

THE LIVED EXPERIENCES OF NURSES WITH PERFORMANCE REVIEWS IN A PUBLIC HOSPITAL IN THE EASTERN CAPE PROVINCE: A PHENOMENOLOGICAL APPROACH

by

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DECLARATION

I declare that **THE ONTOLOGICAL EXPERIENCES OF NURSES WITH CONTRACTING AND DOING PERFORMANCE REVIEWS IN A PUBLIC HOSPITAL IN THE EASTERN CAPE PROVINCE: A PHENOMENOLOGICAL APPROACH** is my own work and that all sources that I have used or quoted have been indicated and acknowledges by means of complete references and that this work has not been submitted before for any other degree at any other institution.


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SIGNATURE

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February

2017

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DOING PERFORMANCE REVIEWS IN A PUBLIC HOSPITAL IN THE EASTERN
CAPE PROVINCE: A PHENOMENOLOGICAL APPROACH**

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ABSTRACT

Performance Management and Development System (PMDS) is a process of harnessing human and material resources within an organisation to ensure maximum performance to achieve the desired results of improved quality of health service delivery.

This study explored and described the ontological experiences of nurses of all categories with contracting and doing performance reviews in a public hospital in the Eastern Cape Province. Purposive sampling approach was used to recruit all categories of nurses. Data was collected through unstructured, individual, in-depth interviews with professional nurses and focus group interviews with lower categories. Techs eight step data analysis method was employed to analyse data. Major findings were related to lack of supervisor cooperation, shortage of resources, difficulty in calculating the scores, lack of understanding the tool, time constraints and paperwork which results in the tool being viewed as time consuming. Positive findings were that experiences such as improved relations resulting from spending time with supervisors during performance review sessions. Guidelines were developed, based on the findings, to empower both nurse clinicians and the supervisors in the implementation of the PMDS.

KEY CONCEPTS:

Contract, experience, nurse, ontological

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Dedication

I dedicate this study to:

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LIST OF ABBREVIATIONS

ENs	Enrolled nurses
EN PA	Enrolled Nurse A Participant 1
EN P1	Enrolled Nurse Participant 1
ICN	International Council of Nurses
DoH	Department of Health
NHI	National Health Insurance
NSDA	National Service Delivery Agreement
PHC	Primary Health Care
PICO	Population, intervention, comparison and outcome
PMDS	Performance Management Development System
PM	Performance management
PNs	Professional nurses
SA	South Africa
SANC	South African Nursing Council
UNISA	University of South Africa

CHAPTER 1

ORIENTATION AND OVERVIEW OF THE STUDY

The character of a nurse is just as important as the knowledge he/she possesses
(Carolyn Javis)

1.1 INTRODUCTION

In October 2000 the Eastern Cape Provincial Government developed the Performance Management Development System (PMDS) in consultation with the Simeka consortium to maximise performance of employees in the public sector. Simeka consortium consists of specialists in the public service and locally based development consultants. This system focuses on developing and improving the performance of all levels employees in the Eastern Cape Provincial government including Department of Health, Education and other departments in the public sector (Eastern Cape Province PMDS manual 2000:3-17; Eastern Cape Province PMDS manual 2002:1-18). It was later renamed Performance Management and Development System(PMDS). The system is linked to the financial year and requires employees to enter into a contract with their supervisors during which they commit themselves to performing through listing and discussing their Key Performance Areas (KPAs).

This system has been in implementation in the public and private sectors since the earlier years of this decade in South African Provinces. A study that was conducted by Solomons (2006:106-107) revealed that staff members had a negative attitude towards PMDS. Since its introduction and implementation this has been a general feeling among staff members based on this study findings (Solomons 2006:106-107). A study that was conducted in North West Province by Sangweni (2008:15) focused on the progress made on implementation of the system and it showed non-compliance. This shows that it is not yet well accepted in a number of public institutions. Non-compliance with PMDS in North West provincial departments ranged from 13% to 92%. This high percentage of non-compliance means that probably the entire province is not yet complying with PMDS. The same study revealed that the Department of Health employees were not

honouring the due date when all employees must have already contracted which is the 30 April of each year (Sangweni 2008:15). A study conducted in New Zealand by Easterbrook- Smith (1999:5) indicated that before s IPMS can be introduced clear goals to be achieved must be set and adhered to 100%. It is therefore evident that if there has to be 100% compliance with PMDS and for assurance of quality services, there must be such level of compliance so that each employee performance is continuously monitored and periodically reviewed.

Therefore in this study, the focus was to explore and describe the experiences of nurses in the implementation of the PDMS tool to improve performance. A qualitative, explorative, descriptive and contextual approach was utilised to investigate the study phenomena. The study was conducted in three phases.

1.2 BACKGROUND AND RATIONALE ABOUT THE RESEARCH PROBLEM

1.2.1 The source of the research problem

The researcher is qualified nurse manager with 10 years' experience of working in the different hospital units. Being involved in the implementation of the PMDS tool exposed the researcher to some of the hiccups experienced and motivated her to undertake the study. Some aspects about the study phenomena came out of discussion with colleagues and observations made in clinical practice with regard to nurses' performance. After the phenomena were identified, related literature search was done to acquire more information about it. A guide was formulated in the National university of Ireland(National university of Ireland PDMS 2006:1-3), which was updated in 2006, based on the following quotation 'It is essential that modern and appropriate performance and accountability systems are in place, at individual and organizational levels to ensure that the full potential contribution of all those who work in the public service can be realized and to ensure that resources are used effectively in line with defined national priorities. Robust performance and financial management systems are essential in this regard. Where these are not already in place, the parties agree that appropriate performance management systems will be introduced so that developed performance management systems will be fully operating in each sector of the public

service”. This quotation aptly summarises what the construct is about ideally. This initiative was adopted in SA for piloting at various public hospitals and furthermore this study context is one of them. Some of the challenges observed needed empirical investigation as conducted in this study.

1.2.2 Background to the research problem

Performance Management and Development System (PMDS) encourages coaching and regular feedback through progress and annual appraisals. It aims at ensuring the achievement of the department’s strategic goals and priorities (Eastern Cape Province PMDS manual 2007:8).

During the PMDS cycle, quarterly reviews are conducted during which feedback on performance is provided (Eastern Cape Province PMDS 2007:8; Simeka PMS 2000:1). A moderation committee then finalise the process. The moderation committee that is in the institution where the study was conducted composed of sectional heads, Deputy Manager of Nursing, Hospital Manager, Manager Administration and union representatives to approve the assessment process results. Ratings by supervisors are reviewed and if there are any discrepancies supervisors are requested to reconsider them. This committee is required to keep detailed minutes of its decisions especially when lowering of already agreed upon scores is recommended (Eastern Cape Province PMDS manual 2007:43).

1.2.2.1 Implementation of the Performance Development Management System

The implementation of this system is aimed at producing favourable outcomes in the performance of health employees. In order to achieve the strategic goals of the province. To ensure the achievement of these goals, performance of employees is closely monitored and evaluated so that good performance can be recognised, poor performance identified and remedial action taken to improve performance. The performance contracts as already alluded to must be signed by the employees and supervisors having agreed about the KPAs on which to base quarterly reviews and end of the year performance assessments. Reviews by supervisors, self-reviews as well as

customer reviews contribute to quality service delivery and customer satisfaction with the care that is provided.

Performance Management and Development System requires an employee to review and rate own performance and allocate ratings for the period under review (Eastern Cape Province information handbook 2000:115; Eastern Cape Province Performance Management policy and system 2002:26; Eastern Cape Province PMDS manual 2007:38; Mpumalanga Performance Management and Development policy 2003:26). During self-reviews employees must measure their actual performance against performance standards and outcomes which are reflected as KPAs (Muller Bezuidenhout & Jooste 2006:102). At the end of the year each employee performance for the whole year is assessed based on the quarterly reviews.

If deemed necessary to change an individual assessment score it must first be referred back to the supervisor who made the initial assessment. (Eastern Cape Province PMDS Manual 2007:43). Performance management is not a once off event but a cycle that moves through phases 1, 2 & 3 depicted in Figure 1.1.

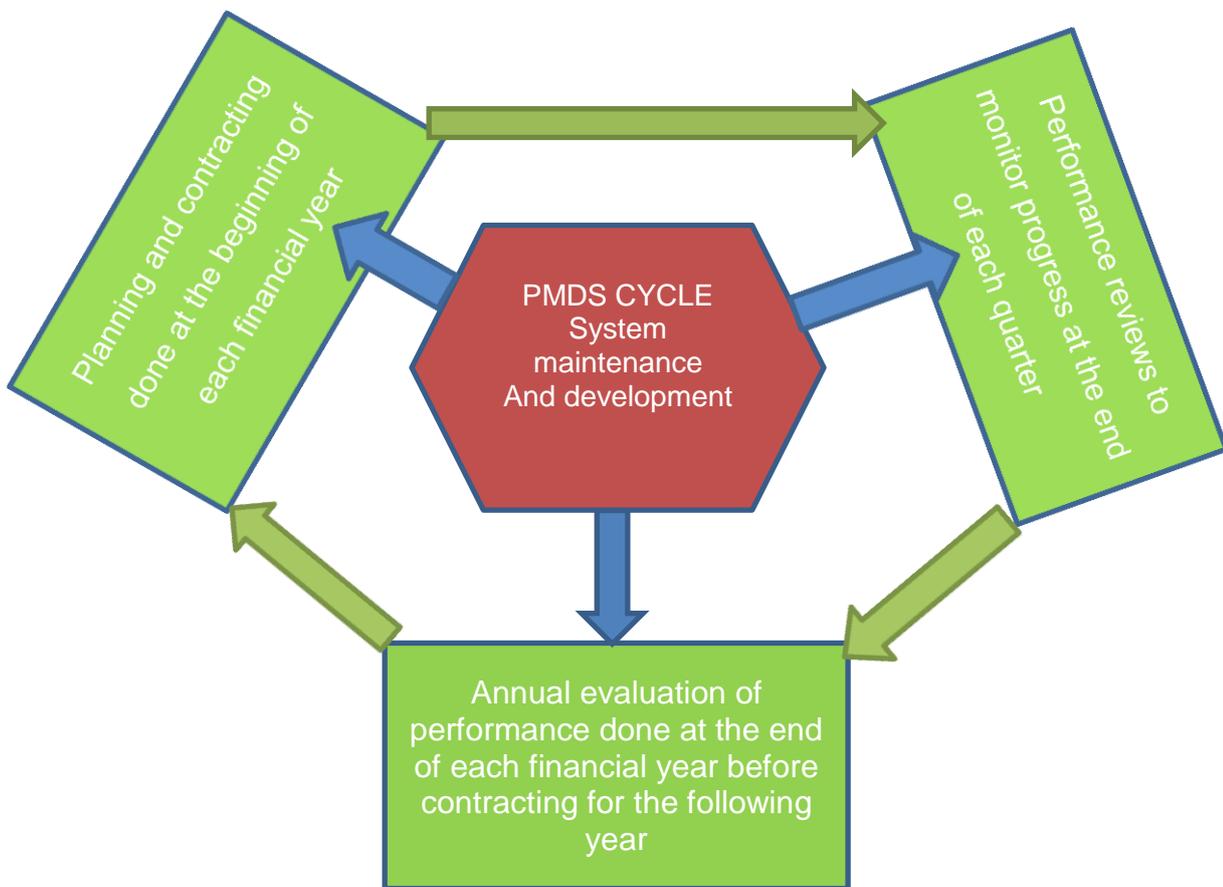


Figure 1.1 Performance Management and Development cycle

(Adapted from Eastern Cape Province PMDS manual 2007:17)

Planning and contracting

This is the first step in the performance management and development cycle which forms the foundation for the management of individual performance. When the operational plans have been cascaded down to the units by the institutional management, the employees meet to discuss them. As the responsible persons are always stated in the operational plans which eases action plan formulation by individuals. Individuals then decide which part to play and develop individual performance plans as KPAs. These are written in forms designed for that purpose which are work plan agreements for salary levels 6 to 12 and standard framework agreement for salary levels 1 to 5 (Eastern Cape Province PMDS manual 2007:32).

This contract is an agreement between two parties to provide something in exchange for consideration which is usually payment in exchange for goods and services rendered. Contracting means entering into an agreement to perform (Ingrid & Guerra-Lopez 2008:258). An employee must know what a contract entails and what expectations of each party are. The two parties that enter into and sign an agreement or a contract have roles and responsibilities to observe. An employer must enable an employee to perform through provision of adequate resources such as equipment and supplies and also of equipping employees with the necessary knowledge and skills. Therefore signing of performance contracts sets a stage for performance management and development in general in areas such as performance assessment, monitoring and evaluation in particular. By signing a contract an employee shows commitment to performing towards goal attainment.

The PMDS contract is one financial year. The linking of individual performance plans to those of the province and organisation or institution (see figure 1.2) is facilitated by performance agreement, work plan and the performance development plan of individual employees (Eastern Cape Province PMDS manual 2002:11-12).



Figure 1.2 Depict the flow of events that is cascading plans down from provincial to individual level with downward and upward arrows

Downward arrows in green depict that the plans at a lower or grassroots level are influenced by those from higher level management. Upward arrows (maroon colour) indicate that the plans such as strategic and operational plans at a lower level are done in such a way that those at a higher level are realised. The province develops long term strategic goals, the institutions develop three year strategic and operational plans and employees develop performance plans in a form of KPAs.

The institution bases the development of plans on the vision and mission statement of the Department of Health. Each employee bases own performance plans on the vision, mission, philosophy and goals of the institution.

Formulation of Key Performance Areas (KPAs)

The Key Performance Areas according to Aguinis (2009:38) are key accountabilities or broad areas of a job for which an employee is responsible for producing results. They are what the jobholder is employed for. They are job outcomes or objectives in simpler terms. They describe what is expected from an employee in a particular role and focus attention on actions and activities that assist units and ultimately the department in performing effectively. They indicate how performance and or achievement of outputs will be measured and cover aspects such as specific tasks which the employee must perform. The performance of each individual employee is evaluated in relation to KPAs formulated and agreed upon. During the contracting phase, the supervisor and employee agree on the Generic Assessment Factors that are important for effective performance in that particular job such as job knowledge, teamwork, leadership, quality of work and acceptance of responsibility to mention a few which are also assessed and rated (Eastern Cape Province PMDS 2007:34-35).

Each individual employee has an obligation of formulating KPAs which are based on the organisational goals and job description of that nursing level of employment. These KPAs are discussed with supervisors and contracts are signed. The format of the agreement applies to all levels of employment in the department. All employees must have contracted by the 30 April for that financial year (Eastern Cape Province PMDS manual 2007:32).

Performance reviews

Performance reviews refer to the evaluation of performance that determines if employees work towards achieving the objectives or KPAs agreed upon during the contracting phase (Eastern Cape Province PMDS manual 2002:22). Performance is rated by supervisors for each KPA and for each GAF during performance review sessions. Quarterly performance reviews are conducted at the end of each quarter. Both employees and supervisors must be prepared for these review sessions. On the day of the interview the supervisor must choose a venue and ensure that it is conducive. Positive comments to precede the negative ones (Eastern Cape Province PMDS manual 2007:37). Performance reviews are based on a 360 degree principle which means reviewing performance from a wide range of sources such as self-review, peer, managerial and customer reviews (Eastern Cape Province PMDS manual 2002:22). Compliments, complaints and suggestions from boxes put at strategic points enable supervisors to assess employee performance. An important part of performance review is getting feedback from customers especially internal patients because of their accessibility. Patients most often provide a true reflection of how individuals and organisations perform to satisfy their health needs (Eastern Cape Province PMDS manual 2000:22; Eastern Cape Province PMDS manual 2002:22). Patients as health care consumers are often honest in their reviewing unlike peer reviewers who have a potential of inflating evaluations. Managers need to make use of customer reviews as evaluation tools for themselves and their departments as they are often evaluated on the results of patient evaluation of care (Tomey 2009:431).

Performance monitoring

This is a continuous assessment of performance during which feedback on performance is given instantly. Performance monitoring must be ongoing so that barriers can be readily detected and addressed. Supervisors ensure that employees are working towards achievement of goals and objectives agreed upon during the contracting phase. Continuous monitoring during which performance barriers are identified and managed

and on-going mentoring and support occur is done in preparation for quarterly reviews (Eastern Cape Province PMDS manual 2007:32, 36).

Preparation for review sessions

Performance review refers to the meeting between the employee and the supervisor to review their assessment of which both must be prepared for (Aguinis 2009:4).

Preparation for performance review

Preparation by the supervisor

- Previous review minutes.
- Appropriate feedback from relevant role players to support the process.
- All relevant information including information from complaints and suggestion boxes if applicable.
- Identified factors such as inadequate training that have affected the jobholder's performance.
- Draft of training and development needs based on the employee's job description.
- Employee preparation.

Each employee must prepare the following:

- Feedback to be given to the supervisor.
- Review of previous quarter's performance.
- Supporting facts on delivered performance.
- Factors both negative and positive that affected performance.
- Possible training and development needs identified through the working experience (Eastern Cape Province PMDS manual 2007:37).

Performance review and assessment meetings

The aim of performance review meetings must not be like a court of law where interrogation occurs but should be a learning opportunity for both supervisor and the employee. The environment must be well relaxed and conducive to learning. The areas of good and outstanding performance must be the first ones to be discussed and lastly those of poor and underperformance to protect the employee from being discouraged. According to Booyens, Monareng and Bezuidenhout (2008:246), a supervisor must never attack a person personally and must be calm and confident when giving feedback on performance. The manager should also guard against discussing problems as criticisms as the latter have a negative effect on goal achievement (Stone 2008:327).

These meetings offer employees an opportunity to respond to supervisors' comments on their performance and to discuss areas that limit achievement of expected results (Eastern Cape Province PMDS manual 2007:37). Honesty, self-understanding and introspection as well as supervisor's attitude play a greater role in these performance reviews and assessment meetings. According to Nel, Van Dyk, Haasbroek, Schultz, Sono and Werner (2004:64), the words motivate employees and encourage them to do more or perform better. Inability to recognise good performance is often a result of a poor supervisor's attitude. Managers and supervisors must assess and re-assess their attitudes towards recognition and sustain a culture of appreciation and encouragement (Nel et al 2004:64).

Performance cannot improve without monitoring and evaluation by self and others. This system requires employees to commit themselves to performing through contracting with their supervisors at the beginning of each financial year which is followed by performance reviews that are conducted quarterly and end of the year assessments. Committing to this process by employees is of paramount importance in order to ensure patients' satisfaction with the service that is provided and to meet the departmental strategic goals and priorities.

Annual evaluation of performance

Evaluation is according to Aguinis (2009:294), the formal documentation of the performance results for the year. The assessment and documentation of performance

results for the entire year is based on the job results and expected behaviour. This information is obtained from quarterly reviews and also includes performance ratings. The overall performance rating is the sum of 50 percent job results and 50 percent job behaviours. The formal annual performance review gives the employee time to discuss past performance and areas for continued growth (Aguinis 2009:294). The aim of annual performance evaluation is to determine if the identified objectives for that particular year have been achieved and at what level. It is also aimed at identification of performance improvements since the beginning of the year as a result of training, guidance, coaching or any other performance management strategies effected. This is the third and final phase of the performance management cycle. At this stage all the information from quarterly reviews for each employee required. What is expected must be evident as progressive improvement of performance each review and not vice versa.

Since sectional heads and managers as supervisors are members of annual evaluation meetings each one is required to account for his or her supervisees' sub-standard performance and if there are any plans and efforts already made to improve it for better results (Eastern Cape Province PMDS manual 2002:24). During the final assessment phase, supervisors and employees discuss the achievements for the year. Areas that need improvement are identified. Obstacles to performance are discussed and a plan for remedial action developed and agreed upon by the supervisor and the supervisee. The assessment rating calculator is used to add up the scores achieved for the KPAs and the Generic Assessment Factors (GAFs). The incentives such as 1% pay progression and performance bonus are based on the total scores (Eastern Cape Province PMDS manual 2007:39). Without contracting and reviewing this stage cannot be reached.

Performance evaluation provides information as to how performance outcomes should be managed and they must be objective. Management of outcomes includes recognition of good and outstanding performance as well as support for under performers. Consistent lack of performance should be addressed through appropriate mechanisms that include on-going support and referral. At this stage all the ratings per quarter are calculated and the final ratings determine actions to be taken including awarding of performance bonuses to qualifiers (Eastern Cape Province PMDS manual 2002:24).

The final performance ratings must be agreed upon by the committee members and must be signed off. If quarterly reviews were objective there should be no surprises in store for employees at this last stage (Eastern Cape Province PMDS manual 2002:25).

At these evaluation meetings inputs for future workplace skills plan are solicited from members and documented for future reference when the budget has been allocated for skills development. The performance of each section is reviewed and performance plan for the next year is developed. Finally, the primary objective of performance evaluation is to assess performance for the purpose of identifying developmental needs, and to conduct a new round of planning and focusing as well as alignment with departmental objectives (Eastern Cape Province PMDS manual 2002:26; Eastern Cape Province PMDS manual 2007:92).

System maintenance and development

For its maintenance and development, PMDS should form part of an integrated approach to improving performance which incorporates all departmental planning processes, Batho Pele principles and the requirements of the Public Finance Management Act(PFMA)(Eastern Cape Province PMDS 2002:10). These performance improvement initiatives are communicated to all employees from the province to the district. The district should identify the roles to play in the achievement of provincial strategic goals at shorter term levels. The three year strategic plans are formulated and budget is allocated for achievement of plans that require funds. One year operational plans are formulated by each institution which is cascaded down to units or sections to enable formulation of individual plans as KPAs. Performance contracts are signed and kept in sections for reference during assessments. Quarterly reviews are conducted to determine the progress. At the end of the year performance appraisals are signed and kept for the PMDS moderation committee meetings. As the end of the year marks the beginning of another year, while the moderation is busy with preparations for the moderation meeting. Employees must already be done with contracting for the current year. Institutions need to develop a PMDS committee to see to the system development and maintenance (Eastern Cape Province PMDS manual 2007:97).

1.3. Research problem statement

According to Glathorn and Joyner (2005:17), a research problem is an issue representing one aspect of the research topic that is narrowly defined. Quality health service delivery depends on high level performance of service providers so that patients' satisfaction with the service that is provided can be ensured. The Eastern Cape Province developed the PMDS for all departments such as Health in 2000 in an attempt to maximise performance of government employees. This system requires employees to commit themselves to performing through contracting with their supervisors at the beginning of each financial year which is followed by performance reviews that are conducted quarterly and end of the year assessments. The Health department's strategic goals and priorities can be attained through good and excellent performance at grass roots level. Performance cannot improve without monitoring and evaluation by self and others. Committing to this process is of paramount importance in order to ensure patient's satisfaction with the service that is provided and to meet the department's strategic goals and priorities.

However, it has been observed by the researcher that nurses working in the institution of interest for some reasons are reluctant to comply with the expectations of the system. They have to be reminded several times to contract at the beginning of the financial year and to do performance reviews at the end of each quarter that is end of June, September, December and March. This is a challenge to supervisors who are responsible for performance monitoring and evaluation of employees. Salary progression of 1% each year is awarded according to completed and signed four reviews which reflect satisfactory, good or unsatisfactory performance. Awarding of bonuses is also based on these reviews reflecting outstanding or excellent performance. Not getting 1% pay progression result in some of the employees having lower notches than their counterparts in the same rank which demotivate them or leads to discouragement. Demotivated employees become less productive and that has a negative impact on patient care outcomes. Some nurses contract and do performance reviews for one year or two and become reluctant in the ensuing years. It seems as if they have had or are still having negative experiences with the system that needs to be empirically investigated and addressed so that nurses contract and do performance

reviews without being reminded or coerced for improvement of performance and health services rendered. It does seem that although the system seems to be appropriate to improve employee performance and has good intentions for patient outcomes, however a gap exists in context on how it is experienced in reality or viewed by particularly nurses at grass root level. Therefore, the theoretical statement of this study was “What are your reality experiences with regard to contracting and doing performance reviews?”

1.4 AIM OF THE STUDY

1.4.1 Research purpose

A research purpose is defined as a clear, concise statement of the specific goal or aim of a study, which is generated from a research problem (Grove, Burns & Gray 2013:74). Creswell (2014:123) defines a research purpose as a statement that establishes the intent of the entire study and it needs to be clear, specific and informative.

The purpose of this study was to explore and describe the lived experiences of nurses with the implementation of the PMDS with an aim of developing guidelines suitable for the nursing context compliance.

1.4.2 Research objectives

An objective to a qualitative study as defined by Burns and Grove (2009:166) is described as a clear, declaring statement that is expressed in the present tense. The objectives of this study were to:

The research objectives of this study were to:

- Explore and describe nurses’ ontological experiences of contracting and doing performance reviews.
- Identify contextual factors influencing implementation of PMDS

- Develop guidelines suitable for the nursing context to improve participation of nurse clinicians in the PMDS strategy for better performance and quality patient care outcomes.

1.4.3 Research question/s

Based on the classic work of Sackett, Richardson, Rosenberg and Haynes (1997), the PICO (Population, intervention, comparison and outcome) approach was used to formulate the central theoretical statement or 'grand tour question' of this study and the semi-structured research questions to be used for the focus groups. Asking the right question is often not easy, but is essential to making evidence based decision based on the process. The four parts of the acronym of PICO were applied as follows:

P: Population in this study was all levels of operational nurses working at the study context which were professional nurses (PNs) and enrolled nurses (ENs) and enrolled nursing auxiliary (ENAs).

I: Intervention is the second step in the PICO process. This phase helps the researcher to formulate good semi structured and probing questions. In this study use of the grand tour question, semi structured and probing questions to elicit information from the participants was identified as an intervention process.

Comparison is the third phase of the built question/s which may refer to comparing this study studies in other provinces, Sub-Saharan countries and globally that employ the system or global trends related to the study phenomena

The **O**utcome was the final aspect of the PICO question which referred to the specific results of what the researcher aims to achieve. In this study, focus was on seeking improvement of nurses' commitment to contract and do performance reviews that has potential to identify poor performance and suggest best ways to improve performance patient care.

Grand tour question

The grand tour question was based on the research question which was:

What are your lived experiences in contracting and doing performance reviews in your unit?

Semi-structured questions for the focus groups

- What does the process of PMDS mean or entail?
- What does the process of contracting and doing performance reviews by nurses involve?
- What is your experience with the implementation of the PMDS process?
- What contextual factors, according to your view, influence the implementation of the PMDS?
- Why are nurses reluctant to contract and do performance reviews?

The findings of this study have particularly significant implications in clinical practice to maximise job satisfaction and career planning for nurses in clinical practice by assisting them to achieve their full potential (National university of Ireland PDMS 2006:20).

1.5 SIGNIFICANCE OF THE STUDY

In the nursing profession significance of a problem indicates how important the problem is to the nursing body of knowledge and to health of individuals, families and communities (Burns & Grove 2009:68). The findings related to the experiences of nurses with contracting and doing performance reviews contribute to improvement of participation by nurses for better performance and the quality of health care (Grobler, Warnich, Carrell, Elbert & Hatfield 2002:300).

Knowledge that will be uncovered by this study will be useful in providing guiding solutions to challenges that this group of health care providers is encountering regarding contracting and doing performance reviews. The findings of this study will also enable the hospital management to find the best suitable strategies of motivating nurses to enter into contract with the supervisors and do performance reviews at the stipulated times without being reminded or coerced for improvement of performance and health services rendered by implementing the formulated guidelines. Current

policies and protocols with regard to the implementation of PMDS will be visited, and the developed guidelines will guide nurses and supervisors for better clarity and conceptualisation of the process.

Further valuable contribution will be made to the body of nursing research knowledge for curriculum revision and advanced research.

1.6 DEFINITIONS OF KEY CONCEPTS

The conceptual and operational definitions of this study were as follows:

Contract

A contract is defined as a legal document that states and explains a formal agreement between two different people, groups or parties. To be under contract is to have formally agreed to work for a company or a person on a stated job for a stated period of time (Cambridge Advanced Learner Dictionary 2008:303-304).

A contract, according to Reel & Abraham (2007:12), is a legally enforceable agreement that can be either implied or expressed and is binding upon the parties involved Brent (2001:168) further clarifies that a contract is a voluntary agreement between two or more individuals that create an obligation to do or not to do something that creates enforceable rights or legal duties. This agreement is entered to for the benefit of the involved parties and for the benefit of the third party or the third person who is not directly involved in the formation of the contract (Brent 2001:168).

In this study, contracting refers to entering into and signing of agreements by employees who are nurses and their immediate supervisors that links individuals and the organisational objectives.

Experience

An experience is an event which leaves an impression on one (Oxford 2002:310). It refers to how the world is perceived and is about feelings, beliefs and values that are associated with something (Chinn & Kramer 2005:187). An experience is having prior knowledge on practical matters (Polit & Beck 2008:87).

In this study, experience refers to expressed positive and negative views, opinions, perceptions, attitudes and values about PMDS by nurses as they participated in the system at grass root.

Nurse

A nurse is a person designated as professional nurse, staff nurse and auxiliary nurse were described as follows:

- *Professional nurse*

Professional nurse means a person registered as a nurse under section 16; (iii) of the Nursing Act, Act no 33 of 2005.

A professional nurse is a person who is qualified and competent to independently practice comprehensive nursing in a manner and to the level prescribed who is capable of assuming responsibility and accountability for such practice under section 30(1) of the nursing Act, Act no 33 of 2005. A professional nurse is a person who has the ability to function independently and interdependently with other multidisciplinary team members (South Africa 2005:25).

- *Staff nurse*

Staff nurse is a person enrolled as a nurse under section 16 :(VI) Of the Nursing Act, Act no 33 of 2005. A staff nurse is a person who is registered as such in terms of section 31 of the nursing Act no 33 of 2005 who is educated to provide basic nursing in the

manner and to the level prescribed. A staff nurse is a person who performs duties under supervision of and reports directly to the professional nurse. A staff nurse supervises an auxiliary nurse (South Africa 2005:25).

- *Auxiliary nurse*

An auxiliary nurse or an auxiliary midwife is a person educated to provide elementary nursing care in the manner and to the level prescribed (South Africa 2005:6, 25). An auxiliary nurse is a person who assists both professional nurse and staff nurses performing duties under direct or indirect supervision of the above nurse categories who directly reports to and being supervised by the staff nurse.

Ontology

Ontology is a branch of philosophy interested in kinds of existing things to determine if they really exist (Shand 2009:82). Mouton and Marais (1994:11-12) define ontology as a study of being or reality as a social domain that deals with set of concepts and categories that evidence their properties and relationship between them. The reality of these concepts or categories are investigated in research in the social sciences.

In this study, ontology refers to a concern registered as to how nurses in the units experience the implementation of the PMDS within the context of their relationships with supervisors and the essence of its reality to improve performance.

Performance review

Performance review is the assessment of employee performance according to specific standards (Meyer & Kirsten 2005:64). It is an activity that determines if an employee is working towards the achievement of objectives agreed upon during the contracting phase or not (Eastern Cape Province Performance Management Policy and System 2002:22). It is a performance management component that makes use of individual's self-evaluation, peer ratings and supervisors evaluation information to discuss employees' contribution to teams' performance (Aguinis 2009:27).

Performance review in this study refers to a formal interview session by the immediate supervisor aimed at giving feedback on employee performance which provides an opportunity for identification of areas that need improvement. The naturalistic paradigm which is suitable for qualitative phenomenological research is concerned with how individuals construct reality within their context and meaning attached to their experiences (Polit & Beck 2008:759).

1.7 FOUNDATIONS OF THE STUDY

Although qualitative studies are not necessarily based on a particular theoretical framework, however in this study phenomenological research design was used as a philosophical base. Phenomenology is a science that intends at describing the lived experience of people in their real world (Basavanthappa 2007:56; Polit & Beck 2008:64; Streubert Speziale & Carpenter 2007:76). It is the study of lived experiences of man that require conversations between researchers and participants (Polit & Beck 2010:563). It was the research design of choice as the aim of the study was to analyse the meaning that participants attached to their experiences with the PMDS process. The research design is discussed in detail in Chapter 3 as a philosophical stance of the study.

Phenomenology is a rigorous, critical and systematic investigation of phenomena of interest characterised by its focus on lived experience of a phenomenon to identify its essence and meaning. The belief is that a phenomenon can best be described by those who experience it and not by those who observe it being experienced (Polit & Beck 2010:72). Understanding peoples' everyday life experiences and the meaning they have to those who experience them is the goal of phenomenology. The phenomenologist's view is that people are physically tied to their world and are conscious of their existence (Polit & Beck 2010:267). This philosophy is discussed in detail in Chapter 3.

1.7.1 Meta-theoretical assumptions

Meta-theoretical assumptions are based on a paradigm which is a world view. In this study, the constructivist paradigm assumption was used as it was more suitable for

qualitative narrative inquiry. Research work is often impacted by assumptions that are made about the nature of reality, knowledge and the doing of science. Assumptions are basic principles that are believed to be true based on logic or reason without proof or verification (Polit & Beck 2008:14 & 748; Polit & Beck 2010:14). They are products of logical reasoning resulting from day to day life experiences. Development of some research instruments are based on the assumptions made on the study phenomena (Burns & Grove 2009:40). Inductive and deductive reasoning processes are useful means of understanding and organising phenomena and they play an important role in nursing (Polit & Beck 2008:13).

The posited assumptions influenced the development of the research process and the thinking behind it. They also influenced the logic of this study as their recognition led to more rigorous study development. To this end, epistemological, ontological and methodological assumptions were posited in this study. The methodological assumption is described under the section on research method and design in chapter 3.

Epistemological assumptions

Epistemology is the study of knowledge in any field and how members of that field come to know what they claim to know and also on what basis such claims are made. Nursing knowledge is the knowledge and patterns of knowing that is shared by nurse theorists, researchers and scholars across the globe through journal articles, books and other authentic ways (Reed & Crawford Shearer 2009:385-386). With this background in mind, the epistemological assumptions for this study were as follows:

- Multiple realities are constructed and exist in the minds of nurses with regard to how they experience the implementation of performance evaluation initiatives or strategies that have a bearing on their day to day work life (Polit & Beck 2010:15).
- All staff members involved in the implementation of strategies in the work place needs adequate knowledge of the system to be better performers.
- People are normally are rational beings and if empowered have potential to be.
- People attach meanings from their experiences or world view.

Ontological assumptions.

Ontology is a branch of philosophy that has an interest in kinds of things that exist to determine if they really exist. The only way to determine if things really exist is to go to where they are believed to exist and find out or confirm (Shand 2009:82). It is the study of being in the world (Chinn & Kramer 2008:301).

This background facilitated formulation of the ontological assumptions for this study as follows:

- Humans are interactive beings who continuously interact with themselves, others and environmental factors in which they live.
- People are physically tied to their world and are conscious of their own world with which they interact.
- People attach meaning to what they see, feel, hear and observe in the world around them (Polit & Beck 2008:227).
- Fulfilment of training and development needs empower humans to find meaning of their existence as they value being creators of their world.
- Development needs are part of being or existence in the world.

The methodological assumptions are embedded in the description of the research design and methodology. This study as a constructivist study relied on the interaction between the participants and the researcher in order to understand the phenomenon which in this case was the lived experiences of hospital nurses with contracting and performance reviews.

1.8 RESEARCH DESIGN AND METHOD

The study was conducted in a 469 bedded public hospital where patients with varied sicknesses, illnesses, diseases and injuries were cared for. Medical, surgical, family planning, mental health, chronic care, acute care, mother and child care out patients

and casualty services are provided. The institution operates with the majority of staff being the different nurse categories as student nurses and doctors are often allocated from the local university and nursing colleges to be mentored by experienced nurses in clinical practice.

Permission to conduct the study was secured from the institutional top management composed of Chief Medical officer, Hospital Manager and Deputy Manager Nursing.

This study was a qualitative, explorative, descriptive and contextual investigation based on the phenomenological philosophical tradition. The research method that was used referred to aspects such as population, sample, sample selection method, sample size, data collection, data analysis, ensuring trustworthiness and ethical consideration.

The universal population of this study was all nurses in public hospitals of SA. The target population for this study as described by Polit and Beck (2012:275), was determined by the sampling criteria. The accessible population was all the nurses who were on duty on the days of the data collection. Inclusion criteria was that participants had to be above 18 years of age; all racial groups were included; they had to have at least 3 years of experience as a nurse and 2 years exposure to performance reviews and willing to participate. Exclusion criteria were exposure to PMDS for less than two financial years and less than three years' experience as a nurse. Purposive sampling method was used to recruit participants.

Adequate needed stationary and refreshments were made available and guidance was given to the participants about the how to complete the biographical questions on the interview guide and how the interviews would be conducted. Consent form was obtained after explanations were made about the study, its benefits, moderate risks, participants' rights and referral for counselling where needed. Arrangements were made with the managers of the units on times of data collection and venue used, after permission was obtained. Data was collected using an interview guide, conducting individual and focus group interviews, direct observation and use of field notes. Unstructured interviews in this study were conversations with participants in which the researcher consistently asked a 'grand tour' question and allowed the informant to tell

the story with little interruption (O' Leary 2004:164; Polit & Beck 2008:392; Streubert Speziale & Carpenter 2007:37). . A semi structured interview guide (annexure D) was utilised for the focus group. Questions in both interviews were followed with probes where needed,

Permission was obtained from the participants to capture the conversations on the tape recorder. Two participants who were adversely affected by the implementation of the PDMS tool were referred for counselling.

Data management and analysis began immediately. Transcripts were written/typed by the researcher verbatim which a laborious task was. An example of a transcript is attached (annexure). Tesch' (Creswell 2011©) qualitative method of analysis was employed. Descriptive phenomenological research as described by Polit and Beck (2012:268) included steps such as *bracketing*, *intuiting*, *analysing* and *describing*. Four themes and fourteen sub-themes emerged from the data and the findings are presented in Chapter 4.

Trustworthiness was ensured by applying criteria of Lincoln and Guba (1985) as cited in Polit and Beck (2012:175), which are credibility, transferability, confirmability and dependability. Ethical considerations were ensured by demonstrating respect of the rights of the study institution, the rights of the participants and scientific integrity (this section is discussed in detail in Chapter 3).

1.9 SCOPE OF THE STUDY

The research question of this study based on PICO, assisted the researcher to limit the scope of the study as this led to a trustworthy conclusion to avoid a too broad the conclusions which may be vague. As this study is contextually significant, there was no reason to widen the scope (Hofstee 2006:28).

1.10 STRUCTURE OF THE THESIS

Table 1.1 highlights the content of discussions in the chapters which explored various views on the concept 'the ontological experience of contracting and doing performance reviews by nurses and meanings attached to it'. The final chapters presented the research design and method, and data analysis which culminate into the development of guidelines with intent to improve the performance of nurses with a resultant improved quality patient care and their work life.

Table 1.1 Overview of the thesis

CHAPTER	TITLE	CONTENT
1	Introduction and overview of the study	This chapter introduced the study to the reader, rationale for the study ,significance of the study ,PMDS development cycle ,research design and methodology , ensuring trustworthiness as well as ethical considerations
2	Discussion of PMDS strategy	The main focus of this chapter was on the literature review and discussion of the PMDS strategy and related aspects
3	Research design and methodology	Focused on the research design and method employed to investigate the phenomena
4	Presentation, analysis and interpretation of the research findings	This chapter presented the research findings, analysis and interpretation
5	Developed guidelines	Developed guidelines were the focus of this chapter.
6	Recommendations and implications for nursing practice, education and research.	Recommendations and implications of the study were discussed in this chapter.

1.11 CONCLUSION

This chapter provided the relevant comprehensive background information that clarified the construct under study. The phases of the study were introduced. Aspects further covered were about the introduction and overview of the study that included the research problem, source and background of the problem understudy briefly discussing the process of PMDS and stating the reason for its introduction in the public sector.

Aim of the study, research questions, purpose of the study, objectives and foundation of the study were presented. The key concepts used in this study were conceptually and operationally defined. The research design and method including population, sampling, data collection and analysis, ensuring trustworthiness and ethical consideration were briefly outlined.

Chapter 2 focused on literature review and the discussion of the PMDS strategy with related aspects.

CHAPTER 2

LITERATURE REVIEW

There are only three measurements that tell you nearly everything you need to know about your organization's overall performance: employee engagement, customer satisfaction, and cash flow. It goes without saying that no company, small or large, can win over the long run without energized employees who believe in the mission and understand how to achieve it.

(Jack Welch)

2.1 INTRODUCTION

Literature review is according to Polit and Beck (2012:732), a critical summary of research on a topic of interest that is often prepared to put a research problem in context. Its purposes are to understand the current knowledge on a topic, to identify the gaps and to interpret the study findings (Polit & Beck 2010:170). Literature review was conducted by hand and electronically to determine what is known and unknown about Performance Management and Development System (PMDS) (Brink, van der Walt and van Rensburg 2012:54). The researcher had an interest in the findings of other investigators about the phenomenon of interest that support or contrast those of the present study and to ensure that the present study is not just duplication of the previous studies (Mouton 2001:86-87). The literature review confirmed that the research question, namely, "What is your experience of contracting and doing performance reviews." has not been answered. It also updated the researcher with the recently published studies on PMDS (Moule & Goodman 2014:102). The success of the public service in health care delivery depends on the efficiency and effectiveness with which employees carry out their duties. Performance Management (PM) is a key human resource management tool which ensures that employees know what is expected of them (White Paper on Human resource Management (HRM) in the Public Service 1994:1).

2.2 PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM (PMDS) TOOL

The key outcome of this tool is facilitation of human resource capacity through identification of developmental needs (Sangweni 2007:2). Performance Management (PM) is an important component of human resource management and development activities. According to Mtshali (Ntombela) (2013:10), performance management is part of human resource management approach. It is a process of identifying, measuring and developing individuals' and teams' performance. It is a continuous process that involves goal setting, formulation of objectives, performance monitoring, receiving and giving feedback. PM includes end of the year appraisal of performance which entails systematic description of an employee's strengths and weaknesses (Aguinis 2009:2-3). It involves performance assessment and reviewing the results of which are used to develop underperformers and rewarding good performance (Seotlela & Miruka 2014:177). One of the aims of PM is collection of information that is required for salary administration, provision of performance feedback and the determination of employees' strengths and weaknesses (Aguinis 2009:13). PM process incorporates planning, maintaining, reviewing and rewarding performance (Callaghan 2005:2-3). Performance is simply defined in Aguinis (2009:78), as what employees do excluding the result of task execution. It is about behaviours of employees in the work environment which is a concern for supervisors and which can contribute to organisational effectiveness and success. Performance is characterised by being evaluative and multidimensional. Evaluative means that behaviours are judged as being negative, neutral or positive for individual, team and organisational effectiveness. Multidimensional means that employees perform differently. Employee behaviours either contribute to or hinder organisational goal achievement. Negative behaviours are those that hinder organisational effectiveness, neutral behaviours are those that make no clear difference and positive ones make a contribution to organisational success (Aguinis 2009:78). Books, published scholarly articles on PMDS, white papers internet sources and journals provided the researcher with valuable insight on the construct.

2.2.1 Historical background of performance management

Management of performance has evolved since the early twentieth century (Muhataba [S.a.]. Management by objectives (MBO) which is a top down approach was popular during the 1960's and 1970's. This process is characterised by adherence to rules and methods of the system. Performance appraisal systems, a combination of merit and MBO emerged in the 1970's. This system includes the notion of one person telling another one thinks about the other which managers were not comfortable with. Performance management which is distinguishable from its predecessors emerged during the 1980's (Performance management in the public service... 2003:4-7).

Major reform occurred as from 1 July 1999 when "one size fits all" approach was abandoned allowing each department to develop its own human resource (HR) policies and systems. The departmental activities are presently informed by the public service Act, 1994, the public service Regulations, 1999/2001, various white papers and collective agreements. The public service regulations guide each department in the development and implementation of their department PM Systems. Performance management and development system (PMDS) for each department as required by the public service Regulations, 2001 had to be in place with effect from the 1st of April 2001 (Performance management in the public service... 2003:4-7).

2.2.3 Performance management and its importance

Performance management is the process of harnessing human and material resources to ensure maximum performance in an attempt to achieve the desired results. It includes both individual and organisational performance. Each individual performance is a contribution to the entire organisational performance. Performance management (PM) enhances organisational efficiency and effectiveness (Eastern Cape Province PMDS 2007:8). Implementation of Performance Management and Development System is an efficient tool of delivering the strategic goals and objective of the organisation (Seotlela & Miruka 2014:177). A performance agreement links an individual's performance to organisational goals (Performance Management and Development System (PMDS) manual 2007:4). Management of performance (PM) includes creation of an environment in which employees can optimally perform to achieve organisational objectives. It is a day to day task of supervisors which ensures that employees deliver the required

outputs (Meyer and Kirsten 2005:59). The main focus of PM is managing employee performance through providing Human Resources(HR) with clarity on performance standards of the organisation as well as the skills and knowledge to effectively perform (Meyer & Kirsten 2005:5). Meyer and Kirsten (2005:68), states that PM is an important component of HR management. The purposes of setting goals are to provide the specific information on how the organisational mission will be implemented, goals provide a good basis for decision making, these statements also provide basis for performance measurement (Aguinis 2009:63). Performance Management System is a primary tool for executing the organisational strategic plan (Aguinis 2009:72).It is a process of aligning employee performance with firms' goals which defines measuring, monitoring and giving feedback. Managers are responsible for developing, implementing, monitoring and modifying performance measures (Ivancevich 2010:251-253). With PM, managers are required to provide feedback regarding employee's past and present job performance proficiency which provides basis for performance improvement.

To enable development of objectives by individuals the organisational objectives and those developed at unit level are developing specific, measurable, attainable, realistic and bound (SMART)goals at unit level to enable managers to track employee progress. Making objectives clear assures that employees know exactly what is expected of them. Documentation of the action steps or actions to achieve each goal facilitates progress and ease goal attainment (MacMillan [S.a.]:3-4] It is imperative that objectives incorporate the six priority areas, one of the tools through which the quality of care and patient satisfaction are measured (Fast track to quality 2011:4-5).Today workplaces are required to embark on performance improvement strategies in response to ever-increasing business pressures. Organisations are now required to become more effective and efficient and do more with less in order to remain competitive. Performance Management(PM) involves optimising productivity by establishing focus for skill development and learning activity choices, aligning individual employee's actions with institutional goals, and documenting individual performance to support compensation and career planning decisions (MacMillan [S.a.]:1).

2.3 EFFECTIVE PERFORMANCE FEEDBACK: MANAGER'S ROLE

Feedback is the information that is given to employees about performance be it positive or negative. Giving feedback on performance is so important as it builds individual employee's confidence (Aguinis 2009:219). For it to be effective it should be timely, frequent and specific for instance, when giving positive feedback on excellent performance the supervisor should concisely mention the areas of outstanding performance and when giving negative feedback the areas which need improvement should be clearly mentioned while stating the strategies to effect such behaviour change (Aguinis 2009:232). Timely feedback connotes that it should be given immediately after the occurrence of an event. Frequent feedback improves performance. A supervisor's role is giving continuous feedback as employees need to know if their performance is effective or ineffective (Aguinis 2009:220). The more timely and focused feedback is, the more likely it will influence performance (Noe 2008:109; Kumar, Anjum & Sinah 2011:2231-0703) Giving feedback continuously improves performance. Feedback that is given continuously without waiting till end of the quarter or year is effective so that employees know if their performance is effective or ineffective. Through on-going communication between employees and supervisors information on their performance is provided while encouraging them to communicate their performance hindrances. The feedback session focuses on areas of effective and poor performance. Employees are encouraged to perform by providing them with adequate resources. Feedback sessions, encourage employees to talk about their areas of poor performance for an action to be taken (Noe 2008:109).

If an employee performance is below the expected standard, a manager can criticise but to a minimum especially when an employee agrees to change behaviour. After the feedback, the supervisor and an employee set a date to review behaviour change having agreed on specific goals on how to improve performance (Noe, Hollenbeck ,Gerhart & Wright 2006:368-369).

2.3.1 Creation of a positive work environment

Work environment refers to the conditions in which a worker operates (*Oxford South African Pocket Dictionary* 2006, “context”). Workers are in continuous interaction with the environment in which they work so it is so crucial that managers ensure that it is free of performance barriers. Milisen, Abraham, Siebens, Darras and De Casterle (2006:750-751), who investigated nurses’ perceptions on work environment and work force issues, quality of care, job satisfaction and professional decision making revealed that despite strong nurses’ commitment to be competent providers of quality care, there were complex and multiple barriers in the environment. These barriers as perceived by nurses were time demands, the quality of leadership and management as well as stressful work environment. According to Naharuddin and Sadegi (2013:66), workplace environmental factors such as the job aid, the supervisor support and the physical workplace environment are the determinants of employees’ level of performance. The Miyazu Malaysian study revealed that the factors in the workplace environment also affect the health of employees (Naharuddin & Sadegi 2013:67). Vischer (2007:180) contends that a supportive work environment encourages employees to apply their energy and attention to performing work.

Supervisors are obliged to identify and manage the environmental risks. Adequate equipment, lighting and ventilation are required. Clean units with adequate spaces between beds promote free movement of staff. The environmental factors like cleanliness, safety, support, privacy and confidentiality can be prioritised (Mc Sherry & Pearce 2007:36). Working environments where privacy and confidentiality are not maintained negatively impact on patients’ health as they lead to them not talking about some of their problems which may be predisposing causes of their illnesses. Managers are obliged to create and maintain a positive work environment for workers and patients. Clausen, Nielsen, Carneiro and Borg (2011:134) affirm that factors in the work environment such as increased work demands consequential to staff shortage contribute to employees’ long term sickness absence. This calls for managers’ focus at improving the psychosocial environment. This should aim at boosting resources and ensuring that job demands are manageable for employees.

2.3.2 Performance assessment and rating

Performance ratings range from 1 to 5. Since 2002 reviews and ratings were done once a year. However, since 2007 performance is rated quarterly by unit supervisors. At the end of the year the function of performance rating is handed over to the moderation committee. The ratings, categories and descriptions are as evidenced in table 2.1.

Table 2.1: Ratings, categories and descriptions

RATING	CATEGORY	DESCRIPTION
1	Poor, unacceptable or sub-standard performance	Performance not meeting the standard expected for the job, agreed upon objectives not attained.
2	Unsatisfactory performance	Attainment of objectives is less than half of those agreed at the planning stage.
3	Satisfactory performance	Minimum effective results achieved in all areas of the job.
4	Good or commendable performance	Above average achievement in all job areas.
5	Outstanding or excellent performance	Performance significantly above the expected standard for the job. Excellent results attained throughout the performance cycle

(Adapted from Eastern Cape Province PMDS manual 2007:38).

The main focus of PMDS is the first two categories that is those who rated 1 and 2. Employees who have just been placed in their posts with the above ratings are still in their growth and developmental stage. Rating 1 achievers show no observable signs of improvement yet. Rating 2 achievers show observable signs of growth, meeting some of the performance standards. Rating 3 depicts that the post holder has grown up to the level of meeting the job requirements and qualifying for pay progression. Employees whose performance is above and significantly above the required standard in all task areas are rated 4 and 5. These are top achievers qualifying for pay progression that is above 1% and performance bonuses respectively (PMDS manual 2007:38; Employee performance solutions 2009).

2.4 PERFORMANCE OUTCOMES AND THEIR MANAGEMENT

The outcomes or the findings of performance evaluation are good and excellent on the other hand, unsatisfactory and non-performance as well as satisfactory between these extremes. Figure 2.1 shows the outcomes and steps to be taken.

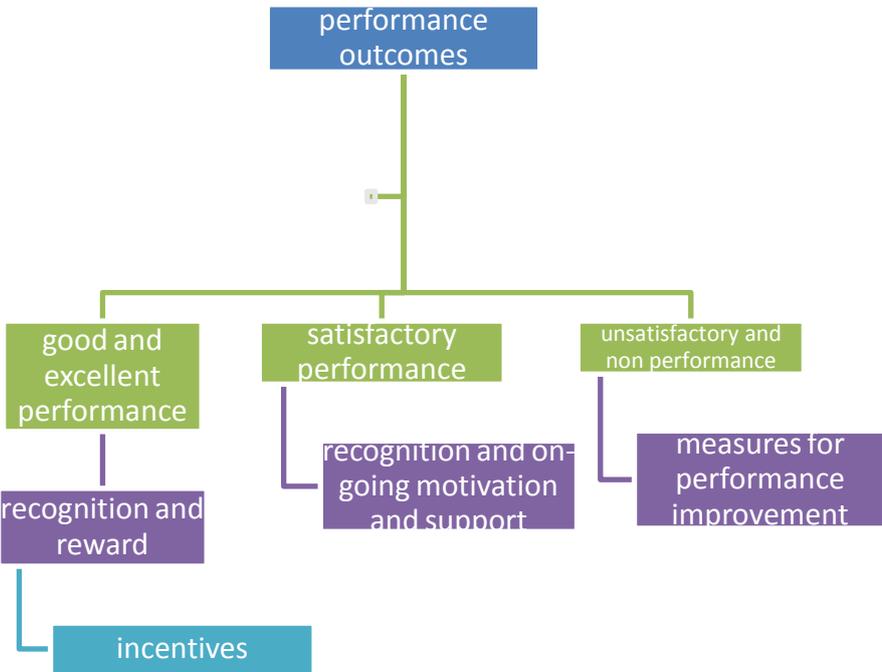


Figure 2.1 Outcomes and steps to be taken

(Adapted from Eastern Cape Province PMDS manual 2002:27)

Performance management focuses on performance evaluation outcomes. According to Aguinis (2009:227-278), the steps followed are determined by the results. Apart from performance ratings both effectiveness and efficiency are assessed. Effectiveness and efficiency are amongst others the key drivers of productivity in health care organisations (Smit, Cronje, Brevis & Vrba 2007:29). Effectiveness is the degree to which results satisfy customers. Customers refer to internal and external beneficiaries of health service delivery which health employees are obliged to satisfy. Teams or groups performance is assessed to determine if it does have an effect in terms of patient’s satisfaction. Efficiency is the degree to which internal teams processes support the achievement of results, team growth and team member satisfaction. To be efficient each team member can contribute to the success of the team through communication, coordination, collaboration and decision making (Aguinis 2009:277).

Productivity promotes quality service delivery which satisfies both internal and external customers. Health care and other organisations are required to be productive which is one of the most effective ways to enhance organisational performance (Booyens 2008:180). Productive performance is highly valued by both employer and customers. A study on productive performance of public hospitals was conducted in Greece by Lyroudi, Glaveli, Koulakiotis and Angelidis (2006:67, 71) with the main focus on efficiency and effectiveness of public hospital clinics. The main target of this research was to ensure high efficiency and effectiveness in the provision of services with an ultimate goal of increasing satisfaction with health-care service provision. The assumption of the researchers was that improving efficiency of the clinics will result in improvement of hospital efficiency (Lyroudi et al 2006:67, 71).

2.5 MANAGEMENT OF SUB-STANDARD PERFORMANCE

Sub-standard performance refers to less than 50% performance assessment score which require a supervisor to intervene so that performance short falls can be identified and overcome. Factors that affect performance may be identified by environment audits.They are often managed by processes such as monitoring and coaching (PMDS manual 2007:46).

Each supervisor sits down with an employee who is not performing well. Failure to perform well is brought to a workers attention. They both need to identify the reasons for poor performance. These problems may either be related to the job, may be due to inadequate support from supervisors, may be family related or personal matters. Lack of knowledge and skill to perform the required tasks can be the main cause of poor performance. Personal and family problems can be identified during counselling sessions and appropriate referrals made. Let's look at this scenario.

Nurse Mary is a single 27 year old enrolled nurse. Her parents died in a car accident. Her 31 year old brother has been arrested for car theft and is already in jail. She is having a 3 year old son who is taken care of by a neighbour when she is at work. There

is no one staying at home during the day or during the night when she is working night shift.

Counselling and referral to a social worker are the interventions of choice in tackling nurse Mary's family problem.

Problem solving may focus on attitude change. Customer care workshops are organised for all workers as they have a role to play regarding attitude change.

Based on the PMDS strategy, supervisors are to commit themselves to on-going employee support. Employee assistance programs are utilised for employees who need assistance (PMDS manual 2002:28). Poor performance may result from misplacement and if that is the reason appropriate placement may resolve the challenge (Noe 2008:315). Well placement and matching a person to the job positively affect employee performance. If poor performance is due to lack or inadequate skills, knowledge and abilities employee training and development is planned and effected.

2.6 EMPLOYEE TRAINING AND DEVELOPMENT

Training and development of employees has a focus on improving employee performance. Placing employees in jobs that they cannot readily perform is costly to institutions as these people have to be trained and equipped with the knowledge, skills and abilities to perform the required tasks (Mathis & Jackson 2004:190). Therefore performance management aims at developing employees and it encourages coaching and regular feedback through progress reviews and annual appraisals (PMDS 2007:9). Formal and informal training is designed to equip employees with the required skills in their current jobs. Training and development needs of workers are identified during on-going monitoring of their performance and during performance reviews. The information gathered during these processes form basis for training and developmental plans. The differences between training and development are that the focus of training is on preparation of an employee for the current job while development is future oriented as it involves preparation for other positions in the company or organisation. Development also prepares employees for changes which may have to be effected. A professional

nurse who is granted a study leave to study nursing management and leadership is an example of employee development to prepare an employee for a prospective management position in the institution. A midwife offered an opportunity to attend a short course on prevention of mother to child transmission (PMTCT) of HIV is an example of on the job training. Employee development is necessary for quality improvement (Noe 2008:315).

2.6.1 Employee orientation

Orientation is a planned introduction of employees into their workplace, the jobs they are required to perform and to their co-workers which assist them in getting the feel for their organisation. It is the first step in the training process that contributes to organisational performance (Mathis & Jackson 2004:230). Orientation is referred to in Amos, Ristow, Ristow and Pearce (2008:126), as assisting a new employee to function effectively within the organisation which aims at ensuring employee performance. This step also aims at introducing the new employee to the workplace, to the work, people, and items one will work with. During orientation the new employees are provided with information such as conditions of employment and benefits (Swanepoel, Erasmus, Van Wyk & Schenk 2013:258-259).

2.6.2 Mentoring and coaching: a performance management function

Coaching involves assisting, motivating, inspiring and communicating with employees in the work place directed at performance improvement. It requires supervisors to be constantly aware of employees' performance (Minnaar 2008:238-239).

Coaching refers to teaching or instructing those who are less skilled or less knowledgeable (Collins English Thesaurus 2010:47). The success of coaching is facilitated by a helpful, collaborative and trusting relationship between a coach and a coachee. The development of such a relationship is particularly critical when supervisors and employees do not share the same cultural backgrounds. Coaching involves giving advice, guidance, support and confidence (Aguinis 2009:207-209) A coach is a manager who motivate, help employees to develop skills ,provide

reinforcement and constructive feedback (Noe 2008:500). A coach of a soccer team coaches members to perform well and score goals to win a match. Like a soccer team coach, a coach in an organisation ensures that employees perform well to achieve organisational goals and to ensure good customer care. The purpose of coaching is the development and enhancement of the required skills for the job (Minnaar 2010:178). Mentoring and coaching facilitate skills development and thereby overall achievement of organisational objectives. Performance managers as coaches monitor individual or team performance and determine if performance is making any contribution towards goal attainment (Meyer & Fourie 2004:17).

Mentoring and coaching on the job are the responsibilities of supervisors and managers. These are types of interpersonal relationships which are used in the workplace to develop employees and to improve skills having identified weaknesses. Mentoring and coaching are also employed to develop the less experienced employees (Noe 2008:339) On the job mentoring and coaching promote productivity and assist in dealing with uncertainties among employees whose performance does not meet the expected or set standards. Areas that need improvement and benefits are readily identified during on the job mentoring and coaching.

The benefits of mentoring and coaching are identified as:

- Opportunities for mentees to develop and sharpen their interpersonal skills.
- Support through coaching, protection and challenging assignments.
- Psychological support through serving as a role model.

Positive regard and affirmation, acceptance and encouragement of mentees to talk about their anxieties and fears (Noe 2008:341). Coaching is an interactive partnership process that aims at encouraging self-help among coaches. It assists others gain skills, knowledge and abilities which are required to improve performance. Coaching is based on the belief that people want to do well to please the manager and to grow professionally (Porter-O' Grady & Malloch 2007:510). It also facilitates productivity in that a coach is always available whenever an employee needs assistance or guidance regarding task execution. A coach suggests improvement actions and discuss them with

the employees (Noe 2008:343). Mentoring and coaching require on-going communication and continuous feedback. Coaching promote skills development and instant feedback on a day to day basis. It provides support and assist in development of self-confidence. A coach suggests improvement actions and discuss with the employees (Noe 2008:343). Mentoring and coaching are cost saving strategies which facilitate quick grasp of the required tasks so that mentees and coaches become productive as soon as required. Mentoring is a two-way relationship which benefit both the mentor and the mentee from mutual learning (Woolnough, Marilyn, Davidson & Sandra 2006:187).

On the job training (OJT)

This is a form of training that is provided to employees. Training is never complete, but is lifelong because of changes in the working environment that result from changes in the external environment which affect organisations. On The Job Training (OJT).is a form of internal training that requires managers' ability to teach and show employees what to do. Although it is planned, it may not be conducted as planned due to time constraints and as a result supervisors often resort to informal training which occurs through asking question. OJT saves training costs as it is conducted inside the organisations. To save costs organisations train few employees who are in turn required to train others and this is called training of trainers (TOT) (Mathis & Jackson 2004:232).

Performance deficiencies are also corrected through in service training that need some preparation but is less costly and less time consuming as compared to trainings that are conducted outside organisations. Performance deficiencies that are identified during performance monitoring and evaluation assist organisations in developing the Workplace Skills Plan (WSP) which assists in decision making regarding the trainings to be conducted either onsite or off-site. The institutional management team provide opportunities for employees to undergo training to learn new skills and acquire knowledge. Supervisors evaluate the effectiveness of training to determine if trained employees do actually exhibit new attitudes and behaviours and if performance improves as a result of training. They also determine if retraining is still required.

Evaluation of the impact of training on the general performance of staff is the managers' obligation (Moskowitz 2008:100-101).

Supporting unsatisfactory performers

The point of departure in the support of unsatisfactory performance is an agreement between the supervisor and an employee that there is a problem (Provincial Performance Management Policy (PPMP) and System 2002:26). The supervisor and supervisee identify the factors that contribute or may have contributed to sub-standard performance without blaming the employee. Poor performance may result from lack of knowledge and skills, poor working conditions, insufficient guidance and support, interpersonal relations in the workplace and personal problems such as stress at home. The action to improve performance may be taken by the individual, by the manager or both. Attitude change is the action that can be taken by the individual. The manager's responsibility is to assist the employees to understand that certain behaviour changes may be beneficial to themselves not only to the organisation (Eastern Cape PMDS 2002:25-26). Supervisor and supervisee make joint decisions on the action required to improve performance or influence behaviour change that may be in the form of training, mentoring, coaching and shadowing. Apart from monitoring progress following remedial action, employees are encouraged to monitor their own performance and taking further required action called self-managed learning process. Discharging employee on the basis of poor or non-performance that is deliberate is the last resort after all the attempts have been exhausted, that includes appropriate referral (Eastern Cape Province PMDS 2002:28).

Making an employee perform

Employee Assistance Programs (EAPs) which are widely used by organisations are the facilities that assist employees to deal with their challenges which negatively affect performance for an example marital and relationship problems. They can be encouraged to utilise the programs of this nature and be referred to other programs that deal with performance improvement as the goal is to make an employee perform rather than terminating the contract of employment (Mathis & Jackson 2004:365-366). The

performance equation in Smit, Cronje, Brevis and Vrba (2007:339), can be effectively utilised in encouraging employees to perform. The equation depicts that a combination of motivation, ability and opportunity result in performance. Supervisors should motivate employees to perform by equipping them with necessary knowledge and skills through training. Motivation is not the only factor for performance, the ability to perform, provision of opportunities to execute tasks and valuing the outcome contribute to motivation to perform. Avoidance that is avoiding to be reminded can motivate one to perform, that is completing the project on time for example (Smit et al 2007:339-351). In this study, this would be completing documents, making an appointment with the supervisor to contract so that corrections if any can be made to ensure that on the due date the document is ready for submission. The work environment should be supportive in that there should be adequate resources. A conducive work environment can yield good results and increased output (Chebet 2015:11). The environment is defined as the person's immediate surroundings which is manipulated for one's existence. Creation of a working environment that enables and motivate people to perform to the best of their abilities is the focus of performance management (Ugandan 2013:4). Acknowledgement of work is according to Gergerly (2012:16), the most important motivator in contrast with the present study. It is evident in the current study that the only factor that keeps participants contracting and doing performance reviews is pay progression that is paid with the effect from 1st July each year (PMDS manual 2007:19). Recognising the minor contribution that poor performers make to the organisational success can motivate them to perform. Recognition has a potential of encouraging incremental advance towards the top level achievement. The specification of the acceptable behaviours does assist employees in knowing how far one has achieved. The supervisor should state exactly which behaviours are acceptable amongst others which still require more effort. The change that one is contributing to the organisational performance should be stated clearly. Being praised can motivate an employee to repeat the behaviour appreciated and apply the same effort to other tasks (Deeprise 2008:26-28).

Having utilised the aforementioned programs, performance of an employee is monitored to determine their effect in behaviour change. Recognising observed improvement no matter how slight it may be cannot be overemphasised. A "thank you" is appropriate for all accomplishments and it is an excellent motivator for employees (Deeprise 2007:26).

2.6.3 Management of satisfactory performance

Rewarding satisfactory performance is a form of motivation for employees to continuously improve. The focus that is not only on top performers, stars and problem employees but also on satisfactory performers benefit the organisation. Recognising the middle of the road employees encourage them to move to the top (Deeprise 2007:27).

Employees whose performance is fully effective are rated 3 in the performance rating scale of 1 to 5 and qualify for 1% salary progression (PMDS manual 2007:40-42). Managers should note that fully effective performers are capable of moving to the top and can also regress depending on the environmental circumstances and on how supervisors perform their jobs. The advances that this group of performers make towards accomplishment should be recognised (Deeprise 2008:27).

Management of good and excellent performance

Supervisors should make all the attempts to retain the top performers through recognition of their contribution. They need to see that their contribution is worthwhile. During rewards planning what employees value most should be considered. This information can be obtained from the employees through letting them make lists of their strongly desired needs and needs fulfilling rewards (Deeprise 2008:22). Making the top performers leaders of teams can be appreciated. Supervisors should refrain from just saying, "thank you for good work" without specifying what good work the person is being thanked for. The good work should be well stated and its impact on the unit or the organisation. The top performers should be granted opportunities to attend meetings normally attended by higher ranked personnel. It should be ensured that they have time and resources to perform the jobs which are not related to their usual jobs (Deeprise 2008:25).

Deeprise (2008:89) indicate that performance recognition is in the form of intrinsic and extrinsic rewards. Extrinsic rewards are items which are provided by the organisation such as certificates. Performance bonuses and trophies act as a source of motivation

(Deeprise 2008:89). Furthermore the non-financial rewards at supervisors' disposal include recognition of achievement, development and career guidance. Other rewards includes frequent use of, "thank you" to show appreciation which are small words with big impact to which they are directed. The non-financial rewards according to Armstrong and Taylor (2013:365), satisfies the needs people have, including opportunities for personal growth, acceptable working conditions and other extrinsic motivators.

A study that was conducted in Turkey by Sayim (2010:2642) investigating the transfer of reward management policies using case studies of American multinationals in Turkey, revealed that assessing, differentiating and rewarding individual success was a very important policy in all case studies when employees were rewarded for performance that contribute to organisational performance especially if those employees put high value on rewards whether monetary or non-monetary. Awarding of honorary award certificates is an example of no-cost performance recognition (PMDS manual 2007:23).

Managers can consider the uniqueness of individuals and respect of their choices regarding rewards because for other employees just two words "well done" are highly valued while others put high value on monetary rewards. What is impartial is that rewards be offered timely (Cascio 2010:332-333).

Byars and Rue (2006:244) agree with Cascio (2010:332-33) regarding the choice of rewards by employees rather than managers determining the rewards that they think are valuable to employees It is a mistake for managers to think that they are capable of making decisions about what rewards employees need and want because some employees put high value in just "thank you" as stated earlier on either verbally or written and rank money low in their priority list when offered an opportunity to do so (Byars & Rue 2006:244).

2.6.4 Remuneration of employees

Remuneration or compensation includes financial or non-financial rewards. Financial rewards is cash given to employees. Non-financial reward refers to recognition in any form of contribution made. Rewards motivate employees to perform as expected. Good

salary administration requires receipt of financial recognition for the contribution made (Stockley 2012). According to Swanepoel, Erasmus, Van Wyk and Schenk (2013:348), compensation refers to extrinsic rewards provided to employees by the employer for fulfilling the job requirements. Compensation is effected to attract and retain employees (Swanepoel et al 2013:350). Remuneration is defined in (Stone 2008:687), as what employees' receive in exchange for their work including pay and benefits (Stone 2008:687). Remuneration is the strategy which can be employed to stimulate and reward employee behaviour and should tally with the market rates (Stone 2008:428-429).

Determination of the salaries depend on the employee's job performance, the need to recruit and retain personnel with appropriate competencies, relevant collective agreements, job evaluation results and the available funds. The focus of remuneration is equal pay for equal value of work. Determination of the grade of a post, entry and minimum notches is the role of executive authority. Compensation of overtime rates are determined by the minister based on the written overtime policy established by the executing authority. The policy also determines the amount of overtime an employee may work over a given time and other control measures. Before the pay day employees are provided with salary related information which includes; personal information, salary notch, the period for which payment is made, deductions and their purpose, the actual amount an employee will receive and any other relevant information (Public Service Regulations (PSR) 2001:20-23). Incentives for good performance depend on the budget availability of funds during the medium term expenditure framework (PSR 2001:35). The employee remuneration is payable in 12 equal monthly instalments (PSR 2001:68).

The introduction of Occupation Specific Dispensation (OSD) in 2007 aimed at enabling the government to attract and retain skilled employees through improvement of their salaries. The OSD focused mainly at improving the salaries of employees at production levels (The management of professionally qualified persons in the public service (2007:11). The OSD provided for longer salary bands to encourage employees to stay at production levels (Update: implementation of OSDs from 2009 resolutions (2009).

Health care organisations depend on the professional workforce to achieve its goals (Kumar, Anjum & Sinha 2011:2231). It is obvious from this discussion that the government is making attempts to retain the health care providers and to keep them focused on organisational survival through good salaries.

Non-monetary rewards

Non-monetary or non-financial rewards refers to anything that enhances worker's self-respect and self-esteem by others. The examples of non-financial rewards are physically socially and mentally healthy work environment, opportunities for training and development, effective supervision and recognition (Cascio 2010:420).

Monetary rewards: 1% pay progression and performance bonuses

Pay progression is recommended for employees based on the following eligibility criteria: Completion of 12 months continuous service on a certain notch that is from 1st April to 31st March the following calendar year, performing at the level of fully effective as evident in the quarterly review scores from 100% to 114% and being on a notch that is less than the maximum salary level attached to his or her post. Apart from non-monetary performance, recognition by monetary rewards is not to be overlooked as employees do value money. Monetary rewards are rewards that are given for an outstanding performance. Monetary or financial rewards include salaries and benefits which are used as a form of encouragement to workers to maximise their productivity. These benefits are designed to attract, retain and motivate employees (Cascio 2010:420-421). Merit increases are effective on 1st July each year. In the Eastern Cape pay progression of 1% is awarded at the end of each year to employees whose performance is fully effective (Eastern Cape Province Performance Management and Development System (PMDS) manual 2007:21). Pay progression is a strategy through which movement to higher notches within the salary range is possible. A study that was conducted by Sayim (2010) revealed that in Turkey inflation is considered when salaries are increased for example the salaries are increased at the beginning of the year for all employees at the same rate, that is called inflation adjustment and are again increased based on individual performance results and that is called merit adjustments. Salary

adjustments based on inflation is at the same rate for all employees (Sayim 2010:2643). In South Africa the cost- of- living salary adjustment as well as merit adjustments are conducted once a year. Merit adjustments are based on the total scores taken from the PMDS rating calculator (PMDS manual 2007:20).

Performance bonuses

A bonus is a reward that is offered on a one time basis for high performance which should not be confused with a merit increase (Byars & Rue 2006:286). These bonuses are awarded to excellent performers who rated 5 on a rating scale of 1 to 5 ranging from 5% to 18% according to percentages that are achieved as calculated through rating calculator Awarding of performance bonuses depend on the institutional allocated budget. The moderation committee make decisions on awarding of bonuses according to PMDS policy, taking into consideration the budget allocation for the purpose (PMDS manual 2007:40-42). Employees who qualify for performance bonuses are those who achieved the final rating score of 85% and above and it is advisable that money spent on rewards should not exceed 1.5% of the total annual budget (PMDS manual 2007:19-21).

According to Sayim (2010:2644), performance above average was generally rewarded by bonuses awarded mostly to executive management. In the institution in which the study was conducted, bonuses are awarded to employees who qualify irrespective of category.

2.7 BENEFITS OF PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM

PMDS benefits patients, supervisors, employees and the organisation

2.7.1 Patients benefits

When the service is poor, patients put blame on nurses and when it is good front line officials are complimented.

- The White Paper on transforming public service delivery 1997 has a focus on people who must benefit from health services. Principles such openness and transparency ensure keeping customers informed about the functioning of the institution, the cost of services and the person in charge such the Chief Executive Officer (CEO) so that patients know who to go to as need arise.
- Communication with stake holders such as hospital board members, encourage closeness between the public health centre and the community. This communication facilitate customer consultation regarding their needs.
- Client satisfaction measuring promote assessment of health care provision and enable patients to contribute to health care decisions and planning. Openness and transparency builds a trusting relationship between the health care providers and recipients (White paper on transforming public service delivery 1997:8-13) Performance management focuses at improving services provided to patients (White paper on transforming public service delivery 1997:16).

The code of conduct in alignment with Batho Pele principles state that an employee should execute tasks in the manner that depicts that the public interests are prioritised (Public Service Regulations 2001:42). The performance of employees who deal directly with patients such as nurses is monitored.

To promote 360 degree principle on which feedback is based compliments, complaints and boxes are put at visible points for patients to use and this function is championed by the quality assurance directorate (Performance Management and Development System (PMDS) manual 2007:14). The use of the call centre which is free and open to everyone

facilitate the resolution of patients' complaints. The reported both good and bad behaviours of are used to review performance of nurses, units and the institution in an attempt to protect patients and to show respect for their rights, one of the national core standards. The reasons for poor performance is identified and if it resulted from lack of skill, training is provided hence the developmental orientation of (PMDS manual 2007:8).

2.7.2 Supervisor benefits

Meetings between supervisors and employees encouraged by the tool promotes supervisor employee understanding which can facilitate sharing of performance stumbling blocks. The sharing of performance barriers sets the stage for seeking of appropriate options to remedy the situation promote the quality of service. It affords supervisors ample opportunity to discuss performance expectations with supervisees (Paile 2012:26-28).

It encourages managers to champion quality service delivery through facilitating the implementation of the national core standards and particularly the identified six priority areas of quality namely:

- Improving staff values and attitudes
- Reducing waiting times
- Ensuring cleanliness
- Improved patient safety and security
- Infection prevention and control
- Ensuring availability of medicines and supplies (National Core Standards 2011:15).

Improvement of cleanliness in health facilities is the most urgent need because a clean environment gives hope that it is free of infectious agents. Managers ensure that nurses, especially professional nurses, do for example supervise cleanliness in their units, on-going assessment ensures that this is not left out. Performance Management and Development System is an effective tool that enables managers to track how their units perform. It makes supervision easier (Personnel Performance Management System (Participants manual [S.a.]). It encourages compels supervisors to create working conditions that promote optimum performance (PMDS manual 2007:13).The review meetings enable supervisors to provide employees with the necessary support to perform as required (PMDS manual 2007:36). It provides a framework for identifying poor performance, recognising and rewarding good and excellent performance on which to base performance management actions such as improving unacceptable

performance and rewarding fully effective, commendable and outstanding performance (Performance Management and Development System (PMDS) manual 2007:13).

2.7.3 Employee benefits

PMDS encourages on going feedback, mentoring and coaching of employees (PMDS manual 2007:9). It encourages identification of poor performance and development. Performance expectations are clarified. It facilitates recognition and reward of good performance which is a motivator to employees (Personnel Performance Management System (PPMS) participants manual [S.a.]:2). It boosts confidence and increase employees' sense of responsibility (Aguinis 2009:209). PMDS offers on-going support to employees and makes possible the identification of performance barriers through continuous monitoring (PMDS manual 2007:36).

It gives the employee an opportunity to assess own performance and contribution towards organisational goal achievement. This system open avenues for professional growth and development as training and development needs are identified during reviews. Plans for training and development are made as a result of performance reviews during which performance gaps are identified. Identification of training needs and provision of trainings to address them, the standard of performance improves which promotes productivity and employee morale (Kumar, Anjum & Sinha 2011:3). Performance review sessions act as a platform for discussion where knowledge and skill deficiencies are revealed by employees and also where the skills that benefit units and the entire organisation are identified and training plans made (PMDS manual 2007:37). When one knows that they are known to be making a contribution to organisational effectiveness that person feels good and maintain that standard or even motivate others to do likewise (Aguinis 2009:4). Poor performers benefit through actions steps taken to improve performance after supervisor-employee mutual agreement reached during review discussions (White paper on human resource management in the public service (1994).

2.7.4 Organisational benefits

An organisation consists of a group of people who work together in a structured way for a shared purpose (Cambridge Advanced Learner's Dictionary 2008,"context"). PMDS is an official vehicle for success in the achievement of organisational strategic goals and objectives (Seotlela 2014:177). It improves productivity which contributes to organisational performance. It encourages fair distribution of incentives and rewards. It improves employee retention and loyalty. It plays a remarkable role in overcoming communication barriers through facilitating an open communication and a joint dialogue between employees and supervisors (Mweemba 2015). PMDS is the main instrument used to control human resource in an organisation which entails assessing individuals and group's performance in relation to predetermined standards and formulated KPAs (Smit et al 2007:400). Management of individual performance ensures organisational goal achievement and alignment of individual objectives to those of the organisation (Mweemba 2015). Annual pay progression encourages compliance with the tool (Munzhedzi 2011:82). Being aware that satisfactory, good or excellent performance will be rewarded motivate employees to work harder and such hard work benefits the organisation and patients being served (Kumar, Anjum & Sinha 2011:2233).

2.8 PERFORMANCE OBSTACLES

A performance obstacle is anything that blocks or makes going forward more difficult (Cambridge Advanced Learner's Dictionary 2008, "context"). For the purpose of discussion and remedial action, the following performance obstacles as identified in the study findings are listed and discussed. These obstacles when not managed well can hinder performance and cause frustration among workers.

- Staff shortage
- Shortage of equipment
- Attitudes toward the job
- Lack of motivation to perform

2.8.1 Staff shortage

Staff shortage is a worldwide challenge resulting from global mobility of health professionals (Short & McDonald 2012:5) Australia, Canada, United States and United Kingdom have long been experiencing this challenge (Short & McDonalds 2012:7). Emigration is one of the factors contributing to staff shortages which has an impact on the attainment of Millennium Development Goals (MDGs). It results in patients' longer waiting times and increased mortality and morbidity. The increased maternal mortality and morbidity in Zambia is due to shortage of doctors and nurses (Short & McDolald 2012:25, 29-30).

Unit performance depends on performance of each individual employee and organisational goal attainment depends on the performance of each unit or department. Increased workload resulting from staff shortage contributes to stress and burnout among employees. Cortelyou-Ward, Unruh and Fottler (2010:190), unveiled the negative impact of the nurses' workload on patient safety and being the leading cause of burnout. Cortelyou-Ward et al (2010:185), revealed that the rural hospitals are more vulnerable to nursing shortages which jeopardises patient safety.

Physical and emotional exhaustion negatively affect performance thereby reducing the quality of patient care. A study that was conducted in China and Japan in 2010 investigating how nurses in these countries use coping strategies to alleviate the detrimental effects of emotional exhaustion highlights that feelings of inadequacy experienced by nurses result from their inability to deal with job demands and a sense of diminished personal accomplishment (Tourigny, Vishwanath, Baba & Xiaoyun 2010:2743), it also revealed that Chinese and Japanese nurses experience feelings of inadequacy ensuing from their inability to deal with job demands. Supervisors through continuous environmental scanning are in a position to identify the employee job demands and create a harmonious and a supportive atmosphere in which workers feel cared for. Supervisors through creation and sustenance of a positive team spirit can ensure that employees also support one another during times of turmoil resulting from increased workload and stressful working environments due to staff shortage. Tourigny et al (2010:2757), state that Chinese and Japanese nurses use absence as a coping

strategy for emotional exhaustion to prevent burnout and depression. Tourigny et al (2010:2757), recommend that supervisors manage absence more than controlling attendance. Thomas and Davies (2005:217), maintain that shortage of nurses lead to senior nurses performing tasks that should be performed by less qualified and support staff. Qualified nurses spend 8% of their time carrying out tasks of enrolled nurses and nursing assistants, on the contrary less qualified nurses spend 6% of their time executing the duties of registered nurses. Wang, Tao, Ellenbecker and Liu (2012:547), concluded that enhancing nurses' job satisfaction can mitigate the effects of staff shortage. Some of the strategies that can be employed to increase occupational commitment and motivation to perform are: increasing salaries, cultivating work passion, decreasing workload and creating more opportunities for nurses' personal growth and development (Wang et al 2012:539).

A word of praise and encouragement play an important role when employees have to cope with stressful working environments thereby increasing job satisfaction that results in good performance (Thomas & Davies 2005:217).

2.8.2. Shortage of equipment

Shortage of material resources leads to some of the tasks not being performed and also to deaths which could be prevented. Proper diagnosis is a key to cure and control of disease. Let us look at the scenario of patient X, this patient is taken to a nearby hospital according to history given by escorts:

A female patient who is 62 years old just started groaning and stopped talking at a meeting that she attended. Her relatives were not at the meeting and those who brought her to the hospital did not know her illness history.

In her handbag were credit cards and an identification document. Vital signs were checked and her blood pressure was 150/100mmHg, pulse rate 68beat/minute and blood glucose was low at 1.2 mill moles per litre. She was given dextrose 50% intravenously and within a short space of time she started looking at the surroundings in

astonishment and then started talking, asking where she was. If there was no glucometer the patient would have died of hypoglycaemia.

Sufficient high quality equipment improve health workers productivity and quality of patient care (Troskie & Durand 2008:161). Provision of the necessary equipment and supplies is crucial in facilitating task performance (Cascio 2010:332). Maintenance and servicing of equipment prevent patients and staff from being exposed to danger (Booyens 2008:128-130).The chairs which are not in good repair for example expose patients and staff to injuries.

2.8.3 Staff attitudes towards the job

An attitude is a way of behaving caused by a feeling towards something (Cambridge Advanced Learner's Dictionary 2008,"context"). According to Noe (2008:126), attitudes are a combination of beliefs and feelings that predispose a person to behave in a certain way. Job satisfaction and employees' commitment to the organisation are important work- related attitudes which can be promoted by training of employees (Noe 2008:126). Grant, Savage, Chilingirian and Powell (2005:289-290), uncovered unwillingness to remain in the current occupation, lack of pride associated with the organisation and lack of job satisfaction as influencers of attitudes towards the job. Lack of skill and inability to perform the job effectively demotivates employees resulting in their development of a negative attitude. Designing a job in a way that makes workers keen to perform coupled with continuous positive feedback encourage workers to perform (Konopaske & Ivancevich 2004:185).

2.8.4 Lack of motivation to perform

Seeking ways to improve employee performance is the function of managers which can be achieved through motivation which is defined as the inner drive to satisfy an unsatisfied need. Improved employee performance contribute to organisational productivity (Smit, Cronje, Brevis & Vrba 2007:337). Knowing what motivates employees can assist managers in their efforts of influencing employee performance

(Smit et al 2007:339). This can be made possible by the application of theories of motivation.

2.9 PRACTICE COMPETENCIES OF NURSES

The primary duty of nurses is to ensure the provision of safe, competent and ethical nursing to their patients. In SA the scope of practice is the one that sets practice boundaries and the description of what services and competencies are expected from each nurse category (Nursing Act, Act No. 33 of 2005). However, the need to improve and sustain progress, modernise the public services and improve the performance of nurses needs a relook into the competencies of nurses to empower them from the levels of training. Some of the obstacles identified in literature concerning performance reviews calls for possible review of the competencies of nurses. College of Nurses of Ontario (2014:4) defines a competency as the required knowledge, skill, capability, ability and judgement to provide best practice and safe professional, ethical nursing practice.

Currently the South African Nursing Council (SANC) is reviewing competencies of different categories of nurses and their curriculum with intent to introduce new qualifications. Currently the new qualification of the staff nurse is revised with newly developed competences that has a bearing on the performance of nurses as a whole (South Africa 2005).

The view of the International Council for Nurses (ICN) is that each country should credential nurse categories according to its own context, taking into account its health care system as well as available resources to enable the country to model its own level/s of staff performance. Each level of nurse category has well outlined competencies according to the SANC (2014:4). In this context, the competencies of registered nurses and midwives is outlined as a model example (Table 2.1).

2.9.1 Competencies of nurses

The practice standards of nurses in SA is based on standards and ethical values of the SANC. The SANC is a regulatory body under the auspices of the Nursing Act (Act 33 of 2005). This Act mandates the SANC to develop and maintain the scope of practice of each registered nurses, professional standards and competencies through section 3(e) which stipulates the expected performance of nurses within the scope of practice of each category.

Table 2.2 Competencies of professional nurses

DOMAIN 1: PROFESSIONAL, ETHICAL AND LEGAL PRACTICE	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
1.1 Professional Practice	1.1.1 Takes responsibility for own case load of (client) health Care users and practice
	1.1.2 Collaborates/consults with peers and other health professionals regarding patient assessment, diagnose and management
	1.1.3 Practises as an co-dependent and autonomous nurse within the multidisciplinary team
	1.1.4 Accepts personal and professional responsibility/ accountability for legal consequences of own practices
	1.1.5 Liaises with local health services such as the hospital, and other health care settings
	1.1.6 Works within the macro environment of the hospital, National Health Care Systems, codes of conduct related to treating patients, including prescribing medicines
1.2 Ethical Practice	1.2.1 Approaches health care users presenting with health problems related to ethical dilemmas and stigma in a non-judgmental manner
	1.2.2 Practices own profession according to Code of Ethics/ conduct and standards related to primary clinical care
	1.2.3 Identifies ethical dilemmas and make a critical and responsible ethical decision, taking into consideration all legal and ethical frameworks
1.3 Legal Practice	1.3.1 Applies and functions within all relevant and current legislation, policies and protocol related to PHC Practice, including prescribing practices
	1.3.2 Accepts responsibility and accountability for own clinical conduct and practice
	1.3.3 Compiles and keeps accurate clear and complete records of the assessment, diagnosis and management of the patient/clients

DOMAIN 2: CLINICAL PRACTICE	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
2.1 Health Promotion and Prevention	2.1.1 Plans and implement life style adjustment/management according to the specific health needs of patients in consultation with them and family
	2.1.2 Refers appropriately to other members of the health team
	2.1.3 Identify health, psycho-socio-economic risk factors in the individual family/environment
	2.1.4 Identifies problems, distinguishing between drug-related and other health problems and give health talks
2.2 Assessment (Conduct health assessment/physical examination of any person)	2.2.1 Conducts a comprehensive and holistic health assessment on clients of all age groups, with complex health problems (acute, chronic and emergencies)
	2.2.2 Conducts a rapid appraisal and assessment of emergency conditions
	2.2.3 Determines patient's history, both nursing and medical
	2.2.4 Interprets history and identifies health problems and makes a differential nursing diagnoses
	2.2.5 Conducts skilfully, a physical examination utilising the four basic assessment techniques (inspection, palpation, percussion and auscultation) using relevant equipment
	2.2.6 Synthesises and interpret history and physical examination findings to make an appropriate nursing diagnosis
	2.2.7 Performs and requests diagnostic investigations as justified by the patient's health status/condition, protocol and authorisation)
	2.2.8 Requests relevant and specific tests
	2.2.9 Interprets investigation results to confirm the final diagnoses or with consultation
2.3 Diagnosis (Diagnose illnesses, any defects, illness or deficiency)	2.3.1 Interprets history and physical examination findings to identify a health problems and makes differential nursing diagnoses
	2.3.2 Orders laboratory tests and perform diagnostic procedures, relevant to findings in history and physical examination findings where proficient

DOMAIN 2: CLINICAL PRACTICE	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
	2.3.3 Applies in depth knowledge of anatomy, physiology and patho-physiology in assessing, and management of specific conditions
	2.3.4 Assesses multiple pathologies to make differential nursing diagnosis
	2.3.5 Makes specific nursing diagnosis
2.4 Planning	2.4.1 Discusses with patients (and family), the nursing diagnosis, treatment and possible complications, to obtain participation and increase compliance
	2.4.2 Compiles and implement a nursing care plan specific to this patient (drug and non-drug treatment)
	2.4.3 Discusses patient responsibilities towards achieving expected short and long term treatment outcomes
	2.4.4 Provides appropriate pre-referral/emergency treatment to stabilise patient
	2.4.5 Communicates clearly to the patient her/his specific Individual discharge plan and follow-up plan (including urgent/immediate return) for the continuation of care
2.5 Implementation (Provides direct care including prescribing medicines)	2.5.1 Prioritizes and manages effectively own patient load
	2.5.2 Prescribes relevant medication as per applicable legislation and protocols, taking into account prescriber's responsibility and accountability (Rational drug prescribing) within the scope of practice
	2.5.3 Apply in-depth knowledge of Pharmacology when considering drug management of a specific patient within the scope of practice
	2.5.4 Selects the most appropriate drug, dose and formulation for an Individual patient within the scope of practice
	2.5.5 Administers drugs in accordance with procedural and regulatory measures
	2.5.6 Prescribing according to competency level and authorization
	2.5.7 Keeps and stores medication as per specific drug instructions
	2.5.8 Controls and records the supply of pre-packed drugs according to the prescribed protocols and legal requirements

DOMAIN 2: CLINICAL PRACTICE	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
	2.5.9 Maintains security and integrity of all records including prescription forms
	2.5.10 Provides specific explanations to the client on relevance of medicine to their health problem
	2.5.11 Provide clarity on medication action, including but not limited to correct dosages, desired action, interactions, contra-indications, adverse effects
	2.5.12 Gives clear instructions to the patient about taking of their medication (such as when, how and why)
	2.5.13 Seeks guidance from other health care professionals and Prescribers such as doctors
	2.5.14 Adheres to all principles of prescribing that meets legal requirements (legibility, clarity, completeness)
	2.5.15 Refers appropriately clients/patients with complicated health problems to the next level of health care
2.6 Evaluation (Adjusts prescription according to identified drug-drug/drug-food interactions)	2.6.1 Evaluates progress and treatment response
	2.6.2 Adjusts nursing care plan as required by patient's condition
	2.6.3 Checks patient's understanding and commitment or compliance to treatment regime
	2.6.4 Identifies and manage potential complications of the presenting condition, as well as side/adverse effects of the drugs
2.7 Therapeutic Communication and Relationships	2.7.1 Obtain informed consent for procedures and treatment, and respect the patient's and family choice
	2.7.2 Applies effective therapeutic communication skills throughout consultation process (assessment, diagnosing, prescribing and referral)

DOMAIN 3: PERSONAL AND QUALITY CARE	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
3.1 Quality Improvement	3.1.1 Participates actively in the development of clinical protocols and guidelines related to area of practice
	3.1.2 Participates in setting of standards for clinical practice for all nurses based on scope of practice
	3.1.3 Applies evidence-based practice to keep up-dated and skilled with the consultation and management of patients

DOMAIN 3: PERSONAL AND QUALITY CARE	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
	3.1.4 Engages in reflective clinical practice to improve care
	3.1.5 Audits patient records
	3.1.6 Engages in peer group mentoring and evaluation of performance to improve quality
	3.1.7 Documents, shares and reports practices, including prescribing errors and near misses
	3.1.8 Searches and uses tools that improve prescribing practice
	3.1.9 Establishes professional links with other practitioners and prescribers
3.2 Continuing Education	3.2.1 Takes responsibility and complies with CPD requirements specific to PHC as required by a professional/regulatory body
	3.2.2 Takes responsibility to update self on the latest legislation, policies, protocols, guidelines regarding the assessment, nursing diagnosis and management of acute, chronic and emergency conditions
	3.2.3 Keeps updated and skilled with the latest/current nursing diagnostic technology and other related technology
	3.2.4 Keeps updated and skilled with current/new clinical procedures
	3.2.5 Takes responsibility and complies with CPD requirements specific to PHC as required by a professional/regulatory body

DOMAIN 4: MANAGEMENT AND LEADERSHIP	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
	4.1 Partakes in the development and change/review of health policies, related to unit practice and prescribing
	4.2 Establishes working relationships with colleagues, including hospital nurses to ensure that continuity of care is not compromised
	4.3 Negotiates the appropriate level of support required by her role as a nurse and supplementary prescriber
	4.4 Provides support and advice to other nurses or Lower categories

	4.5	Supervises and mentors nursing students and prospective nurses and other categories of health workers
	4.6	Engages and contributes in the development of the clinical Nurse through involvement in consultation processes of professional bodies
	4.7	Delegates and distributes clinical workload and responsibilities as required by the situation and available resources

DOMAIN 5: RESEARCH RRESEARCHRESRESEARCH	
SUBDOMAIN/CORE COMPETENCY	SPECIFIC COMPETENCY
	5.1 Keeps and shares accurate statistics
	5.2 Conducts clinic surveys
	5.3 Compiles disease profiles and trends from the patient statistics
	5.4 Conducts research in order to guide and improve the quality of clinical practice and reduce mortality rate
	5.5 Analyses and applies existing relevant research to improve clinical practice
	5.6 Attends and presents research papers in relevant conferences
	5.7 Takes part and contributes in local, national and international journal clubs to improve clinical practice
	5.8 Conducts in-service education on health related issues

The SANC determines and prescribes the requirements of competencies of the various categories of nurses and how this should be maintained and sustained in hospitals or other contexts. These competencies are discussed under five domains which are domain 1: professional, ethical and legal practice, 2: clinical practice, 3: personal and quality care, 4: management and leadership and 5: research. They are to be context specific and based on ones' professional ability to perform. These competencies are embedded in the scope of practice of each group or level of nurses. They encompass standards of professional nursing, practice roles and responsibilities of a nurse in any health setting and ethical care defined by their educational, legislative and discipline authorities. Each nurse is held accountable for own manner of professional practice, performance and maintenance of competence. Nurses have a responsibility to practice their role in patient care based on their scope of practice, level of education,

qualification, experience and the context within which they are working (Nursing Act 33 of 2005).

The SANC is, however, currently in the process of developing new qualifications especially that of a staff nurse with revised admission requirements, scope of practice and competencies (R786) under the section 31 1c of the Nursing Act, Act No 33 of 2005 as amended.

The exodus of nurse practitioners from either public to private hospitals or to countries outside SA exacerbated the situation of shortage of nurses as an obstacle to idea performance by nurses. Most patients with chronic diseases go to hospitals for treatment, increasing the workload for the already burdened staff. The SA government embarked on rolling out the National Health Insurance (NHI) program in health institutions with the goal to improve patient care delivery which impacts on the quality of performance of all health care staff particularly nurses as they constitute almost 60% of the health system cadre (Health Systems Trust 2008:23).

2.10 PERFORMANCE IMPROVEMENT PLANS (PIP)

Performance Improvement Plans (PIP) is made to address poor performance This is a process that begins with the identification of the Key Performance Areas(KPAs) on which the employee did not perform as expected. The following step is the identification of the possible causes of poor performance which may include, lack of knowledge and skills, poor working conditions interpersonal relations in the workplace, insufficient guidance and support or personal problems. The solutions relevant to areas of difficulty are then proposed and discussed by the supervisor and the employee (Provincial Performance Management policy and system 2002:26).

2.11 THEORIES AND MODELS OF MOTIVATION RELATED TO PERFORMANCE MANAGEMENT

Motivation refers to an individual's willingness to behave in a certain way (Milkovich & Newman 2005:610). Shortages of human and material resources have a potential of

demotivating employees thereby lowering performance levels. Knowing where the organisation is headed to through communication of organisational vision and mission and by involving employees during formulation of goals and objectives enable them to formulate theirs based on those of the organisation. Involving employees when decisions regarding the institution are being made create a feeling of ownership and motivate them to perform. Motivation is the key influence on work performance (Smit et al 2007:337). Intrinsic motivation is an internal feeling of enjoyment and desire to act in a certain way which does not result from rewards, obligation or pressures. This is in contrast to extrinsic motivation which is the result of external factors such as attainment of awards (Giddens 2013:41).

Motivational theories discussed in relation to performance management are goal setting, path-goal and expectancy theories.

2.11.1 Goal setting theory

Goals are referred to as objective standards that one should strive to meet in order to remain productive and contributing to teams as well as to organisational performance. In relation to Performance management System the goals developed and agreed upon during the performance agreement are used to measure monitor and evaluate the extent of goal achievement. Pay progression and performance bonus decisions are based on the level of goal achievement. Goal which are tied to rewards motivate individuals to behave as expected (Moskowitz 2008:45). Goal setting theory (Locke & Latham in Amos et al 2008:186), argue that the sources of work are goals or objectives a person aims to accomplish. The overall goals and objectives of the organisation should be translated and cascaded down to units. Involving employees in goal setting does motivate them. Performance Management open avenues for employees to set individual objectives based on unit goals and objectives. This setting of objectives termed the Key Performance Areas (KPA's) by employees and supervisors clarifies the expected performance standards through which performance is measured (Amos, Ristow, Ristow & Pearse 2008:287). Goal setting theory is according to Amos et al (2008:186), an effective motivational tool which requires managers to sit down with employees, set specific, understandable goals that are acceptable to them. Based on the goal setting theory, goals should be measurable, challenging yet realistic and have

time frames. Managers or supervisors are required to provide employees with feedback on goal achievement and revise goals with employees when necessary (Amos et al 2008:186-187). Quarterly reviews provide an opportunity for employees and supervisors to review and modify the KPAs should there be a need and to discuss about performance related challenges (Performance Management and Development System (PMDS) manual 2007; 36). According to Mlikovich and Newman (2005:264), performance targets should be tied to organisational goals. Goals that are challenging but specific and not too difficult motivate employees to perform better (Noe 2008:130). Feedback given determines the extent of goal attainment for example, high performance ratings for achieving difficult goals (Milkovich & Newman 2005:264).

2.11.2 Path-goal theory-

Path-goal theory developed by Robert House connotes that the effective leaders' job is assisting followers in attaining their goals through provision of direction and support and by reducing the obstacles making the path towards goal attainment easier (Smit et al 2007:284). Path-goal theory is based on the expectancy theory of motivation that implies that motivation is the result of effort and performance based on the promise or hope to be rewarded. To motivate employees to strive for fully effective or higher levels of performance supervisors should reinforce effort-performance linkages that is promises that certain levels of outcomes will bring about certain rewards (Amos, Ristow, Ristow & Pearse 2008:209).

2.11.3 Expectancy theory

Expectancy theory states that people choose the behaviour that leads to greatest reward for example workers who commit themselves to performance despite shortage of human and material resources (Milkovich & Newman 2005:263). Vrooms expectancy theory centers around valence, expectancy and instrumentality explained as follows: Valence is the value that employees put on performance rewards which means that workers put more effort on what they value most. Expectancy is the employees' belief on the level of effort in relation to that of the outcome that is the belief that more effort inherently brings about higher rewards. Vroom, expectancy refers to employees' confidence or their capabilities and the belief that effort such as dedication to good or excellent achievement of all the Key Performance Areas will be rewarded. Instrumentality refers to workers belief in receiving the expected outcomes be they verbal recognition or monetary rewards. Vroom asserts that motivation results from the interaction of these three factors (Smit et al 2007:350-351). Based on the expectancy theory it is important for employees to be able to assess their abilities. Organisations should assess the training needs of employees and provide the training that will enable them to reach the highest level of performance and rewarded as such. Supervisors should provide their subordinates with adequate resources (Milkovich & Newman 2005:263). This theory assist Managers in understanding the influence of individual' cognitive thought processes on their behaviour at work (Amos et al 2008:188). Based

on the expectancy theory managers should provide employees with the support that they need. They should ensure that the working environment is free of obstacles to performance and be provided with the skills to perform the jobs to mention a few (Amos et al 2008:188-190). The use of motivation theories in management cannot be over emphasised based on the fact that they are the strategies which can be employed by managers and supervisors to promote employee performance and consequential achievement of organisational goals (Smit, Cronje, Brevis & Vrba 2007:359).

2.12 CONCLUSION

In this chapter, PMDS and its various aspects was discussed especially in relation to the existing literature on performance, performance management, recognition and rewards and performance improvement. The development aspect including mentoring, coaching on the job training to mention few strategies was discussed. The benefits of PMDS which include consumer benefits, employee, supervisor and organisational benefits were highlighted. Obstacles to performance and management of these obstacles to ensure quality service delivery were briefly described. The competencies of professional nurses was tabled to have a view of performance is expected from them. Performance Improvement Plan (PIP) and theories and models on motivation in relation to the study phenomenon were also discussed. Chapter 3 presents research design and method.

CHAPTER 3

RESEARCH DESIGN AND METHOD

Research is what I'm doing when I don't know what I'm doing.

(Wernher von Braun)

3.1 INTRODUCTION

Research design was the overall plan that was employed in this study to address the grand tour question for the individual interviews and the semi structured questions for the focus group interviews which included specifications for enhancing the integrity of the study (Polit & Beck 2012:741). It provided answers to questions such as-who or what will be studied, what strategies of enquiry were to be used, what methods were to be utilised to collect and analyse data (Denzin & Lincoln 2011:243). Research methods referred to techniques used by the researcher to systematically collect and analyse data that was relevant to the research questions (Polit & Beck 2012:12and741).

The research objectives of this study were:

- To explore and describe the nurses' ontological experience of contracting and doing performance reviews.
- To identify challenges related to PDMS particularly contracting and doing performance reviews
- Develop guidelines suitable for the nursing context to improve participation of nurses in the PMDS strategy for better performance and quality patient care outcomes

This chapter covered the setting chosen to conduct the study and the reason there of, the research design and method used. It described the method as the population, sample and sampling technique, data collection and analysis, measures to ensure trustworthiness and ethical considerations that were ensured.

3.2 RESEARCH SETTING

Research setting is a specific place where data are collected. Choice of a setting in this study depended on the nature of the research question, objectives and the information required to address them (Brink, Van der Walt & Van Rensburg 2012:59). Setting is defined by Polit and Beck (2012:743) as the physical location and conditions in which data collection in a study takes place. A naturalistic setting is defined in Polit and Beck (2012:735), as a setting that is natural to those being studied for example places of work or home. OR Tambo district municipality was chosen for piloting the National Health Insurance and that put pressure on health institutions to improve the quality of services provided. This district is required to identify and bridge the gap between the quality of services which are provided in private and those that are provided in public health centers. The public hospital chosen as a study context is one of the hospitals in which PMDS was introduced and is being implemented for improvement of quality health care delivery.

The study took place in a naturalistic setting which was the hospital where participants work and experience study the phenomenon. It was conducted in a 469 bedded remote public hospital (exhibited in Figure 3.1) which was bordered by the forest on the north eastern side, the gravel road that cuts across the location. The road passes just next to the entrance on the northern side. The distance from the road to the gate is about 10 meters. This is an old institution that was built in 1958 and officially opened in 1961. Next to the institution on the northern side is a post office, two hard ware and furniture shops, three shops selling dry goods and cooked food as take away for both patients and staff. On the south eastern side are a Dutch mission building and Church that staff and patients go to for spiritual upliftment when needed.

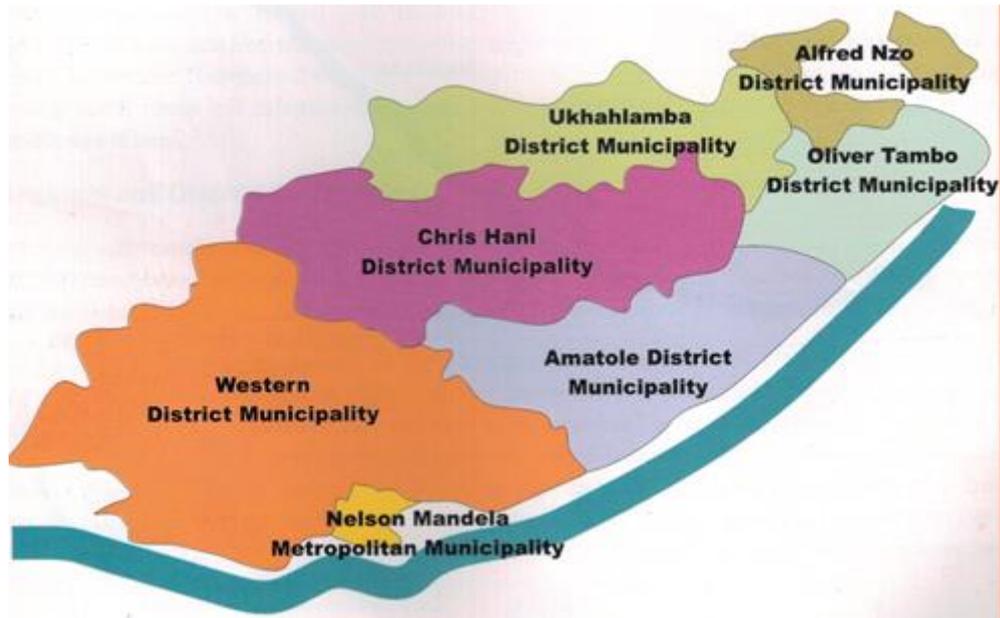


Figure 3.1 Map of the Eastern Cape District Municipality boundaries-beyond 2000 showing the District Municipality where the research site is situated
 (Mahlalela, Rohde, Meidany, Hutchinson & Bennett 2000:12).

The area of interest is situated in OR Tambo District Municipality about 30 kilometres from the sea and 26 kilometres from the tarred road.

OR Tambo district municipality has been chosen for piloting the National Health Insurance and that puts pressure on health institutions to improve the quality of services provided. This district is required to identify and bridge the gap between the quality of services which are provided in private and those that are provided in public health centres. The public hospital chosen as a study context is one of the hospitals in which PMDS was introduced for piloting the system and is being implemented for improvement of quality health care delivery.

The researcher's selection of the setting was based on the premise that the researcher interacted face-to-face with research participants. Qualitative researchers collect data by actually talking to people and seeing them act and behave within their context or real world (Creswell 2013:45). The selection of the uncontrolled environment was also in line with (Brink et al 2012:59)'s stipulation that studies can take place in natural settings such as homes or workplaces. The rationale behind the selection of a natural setting

was the researcher's interest in the context of peoples 'lives and real world experiences' (Polit & Beck 2006:32). This was in line with Creswell (2013:45)'s statement that qualitative researchers often collect data in a field where participants experience the challenge understudy. The public hospital where the research was conducted caters for patients with varied sicknesses, illnesses, diseases and injuries. Medical, surgical, family planning, mental health, chronic care, acute care, mother and child care out patients and casualty services are provided.

The institution operates with the staff categories as exhibited in Tables 1.1. and 1.2. Student nurses and doctors are often allocated from the local university and nursing colleges to be mentored and accompanied by experienced nurses and doctors in clinical practice.

Table 3.1 Allocation of nursing staff in the units per day shift

Casualty & Outpatients, Gateway clinic	Paediatric ward	Male & Female wards	Tuberculosis wards	Maternity & Gynae	Operating theatre & CSSD	ARV unit	Totals
Professional nurses(PNs)8	PNs 1	PNs 1	PNs 2	PNs 10	PNs 2	PNs 3	PNs 27
Staff nurses (SNs) 4	SNs 2	SNs 2	SNs 2	SNs 2	SNs 2	SN 1	SNs 14
Enrolled Nursing Auxiliaries (ENAs) 12	ENAs 10	ENAs10	ENAs 8	ENAs 6	ENAs 2	ENAs2	ENAs 41
TOTAL	13	13	12	18	6	7	82

Nurses' day shift extends from 07H00 to 16H00 and 19H00. Night shift extends from 19H00 to 7H00. The time of arrival is 15minutes earlier to allow handing over report. Nurses in gateway clinic start their work day at 08H00 and ends at 16H00; they do not work during weekends and during public holidays.

3.3 RESEARCH DESIGN

A research project requires an action plan that is referred to as a research design. A research design as applied in this study (Creswell 2013:49), is a plan that was followed to conduct this study. Research designs are forms of enquiry within qualitative, quantitative, and mixed method approaches which provide specific direction for procedures in a research study (Creswell 2014:247). The research design for this study is a generic qualitative, explorative, descriptive and contextual design based on the tenets of the phenomenological philosophical tradition that was used to interpret the meaning that nurses attach to their experience of contracting and doing performance reviews. Phenomenological design was the most appropriate philosophy because it enabled the researcher to identify the essence of nurses' experiences about the phenomenon under investigation as described by them (Polit & Beck 2012:245).

3.3.1 Phenomenological philosophical base

Phenomenology is a philosophy that seeks to understand the meaning of individuals' lived experience as described by them which means that in order to understand the meaning of an experience one has to ask those who live it (Holloway & Wheeler 2010:341). Husserl and Heidegger developed a philosophic tradition that is concerned with lived experience of humans termed phenomenology. The phenomenologists' belief is that a phenomenon can best describe by the persons who live it not those who observe it being experienced (Polit & Beck 2010:72). Understanding peoples' everyday life experiences and the meaning they have to individuals who experience them is the goal of phenomenology. The phenomenologist views people as physically tied to their world and are conscious of their existence (Polit & Beck 2010:267). A person is the integral part of a phenomenon as it occurs only where there is a person who experiences it. It therefore cannot be studied in isolation but with assistance of people who describe it and its meaning to them. Each person experiences the phenomenon differently from one another. Diverse descriptions facilitate understanding of a phenomenon. The goal of phenomenological studies is truth about the phenomenon, although no absolute truth cannot be obtained but the belief is that those who experience the phenomenon know it better than any other person does. Nurses who are experienced in PMDS processes can provide the researcher with the required information. Phenomenology aims at finding truth from individuals' different life experiences of the phenomenon (Burns & Grove 2009:54-55).

According to Van de Lagemaat (2005:451), truth is unattainable but if many people share the knowledge that the earth is round for example that is closer to truth than saying it is flat. Phenomenologists explore human phenomena to understand and make sense of the world. Phenomenologists make use of individuals in order to draw conclusions about phenomena. In this study the researcher made use of nurses' descriptions to understand their experience. Interviewing and observing what people do is the source of knowledge and understanding of lived experiences. Phenomenology is the best approach through which different individual experiences can be studied. To make things easy for researchers, participants must be knowledgeable about the

experience understudy for example understanding how it is like to undergo a caesarean section can best be described by women who have given birth through caesarean section (O'Leary 2004:122-123). Therefore in this study, experienced nurses exposed to PMDS for two years and above are the sources of knowledge regarding the phenomenon being studied.

Types of phenomenological research

Descriptive phenomenology

Descriptive and interpretive phenomenology is the types of phenomenological research that are conducted so that human experiences can be carefully described for the purpose of their understanding. Descriptive phenomenological research as described by Polit and Beck (2012:268) include steps such as *bracketing, intuiting, analysing and describing*.

Bracketing

Bracketing was identified as striving to hold in abeyance any preconceived beliefs and opinions about the phenomenon understudy so that they would not interfere with data collection and analysis (Polit & Beck 2012:228). According to Brink et al (2012:122), bracketing means that what the researcher expects to discover is identified and intentionally put aside in order to consider every available perspective. The researcher is the deputy director of the hospital for the past ten years but ensured that her beliefs, opinions and experiences about the phenomenon under investigation did not interfere with data collection and analysis through use of bracketing. Total bracketing can never be achieved however the researcher strived to bracket out her own world and any presupposition to promote objectivity.

The reflexivity process was used together with bracketing. According to Polit and Beck (2006:44), reflexivity is the process of critically reflecting on the self, analysing and making note of personal values that could affect data collection and interpretation. Reflexivity promotes bracketing in that the enquirer reflects about how own

,background, culture and experiences hold potential for shaping interpretation and the meanings they ascribe to the data (Creswell 2014:186). Over and above applying the bracketing principle, a reflective journal was kept and used to record the researcher's own feelings, experiences, opinions, insights or biases on the study construct for self-reflection.

The use of reflexive journal promoted some level of objectivity during data collection and analysis. Reflexive journal also ensure that the researcher's personal background, culture and experiences with PMDS do not shape the direction of the study (Creswell 2012:186). It also ensured that the researcher interpreted the phenomenon as participants experienced it without contamination (Burns & Grove 2009:545).

Intuiting

Intuiting was the researcher's effort or attempt to develop an awareness of the lived experience (Brink et al 2012:122).Intuiting occurred when the researcher remained open to the meanings attributed to the phenomenon by those who experience it (Polit & Beck 2012:731).The experience of contracting and reviewing can better be described by nurses who live it. Intuiting required the researcher to become totally immersed in the phenomenon of interest. It involved the researcher as an instrument or tool for data collection through listening to individuals describing their experience during the interview process. It was during this step that the researcher began to know and understand the phenomenon as described by participants (Streubert-Speziale & Carpenter 2007:85). Remaining open during interviewing assisted the researcher to better understand the experience for the purpose of exploring it through probes and its description.

Analysing

This was an effort to identify common themes that emerged from participants' description of their experience. The researcher dwelled with the data through spending as much time or prolonged engagement as possible with participants and listening

attentively to their descriptions of the phenomenon (Streubert Speziale & Carpenter 2007:85-86). Conducting interviews when the researcher and participants are off duty or during lunch breaks ensured that much time was spent by the two parties together.

Describing

Describing signified providing details of how data was collected captured and analysed (Brink et al 2012:122).

Interpretive phenomenology

Interpretive phenomenology implies interpreting and understanding human experience. In-depth interviews and focus groups interviews were conducted with individuals during which phenomenology or hermeneutics connoted the art and philosophy of interpreting the meaning of the participants' experiences as lived (Polit & Beck 2012:496).

3.3.2 Qualitative paradigm

According to Brink et al (2012:121), qualitative design or approach is a broad range of research designs and methods used to study phenomena that are not commonly understood. Qualitative approaches are appropriate and effective for researchers who aim to explore the meaning of phenomena in order to describe and provide an in-depth understanding especially of human experiences. Qualitative research aims at obtaining an emic perspective or insider's view of an experience. The researcher used it to focus on the qualitative aspects of meaning, experience and understanding the nurses' view in this regard (Brink et al 2012:120-121). Qualitative design is holistic and emergent in nature (Creswell 2013:47). The researcher used the qualitative data collection process as it occurred in the field where participants experience the phenomenon under study being the instrument for data collection and analysis (Creswell 2014:185).

3.3.2.1 Attributes of qualitative research.

Important attributes of a qualitative phenomenological design which were relevant for this study included, *natural setting, researcher as key instrument, inductive reasoning, holistic account, emergent design and multiple sources of data.*

Natural means, as found in nature, without anything done or manipulated by researchers (Cambridge Advanced Learner's Dictionary 2008:946). Participants were not removed from their work place and their environment was not changed or manipulated.

Researcher as key instrument

The researcher in this study collected data through interviewing participants using open-ended questions. No questionnaire was used except for the demographic information on the interview guide or instruments developed by other researchers. Observation was also used to collect data (Creswell 2013:45). Qualitative interviews commonly refer to conducting face-to-face , telephone interviews or engaging in focus group interviews with participants (Creswell 2014:190). In this study Individual and focus group interviews were conducted to collect data.

Inductive reasoning.

Inductive reasoning is defined as a reasoning process that proceeds from the specific to the general from empirical data to theory (Brink et al 2012:213). In this study, it referred to building patterns and themes from the bottom up till data became abstract units of information. The inductive process entailed working back and forth between the themes, emerging sub-themes until a comprehensive set of four themes and fourteen sub-themes was established based on the findings (Creswell 2014:186).

The researcher endeavoured to develop a holistic picture of the issue that is investigated. Holistic account involved reporting multiple perspectives, identifying factors involved in a situation studied and generally sketching the larger picture that emerged (Creswell 2014:186).

Emergent design

Emergent design is the one that unfolds in the course of a qualitative study (Polit & Beck 2012:726) as qualitative research process is emergent in nature. This meant in this study that the initial research plan changed in the field and some aspects were modified. The change was in the way of asking the questions and alteration in data collection forms after data collection begun because of the different categories of nurses who participated with different levels of conceptualisation (Creswell 2013:47).

Multiple sources of data

Many data sources such as individual and focus group interviews, observations, field notes were used. Data was organised into themes and sub-themes that cut across all the data sources that were used to collect and analyse data (Creswell 2014:185-186).

Justification for the choice of qualitative approach.

The rationale for choice of a qualitative design for this study was because of a need for the emic perspective of the lived experience of nurses contracting and reviewing. The purpose of this study was to explore and describe the ontological experiences of nurses with the implementation of the PMDS with an aim of developing guidelines suitable for the nursing context compliance.

Therefore this design allowed the researcher to describe participants' lived experience of the phenomenon as reported by them (Creswell 2014:14). A phenomenological study describes the peoples' universal meaning of an experience that is it focuses on describing what all participants had in common (Creswell 2013:76). The study sought to examine nurses' experience of contracting and reviewing performance through the descriptions that were provided by those directly involved (Brink et al 2012:121).

3.3.3 Explorative design

Explorative design is a non-experimental design that is used when little is known about a phenomenon (Schmidt & Brown 2012:176). Exploratory research in this study began with the phenomenon of interest and investigated its full nature. It shed light on the ways in which the phenomenon manifested (Polit & Beck 2012:18). Exploratory research also guided the researcher to identify the contextual factors to which implementation of PDMS is related for example nurses' anxiety in relation to quarterly review sessions especially when they know that they did not perform well during the period under review (Polit & Beck 2006:21). It required the personal involvement of the researcher (Wood & Ross-Kerr 2011:123).

3.3.4 Descriptive design

Descriptive designs are used to provide a picture of a situation as it is naturally occur. This design assisted the researcher to provide detailed description of participants' experience as responded to in the conversations (Schmidt & Brown 2012:176). It was concerned with information gathering and described data from the purposeful sample of the specific population who were nurses (Brink et al 2012:113). Descriptive phenomenology was concerned with careful description of events as the participants experience them and included bracketing, reflexive journal and intuiting (Polit & Beck 2006:220).

3.3.5 Contextual design

Context entails the environment in which the study takes place and the conditions under which it is conducted (Holloway & Wheeler 2010:41). The context in which participants live or work does affect their behaviour so it is important especially in relation to processes they daily engage with (Holloway & Wheeler 2010:41). Context in this study referred to the situation within which nurses found themselves interviewed on the study construct. The context helped in the explanation of the experience in question and the phenomenon of interest was explained in relation to the hospital environment in which nurses were contracting and doing performance reviews (Cambridge Advanced Learner's Dictionary 2008:302).

3.4 RESEARCH METHOD

Research methods are proposed forms of data collection, analysis and interpretation (Creswell 2014:247). According to Polit and Beck (2012:74), the techniques used to structure a study systematically, gather and analyse information are referred to as research methods. In this study research methods referred to population and sampling, sampling technique, data collection, data analysis, ensuring trustworthiness as well as ethical considerations.

3.4.1 Population

Population refers to the entire set of individuals or objects that have some common characteristics. Only eligible participants who were willing and volunteer to participate in the study were recruited. In this study, population was all nurses in which case criteria was being a nurse whether registered or enrolled (Polit & Beck 2006:506). According to Cambridge (2008:100), population refers to all people living in a particular country, area or place. This term is according to Polit and Beck (2004:50), the aggregate or totality of those conforming to a set of specifications. The population in this study was all categories of nurses working at the institution of interest to the researcher. The different types of populations refers to universal, target and accessible population. De-escalation of population to sample is evidenced in Figure 3.2.

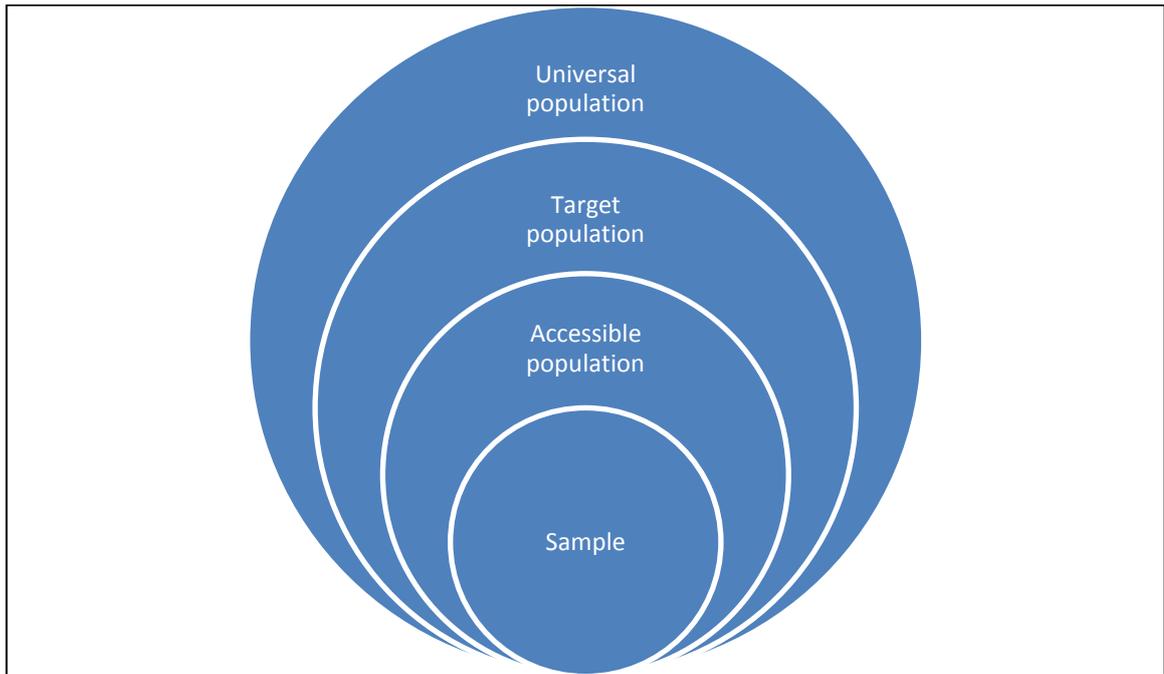


Figure 3.2 Population and sample

(Adapted from Grove, Burns & Gray 2013:352)

In this study, the universal population was all nurses of different categories working in public hospitals in SA. Target population referred to the population who met the sampling criteria about which the researcher would like to contextualise the findings. In this study, target population was all nurses who have worked in the hospital of interest for at least three years and above and has been exposed to the PMDS not less than two financial years and were therefore eligible to participate in the study (Basavanthappa 2007:190; Burns & Grove 2009:343-344; Polit & Beck 2008:337-338). Accessible population referred to the portion of the target population or the aggregate of cases of participants from which they were selected or recruited (Basavanthappa 2007:190; Burns & Grove 2009:344; Polit & Beck 2008:338).

The inclusion and exclusion criteria were specified as follows:

Inclusion criteria

In this study inclusion of participants required the following characteristics:

- A minimum of three years of experience as a nurse in the respective categories.
- Those with exposure to PMDS for not less than two years (Polit & Beck 2008:338).
- Both male and female nurses.
- Those who showed interest and meeting the specified inclusion characteristics were included in the study.

Exclusion criteria

- Exposure to PMDS for less than two financial years.
- Less than three years' experience as a nurse.

The researcher specified the characteristics that delimited the study population through the eligibility or inclusion criteria (Polit & Beck 2006:259).

3.4.2 Sample and sampling

A sample is a sub set or portion of a population. The characteristics of a sample are to be similar to those of the population from which it was drawn (Polit & Beck 2012:742).

Sampling technique

Non-probability sampling

The researcher's knowledge of the population was required because with this technique participants were known to have knowledge and information about the phenomenon of interest was not judgmentally selected. The disadvantage of non-probability sampling is that sampling bias may be present. With this technique the researcher cannot specify whether the study participants have equal chance of being included in the sample. Convenience/accidental, purposive and snowball are the major non-probability sampling techniques used in qualitative studies (Brink et al 2012:139). These techniques do not afford each element an equal chance of being included in the sample (Polit & Beck 2012:275). In this study the purposive method of sampling was be used.

A purposive sampling technique

Purposive sampling was the appropriate technique in this research as the researcher desired a sample of experts on the topic of contracting and doing performance reviews (Polit & Beck 2012:279). Purposive sampling requires researcher's knowledge of the population. Participants who are judged to be knowledgeable about the phenomenon under study were purposefully selected (Polit & Beck 2012:279).

Justification of choice

This sampling technique assisted the researcher to select participants non-randomly based on the researcher's knowledge that they have experienced contracting and reviewing (Polit & Beck 2006:531). Purposefully handpicking the participants to be included in the sample assisted the researcher to obtain in-depth information from rich informants (Polit & Beck 2012:291). The probability of obtaining such information was high though representativeness of the sample could not be determined. This technique was convenient and economical since only participants who were rich with information about the phenomenon of interest were recruited for inclusion. Data obtained from this non-probability sample was of high quality as it depended on how willing and able the participants responded to the grand tour question, probing and the semi structured questions (Brink et al 2012:139).

3.4.3 Sample size

The size of the sample depended on the research design and sampling technique that was used. Qualitative researchers who judgmentally select study participants do not pre-determine the number of required participants in advance. Sampling in this study occurred simultaneously with data collection and ended when no new data emerge. The stage during which no new information emerged was termed data saturation (Brink et al 2012:141). Repetitive information given by participants did not necessitate additional participants as this meant that the information was fully exhausted and was referred to

as data saturation (Polit & Beck 2012:523). Data was collected until saturation occurred. The sample size was not predetermined but was determined by data saturation. Eleven professional nurses participated in the individual interviews and two focus groups were held with the lower categories. The sessions were long at an average of 45 minutes and information was gathered sufficiently through probing questions.

3.4.4 Sampling procedure

Individual interviews

Purposive sampling approach was used to select participants having obtained permission to conduct the study from the hospital management. Nurses who possess the aforementioned characteristics for eligibility were recruited from each unit. Permission to access participants was sought from the unit managers as gate keepers.

3.4.6 Gaining entree to the research site

Gaining entree signified accessing the site identified as suitable for research through negotiation with gatekeepers (Polit & Beck 2012:61). To establish trust between the enquirer and gatekeepers the study was explained verbally and in writing in the consent form. The purpose and the duration of the study formed part of the negotiations. Maintenance of ethical guidelines featured in the negotiations (Polit & Beck 2012:183-184). Gaining entree also involved accessing participants through talks with resultant cooperation (Polit & Beck 2012:729).

3.4.7 Data collection procedures and process

The dates and times for the interviews were discussed with the prospective participants. The venue for the interview was prepared beforehand. The “please do not disturb, interviews on” was typed in bold letters and pasted at the door to ensure that there were no disturbances during the interviews. The cleaners were contacted and requested to clean early. The tape recorder was put on the table at the place where it was easy for the researcher to switch it on and off. The chairs were arranged in such a way that eye

contact between the researcher and interviewees were maintained. Extra chairs were made available for focus groups. A book and a pen were made available for notes taking. The duty registers were used to see who was on duty or off duty. The chairs for focus group interviews were arranged in a 'C' shape in front of the researcher's table so that all participants faced the enquirer.

- Nurses in charge of units were requested to release prospective participants to attend the meeting that was called by the researcher in a designated venue to brief the participants about the study and make arrangements with them
- The intentions and the reasons to conduct the study were fully explained.
- Voluntary participation and the right to withdraw without victimisation were emphasised.
- The researcher stressed the fact that there will be no rewards for participating except for long term rewards of improving the present practice as condition of service.
- Participants were assured of confidentiality of information that was obtained from them.
- Time was given for the participants to ask questions.
- After the meeting those who showed interest and keen to participate were given consent forms to read and sign.
- An appointment or schedule was made with each one of them in terms of dates, time venue for individual interviews.

Focus group interviews

- The researcher brought the following to the interview context, copy of the ethical clearance, permission letter to conduct the interviews, consent form for participants, with information, adequate interview guide documents, digital voice tested with extra batteries, journal and stationery.
- The unit nurses were already informed about dates of data collection and attended the interview sessions in turns over a period of ten days.
- Arrangements to meet with prospective participants (who were staff nurses and nursing assistants) were made with unit managers.

- Volunteers were grouped together in homogeneous groups of at least five to six members per group session.
- It was ensured that each category is represented in terms of professional, staff nurses and nursing assistants.
- It was stressed that the researcher will lead each group or be the moderator.
- Consent forms were given to group members to read and ask questions as was needed.
- Signing of consent forms was followed by full explanation of the research proceedings.
- Information was provided about the purpose, benefits and right to access the findings at the end of the study.
- Having checked that group members did sign consent forms the researcher greeted them, establish ground rules and introduce the topic.
- Ground rules included to switch off their cell phones during the interview sessions.
- Other ground rules was about respecting one another's view points and listening quietly when one member is still talking.
- A digital voice recorder was tested and prepared for recording, spare batteries were kept ready to avoid loss of information and interruption and it was kept in a convenient place during the interview to avoid distraction and ensure smooth recording of the interview. The use of an audio tape was explained to them and permission to use it to capture the conversations was requested.

An interview guide (see annexure E) was used to interview the participants. The researcher collected data through individual and focus group interviews that went along with the observation method.

Data collection process

Qualitative data are gathered mainly through interviews which are either video or audio taped (Schmidt & Brown 2012:199).The researcher conducted in-depth individual and focus group interviews to collect data. During interviews field notes were taken and

participant reactions were observed and recorded. Data collection and analysis occurred simultaneously.

Interviewing

Interviewing or interview is a structured or unstructured conversation between the researcher and participants which aims at obtaining information for the study (Burns & Grove 2009:705). It is a data collection method in which the researcher or an interviewer obtains information from a participant or participants either face-to-face or through a telephone (Brink et al 2012:213).

The unstructured individual interviews were conducted at the participant's workplace and were more like the normal conversations.

3.4.7.1 The unstructured individual interviews

The face to face method was used with PNs and it provided the researcher with an opportunity to collect data that addressed the research objectives adequately as the informants were rich with information and open (Schmidt & Brown 2012:235-237). Data saturation occurred at the 11th individual interview. The purpose of the interview was, based on Holloway & Wheeler (2010:88), to discover informants' feelings, perceptions and thoughts about the study phenomena. Interviewing is a flexible method as it allows the researcher to probe for more information to answer the research question. It enabled the participants to react spontaneously and honestly to questions. The researcher was in a better position to clarify and rephrase questions instantly where needed. Interviewing promoted the development of trust between the enquirer and participants as the interview proceeded (Holloway & Wheeler 2010:103). The interview was, according to Schmidt and Brown (2012:190), the key source of data in this research. The open-ended nature of interview questions allowed participants to respond freely and provide the most information possible. A grand tour question on which the

whole session was based was “Tel me, what are your reality experiences with regard to contracting and doing performance reviews?” Only PNs were included in the individual interviews as were identified as rich informants because although they are performance reviewed by senior managers, they also act as supervisors who conduct performance reviews for the lower categories.

This question was related to the research topic. Participants, who were PNs, were allowed to begin with either the first or the second part of the question (Polit & Beck 2012:536). Probing questions which were asked as well to promote further elaboration on the topic (Brink et al 2012:216). During unstructured interviews the researcher was tactful, interactive but professional. This encourages participants to talk freely. The interviewer talk less and allowed interviewees to talk more. The interviewer took notes, listened to the participant’s description of their experiences while keeping the interview on track (Guthrie 2010:119).

Examples of probes that were asked

- Describe the way you feel about contracting and reviewing.
- How did you feel before and after contracting?
- What first came into your mind when it was time for contracting that is the beginning of the financial year?
- How did you feel during your first interview session for example you can talk about ratings, the atmosphere and the entire session (Polit & Beck 2012:536).
- Interviews took 30 to 90 minutes per session depending on how fast participants responded to questions and probes (Schmidt & Brown 2012:191).

Data saturation occurred at the 11th interview.

3.4.7.2 Focus group interviews

Focus groups in this study were participants who were grouped together to explore and describe their lived experiences of contracting and reviewing of their performance. Two Groups of both ENs and ENAs were composed of eight participants in first group and six in the second group were conducted (Holloway & Wheeler 2010:125). The sessions

were long at an average of 45 minutes each and discussions were informative. Although at first the session seemed to be used as a platform to air their grievances about the evaluation process especially because it involves money. However, the researcher managed to control the situation and asked the research questions consistently in the two groups with probes that were related to the objectives.

Semi-structured questions for the focus groups

- What does the process of PMDS mean or entail?
- What does the process of contracting and doing performance reviews by nurses involve?
- What is your experience with the implementation of the PMDS process?
- What contextual factors, according to your view, influence the implementation of the PMDS?
- Why are nurses reluctant to contract and do performance reviews?

Interviews were conducted during lunch breaks and after hours for nurses who were not off duty. For nurses who were off the researcher conducted interviews during the times convenient to them focus group interviews allowed the sharing of ideas about the topic while simultaneously voicing out their opinions and ideas (Brink et al 2012:158). Through interaction between the researcher and the participant and between group members, the researcher was able to discover nurse's views and feelings about the phenomenon under study. New questions and answers were generated by the group members through verbal interaction. The researcher guarded against domination by one member of the group. Quiet group members were tactfully stimulated to talk by the researcher. The researcher as a group moderator stimulated discussions and showed interest in the ideas of group members. Probing questions were asked to elicit all needed information until no new information emerged.

3.4.7.3 Direct observations

This is a method of collecting data on behaviour. Observations are either structured or unstructured (Brink et al 2012:150).The former entail specifying behaviours which were

observed. This method required the researcher's knowledge of the expected behaviours so that a checklist could be prepared. The fact that the researcher had no knowledge of the expected behaviours meant that observations in this study cannot be structured. The researcher described and recorded unstructured observations to augment data analysis (Brink et al 2012:150-151). The researcher asked open-ended questions. Participants' behaviours and pauses during interviewing were recorded (Creswell 2014:190). The detected participants' emotions were added to verbal data as a memo (Creswell 2014:152).

3.4.7.4 *Field work and field notes*

Field work is defined by Schmidt and Brown (2012:480) as the time spent by researchers interacting with participants through interviews, observations and writing of field notes. Direct and unstructured observations were employed to enrich data during the interview proceedings. Direct observation is observing phenomena using the five senses (Schmidt Brown 2012:479). These observations focused on body language. Non-verbal communication like, nodding, frowning, smiling and other non-verbal cues were recorded and were part of data analysis. Field notes refer to the notes taken by researchers to record the unstructured observations made in the field and other interpretation (Polit & Beck 2012:728). Short notes were taken during and after each interview session and they were of assistance during data analysis. Jottings ensure that note taking does not distract the researcher from listening and observing participants (Polit & Beck 2012:731). Observations were also open-ended as participants responded and behaved in whatever manner.

3.4.7.5 *Observations during data collection*

One of the operational managers was trained by the researcher as a moderator to assist with jotting down notes while the researcher was interviewing the individuals, facilitating focus group discussions and observing the behaviours of the interviewees. The reason is that another volunteer could not be found due to the remoteness of the research site. As they were assured of confidentiality and trusting the researcher and the manager who was taking notes they were talking freely and fearlessly.

The study participants were cooperative and observed the ground rules that were set with them and switched off their cell phones as requested and listened to the researcher and to one another. During the interview process with the focus group, one of group members who arrived a bit late when the researcher was already about to pose the main question disturbed the discussion when her phone started ringing and had to switch it off. The researcher observed that among the focus group members there were talkative members who were keen to answer almost all questions that is the main one and the follow up or probes. The enquirer ensured that every member gets the opportunity to talk by posing questions directly to the quiet members. Answering at the same time was too common during group interviews.

3.4.8 Data analysis

Data analysis refers to making sense out of raw data (Creswell 2014:194). Data analysis is reduction and organisation of data that makes it meaningful (Burns & Grove 2009:695). Data collection and analysis in this study occurred concurrently rather than after data collection (Brink et al 2012:193). Field notes were read for analysis purposes and the tape recorded narratives transcribed verbatim and typed by the researcher.

The eight steps of Tesch (1990:142-145) cited in Creswell (2009:186) were used to guide data analysis process as follows:

- 1 All recordings of the collected data were transcribed verbatim and the transcriptions carefully read and re-read by the researcher so that all ideas as reported by participants could be written down.
- 2 Concepts, topics and themes were coded for analysis to understand what the information meant and thoughts about it were written in the margin.
- 3 The task was repeated for several participants, making a list of all the topics identified. Similar topics were clustered into columns or arranged as major topics, unique topics, and left overs.

- 4 Data were checked against the list made and the topics were abbreviated as codes that were written next to the appropriate segments of the text. This preliminary organising scheme was tried to see if new codes and themes emerged.
- 5 The most descriptive wordings related to topics were identified turning them into themes. The total list of sub-themes was reduced by grouping topics that relate to each other, and drawing lines between them to show interrelationships.
- 6 A final decision was made on the abbreviation for each category by using alphabets to code them.
- 7 The data materials belonging to each category were assembled in one place and a preliminary analysis was done.
- 8 Where necessary, existing data were recoded to finally organise the findings into major four themes and fourteen sub-themes.

Two data sets were generated from the eleven individual in-depth interviews and from the two focus group interviews. All transcribed raw data was submitted to the second coder for validation of the findings. An independent coder analysed data using content analysis. The findings from the independent coder which were similar to that of the primary researcher were merged with that of the primary researcher.

3.5 ENHANCING TRUSTWORTHINESS

Trustworthiness of a research study is important to evaluate its worth and truthfulness. It involves establishing and employing Lincoln and Guba's (1985:305-316) criteria: credibility, dependability, confirmability and transferability. According to Babbie and Mouton (2012:276-278), emerging criteria for demonstrating robustness in qualitative inquiry, such as authenticity, trustworthiness and goodness need to be considered. The basis for good qualitative research is found in its trustworthiness or the neutrality of its findings.

Ensuring trustworthiness in qualitative research is what rigour is in quantitative research with particular reference to ensuring validity and reliability. In qualitative research ensuring trustworthiness is a term expressing excellence involves discipline, attention to

detail and precision with each step carefully examined to reduce error, weaknesses and subjectivity thereby ensuring that the outcome of the study reflects reality as experienced by participants (Botma, Greeff, Mulaudzi & Wright 2010:80).

Various models have been developed by different authors to satisfy the requirements for rigour from a qualitative perspective (Tuckett 2005:31). In Table 3.2 rigour from the quantitative and qualitative perspectives is illustrated.

Table 3.2 Rigour from the qualitative perspectives

Qualitative	
Trustworthiness	
Truth value	Credibility
Applicability	Transferability
Consistency	Dependability
Neutrality	Confirmability

(Tuckett 2005:31)

Therefore, in this study the criterion of credibility, dependability, confirmability, transferability and authenticity were ensured.

3.5.1 Credibility

Credibility refers to the confidence in the truth of the data and how it is interpreted (Brink et al 2014:172). In this study, the investigation was done such that the findings showed credibility in a believable way, with the confidence that what was reality from the participants' information was reflected truthfully. Use of the tape recorder to capture the responses and verbatim transcription ensured credibility.

Confidence in the truth of the report was established using different techniques such as prolonged engagement, persistent observation in the field, triangulation of data collecting methods analysis and adequacy of data (Brink 2014:172; De Vos et al 2013:419-420). The written report was presented as chapters for correction by study supervisors. The findings were co checked with some of the participants for verity. Use of both individual and focus group interviews assisted the researcher to identify significant findings.

Prolonged engagement

The researcher spent adequate time with participants during the interviews and gained in depth understanding about the how they contract and participate in performance reviews and related challenges. During this relationship rapport and trust was established which was necessary in gathering participants' rich data and gaining their cooperation (Brink et al 2014:127).

Persistent observation

During interviews in data collection the researcher persistently observed cues, keys body language and gestures of participants and pursued them by probing to interpret the true meaning thereof and their significance in relation to the phenomenon and analysed them properly not according to her own thinking (Brink et al 2014:172).

Peer review

Throughout the study all research work done was referred to the study promoters who are experts in qualitative studies and theoretical knowledge. An independent coder participated in data analysis with valuable input. The developed guidelines were sent to five external experts in the services for validation.

Member checks

According to Brink et al (2014:172), it is an intentional initiative by researchers to correct errors and to provide additional information. In this study member checks was ensured by taking what emerged from the findings and the interpretation thereof to participants for discussion and confirmation with participants.

3.5.2 Dependability

Dependability is defined by Polit and Beck (2012:725) as a criterion for evaluating the integrity of qualitative studies, and how stable would the data be over time and over conditions; similar to reliability in quantitative research. It also relates to questions and the logic behind the research process” regarding its documentation and auditing (De Vos et al 2013:420-422). Dependability referred to the provision of evidence such that if the research steps were to be repeated with similar participants in a similar context it would yield similar findings, contextual meaning and stability of data over time (Brink et al 2014:172-173).

An audit trail is defined as a “systematically maintained documentation process of the researcher’s continuous critical analysis of all decisions and actions taken during the entire research process”. It is developed to determine data dependability for an independent auditor to confirm and draw conclusions about data and the findings later on when needed (Polit & Beck 2008:539; 748).

In this study, an audit trail that was developed by keeping the interview schedule and the verbatim typed transcripts, the digital voice recorder, the field notes (journal for reflexivity) as well as all the findings. The study reports were kept in a safe place under lock and key where no unauthorised person can access them (Babbie & Mouton 2012:278).

3.5.3 Confirmability

Confirmability confirms the degree to which the research findings reflect the outcome of the enquiry and not the biases, opinions or experiences of the researcher. Critical self-reflection was made by the researcher regarding own biases, preferences and preconceptions to avoid influencing the opinions and beliefs of what participants know about PDMS (Polit & Beck 2012:375, 390).

According to Lincoln and Guba (1999) cited in De Vos et al (2013:421), there is a need to confirm whether constructs of objectivity are based on the data and not evaluated on inherent characteristics of the researcher.

- In this study, *confirmability audit* ensured that the research findings were based on the research process and the data collected from the voluntary participants and were not constructs of the researcher’s assumptions, views and preconceived ideas or perceptions about the study phenomena.
- *Reflexivity* is defined by Grove et al (2013:707) as a self -awareness and critical examination of the interaction between self and data during collection and analysis of qualitative data which may lead the researcher to explore personal feelings and experiences that influence the study. Therefore, in this study reflexivity was relevant for the researcher to examine personal feelings and

experiences that could have influenced the study and ensure freedom from researcher bias. A journal was used to reflect and record the researcher's perceptions.

3.5.4 Transferability

According to De Vos et al (2013:420), a qualitative study's transferability to other settings may be challenging especially to novice or non-qualitative researchers. Transferability indicates that the probability of the study findings can be meaningful when transferred to other similar settings. In this study, the researcher thickly described the data in context and reported findings with sufficient detail and precision to allow judgements and possibility of transferability to other similar context (Babbie & Mouton 2012:277).

3.5.5 Authenticity

Authenticity refers to the extent to which qualitative researchers truthfully and honestly demonstrate that their data collection, analysis and interpretation is believable with no fabrication of findings (Polit & Beck 2012:720). In this study, all data collection and analysis was done with integrity and honesty. . Respect to the participants who were interviewed was demonstrated through verbatim references to their original information such that the meaning is truly expressed in its original form unaltered as described by them without any coercion to suite the researcher and the independent coder.

3.6 ETHICAL CONSIDERATION

Ethics is defined by Polit and Beck (2012:727) as a system of moral value that is concerned with the degree to which research procedures adhere to professional, legal and social obligation to the study participants. Ethical acceptability of the study is based on the consideration of participants by the researcher and not at their expense. Fundamental principles that guide researchers are based on protection of human rights in research.

The Belmont report according to De Landa (2009:3) specifically the principles namely, beneficence, respect for human dignity and justice were considered in order to observe the standards upon which ethical conduct in this study was based (Polit & Beck

2012:152-156). In this study, mainly the focus was on the protection of the rights of the study institutions, rights of participants and scientific integrity.

3.6.1 Protection of the rights of the institutions

The rights of the institutions were protected by obtaining ethical clearance from the Ethical Research Committee before undertaking the study. An Ethical clearance certificate (Annexure A) was sought for and granted by the Higher Degrees Committee of the Department of Health Studies at the University of South Africa (UNISA). Permission to conduct the study was secured from the institutional top management composed of Chief Medical officer, Hospital Manager and Deputy Manager Nursing. The times for conducting interviews were highlighted in the letter (see annexure B) of request. These ensured that the institutional activities were not interrupted. The purpose and benefits of the study were explained in the letter of request (Guthrie 2010:16-17).

The research proposal was submitted along with the letter of request. Permission was granted to conduct the study (Annexure C).

3.6.2 Protecting the rights of participants

Participants have the right to self-determination, privacy, anonymity and confidentiality, to fair treatment, and being protected from discomfort and harm (Brink 2014:35; Polit & Beck 2012:154). Protection of the rights of participants is crucial as human subjects are protected by ethical and legal systems of most countries. In this study, the rights of participants were protected by obtaining informed consent, confidentiality and anonymity, ensuring justice, beneficence and non-maleficence, respect, self-determination and the right of withdrawal at any stage of the study.

Informed consent

In this study, informed consent referred to the permission that the researcher obtained from the participants in relation to the research topic after full disclosure of what the research entailed and clearly explained the expectations from the participants.

The informed consent (annexure D) comprised of the type of information from participants, their degree of understanding and their choice to give consent. The written permission was obtained in English from envisaged participants who were PNs, ENs and ENAs (Brink et al 2014:38-39).

Prior to data collection, rapport was established with willing participants, to establish trust with them. The purpose of the study and all the relevant information on the participants leaflet (Annexure D) concerning benefits and risks was thoroughly explained.

Confidentiality

According to Babbie and Mouton (2012:523), confidentiality is referred to as continuation of privacy that limits access of private information to others. Confidentiality was maintained by not divulging gathered information from participants to unauthorised people. The identity of participants was protected by not linking them with their responses and rather alphabet codes, pseudo names and numbers were used identify the transcripts (Brink et al 2014:38). All the interview scripts, digital recorder and field notes were kept under lock and key in the researcher's office except when shared with promoters for validation of the process.

However, the findings will be disseminated through publication in accredited journal articles for possible publications, presentation in seminars and conferences or in-service education in the study context or other.

Anonymity

Anonymity was defined by Grove et al (2013:686) as a situation in research in which the identity of the subjects cannot be linked with the individual responses. Anonymity is not easy to attain in qualitative studies as participants are seen by others when entering the venue designated for interviews as was in this study. Some of the participants suggested removal of the "do not disturb sign" from the door for privacy. The request of

the participants was granted as their right and no information was linked to them. The process of anonymity or “namelessness” was observed and participants were reassured that no data would be directly linked to their names, for example alphabets and numbers were used such as Participant 1 (see data P1 PN or EN).

Ensuring justice

According to Brink et al (2014:36), the principle of justice refers to the right of fair selection and treatment of participants in relation to the research problem only not for easy manipulation. The principle of justice refers to equitable distribution of benefits and burdens of research obligation of the researcher not to benefit others and discriminate against the vulnerable. In this study, the rights of participants were protected by showing respect for the beliefs, habits, lifestyles, different cultural background such as eye contact or space proximity and treating them courteously and tactfully at all times during the interviews (Polit & Beck 2012:155-156).

Beneficence

According to Polit and Beck (2012:152-153), the principle of beneficence refers to the duty of the researcher to minimise harm and maximise benefits. Although the benefits to the participant may not be immediate, the research findings provided data that contributed to their benefit in long term. The findings in this study were used to develop guidelines that would contribute towards possible better perception of the value of contracting and doing performance reviews.

Non-maleficence

The principle of, non-maleficence oblige researchers to avoid, prevent and also minimise harm to research participants (Polit & Beck 2012:152-153).

This study did not anticipate any risks for harm or discomfort done to the participants because there was no manipulation or invasive procedures or experimentations involved. Regardless of the fact that there were no invasive procedures the nature of qualitative research usually explores unresolved issues, which could upset participants (Brink et al 2013:36). Some psychological discomfort was experienced by two participants who were referred for counselling as a counsellor was organised for that purpose. The participants were protected from any form of exploitation.

Respect for human dignity

According to Brink et al (2014:35), the principle of respect informs the researcher that people have autonomy and self-determination rights to participate in a research study without coercion. In this study, participants were protected from any form of coercion and use of penalty. They were informed that they could withdraw at any stage from the study without any pre-judgement, penalty or untoward treatment. All the views and questions asked by the participants were respected and treated during interviews without being discriminatory or judgemental. They were allowed to express their views and opinions without any interruptions, except where there was a need for clarity of meaning.

Right to self-determination

Full disclosure of the study purpose information was made available to participants before they chose to or not to participate in the research study to enable them to make an informed decision. No personal or sensitive questions that would disturb their emotions or jeopardise their jobs or relationships with supervisors were asked except research questions that addressed the stated purpose and objectives.

Withdrawal from the study

The rights to self-determination were respected and ensured by letting participants, to willingly agree to participate, and withdraw from the research study any time if they felt that their rights were being violated or uncomfortable. Two of them withdrew from the study. The withdrawal of the participants was respected and not in any way interfered with their normal work or jeopardised it.

Ensuring privacy

The principle of privacy refers to keeping to self and one's information which is not intended for others, which could be personal. Only the individuals can decide to what extent to reveal what, with whom, when and where in relation to their attitudes, ways

and values. In this study, privacy and identity of participants was safeguarded and maintained at all times. The right to privacy was respected and all data collected from the participants was treated with respect and dignity. “Covert data collection” was avoided, and no unauthorised person had access to it (Polit & Beck 2012:119, 156).

3.6.3 Scientific integrity

Honesty and truthfulness was practiced without any form of deception with regard to literature sources consulted (De Vos et al 2013:119). Honest practice was also exercised in collecting data, recording the information, writing up transcriptions, data analysis and writing of the research report. Every presentation about this study was done truthfully adhering to the required scientific integrity. All information sources were acknowledged and appropriately recorded in the bibliography to avoid plagiarism.

All the above principles formed part of the international Bio ethical considerations in observing the Ethical Code of professional conduct (Babbie & Mouton 2012:529; Bryman 2011:395; Polit & Beck 2012:727).

3.7 CONCLUSION

In chapter 3, detailed explanation of the research design adopted in this study was provided. The research setting, method, data collection and data analysis were also outlined. Ensuring trustworthiness and ethical considerations were described in detail.

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

CHAPTER 4

PRESENTATION, ANALYSIS AND INTERPRETATION OF THE RESEARCH FINDINGS

4.1 INTRODUCTION

Data refers to facts that are collected during a research study (Brink et al 2012:211). Schmidt & Brown (2012:192) states that qualitative data analysis involves description, data reduction, analysis and interpretation. Qualitative analysis in this study involved the integration and synthesis of non-numeric data that was then reduced to themes and sub-themes through the process termed coding (Brink, Van der Walt & van Rensburg 2012:58). The researchers drew conclusions to give meaning and make sense out of research findings (Brink et al 2012:58). Three questions that were asked as part of the interpretation process were, “what do the results imply? “what do the findings mean for others? What is the value of the study for them? (Brink et al 2012:58). It was crucial that large amounts of data be made simple to ease analysis. Simplification of data was referred to as data reduction (Schmidt & Brown 2012:342).

This chapter presented the findings of the study based on the analysis and interpretation of data obtained from research participants who were purposefully selected and interviewed to obtain the required information to answer the research questions. Individual interviews with eleven participants (PNs) and two focus groups one composed of eight and the other consisting of six participants were conducted. Based on the information shared by De Vos, Strydom and Delport (2011:367), the number of focus group meetings that were required for this study depended on the purpose of the study and data saturation. Data saturation in individual interviews occurred at the 11th interview with professional nurses and at second focus group interviews with the lower categories. The information given by participants became repetitive with the second group as group members were giving the same information that was given by the first group members and the individual participants. In discussing

the findings, the philosophical underpinnings of this phenomenological study and relevant literature is also presented to support or validate the findings.

4.2 SAMPLE DEMOGRAPHIC DATA

The sample from which data was collected through individual and focus group interviews was composed of 5 males and 20 female nurses with ages ranging from 35 to 63 years. The experience range was 3 to 33 years. All nurse categories were included with nursing assistants more in number than that of professional and enrolled nurses. The sample was composed of 11 professional nurses as data saturation occurred at the 11th interview, 12 nursing assistants and 2 staff nurses. Eight of the participants were single, 15 married, one widowed and one divorced. The male participants in the sample were all married. Their educational qualifications were 6 months to one year training for enrolment as a nurse, two year training as a staff nurse, diploma in general nursing and 1 year diploma in midwifery, four year comprehensive course and degree in nursing science with or without post basic qualifications. Three participants (2 professional nurses and 1 staff nurse) are still continuing with their studies.

Table 4.1 Demographic characteristics of the study participants

Variable	Category	Number	Percentage (%)
Category:			
	PNs	11	44
	ENs	2	38
	ENAs	12	48
	Total	25	100
Gender:			
	Female	20	80
	Male	5	20
	Total	25	100
Marital status:			
	Married	15	60
	Single	8	32
	Divorced and widow	2	8

Table 4.1 indicated that the older participants outnumbered the younger ones in the sample. What the table displayed was that 60% of the study participants were married people, 32% was the single group, 4% divorced and 4% widowed which meant that the sample was composed mainly of married nurses. All the five male participants were married. Contracting and doing performance review had financial implications. Gender had reference in the study as issues of remuneration had motivation power that compelled full participation in the PDMS process. The sample was composed mainly of females n=20 (80%) than males which reflected that the nature of the nursing profession is still a female dominated profession.

4.3 DATA ANALYSIS PROCESS

Collected data was synthesised and organised systematically to account for processes and methods used in data analysis (Polit & Beck 2012:125). Data analysis was done using Techs' eight steps of qualitative analysis for textual data as cited in Creswell (2014:198-199) until four themes and 14 sub-themes were identified and developed.

Coding was used from the participants' responses and patterns were identified as well as their conceptual relationships (Creswell 2014:198).

Descriptive interpretive qualitative data analysis using Tech's eight step process (figure 4.1) of qualitative data analysis was followed as a guide to manually organise, analyse and interpret data.

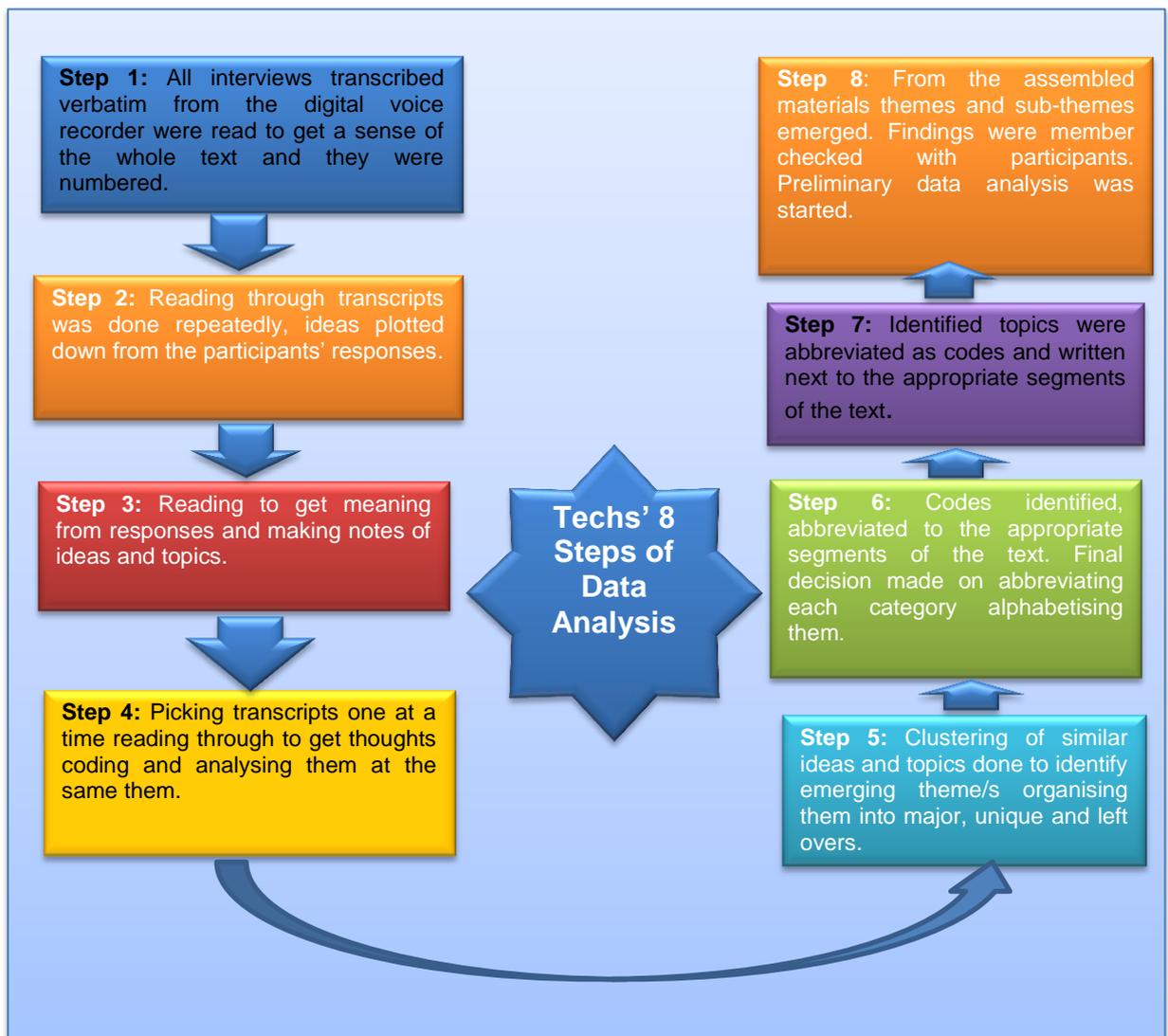


Figure 4.1 Tech's eight step process of qualitative data analysis

(Creswell 2014:198)

The eight steps of Tesch (1990:142-145) cited in Creswell (2014:198) was used for data analysis process. The researcher listened, transcribed and typed all interviews verbatim which comprised of eleven individual interviews and two focus group interviews from the digital voice recorder to get a sense of the whole text from the participant's responses. Each transcript was given a number and subsequent ones followed that sequence. All transcribed raw data were submitted to the second coder for validation of the findings. An independent coder analysed data using content analysis. The findings from the

independent coder which were mostly similar to that of the primary researcher were merged.

Data was captured through a voice recorder while a moderator was taking notes. The moderator was a Masters prepared colleague who was recruited to assist in the data collection process and as an independent coder and analyst of data. Descriptive phenomenological data analysis method suggested by Tesch 1990 in Creswell (2014:198) was implemented to gain an understanding of nurses' lived experience of contracting and doing performance reviews. The initial task was verbatim transcription of data and typed by the researcher. All transcripts were carefully read to get a sense of the whole while jotting down the ideas, topics or concepts as they came into researcher's mind and attention. Repetitive reading of the transcripts gave the enquirer a holistic understanding of the phenomenon. Transcripts were arranged according to time spent during interview sessions. The shortest and most interesting was the first one to be read as it was put at the top of the pile. The shortest document had only 2 pages and the longest was 13 pages totalling up to 55 pages. While reading the documents one after the other, the researcher kept on asking herself the question, "what this is about" thinking about the underlying meaning. Asking this question facilitated the development of codes from understanding the underlying meaning of participants' statements (Creswell 2014:198). The researcher made a list of extracted topics. Similar topics were clustered together in columns. The researcher took the list back to the original data. The codes were written next to the appropriate segment on the right hand side of the text. During this preliminary organising the researcher checked if new codes and themes emerged. The most descriptive wording for the researcher's topic was found and turned into a theme.

The topics that related to each other were grouped together to reduce the total list of categories. This reduction assisted in data management (Creswell 2014:198). The aim of reducing data was to make less the number of themes which in this study was lowered from twelve to four (Creswell2013:186). The number of themes as suggested in Creswell(2013:186) is five to seven general themes which in qualitative research refer to broad information units consisting of codes aggregated to form a common idea The emergence of themes in this study occurred as a result of coding. This suggested data

analysis process enabled the researcher to develop codes and to generate the themes and sub themes from data (Creswell 2014:199). While reading the transcripts the researcher really gained an understanding of the whole and was able to separate the information into parts and to put the parts together making sense out of the text (Creswell 2014:195). Having understood the viewpoint presented by the text as a whole the researcher developed a deep understanding of how the parts relate to the whole(de Vos et al 2011:8).The researcher's background knowledge on PDMS in general facilitated understanding of the text and its parts (Vessey [S.a.]).

In order to provide congruence between the study's philosophical underpinning and the research methodological process through which study findings were interpreted, the researcher was obliged to use or develop an approach for textual analysis. As a result, the basic elements of Heidegger's hermeneutic interpretive approach, influenced by activities described by Tech (Creswell 2014:198) guided the data analysis and interpretation process in this study.

Heidegger's philosophy of interpreting research interviews was chosen because it supports the pursuit of hermeneutic phenomenology, which underpins the science of interpreting human meaning and experiences (Crist & Tanner 2003:202). In the following discussion, language, Heidegger understanding of "being in the world" and the hermeneutic circle were discussed in relation to data interpretation process

4.3.1 Language

It was through language that understanding between the researcher and the participants was shared. The world of their existence as nurses who contract and do performance reviews was what created a shared understanding. It was through language use that the researcher could understand the participants' world view of the phenomenon of interest. According to Gadamer (Holroyd 2015:6), birth grants enclosedness in the linguistic world in which people live. The researcher and participants apart from their home language used English as the second and official language. This absence of language barrier made it possible to share knowledge between the researcher and the study participants. Although the researcher could not

get into the participants' minds but she got to know their lived experience through language use (Holroyd 2015:7). Through mutual understanding the researcher could interpret what participants were communicating to her as to what causes late contracting and reviewing as was responded to the individual and focus group interviews. A search to understand the participants' view of the phenomenon assisted her to understand it from ordinary to a phenomenological stance (Holroyd 2015). The distinct philosophical underpinnings offered by Heidegger assisted the researcher to fully understand the nurses' life world and meaning attached to their experiences (Holroyd 2015:15).

4.3.2 Understanding and Heidegger's being-in-the-world

Heidegger's and Gadamer's view of understanding is that all understanding is the individual's mode of being (Holroyd 2015:4). Being was the state of existing as nurses in the different units expected to schedule reviews which meant being-in-the-world was existing in the world which was their work place (Cambridge Advanced Learner's Dictionary 2008, "context"). Being-in-the-world or embodiment was according to Polit and Beck (2010:267) as implied in this study, a concept that acknowledges nurses' physical ties to their work, patients and performance. The world and the existence of nurses in their world (work environment) created a shared understanding between the researcher and participants during interviews through language which opened access to meaningful dialogue (Holroyd 2015:5). Without language the researcher could not understand and interpret the participants' descriptions of the phenomenon. Being-in-the-world was studied by Heidegger to broaden hermeneutics (Reiners 2012:1). Hermeneutics is a philosophical approach that enabled the researcher to understand the phenomenon in this study (Holroyd 2015:11). The researcher's interaction with participants aiming at understanding their experience was influenced by culture to which she belonged to because individuals construct reality in different ways (Creasia & Parker 2007:197). The researcher believed that the reality about contracting and doing performance reviews existed in the minds of the participants and its understanding was facilitated by the fusion of the researcher's familiarity with the participants' life world or work environment, the latter being the participants' lived experiences of PMDS and the former being researcher's views of it (Holroyd 2015:5). To reach conclusions, the participants' narratives fused with the researcher's interpretation of the text through the process termed by Heidegger as fusion of horizons (Holloway & Wheeler 2010:228).

4.3.4 Hermeneutic circle

The concept hermeneutics originated from interpretation of the messages from recipients to aid understanding by Hermes who was the transmitter of the messages from God's to the mortals (Holloway & Wheeler 2010:217). The focus of hermeneutics in this study was the interpretation of the phenomena which supported the researcher's

aim of understanding the phenomenon as described by the participants (Holloway & Wheeler 2010:339).

Hermeneutic circle that has its origins in Heidegger's philosophy was applied in this study as a research term that meant interpretation of the text by looking at its parts then at the whole and back again at the parts in a spiralling process until the researcher gained understanding and meaning of the text (Holloway & Wheeler 2010:228). The use of this motion enabled the enquirer to gain more understanding of the participants' narratives (Holloway & Wheeler 2010:228). Hermeneutic circle was used by the enquirer in search for meanings of the participants' experiences through interpretation of their descriptions of the phenomenon in question (Jarvie & Zamora-Bonilla 2011:114). The researcher's thoughts about the text facilitated understanding of what participants' explanations meant (Jarvie & Zamora-Bonilla 2011:448).

A total of four themes and 14 subthemes emerged from the data collected. Two data sets were gathered from individual interviews (I) and from focus group discussions (FGD). The presentation exhibited on Table 4.4 is findings from both data sets.

4.4 PRESENTATION OF FINDINGS

Table 4.4 Themes and sub-themes that emerged

Number	Theme	Sub themes
Theme 1	Challenges in implementation of the PMDS process (I and FGD)	1.1 Busy work schedule (I and FGD)
		1.2 Lack of supervisor cooperation (FGD)
		1.3 Difficulty in calculating the scores (FGD)
		1.4 Shortage of resources (I)
		1.5 Time constraints and paper work (I)
Theme 2	Lack of understanding the PMDS process (FGD)	2.1 Obligation
		2.2 Performance enhancement versus monetary benefits
Theme 3	Negative experiences (I and FGD)	3.1 Frustration (Focus group)
		3.2 Stress (Focus group)
Theme 4	Positive experiences (I and FGD)	4.1 Enhanced relations
		4.2. Learning experience
		4.3 Skills development
		4.4 Knowledge acquisition and self-development
		4.5 Clarification of PMDS process (Focus group)

4.5 DATA PRESENTATION

Data presentation refers to putting data in a form that can be followed by the reader (Hebda & Czar 2013:558). This is the presentation of findings which were organised into themes and presented in a table to ease the understanding and interpretation. The researcher also presented data in a narrative form including direct quotes from participants. The themes displayed in the inserted table were discussed below to support and enrich the tabulated summary of findings (Nieswiadomy 2012:247-248).

4.6 THEME 1: CHALLENGES IN IMPLEMENTATION OF THE PMDS

In this context, challenges are the difficulties that nurses are faced with in their efforts to comply with the demands of the PMDS tool. A challenge was what was perceived by nurses (participants in this study) as a hindrance to successful compliance with the tool. When nurses did not submit on due dates they were referred to as non-compliant which contributed to non-compliance of the entire institution. These challenges were viewed by participants as setbacks to both their performance and to their prompt submission of contracts, reviews and appraisals for capturing. The following were challenges which were stated by participants.

4.6.1 Busy work schedule

As alluded to by the participants, the busy work schedule caused delays in contracting and sitting with supervisors to do performance reviews. Sefora (2013:110) unveiled the lack of time as a major barrier to implementation of PMDS in agreement with the present study. One participant expressed that:

“I want teaching about how to do PMDS because it’s difficult, it’s difficult to do write PMDS. When I’m free the supervisor is busy and when the supervisor is busy I’m free because of many patients in the ward.” seriously there is no time for my supervisor to assess me on PMDS, there is not enough time to listen, all the time we are always busy in the ward.”

Another participant stated:

“Contracting is not really done timely because sometimes you find that we are too busy to concentrate on that work because we have no time then with the reviews you become late with the reviews, sometimes you find that the staff members always forget to come for reviews.”

From the above participant’s statements, it was clear that it was difficult for nurses to contract and do reviews while patients needed their service and attention. They felt they must provide patient care while in the ward and given time off to focus on the PMDS tool. A qualitative phenomenological study that was conducted in a University hospital in Belgium on Staff Nurses’ perceptions and experiences about structural empowerment by (Bogaert, Peremans, Diltour, Van Heusden, Van Rompaei & Havens 2016), revealed that nurses perceive relatively had high work demands and at times viewed empowerment as additional. In this study, it was apparent that nurses experienced contracting and reviewing as an additional task to an already short staffed institution with a busy work schedule. Nurses in Belgium reported that however their hospital provided highly supporting opportunities to learn through training programs and workshops (Van Bogaert et al 2016).

4.6.2 Lack of supervisor cooperation

From participants’ responses, it was evident that there was lack of cooperation on the part of supervisors when it came to signing of contracts as well as reviewing. It seemed as if some of the supervisors did not assist subordinates in ensuring that contracts and reviews were done correctly and on time.

“I do not like this because when you book for review meetings with the supervisor you find that the supervisor is too busy and will say, “please come this and this and this I have got so many things to do, I’m going to do this and this.” So you end up not reviewed on that day. You book another day you say, “I’m ready for the reviews can I come mam?” no not today I’m attending a meeting.” You end up losing interest on this because really you would like your work to be reviewed and see how you’ve done it, now the person in charge does not give a chance so you cannot learn a thing you are not sure if that is right, you need feedback to know if you’ve got something to be

corrected, if something has to be done so that you develop love for it, really it's not easy to get seniors".

It was evident from participants' responses that some of the supervisors did not prioritise the review process well as they did not make means to sit with supervisees to read, correct and sign the agreements and do performance reviews on time. From the participants' viewpoint other supervisors did not assist them in ensuring timely submission of contracts and reviews for capturing.

"Supervisor does not avail herself or himself to sign; you go up and down looking for the supervisor to sign."

This meant that apart from the busy work schedule, some supervisors' lack of cooperation with the staff members did contribute to late submissions.

Paile (2012:86) unveiled that there is no compliance to procedures during the quarterly and annual assessments on performance management processes from both supervisors and subordinates which was in agreement with the findings of this study.

4.6.3 Difficulty in calculating the scores

Participants experienced difficulty when they had to calculate the scores using the formula provided because they viewed the formula as too complicated as evidenced in this participant's statement;

"Another thing is that I don't understand how to calculate the scores."

This difficulty was expressed by staff nurses and nursing assistants combined in a focus group and by professional nurses with the exception of those at managerial level who were the area managers and few operational managers because they practiced continuously until they mastered it as evidenced by the following excerpt:

4.6.4 Shortage of resources

Shortage of resources referred to by participants in this study was shortage of human and material resources which were required for the sustainability of good performance. According to participants of the current study, the shortage of human and material resources, inadequate physical space and procurement processes negatively affected their performance.

Shortage of staff

It's not easy to sit down and do this thing because we are short staffed in my hospital. "The environment is not conducive there is shortage of houses in the hospital. The ward does not have enough space, there is no free movement."

The findings of the study conducted in Ghana by Lutwama (2011:1) revealed that the work environment related factors do affect performance of health workers. The environmental factors do influence the way people behave and perceive things because a person cannot be considered separately from his or her environment (Arnold & Boggs 2011:3). Lutwama (2011:229, in a study on the performance of health workers in decentralised services in Uganda concluded that the most recurring issues under working environment were related to lack of adequate space concurring with the above statement. Chebet (2015:56) posited that conducive working environment is a contributory factor to improvement of performance and productivity.

Another participant stated:

" I cannot perform well because of this staff shortage, may be in General ward there is one professional nurse, a staff nurse and a nursing assistant because there is shortage of all categories."

The number of nurses available in the wards is the determinant of how patients experience the quality of care which is the reason why performance must be monitored (Kieft et al 2014:11). Staff shortage was viewed by participants in this study as an

obstacle to desired and acceptable performance. Inadequate staffing is viewed in Kieft et al (2014:11) study as having a negative impact on patient experiences. Participants also brought to light the transfer of several tasks to lower nurse categories to ensure achievement of higher productivity partly supporting the findings of the present study which is that nurses were obliged to perform tasks either below or above their scope of practice (Kieft et al 2014:11). Understaffing lowered the standard of performance and it increased the nurses' workload which negatively impacted on compliance to PMDS. According to Kieft, De Brouwer, Franke and Delmoij (2014:15), adequate staffing is one of the essential elements to providing high quality care.

Shortage of equipment

Participants also related their poor compliance to shortage of resources that is shortage, of equipment and supplies like administration sets, intracans or intravenous cannulas, shortage of spoons, participants' clothes and other necessities to mention a few. Patients are wearing torn clothes and nurses found it very embarrassing to give patients torn clothes to wear and to give them plastic spoons to eat with as evidenced in their statements.

“There is also shortage of patients' clothes especially pyjamas, some are torn. They also wear their clothes in the unit. We don't have spoons we give them plastic spoons to eat with.”

“Another Challenge is equipment...eh the problem of equipment... sometimes we have got a problem of procuring, in procurement they have a tact of delay because they have to phone other companies to get quotations. After they have done that we find even the company chosen has got difficulty in delivering those items and sometimes you find that the ordered items are already finished, yes, shortage of equipment we experience a lot of it.

The shortage of stationary was viewed as a hindrance to timely submission of contracts and consequential late reviewing.

“I think what causes delays is the shortage of stationery. Another participant said, “ we usually have shortage of papers that is material resources.”

Another participant even asked the person who was taking notes a question, “ *did you write shortage down?*”

This participant wanted to ensure that shortage was noted.

“The equipment in the ward is inadequate; there is shortage of equipment and shortage of staff.”

Munzhedzi (2011:79) reported that shortage of resources in Performance Management System (PMS) division for effective and efficient implementation of the system is crucial. There are tasks which cannot be performed without items meant to be used like giving sets. Patients may die due to unavailability of giving or administration sets which are used for intravenous infusions which implicated negatively on the performance of staff members.

4.6.4.5 Time constraints and paperwork

PMDS was perceived by participants as time consuming which was made worse by many papers that were required to write: The researcher observed during data collection that nurses were so grateful to voice out their concerns and they even suggested what should be done as a remedy to the situation. One of the participants suggested:-

There is a lot that can be done to reduce the paper work, for instance there is a lot of duplication of KPAs, you have to write KPAs in the contract itself and each and every review, it can be reduced if the KPAs are written once and each and every review you

just write the ratings and just refer to the contract, there could be an improvement in the reduction of paper work.

Another one suggested the same thing stating:

“There must be reduction of paper work; there is a lot of paper work as far as I’m concerned. Sometimes if you want your previous contract they say it’s lost no one knows where it is so you have to write it afresh, as sister said there is a lot of papers to write so it becomes so stressful to write it again.”

Participants also complained that the tool involved a lot of paper work and as a result they did not like it. One of the participants suggested the reduction of paper work. The other one brought to light the duplication that was writing of the same KPAs repeatedly each quarter instead of writing them once and just putting the ratings each quarter. This sentiment was summarised in the following expression:

“No no-no, this writing every time, no,”

“According to me PMDS needs a lot of time, I come from work I’m tired I need to rest, do my washing, ironing and there is this PMDS on the other side I write it, take my time to write it, then I go to my supervisor to sign it. She or he would say, you’ve done wrong here you have to re write it, do it like this. To write and write and write! It takes a lot of time.

Participants stated clearly that they did not have time to comply with the system while in their areas of work. One participant responded:

“My experience of contracting and doing performance reviews is...it is right...eh, we usually have no time to do these contracts because sometimes you are busy in the ward, sometimes you are not on duty, you are on leave so you cannot contract early at the exact time you write when you are back from leave and sometimes you are already late and (paused)I don’t like this writing.”

The other participant stated:

“When it’s time to do performance reviews I become bored and stressful because I don’t like PMDS, it is time consuming.”

They suggested that they be given days off to focus only on it that is to formulate and put the KPAs down on paper and to discuss these with supervisors, make corrections if any, re-write if one had to, meet with the supervisor, finally reaching consensus and signing the contract. Considering the above steps, participants experienced the system as time consuming and that they didn’t have sufficient time. In agreement with the current study the Argos manager believes that PMS is time consuming (Kelly 2012:44). During one of the focus group interviews, participants had a lengthy exchange of ideas over being given days off, others stating that the writing part before meeting with supervisors can be done during tea break, lunch break or even after working hours.

Other focus group members affirmed:

“It would be better if you are given a day off to write not during working hours no! like for example if we three one must be given time off to write.

The other one had a different feeling and avowed that:

“I think sometimes you are on lunch you must write PMDS not being given time off to write PMDS only, it’s not true, you can’t write PMDS the whole day.

The above are the words of the four participants in a group laughing and talking (as was recorded in the reflexive journal) at the same time which showed very well that they were tired of writing. They felt something can and needs to be done to improve the situation.

4.7 THEME 2: LACK OF UNDERSTANDING OF THE PMDS PROCESS

The study revealed that the PMDS process was not well understood by supervisors themselves and the subordinates too.

4.7.1 Obligation

It was clear from the participants' statements that they contracted and did reviews just because they were required to do so. They felt obliged to comply with the rules and expectations of the institution. They did not view it as a tool that must be employed to monitor their performance continuously for improvement of working conditions and improve patient care delivery. The statement that evidenced this observation:

"I don't like PMDS" and "I do it because it is compulsory, we want to do it because it is needed, it is a must, because you have to contract with the government, you have to sign an agreement."

It means participants just complied because they felt obliged to do it without any understanding of how important it is. It was not viewed by participants as a tool that must be employed to manage their performance and to identify their training needs.

Sefora (2013:111) uncovered that senior managers' lack of understanding of the system impacted on its effective implementation while with the present study lack of knowledge of how the system works applied mostly to especially the nursing assistants and staff nurses. They viewed implementation of the PMDS tool as an obligation which stemmed from their lack of conceptualisation of how this is tied to performance improvement for better patient care outcomes.

According to Zhang (2012:5), if participants do not see value of PMS, the organisational performance and productivity would decrease as a result of inefficient employee performance. An organisation performs through employees that are nurses and other health care team members which is the reason for managing those individuals. If PMDS is not perceived as a valuable, that can negatively impact on the organisational performance because each individual's performance has a contribution towards

realisation of the organisational objectives and has to be evaluated to assess its value, contribution and how it can be remunerated (Zhang 2012:5; South Africa 1994:5.9.2).

4.7.3 Performance enhancement versus monetary benefits

Participants perceived contracting and doing performance reviews as a way of getting pay progression. It was evident from participants' statements that the desire for monetary rewards superseded that of being developed and to grow professionally. When they rated themselves they gave themselves high scores to qualify for either pay progression or even cash bonuses annually meaning that some of them were not honest with their ratings. They became de-motivated when they did not get pay progression even if review outcomes did not warrant it.

"I get 1% after a long time."

"Sometimes they say," you have reached the top notch", so you cannot get the pay progression

These responses showed that nurses complied with the program to get monetary benefits which were extrinsic motivators. One participant stated concisely that what motivates her to continue contracting and doing reviews was the hope of getting 1% pay progression meaning that it's the money that drove her to comply with stipulations of the tool.

According to Paile (2012:85), Performance Management is viewed by lower level employees as a means to increase their income per annum which is an entitlement which concurs with the findings of this study. Munzhedzi (2011:24) also state that employees are encouraged by performance bonuses and pay progression. Nurses who have reached top notches are unwilling to contract and do reviews because they do not qualify for pay progression. This has a negative impact considering the fact that even if one is on the top notch his or her performance is still being monitored and is to be sustained. Enhancement of performance has seemingly lesser value to employees in this study than monetary rewards. This eagerness to get money creates conflict

between employees and the managers or supervisors considering the following response:

“We become bored when it is time to sit for the reviews because we are afraid of being underrated as that means they we not going to get pay progression.”

That showed well that everyone just wants money irrespective of the standard of performance, quality of patient care or general working conditions which negatively impacts on the institutional performance. Sefora’s (2013:104) findings report the existence of conflict around ratings that were tied to wrong perceptions or fear of demotion or under pay. One of participants in the first focus group asked the researcher the following question;

“How can you get that highest score “?”

This question showed that the focus was on being scored high rather than striving for it through good or excellent performance. The purpose of the tool was misunderstood and poor insight of its broader and long term benefit. Participants kept on saying,

” we are afraid of being under rated because one is not going to get pay progression.”

These recurring responses denoted that health care workers were eager to qualify for pay progression more than performing well and getting job satisfaction as a result of doing what satisfied the patient and the expectation of the employer. A respondent in Munzhedzi’s (2011:74) study, stated that the hope to be rewarded motivates one to increase the level of performance. Deducing from participants’ responses of the present study unlike Munzhedzi’s (2014:74) respondent, eagerness for monetary rewards outweighs the zeal for improved performance as evident in this focus group member’s statement:

“I think we are going to be more interested in this PMDS if the government can give us something like eh... a thank you salary and state the exact dates when we can be paid”

The other group members added saying, “a thank you cheque.”

It was evident that all nurses even the satisfactory performers were so keen to rate themselves 5. One of participants in a study conducted by Sefora (2013:116), states: *“you will find out that a person would want to get let’s say a 5 which is an excellent score or maximum score only to find that a person is a 3.”* This response was similar to that of a participant in the second focus group:

The same participant who enquired about achieving the highest score stated:

, “so you must write a proof, there must be an accompanying letter stating the reason why you give yourself that score, if you give yourself 2 you find that it is lower score, you are not sure whether to put 3 or 4, you can’t put 5 at the same time because the supervisor will ask why because that is the highest score so you are not sure about the score that you can give yourself.”

Some nurses do lack understanding of the purpose of the PMDS and its benefits. It was clear that even the excellent performers were hesitant to score themselves as high as 5 because they probably felt that writing the supporting evidence was an additional task. According to Sefora (2013:102), PMDS evaluation still lacked objectivity in that the rated scores were in such a way that one gets the pay progression without producing evidence for the higher than 3 scores. In agreement with the present study, Sefora (2013:103) contends that participants do not produce evidence in avoidance of extra paperwork. This study revealed that participants did value 1% salary increase which encouraged them to comply with the system but its effect on performance improvement was still obscure or minimal. Contrary to the findings in this study, Sefora (2013:99), uncovered the lack of likelihood that participants can be motivated by 1% salary progression. Munzhedzi (2011:74) asserts that the hope to be rewarded does encourage one to increase the level of performance. Therefore this study showed that 1% pay increase de-motivated those who were already on maximum notches who did not get it. Performing well and not getting pay progression because one has reached the top notch was frustrating as described by participating professional nurses.

4.8 THEME 3: NEGATIVE EXPERIENCES

Participants expressed suffering frustration from various sources around the process of contracting and being reviewed.

4.8.1 Frustration

Most of the participants view the PMDS tool as a source of frustration in the workplace in that it required workers to do well despite the bad conditions under which they performed their duties for example scarcity of resources. It was apparent that they found it not easy to rate themselves despite the guide provided to assist them in doing so. Another source of frustration as explained by them was having to perform duties which were beyond their scope of practice such when a nursing assistant having to perform duties that are supposed to be performed by a PN like putting up an intravenous infusion. The participant stated that:

“There are some hiccups where you delegate somebody to do this then they say they are unable to do it because of the experience or they do not have the potential to do the work so we have to demonstrate something to somebody so that they gain the potential, also though they have the potential there are challenges that whenever we are doing our jobs at work you find that some of them are beyond your scope of practice, those are the challenges that we also experience at work.”

The transfer of tasks to less qualified nurses to ensure achievement of high productivity was reported as a challenge because of high risks and exposure of patients to hazards or poor care.

According to Matsiliza (2015:125), productivity is an important aspect of economic development of a country in public sectors. The size of the units is frustrating because the hospital is small and so the units. One of the participants stated that the units do not have enough space for free movement between beds due to overcrowding. Having to write many papers starting from the contract to four reviews then performance

appraisal, it becomes worse when they were supposed to write only to find that there were no papers.

“I write and write and write”,

These were the words of one of the participants who looked very frustrated when she was narrating her story to the researcher. The other participant in the individual interviews pointed out that:

“Sometimes the supervisor does not tell you anything will just say, “go and write,” so it’s boring me.”

The other participant exclaimed:

“I like to write PMDS but the problem is time because at home I become very tired and when I write it, I go to my supervisor for it to be signed, my supervisor is busy in the ward taking a long time to sign and delaying submission of it, so it’s boring.”

Contracting, reviewing, doing performance appraisal, submitting the whole completed document to Human Resource office then when it is time for the moderation committee to meet, other documents are not there, was another source of frustration that was demotivating nurses as participants. This was evidenced by the following statement:

“I feel bad when my PMDS document gets lost because I have to re write what I have already written and I will ask my supervisor to re-sign.” Participants do not like the tool as a result of the mentioned negative experiences. The implication is that the frustration experienced by nurses does affect patients who are already frustrated as a result of being ill and hospitalised. This also does have an impact on the managers who were responsible for performance improvement through human resources utilisation which was impossible if the work force was de-motivated and uncooperative.

4.8.2 High level of stress

Stress is a response to the presence of a stressor and a stressor is a demand or internal stimulus that threatens a person's personal security or self-integrity. Stress reduces the efficiency of cognitive functions and access to previous knowledge (Arnold & Boggs 2011:392). Some of the stressors have already been alluded to earlier in this chapter for example difficulty in calculating the scores.

One participant's statement is that:

"It's difficult to meet my supervisor because the ward is full... there is no time for my supervisor to assess me on PMDS, eh performance reviews."

Participants stated that they submit late not only because of time constraints and laziness but also due to shortage of stationery. Staff shortage resulting in nurses being overworked as many tasks have to be performed by few nurses is said to be stressful as evidenced in the following statement;

"You cannot perform as you want because of shortage for example OPD is short staffed and there are doctors who need interpreters among nurses. Sometimes in the general ward there is one professional nurse, a staff nurse, a nursing assistant because there is shortage of all nurse categories. What is a challenge is when you want to perform is shortage of equipment and as I said before we have shortage of staff, so it's something that hinders my performance from becoming excellent but I try by all means."

Ordering equipment and not getting the required items was reported to be stressful to them and it was aggravated by the supervisors who did nothing about it when told. Finding out that even the supervisors were not clear about the whole PDMS process was a source of stress.

"When the supervisor says, "there is nothing that I can do, what are you supposed to do."

The above statement connotes that this participant's cognitive functions have been reduced as a result of stress (Arnold & Boggs 2011:392).

“If the supervisor is not sure about this PMDS for example when we need a signature and find that she is not clear about this, that is how to sign and how to score what are you supposed to do?”

These statements depicts that lack of support by supervisors emanating from their insufficient knowledge of the system and probably the insufficient knowledge of the procurement processes stressed the supervisees who ended up finding themselves in a situation in which there was no one to turn to for assistance. Being told that you did not write correctly and you have to correct without being told how to do so was viewed as stressful. Poor isolation facilities as another source of stress that triggered fear of cross infection in the institution. This was against the administrative controls which guaranteed that patients who were likely to have tuberculosis were rapidly identified, placed into appropriate airborne isolation, diagnosed and put on treatment. These guidelines also stressed the importance of case identification and early isolation (Sydnor & Perl 2011:18).

“There is shortage of houses [isolation room] in the hospital and it does affect me for example in TB ward there are confirmed and suspected patients in separate rooms but in one block, windows are opened and their toilets and bath rooms are not separated, they all use one ablution block.”

According to Arnold and Boggs (2011:395), a primary stress appraisal that is defined as including threat or harm or losses that are anticipated but have not yet occurred. Fear of cross infection has not yet occurred but is anticipated because the resources (isolation facilities) in the institution that can reduce the likelihood of cross infection were not available. Nicol, Bavin, Cronin, Rawlings-Anderson, Coleand and Hunter (2012:19), connote that infected patients should be nursed in a single room with en-suite toilet shower and washbasin which is not the case in the research site.

There is a participant who highlighted getting confused when it comes to writing dates in his statement by illustrating that:

“It is confusing, when I’m writing it I get confused and when my manager is not here, it is difficult. What is difficult is writing dates. If the date is wrong PMDS cannot be handed over to the officials.”

A study conducted in Limpopo Province on the construct revealed lack of understanding of the system by supervisors and supervisees concurring with findings from this study (Munzhedzi 2011:78).The system was perceived as confusing and those who become confused find it difficult to move on.

The other one proclaimed:

“When we submit the contracts especially the reviews, you are not sure about those dates. If you ask someone you find that no one is clear in so much that I always leave these dates because no one is clear about them.”

Supervisors’ lack of commitment to the tool that is not making time to sit down with subordinates to contract, review and sign on the correct dates was reported to be stressful to supervisee.

4.9 THEME 4: POSITIVE EXPERIENCES

The participants reported positive experiences which were somewhat accidental as the researcher did not expect them which meant that this study revealed both negative and positive experiences. A study that was conducted on staff nurses’ perception and experiences about structural empowerment is in disagreement with the present study as it identified negative perceptions and experiences only from the participant’s view point (Van Bogaert et al 2016:).This section presented the discussion of the participants’ positive experiences.

4.9.1 Enhanced relations

Relation is the connection between persons or groups of people which is the way how people feel or behave towards one another or groups of people towards each other

(Cambridge advanced learner's dictionary (2008:1199).Some Nurses stated that PMDS kept managers and employees connected to one another as evidenced in the following citation:

“Yes as I have said, it is a very good tool for management because it rebuilds that relationship between the supervisor and the supervisee because the supervisor is always having something to tell you, is always having something to equip you with.”

The performance review meetings that were held quarterly to conduct reviews do enhance relations between nursing managers/supervisors and nurses. From the participants' point of view the process kept them in touch with one another positively.

During these interactions, supervisors got to know their subordinates' strengths and weaknesses. According to Bensing (2016:1), the primary objective of the evaluation conference is to build the relationship of trust between nurse managers and nurses that is necessary for mutual goal setting and achievement of same. The trusting relationship facilitated and maintained professional working relationship. The challenges that nurses come across were brought to light during the review sessions. Planning to overcome the identified challenges enhanced relations between supervisors and employees.

4.9.2 Learning experience

Learning is defined by Creasia and Parker (2007:240) as a change in meaning of ideas or concepts that are based on previous meaningful experiences. Learning is referred to as a natural process that occurs in daily life from various sources (Erasmus, Loedolff. Mda & Nel 2008:3). Exchange of views and opinions occurred during performance review sessions and this was where learning took place. Participants reported that they did learn from contracting and reviewing because when contracting they extracted the KPAs from their job descriptions which some of them were not even aware of them. Some were reading their job descriptions for the first time. As stated by the participants, this tool put nurses in a better position in which they know what they are supposed to be doing and what their subordinates are required to do under their supervision.

Participants confirmed that during contracting and review sessions both parties learnt about their strengths and weaknesses as expressed in this excerpt.

“Requirements are... I learn about their challenges as stated by them. With the reviews eh... I have gained a lot in that I have to know my subordinates for example I converse with my subordinates, I know what their challenges are, that’s what I ‘ve gained from the reviews, even myself when I sit with my supervisor I learn what my strengths and weaknesses are. I gain a lot from the supervisor because the supervisor will tell me where I’m strong and where I’m weak.”

This statement connoted that learning did occur during contracting and review sessions for both supervisor and supervisee. Nurses learnt from formulating KPAs, doing ratings and calculating the ratings.

“It is a good tool to monitor and to assess how competent our workers are, and to identify the skill lack.”

It is evident from the above statement that there were nurses who learnt from the process and who were enthusiastic about its effect on their performance. Participants expressed that Performance Management interactions provided an opportunity for skill deficiency and identification on which to base future training and personal and professional development plans. As evidenced in participants’ statements the areas that needed improvement were identified during these interactions. It assisted managers in determination of subordinates’ in-service training needs.

“It teaches us to develop our skills, to perform well, to prevent as much as you can the adverse events in ward situation. It teaches you all what is pertaining to your work environment so learning is continuous because whenever you’ve been found to be lacking a skill the supervisor is always on the guard assisting you so that you know how to do things the right and the proper way.”

Paile (2012:84) contribute that Performance Management provides a means that assist managers in the determination of skills shortage in congruence with above statement.

4.9.3 Skills development

Some participants did view the tool as empowering and that developmental needs were identified during reviews resulting in granting of study leaves, sending nurses to seminars, workshops and short courses. In contrast with the current study, Lutwana's (2011:1) findings reported that participants experienced limited career progression or any learning opportunity. Participants of this study reported that supervisors do promote career progression for which they indicate appreciation as evidenced in the following statements:

“Performance Management and Development System develops your mind, it develops your performance at work, it makes you know what you are supposed to do at work, in fact it makes you know more ,it makes you want to do more, it improves your skills at work despite the shortage of human and material resources, even if there is shortage of resources you improvise.”

“It teaches us to develop our skills, to perform well, to prevent as much as you can the adverse events in your work situation.”

Participants also reported the high support of training opportunities which is one of their positive experiences as stated by one of the participants:

“I like PMDS, what I like is that my supervisor can recommend that I go for training.”

This positive part of the tool results in participants viewing it as really developmental since they saw its practicality. The skill deficiency identified assisted in choosing who must be sent to work shops, long or short courses and review of study leave policy which will benefit the institution in the long run.

One participant mentioned that:

“There is a lot of benefit during the interview with your supervisor, there is a lot of learning because where you are not successful it is where your development starts.”

A study on PMDS conducted in Ireland in Topaz retail company By Kelly (2012:45), concluded that managers talk with the employees continuously and that if training is required in any area they support that and make that provision. The difference with the present study is that supervisors meet with supervisees to review performance only on quarterly basis like in Ireland which means that skill deficiencies become known only at the end of the quarter. In Argos (Kelly 2012:47) the reviews are conducted yearly which may defeat the purpose of identifying training needs on time but they still utilise the evaluation information as feedback to important stake holders. All these studies indicate that participants do benefit from performance reviews no matter how frequent they may be and this contributes to skills development.

4.9.4 Knowledge acquisition and self-development

Knowledge is defined by Hebda and Czar (2013:2), as the synthesis of information that is derived from several sources to produce a single concept or idea. Prior or existing knowledge is usually the starting point for new knowledge. When new information comes into the brain it makes sense by connecting it to what is already known otherwise one cannot fully understand it (Gravett 2005:32). Participants' knowledge of PMDS contributed to new knowledge acquisition and understanding during reviews and appraisal interviews. This was made possible by creating a climate of mutual trust between supervisors and subordinates which is one of the goals of Human Resource Management (HRM) (Armstrong 2014:5). Self-development is gradual development of person's character or abilities to perform as expected. Knowledge gained from trainings nurses get exposed to, does motivate them to continue complying with the tool for sustenance. The exchange of ideas during interview meetings facilitated knowledge impartation with the parties gaining new information from one another on the performance level as well as dealing with barriers to productive performance (Eastern Cape Province 2007:36).

Communication is defined by Arnold and Boggs (2011:163) as a combination of verbal and non-verbal behaviours which are integrated to share information. Communication is referred to by Arnold and Boggs (2011:163) as sharing valuable and transforming

information in context. The information sharing during quarterly reviews between supervisors and those being supervised did set a stage for identification and reaching consensus on the employee development and improvement needs (Eastern Cape Province 2007:36-37).

The two way interaction that occurred between the two parties during performance review meetings promulgated the acquisition of knowledge and resultant self-assurance as stated by participants. Guidance, mentoring and coaching occurred that assisted nurses to grow professionally and to continue performing their duties despite the scarcity of resources which is evidenced by the following statements:

“I’m very keen to know more, I always want to perform and improve my skills and my performance at work”

“Even if there is shortage of resources you want to do something, you improvise.”

Performance feedback received facilitated knowledge gain as to how things should be done in future and during this process they gradually understood the PMDS. Paile (2012:85) concluded that subordinates are encouraged to attend seminars and workshops to address underperformance which is viewed by subordinates an appropriate intervention. Participants in this study also appreciated such a development effort that aimed at the improvement of performance. An excerpt from one participants was that:

“When my supervisor is telling me that I’m wrong I accept and tell myself not to do it again because I like being told rather than the supervisor going behind me.”

4.9.5 Clarification of the PMDS process

Performance Management and Development System was seemingly not easy to be conceptualised especially by the lower category of nurses and was often misunderstood or its purpose misinterpreted. As evidenced in the study, professional nurses demonstrated a better understanding of the process than the other two categories. Participants stated that it was difficult; one of them even said that it is sophisticated.

Those who find it difficult to formulate the KPAs are guided during interactions with supervisors. Errors are identified and corrected through in-service trainings which were conducted on site. Discussing with supervisors during review sessions, showed mistakes and how to rectify them brings about clarity and develop their confidence. Those with better understanding provided clarity to their supervisees through constructive feedback and corrections. Nurses who were not clear about the system improved as they met now and again with supervisors and got corrected.

One participant who is a staff nurse expressed that:

” when my supervisor is correcting me when I’m not doing good I say thanks because I will improve where I’m not doing good, I will try all my best to improve my work because if my supervisor is not telling me I will not know.”

This statement denoted that there were individuals who experienced the process positively and were passionate about it. As stated by some of the participants that the knowledge that some of the supervisors possess was still insufficient as stated by one of the participants (a professional nurse) that:

“The KPAs sometimes may look like the actions so you have to differentiate now, what is an action and what is a KPA, so it is not easy.”

Another participant suggested that:

“There should be in- service training now and then so that people do not forget what is entailed in the...”

It is clear that there was still a dire need for continuous in-service training as suggested by participants in this study so that everyone at all levels understands its implementation for enhancing quality and development of staff in line with the strategic plans of their institution. Munzhedzi (2011:97), concluded in his study on PMDS that although majority of officials have not acquired sufficient understanding of the system, contracting and reviewing becomes a learning opportunity for all.

The findings are summarised on figure 4.2.

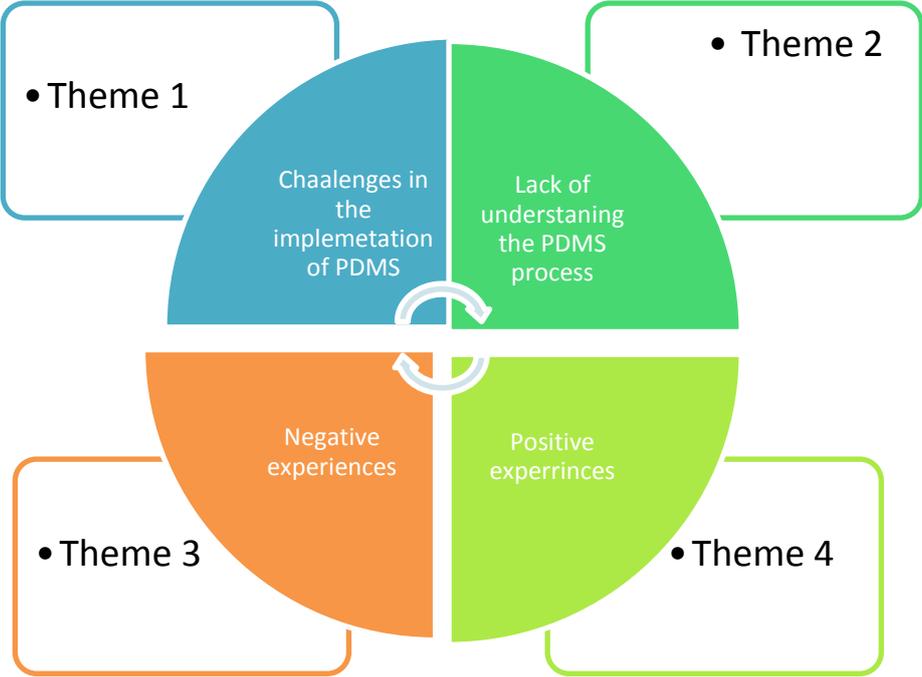


Figure 4.2 Identified themes

These themes and sub-themes on Figure 4.2 guided the formulation of guidelines so that the contributions of nurses were recognised and rewarded appropriately.

4.10 CONCLUSION

In summary, this chapter highlighted the qualitative data analysis process according to Tesch’s eight steps of data analysis cited in Creswell (2014:198-199). Data was prepared, organised, sorted, managed coded and analysed until themes and sub-themes emerged and meaning units utilised to arrive at findings and meaning attached. The findings in this study formed the basis for the discussion and the development of guidelines for how the practice of contracting and doing performance reviews by all nurse categories can be improved.

CHAPTER 5

DEVELOPMENT AND PRESENTATION OF GUIDELINES FOR IMPROVEMENT OF CONTRACTING AND DOING PERFORMANCE REVIEWS

Creativity cannot be really regulated, but it can be encouraged. The management and redevelopment of performance of the workforce is an art. It depends on the individual strength of a place and the will of the leadership to bring about chance. The goal is to establish a performance management infrastructure.

(Charles Landry)

5.1 INTRODUCTION

The previous chapter had a focus on data analysis and the findings of the study. This chapter presents the guidelines that suit the nursing context. These guidelines were developed to assist the managers in their efforts to foster compliance with PMDS. This is done in realisation of one of the objectives of the study which is the development of guidelines suitable for the nursing context as it became evident from the findings that the implementation of the tool is flawed with many challenges which need to be addressed. The study's findings provided evidence on which to base the development of guidelines (Robertson 2007:3).

This chapter is based on the process and method followed to develop and validate guidelines for improvement of performance of nurses by their cooperation to contracting and doing performance reviews. The final objective was reached when the guidelines were developed based on the findings and validated by experts using the Delphi technique, supervision by study promoters and by participants through member checking against the ethical standards of the academic institution.

Guidelines are defined by the WHO (2014:1) as documents that are developed based on the recommendations for clinical practice or public health policy. They are

fundamental means through which organisations fulfil their technical leadership in health. Recommendations for the guidelines are intended to give end-users clear guide of what could and should be done in specific situations to achieve the best work life for nurses and better health outcomes possible for individuals or groups regarding priority, selection and use of resources. In addition, Schunemann, Ahmed and Morgan (2011:7) define guidelines as recommendations intended to assist providers and recipients of health care and other stake holders to make informed decisions. These recommendations could be related to clinical interventions, public health activities or government policies (Schunemann et al 2011:7).

5.2 GUIDELINES

In this study, guidelines were developed from the findings, conclusions made including current literature on the study phenomena. Therefore, guidelines in this study are standards, rules and advice to be followed by nurses working in the study context through effective use of the PMDS tool.

5.2.1 Characteristics of guidelines

The criteria for guideline development considered the following characteristics:

“Purpose; scope; point at which guideline is developed relative to the span of intervention; the organisations or entities developing guideline; the presence in the guideline of new versus previously published recommendations and the timeline” (WHO 2014:3).

In this study, guideline formulation or development considered types of guidelines, principles of developing them, target group, purpose, method used and the process of guideline formulation.

5.2.2 Types of guidelines

According to the WHO (2014:1), uncertainties regarding what to do or how to make a choice from among a range of potential policies or interventions may trigger the need for guidelines. Such uncertainties may arise from the uncovering of new evidence, lack of quality evidence, no evidence at all or change in resources and access to services as is the case in this study. There are four main types of guidelines which can be developed based on the required characteristics namely: standard, consolidated and interim guidelines as well as guidelines produced in response to an urgent need (WHO 2014:3). However, in this study *standard guidelines* were developed.

5.2.2.1 Standard guidelines

In this study, standard guidelines were intended to cover clinical policy as concerning various aspects of the implementation of the PMDS tool for performance improvement. These guidelines differed in scope and focus and they addressed challenges that nurse experience in this regard. They sought to reinforce the need for nurses to cooperate on contracting and doing performance for their benefit, that of patients and the organisation as a whole.

5.2.3 Principles for the development of guidelines

The following principles (WHO 2014:2) were considered when developing the guidelines:

- They addressed an area of uncertainty and unmet need for guidance on how nurses can effectively participate in the PMDS. They reflected the core value of the improvement of job satisfaction and improvement of quality of work life for nurses.
- The process of developing recommendations for implementation of guidelines was explicit and transparent such that the user can see how and why a recommendation was developed, by whom and on what basis.
- The process of developing guidelines used a multidisciplinary approach by firstly utilising the findings and included input from stakeholders and experts on the field of research as identified in literature.

- The processes used in each step of guideline development aimed to minimise bias in recommendations by utilising the study findings.
- Recommendations were based on a systematic and comprehensive assessment of the balance of policy or intervention's potential benefits and harms and explicit consideration of other relevant factors in relation to doing performances reviews.
- The evidence used to develop guidelines will be made available to the public through the research report that will be available at the library, research articles for publication in journals of like-minded scholars.
- Recommendations made can be implemented in and adapted to the various units of the study context and to other disciplines or other related settings and contexts.
- These guidelines were tailored for nurses to guide them, supervisors who implement the PMDS tool, public health policy makers, health programme managers, other health care-providers and other stake holders (WHO 2014:2).

There were two types of target groups that were intended as consumers of the guidelines who were primary and secondary.

5.2.4 Target group

Target groups for whom guidelines are intended in the health care arena are generally for public health policy makers, health programme managers, health care-providers, patients, care givers, the general public and other stake holders (WHO 2014:2). However, in this study they were tailored for all categories of nurses and their supervisors who conduct the reviews and score nurses for monetary benefits as primary users and secondary groups as users of the guidelines or beneficiaries are patients, nurse leaders at higher levels and the entire organisation as evidenced on figure 5.1.

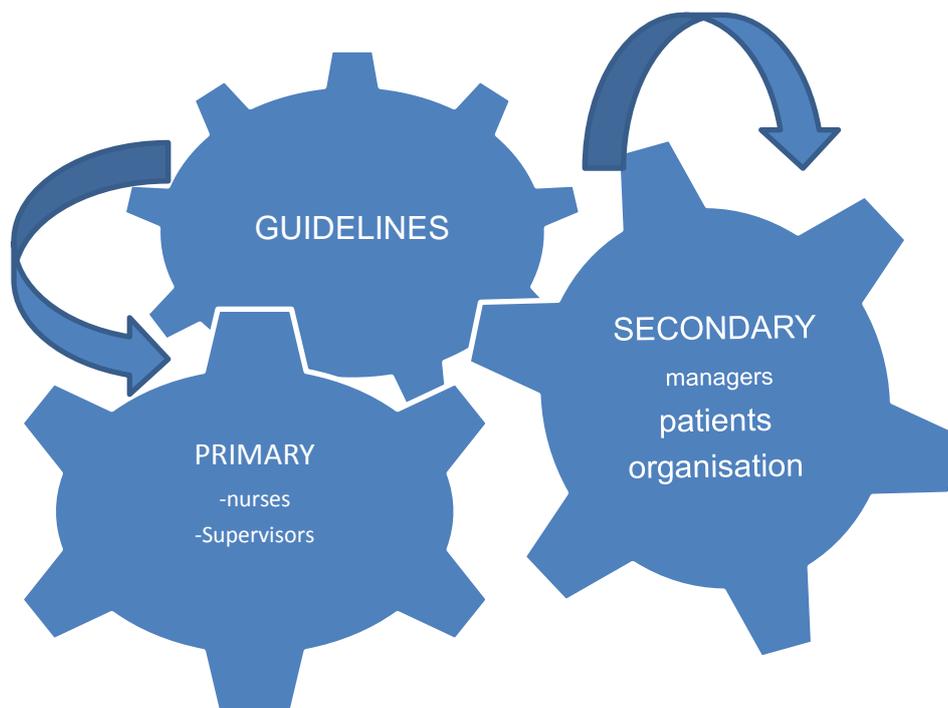


Figure 5.1 Primary and secondary target groups

Target groups are beneficiaries of the guidelines. Criteria that were followed in developing the guidelines included Clarity, simplicity, specificity, applicability, flexibility, achievability and validity (Annexure G). This criterion was used by experts to validate the guidelines.

5.2.5 Purpose for the development of guidelines

The purpose of developing these guidelines was therefore to:

- Empower recipients through workshops and training to enhance proper use of the PMDS tool, understanding it and its purpose, accuracy in scoring, self-assessment and improvement of quality of performance.
- Enable the nurse to do self-evaluation and structured discussion_aimed at personal, professional and individual career development.
- To enhance the review process to allow the identification of the nurses' potential and growth within a supportive framework. Provide a framework for examining

the quality of their performance and how structures, processes and outcome influence it and address related challenges.

- Provide insight that following from the benefits of the quality review process the PDMS should provide an on-going opportunity for each nurse to take time to consider their contribution to the hospital and how this contribution could be enhanced within a developmental framework (National university of Ireland 2006:5).
- In essence, the guidelines should help nurses identify for themselves how they are contributing and how they can do this better with evidence.

Collaborate the need to promote reflection on own self and on their role and practice, to use cognitive skill for decision making and problem solving, affective skill for empathy and in their interaction with parents and children during GDM.

5.3 METHOD FOLLOWED TO FORMULATE THE GUIDELINES

A comprehensive and systematic search for existing guidelines developed was done and no related guidelines were identified. Guidelines of this study were however drafted following the WHO (2014:1-5) hand book for guidelines development suggested format for best clinical practice. A 3 step process was followed in developing a rationale, activities for implementation and expected outcomes which were evidence based, cost effective for implementation and application on cited population as beneficiaries. They were sent to 3 relevant experts for formal quality appraisal and feedback using set criteria (see annexure G). A decision was taken for adoption and/or adaptation of best practice recommendations for hospital nurses, and a pilot implementation testing of the guidelines was suggested at the study context.

5.3.1 Context inductive reasoning

Inductive reasoning is described as a process of reasoning from specific and concrete observation to more general theoretical explanations (Grove et al 2013:696) Observations that were made in this study from specific instances of the data were used to draw conclusions about the entire project. A sample was observed and

conclusions made about the population from which the sample was drawn from. Context inductive reasoning was used to draw concluding statements from the findings which provided guidance on the rationale under each guideline formulated (Delpont & De Vos 2013:49; Polit & Beck 2012:1).

5.4 FORMULATION OF GUIDELINES TO FACILITATE PERFORMANCE APPRAISAL COMPLIANCE IN THE NURSING CONTEXT

Compliance with the PMDS system resulting from implementation of the developed guidelines will ensure that the use of human resource assets is maximised (Eastern Cape Province 2007:1). The research findings revealed that the implementation of PMDS is having many challenges which need to be addressed. The managers do require adequate information on how to promote compliance with the tool and a culture of good and even excellent performance. Therefore the target group for these guidelines development is all the categories of nurses who contract and do performance reviews and their supervisors. Secondary consumers of the guidelines are all the health care managers, workers, policy makers who have a legal and moral obligation of striving to improve health care in the institution of study (Parand, Dopson, Renz & Vincent 2014:2).

The guidelines presented here were a synthesis of guidelines developed by the researcher from the summary of conclusion statements of phase 3 of the study and enriched by the information from the meetings with participants who participated in phase 3 of the study for validation of findings through member checking. The guidelines were primarily based on the themes and sub-themes that emerged and meaning units which were the verbatim quotes from the participants to achieve the third objective of the study.

5.4.1 Description of the guidelines

The development and implementation of these guidelines will benefit not only supervisors and employees but also the institution as a result of the efforts of its

constituents. The development of the guidelines was based on the four (4) main themes which emerged during data analysis.

Summary of themes is illustrated in box 5.1.

BOX 5.1 Summary of the themes that emerged from the data

- Challenges in the implementation of the PMDS
- Lack of understanding the PMDS process
- Negative experiences
- Positive experiences

THEME 1: Challenges in the implementation of the PMDS

GUIDELINE1: Provide guidance on how the PMDS tool should be implemented in order to complement and not displace current good practice of nurses by providing a structured process and effectively record that process.

Rationale for implementation of the guideline

To ensure that nurses willingly contract to do performance review for self-evaluation and engage in structured discussions with supervisors

Activities for implementation of the guideline

- Supervisors to commit themselves to the success of the implementation of the PMDS tool for organizational success and promoting compliance with the process as role models.
- The supervisors should communicate the organisational overall objectives to employees who should be assisted with translating them into individual targets.
- Supervisors should assist through identification of performance obstacles in achieving objectives and address them.
- While conducting performance review meetings the supervisors should start with any positive conversation with the employee to establish rapport, appreciating the areas of acceptable performance then criticise poor performance constructively and end the conversation with a positive comment.

- Employees should be listened to and given time to share ideas regarding performance improvement with their supervisors.
- Supervisors should provide unending support to employees as frequently and as regularly as possible on performance.
- At the contracting phase supervisors must ensure that the goals set by the employees are measurable, achievable and time bound.
- Provision of or soliciting on going feedback throughout the performance review period should be a joint effort between supervisors and employees.
- The feedback discussion should focus on employee's performance not on personal characteristics. The supervisor should commit her or himself to addressing developmental needs and to providing the required resources.
- The supervisor and employee should end the review meeting with a mutual agreement on what will be done so that the employee can reach a higher level of performance.

Outcomes

Formal and informal two way communication process between managers and employees for effective application of the PMDS tool

THEME 2: LACK OF UNDERSTANDING OF THE PMDS PROCESS

GUIDELINE 2: Foster correct application, interpretation of the PMDS tool and calculation of scores.

Rationale for implementation of the guideline

To ensure precise rating calculation based on the procedure guideline specific for the assessment rating calculator in the case of the Key Performance Areas (KPAs) that , the maximum number for the KPAs be weighed individually making sure that they are rated according to the extent to which each specified criteria have been achieved using the five point scale.

Recommendations for implementation of the guideline

- All the unit managers should be trained to use this form of calculation and be continuously in serviced till they become competent.
- Total score should be used to determine the level of performance of each employee and assist management and the skills development facilitator in deciding what has to be done whether performance needs to be improved or be sustained.

Outcome

Correct score calculation based on set criteria to bring about fairness, progress and future planning.

Sub-theme 4.1.6: Time constraint and a lot of paperwork

GUIDELINE 3: Encourage proper use of time and resources, honouring appointments for reviews timeously with compliance to the PMDS standards, policies and protocol for consistent, accurate and effective implementation of the tool.

Rationale for implementation of the guideline

To ensure compliance with the standards, policies and criteria of using the PMDS tool for performance improvement

Activities for implementation of the guideline

- Consistently contract and does performance review by completing the PMDS document as guided with good supervision.
- Making all efforts to reduce paperwork in order to reduce stress and strain among employees to avoid time to be consumed by completing a document with many papers while patients require services.
- The separate sheets on which ratings are documented should be attached to the first review to be completed for the second, third and fourth quarters to save time spent writing the same information.
- Nurses who experience difficulties in formulating the Key Performance Areas (KPAs) should be assisted and supported by their supervisors
- Apart from assuring compliance with PMDS, performance monitoring should be continuous to meet performance standards and other organisational requirements through effective use of the resources at their disposal.
- Supervisors to provide on the job training to address lack of understanding of the tool and lack of skill in task performance focused at improving productivity
- The employees should be encouraged to make extra copies to keep with themselves in case the original document gets lost as it becomes even more time consuming when one has to complete the document for the second time.

Outcome

Improvement in service delivery.

THEME 4.2: LACK OF UNDERSTANDING OF THE PMDS PROCESS

Guideline 4: Promote understanding on how to implement the PMDS tool effectively and efficiently.

Rationale for the need to know and understand the implementation of the guideline for better work life for nurses and better patient care outcomes.

Activities for implementation of the guideline

- Conducting trainings before each quarterly review will ensure that nurses sit for reviews while the information is still fresh in their minds.
- Trainings should include all nurse categories but the lower categories should be trained as regularly as possible as it is evident from the findings that all of them still lack understanding of the tool
- During training, nurses should be given copies of job descriptions and taught how to extract KPAs from the job descriptions and be trained on how to formulate them.
- All nurses be properly trained about the PMDS matters and drive the process forward on their own
- Training on rating should be commenced and should involve all nurses to build the confidence of the raters and it also creates a uniform understanding of the rating strategies.
- The knowledge acquired as a result of training will motivate supervisors to effectively implement the system
- Training nurses in different specialties can be useful in addressing diverse patients' health care needs
- To ensure that training is focused it should be linked to the identified performance gaps
- Lifelong training updates nurses about the diverse health care needs and the developments in the nursing field
- Proper and continuous needs based training of employees in PMDS will change their perceptions of the process
- A trusting relationship to prevail among colleagues and among the supervisors.
- If employees trust their supervisors, that can make things easier for them to share their social problems which affect their performance.
- Floating trophies given to units to recognise their good performance achievements can create good feelings among team members.

Sub-theme 4.2.3: Performance enhancement versus monetary benefits

GUIDELINE 5: Financial rewards should be used judiciously with more focus on non-financial recognition which promotes sustainable employee motivation.

Rationale for implementation of the guideline

To ensure empower that people are paid according to the degree to which they contribute to organisational performance.

Activities for implementation of the guideline

- Apart from employing the listed criteria for eligibility, financial and non-financial rewards policies that support the achievement of organisational goals should be developed and made available to all employees.
- Be aware that non-financial rewards satisfy the needs people have, including opportunities for personal growth, acceptable working conditions and other intrinsic motivators.
- Note that pay progression is awarded to employees who are still within the salary range in their positions.
- The non-qualifying employees' performance should be recognised extrinsically in the form of praises which immediately reinforces behaviours a supervisor wants to be continuously repeated.
- Empowerment strategies should include: giving nurses the authority to develop goals as well as assisting them to obtain the resources that they need, so as to continue performing well.
- Job enrichment creates an intrinsically rewarding work environment for some employees.

Outcome

Provide a systematic review when using the PMDS tool that will attract satisfaction from nurses with both financial and non-financial rewards

Sub-theme 4.1.5: Shortage of resources

GUIDELINE 6: Motivate for supply of adequate equipment and material resources to enhance better performance.

Rationale for the implementation of the guideline

To enhance the best performance by nurses and provide quality care to patients in the units, they need adequate staff and equipment that is reliable and in good condition.

Activities for the implementation of the guideline

- Proper planning and decision making as to the percentage of nurses to go for trainings and how many to remain and wait till the other group come back.
- Supervisors should provide employees with the tools, training and information they need on PMDS to succeed
- Supervisors should join hands with the HR team in recruiting and employing nurses so that the extra hours that the existing staff work, can be reduced to give nurses more time of focusing on the tool.
- Employees' issues should be addressed in a proactive and timely manner which will ensure that they are resolved to avoid absenteeism
- Nurses to plan and write memos for future provision of equipment, improve procurement practices, purchase and replace material resources.
- Practice good control through constant reliable inventory and maintenance to sustain the use of these material resources for preventive care in a cost effective manner and for the sustainability.
- Advocate for enough supply of appropriate stationery,
- The copies of PMDS documents should be made available well before hand so that no one will have to wait for those when it is time to contract and when quarterly reviews are due.
- The results of the environmental audits should be used to assist nurses in the manipulation of the environment to suit the staff members' needs and those of patients

- Time is another resource which should be adequate and allow employees to perform their jobs, complete contracts and to sit for reviews

Outcome

Adequate provision of needed staff and material resources to minimise a risk of omission and poor performance due to scarcity or use of faulty equipment.

5.5 CONCLUDING STATEMENTS

In conclusion, these guidelines should improve the quality of care in relation to structures, processes and yield outcomes that will improve the quality of performance by nurses in the different units. Although the major construct of the study was about the experience of nurses with contracting and doing performance, the findings revealed more of structural and process related challenges. These challenges impacts on the desired performance level of nurses. However the finding on positive experiences was accidental and makes a valuable contribution to the body of nursing knowledge in this regard.

The rationale referred to the goals intended to be achieved by the implementation of the guidelines.

Recommended activities in this study were based on the findings and literature reviewed on the study construct and was contextually adapted to nurses working in hospitals.

Outcomes in this study reflected the findings of the experience of nurses with the implementation of the PMDS process in relation to their performance to be aligned with the set goals of organisations. However, nurses who are continuously exposed to an environment of staff shortage with substandard equipment are likely to have moral distress which leads to their poor performance related to their practice.

5.6 CONCLUSION

This chapter comprised of the guidelines intended to contribute in the improvement of performance of nurses through development and reviews. The guidelines were aimed at empowerment of nurses including supervisors as beneficiaries of the guidelines, who conduct the reviews on the improvement of nurses on reviews.

Chapter 6 focused on discussions, summary of findings, final conclusions, recommendations, limitations and implications.

CHAPTER 6

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

6.1 INTRODUCTION

Chapter 5 dealt with the development of guidelines to empower nurse clinicians to meaningfully do contract and reviewing of performance for own, patients and institution benefit. Chapter 6 presented the conclusions on findings, recommendations of to nursing practice, education and research. The fundamental goal of PDMS is to promote and improve employee effectiveness at the work environment. It is a continuous process where supervisors and employees work together to plan, monitor and review an employee's work objectives and their overall contribution to the attainment of the strategic goals of their units.

6.2 Justification of the study

The research objectives of this study were to:

- The experiences of PNs, EN and ENAs of contracting and doing performance reviews were explored and described
- Significant challenges related to PDMS particularly contracting and doing performance reviews were identified as busy work schedules, difficulty in calculating the scores, lack of supervisor cooperation, shortage of resources and time constraints
- Guidelines that were suitable for the nursing context to improve participation of nurses in the PMDS strategy for better performance were developed

However, the main focus of this study was on the most important construct known as contracting and doing performance reviews through the implementation of the PDMS in the health care particularly in the public sector. Managers are seen as struggling to strengthen compliance to this process by nurses for various reasons which is the one

that any employee at all levels has to fight to ensure achievement of organisational goals. Health care institutions are there for a mission that will never be over as long as people are there in need of the health services. To achieve the desired goals, health care institutions rely on its constituents' commitment to their service and productivity. Performance Management System was introduced to harness both personnel and material resources and to ensure their maximum use in order to achieve the desired organisational goals (Eastern Cape Province 2002:5). For the above reason nurses of all categories are required to provide care that satisfies patients and if not remedial action is or should be taken. The results of patient satisfaction surveys determine how care that is provided is. According to Korner & Knickman (2011:65), patient satisfaction has recently become the focus of many health care delivery systems struggling to attract and maintain the middle class patient base.

6.2 FINDINGS RELATED TO PERFORMANCE DEVELOPMENT MANAGEMENT SYSTEM CONTRACTING AND DOING PERFORMANCE REVIEWS

This section connotes the achievement of the second objective of the study which revealed that nurses still lacked understanding of the PMD system as a significant finding. Munzhedzi (2011:97) also conclude that the majority of officials have not acquired sufficient understanding of the PMDS. This means there is still much work, teaching and empowerment to be done to improve compliance to this process. Some do not like it because of the writing it involves. They feel that more time is lost completing a document with many papers which they say must be reduced. Having to provide quality patient care despite scarcity of resources is a challenge to nurses who have to work longer hours. Having to improvise when the required equipment to perform procedures is not available to nurses seemed difficult to tolerate, but they do so for the sake of patients. Contracting and reviewing is viewed as time consuming which was made worse by the shortage of papers to make copies of documents (contracts with reviews as well as performance appraisals). This delayed submissions of completed documents to the Human Resource directorate. The same shortage of papers has an impact on performance because in nursing what is not documented is regarded as not done.

The findings supported the lamentation that nurses do not get sufficient support from their supervisors. What is evident is that even the supervisors are not clear with the process leaving supervisees with no one to turn to for assistance whenever need arises. Failure of managers to equip subordinates with the required knowledge about the tool is a cause for concern as nurse's end up developing a negative attitude towards the whole process. Being told to correct without the necessary information on how to do it was experienced as stressful to nurses.

As evident in the study, supervisors were less committed to the tool to the extent of not availing themselves to participants when it is time to sit for contracts and reviews. Lack of commitment to PMDS by supervisors showed dishonour to supervisees' requests for the above purpose the reason being that they were busy. Another challenge was shortage of nurses coupled with having to make time for the tool resulting in having to put the compliance to PMDS aside during working hours and concentrating on patient care, delaying submission. After working hours it was difficult for them to spend time writing since they also have to perform the household chores like washing, cooking, and ironing to mention a few in preparation for the next working day. The participants came from work already very tired to complete the document but they did it because according to them it was obligatory. Some of participants felt it could be better if they could be given days off to complete the documents. The increased nurses' workload negatively impacted on the quality of care that was provided to patients. Having to comply with PMDS was perceived as an additional task and burden to already overworked and distressed workforce and nurses felt it was not user friendly and time consuming.

In this institution, the documents had to be taken to head office for capturing and some got lost in the transit. Failure to ensure that nurses' completed PMDS documents did not get lost was distressing to those who found themselves in a situation in which they were forced to start from the beginning what they were done with. They did it because they wanted to benefit especially financially.

6.2.1 Monetary incentives

It is so vivid that employees put more value on monetary rewards than on performance improvement to satisfy patients' needs which is their pivotal role. One of the most frequently repeated concerns expressed by employees in regards to monetary benefits was the importance of being afforded equal access to *all* available benefits in the organisation and that access not be limited by a supervisor's biased interpretations of a benefit's availability or by the nature of one's performance. Pay progression was the only motivator that kept health care providers contracting yearly and doing performance reviews quarterly. Unlike the current study, Gergerly (2012:16)'s study revealed acknowledgement of work as the most important motivator followed by income opportunity. The current study participants link PMDS to money or adequate salary in so much that, to them not getting 1% pay progression meant that their performance was not recognised. Hendricks and Matsiliza (2015:130) revealed that the employees who view Performance Management as means of increasing their income per annum and regarding it as an entitlement are those at the lowest level of the hierarchy in contrast with the current one in which all employees share the same notion.

Focus group participants described a number of benefits that are particularly helpful to them in achieving a positive work-performance life balance at work. There were some benefits that are non-monetary as expositied by work life/quality charge (2006:1) such as enhanced communication between employees and their supervisors, provision of supervisor training and consistency of how they are trained. Interviewees expressed need for respect of their time, balance with home needs and appreciation of the contribution they make at work. There was a need for policy and decision makers to bench mark with international organisations on the use of approaches such as PMDS and payment structures for nurses of related competencies.

6.3 LIVED EXPERIENCES OF PARTICIPANTS ON PDMS CONTRACTING AND DOING

The lived experiences of nurses in contracting and doing review performance was explored and described based on the responses from both the individual and focus group interviews. Some of the employees did not experience the tool as important but as an obligatory task that can be easily done away with or replaced by something else that does not involve paperwork. It is evident that the most disliked part of the tool was writing that was aggravated by having to wait for supervisors to have a look at the written work, criticise or approve the work and sign which took time. The difficulty in calculating the scores was another challenge to nurses who did not follow the formula that was used.

6.3.1 Positive experiences

Apparently when the study participants sat with the supervisors to discuss about KPAs at the contracting stage they gained more clarity especially when they are instructed to make corrections. As they wrote, their writing skills got refined and their understanding of the process improved. When they sat with supervisors reviewing their performance they learnt from their mistakes that were identified as areas of sub-standard performance. Learning did occur as participants exchanged ideas with supervisors, finding options to address weaknesses.

6.3.2 Impact of PDMS on relationships

The relations did improve as a result of interacting with supervisors during performance review interviews which put nurses in a better position to gain knowledge about the whole process starting from formulating the KPAs, reaching consensus about them and signing to review interviews and finally annual performance appraisal. Supervisees also benefited from the tool through guidance, coaching and exposure to training and development which resulted from the identified areas of poor or under performance. They also benefited from sharing with their supervisors the hindrances to performance such as stated equipment shortages. The identified lack of skills and resultant exposure to trainings to improve performance of under performers was appreciated as it contributed to development of themselves and positive relationship with others.

The subsequent comments based on the findings were that supervisors should cooperate with supervisees and commit themselves to the tool. They should be role models for the supervisees through submitting on time. They should support staff members as the need arises and work jointly with mentors. A relationship of trust and honesty between nurses and their managers should prevail. Lowering of ratings by a supervisor should be preceded by reasons and mutual understanding between supervisor and supervisee. Displaying a positive attitude and creating a supportive atmosphere while conducting review interviews can allay employees' anxiety and create openness to correction. A negative feedback should be given in a positive, confident and straightforward manner.

6.4 RECOMMENDATIONS

Based on the findings of the study and conclusions the researcher makes the following recommendations:

6.4.1 Education and training of nurses

Performance Management Development System as a management tool in practice should be introduced to students at the nursing schools during curriculum reviews to familiarise them with the concept of PDMS to avoid any reality shock when they are employed. Including teaching on this strategy in the orientation and in-service education programmes can definitely make a difference because the earlier it is instilled into the minds of nurses the better. There should be on going training of nurses on the policy and it should be ensured that they do understand it and its importance in improvement of performance for better patient care outcomes. Computer usage training and training of all nurse managers on the use of the rating calculator should start as soon as possible to fast-track submission and to save time spent on manual calculations.

The ontological expressions are made in this paragraph that the Work Place Skills Plan (WSP) should be made known to all workers, reading the training programmes

which are included for that particular year. The identified trainings should be conducted and the impact on performance should be monitored afterwards. Selection of mentors from each unit, training them about PMDS and encouraging them to assist other nurses with formulation of KPAs, contracting, preparation for reviews, the actual conducting of the reviews and performance appraisals can definitely make a remarkable difference. The persons in charge of units should be equipped with the necessary knowledge about the tool so that the same information can be shared with the subordinates working in those wards.

Future studies should focus on doctors and other hospital workers who also contribute to patient care and to patient experience of care.

6.5 LIMITATIONS

The findings are only contextual and limited to application to the population of this study. The other limitation is that it focussed only on nurses than all the workers in the hospital as experiences may be different. Those who have contracted for one year and have been reviewed for only four quarters or even less do have some experience of the system but were not included due to the reason stated earlier in the study.

6.6 IMPLICATIONS

Based on the findings and the broad recommendations made, the following are cited as possible implications the findings have specifically on nursing practice, education policy and further research.

6.6.1 Nursing practice

The findings of this study have the potential to contribute to the existing knowledge base according to which modifications can be made to the existing strategies, support the work domain and professional practice of nurses of all the categories. The implications for nursing practice are set out below.

- The demand on the performance of nurses to provide quality patient care has an overall command of most fields of nursing practice as the dictum is to provide care in the public sector as of similar standards to that of the private sector with intent to ensure that patient satisfaction.
- Nurses appear to have adopted a worker role more than a compassionate care provider but in reality they are workers whose trade is caring. They need to be familiar with the implementation of the PMDS initiative to improve effectiveness of patient care. International benchmarks on the professional nurse's competencies, working conditions and salary scales provided insight on what the situation of nurses should ideally be to can put in their best. Participative decision-making should be in place with regard to the implementation of the PMDS at grassroots in the work place for nurses to own it. Variances in terms of scoring processes should be monitored, managed from a multidisciplinary perspective, reported up the nursing chain of command and be addressed in a consistent manner at all levels up to directorate level.
- Most of the times staff and resources become insufficient, as reported in the individual and focus group interviews, as the relative increase of patient numbers exceed the unit's daily maximum staffing. This remains a challenge for the nursing leadership, policy makers and funders of health care institutions
- The role of staff nurses becomes a sensitive subject as was identified in the demographics of the participants. However, the nursing profession needs to remain cognisant of the changes, as proposed by the SANC in the new legislation and new qualifications. Nurses need to recognise their usefulness in the work environment owing to their background training, skills and expertise of all levels.

6.6.2 Policy implications

The Provincial Performance Management policy and system should be made known to everyone in the institution. To promote compliance, a local policy stating clearly what must be done, when and how should be formulated and communicated to workers particularly health care officials. Dates on which workers are expected to submit contracts should be announced as early as possible for example two months before so that the information can reach even those who happen to be on leave when the announcement is made. Notices should be written in bold letters and displayed on the notice boards and nonverbally communicated to everyone as to when submissions and moderations are due. Listing of training and development needs written by employees should be listed for consideration and compared to those that are required by the organisation depending on the services rendered and the available funds for skills development. Scarcity of resources is one of the root causes for participants' negative experiences of the tool. Supervisors should order supplies and make follow up for the orders so that the supplies are always available for use.

The stationery directorate should order according to the needs of the institution and should ensure that copies of contracts and reviews are available whenever they are required. The supply chain department should meet with nurses and managers for determination of equipment needs far before budget allocation so that by the time it is out they know exactly what additional items have to be procured. The manager of the Central Sterilising supply Department (CSSD) should ensure the availability of sterile packs when required. Allocation of staff according to patient acuity levels can decrease nurses' workload and relieve them of the resultant stress. Seeking strategies to reduce paperwork like avoiding repetition that is at the moment distressing nurses. The use of one quarterly review form with columns in which ratings for each quarter are entered can save time. This can also ease comparison to determine the trend of performance at first glance.

6.6.3 Nursing education

Nursing education underscores the preparation and ongoing development of skills, knowledge and decision-making abilities of nurses in meeting the expected work outcomes. In this regard, the following implications are noted.

- Continuous in-service education programmes for both supervisors and nurses access to develop not only nurses' clinical knowledge and skill, but also appropriate implementation of various initiatives particularly the PMDS for both effective performance by nurses and better patient care outcomes.
- Intentional training on the implementation of the system can empower nurses to be able to negotiate or set terms on how to deal with overload of work, shortage of staff and resources amicably. Nursing staff are oftentimes caught between the pressure to deliver care and demands made by supervisors to take time for paper work that either have little relevance at that moment of time or compromises time to be spent with patients. Educating nurses on appropriate coping mechanisms during times of pressure in the units will help them to emotionally better handle the situation. Even the best of nurses need support and understanding from supervisors to positively handle difficult work situations and balance personal and professional time..
- Specific training and workshops on leadership development that incorporates team leadership and management theory is critical as the nursing staff look towards their supervisors as a support resource and for advocacy in times of challenges in the workplace.

6.6.4 Nursing research

Findings in this study suggest that further research be undertaken on the topic of how to improve compliance to organisational programs with the focus on the aspects noted below.

- A *comparative study* could be conducted in similar study contexts to determine whether different work environments providing a similar service will elicit similar or additional responses pertaining to the implementation of PDMS among nurses.
- Research on the performance and compliance of nurses to initiatives that has monetary implications from nurses' perspective to focus on what is potentially different from that of other health care workers. A literature research that is not based only on studies about nurses but involving other fields of practice (Stang et al 2010:151) can reveal new focuses for exploration and development of hypotheses. As specific data mounts, alternative approaches to resolve any resistance against doing performance reviews may surface thereby improving the work environment of nurses and quality of patient care.
- Performance evaluation can be *better explored* through research in order to identify the gap between the expectations of supervisors and the cooperation level of nurses. Areas such as quality patient care practices are the first to be compromised and the impact this may have on patient satisfaction and standards of care is crucial for the running of health care organisations.
- Doing performance reviews has a definite impact on the workload of both supervisors and nurses. Hospitals are considered a dynamic and complex work environment characterised by trials of many programs to improve patient care. As nurses comprise the largest health care cadre, they are front liners of the implantation, evaluation and monitoring of such programs. Therefore, considering the needs of the nursing staff balanced against the role requirements may need some empirical investigation. Findings of such studies may lead the way to better identification of gaps and ways of addressing the overload of work for maintenance of a positive work environment.
- Research into use of limited resources and time management in the nursing context can be beneficial in identifying their impact on nurse's compliance to the PDMS implementation.
- Health service managers have a crucial role to play in order to promote patient satisfaction in the healthcare settings by making sure that nurses are empowered, their performance is well reviewed and adequately paid. Therefore, patient satisfaction studies should form an integral part of all quality management programmes in a health service. It is important that management should not only

collect the information from nurses and patients, but should also commit themselves to doing something about it.,

- Research with larger populations through the quantitative mode of enquiry will be helpful to make objective conclusions.

6.7 CONTRIBUTIONS OF THE STUDY

In this study, the nurses who participated at individual and focus groups level demonstrated the desire and willingness to cooperate with supervisor except for some challenges they experience in the review process. During the performance reviews, nurses have to attend to the PDMS process only with little consideration to those nurses who are dedicated to patient care and strive to deliver nursing care to the best of their abilities. This study highlighted some of the difficulties and challenges that nurses experience when faced with a working environment that can by no means be considered as conducive to quality patient care or positive when there are demands placed on nurses in terms of time and too much paper work to be done.

Although performance reviews, as was postulated had some benefits, it was believed that a better understanding by nurse managers of the pressure nurses experience during times of performance reviews would be a better benefit for them. There needs to be a greater demonstration of support by management by acknowledging the individualised efforts of each nurse. Successful implementation of PDMS process can be determined through experience and application of good leadership and human resource practices that will enhance building a positive environment for nurses, patients and their families. Constructive, supportive attention by appropriate authorities and stakeholders on the pitfalls of the implementation of the PDMS for better patient care outcomes and staff job satisfaction purposes are imperative.

The formulation of the guidelines based on the findings was a major contribution to the body of nursing knowledge especially at the study site as this initiative is still piloted. The issue of service delivery is high on the agenda of the Ministry Health and the implementation of the PDMS is one of the tools suggested to be implemented to improve the quality of patient care and job satisfaction for nurses.

6.8 DISSEMINATION OF FINDINGS

Findings from this study will be disseminated by writing and submitting articles for publication in accredited journals, presentation of research papers and posters at local, national and international conferences, in-service education, and seminars for the nurses and testing of the guidelines at the study site.

6.9 CONCLUSION

This chapter covered discussions on concepts related to the findings, conclusions, recommendations and limitations of the study. Conclusions were based on the information obtained from the research participants at individual and focus group levels. The recommendations are the researcher's thoughts and ideas based on the findings of the study. Implications of the study to clinical practice, education, policy and further research are related to the study phenomena. It is envisaged that this study, as well as the guidelines which were developed will be implemented and utilised successfully in this province to improve services delivery as provided by nurses.

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ANNEXURES

ETHICAL CLEARANCE Annexure A

LJ ISA

UNIVERSITY OF SOUTH AFRICA

UNIVERSITY OF SOUTH AFRICA Health Studies
Higher Degrees. Committee College of Human
Sciences

ETHICAL CLEARANCE CERTIFICATE

h HOC 9 2012

DECISION OF COMMITTEE

CONCERNING

THE PROJECT OF

Prof Potgieter

CHAIRPERSON, HEALTH STUDIES HIGHER DEGREES COMMITTEE

Dr. Molek

ACTING ADMINISTRATIVE PERSONNEL DEPARTMENT

ETHICAL CLEARANCE

PROJECT NUMBER

Annexure B: Permission letter

Po box 110
Nggeleni
5140
19/10/11

The Clinical Manager
Canzibe Hospital
Private Bag x 104
Nggeleni
5140

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I am currently a PhD student (std No. 7372035) in Health Studies at the University of South Africa under the supervision of Dr. LV Monareng and Dr. MM Moleki. The title of the research project is “NURSE’S EXPERIENCES OF ENTERING INTO AGREEMENT AND DOING PERFORMANCE REVIEWS”. The main purpose of this study is to explore and describe nurses’ experience of entering into agreement and doing performance reviews so that any implementation challenges that they may be experiencing can be addressed.

To collect data, both individual and focus group interviews of about 45 to 60 minutes’ duration will be conducted during lunch breaks and after working hours. The research findings will be made available to management so that the best suitable strategies to improve the implementation of PMDS can be effected. To maintain confidentiality audio cassettes with recorded information and written notes will be safely stored by the researcher.

A copy of the research proposal is attached

I hope that this request will be approved.

I thank you in advance

Yours truly

Mrs. SW Xego

PhD Health Studies (**UNISA STUDENT**)

Annexure: D
CONSENT FORM

I.....having read the letter requesting me to voluntarily participate in a research study agree to do so.

I understand that I will be interviewed for approximately 45 to 60 minutes about my experience of contracting and that of doing performance reviews. It has been explained to me that the interview will be tape-recorded and that notes will be taken. I understand that interviews will be conducted in a venue that suites me and where there will be no interruptions.

I understand that this study will give me an opportunity to voice out my views about PMDS.I realise that i may withdraw from the study and that such a decision will be respected by the researcher. It has been stressed to me that all information furnished by me will be kept confidential and that tapes and written notes will be kept in a lockable place and destroyed immediately after data analysis.

I understand that there will be no financial nor material rewards but appreciation for participation by the researcher. Should there be any need I realise that I am free to contact the researcher anytime during the day and that all my questions concerning the study and my participation will be answered. I Understand that my name will not be linked to this study.

I agree to participate knowing well that I am under no obligation to do so even after I have volunteered and signed this consent form.

.....
Signature of participant

.....
Date

.....
Signature of the researcher

.....
Date

Adapted from Burns & Grove 2009 : 206;Polit & Beck 2008 : 179

INTERVIEW GUIDE

Individual in-depth interview

Grand tour question:

What are your experiences with the implementation of the Performance Management and Development System performance reviews conducted at your hospital?

Other questions will be probing and follow up which will emanate from the participants' responses.

FOCUS GROUPS

Having put the participants at ease and obtained their permission the researcher will start asking questions as follows:

- Briefly explain PMDS and how you experience the agreement and doing performance reviews at your hospital?
- Can you please tell me exactly your feelings, views and how you perceive this system?
- Can you say that PMDS is user friendly? If so please elaborate more and if not what problems related to it that you encounter and what do you think can be done to make it user friendly.

THANK YOU