its own limitations too, the sampling method used, was convenience sampling and this method has a limitation of participants not turning up due to various factors and also caution should be exercised in transferability the findings of the study to other contexts in other settings since only a small size of study population in only one hospital was interviewed. Some

participants may not have understood the questions. The findings are contextualized to the region where the study was conducted (Grove, 2013). As the researcher is also the CEO of the hospital, participants may hold back and not be free to share all the information with their Senior Manager and it is likely that they may have given answers that are favourable with the company for fear of reprisals. The findings may also be restricted to only Eshowe Hospital where the research was conducted.

3.7. ELIMINATION OF BIAS

Eliminating bias in any study ensures that the research remains objective throughout the study (Fakude, 2017). The following strategies were implemented to eliminate bias namely: Firstly, fieldworkers other than the researcher himself were used to interview the Operational Managers and this was done to eliminate the researcher's influence on the results. Secondly, making inferences in race and ethnicity was avoided because that was not relevant for this study. Thirdly, the researcher attempted to be gender neutral throughout the study and no assumption about any age groups were made anywhere in the study. While bias was eliminated, on the other hand, the means were made to respect the participants' rights under the ethical consideration.

3.8. ETHICAL CONSIDERATIONS

According to Botma et al (2010), the researcher must be conversant with the ethical principles of conducting research involving human beings. Because research involves collecting data from people about people, as well as about organisations and their processes, it is therefore incumbent on researchers to anticipate ethical issues that may arise during research studies (Creswell, 2014). This section will ensure that ethical considerations of research are abided to.

3.8.1. Ensuring that an informed consent is signed

According to Palmer (2015), researchers have an ethical obligation to be sure that human participants are capable of making informed decisions when they are considering whether or not to be part of any study. In this study, this is ensured through the compiling of Appendix B before participants were interviewed and this covering letter was read through to the participants to obtain either a verbal or written consent. This was done to assure participants that information collected from them will not be used against them in one way or another (Polit et al, 2017).

3.8.2. Ensuring no harm comes to participants

The researcher must also make sure that no harm comes to those participating in research (Saunders et al, 2016). The researcher was very sensitive towards participants' exposure to undue risks of harm. Questions that are regarded to be too sensitive to participants' emotions, social support and financial well-being were avoided at all costs (Polit et al, 2017). Respondents in this study were reassured that this research will not cause any harm to them but if ever harm is suspected, respondents were told of their right to withdraw their participation immediately.

3.8.3. Ensuring confidentiality and anonymity

The researcher should also ensure that the identity of all participants is protected (Saunders et al, 2016). Respondents were assured of these in that, no personal identification was required, and respondents were discouraged from giving their names or signatures in their answers. The findings of the study were reported honestly. Participants were protected by using composite stories so that they cannot be identified. Raw data collected will only be stored for only 5 years for the protection of both confidentiality and anonymity (Creswell, 2014).

3.8.4. Ensuring that permission is obtained

According to Saunders et al (2016), it is also equally important that proper processes are followed to get permission to carry out the study. It is a requirement that researchers get permission before conducting any research in institutions. Before this study was conducted, permission to conduct was sought from the Eshowe District Hospital, CEO (Appendix C) and KwaZulu-Natal Health Research and Knowledge Management Unit.

3.9. CONCLUSION

This chapter discussed the research design and the methodology of the study. The research design utilised in the study is qualitative as it seeks to understand human and social interaction from the perspectives of insiders and participants' interaction. The study examined to what extend performance management can enhance employees' performance. Structured and semi-structured

interviews were used in collecting data. The population in this study consisted of Operational Managers of Eshowe District Hospital. Non-probability sampling was utilized and does not necessarily give all individuals in the population equal chances of being selected.

In the next chapter, Chapter 4 data presentation, analysis and interpretation is described.

CHAPTER FOUR: DISCUSSION RESEARCH FINDINGS

4.1. INTRODUCTION

The previous chapter presented the research design and methods used to collect data from Eshowe Hospital. Data was collected using in-depth individual interviews and transcribed verbatim. Six themes emerged from the data. This study was subjected to measures for ensuring trustworthiness to ensure authenticity of research findings. The findings are presented below. The findings are discussed in the light of available literature in order to verify the findings.

This chapter encompasses sample description of participants, themes emerging from data, interpretation and analysis of data.

4.2. SAMPLE DESCRIPTION

Table 2. Demographic description of the study participants

PARTICIPANT NO.	AGE	GENDER	EXPERIENCE IN YEARS	SPAN OF CONTROL
P1	36-55 yrs	Female	1-5 yrs	10-19
P2	36-55 yrs	Male	≤1 yr	10-19
P3	36-55 yrs	Female	1-5 yrs	20-29
P4	≥56 yrs	Female	≥10 yrs	20-29
P5	36-55 yrs	Female	6-9 yrs	10-19
P6	≥56 yrs	Female	≥10 yrs	10-19
P7	36-55 yrs	Female	≤1 yr	10-19
P8	36-55 yrs	Female	1-5 yrs	10-19
P9	≥56 yrs	Female	≥10 yrs	≤30
P10	36-55 yrs	Female	1-5 yrs	10-19

The sample was drawn from the population of Operational Managers employed at Eshowe

Hospital. Ten (10) participants for this study were interviewed. Out of ten interviewed, nine were females and only one was a male. Seven were between the ages 36 and 55 years while three were above 56 years. Nine of them had Diploma or Degree in Nursing and Nursing Administration while only one had only Diploma or Degree in Nursing. Four had 1-5 years of experience while three had more than 10 years of experience and two had less than 1 year of experience and one had between 6 and 9 years of experience. Seven of them were supervising between 10 and 19 staff while two were supervising between 20 and 29 staff and only one of them was supervising more than 30 staff members.

Interviews continued until data saturation. According to Grove, Burns, & Gray (2013), data saturation occurs when additional sampling provides no new information, only redundancy of previously collected data. In this study, data saturation was reached at the tenth participant when the researcher felt that participants were no longer providing new information.

4.3. THEMES EMERGING FROM THE DATA

Six themes emerged from the data. The themes identified include, the following: (1) Necessity for PMDS, (2) Planning for performance agreement, (3) Formulation of performance goals, (4) The appropriateness of performance monitoring, (5) OM's perception of giving feedback and (6) OM's understanding as depicted in Table 3 below:-

Table 3. Themes, categories and sub-categories that emerged from data analysis

THEMES	CATEGORIES	SUB-CATEGORIES
Necessity for PMDS in a health service	In-service education of employees Supports Operation Managers with the provision of quality services Source of motivation for employees Facilitates Performance evaluation	
Planning for performance agreement		
Formulation of performance goals and objectives		
The appropriateness of performance monitoring	Performance monitoring is appropriately conducted by OM's within our setting Performance monitoring is inappropriately conducted by OM's within our setting	
OM'S perception of giving feedback	Perception of the necessity to give feedback during PMDS Perception of the content of such feedback during PMDS	Assist Employees improve performance Assist Employees have an insight on PMDS Assist Employees know their shortcomings Employee performance Sequence of feedback Plan for employee improvement
OM's understanding of providing feedback	Counselling in PMDS Coaching in PMDS Support in PMDS	
Challenges experienced with the current PMDS	Attitudes and perceptions of Staff Orientation Tools Incentives Cumbersome process	Time shortages Dissatisfaction with rating system

4.4. NECESSITY FOR PMDS IN A HEALTH SERVICE

It became clear from the participants that the PMDS was very important in the health service for various reasons. The research participants identified the following reasons, namely: (1) planning in-service education of employees, (2) assist Operational Managers with quality improvement, (3) is a tool that motivates employees, and (4) assist with performance assessment.

4.4.1. Planning in-service education of employees

In-service education can simply be defined as the relevant courses and activities in which a serving teacher may participate to upgrade his professional knowledge, skills, and competence in the teaching profession. Therefore, it encompasses all forms of education and training given to a teacher who is already on the job of teaching and learning. In-service education is also referred to as continuing education that is designed for the retraining, reskilling and updating the knowledge of manpower (Osamwonyi, 2016).

In this study participants found it necessary to utilize PMDS because they were of the opinion that it helps in the planning of in-service education of employees in the health service e.g. hospital of clinic. This is what participants had to say about the use of in- service education of employees as part of the PMDS in their settings:

> "To identify where they are not doing well…", "It helps employer to identify learning needs and work on them…", "…identification of gaps in employee's performance…", "…for identification of training needs of employees…", "…To plan training and in-service education and to do Performance Development Plan(PDP)…", "…skills will improve as you identify the gaps and work on them…", "…to assist supervisors and staff in their developmental areas…", "…it assists them to assess staff and supervisors according to their skills…"

4.4.2. Assist Operational Managers with quality improvement

Apart from assisting with planning of in-service education, it also emanated from the interviews with participants that the PMDS is an excellent tool that supports Operational managers in the provision of quality health services. In this study, participants mentioned that PMDS helps them monitor, standardise, track and improve the quality of care rendered to clients. This is what participants had to say about the provision of quality health services to their clients.

> "…to assist employees to render required services in a standardized fashion…", "…to monitor improvement in the quality of care…", "…to know if the employee is in the right track…", "…to improve quality and to benefit the employer…", "…image of the institution will improve due to quality care that can result from correct implementation…",

The principle of quality is consequently examined as aspiring to meet what customers expect, as opposed to merely meeting specifications. If quality management is approached as cyclical in nature, public institutions will realise that evaluation should be based on customer expectations, if they aim to become institutions that are truly responsive to people's needs (Crous, 2006). Quality service delivery to the patient as the consumer of healthcare is emphasized in the White Paper on the Transformation of Public Services (South Africa, 1997). The guiding philosophy adopted within this legal framework is that of Batho Pele, a Sotho translation for "People First", implying that the consumer of healthcare is placed at the core of healthcare service delivery and that healthcare delivery be transformed in such a way that consumers are satisfied with it. The underlying belief that captures the Batho Pele culture is one of belonging, caring and service.

4.4.3. A tool of motivation for employees

In addition to the promotion of quality service by the use of PMDS, it also came out from the data that it is important because it helps motivate and focus employees in their work within a health service setting. This is what participants had to say:

"…encourages and build them to do better." "…so that employee can improve and be motivated."

Jose (2011), mentions that every individual has an urge to grow personally and this need is manifested in the form of motivator factors. It is felt that a good performance management system will motivate employees and enhance performance, will help to build a strong performance culture and will discourage poor work performance and behaviour.

4.4.4. Assist with Performance assessment

The participants emphasised that the PMDS helps facilitate performance evaluation of employees. These participants indicated that it acts as way of guiding employees to ensure optimal performance and remunerate those who perform more than it is expected. This is what they had to say about the PMDS's ability to facilitate performance evaluation of employees.

"…it helps to evaluate the performance of staff…", "…to evaluate performance…", "…to see how employees perform…", "…to guide them to perform at an optimal level…", "…it looks at the performance of employees according to Performance Agreement…", "…to remunerate those who perform more than expectation…", "…EPMDS makes staff to be more committed totheir performance…"

Performance Evaluation is a constructive process to acknowledge the performance of a non-probationary career employee. An employee's evaluation shall be sufficiently specific to inform and guide the employee in the performance of her or his duties (University of California Bargaining Forum, 2013).

4.5. PLANNING FOR PERFORMANCE AGREEMENT

According to research participants, planning for performance appraisals is an important step to performance appraisals. This step is important because during PMDS agreement, the supervisor should sit with the employee and discuss his or her performance for employees to be made aware about areas of excellent and or poor performance. This is what employees had to say about planning for performance agreements.

"…for preliminary assessment…", "…planning assists to achieve set goals...", "…if set goals were not achieved, identified gaps will be worked on…", "…there is a need for a plan because every year employees are expected to develop a new Performance Agreement (PA)…", "…if there were gaps in the previous year, there will be a need to re-plan…", "…it helps employer and employee to have focus…", "…yes, to sit and plan on identified gaps on how Quality Improvement Plans (QIPs) will be implemented…"

"…planning is needed since each employee has his or her own KRAs…", "…yes, so as to have enough time to look at KRAs and activities and all documentation…", "…to sit down with employee to go through job description and plan KRAs…", "…to avoid writing KRAs that are not within their scope of practice…", "…knowing his KRAs will help him to be aware of what is expected of him and work up on achieving those KRAs…", "The employee must ensure that he or she has achieved his or her KRAs…"

4.6. FORMULATION OF PERFORMANCE GOALS AND OBJECTIVES

In the formulation of performance goals and objectives, participants were of the opinion that staff should not be forced, they should have intrinsic motivation to develop. This is what they had to say about formulation of performance goals and objectives.

"…it is important to involve people under your supervision to formulate their goals and objectives so that they commit and strive towards achieving those goals…", "…to assist them to achieve their goals and expectations…", "…to assist employees to design goals that are specific, measurable, attainable, realistic and time-bound (SMART).
"No one is forced but an employee is given an opportunity will be able to set what they can achieve…"

"To help them to grow holistically both personally and professionally and according to what they want…", "…yes, to check employees' developmental areas…", "…It will assist staff on being able identify gaps to achieve their goals, to set time frames on when they will achieve their goals and it will assist staff to ask for assistance on identified gaps.
"They need to have intrinsic motivation and be goal oriented to understand his or her goals…". Some do have their goals whereas others need to be pushed towards their

goals…”.

4.7. THE APPROPRIATENESS OF PERFORMANCE MONITORING

In addition to formulation of performance goals and objectives, the participants were further probed if performance monitoring was conducted appropriately within the health settings where this study was conducted. During data analysis it became clear that the participants were divided regarding their perception of the appropriateness of performance monitoring. Two categories emerged in this theme, namely: (1) performance monitoring appropriately conducted and (2) performance monitoring inappropriately conducted. These categories are discussed briefly below.

4.7.1. Performance monitoring is appropriately conducted by OMs within their setting

In this category, some participants were of the view that performance monitoring was appropriately conducted by themselves and other OM’s within their hospital settings. They were of the view that close monitoring of performance was conducted, supervision was done, gaps were identified, and that performance scores were allocated based on staff performance. This is what they had to say about appropriate performance monitoring.

> “…yes, it is appropriate because we monitor them closely…”, “…identified gaps are discussed…”, “…performance monitoring is done during daily supervision…”, “…performance monitoring is done through delegation of duties according to categories…”, “…off duties are monitored for absenteeism…”, “…performance monitoring is appropriately conducted because goals are achieved, and performance has improved and satisfactory…”

4.7.2. Performance monitoring is inappropriately conducted by OM’s within our setting

In this category, some participants had a negative opinion regarding performance monitoring in health settings. They were of the view that performance monitoring was not appropriately conducted because of the following direct verbatim quotes from the data.

> “…some KRAs are too vague and not easy to monitor…”, “…poorly formulated

targets…", "…when it comes to assessment, you find it difficult to score staff on KRAs and Generic Assessment Factors (GAFs}, "Employees may be good in KRAs and performing poorly on GAFs…", "…PMDS is not appropriately monitored since OMs are doing 20% in supervision and 80% in clinical work therefore there is no enough time in monitoring…", "…poor planning does not allow OMs to monitor staff performance and assume that when working with staff it is easy to identify their shortfalls…", "…at times support is not given by supervisors. Performance is monitored but demotivates when there are gaps which need assistance from the supervisor. Instead of corrective measure you get punitive measures. If there is a positive incident you do not get praise but if there is a negative incident you receive only blame…", "…it is not enough, we need to reassess staff for PMDS twice a month and not to wait for 6 months…"

4.8. OMS' PERCEPTION OF GIVING FEEDBACK

This theme dealt with OM's perceptions of giving feedback to employees during performance appraisal sessions. This theme was divided into two categories, namely:

(1) Perception of the necessity to give feedback and, (2) Perception of the content of feedback to be given to employees during appraisal sessions. These are discussed in detail in sub-sections below

4.8.1. Perception of the necessity to give feedback during PMDS

Participants were of the view that feedback is necessary during performance appraisals. They were of the opinion that such feedback is necessary for the following reasons:

4.8.1.1. Assist employees improve performance:

The participants regarded feedback as a strategy to help employees improve their performance. This is what they had to say about the role of feedback in improving performance:

"…assist them to improve performance e.g. those doing well are encouraged to do even better and those performing poorly begin to know their gaps and they work on them…", "…assist underperformers…", "…a person needs to know how he performed, what are

his strengths and weaknesses…"

4.8.1.2. Assist employees have an insight on PMDS:

The participants were of the view that feedback also help employees have insight into PMDS and correct their negative attitudes. This is what participants had to say about insight and attitudes towards PMDS:

> "…talking to people about their performance will assist them get an insight…", "…to correct staff attitude towards PMDS…", "…employees must give you evidence and if there was no evidence then it means it was not done…"

4.8.1.3. Assist employees know their shortcomings:

The feedback was seen as a strategy to help employees understand their shortcomings. This is what participants had to say about feedback and shortcomings: "…identify gaps and apply corrective measures…", "…To identify the shortcomings so that you can be able to plan for capacitation through in-service training.

4.8.1.4. Assist motivate employees:

They felt that feedback helps to motivate and encourage employees to work harder. This is what they had to say:

"…yes, so that employee can improve and be motivated…", "…will help encourage employees as to why it is important for them to do PMDS…"

4.8.2. Perception of the content of such feedback during PMDS

In this category, the participants identified the contents of feedback required during PMDS to include: (1) employee's performance, (2) sequence in which feedback is given and (3) a plan for employee improvement. These are discussed briefly below in the manner in which they emanated from the data.

4.8.2.1. Employee's performance:

Participants are of the opinion that feedback on the importance of PMDS, the need for performance appraisal and identification of training needs of staff are important aspects. This is their verbatim quotes elaborated below:

> "…employee's performance, training needs, achievements…", "…elaborating the indication as to why EPMDS is done…",

4.8.2.2. Sequence of feedback:

Participants also mentioned the importance of sequencing feedback in such a manner that the positive feedback should be followed with negative or areas of improvement required from the employee. They also mentioned that feedback should focus on KRA's. This is what participants had to say about the sequencing of feedback given to employees during performance appraisal.

> "…start with positive feedback and this will encourage them to do better and end with feedback negative feedback and motivate where the was poor performance…", "…start with good and end with bad one to encourage staff…", "…feedback should look at KRAs…", "…check what made an employee not to achieve those KRAs and work on them.

4.8.2.3. Plan for employee improvement:

In addition to feedback given to employees, it is necessary for OM's to ensure that there is a plan for employee improvement. They mentioned that this should include time frames to improve identified gaps in performance. This what OM's had to say about plans for employee performance:

> "…there should be plan as to how to improve gaps…", "…set time frames for correcting identified gaps…", "Staff who have achieved good results will be motivated. Weaknesses must be known so that improvement can be instituted…"

4.9. OMS' UNDERSTANDING OF PROVIDING FEEDBACK

Ongoing performance feedback and coaching is necessary. The employee should not wait until the review cycle is over to solicit performance feedback (Aguinis, 2014). This theme dealt with OM's understanding and implementation of counselling, coaching, and support during performance appraisal. These categories are discussed in detail in sub- headings below.

4.9.1. Understanding and implementation of counselling in PMDS

In a situation where employees' job performance is declining, organizational productivity is often seriously affected. In spite of this awareness, many organizations still suffer lack of organizational productivity as a result of employee job performance. The idea of counselling for effective work performance as a way for service improvement in work organization would be examined (Ekpang, 2015). In this study, participants gave their understanding of counselling in the following direct verbatim quotes:

> "…it means giving an effort to do whatever it takes to achieve KRAs…", "…counselling is necessary to boost staff morale. It motivates staff to do more...", "…to find out reasons why an employee underperforms…"

Participants indicated that support is implemented in various ways that are described in verbatim quotes below:

> "…sit together and look at KRAs to identify gaps with the employee and come up with a plan of action…", "…a person should know what is expected of him and be told how it will be done…"
> "…it is relevant to sit one on one basis. Approach employee on KRAs. If there is a need to upgrade and help in the scoring to reach the agreement.",

> "…to have same understanding between the supervisor and supervisee to avoid a situation whereby the employee will say s/he does not understand. It is usually done during orientation"

4.9.2. Understanding and implementation of coaching in PMDS

Coaching is unlocking people's potential to maximize their own performance (Whitmore 2010). It emphasizes that coaching is about the coachee, not the coach. It defines the coach as a tool, much like a key that opens locks. It refrains from stating that the outcome of coaching would be performance, rather it is implied since it is all about helping coachee develop themselves to be the best they can be. It is important to understand the difference. Although Starr (2012) defines coaching a bit more practically as series of conversations, the description of the purpose of those coaching discussions is very close to how Whitmore defines coaching. This means guiding individual on how to work towards achieving the goals and do not impose but involve the employees.

4.9.2.1. Understanding of coaching in PMDS:

Coaching is when a manager works with the supervisees to upgrade them and to develop them and take opportunities. It means understanding behaviour and devising improvement of service and is implemented to correct gaps as they are seen. This means training is not always conducted due to staff shortage but ideally should be conducted on daily basis. It reminds us of the scope of practice of various health professionals.

4.9.2.2. Implementation of coaching in PMDS:

Participants expressed they have understanding of coaching and this is what they had to say:

> "Sit down and develop KRAs considering the scope and develop KRAs that are attainable…", "…identify what gaps and plan necessary QIP…"
> "Employee may write irrelevant KRAs beyond the scope of practise…"

> "To provide employees with guidelines, procedures, provide targets during review…", "…provide employees with targets and in-depth review information will assist in coaching including guidelines…"

4.9.3. Understanding and implementation of support in PMDS

Support is defined as to provide comfort, encouragement or financial assistance to someone. An example of support is listening to a friend in need. In this study, participants were required to provide their understanding of support and its implementation in the PMDS. These two aspects of support are dealt with in sub- sections below.

4.9.3.1. Understanding of support:

Participants expressed their understanding of support as caring, assisting, encouraging and working with the subordinates during process of the PMDS. This is what they had to say about understanding support:

> "…support means my supervisor is caring and is assisting me to improve my performance…"
> "…support during EPMDS means staff should be assisted by supervisor during EPMDS but in actual fact the supervisor ends up writing everything for his/ her staff…"
> "…yes, it is a form of redress, innovation encouraging to improve standard…" "…work with them to improve the skills and knowledge to achieve KRAs…"

4.9.3.2. Implementation of support:

Participants verbalised the implementation of support as commending, identifying gaps and monitoring employees closely. This is what they had to say about implementing support:

> "Supervisor needs to commend staff if they have done well and talk to them if they have not performed well."
> "…to assist them to improve performance…", "…to use the learning opportunity to teach on areas…", "…to assist the employee in achieving his or her goals…", "…encourages and build them to do better…", "…there can be lessons that can be learnt in PMDS that can be used outside working environment.

Support is needed so that the OM can be able to identify gaps. Monitoring and corrective measures implementation.

One on one support is needed in order to monitor employee closely. It is implemented through conducting support visit to staff to assist them with the development of QIPs.

4.10. CHALLENGES EXPERIENCED WITH THE CURRENT PMDS

In addition to feedback given to employees regarding their performance in the PMDS, it also became clear from the data collected that the implementation of this performance appraisal is not without challenges. Participants identified a number of challenges ranging from attitudes of employees to lack of time sit down with their staff members and give them feedback. These challenges are discussed below.

4.10.1. Attitudes and perceptions of staff towards PMDS

Seemingly, the participants were worried about the attitudes of their fellow staff members towards the PMDS. This is what participants had to say about the attitudes and perceptions towards PMDS:

> "Negative attitude towards PMDS as they think PMDS is only for money.", Perception of employees on PMDS is that the supervisor should do everything for them…", "…Staff do not want to take lead…","PMDS seemingly focuses on quantity of how many achieved and quality is not stressed.", "…no clear understanding on what is required of employees…", "…fear on direct supervision…", "…resistance to change…"

4.10.2. Orientation

The study participants also raised concerns about poor or lack of orientation regarding the PMDS. This is what they had to say about orientation:

> "…no proper orientation on how EPMDS is done…", "…language used during orientation is lay language and applies to general staff even examples used…"

4.10.3. PMDS Tools

Participants were not happy with the tools used for PMDS. They complained that they were either too long or frequently changed. This is what participants had to say about tools:

> "…frequent changes in the tools…", "…the tool is too rigid and does not allow for creativity…", "…PMDS tool is very long".

4.10.4. Lack of incentives

Research participants perceived their use of the PMDS as a useless effort because they were not getting any incentives for conducting PMDS appraisals and for their outstanding performance. They complained that even the staff was not getting enough incentives for their performance. This is what they had to say about incentives:

> "…current incentives not good enough…", "…they do not get Incentives for working hard and for filling the PMDS…", "…no money, cash or incentive is given to deserving staff…"

Jose (2011) stated that very often performance management has been linked to pay or bonus, in most performance management schemes performance related pay is an important element; it is a method of remuneration that links employee performance to merit pay.

4.10.5. Cumbersome process

In addition to lack of incentives for helping with the PMDS, participants were worried that its use was a bit difficult because assessments were frequent, score calculation difficult, and there was a lot to be typed. This is what they had to say:

> "…a lot of work that needs to be typed…", "…assessment is too frequent…", "…only 3 average score is desirable and if you give deserving staff more than 3 or poorly performing staff less than 3, you have to motivate…", "…calculations on the annual performance are very difficult…"

4.10.5.1. Time shortages:

Other participants were worried that due to time constraints, they never got time to sit down with their staff members and give them feedback. This is the direct verbatim quote to support this:

> "It is necessary, but I have not set down before with my staff to provide feedback because of shortage of time."

4.10.5.2. Dissatisfaction with the rating system:

Participants verbalised their dissatisfaction with the use of current rating system because staff members had no understanding of it. Participants were worried that their subordinates required a big score. They thought maybe their subordinates needed counselling on the rating system. This is what they had to say about the score:

> "There is need for counselling to reach agreement of scoring…""It is difficult to underscore the personnel who underperform because they might challenge it through unions. It is a sensitive issue since it involves pay progression which is money and can bring about enmity between supervisor and employees…"

> "All employees want to be rated high and they turn to pressurise the supervisor to give them more scores due to bonus attached to it…", "…There is a challenge as to what to do if you are not meeting your targets…"

4.11. INTERPRETATION AND DISCUSSION

The purpose of this study was to evaluate the implementation of PMDS by the Operational Managers in Eshowe Hospital. The findings of this study revealed that the implementation of PMDS by Operational Managers at Eshowe Hospital is associated with numerous challenges.

The major themes that emerged from the interviews were: (1) Necessity for PMDS, (2) Planning for performance agreement, (3) Formulation of performance goals, (4) The appropriateness of performance monitoring, (5) OM's perception of giving feedback, (6) OM's understanding of providing feedback and, (7) Challenges experienced with the current PMDS.

Necessity of PMDS was a quite prominent theme in that participants felt PMDS is a necessary tool that help managers to monitor employees' performance, assist with quality improvement, plan in-service education and can be used as a tool to motivate employees.

Planning for performance agreement was also another theme that emerged from most participants interviewed. They felt that there should be a proper planning before a supervisor engages in a performance agreement with the employee. It became clear that planning is needed so that employees can be in a position to discuss the PA, KRAs and GAFs beforehand so that they start working knowing what is expected of them.

Formulation of performance goals and objectives also emerged as another prominent theme. Participants were of the opinion that both performance goals and objectives should not be forced down on employees but should be dialogued between the supervisor and employee. Participants were of the opinion that staff should not be forced, they should have intrinsic motivation to participate in PMDS and this is in line with Herzberg intrinsic motivation theory.

Appropriateness of performance monitoring also emerged as another important theme in that some felt PMDS is done appropriately by themselves and other OMs while on the other hand others agree that they are not doing justice when handling PMDS issues since OMs do not have enough time to focus on management issues since there is staff shortage and they are also expected to be more 'hands on' in carrying out nursing duties in the wards.

Perception of giving feedback was another important theme that emerged in this study. Participants felt there is a need for a feedback in PMDS in order for staff to improve on identified gaps. On the content of giving feedback, participants believed that the positive feedback should always precede the negative one in order to motivate employees.

Understanding of counselling, coaching and support during PMDS was also another prominent theme. Participants unanimously failed to draw a clear distinction between the three terms. Most of them think counselling, coaching and support during PMDS mean one and the same thing and it is worth noting that there is clear distinction between these terms even though there is a mistake to use them interchangeably.

Lastly, the last theme dealt with challenges experienced with the current PMDS. Attitudes and

perceptions of staff in general about PMDS was negative. In fact, employees perceived PMDS as synonymous with pay or money. This is in contrast with study carried out by Moore-Gahan (2014) where it was revealed that pay was insignificant to staff motivation but considered as an intrinsic motivation that seemed to be important. This finding is in line with Herzberg motivation theory which states that pay does not motivate people but is an important intrinsic factor. This was also a clear observation with the introduction of Occupational Specific dispensation (OSD) where different staff members in the health sector who were affected felt they will be more motivated to work harder when this money was paid to them but the contrary happened after the implementation whereby they continued performing the same way as before this pay adjustment.

In terms of challenges, lack of orientation of staff to PMDS also appeared to be another factor in that OMs are expected to lead their teams in the compilation of PMDS but they themselves are not inducted in PMDS. PMDS tools and or PMDS system is perceived by staff to be changing frequently and this was perceived to confuse staff when they have worked hard to master the PMDS. There was also a general feeling that the tool or PMDS system should not be changed unnecessarily because much energy would have been invested in training staff on it.

Lack of incentives for staff who work hard to perform above average was perceived by OMs as yet another challenge. They mentioned that such a challenge needed the attention of policy makers since poor performers are rated the same as the above average performers further demoralising hard workers.

Another challenge revealed by majority of participants was the fact that PMDS is indeed a cumbersome process that involved a lot of paperwork. They also mentioned that it is carried out and needs a lot of time on the side of Supervisors while there is problem of staff shortage. Dissatisfaction with the rating system by employees was seen as another hindrance to the implementation of PMDS. The rating system seems to be unfair because all officers are rated as average performers because supervisors do not want to write necessary motivations when employees have scored less than three or more than three score.

4.12. CONCLUSION

This chapter discussed the findings of the study. The research design utilised in the study was qualitative as it seeks to understand human and social interaction from the perspectives of

insiders and participants' interaction. The study explored and described Operational Managers' perception of the implementation of the Performance Management and Development System at Eshowe Hospital. Structured interviews were used in collecting data. The population in this study consisted of Operational Managers of Eshowe District Hospital. Non-probability sampling was utilized and does not necessarily give all individuals in the population equal chances of being selected.

The next chapter will discuss conclusions and recommendations of the study.

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

In chapter 4, research findings were discussed. In this chapter the main aim of the researcher is to make conclusions regarding OMs' perceptions of EPMDS in KwaZulu-Natal at Eshowe hospital. Some limitations identified during the conducting of this study were also pointed out. The chapter is concluded with recommendations.

5.2. FINDINGS

Paile (2012) mentions that effective implementation of performance management depends on the training effort invested in it and training creates a better understanding of the goals the institution hopes to accomplish and employees' contribution in achieving those goals.

Performance management provides a means that assist Human Resource Managers to determine skills shortage (Paile, 2012). Corrective measures in performance management involve training and re-training of subordinates. This study revealed that there is no training that is afforded to staff because they are usually all rated as 3 that is equivalent to fully effective performance. Training is not only vital during implementation of PMDS, but also the way in which the orientation and induction of officers was applied (Ramataboe, 2015). When all staff has been rated as having satisfactory performance, there will be no need for training since such rating will only suggest that there were no gaps identified in the staff performance. Rating all staff as average could be associated with the fact that supervisors do not want to be seen as enemies to their subordinates because being rated as below average may mean there will be no pay progression and no payment of bonuses paid to employees assessed.

Regarding planning for EPMDS, it became clear that there is no proper planning for as it was mentioned by research participants (OMs) that they did not see any need for planning before PMDS implementation. This means that PMDS is done haphazardly without proper planning and probably with less effort. Performance planning is a systematic and structured approach to successfully achieve the desired goals of an individual or team throughout the assessment year (Economic Times, 2018). A plan is chalked out for the team or an individual(s) keeping in mind the broader objectives of the organisation. This means that without proper planning for PMDS, there will also be no properly set goals.

The role of counselling, coaching and support during EPMDS was also unknown by majority of research participants (OMs). This is closely related to training and education in PMDS. PMDS Explanatory handbook (2018) mentions that external trainers should be available to advise, guide, support and coach during the first few months of PMDS implementation. This can only be a dream at Eshowe Hospital where there is no training so there is little or no advice, guidance and coaching during the implementation of PMDS. Ramataboe (2015) confirmed that officers who had not received orientation on PMDS are short of skills needed in the PMDS implementation, monitoring and evaluation.

Another finding from this research was that the perception of employees on PMDS is not good such that they believe the supervisor should do everything for them but in fact they should take a leading role and not to wait for their supervisors to initiate the process. This is in line with the latest dictates of new PMDS that suggest that PMDS should be converted to EPMDS which stands for Employee Performance Management System which further emphasizes the role that should be played by an employee in the initiation of PMDS process.

In addition to the abovementioned, it is important to point out that in this study it was revealed that the tool for PMDS undergoes frequent changes before staff get used to it. This was also confirmed by frequent Human Resource Circulars that are frequently issued by KZN DOH to make changes on the PMDS tools. This may have a negative effect on employees when they have tried to acclimatize themselves with PMDS tool and in no time, it is changed to something else.

Another challenge expressed by the study participants (OMs) regarding the PMDS tool was also a feeling that it is too rigid and lacked creativity. This means that the staff member must only focus on what is needed by the tool. Ramataboe (2015) also contended that PMDS is regarded as an innovation that has not fully diffused into day- to-day organisational usage. This suggests that there is a room for the incorporation of innovative principles in the implementation of the PMDS and this should also be encouraged.

5.3. CONCLUSION

Despite the narrow scope the study could cover, it was an equally important research that looked at an implementation of PMDS to most employees and employers both in the Department of Health and in the Public service in general. It is also hoped this study will provide needed baseline for other studies in Performance Management in the KZN DOH since there has not been a lot of

similar research in literature.

The first objective of the study was to explore and describe Operational Managers' perception of the implementation of the PMDS at Eshowe Hospital. The findings revealed that both Operational Managers and employees in general are not implementing PMDS properly. The second objective was to provide recommendations on how to improve the implementation of PMDS. Most of the challenges that were highlighted by participants helped to design recommendations in this study.

The findings of the study revealed that there is still a lot that needs to be done in the implementation of PMDS in the public service. The study also revealed that there is no orientation and induction of Operational Managers on PMDS at it to have the working knowledge about it. There is still also a need for supervises to be trained on PMDS so that they understand that PMDS is not only a money tool but can also assist them to develop their skills so that they can perform optimally. PMDS Explanatory handbook (2018) mentions that external trainers should be available to advise, guide, support and coach during the first few months of PMDS implementation and most Operational Managers saw all advice, support and coaching as one and the same thing. The study also showed that Operational Managers still lead their staff during the PMDS process and staff was never seen taking a leading role as they are also expected to do that. It also revealed that some Operational Managers see no need to plan for PMDS and this can lead to it being implemented haphazardly. They also felt the PMDS tool is frequently changed before they have mastered what it is required of them and there was a strong suggestion that the tool should be kept unchanged for longer.

5.4. RECOMMENDATIONS

Recommendations might have been discussed in the findings and in this chapter, they will only be listed in the following sub-sections, namely: recommendations for practice of OMs, recommendations for education of OMs and recommendations regarding further research as follows.

5.4.1. Recommendations regarding practice of OMs

This is what is recommended for the practice of OMs namely: - Review the issue of extra-

motivation for staff who have scored above average in PMDS, develop a concise and user-friendly PMDS tool, direct involvement of Operational Managers in the implementation of PMDS, employees should not be penalized for mistakes committed by their supervisors or HR office, improving PMDS reward System, improve on the current PMDS system and avoid changing it to another performance management system.

5.4.1.1. Review the issue of extra-motivation for staff who have scored above average in PMDS

The study unveiled that there is a need of writing motivation by managers and by staff for staff who scored above average in KZN DOH and this further discourages managers to score themselves or their employees above average. It was mentioned by Operational Managers that their staff is reluctant to write extra-motivation if they have scored themselves above average. Henceforth they do not score themselves above average and encourage their staff to do the same to save time. The recommendation was that employees should be allowed to score themselves high if they deserve that without lengthy motivations. The focus of performance appraisal should not only be on motivating for high scores, but emphasis should also be on the training and development needs component of performance appraisal in order to address aspirations and developmental areas of employees (Khauoe, Joubert and Karodia, 2015).

5.4.1.2. Develop a concise and user-friendly PMDS tool

PMDS tool can be shortened to allow it to suit the employee. According to Operational Managers, performance appraisal should be reduced to be done once a year and PMDS tool needs to be reviewed to be user-friendly.

5.4.1.3. Direct involvement of Operational Managers in the implementation of PMDS

Immediate Supervisors should be the ones who are hands on during PMDS implementation and not only their Senior Managers.

There was a single instance whereby the Operational Manager mentioned that he knows nothing about PMDS because it was done by Assistant Nursing Managers for his staff. This should not

happen because it is the Operational Manager who supervises staff and it makes sense that PMDS of staff be done by an Operational Manager who supervise and know the staff well.

5.4.1.4. Employees should not be penalized for mistakes committed by their supervisors or HR office

When employees have submitted their PMDS on time, but their immediate supervisors take time to conduct performance review or HR personnel did not capture timeously, the employee must not be penalized. At all costs any delays either from Supervisor or HR personnel must not affect staff who submitted his PMDS on time.

Lately individuals who failed to play their part in the current PMDS system have been reprimanded individually to show that this is unacceptable at all levels.

5.4.1.5. Improving PMDS reward System

KZN DOH need to realize that to increase motivation of employees, they must recognize their employees by giving them appropriate rewards for employee's hard work and good performance (Rakgoale, 2011). Rewards do not only need to be in a monetary form all the time but also a simple praise can motivate employees to work harder. Currently, the only benefit that employees realise is financial gain and once emphasis is also put on development, attitudes would change slowly.

Findings revealed that current PMDS incentives are not good enough and incentives should be attached to assessment. Payment of performance bonuses has always been spoken about in the KZN DOH and this has not been implemented in practice since the introduction of current PMDS system. However, on the other hand employees should realise that performance management is not about getting bonuses only but can also assist in developing staff on identified gaps.

5.4.1.6. Improve on the current PMDS system and avoid changing it to another performance management system

The gaps with the current PMDS system are of human nature so both supervisors and employees must work hard to ensure that the current PMDS works. The current PMDS system still has its

advantages and disadvantages like all other PMDS systems so rushing to change it to something else just because supervisors and employees do not implement it properly will be a futile exercise.

There has been no proof that changing the current PMDS system can improve staff performance and working on the current one and ensure that gaps in the current PMDS system are closed can assist to improve the current EPMDS system.

5.4.2. Recommendations regarding education of OMs

In addition to recommendations for practice of OMs, the researcher also recommended the following for the education of OMs:

A study conducted within the Lithuanian public sector also determined the need for managers to receive education and training to facilitate the effective management of staff performance and development. This study also advocated for the periodic screening of management to continually ensure that they are equipped to effectively manage staff performance (Maloney, 2016).

Performance management is supposed to be owned by line management, and not by HR department (Rakgoale, 2011). It is necessary for an effective performance management that the manager should work as a leader who can transform dreams into reality. Most of the well-designed PMDS systems never succeed because line managers do not know how to implement it. Managers must be well trained themselves on PMDS so that they can implement it to the lowest level.

PMDS explanatory handbook (2018) highlighted that PMDS is a combination of two processes namely performance management and staff development. Performance management is about agreeing on priorities and objectives for improved service delivery and reviewing progress against these objectives on a regular basis. The staff development process is about agreeing on development and training needs, both for improving current job performance and enhancing career prospects.

Operational Managers recommended that in-service education should cover how to complete the PMDS tool? How to arrive at PMDS score according to employees' performance? What are

incentives for completing PMDS on time? How does PMDS help us to improve service delivery? What are the advantages of using PMDS? How to rate an outstanding performance and or poor performance? How to orientate staff on the purpose of PMDS? How to effectively conduct EPMDS? How to develop Key Result Areas (KRAs) and how to link them to Generic Assessment Factors (GAFs)? Preferably newly appointed Managers and Supervisors should be oriented on why and how to implement PMDS. The attitudes from Senior Managers that people have applied for the posts and must therefore deliver, must be corrected that they need mentorship so that they become effective in what they are doing. Performance management training and re-training particularly at the lower hierarchy should take place at regular intervals during the assessment year.

The failure to provide training will inevitably lead to inconsistencies in the way that organisational policies are implemented. This lack of uniformity can be perceived as unfair treatment, negatively impacting the jobholder's motivation and commitment to the process. It goes without saying that training will play a pivotal role and recommendations should stress refresher training for all staff to keep them abreast with new developments.

5.4.3. Recommendations for future research

Apart from recommendations suggested by Operational Managers for policy makers, the recommendations for future research are detailed below:

5.4.3.1. Involve other Supervisors and other employees in general to find out their general view on how PMDS is implemented.

5.4.3.2. Besides involving other supervisors and staff, consider quantifying findings to establish whether views of Operational Managers can be generalizable to other settings, since with the findings in this study there can be no generalization since very few Operational Managers were interviewed and their views cannot represent those of a representative sample.

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APPENDICES

APPENDIX A: Interview guide

SECTION A (MARK WITH AN X ON THE APPROPRIATE SPACE)				
1. Age	**18-25 years**	**26-35 years**	**36-55 years**	**>56 years**
2. Gender	**Male**	**Female**	**Other/Specify**	
3. Highest Educational qualification	**Diploma/ Degree in Nursing**	**Diploma/ Degree in Nursing Admin**	**Other qualification (Specify)**	
4. How many years have you been operating as Operational Manager?	**< 1 year**	**1-5 years**	**6-9 years**	**>10 years**
5. How many staff do you supervise?	**<10**	**10-19**	**20-29**	**>30**

SECTION B (PERCEPTIONS OF OPERATIONAL MANAGERS ON THE IMPLEMENTATION OF PMDS)

6. **Please tell me, why do you think it is necessary for employers to utilise a PMDS?**

……

……

7. **In your own understanding, do you think there is some planning that need to be made be put in place before an agreement for PMDS is made with and employee? If so, what kind of planning should be in place? If you don't think there should be planning, tell me why?**

……

8. **As an Operational Manager, why do you think it is necessary for Employees under your supervision to formulate or state their performance goals and objectives?**

……

……

9. **In your own experience or understanding as an Operational Manager, do you think performance monitoring is appropriately conducted by yourself and other Operational Managers within your hospital?**

……

……

10. **In your own experience of supervising employees in this hospital, why do you think it is necessary to give feedback during PMDS and what do you think should be the content of such feedback?**

……

……

11. **In your own experience understanding why is counselling, coaching and support of employees necessary in PMDS?**

(a) **What do you think counselling means and how is it implemented during PMDS?**

……

……

(b) **What do you think coaching means and how is it implemented during PMDS?**

……

……

(c) **What kind of support is needed and how is it implemented during PMDS?**

……

……

12. Please tell me about any additional challenges that you have experienced with the current PMDS?

……

……

13.If an opportunity arises, would you be willing to receive any in-service education on performance management in your hospital as an operational manager? What is it that in-service education should entail?

……

……

14. What do you suggest should be done to improve the current PMDS?

……

……

APPENDIX B: Introductory Letter and Consent Form for Participants
(to respondents, informing them of the aim of the study and any ethical considerations)

Management College of South Africa (MANCOSA)

Date:

Dear Participant

I am a Masters in Business Administration (MBA) student at MANCOSA conducting research on ***'Evaluating the implementation of Employee Performance Management and Development System (EPMDS) by Operational Managers at Eshowe hospital'.***

Managers are still important stakeholders in the implementation of PMDS as they lead different sections or units in the public hospitals. Reports still reveal that not all PMDS is submitted before stipulated time frames and out of those submitted, there are still gaps in them.

The following questions that will be asked, will help collect data pertaining to this study and will give further insight on the implementation of PMDS at Eshowe Hospital.

It will take approximately 15 minutes to answer interview questions. Participating in this project is voluntary. Measures have been adopted to protect the confidentiality of all participants and their names will be mentioned nowhere in the dissertation. There are no anticipated risks to participating in this study. The data gathered in this study will be filed for one year in the safe place.

Thank you for your participation in this piece of research.

Yours sincerely

MR PN Sangweni

Consent form

Title of the study: **'Evaluating the implementation of Employee Performance Management and Development System (EPMDS) by Operational Managers at Eshowe hospital'**

Statement of agreement to participate in the research

- I hereby confirm that I have been informed by the researcher, Nhlanhla Sangweni, about the nature, conduct, benefits and risks of the study.
- I have also received, read and understood the above written information regarding the study.
- I am aware that the results of the study, including personal details regarding my age, years of experience, qualification and additional certificates will be anonymously processed into a study report.
- I may, at any stage without prejudgement, withdraw my consent and participation in the study.
- I understand that new findings developed during the course of this research which may relate to my participation will be made available to me.

_____ _____ _____

Date Time Signature

I,_____herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

PN Sangweni _____ _____

Full Name of Researcher Date Signature

APPENDIX C: Eshowe Hospital Permission letter

health
Department:
Health
PROVINCE OF KWAZULU-NATAL

40 Kangella Street Eshowe, 3815
Tel: 035 473 4500 Fax : 035 474 4914 Email: Sibusiso.buthelezi2@kznhealth.gov.za
www.kznhealth.gov.za

Eshowe District Hospital
OFFICE OF CEO

Enquiries : Dr MS Buthelezi
Telephone : 035 473 4732

12 June 2018

Dear Mr PN Sangweni

I have pleasure in informing you that permission has been granted to you by the Eshowe Hospital to conduct research titled :-

Evaluating the Implementation of Employee Performance Management and Development Systems (EPMDS) by Operational Managers at Eshowe Hospital

1. Please ensure that you adhere to all the policies, procedures , protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received confirmation from the Provincial Health Research committee in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. Eshowe Hospital will not provide any resources for this research.
5. You will be expected to provide feedback on your findings to Eshowe Hospital.

Sincerely

Dr MS Buthelezi
Acting CEO
Eshowe Hospital

ESHOWE DISTRICT HOSPITAL
12 -06- 2018
CEO

Fighting Disease, Fighting Poverty, Giving Hope

APPENDIX D: Ethical Approval

health
Department:
Health
PROVINCE OF KWAZULU-NATAL

330 Langalibalele street,
Private Bag X9051 PMB, 3200
Tel: 033 395 2102 Fax: 033 394 3782
Email: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

DIRECTORATE:
Umgungundlovu Health Ethics
Research Board (UHERB)

Reference: UHERB 180703
Enquiries: Ms N. Makhathini, 033 395 2102
Date: 19 September 2018

Dear Mr Sangweni

RE: APPROVAL OF SUBMITTED STUDY:
Evaluating the implementation of Employee Performance Management and Development System (EPMDS) by Operational Managers at Eshowe hospital

UHERB has pleasure in informing you that your study has been granted full ethical approval.

In order to proceed with conducting the study, the following is required:

i. Institutional support from the participating study sites
ii. Provincial Health Research and Ethics Committee (PHREC) approval. Application is done online on the National Health Research Database (NHRD) website: www.nhrd.hst.org.za . You will need to register and obtain a username and password before registering your application online. Please go to: "Request use of Provincial facilities".
iii. Upload all the necessary documents.
iv. Submit a report upon completion of the study.

This approval is valid for a period of twelve months only starting from the date the approval is granted.

You are requested to electronically, submit an annual report of your study to this Board.

We wish you well on your study.

Regards,

D L Clarke

Dr Damian Clarke
FCS (SA) MBA, M Med Sci, MBA, M Phil, Phd
Chairperson, UHERB

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APPENDIX E: KZN DOH Approval letter

health
Department:
Health
PROVINCE OF KWAZULU-NATAL

Physical Address: 330 Langalibalele Street, Pietermaritzburg
Postal Address: Private Bag X9051
Tel: 033 395 2805/ 3189/ 3123 Fax: 033 394 3782
Email:
www.kznhealth.gov.za

DIRECTORATE:
Health Research & Knowledge Management

Ref: KZ_201809_026

Dear Mr N Sangweni
(MANCOSA)

Subject: Approval of a Research Proposal:

1. The research proposal titled **'EVALUATING THE IMPLEMENTATION OF EMPLOYEE PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM (EPMDS) BY OPERATIONAL MANAGERS AT ESHOWE HOSPITAL'** was reviewed by the KwaZulu-Natal Department of Health.

   The proposal is hereby **approved** for research to be undertaken at Eshowe Hospital.

2. You are requested to take note of the following:

   a. *Kindly liaise with the facility manager BEFORE your research begins in order to ensure that conditions in the facility are conducive to the conduct of your research. These include, but are not limited to, an assurance that the numbers of patients attending the facility are sufficient to support your sample size requirements, and that the space and physical infrastructure of the facility can accommodate the research team and any additional equipment required for the research.*
   b. *Please ensure that you provide your letter of ethics re-certification to this unit, when the current approval expires.*
   c. *Provide an interim progress report and final report (electronic and hard copies) when your research is complete.*

3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Ms G Khumalo on 033-395 3189.

Yours Sincerely

Dr E Lutge
Chairperson, Health Research Committee
Date: 30/10/18

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