PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM IMPLEMENTATION FOR NURSES AT A TERIARY HOSPITAL IN FREE STATE PROVINCE

by

MMONI REBECCA SEATE

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SUPERVISOR: DR SH KHUNOU

CO-SUPERVISOR: PROF MC MATLAKALA

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Student number: 31585329

DECLARATION

I declare that the dissertation titled **PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM IMPLEMENTATION FOR NURSES AT A TERTIARY HOSPITAL IN THE FREE STATE PROVINCE** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the dissertation to originality checking software. The result summary is attached.

I further declare that I have not previously submitted this work, or part thereof, for an examination at Unisa or for another qualification or at any other higher education institution.

14 December 2021

SIGNATURE **DATE**

Mmoni Rebecca Seate

PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM IMPLEMENTATION FOR NURSES AT A TERIARY HOSPITAL IN FREE STATE PROVINCE

STUDENT NUMBER:	3158 5329
STUDENT:	MMONI REBECCA SEATE
DEGREE:	MASTER OF ARTS IN NURSING SCIENCE
DEPARTMENT:	HEALTH STUDIES, UNIVERSITY OF SOUTH AFRICA
SUPERVISOR:	DR SH KHUNOU
CO-SUPERVISOR:	PROF MC MATLAKALA

ABSTRACT

The aim of this study was to assess the implementation of the Performance Management and Development System (PMDS) for nurses at a tertiary hospital in the Free State Province. A qualitative research approach with contextual, descriptive and explorative design was conducted. Non-probability purposive sampling was employed to select twelve nurses working at a tertiary hospital. Individual semi structured interviews were used to collect data. Data obtained from participants were analysed through Tesch`s approach. Themes that emerged from data analysis include perceived ineffective PMDS implementation for nurses; Perceived consequences of ineffective PMDS implementation for nurses; Nurses needs regarding effective implementation of PMDS; Perceived benefits related to PMDS implementation. The identified subcategories that clarified the themes are as follows: poor performance assessments due to gaps on the PMDS policy regarding accurate performance measurement tools, the importance of acknowledging a team approach in ensuring monitoring and evaluation of nurses' activities. Furthermore, the study emphasised that although PMDS implementation is beneficial, the consistency in implementation could be enhanced by transparency and involvement of nurses in decision making concerning PMDS. Recommendations based on the findings were made for consideration in clinical practice and research**.**

Key terms

Nurses; performance tools; performance assessment; performance management; implementation

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DEDICATION

This study is dedicated to my lovely daughter Palesa and son Tebogo, for their encouragement, emotional and technological support and prayers from beginning of my studies to the end.

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LIST OF ABBREVIATIONS

CEO	Chief Executive Officer
DENOSA	Democratic Nursing Organisation of South Africa
DPSA	Department of Public Sector for Administration
ENAs	Enrolled Nursing Auxiliaries
ENs	Enrolled Nurses
FSDOH	Free State Department of Health
FSPG	Free State Provincial Government
FSSON	Free State School of Nursing
GAFs	Generic Assessment Factors
KARs	Key Areas of Responsibilities
KPIs	Key Performance Indicators
P	Participant
PNs	Professional Nurses
PIP	Performance Improvement Plan
PMS	Performance Management System
PM	Performance Management
PMDS	Performance Management and Development System
PSC	Public Service Commission
SA	South Africa
SANC	South African Nursing Council
UNISA	University of South Africa
UOFS	University of the Free State

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION TO THE STUDY

Performance appraisal is a formal and organised assessment of performance of employees to understand the potentiality of an individual for excellence and success (Jyoti & Mohsin 2020:923). Yearly, performance appraisal is conducted to measure the outcomes of planned job activities using specific criteria and standards. Fairness in appraisal process emanate from policy guidelines, and appropriately formulated performance management and development system (PMDS) agreements with individuals (Cameron 2015:6).

Performance management and development system (PMDS) is a crucial tool utilised by public organisations or institutions to maximise performance for service delivery (Department of Public Service Administration (DPSA) 2007:5). According to Cameron (2015:5), PMDS is a system used in South Africa to manage functions of employees at all salary levels. Performance management and development system is aimed at monitoring, assessing and improving nurses' performance of their duties by focusing on the key areas of responsibilities (KARs) (DPSA 2007:4). The KARs are determined by organisational and unit purposes aligned to the strategic goals of the department of health, as well as mission and vision for the delivery of quality service to the community (Hasbolah, Alwi & Mohamad 2018:183). The KARs are reflected on the performance agreement and serve as a guide for an individual assessment.

A performance agreement is developed during the performance planning phase, considering the employee's job description and planned activities in the unit or organisation. The manager or supervisor must determine frequency for performance appraisals; and identify the determinants of job performance that will be considered in the evaluation (Bezuidenhout, Gerbers & Matlakala 2016). The evidence that will be used to assess performance under each objective should also be specified in the

performance agreement. Utilisation of reliable and valid measurement tools enhance positive attitudes and perceptions of accuracy of PMDS implementation (Van Dijk & Schodl 2015:719). Thus, employees become motivated and deliver quality services to the best of their abilities due to the perception that their inputs are congruent to the output. In case individual function is below standard, corrective measures are effected to improve the standard of performance. According to Rowland and Hall (2013:196), supervisors are to maintain organisational justice in appraisal process to enhance nurses' engagement.

Nurses are the key personnel in health care delivery (Oldland, Botti, Hutchinson & Redley 2020: 152). The highest level of responsibilities is expected from nurses in rendering daily activities. Although nurses' work functions are guided by activities of care as allocated according to their job description and scope of practice (South African Nursing Council 2007) their performance is assessed through PMDS. Evaluation of nurses' performance in addressing the gaps in work activities, relies on the accurate measurements by the supervisors and managers (Idowu 2017:16).

1.2 BACKGROUND INFORMATION ABOUT THE RESEARCH PROBLEM

Performance management and development system is used in public organisations including the primary, secondary and tertiary health care institutions. Tertiary health care service requires highly skilled professionals to render quality services (Flegel 2015:235). Florence Nightingale laid the foundation for quality improvement process that sought to uplift the standard of nursing care (Du Toit & Le Roux 2014:8). In South Africa, particularly in public sectors, quality of service delivery is guided and controlled by the PMDS policy (South Africa 2007:8). The functional activities delivered, and nurses' potentials are determined by accurate PMDS measurement tools to judge progress (Qureshi & Hassan 2013:59). Inappropriate judgement of progress in nurses' functions leads to challenges in the implementation of PMDS.

Kasie and Baley (2013:615) assert that a challenge in the implementation of performance management system account to inappropriate results as compared to the performance outputs. The study conducted in the Free State revealed that there is no fairness in the allocation of scores during appraisal review sessions (Nzume 2016: 69).

The study conducted in China revealed that appraisal content was not linked to the organisational goals (Shi & Jiang 2016:3). Nutakor (2019:134) indicates that performance indicators outlined are incongruent to nurses functional activities executed, impacting on the implementation of PMDS. Positive behaviour is influenced by equity in the application of PMDS as cited in F Inequality in execution of the leads to further challenges in the implementation of PMDS.

The PMDS implementation challenges result from unfair evaluation and monitoring of employees' performance by managers in identification of deficiencies to maximise performance (Murphy 2019:21). Deterioration in dealing with loopholes contribute to poor service delivery. The study conducted by Makhooa (2018:88) reveals that PMDS improves performance. It is a crucial strategy in ensuring that performance of nurses is monitored and guided to promote professional maturity (Muller & Bester 2016:526). The support of managers is required for continued monitoring and evaluation of individual performance.

Subordinates perceive support of managers and supervisors towards implementation of PMDS as crucial for its success (Tjale 2017:2). Ross (2012:5) further elaborates that performance management is an essential component for building successful teams and getting consistently impressive performance results. Nkomo and Ngambi (2013:226) argue that it is the responsibility of supervisors and managers to ensure that all employees feel valued in the work environment. Ngambi (2011:3) concludes that a spiritually intelligent leader goes deeper and tries to understand what drives the behaviour of people. In most organisations, what drives the behaviour of employees is motivation, encouragement and comprehensive scoring for job satisfaction, as stated in (Lee, Yang & Li 2017:699). Comprehensive scoring indicates consideration of the hard-working nurses' efforts and offering their due credits. This brings to light that disregarding nurses' quality performance, affect the implementation of PMDS.

Factors affecting execution of the system is lack of feedback towards nurses' functions. Feedback is crucial in ensuring that nurses' contributions towards service delivery is maintained (Van Dijk & Schodl 2015:717). Limitations in providing outcome results impact negatively on the skill and knowledge of nurses. Qureshi and Hassan (2013:63) add that feedback is a useful tool for development, especially if it is specific and problem

orientated. In transparent functional activities, team members play a critical role in providing feedback to PMDS assessments of individual nurses. Providing feedback illuminates acknowledgement of each other's potential to avoid competitions in performance activities. Hoffmann and Strobel (2020:715) maintain that transparency in organisations increase satisfaction by proving information to organisational members. Transparency in PMDS implementation contributes to personal and professional development.

Inadequate performance development contributes to a lower standard of function. According to Matlakala (2016:6), nurses' knowledge, expertise and skills need to be congruent with the changing society and economy. However, this could only be achieved through maximised performance. This highlights the need to recognise the contribution made by nurses with expertise in teaching their colleagues in the units. Despite PMDS being a developmental performance plan designed to enhance personal and professional growth (Aguinis 2016:196), inadequate development is persistent due to ineffective implementation resulting in demoralised nurses. A study conducted by Kubheka and Tshiyoyo (2018:189) reveals lack of training and development as the consequences of under-performance. Under-performance is to be averted through aligning performance agreement plans with similar assessment criteria.

Nurses have an expectation that the comprehensive plans designed in performance agreements, exhibit their functions similar to outcomes (Modipane, Botha & Blom 2019:13). However, key areas of responsibilities (KARs) are inadequately measured, and as a result, functional outcomes are incongruent to individual nurses' performance. The concern is that nurses' ratings are based on the expected activities delivered and not on the unexpected functions carried out. This account for irrelevant ratings offered to nurses. Nikpeyma, Abed-Saeedi, Azargashb and Alavi-Majd (2014:20) assert that appraisal tools are to be objective so that performance of employees is measured accurately based on duties performed. Credits are to be appropriate to the executed tasks. Jyoti and Mohsin (2020:924) emphasise that the base for measuring performance relies on the key performance indicators (KPI). In case the KPIs are appropriate to the activities delivered, execution of PMDS becomes a success, exhibited in PMDS benefits.

Benefits of the effective implementation of PMDS include optimal use of time, patient and client care. Additionally, PMDS serve as a guideline towards personnel and administrative functions**.** Structured plans result in process of events for service delivery. Flawed plans result in stagnation and delay in performance activities. Aeon, Faber and Panaccio (2021:2) concur that well-established time management measures, elicit consistent daily routines. This brings to light that clear objectives and goals derived from a PMDS work activity plan, including allocation of tasks to competent individuals, enhance effective utilisation of time. Nurses' functions are goal directed with patients and clients nursing care activities aligned to the mission, vision and objectives of the Department of Health (Kubheka & Tshiyoyo 2018:180).

Performance management in Sub-Saharan African countries like Botswana, Ghana and Uganda exhibits a low standard of performance resulting in negative perceptions and attitudes of employees towards PMDS (Sisa 2014:4). Ohemeng, Amoako-Asiedu and Obuabisa-Darko (2018:75) emphasise the importance of understanding employees' perceptions towards PMDS. Ortiz-Prado, Fors, Henriquez-Trujillo, Cevallos-Siera, Bareto-Grimaldos, Simbana-Rivera, Gomez-Barreno, Vasconez and Lister (2019:6) maintain that the attitude towards work environment reflect that nurses' needs regarding the health care system are fulfilled as a result, influence the behaviour in practice. Van Dijk and Legalatladi (2015:61) argues that employees with negative perceptions of PMDS, are unlikely to have an active part in the process because they do not see any value in it.

According to Mansor, Chakraborty, Yin and Mahitapoglu (2012:589), the performance management system (PMS) in India, Mexico and Malaysia is influenced by leadership and internal management commitment. This illuminates that supervisors are to be passionate in participating with surbordinates to enhance effective implementation of PMDS. Consequently, nurses working in presence of a supervisor are credited with high scores. Nurses excelling in writing evidence and not performing to the best of their abilities are offered high credits. Ody-Brasier and Sharkey (2019:1517) argue that false reporting is a strong possibility. A study conducted on the ontological experience of nurses with contracting and doing performance reviews in a public hospital in Eastern Cape by Xego (2016:135) elicited lack of supervision. This justifies the need for involvement of team members

in managing the system. Participative leadership style involves inclusion of subordinates in criticism and decision making (Booyens, Jooste & Sibiya 2015:212).

It may be that some institutions are faced with poor performance due to autocratic leadership style in PMDS. Nxumalo, Goudge, Gilson and Eyle (2018:1) content that the dominance of autocratic approaches influences management and supervision of front-line managers. This is evident in the studies conducted at a public hospital in the Eastern Cape Province and in Gauteng Province at the nursing colleges about PMDS, where nurses were unhappy about their performance outcomes due to subjectivity of the assessors (Tjale 2017:69; Xego 2016:63). Additionally, the study conducted in the Free State Province exhibited favouritism when it comes to recognition of outstanding performance (Nzume 2016:62). This justifies the necessity for effective implementation of PMDS in a rapidly growing population in need of highly skilled nurses to meet the needs of the communities (Du Toit & Le Roux 2014:229).

1.3 RESEARCH PROBLEM

A research problem includes significance, background, and a problem statement, which identifies the specific gap in the knowledge needed for practice (Grove, Burns & Gray 2013:73).

The PMDS was introduced in South Africa in 2007, as a strategy to assess, develop and monitor performance of government employees including nurses (South Africa 2007:5). The Free State Department of Health (FSDOH) continued to conduct training at hospitals and clinics for all nurses' categories (professional nurses, enrolled nurses and enrolled nursing auxiliaries) regarding PMDS to ensure understanding of the need and relevance of the system. Trainings offered were based on the purposes of PMDS, detailed description of the policy and the measurement process in general. Nurses' understanding of the PMDS policy is crucial to enhance its implementation. According to the researcher's observation, implementation of PMDS policy at this hospital in the Free State Province, does not meet its envisioned purpose. The researcher has observed that focus has shifted from improvement of performance and quality care, but by and large to PMDS

related financial incentives to some nurses. Nurses complained of unclear policy regarding PMDS, unclear procedure for submission of evidence, lack of prior information on timelines for performance appraisal and low scoring post assessments. In this instance, nurses are disgruntled about the manner in which PMDS scores and rewards are allocated.

This observation suggests that there are challenges experienced by nurses, in relation to the effective implementation of PMDS. As a result, nurses' low morale and absenteeism are exhibited affecting productivity at an institution with a high demand for quality services. Several studies were conducted about PMDS, however, there is dearth of evidence that focuses on exploring PMDS implementation for nurses at a tertiary hospital in Free State Province. The study conducted on assessment of the performance appraisal process in Pelonomi tertiary revealed that performance appraisal is about allocation of scores to employees for monetary rewards (Nzume 2016:72). Evidently, PMDS does not only focus on monetary rewards, but aims to motivate good and unsatisfactory performers to achieve more in terms of organisational and personal goals.

1.4 RESEARCH AIM

Du Plooy-Cilliers, Davis and Bezuidenhout (2014:73) explain the aim's function as to determine the process and the outcome of research. The aim of the study was to assess the implementation of PMDS for nurses at a tertiary hospital in Free State Province.

1.4.1 Research objectives

Brink, Van der Walt and Van Rensburg (2018:74) define an objective of a qualitative study as clear, concise, declarative statements pointed out in the present tense. An objective focuses on one or two variables, and indicates the need to be identified, analysed or described. Specific research objectives were formulated which provided clarity on the intention of the study, which were to:

- explore factors affecting PMDS implementation for nurses at a tertiary hospital.

- explore the challenges experienced by nurses in the implementation of PMDS for nurses at a tertiary hospital.
- describe the needs of nurses regarding PMDS implementation outcomes at a tertiary hospital.
- describe the benefits of PMDS implementation for nurses at a tertiary hospital.

1.4.2 Research questions

A research question is a concise, interrogative statement that is worded in the present tense and includes one or more variables (Grove et al 2013:140). Creswell and Creswell (2018:136) confirm that a research question enquires about the relationships among variables that the researcher seeks to investigate.

This study will focus on the following research questions:

- What are the factors affecting the implementation of PMDS for nurses at a tertiary hospital?
- What are the challenges experienced by nurses in the implementation of PMDS for nurses at a tertiary hospital?
- What are the needs of nurses regarding PMDS implementation outcomes at a tertiary hospital?
- What are the benefits of PMDS implementation for nurses at a tertiary hospital?

1.5 SIGNIFICANCE OF THE STUDY

Significance refers to the relevance of the research to some aspects of a profession, its contribution towards improving the knowledge base of a profession and its contribution towards evidenced-based practice (Polit & Beck 2012:77). It is hoped that the study findings may better inform the policy makers regarding implementation of PMDS for nurses. Findings and recommendations derived from the study may bridge the information gap regarding PMDS policy and implementation. More lessons can be learned, regarding best practices on the implementation of PMDS for nurses. The assertion is that nurses' dissatisfaction related to PMDS may be addressed, thus an elevation in performance and quality patient care. The recommendations gave an insight

into how to help the nurses to address PMDS in the future. The reality of PMDS implementation was established as nurses shared their needs in a real situation. Benefits of PMDS were stated.

1.6 DEFINITIONS OF TERMS

1.6.1 Implementation

Implementation is the conducting of a standard or policy to enhance conformity (Ahrens 2021:1). In the context of this study, the implementation of PMDS for nurses is explored at a tertiary hospital to intensify excellence, as a result service delivery.
In this instance the comprehensive performance plans serve as indicators.

1.6.2 A nurse

A nurse is a person registered with the South African Nursing Council (SANC) under the Nursing Act under section 31 (1) of the Nursing Act (Act No 33 of 2005) (South Africa 2005), whose scope of practice is stipulated in regulation R2598. The concept ‘nurse’ refers to various categories of nurses in South Africa namely: professional nurse (PN), enrolled nurse (EN), and enrolled auxiliary nurse (ENA) registered under the Nursing Act (Act No 33 of 2005) (South Africa 2005). In this study, nurse refers to all nurses in their various categories working in different units of the setting of the designated hospital at which the study was conducted.

1.6.3 Performance management and development system

Performance management and development system (PMDS) is a formal process of evaluation of employees through which their work objectives and performance are assessed on how successful or not they are achieved (Aguinis 2016:26). In this study PMDS is used to assess, develop, monitor, evaluate, nurses’ performance at a tertiary hospital.

1.6.4 Tertiary hospital

Tertiary hospital is a hospital with patients in need of highly knowledgeable and skilled care (Flegel 2015:235). The multi-disciplinary health team members' competency and expertise is crucial for rendering the high standard of care at this specific hospital. Nurses spend 24 hours with patients and clients therefore, a tertiary hospital was utilised to evaluate process and procedure of PMDS policy implementation for nurses. The setting is discussed in detail in Chapter 3.

1.7 THEORETICAL FOUNDATIONS OF THE STUDY

Grant and Osanloo (2014:12) describe theoretical foundation of the study as a framework from which all knowledge is constructed. Additionally, it provides structure and support of the study. A qualitative research context was provided in which data were collected and analysed for assessment of PMDS implementation for nurses at a tertiary hospital as follows:

1.7.1 Qualitative research paradigm

Creswell and Creswell (2018:5) define paradigm as the general orientation about the world and nature of research that a researcher brings to a study. Constructivism was ensured by involving participants in data collection (De Vos, Strydom, Fouché & Delport 2011:7) According to Kamal (2019:1391), multiple participants are required so that meaning is attached to the phenomenon under study. In this study nurses' understanding about PMDS implementation is based on their meaning of it.

1.7.2 Assumptions

Assumptions are principles accepted to be true without proof or verification (Polit & Beck 2012:12). In other words, assumption influences the logic of the study. The ontological, epistemological, and methodological assumptions were posited into this study. Inductive reasoning is utilised to make inferences from specific to general (Du Plooy-Cilliers, Davies & Bezuidenhout 2014:128). The constructivist paradigm assumption used in this study is clarified as follows:

1.7.2.1 Epistemological assumption

Epistemology is based on the question, “How can we know” (Maree 2016:56). Acquiring knew knowledge means formulating specific questions then finding answers to them for better understanding about ourselves and the environment. The study of acquiring knowledge about the world is referred to as an epistemological approach (Bless, Higson- Smith & Sithole 2013:1).

In acquiring more knowledge for improvement of nurses’ performance to enhance service delivery at a tertiary hospital, epistemological questions posed were:

- What are the factors affecting the implementation of PMDS for nurses?
- What are the outcomes of PMDS implementation for nurses?

Asking questions provided a meaningful guide to action regarding the implementation of PMDS particularly for nurses.

1.7.2.2 Ontological assumption

Ontological assumption establishes a question, “What is reality?” (Maree 2016:57). Researchers in constructivist traditions emphasise the complexity of humans, the ability to shape and create their own experience (Kivunja & Kuyini 2017:27). Consequently, reality is multiple and subjective, and mentally constructed by individuals as explained in Kamal (2019:1390). The researcher relied on the qualitative data from the selected sample to search for reality about the following ontological assumptions:

- Nurses’ PMDS implementation is based on what is perceived as real to them.
- The search for needs of nurses regarding PMDS implementation can be revealed through interviews with the nurses.

1.7.2.3 Methodological assumption

According to Du Plooy-Cilliers et al (2014:30), methodological assumption is about understanding of multiple realities. Qualitative research was utilised in collection and analysis of data. Participants were purposely selected to voice out their opinions about their meaning regarding the study. Qualitative data analysis sought to achieve in-depth understanding of the research questions.

Methodological assumptions regarding the study were that:

- The population in this study was 720 nurses for biannual PMDS assessments and the sample size of 12 nurses was determined by the saturation of data.
- Methods of data collection were semi-structured interviews, designed to obtain qualitative data on the implementation of PMDS towards nurses (Maree 2016:93).
- The researcher sought to establish the meaning of PMDS implementation from the views of the participants (Creswell & Creswell 2018:16).

Features of research methodology such as study techniques, procedures, population sample, sampling methods, data collection, analysis and rigour are detailed in Chapter 3.

1.7.3 Setting

A research setting is the specific place where the research took place (Masue, Swai & Anasel 2013:212). The study was conducted at a tertiary hospital in the Free State Province in South Africa. The setting is described in detail in Chapter 3.

1.8 ETHICAL CONSIDERATION

Du Plooy-Cilliers et al (2014:263) describe ethics as moral and the professional code of conduct that set the standards for the researcher's attitude and behaviour during the research process. In this study, the researcher maintained ethical principles to ensure trust, respect and dignity of participants. The rights of the institution were observed. The Unisa Covid-19 guidelines were implemented as precautionary measures to preserve safety of the participants. Ethical consideration will be elaborated in Chapter 3.

1.9 TRUSTWORTHINESS

Johnson, Adkins and Chauvin (2020:141) describe trustworthiness as a way of ensuring data quality (or rigour) in qualitative research. According to Johnson et al (2020:141), Lincoln and Guba (1985) proposed four (4) criteria for developing the trustworthiness in qualitative enquiry. The principles of credibility, dependability, confirmability and transferability were employed to elicit the perceptions of nurses towards PMDS implementation at a tertiary hospital accurately. The application of these principles is described in Chapter 3.

1.10 STRUCTURE OF THE DISSERTATION

The following structure elaborate the chapters of the dissertation.

Table 1.1 Structure of the dissertation

CHAPTER	TITLE	CONTENT DESCRIPTION
1	Orientation to the study	Outlines the introduction and overview to the study, research problem, purpose, questions, objectives and significance. Theoretical foundation, research design and study methods were briefly introduced.
2	Literature review	A comprehensive search for literature was undertaken regarding the topic under investigation and information on what is published or discussed in the literature about the phenomenon.
3	Research design and methods	The overall plan for addressing the research questions and problem, objectives, including the setting, population, sampling encompassing technique and size, data collection and analysis, trustworthiness and ethical consideration.
4	Presentation, discussion and interpretation of research findings	Provides analysis of data, themes, categories and subcategories that emerged.
5	Discussion and recommendations	The discussion, limitations, contributions, recommendations, conclusions and implications based on the research results.

1.11 SUMMARY

This chapter provided a comprehensive overview and serves as an introduction and orientation to the study. A discussion was used to describe the background information of the research problem with regards to the PMDS in other countries and in the context of South Africa. All key terms have been conceptually and operationally defined. The research methodology has been briefly introduced. Research methods were briefly introduced which included the study population, sampling including techniques, size, data collection and analysis. Trustworthiness of data quality was briefly explained. The literature review is discussed in-depth in Chapter 2.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter provides an overview of PMDS implementation. Literature review is presented in this chapter. It is through literature review that the researcher gains insight into the phenomena under study. Maree (2016:28) asserts that literature review provides an overview of current and relevant research appropriate to the research topic. However, the researcher needs to go a step further to identify the gap between what has been written on the topic and what has not been written, as well as possible flaws in the literature. As a result, the researcher, developed a rich scientific background about the study topic Additionally, it discusses literature on nurses' performance, management as well as development. The search engines consulted included nursing and media reports, Google Scholar, EBSCOHost and books. The primary sources were reviewed, and outcomes compared in order to contextualise the existing findings (Kumar 2014:50). This study focuses on how nurses perceive the implementation of PMDS; however, literature serves as a foundation for understanding multiple meanings from data (Onwuegbuzie, Leech & Collins 2012:13).

2.2 THE APPROACH OF THE LITERATURE REVIEW

The approach of this literature review in respect of the PMDS implementation for nurses at a tertiary hospital in Free State Province seeks to address the following study topics:

- Phenomenon of PMDS implementation.
- Factors contributing to the implementation of PMDS.
- Factors affecting the implementation of PMDS.
- Global perspective of PMS.
- Benefits of the implementation of PMDS among nurses.
- Implementation of the PMDS in the Free State Province.

2.3 PHENOMENON OF PMDS IMPLEMENTATION

2.3.1 Performance management and development system as a concept

Performance management and development system, includes a series of activities which helps identify, measure and develop job activities of the employee (Masenya, Mokoele & Makalela 2018:108). Performance functions of an individual employee are to be aligned to the strategic goals, mission and vision of the Department of Health, to rate performance accordingly. The shortcomings in delivering the activities required for a jobholder are to be identified and planning done to improve the standard of work of an individual employee.

Performance management and development system (PMDS) forms a common bond of ownership amongst all jobholders, to create an environment where all individuals are being developed, motivated and inspired to deliver quality service. According to Pulakos, Mueller-Hanson and Arad (2019:261), effective relationships and open communication between the manager and subordinates are to be created to enhance the perceptions of fairness. In other words, based on the vision, mission and objectives of the organisation managers engage nurses in a PMDS process to achieve the goals at tertiary institutions. Health care is achieved with compassionate service delivery to demonstrate positive attitudes and perceptions of nurses towards PMDS.

The PMDS is a tool utilised by the managers in the organisations to manage and develop the tasks of the employees through the key areas of responsibilities (KARs) and the key performance indicators (KPIs) (Hasbolah, Alwi & Mohamad 2018:183). Hasbolah et al (2018:182) further suggested that the key areas and indicators are the employees' performance tasks based on the individual employee's job description and the strategic plan of the service. In other words, the key indicators serve as the criteria for assessments and evaluations of performance outcomes for the targeted tasks.

Sahoo and Mishra (2012:3) describe job description as setting a clear expectation of what is expected from the jobholders. Nurses' performance indicators are derived from their job descriptions. According to the PMDS policy framework (2007:6), it forms a key

component of the PMDS as it promotes skills by improving the knowledge and understanding of the workers' responsibilities.

2.3.2 Components of performance management

Components of performance management are the following, performance, management, performance management and the system.

2.3.2.1 Performance

According to Jehanzeb and Bashir (2013:247), the concept 'performance' is understood as an act of performing a responsibility. In the context of the current study nurses conduct their functions according to their job descriptions and the key areas of responsibilities (KARs). The Key Areas of Responsibilities (KARs) are executed according to the missions, visions and objectives of the units and the organisation. Work-related performance and attitudes depend on the perceptions of the employees (Jehanzeb & Bashir 2013:248). In other words, positive performance outcomes emanate from motivation and fairness in the effective implementation of PMDS. Furthermore, according to Olokundun, Ibidunni, Ogbari, Dirisu and Dada (2018:5), a workplace culture of accountability is created in which nurses feel empowered to take responsibility. The high standards of service delivery are enhanced resulting in the effective implementation of PMDS. Performance must be managed

- by the direct supervisor in a consultative, supportive and non-discriminatory manner
- by aligning assessment with core competencies and set criteria
- by having an in-built fairness
- in a planned way by setting regular dates for reviews and feedback

Nurses' activities are based on signed agreements from the beginning of the financial year, on 1 April to 31 March the following year. Monitoring and evaluation are to be done to rectify loopholes and uplift the standard of performance. The standard of performance is maintained through the management of performance.

2.3.2.2 Management

Martin and Fellenz (2017:162) describe management as a process that involves planning, organising and controlling resources in order to achieve goals. In addition, managers play a critical role in the success of the organisation particularly when dealing with PMDS issues of nurses. Booyens et al (2015:18) highlighted the following management competencies as building blocks of success for the organisation to achieve the mission and vision:

- Skill: abilities that were acquired through practice, how the manager conducts the effective PMDS in the unit, depends on the skill acquired by the manager.
- Knowledge: understanding that was acquired through learning. In order to perform, a manager requires knowledge of policies and procedures. Managers should be equipped with knowledge on the effective PMDS policy implementation to enhance the positive attitudes and perceptions of nurses towards the system.
- Personal characteristics: the inner attributes which are brought to the profession, knowledge and skill are built on this foundation. According to Nxumalo et al (2018:13), managers are to allow collaborative and shared management rather than authoritarian approaches. Cooperation between the manager and the subordinates elicit mutual trust and team spirit in the unit. The social background and the psychological wellbeing of a manager or a supervisor serve as crucial attributes to impact on effective implementation of PMDS through performance management.

2.3.2.3 Performance management

Sahoo and Mishra (2012:3) describe performance management (PM) as a continuous process of managing the performance of employees to get desired results. Effective and efficient implementation of PMDS depends on the manager`s assessment to determine the level of performance of the subordinate. Managers and supervisors in the units are responsible for managing the performance of their subordinates (Chisengatambu-Winters, Robinson & Evans 2019:2). According to the DPSA, PM creates an environment where all personnel are being developed, motivated and inspired to deliver quality service (South Africa 2007:5).

The PM and development system policy framework DPSA states that performance management is aimed at enhancing personal and professional development of jobholders at work (South Africa 2007:6). The set goals of the organisation are utilised in the departments set to design objectives to support the organisation`s overall mission and objectives (Aguinis 2016:38).

The DPSA emphasised that it is not only about rewards but also about managing performance (South Africa 2007:8). Performance management is about acknowledging the high standard of performance by managers and supervisors. Seotlela and Miruka (2014:177) pointed out that companies must consistently and critically review their performance management systems and take drastic action when necessary to address the identified deficiencies. Similarly, Jugmohun (2018:54) further asserts that absence of commitment from senior and line management contribute to non-acceptance of the system by the subordinates resulting in negative perceptions.

2.3.2.4 System

A system is described as an organisation method of integrating the management of performance of employees in specific disciplines according to organisational goals as stated in (Martin & Fellenz 2017:36-37). Martin and Fellenz (2017) further highlighted the following factors to be considered to enhance the effective function of the system in place:

- Scientific management. The tasks necessary to achieve the objectives and how to control employee activity within that process. Additionally, the social and organisational factors associated with work and the employees.
- Functional activities are to be assessed to identify the loopholes. Planning for the identified nurses work deficiencies is to be effected. Implementation for the planned shortcomings is to be conducted for personal and professional development to maintain quality performance. Evaluation of performance is to be executed to verify the appropriate assessment, planning and implementation of corrective measures to maximise performance.
- Administrative management. The structure and design of the organisation together with the needs of the management process in running them.

- Human relations. This is concerned with the people`s aspect of work and the group dynamics involved. In the current study the system is concerned with job agreement and description, measurement, reviews, evaluation, indicators and appraisal.

2.4 FACTORS CONTRIBUTING TO THE IMPLEMENTATION OF PMDS

Factors contributing to the implementation of PMDS are: performance appraisal, performance planning and the performance standards and targets.

2.4.1 Performance appraisal

Performance appraisal serves as an asset in developing employees' careers and increasing their commitment towards the organisation (Qusheri & Hassan 2013:58). In other words, incentives attained, motivate individual nurses to pursue their development through training and development opportunities. According to Sanyal and Hisam (2018:18), it is a systematic, general and Period process that assess and individual job performance and productivity in relation to organisational objectives. The strengths and weaknesses are identified, and corrective measures implemented to enhance the high standard of performance. Qureshi and Hassan (2013:60) argue that PA is not to be regarded as a checklist of do`s and don'ts, it provides a wider perspective of the employee.

Nikpeyma et al (2014:15) contend that performance appraisal is a required process in health care organisations to ensure quality care. Nikpeyma et al (2014:15) further added that for the effectiveness of the performance appraisal system, validation of the process is not sufficient, the reaction of the employees to the system is crucial. It is clear that the perceptions and attitudes of nurses towards the performance appraisal system would be considered to enhance the high standard of care.

Nel, Kirsten, Swanepoel, Erasmus and Jordaan (2016:449) verify that performance appraisal is a formal and mutually agreed upon system of planning and reviewing of an employee's functional activities. Additionally, it indicates how effective the employees are executing their tasks. Furthermore, performance appraisal provides information

about performance improvement, remuneration adjustments, placement decisions, training and career planning.

The use of fair procedural practices influences the outcomes such as employees trust and satisfaction towards the system (Tuytens & Devos 2012:11). The effective implementation of the system is to be considered to enhance motivation and quality service delivery. Sanyal and Hisam (2018:18) advised that the activities executed in teams, are to be considered for an individual appraisal. This highlight the fact that comprehensive nursing activities executed are to be included in the assessments and be regarded as accomplishments.

2.4.2 Performance planning

Performance planning is formulating expectations and goals for nurses and encouraging them to channel their efforts into achieving institutional and units' objectives as stated in Masenya et al (2018:109). In the context of the current study, this comprises a mutual agreement between the supervisor and the subordinate to identify what the nurse should be doing and how well the work should be done. The supervisor or a manager plans job tasks according to the job description and the scope of practice as directed in (SANC 2015). Planning for nurses' activities is done once a year during the first quarter of the financial year. Continuous monitoring and evaluation are enhanced to rectify the loopholes for improvement before the formal assessment.

Performance planning entails the developmental plan and the performance of the individual nurses. The developmental plan and the performance plan are designed according to the following:

- Service delivery plan – the focus is on the vision, mission, the goal and objectives of both the organisation and the unit. According to Booyens et al (2015:12), strategies are devised, and action plans drawn up to achieve the objectives in terms of the mission statement.
- Written standards and competency profile – best practices in the effective implementation of PMDS emanates from standards and competency profile. The

importance of standards of care is manifested in improved clinical outcomes and quality care.

- Identified training and development needs – gaps in skills and knowledge are spotted and rectified to improve confidence in nurses' functions. Younas, Farooq, Khalil & Zreen (2018:20) assert that people are to be equipped for their performance to enhance motivation in the execution of tasks.

Performance planning, according to Booyens et al (2015:66), determine the direction of an organisation over the short-, medium- and long-term, which as a result, matches its resources to a changing environment and in particular to the customers and clients. In the context of this study, nurses' functional activities are planned according to the missions, visions and objectives of the units and organisation.

According to the DPSA, performance plan is the defined expected results/outputs that the jobholder has to deliver with regard to the specific job descriptions and the key responsibilities. Specific objectives and standards of performance informing the subordinates about what they should do, how they should do and why. The plan is defined and signed by both the jobholder and the supervisor after reaching an agreement (South Africa 2007:8).

Performance measures and indicators that enable supervisors to assess the extent to which objectives and standards of performance have been achieved, are identified. The performance level of the subordinates is rated according to the achieved objectives and standards. The objectives and standards must contribute to the key result area that is linked to the key responsibilities, related to the nurse's job description according to their relevant levels of function (Aguinis 2016:46).

2.4.3 Performance standards and targets.

There are various monitoring and evaluation strategies, methods or approaches that supervisors and managers apply to maintain high standards of performance. Performance standards and targets can be evaluated through self-evaluation, direct observation, document analysis, auditing and peer group evaluation (Muller & Bester 2016:439). Muller and Bester (2016:439) further described the following standards and

targets: structure standard, process standard, outcome standards and performance indicators.

2.4.3.1 Structure standard

Structure standard: Describe what is required for the performance of an action or health care service. It refers to the physical environment as and the equipment, instruments, stock, policies and personnel required.

2.4.3.2 Process standard

Process standard: Describes step by step how an action or healthcare service act should be performed. It covers the scientific principles of health care service namely, assessment, planning, implementing and evaluating.

2.4.3.3 Outcome standards

Outcome standards: Refers to the expected results that should be measurable. In other words, the structure put in place is considered and the processes effected to ensure the favourable end results. It is clear from this background that standards and targets are the crucial tools for directing the functional activities towards the effective quality performance. The standards and targets are in- cooperated in the PMDS performance plan to channel the individual nurses' tasks towards the targeted standards.

2.4.4 Performance indicators

Performance indicators describe the extent which specific key responsibility areas (KRAs) are attained in the specific units of the organisation and compromise of the performance measurement criteria to evaluate success of organisational performance. Performance audits are conducted to ensure that performance measurement is aligned to the set policies, procedures and the international best practices to raise the standard of health care. Frost and Gustafsson (2018:16) emphasised that the key performance indicators (KPIs) inform management on how the organisation is performing in their critical success factors. As a result, monitoring by management increases performance.

2.4.4.1 Characteristics of performance indicators

Performance indicators are the policies and procedures in place to direct performance. In the context of the current study, the generic assessment factors (GAFs) are utilised as the measurement tools. These are planned assessment criteria derived from nurses' job descriptions. Although planned by the supervisor the subordinates are actively involved and conversant with expectations. The indicators are understood by all members and consented to. Additionally, it clarifies how the work performance is to be improved. Performance indicators are regulated and measured frequently (Badawy, El-Aziz, Idress, Hefney & Hossam 2016:48). The rationale is that the health care goals and objectives are to be congruent with the changing society and the health care needs of the communities. The everyday tasks that take time and that are not identified as significant as stated in Metasebiya (2017:25), are to be included as performance indicators to maintain positive perceptions and attitudes towards PMDS. A continuous communication and feedback are to prevail between the subordinate and the supervisor to indicate the shortcomings and unspecified performance criteria.

2.4.4.2 Benefits of performance indicators

- A performance indicator describes the level of performance through judging the quality of healthcare delivered as stated in Booyens et al (2015:307). It indicates how well an institution is meeting its aims and objectives (Masenya et al 2018:108). In other words, organisations set rules and regulations including policies to direct its functions and maintain the high standard of care. In the context of this study, PMDS is utilised to manage, develop and maximise nurses' activities to enhance the high standard of care to patients and clients.
- Determines the standard of performance of an individual nurse in the unit. Based on the comprehensive GAFs designed for the effective and efficient implementation of PMDS. Comprehensive GAFs enable fair scoring and as a result, positive attitudes and perceptions towards PMDS.
- Through performance indicators, according to Sahoo and Mishra (2012:4), the performance improvement plan (PIP) is put in place to facilitate constructive discussion between a staff member and his supervisor to clarify the work performance to be improved.

- Training and development are enhanced to impact on the employees' performance (Younas et al 2018:22). The short comings for the planned activities are identified and rectified to meet the needs of patients at a tertiary hospital. Nurses execute their functions with excellence as elicited in the PMDS assessment outcomes. Consequently, positive attitudes and perceptions are enhanced.
- Directs the performance evaluation and assessment (Badawy et al 2016:48). In other words, specific baselines are available to measure performance results. Consequently, supervisors provide feedback describing the gap between expected and actual performance as stated in (Mustafa 2013:37).

2.5 PERFORMANCE MANAGEMENT AS A PROCESS

Performance management is a continuous process of identifying, measuring and developing performance of individuals and aligning performance with the strategic goals of the organisation (Aguinis 2016:26). The performance management process is discussed below the following: role definition or role profile, performance agreement, performance measurement indicators and competency assessment.

2.5.1 Role definition or role profile

The purpose of role definition or role profile is to ensure that the job holder understands her/his function within the organisation. Furthermore, role profile describes the key areas of responsibility, objectives and standards that the jobholder is expected to carry out in the specific unit. In this study, individual`s role profile includes the capabilities, attributes and expertise in rendering service to the community. Govender and Bussin (2020:2) added that the effective management of employees' performance include to develop talent, build competencies and to enhance skills of the employees. As a result, these are to be recognised and be incorporated in nurses' key responsibilities to enhance the effective implementation of PMDS. In addition, detailed clarification of objectives, outputs and targets are outlined on the performance agreement.

2.5.2 Performance agreement

Performance agreement stipulates the key performance indicators of a job holder according to the missions, visions and the objectives of the unit and organisation. The supervisors and subordinates should be involved in performance planning process of the service units, allowing the awareness of the expected performance outcomes. Pulakos et al (2019:249) affirm that performance management processes begin with setting goals and objectives for each employee. The supervisor must develop performance agreement in line with the planned performance outcomes.

The planned outcomes are the descriptions of GAFs aligned to the job descriptions and the scope of practice of an individual nurse. The GAFs designed are to be comprehensive and relevant to nurses' categories to enhance effective monitoring and evaluation that result in positive attitudes and perceptions towards PMDS. The set standards in the agreement indicate how nurses achieve each objective. The agreement is about the attainment of objectives with consideration of responsibilities and accountabilities for acts and omissions in achieving these objectives.

Before a nurse binds herself/himself to the agreement, he/she needs to ensure that key responsibilities are achievable and there are resources available to execute the nursing functions to enhance attainment of the outputs. The contents of the performance agreement must be credible, measurable, fair and objective. Both the additional responsibilities and the reasons for the additional responsibilities are clarified. The supervisor and the subordinates sign the performance agreements after reaching consensus.

2.5.3 Performance measurement indicators

Based on the agreement reached between the supervisor and the subordinate, performance is measured according to the detailed performance measurement indicators described in the performance agreement. Laisasikorn and Rompho (2019:83) proclaim that one of the attributes for a successful performance management system is to encourage performance measurement of employees consistently. Consistent measurement of performance relies on the accurate indicators. In PMDS, the key

performance indicators (KPI) are utilised to measure nurses' performance. Villazon, Pinilla, Olaso, Gandarias and De Lacalle (2020:5) describe the KPIs as metrics used by some organisations to track the success and guide their progress towards specific strategic objectives. The performance indicators guide the managers and supervisors on the criteria to be considered during assessment and how the results will be achieved (Aguinis 2016:46). Additionally, managers need to create performance measures for each department to ensure that the outcomes are consistent with the organisational objectives. Cameron (2015:6) proclaims that one of the reasons for non-compliance with PM regulations is poor review emanating from erratic and inconsistent evaluation guidelines. In other words, performance output should be rated according to the appropriate key responsibility areas, objectives, mission and vision for a specific unit and the organisation. Madlabana et al (2020:2) contend that measurement indicators are to be aligned to the notion that PM is a continuous process to identify, measure and improve the activities of individuals groups and organisations.

The standard procedures utilised to measure individual nurses' task execution is based on knowledge, skill, motivation and passion to execute nursing functions. In the context of the current study the positive perceptions and attitudes of nurses towards the implementation of PMDS are aligned to the completeness and accuracy of the rating system for relevant outcomes.

Van Dijk and Schodl (2015:716) provide the following suggestions for making the Rating Systems work to improve performance:

- Rating system to be supplemented with regular discussions with each employee about how work is going. No waiting until the yearly review to discuss any problems.
- Supplement the rating sheet or form with some way of making short comments about each item. If the rating outcome is low to an unacceptable extend explain why, if it is high and above expectations, explain what the person has done well.

2.5.4 Competency assessment

Karami, Farokhzadian and Foroughameri (2017:2) contend that competency is a combination of skills, knowledge, attitudes, values and abilities that bring about effective and high performance in occupational and professional positions. Therefore, competency assessment is judgement imposed by the managers and supervisors towards nurses' performance to enhance quality of care, safety and well-being of patients and clients. In the current study, PMDS is utilised as an appropriate strategy to maintain nurses' excellence in carrying out nursing activities and their commitment to the organisation.

Generic assessment factors (GAFs) describe competency requirements, taking into consideration knowledge, skills and attributes relevant to the employees' work (Free State Provincial Government PMDS Policy Framework for level 1-12, South Africa 2018:2). Nurses' quality of work life is based on the standards and ethical values as regulated by the Nursing Act (Act 33 of 2005). Competency is assessed under the following domains: professional, ethical and legal practice, clinical practice, personal and quality care, management and leadership and research. In the case of incompetency corrective measures are taken to maintain excellence in service delivery that results in positive attitudes and perceptions towards PMDS.

Competency is not directly measured; the indicators are directly measured to ascertain excellence in nursing activities. The measurement is done through use of data provided by individuals who make judgement regarding the presence of quality service. In PMDS assessment, the evaluation of competency in performing nursing responsibilities is based on the assessment criteria reflected on the tool impacting on perceptions and attitudes. Fukada (2018:3) further contends that nursing competency is a holistic and integrated concept constructed from complex activities. This brings to light that individual capabilities are to be considered during assessment. In the case a nurse displaying incompetent behaviour, training and development is to be commenced. Training and learning needs are to be endorsed in the performance plan. In describing competency, the following components would be measured:

- Definition.
- Description of specific behavioural indicators that can be observed when someone demonstrates his/her potential effectively.
- Description of specific behavioural that are likely to occur when someone does not demonstrate a capability effectively.
- List of suggestions for developing the knowledge and skill in question.

Zlatkin-Troitschanskaia, Pant, Toepper, Lautenbach and Molerov (2017:2) suggest assessment of competencies in a transparent and objective way for comparison purposes. In the context of the current study nurses' competency' assessment is to be accurate, transparent and objective with relevant tools to enhance positive outcomes resulting in positive perceptions and attitudes of nurses towards PMDS.

2.6 FACTORS AFFECTING IMPLEMENTATION OF PMDS

2.6.1 Performance management cycle

Performance is managed through a complete 12-month cycle according to the DPSA (South Africa 2007:6). The performance management cycle is described below as factors affecting the implementation of PMDS:

- Performance planning
- Goals and objectives
- Monitoring and evaluation
- Feedback
- Coaching and support
- Recognition and reward

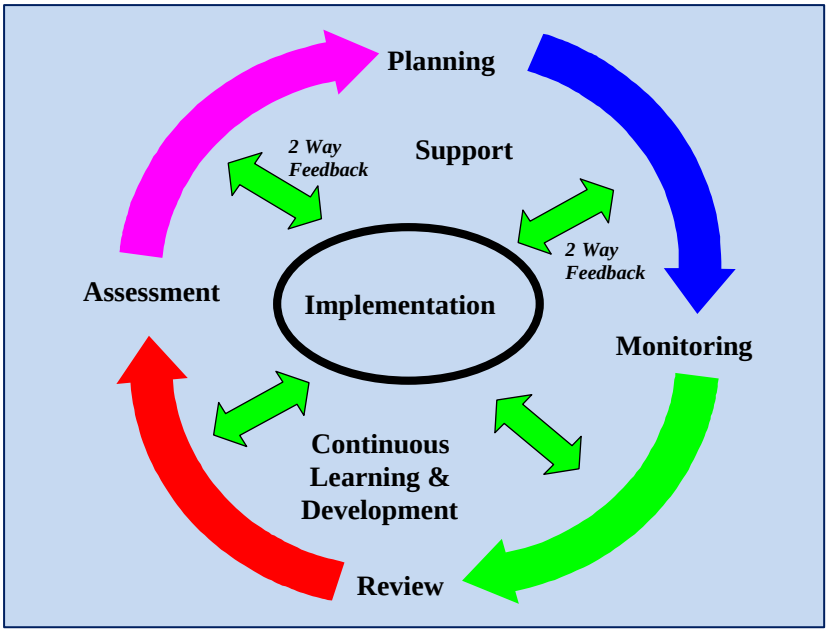

Figure 2.1 Performance management cycle

(South Africa 2007:8)

2.6.1.1 Performance planning

Performance planning lays foundation for the supervisor or manager and subordinates to meet and discuss what needs to be done in an organisation. Masenya et al (2018:109) confirm that performance planning is the starting point for an employer and the employee to begin the performance management process. Performance planning is done once a year, at the beginning of a performance cycle. The supervisor and subordinates enter into an agreement regarding the plan of activities detailed in performance plan. The individual employee is assessed on the documented plan of actions.

2.6.1.2 Goals and objectives

Positive performance outcomes contribute to the achievement of organisational goals and objectives and improve service delivery. Teo and Low (2016:84) purports that employees without set goals and objectives find themselves working ineffectively without knowledge and direction and what value is being added to the organisation. Ross (2012:31) explains that through the setting of goals, the manager and the team will know which areas to focus on, to enhance quality. Cascio (2013:302) further

confirms the statement by indicating that once an individual accepts a goal and is committed to achieving it, difficult but attainable goals result in higher levels of performance.

In modern performance appraisal, SMART objectives are used to form performance objectives (i.e., objectives that are specific, measurable, realistic and time bound) (Pulakos et al 2019:256). Similarly, Laisasikorn and Rompho (2019:83) suggest that for performance management system to be successful, clear understandable objectives are to be utilised. However, Teo and Low (2016:89) contend that goals are to be specific, focused and stretched to expand staff`s capabilities.

In the context of this study, the effective implementation of PMDS depends on the comprehensive and clear goals and objectives serving as standards for assessing nurses' achievements. These are the key performance indicators (KPI), directing execution of tasks in achieving the mission and vision of the organisation. The goals and objectives are to be congruent with individual tasks to enhance positive perceptions and attitudes of nurses towards PMDS as stated in Teo and Low (2016:85).

2.6.1.3 Monitoring and evaluation

Mbiti and Kiruja (2015:12) describe monitoring as an implementation process on how well a system is applied, and evaluation analyses the execution process outcomes. As a result, in the current study, it measures how well PMDS activities have met the set objectives contributing to the quality and the effectiveness of the process. In monitoring, feedback is provided immediately to rectify shortcomings and to applaud individual nurses for best activities that were conducted at a high standard. Evaluation examines whether goals and objectives of the unit and organisation were achieved and how they were attained.

Performance management and development involves continuous (informal) monitoring of functional activities by both supervisor and jobholder to identify performance barriers and address development and improvement needs as they arise (Muller & Bester 2016:43). The team approach is to be considered in the monitoring and evaluation of

performance. Sanyal and Hisam (2018:17) contend that individual skills require leadership and structure either from the management or from team members themselves. In other words, in the absence of a manager or a supervisor in the unit, the teammates should continue maintaining continuity in observing their functions. Performance is continuously monitored in order to:

- determine progress made and/or identify obstacles in achieving objectives and targets
- enable supervisors and jobholders to deal immediately with performance-related problems
- identify and provide the support needed
- modify objectives and targets
- ensure continuous learning and development through performance feedback.

2.6.1.4 Feedback

Performance feedback is an important type of communication where employees receive evaluative information focused on their performance to maintain their work performance (Van Dijk & Schodl 2015:717). Additionally, it is a motivational force when delivered effectively. In other words, feedback is to be offered timeously particularly in the case where a high standard of a role function was delivered. A low level of function and behaviour is augmented with teaching and learning. Furthermore, counselling is to be effected in case the attitude on an individual towards his/her responsibilities is unsatisfactory. Madlabana et al (2020:2) assert that developmental function is facilitated through the provision of feedback on evaluated performance. Qureshi and Hassan (2013:63) added that feedback is to be specific and behaviourally orientated. Post PMDS biannual assessments, monitoring and evaluation, informal and formal lessons are offered as remedial actions in individual attitude in performance, resulting in competency and excellence in service delivery.

Singh (2018:137) asserts that continuous performance feedback and employee participation in performance management, result in performance improvement evidenced in positive perceptions. Gnepp, Klayman, Williamson and Barias (2020:2) recommend feedback providers not to avoid negative comments in favour of the

positive. It is in this light that negative remarks in PMDS assessment, training and education for the shortcomings in functional activities is impossible, resulting in low standards of service delivery.

When conducting research on the implementation of PMDS in the Ministry of Foreign Affairs in Botswana, Sisa (2014:400) concluded that performance feedback is rarely provided. This is because African and Asian cultures are relationship orientated, hence reluctance by raters to provide negative feedback to avoid offending the recipients. However, Qureshi and Hassan (2013:63) maintain that feedback is a useful tool for development especially if it is specific and problem orientated. In other words, the informal rectification of loopholes in the executed tasks and untoward behaviour need to be communicated openly. Remedial action is recommended to achieve the desired results of the organisation and for further development of an individual`s skill and knowledge. As a result, surbordinates are supported and coached towards the implementation of PMDS.

2.6.1.5 Coaching and support.

According to Jyoti and Mohsin (2020:924), effective feedback and coaching is implemented in order to reach the organisational and the individual goals. Aguinis (2016:27) describes coaching as a collaborative action in which the manager interacts with the employees and takes an active role and interest in their work activities. In other words, coaching in PMDS involves directing, motivating and rewarding employee behaviour. Furthermore, coaching is a day-to-day function that involves observing execution of tasks and complementing good work. On the other hand, it corrects and improve any nursing functions that does not meet expectations and standards.

Coaching involves providing support and being there only when the manager is needed. Support indicates that a manager is to render a helping hand to surbordinates when the surbordinates need assistance particularly in activities that need clarity. Hampton (2019:9) suggests that a positive supervisor-subordinate relationship, is likely to have a prominent level of satisfaction of the job. In the current study, coaching and support of nurses by managers and supervisors is required throughout the PMDS annual

performance cycle, to motivate them to deliver quality service. During the process of coaching and support of nurses, recognition and rewards are to be afforded.

2.6.1.6 Recognition and reward

Employee recognition and reward were identified as highly effective motivational instruments. Additionally, recognition is a non-monetary reward which improves performance of nurses, as a result positive attitudes and perceptions are enhanced resulting in high standard of performance (Aryan & Singh 2015:6). Although rewards in the form of incentives and monetary rewards have a higher impact on the performance of employees. Additionally, recognition and acknowledgement enhance motivation and as a result, a high standard of performance. In PMDS process, the supervisor or the manager are responsible for sustaining quality services through recognising the contributions of the best performers.

Osborne and Hammoud (2017:53) emphasised that with recognition and reward in place, the atmosphere becomes more harmonious, thus creating a sense of work enjoyment among the employees. The process of PMDS implementation is to be finalised with recognition of nurses' quality performance in case the reward is impossible. Nzume (2016:72) recommends that certificates and trophies be given instead of monetary rewards. As a result, nurses are motivated to exhibit a high standard of care based on the effective implementation of PMDS.

2.7 STRATEGIES TOWARDS THE EFFECTIVE IMPLEMENTATION OF PMDS

This section discusses the strategies that can enhance effective implementation of PMDS

2.7.1 Approaches of performance management

Aguinas (2016:95) contends that before the employees' performance is measured, the fact that they do not perform in a vacuum, is to be considered. Additionally, Aguinas (2016:95) emphasises that the same employee may behave differently and produce

different results if placed in a different situation. Furthermore, the following approaches to measure performance were described. Comparative approach, attribute approach, behavioural approach, results approach and the quality approach.

2.7.1.1 Comparative approach

The comparative approach is concerned with measuring performance of employees, comparing individuals' qualities and performance outcomes with the counterparts that are on the same level. Pulakos et al (2019:259) conclude that a comparative approach provides an important benchmark against which potential performance management are evaluated. This indicates to avoid including peripheral features and complexity that do not add incremental value to the service. It is in this light, that nurses' functions at tertiary institutions need to be compared and rated according to their executed tasks. In the case of a nurse acquired an expertise in the clinical practice, it should be done in comparison to colleague with similar credentials.

2.7.1.2 Attribute approach

Giri and Chetty (2017:4) state that employees are rated on the basis of specific parameters such as problem-solving skills, teamwork, communication, creativity and innovation. The uniqueness of an individual's capabilities is to be considered during the assessment ratings.

The attribute approach emphasises the individual performer and ignores the anticipated specific situations, behaviours and results. Performance of an individual is based on the abilities of an individual, such as cognitive abilities and personalities which are unlikely to change over time. Additionally, these distinct individual attributes are to be recognised and credited to improve how nurses perceive the implementation of PMDS. This brings clarity that nurses differ in their performance outputs hence the outcomes are never the same.

2.7.1.3 Behavioural approach

According to Bianca (2017:1), the performance of employees is based on the demonstration of desirable behaviour. Furthermore, employees receive direct explanation of expected behaviours at the beginning of their employment. In the current study a consensus is reached between the subordinate and the supervisor regarding the key performance indicators (KPI). The surbordinates behaviour forms part of the key area of responsibility as the assessment criteria.

2.7.1.4 Results approach

The results approach is a success criteria utilised to measure the success and failures of the organisation as stated in Villazon et al (2020:7). The results approach emphasises the outcomes and results produced by employees. The trait that the employee may possess is not considered, instead it focuses on what is produced based on the set assessment criteria. The work results are to be congruent to the outputs in PMDS assessment resulting in boosting nurses' morale and hence impacting on the perceptions and attitudes towards the system.

2.7.1.5 Quality approach

According to Sadikoglu and Olcay (2014:11), a company with an effective measurement system, monitors data on quality and the success of the process. Furthermore, mistakes in the processes are corrected to maintain quality continuously. The quality approach is concerned with the productivity and the effectiveness of tasks executed. Giri and Chetty (2017:7) emphasise that assessment of both the employee and the system needs to be established. The high standards of performance emanate from the committed and motivated work force elicited through the effective implementation of PMDS.

2.8 FACTORS INFLUENCING EFFECTIVE PERFORMANCE MANAGEMENT

Factors influencing the effective performance management are: leadership and motivation.

2.8.1 Leadership

Mansor et al (2012:586) explain that there are two basic factors that influence performance management system in public organisation, namely: internal and external factors. The internal factors include leadership and employee engagement, while external factors include measures to enhance effectiveness of PM system. Moreover, leadership is important in developing and designing effective performance measurement system.

A leader refers to supervisors or managers responsible for PMDS of nurses in the unit. Supportive leaders provide support and increase individual capacity to complete work goals, and consequently job satisfaction (Nielsen, Nielsen, Ogbonnaya, Kansala, Saari & Isaksson 2017:105). In other words, the supervisors and managers function as leaders of nurses to acknowledge and their potentials and functions to ensure advanced work activities.

Booyens et al (2015:206) describe leadership as a process through which a leader uses his or her power, authority and influence to stimulate followers to realise mutual goals. It is clear from this background, that participative leadership style is vital in directing and guiding the surbordinates towards effective implementation of PMDS. As a result, motivation towards performance and hence positive attitudes and perceptions are exhibited through the high standard of service delivery.

2.8.2 Motivation

Motivation, according to Martin and Fellenz (2017:128), refers to the force that initiates, directs and sustain behaviour. As a result, workers' elevated levels of motivation and performance achieved do not always guarantee success either for the organisation or for the employee. Motivation is described as intrinsic or extrinsic. Intrinsic, originating from within an individual and extrinsic, influenced by the external environmental factors (Fischer, Malycha & Schafmann 2019:5). The external environmental factors include the policy and procedure on the implementation of PMDS. The intrinsic factors involve, the individuals' drive and attitude towards the execution of tasks as influenced by his/her perception towards the system. The discrepancy in the management tool impact on

motivation of nurses as a result, the attitudes and perceptions towards PMDS elicit low standards of performance. Motivation is characterised by a process that need to be followed in maintaining personnel enthusiasm.

2.8.2.1 Motivation process

Aryan and Singh (2015:1) maintain that motivation emanates from willingness to work and enthusiasm. Additionally, a highly motivated person works hard towards the achievement of organisational objectives. Nurses are eager to execute their functions driven by the positive perceptions towards PMDS. Aryan and Singh (2015) further elaborate that good physical working conditions provided by an organisation could motivate employees to perform their duties. Additionally, a conducive enviroment with safety and security and pleasant management structures enhances nurses' motivation. Nurses' hardworking attitude and contribution in the unit are to be acknowledged and applauded. Khan and Ukpere (2014:664) concur that employee`s recognition is a driving force for employees' performance. Furthermore, Sahoo and Mishra (2012:6) suggest the development of a recognition system that rewards and recognises peoples' real contributions. The individual potentials differ in the work environment, therefore managers and supervisors are to give credit to the best performance and expect performance. Assessment outcomes of nurses are to be appropriate to their outputs to impact on their motivation and as a result the implementation of PMDS.

Key performance indicators (KPI) are in place to measure the efficiency and effectiveness of the nursing functions conducted, to match a competitive environment (Vallizon et al 2020:1). Consequently, the KPI are to be appropriate to tasks performed to enhance motivation that results in positive perceptions and attitudes towards PMDS. Monitoring and evaluation are to be continued to track the best performance, for recognition and acknowledgement to reinforce behaviour and conduct. In case of weaknesses, loopholes are corrected. Sahoo and Mishra (2012:6) further emphasises that training, education and development are to be provided to build a superior, high performing workforce. The high performing workforce is evident in quality service delivered to the community, motivation and positive attitudes and perceptions towards PMDS.

2.9 GLOBAL PERSPECTIVE OF PMDS IMPLEMENTATION

Performance management and development system is a global phenomenon to improve performance of the employees. In some countries, performance management system is utilised as follows:

2.9.1 Performance management in United States of America (USA)

Managers and supervisors in USA utilise work engagement towards the employees as a determinant factor towards effective implementation of PMS (Ricci 2016:18). Employees are motivated and become actively involved in the execution of their tasks. Moreover, managers encourage subordinates to voice their opinions and take their ideas into consideration when making decisions (Ricci 2016:61). It is clear from this background that PM in the USA is based on a strong bond between the supervisors and employees resulting in positive attitudes and perceptions towards the system. Unlike in South Africa, although the surbordinates engage in self-assessment, the decision of managers and superiors regarding the individual PMDS is final.

Osborne and Hammoud (2017:60) emphasise that in the USA, PM is aligned to increasing employees' engagement in the work environment resulting in a motivated workforce and hence productivity. This is attributed to two factors namely: rewards and recognition and empowering of employees. If a rewards and recognition system is in place, it indicates that diligent staff members are acknowledged for their contributions. Job holders are kept abreast with latest trends and developments. In case of shortcomings in activities, these are corrected. As a result, the atmosphere becomes more harmonious, creating a sense of work enjoyment amongst the workers to enhance positive attitude and perceptions towards the PMS.

2.9.2 Performance management in Nigeria

Research conducted in a selected organisation in Nigeria indicates that performance management system is aligned to work transparency. According to Olokundun et al (2018:4), Nigerians adopted a culture of work transparency to motivate innovation accountability within the organisation. Additionally, workplace transparency is

associated with information sharing resulting in innovative thinking and accountability. Furthermore, this fosters responsibility, motivation and efficiency with openly shared goals.

2.9.3 Performance management in the Middle East in Oman

A study undertaken at the University of Dhofar, reveals that PMS in the Middle East in Oman is aligned to teamwork, team trust and positive leadership structure. Moreover, the appraisal system has a significant and positive impact on the performance of members (Sanyal & Hisam 2018:21). The status of the system is focused on the involvement of the stakeholders in creating a meaningful impact on the productivity of the organisation. It is in this light that PMDS is to in cooperate other members of the health team for mutual collaboration in maintaining the highest standard of health care, resulting in the effective implementation of PMDS. Schmutz, Meier and Manser (2019:1) argue that although the clinical expertise of individual team members is important to ensure high performance, teams apply and combine the unique expertise to maintain safety and optimal performance. In other words, a team approach is crucial in sustaining the efficient and effective implementation of PMDS.

2.9.4 Performance management in Ethopia

A study conducted in Ethopia regarding employees' attitudes towards performance management system, reveals that commitment of employees to their organisation is not emanating from motivation about salary increase but about the fair treatment of employees (Metasebiya 2017:58). Moreover, workers are motivated because they are encouraged to develop new and more efficient ways to do their jobs and have room for innovative skills to meet customer needs.

In the current study it relies with managers and supervisors to exhibit the effective and efficient implementation of PMDS for positive perceptions to prevail in organisations. There should be a continuous mutual relationship between surbordinates and the authority in observing and directing best performance and commenting on improvements made. Furthermore, fair treatment means fair monitoring, evaluation,

assessments, coaching and mentoring for quality service delivery, consequently positive attitudes and perceptions towards PMDS.

2.9.5 South Africa perspective of PMDS implementation

Performance management and development system in South Africa is applicable to all jobholders from level 1-12. The Public Service Regulation was amended and excluded employees other than members of the senior management in the policy (South Africa 2018:1). In South Africa a rating is allocated to each performance outcome that reflects the actual individual performance from the following four (4) categories as stated in Cameron (2015:5).

- Unacceptable performance (rating 1)
- Performance not acceptably effective (rating 2)
- Performance acceptably effective (rating 3)
- Performance above expectations (rating 4)

Both the supervisor and the jobholder identify deficiencies in performance during assessment, monitoring evaluation and review. Training and education are done to rectify the limitations (Hassan 2016:16). However, the study conducted in Gauteng nursing colleges, on the utilisation of PMDS for continuous development of nurse educators revealed inadequate nurse educators' development (Tjale 2017:79). To promote the competencies of nursing students, the competencies of nurse educators need to be comprehensive (Satoh, Fujimura & Sato 2020:2) PMDS assessment tools is to be designed to include the advanced qualities and responsibilities of nurse educators to enhance the high standards of nurses to the changing world. Similarly, the knowledge, skills and expertise of nurses in the clinical areas particularly at tertiary institutions are to be utilised to bridge the gap on the leaning needs of student nurses. PMDS performance indicators are to be reviewed and updated with the current clinical programmes to meet the needs of the communities and as a result positive perceptions and attitudes towards PMDS.

The study conducted on challenges in the implementation of PMS in the ministry of social development in Lesotho, exhibited poor communication channels that impede the

successful implementation of PMDS (Ramataboe 2015: 136). Communication channels refers to vertical and horizontal. Trajkova, Andonov and Mihajloski (2014:518) describe vertical transmission as downward dialogue between managers and workers. Additionally, horizontal as transmission of messages between employees of equal status working in the same organisational unit. The flow of communication among team members in the nursing fraternity facilitate the effective and efficient implementation of PMDS resulting in positive attitudes and perceptions of PMDS in South Africa.

South African PMDS as implemented in the department of culture, sports and recreation in Mpumalanga exhibited a perception that PMDS is a penalising tool used by the supervisors on their surbordinates (Maloba 2012:74). This highlight that, there is lack of involvement of the employees as the primary stake holders in decision making concerning the assessments outcomes. Govender and Bussin (2020:5) maintain that employees offered a voice, share ideas for improvement and raise concern for timely resolution to improve organisational performance. Additionally, this emphasises that appropriate performance indicators with accurate activity measurement tools are to be utilised for relevant outcomes.

It is highlighted through the numerous studies conducted, that the implementation of PMDS in South Africa remains a challenge in spite of several investigations and recommendations put in place. The loopholes emanate from performance assessments, the rating scales, performance management by the supervisors or managers and the development in personnel performance. Esterhuizen and van Rensburg (2021: 1), emphasised that professional organisations are tasked with the responsibility of protecting society by encouraging professional development.

South Africa is faced with transformation of nursing education and training to higher education to ensure that the health needs of the society are congruent with the nursing education and training system. However, Matlakala (2016:6) argues that it is not easy to look at transformation of nursing education from the new qualification viewpoint alone, as there are challenges and dilemmas that come with the new education programmes. In this study context, professional nurses lost interest in teaching the students due to the PMDS. Research conducted with South African student nurses' experiences of professional nurses' role-modelling of caring in Gauteng Province at a specific public

hospital revealed inconsistencies in the clinical enviroment (Mathe, Downing & Kearns 2021:8). In addition, student nurses experienced some professional nurses as actively involved in developing them, while others lack interest in teaching them. This justifies the need for improvement in PMDS implementation to offer more credits towards the professional nurses to train and teach the students nurses for development. Performance indicators are to be redesigned to emphasise the teaching function of professional nurses.

Nurses PMDS is managed directly by the supervisor in the unit. The system maintains the expected standards of nurses' functional activities. Through the job description, the supervisor draft plans for nurses' performance expectations to enable measurement standards and indicators during the assessment periods. The job description of every post level be set out in detail (Sahoo & Mishra 2012:3). The supervisor stipulates the outcomes and define criteria required to achieve these outcomes in the plan. These performance outcomes are aligned to the organisational and the unit`s objectives planned within the annual performance plan.

Nurses are at the forefront of facilitating changes in health care best practices (Madlabana, Mashamba-Thompson & Peterson 2020:2). On the other hand, nursing staff constitute the largest sector of health care workers across the globe. Therefore, it is imperative that nurses' performance be monitored and assessed to ensure the quality standards in the health care service. PMDS ensures monitoring, evaluation and maintenance of the nurses' high standard of performance. Assessment, monitoring and evaluation of performance of nurses is related to their job descriptions and the key areas of responsibilities to enhance the effective implementation of PMDS.

The supervisor assesses the subordinates' competencies, abilities, knowledge, skills, values and attitude as well as professional accountability before delegation (Muller 2013:205). Tasks allocated in a specific unit are based on the unit`s vision, mission and the objectives. These are conducted according to the nurses' scope of practice that are normally set out in the job descriptions (Muller 2013:203).

It is during the time of delegation of duties to nurses that the supervisors and managers become conversant with the individual differences and implications in terms of their

thinking, feeling and behaviour in the unit (Martin & Fellenz 2017:67). This is supported by Paile (2012:72) that subordinates expect supervisors to assess all the same, this cannot be done because employees are different, have different skills and they perform differently. This highlights that nurses' potentials are to be considered and be afforded high credits.

According to Adam's equity theory (1965) nurses develop satisfaction about fairness of the treatment they receive at work. Additionally, nurses judge fairness by comparing themselves with relevant counterpart of same levels in the same environment in terms of their performance, talents and contribution (Martin & Fellenz 2017: 143). The outcomes such as pay, benefits, learning and development opportunities are also compared. The imbalance between the inputs and outputs results in dissatisfaction and low morale (Martin & Fellenz 2017:143).

A study conducted at a selected hospital in Kwazulu-Natal revealed that the supervisors' attitude towards PMDS affect nurses' performance (Vezi 2017:65). Ethical leadership behaviour is a considerable influence on work behaviour and morale of employees (Min, Iqbal, Khan, Akhtar, Anwar & Qalati 2020:3). A supervisor is to ensure justice, respect and dignity of nurses during the PMDS process. Due credits to be afforded to individual nurses to enhance positive attitudes and perceptions. Open communication should prevail regarding PMDS and opinions of nurses are to be acknowledged.

The challenges in the effective application of the system in South Africa and globally emanate from demoralised nurses, with a feeling that their hard-working performance is not rewarded nor acknowledged. Youssif, Eid and Safan (2017:22) content that nurses who feel their efforts are recognised and rewarded feel respected and empowered at the workplace. Non-recognition and lack of rewards are attributed to utilisation of inaccurate performance measuring tools resulting in inconsistent measurement as stated in Laisasikorn and Rompho (2019:83). Inappropriate job outcomes to individual nurses executed activities result in demotivated nurses.

An objective performance management is required in health facilities to identify employees' strengths, performance gaps for appropriate rewards and acknowledgment for superior performance in uplifting the morale of the jobholders (Vezi 2017:297). The

moderation process regulates the implementation of the PMDS and the compliance to the policy through evaluation of consistency of nurses' performance assessment across the Department of Health. Fair implementation of performance management and development process is enhanced through the following processes:

- Quality assurance: the quality of performance agreements and assessments is reviewed by the performance management unit referred to as the quality assurance body. It ensures that the performance agreements are fair and correctly aligned to the Annual Performance Plan, assisting the fair and accurate assessment of jobholders.
- Primary moderation: It allows opportunity for supervisors to receive objective input on the spread of ratings. Discussions will allow for the adjustment of ratings if it appears that the assessments were too harsh or lenient. This process is dealt with by the senior manager of the component.
- Final moderation. Final moderation occurs at departmental level. The head of department appoints a departmental moderation committee to make recommendations for the approval of granting performance rewards.

2.9.6 Benefits of PMDS implementation among nurses

The PMDS needs to be implemented effectively to enhance benefits towards nurses. The benefits of PMDS are as follows:

- Patient care benefit: The designed performance agreements and plans enable nurses to render holistic care towards the patients. The scientific approach to the nursing care of patients is afforded.
- Nurses benefit: Nurses know what is expected from them (Metasebiya 2017:22). The key areas of responsibilities stipulated on the performance agreement are to be adequately selected according to the units' objectives and organisational goals. This is designed according to the individual job descriptions. Nurses continually execute their tasks more than expected. The functional activities are goal directed.
- Time Management: The nursing care activities are delivered on time based on the performance plans designed. Nurses are guided and directed to the patients' needs without any waste of time.

- Administrative benefit: Nurses level of appointment progresses to the next level. The human resource management is responsible for employees PMDS data and awarding of bonuses and pay progressions depending on the ratings afforded. Pay progression afforded is 2% at two yearly intervals as stated in Mashego and Skaal (2016:2). Training and education of personnel in an organisation is enhanced based on the developmental plans.

2.9.7 The implementation of PMDS in Free State Province

The aim of performance and development management in Free State Provincial Government is to optimise individual excellence and achievement**.** The missions and visions as well as objectives are considered for assessments in specific health care institutions. In order to contribute to the achievement of organisational goals and objectives and improve service delivery. Ross (2012:31) explains that through setting of goals, the manager and the team will know which areas to focus on, to enhance high performers. The manager or the supervisor allocates generic assessment factors as the performance measurement indicators. It is the responsibility of the manager or supervisor to interact with the surbordinates before the assessment commences to verify the authenticity of the assessment to be conducted. The ratings should be based on the planned key areas of responsibilities (KARs) detailed on the performance agreement.

The Free State Department of Health (FSDOH) continues to conduct training on PMDS to enhance understanding of the policy and hence positive attitudes and perceptions towards PMDS. In the last week of the first quarter of the new financial year, the supervisor and the subordinate prepare the performance plan. The compiled plan serves as an assessment criterion during assessment. The continuous monitoring allows eminent corrective measures, training and education to reveal quality services to the community. The experienced jobholder is rated one (1) or two (2) if there is no evidence provided to support his/her performance. According to DPSA, this spells out that, the jobholder achieved some of the performance criteria (South Africa 2007:24). The employee is rated three (3) when she/he has acquired all the performance criteria expected and evidence is provided to that effect. The jobholder will be rewarded with a

pay progression. The employee is rated four (4) when she/he has exceeded the expected performance criteria.

The study conducted in the Free State Province on assessment of the performance appraisal process reveal that employees are allocated scores to comply with the annual assessment report submission (Nzume 2016:69). This highlights a lack of accurate performance measurement tools impacting on the implementation of PMDS in the Free State Province. The quality of work delivered by nurses is not given due credits.

Pulakos et al (2019:259) argue that the inflated performance ratings are to be supported by transparent sources of accurate performance information. In other words, in the context of this study, the rating scores for highly effective performance are to be verified with the supporting evidence and the accurate performance measurement tools to impact on the attitudes and perceptions of nurses. Pulakos et al (2019:259) further conclude that the employees in specific units are to be informed about individuals who obtain high scores. In other words, transparency and communication of high scores motivate personnel to perform better.

2.10 SUMMARY

This chapter highlighted a brief overview of the literature that compares the theoretical knowledge with the current study. Strategies towards the implementation of PMDS identified and described. Factors affecting the implementation of PMDS highlighted such as performance planning, goals, objectives, monitoring, evaluation, feedback, coaching, support, rewards and recognition. Literature described that non-adherence to these factors create challenges in the application of the system. The concept PMDS and its components were described including performance, management, development and the system. Performance management in South Africa, globally, and in the Free State were deliberated and the benefits in the implementation of PMDS presented. Data analysis based on the knowledge derived from literature, will be explained in Chapter 4.

CHAPTER 3

RESEARCH DESIGN AND METHODS

3.1 INTRODUCTION

The previous chapter presented literature about the content of the phenomenon under study. This chapter focuses on the research design and method to investigate PMDS implementation for nurses at a tertiary hospital in Free State Province. A research methodology, according to Kivunja and Kuyini (2017:28), refers to research design, methods, approaches and procedures utilised to answer research questions. This chapter describes data collection process, population, sampling, sample, ethical considerations and measures employed to elicit trustworthiness of the study.

3.2 RESEARCH DESIGN

Mukherjee (2017:57) describes a research design as preparation outlining how the researcher will conduct the research project in answering a research question. In the context of this study, the researcher utilised an explorative, descriptive contextual design to assess the implementation of PMDS among nurses. In the context of this study, qualitative approach involves collection of data from nurses to gain a deeper understanding of their opinions, perspectives and their attitudes towards PMDS implementation (Nassaji 2015:129).

3.2.1 Qualitative research approach

A qualitative approach was appropriately selected to study the nature of the phenomenon, the quality and different manifestations and the context in which they were perceived (Brynard et al 2014:39). Exploring implementation of PMDS for nurses at a tertiary hospital was enhanced through the subjective nature of gathering data from participants. Qualitative methods are utilised to reveal the potential problems in implementing the system as well as measures to improve its effectiveness (Hammarberg, Kirkman & De Lacey 2016:499).

3.2.1.1 Advantages of qualitative research

Qualitative researchers study phenomena in a natural context (Polit & Beck 2017:464). In the current study, data were collected at the participants' work enviroment to maintain consistency of environmental conditions.

Qualitative research produces data that describes the participants own spoken words pertaining to their perceptions (Brynard et al 2014:39). Nurses described their perceptions regarding the implementation of PMDS at a tertiary hospital according to their understanding.

Participants respond to questions stated through use of qualitative methods (Busetto, Wick & Gumbinger 2020:1). Nurses' views regarding implementation of PMDS were thoroughly understood and explained through probing questions.

3.2.1.2 Disadvantages of qualitative research

The sampling method used is non- probability, with population not having an equal chance of representation in a sample (Bless et al 2013:166). This indicates that the population may not be fully represented impacting on generalizing findings to a larger population. The smaller sample size utilized affect the generalizability of research findings. The sample size utilized was 12 participants determined by data saturation.

3.2.2 Descriptive research design

Descriptive research design is used where more information is required in a particular field about certain characteristics through the provision of a picture of the phenomenon on certain situations as it occurs naturally (Kim, Sefcik & Bradway 2017:2). The description of the content of an issue arises as the participants verbalises freely and the researcher uses probing questions to get a description of a phenomenon.

Enough background knowledge is available to permit investigation (Bless et al 2013:61). Additionally, the researcher is interested to finding the opinion of a group of people about

a phenomenon under investigation. The sample utilised in this study was nurses with knowledge and understanding on how PMDS was implemented. Qualitative descriptive data are required to utilise individual semi-structured interviews to obtain information that describes PMDS implementation for nurses at a tertiary hospital. The purpose is to generate new insights that can help shape applications of qualitative evidence to practice (Polit & Beck 2017:480). Based on the findings, recommendations were made to enhance effective implementation of PMDS.

3.2.3 Explorative research design

McGrath, Palmgren and Liljedahl (2019:1002) state that exploratory research begins with a phenomenon of interest grounded with little or no quality knowledge. Consequently, exploratory research is designed to shed light on the numerous ways on which phenomenon is manifested. Nassaji (2015:130) asserts that it involves inductive explorations to identify and interpret themes, patterns and concepts.

In this study explorative research design utilised, aimed at generating new ideas, portraying and investigating factors affecting implementation of PMDS for nurses at a tertiary hospital. Exploration allowed insight into implementation of PMDS for nurses as stated in McGrath et al (2019:1002).

3.2.4 Contextual research design

Masue et al (2013:212) enunciates that in qualitative research, contextual design takes place in situation and conditions under which the study phenomenon is occurring and experienced by participants. Qualitative research utilises contextual design as a form of gathering data from the participants and interpret what they see, hear and understand (Korstjens & Moser 2017:275). Data were collected from individual nurses regarding PMDS at a tertiary hospital in Free State Province, a setting where participants perceived the implementation of PMDS.

3.3 RESEARCH METHODS

Research methods are described in Patel and Patel (2019:48) as techniques used to structure a study, gather and analyse information relevant to the research problem. A reflection on how the qualitative study was executed, revealed themes that were identified (Korstjens & Moser 2017:276).

3.3.1 Research setting

A research setting is the specific place where the research took place (Polit & Beck 2017:744). The study was conducted at a tertiary hospital situated in Free State Province in South Africa with the entire population of 2,932m (Statistics South Africa 2011). The hospital is 500 bedded, with nine (9) clinical specialties such as medical, surgical, paediatrics, theatre, intensive care unit (ICU), maternity, trauma, orthopaedic as well as neonatal (Free State Department of Health (FSDOH) 2020:2). Patients from neighbouring countries such as Eastern Cape and Lesotho are referred to this hospital. Students from University of the Free State (UOFS) and Free State School of Nursing (FSSON) are allocated to this hospital for their experiential learning. A portion of FSSON is situated at this hospital offering Nursing Auxiliary Programme. The researcher selected the setting because it was the natural working enviroment of participants where PMDS is conducted at six (6) monthly intervals (Brink et al 2018:47).

3.3.2. Population

Du Plooy-Cilliers et al (2014:97) state that population is the entire aggregation of cases in which a researcher is interested. In this study the population was seven hundred and twenty (720) nurses of various categories. Three hundred and fourty seven (347) professional nurses, ninety-six (96) enrolled nurses and two hundred and seventy-seven (277) enrolled nursing auxiliaries. The study population selected was based on the participants' experience and understanding of the phenomenon under investigation, namely PMDS and its implementation at a tertiary hospital (Streubert & Carpenter 2011:28). For this study, population has been clearly defined in respect of person, place

or context and time as well as other factors relevant to the study (Joubert & Enrlich 2011:94).

Asiamah, Mensah and Oteng-Abayie (2017:1614) describe the accessible population as individuals eligible to participate in the study and are available at the time of data collection. Accessible population in this study comprised of all nurses from different units of the setting available and who were willing to participate on the day of data collection. The researcher accessed nurses to gather data on the implementation of PMDS.

3.3.2.1 Inclusion criteria

Inclusion or eligibility criteria are defined as key features of the target population that the researcher utilises to answer research questions (Patino & Ferreira 2018:84). A decision is made about exact criteria for individual participant to be included. In this instance, the researcher considered the following attributes for eligibility criteria: nurses working at a tertiary hospital; nurses with more than two years work experience at this tertiary hospital. These criteria enable the sample to enhance sharing their perceptions regarding PMDS implementation. Information about PMDS was presented through their knowledge and understanding to meet the research objectives.

3.3.2.2 Exclusion criteria

Patino and Ferreira (2018:84) define exclusion criteria as features of potential study participants who display some features that could hinder realization of the study outcome. For the purpose of this study, nurse managers, supervisors and nurses who had less than two years of experience were excluded. The rationale was based on non-exposure to nurses' clinical functional activities aligned to PMDS implementation.

3.3.2.3 Sampling

Brynard et al (2014:56) describe sampling as a technique employed to select a sample with a view to determine the characteristics of a population. In non-probability samples, participants are selected by a non- random method (Bless et al 2013:175). Sampling method in this study, enabled selection of participants with knowledge and

understanding of the phenomenon under investigation (Johnson et al 2020:141). Purposive sampling is a method used with a specific aim in mind (Maree 2016:198). Polit and Beck (2017:493) added selection of cases that will most benefit the study. In this study purposive sampling was utilised to select nurses as they were more relevant to share information regarding implementation of PMDS.

3.3.2.3.1 Sample size

DeJonckheere and Vaughn (2019:4) explain sample size as reaching thematic saturation, which refers to a point in which no new thematic information is gathered from participants. In this study, the sample size was twelve (12) participants. The researcher continuously interviewed participants until data saturation was reached, whereby new information was no longer emerging from interviews (Du Plooy-Cilliers 2014:137). Johnson et al (2020:141) asserts that determination of a sample size is based on collecting relevant data until no new information is emerging. Data saturation was reached within the 12th individual semi -structured interviews. As a result, data saturation point was reached, indicating sample size (Kumar 2014:248; Nyumba, Wilson, Derrick & Makhurjee 2017:21). Vasileiou, Barnett, Thorpe and Young (2018:2) conclude that in qualitative studies where the sample type is purposive, the sample size is adequate when the meanings are clear, and data are fully explored.

3.3.2.3.2 Sample

Johnson et al (2020:141) define a sample as a subset of a population recruited to participate in a study. The sample of this study is nurses with insight into PMDS policy implementation willing to participate in an individual semi-structured interview. The sample was recruited from units with permission and support from hospital managers at a tertiary hospital in the Free State Province.

Sample was purposively selected, based on participants' insight into the phenomenon under study. The researcher interviewed participants until no new information was emerging. In qualitative research the aim of data collection is not to generalise findings, the purpose is to shed light, meaning and understanding about the implementation of PMDS at a tertiary hospital. Total number of participants were twelve nurses of all

categories. DeJonckheere and Vaughn (2019:4) explain data saturation as a point where no new thematic data emerge during the data collection process. Based on participants' insight into the phenomenon under study, data saturation was reached during the twelfth interview. The thirteenth interview was used in ensuring that no new data was emerging (Korstjens & Moser 2018:11).

3.3.3 ANALYSIS OF PARTICIPANTS

Semi-structured interviews conducted between June 2020 to August 2020 comprised of 12 nurses of all categories. Details of participants' demographic characteristics are described as follows:

3.3.3.1 Sample characteristics

Socio-demographic characteristics such as nurses' level of education, duration of employment and unit area were considered as attributes that impact on how participants perceive PMDS implementation. Figures 3.1, 3.2, 3,3 and 3.4 depict participants' sociodemographic characteristics that emerged during data collection, followed by individual analysis of each.

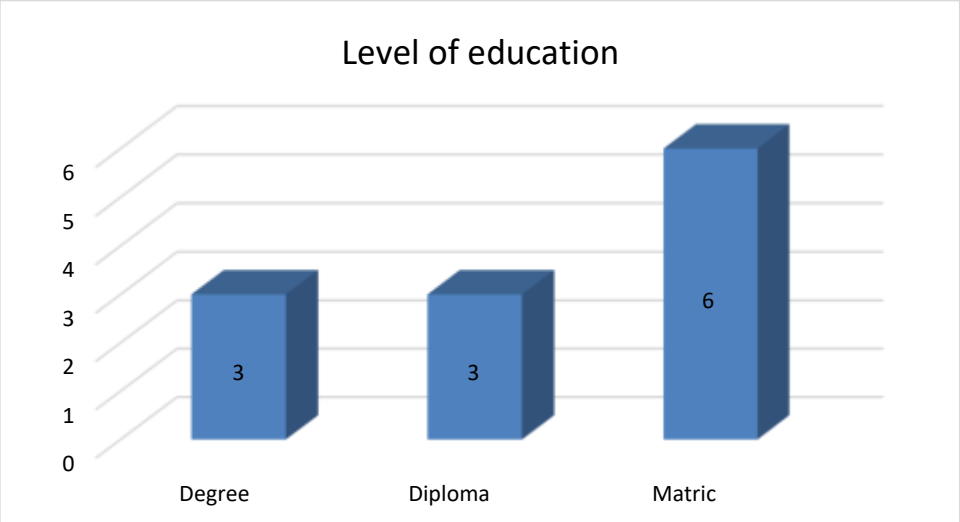

Figure 3.1 Participants' level of education

3.3.3.1.1 Level of education

Figure 3.1 illustrates that six participants were certificated with grade twelve. There was an equal number of three nurses who had a degree and those with a diploma

qualification. Van Vuuren (2012:133) asserts that human intelligence influence human behaviour, however, in this study participants' viewpoints on implementation of PMDS concealed level of education. Participants in all levels of education imparted meaning of phenomena under study.

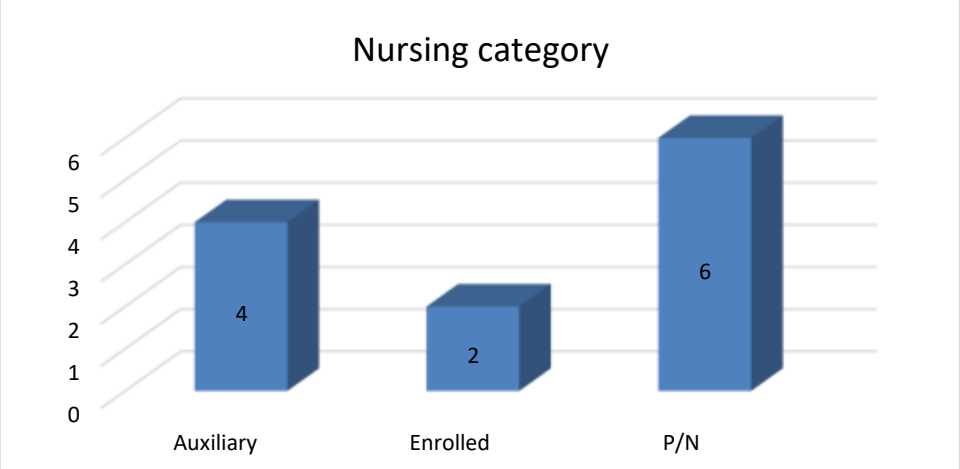

Figure 3.2 Participants' nursing category

3.3.3.1.2 Nursing category

Figure 3.2 demonstrates that four out of twelve participants were auxiliary nurses, two nurses were enrolled nurses and six were professional nurses. Although Du Toit and Le Roux (2014:153) state that nurses with highest professional status are knowledgeable, all nursing categories equally shared shed light on PMDS implementation at a tertiary hospital.

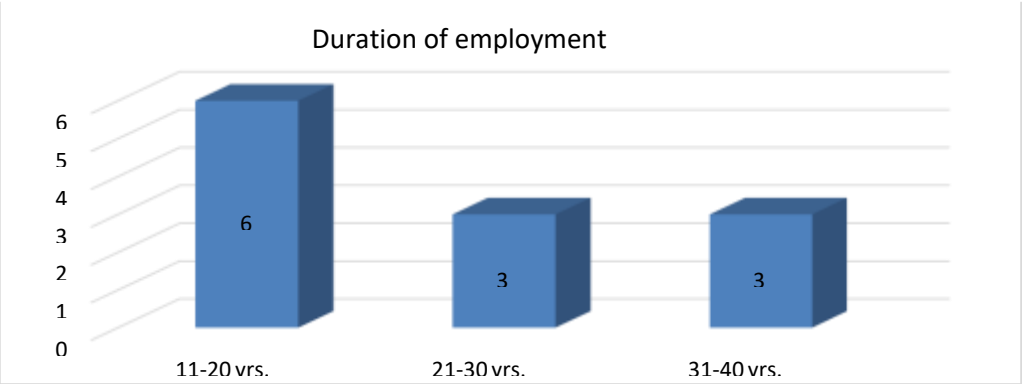

Figure 3.3 Participants' duration of employment

3.3.3.1.3 Duration of employment

Figure 3.3 depicts participants' duration of employment. Out of the twelve participants, six had eleven to twenty years of work experience. Those who had twenty- one to thirty years' experience were three. Three participants had thirty-one to fourty years of experience. In this study, interpretation of the researcher of the factors influencing effective implementation of PMDS, challenges and needs of nurses toward PMDS revealed no contrast in their conversation based on their level of work experience.

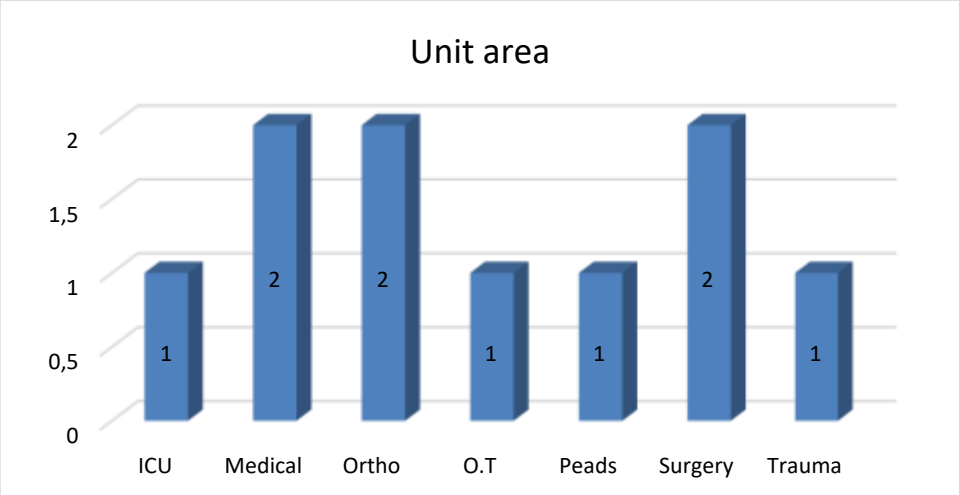

Figure 3.4 Participants' unit area

3.3.3.1.4 Unit area

Figure 3.4 illustrates number of participants with their respective unit areas ranging from one to two per unit. Qualitative researchers recognises that certain participants are likely to be `rich` with data more than others (Johnson et al 2020:141). In this study, participants from different unit areas shared quality data on their knowledge and understanding of how PMDS was implemented.

3.4 Data collection

Creswell and Creswell (2018:16-17) describe qualitative data collection as gathering information from the voices of the participants. The interest of the researcher in this study is to understand how nurses attribute meaning towards implementation of PMDS at a tertiary hospital. Individual semi- structured interviews of twelve participants were

utilised to collect data. Flexibility approach in sharing data, allowed insight in the content of discussion to answer research questions. The focus of the study was maintained to gain conclusive findings (Barrett & Twycross 2018:64). The subsequent processes were followed during data collection

3.4.1. Development and testing of data collection instrument

Kumar (2014:195) argues that a data collection instrument in qualitative research is not based on pre-determined questions. Therefore, in the current research, the researcher developed an interview guide to back up the participants' conversations about their thoughts, feelings and perceptions (Ellis 2016:104). The interview guide was constructed with open-ended questions to enhance the in-depth meaning of the phenomena under study. The interview was based on the research questions, purpose and objectives of the study. Additionally, in case the information of participants was not sufficient to impart knowledge about the research topic, probing questions were utilised to explore unexpected themes.

The interview guide was pre-tested on two participants who were not part of the main study. Reasons for conducting a pilot study were to ensure that the interview guide was refined and corrected for errors. It was corrected to cover objectives in answering the research questions. The pre-testing was done a month prior to the interviews. Based on the data obtained from the preliminary interview, contents of the questions were refined to suit the study aim.

3.4.2 Results for pre-testing the data collection instrument

Pretesting of data collection instrument assisted the researcher to determine the time that might be used for interviews. It also came out clear that participants raised concerns regarding comprehension of some questions in the interview guide. This assisted the researcher to rephrase and clarify ambiguous questions in preparation for the main study. Wording of questions was changed to simple understandable terms. The question "What is your view towards PMDS", was changed to "how do you perceive PMDS." In addition, flaws in the demographic data form were corrected.

3.4.3 Characteristics of the data collection instrument

Discussions in answering research questions were not constrained by the interview guide. The inductive reasoning was noted. Meaning was constructed from the individual participant conversation. As a result, an interview guide was designed based on literature reviewed. Dates on which the semi structured interviews were held appeared in the interview guide. The interview guide reflected area of the setting for the interview. A digital voice recorder utilised was functioning. The voices of the participants were well captured.

3.4.4 Recruitment process

Newington and Metcalfe (2014: 1), state that recruiting sufficient number of participants is vital to the success of the study. Arrangement was done with unit managers of the respective units regarding details of data collection including time and venue. In each unit of the setting three (3) nurses of various categories were contacted, affording a total of 27 participants of the nine disciplines of the setting. The study aim was explained, and the information leaflet was provided. DeJonckheere and Vaughn (2019:3) affirm that collaborating with unit managers to get access to potential participants is helpful as they are trusted sources that control access to the target sample. The researcher ensured that there was no disruption of the normal routine and utilised a meeting room in each unit of the setting. Participants were reassured that their identities will not be revealed, and fictitious names would be utilised to identify the specific interviews.

3.4.5 Confirmation

The participants showed their willingness to participate in the study and consented to the interview. Informed consent (Annexure F) was obtained from the study participants after a thorough explanation about the study purposes, objectives, data collection methods, duration and the potential risks and benefits were given. An information leaflet which was written in English, elaborated benefits and risks of their participation in the study (Annexure E). Prior to the interview schedule, a call was made to confirm attendance date, time and venue of the interview. The number of participants to be

interviewed was determined by data saturation. The interviews were conducted from 27 June to 23 August 2020.

3.4.6 Data collection Process followed

Individual semi structured interviews were held in the private meeting room of the unit of the setting. Rapport was established while participant was completing a demographic data questionnaire. The purpose of the interview was explained, and each participant informed that information will be recorded on a digital voice recorder and permission to do that were requested. The interview guide (Annexure G) was utilised to gather data from participants.

3.4.6.1 Questions asked in this study

The questions asked in this study were as follows:

- Tell me, how do you perceive PMDS implementation?
- What is your perception regarding factors affecting effective implementation of PMDS?
- What is your perception regarding challenges that you experience in implementation of PMDS?
- What are your needs regarding effective PMDS implementation outcomes?
- What is your perception regarding benefits in implementation of PMDS?
- How do you perceive improvement in implementation of PMDS?

3.4.6.2 Interview

Adhabi and Anozie (2017:88) describe an interview as a form of consultation in which an interactive process takes place between the interviewee and the interviewer. Additionally, questions are asked to unfold meaning from the interviewee`s viewpoint to comprehend the world. In this study, open-ended questions were utilised to explore deep understanding from participants. Rigour was ensured and relevant approach and method were used.

Semi-structured interviews were used to collect data from nurses regarding their perceptions towards the implementation of PMDS at a tertiary hospital in Free State Province. Semi structured interviews enabled the researcher to cover the entire topic under study (Polit & Beck 2017:510). The study focus was to explore and to describe the implementation of PMDS for nurses (Hancock, Amankwaa, Mueller & Revell 2016:2124). Multiple viewpoints on a specific content under discussion were needed to underpin knowledge and understanding (De Vos et al 2011:361).

Probing questions were utilised in order to probe participants' responses (McGrath et al 2019:1003). Questions covered in discussions to address research objectives, were clearly stipulated in the interview guide (Annexure G). An interview guide was written in plain English. The question sequence moved from general to specific based on information required from participant`s response.

Open-ended questions allowed participants to talk freely and share their detailed perceptions on the implementation of PMDS at a tertiary hospital. Interviews were recorded on a voice recorder. The data collected were stored in a safe place, to be only accessed by the researchers.

3.4.6.2.1 Advantages of the semi structured interviews

Individual semi-structured interview ensures that data are gathered from key informants (nurses) with knowledge and understanding of PMDS implementation (DeJonckheere & Vaughn 2019:2).

- Through semi-structured interview open-ended data are collected to explore and describe participants' views about phenomena under study.
- Research questions were answered through probing to attain in-depth meaning of data collected from participants.
- Semi-structured interviews enhanced a two-way communication between the participant and the researcher.
- Participants expressed their views freely and asked questions.

It was time consuming as ample time is required for the participants to find the underlying cause of the study content. More open-ended questions allowed discussion with

participants rather than straightforward questions. Furthermore, based on the contents of the discussion, some participants became emotional, and were reassured.

The sample size used, affect generalisability of the findings. Although the aim of the study was to assess and describe PMDS implementation for nurses at a tertiary hospital, the findings will not be generalized to other settings (Creswell & Creswell 2018:202).

3.4.6.2.2 Ending the interview

At the end of interview, individual participant was requested to present feelings about discussions. Participants were content that through their subjective viewpoints, changes would be effected which might impact on how PMDS is implemented and as a result their perceptions about PMDS. The researcher reflected on the content of each participant discussion and thanked participant for participating.

3.4.6.3 Field notes

Hesse, Glenna, Hinrichs, Chiles and Sachs (2019:574) describe field notes as detailed description of the observational events that occurred during data collection. In this study a number of pages were created as soon as possible from the commencement of the interview until the end of data collection. Participant's verbatim conversation was recorded with date, time and location of the interview process. Field notes provided nonverbal cues that could not be adequately captured through the digital voice recording as stated in Sutton and Austin (2015:227). On the other hand, it reminded the researcher of evidence of situational factors that are important during data analysis.

3.5 Ethical consideration related to data collection

Arifin (2018:30), contends that ethical consideration is a priority in qualitative research due to an in- depth nature of the research process. Bless, Higson-Smith and Sithole (2013:28) explain ethics as related to the term 'morality'. Ethical principles demonstrate the quality of work that the researcher produces. The quality pertains to honesty and integrity reinforced in the research process to maintain confidence in the outcomes. In

this study the researcher considered protecting the rights of the institution and the participants, and also ensured the scientific integrity.

3.5.1 Ethical clearance

Ethics is described in Du Plooy-Cilliers et al (2014:273) as a science that demonstrates quality of work that the researcher produces. The research conducted was on nurses at a tertiary hospital in Free State Province. The rights of the study institution were protected by obtaining ethical clearance (Annexure A1) (Reference number: REC-012714-039) from the Research and Ethics Committee of the Department of Health Studies at the University of South Africa.

3.5 1.1 Permission

The researcher followed departmental procedure to apply for approval for conducting the study in the selected health care institution (Annexure B1). Further permission was obtained from the Free State Department of Health Research Committee (Annexure B2). Moreover, permission (Annexure C) to conduct the study was requested from the chief executive officer (CEO). Subsequently, a permission from the hospital CEO, was issued to that effect (Annexure D).

3.5.1.2 Protecting the rights of the participants

3.5.1.2.1 Respect for participants' dignity

Pieper and Thompson (2016:117) emphasise that to maintain public trust and confidence in human research, participants are to be treated with respect. The Constitution of the Republic of South Africa was maintained in which participant dignity, equality and advancement of rights were respected, promoted and protected. Information on the right to withdraw from the study when feeling uncomfortable was offered to participants. The researcher, maintained the respect and dignity of the participants as follows:

3.5.1.2.2 Respect for individual dignity and autonomy

Participants are autonomous, that is, they have the right to self-determination (Akaranga & Makau 2016:7). Participants were treated with respect and dignity and were permitted to exercise their rights to self-determination. Decisions to participate in a study was made based on the understanding of the risk and benefits of the study. The safety and wellbeing of participants were maintained. Participants had the right to withdraw at any time, to refuse to give information and to ask for clarification about study purpose. Decision to participate in the study was made without any form of coercion.

3.5.1.2.3 Informed consent

Abrar and Sidik (2019:186) describe informed consent as taking part in a research project voluntarily and fully comprehending the nature of the study. The consent form provided to participants entailed information about the objectives and the study purpose. The rights of participants in this study were protected by obtaining informed consent (Annexure F) from volunteering participants after a thorough explanation about the nature, purpose and the benefits of the study. Consent for participating in the study was given without any form of coercion. The signed consent forms were an indication that thorough explanation about the study was offered, and participants were well informed.

3.5.1.2.4 Confidentiality and anonymity

Confidentiality, according to Coffelt (2017:228), refers to the responsibility to protect participants from harm by altering any personal, identifying information that was revealed during the interview. Coffelt (2017) further describes anonymity as the inability of the researcher to trace the data to an individual participant. In this study anonymity and confidentiality were maintained to protect the privacy of the participants. Alphabet P and subsequent numbers were used to identify participants. The information shared during the semi-structured interviews was kept confidential. Furthermore, respect and dignity were ensured by not divulging personal information.

3.5.1.2.5 Justice

Justice includes ensuring reasonable, non-exploitative and carefully considered procedures with fair distribution of benefits (Vanclay, Baines & Taylor 2013:245). Non - exploitation and fair treatment were ensured, selection of participants was done according to study requirements not according to their vulnerability. Fair treatment was ensured and individual professional level was not considered. Participants were reassured about their confidentiality with regard to their data.

3.5.1.2.6 Beneficence

Brink et al (2018:29) contend that participants have the right to be protected from discomfort and harm. This includes physical, psychological, emotional, economic, social and legal harm. According to Akaranga and Makau (2016:6), beneficence imposes a duty on a researcher to minimise harm and maximise benefits. Involvement in the study should not place participants at a disadvantage. Throughout the study, the researcher ensured that participants were spared from discomfort. The right to withdraw from the study was emphasised to participants. Likewise, detailed explanation about the study purposes, objectives, data collection methods, potential risks and benefits was provided. This allowed participants to ask questions freely, thus preparing them psychologically.

3.5.1.2.7 Non-maleficence

According to Akaranga and Makau (2016:6), the concept non-maleficence focuses on avoiding harm. Additionally, participants were protected against the psychological and physical injury. In the case of a participant becoming psychologically affected during the interview, a hospital employee assistant programme (EAP) was arranged for counselling any traumatised individuals. Every participant was made to feel comfortable. A safe and secure environment was ensured in which the participants could express their opinions without fear (Du Plooy-Cilliers 2014:186). In addition, the researcher ensured that participants were protected from being infected with Coronavirus, by adhering to the UNISA guideline on Covid 19 (Annexure A2).

3.5.2 Scientific integrity of the research

In addition to honouring the rights of participants, respect for the scientific community was demonstrated by protecting the integrity of scientific knowledge (Du Plooy-Cilliers 2011:4). The ethical responsibilities associated with the conduct and reporting of research were maintained. Additionally, competency was ensured and above all, honesty was practiced in every activity executed for efficient and effective ethical research (Brink et al 2018:36). Plagiarism, falsification and fabrication of information were avoided. Recorded interviews and verbatim transcripts were submitted to the supervisor and the co-supervisor for verification of the interviews process and data analysis. The co-supervisor and the supervisor effect a crucial role in guiding the research towards the integrity.

Dhammi and Haq (2016:581) define plagiarism as an act of taking the writings of another person and passing them off as one's own. The current study conveyed an original presentation. Literature and sources consulted were cited and supported with references to avoid plagiarism. Falsification of data is the manipulation of research data to give a false impression of the study (Kang & Hwang 2020:8). In this study falsification and forgery were avoided. Data gathered from the participants were not changed. Verbatim transcripts correlated with the recorded interviews as captured during the interview session.

Kang and Hwang (2020:8) define data fabrication as an act of making up data and reporting the made- up as a true reflection. Data were collected through individual semi structured interviews in a natural setting. The information in a compiled research report reflects what the researcher actually conducted. Honesty was maintained in presenting goals, intentions, reporting research methods, procedures and in conveying interpretations.

3.6 DATA MANAGEMENT

De Vos et al (2011: 408), describe data management as organising data properly for possible retrieval. Data obtained during the individual semi-structured interviews was kept chronologically according to the date of data collection. Each interview was labelled

chronologically with a “P” and a number. Transcribed verbal transcripts and voice recorded interviews were saved electronically. Signed consent forms and participants’ demographic data were kept safe in the researcher’s office.

3.7 DATA ANALYSIS

Johnson et al (2020:141) pointed out that in qualitative research, data collection and data analysis are done concurrently. Sutton and Austin (2015:227) describe data analysis as analysing the voices that are to be heard, to enhance interpretation and reporting for others to read and learn from it. In this study Tesch`s eight steps were used in the coding process as outlined in Creswell and Creswell (2018:96). These steps are described as follows:

Step 1: All transcripts read roughly

The recorded individual views on implementation of PMDS were listened to, several times and transcribed verbatim (Annexure H). Written transcripts and field notes were carefully read to get the overall picture of the content of data. Meaning and ideas emerged were written down as it came to mind.

Step 2: Pick up one interesting interview

One short, interesting interview was picked and read more to explore the underlying meaning and to reflect on the content. Brainstorming was done and thoughts were written in the margin. The transcript was read several times and analysis was done at the same time. The rest of the transcripts were read, and a similar process was followed with thoughts written in the margin of each transcript.

Step 3: A list of all topics made

After completing this task, a list of all topics was made. Related topics were clustered together which were grouped according to repetition of the same ideas from the participants’ verbatim transcriptions. Thoughts about data were recorded in the side on the relevant verbatim transcription.

Step 4: Abbreviate the topics as codes

Topics that appeared into clusters were abbreviated with codes written next to the appropriate segment of the text. New emerging codes were checked, and assorted colour pens were used to differentiate codes according to data presented. The same colour was utilised for the codes reflecting similar ideas and were written in the margin. This preliminary organising was to check if no categories or new codes were emerging.

Step 5: Generate themes, categories and subcategories from coded data.

Themes, categories and subcategories were generated from related transcripts of the coded data. Similar themes, categories and subthemes were grouped together to avoid an extensive list.

Step 6: Finalise the codes

A final decision was made on the abbreviation for each category and the codes were alphabetised.

Step 7: Assemble the data

The data material belonging to each category was assembled in one place and preliminary analysis was performed to identify relevancy to the research objectives.

Step 8: Data re-cording

Data was re-coded and the findings were reached. Five themes, twelve categories and seventeen subcategories emerged. An independent coder was engaged to enhance credibility during data analysis.

3.8 TRUSTWORTHINESS IN RESEARCH

According to Nowell, Norris, White and Moules (2017:1), it is imperative that qualitative research be conducted in a rigorous and methodical manner to yield meaningful and useful results. In the context of this study the criteria introduced by Lincoln and Guba (1985) was utilised to demonstrate trustworthiness (Nowell et al 2017:3). Additionally, the criteria used included credibility, dependability, confirmability and transferability.

3.8.1 Credibility

Credibility refers to confidence in the truth of the data and the interpretation (Johnson et al 2020:141). A qualitative procedure was followed by engaging in a one-hour individual semi-structured interviews with participants. Prolonged engagement and a sense of trust was established. In the case of clarity being required from the information imparted, probing and follow-up questions were used get an in-depth meaning of the study. Participants were encouraged to talk freely and not to be scared of sharing information regarding the implementation of PMDS until data saturation was reached. Themes, categories and subcategories emerged, that were based on the research questions and objectives.

Credibility was further ensured when the participants confirmed the truthfulness of the data they revealed when confirmation was searched from the digital voice recorder. This was to determine the accuracy of the research findings. The researcher believed that the purposely selected sample were the valuable source of information with insight into PMDS policy implementation. The lengthy field notes provided a detailed account of observational behaviour interpreted in the field. These were collected on specific dates of data collection and were similar to the discussions held by the participants. The reader becomes conversant with the shared perceptions of the participants regarding the implementation of PMDS.

3.8.2 Dependability

According to Nowell et al (2017:3), dependability is achieved when a research process is logical, traceable and clearly documented. Dependability includes the aspect of consistency (Korstjens & Moser 2018:122). Consistency was maintained, the qualitative data analysis approach was followed to analyse the content of the study topic. The interpretation of the findings was not based on the researcher’s viewpoints and preferences, it was grounded in data collected as stated in Korstjens and Moser (2018:122). If this study would be repeated with the same participants, in similar setting the findings would be same. The archived records of raw data, transcripts and the digital voice recorder when audited over time, will give evidence that the research was conducted authentically.

3.8.3 Confirmability

Confirmability refers to the data's accuracy, and if there is communication to the reader that the results are based on the reflection of information gathered from the participants (Du Plooy-Cilliers 2014:259). Information provided by the participants' perceptions is not the added data, but the participants' voices towards the phenomena under study. Peer evaluation was requested from a co-coder to compare the meaning of the interpreted data from the participants' information on the digital voice recorder and the collected field notes. The co-coder revealed a true reflection of the participants' data before the research report was written and findings published.

3.8.4 Transferability

Transferability is the extent to which detailed contextual information is provided such that readers determine whether the results are applicable to their own situations (Nowell et al 2017:3). An intense description of the participants, the research process and the setting were provided to enable the reader to make own judgement whether the findings are transferable in their own setting.

A detailed account of descriptive data outlining the sample, method, and size including the exclusion and the inclusion criteria is provided. Demographic data was expanded as well as the interview questions. Description of the participants' perceptions towards PMDS implementation was offered through individual semi-structured interviews at the study setting. The entire discussions of the participants who were purposely selected, with knowledge and understanding of PMDS policy implementation were interpreted with the support of relevant literature.

3.8.4.1 Increasing the trustworthiness of data

In order to increase the trustworthiness of data, the following principles were ensured

3.8.4.1.1 Adequate description of context

According to Bless et al (2013:338), qualitative researchers emphasise that the study context is to be described in detail. In the current study, the background and aim of the study was explained in detail. The study aim was to explore and describe the PMDS implementation for nurses at a tertiary hospital. The participants were nurses of all categories employed at the setting during the time of data collection. The sampling method and reason for this type of sampling were outlined. The inclusion and exclusion were explained. The setting and the purpose of utilisation were described in detail.

3.8.4.1.2 Concurrent data collection and analysis

Data analysis was done concurrently with data collection. This offered a chance to refine the data collection approach in relation to the emerging results. The inexperienced participants shared a superficial understanding and insight towards PMDS implementation. When the researcher changed to the experienced nurses, meaning and understanding of the study topic started to emerge. Questions were well-understood and the free flow of information allowed the emerging of themes, categories and subcategories.

3.8.4.1.3 Ensuring data saturation

Bless et al (2013:239) argue that qualitative research is not consent with the representative sample in the statistical sense. Enough data were collected through semi- structured interviews to reflect the depth of the study topic until no new information was added. When this occurred, the researcher had a reason to believe that the information was exhausted, and a saturation point was reached.

3.8.4.1.4 Use of sufficient verbatim quotations

According to Eldh, Arestedt and Berterǒ (2020:2), presenting authentic citations of what informants uttered, is a gold standard in qualitative studies. Direct quotation was included in the original data in the research report as suggested in Bless et al (2013:239). The reader in this study is allowed to hear exactly what the participant said

and the information was interpreted. The original data enhanced accuracy of the analysis, thereby strengthening the findings.

3.9 SUMMARY

This chapter described the research method such as the population, sampling, sampling techniques, data collection, data analysis and the trustworthiness of the data collection instrument. The research design namely a descriptive, explorative and contextual design was briefly explained. Ethical consideration, scientific integrity, and limitations of the study were also described. Chapter 4 discusses the data analysis and interpretation of the research result.

CHAPTER 4

PRESENTATION, DISCUSSION AND INTERPRETATION OF RESEARCH FINDINGS

4.1 INTRODUCTION

The previous chapter presented research methods and design of this study. This chapter presents data analysis and presentation of research findings**.** The aim of the study was to explore the implementation of PMDS for nurses at a tertiary hospital in Free State Province. In order to achieve the study research objectives, the researcher involved participants who met inclusion criteria. Data were collected by means of an interview guide and captured with a digital voice recorder in accordance with participants' consent. Voice recorded interviews and the transcripts were submitted to the supervisor and the co-supervisor to verify the contents of individual participants' interview and to reflect a process of the interview experience. As a result, approval was afforded to the relevant data collected. The supervisor and co-supervisor effected crucial roles in guiding research towards the scientific integrity. The co- coder was engaged in coding transcribed verbatim data. Irrelevant data were eliminated until critical data were identified. Recommendations proposed, aimed at improvement of the system.

4.2 RESEARCH RESULTS

This section presents the findings from the semi-structured interviews conducted with twelve participants at a tertiary hospital in the Free State Province. As explained in chapter 3, anonymity of the participants was maintained. To ensure anonymity, the letter "P" was used instead of their real names. Although Du Toit and Le Roux (2014:153) state that nurses with highest professional status are knowledgeable and conform to the goal of the hospital, in this study all nursing categories were involved to get diverse responses pertaining to PMDS.

During data analysis, five (5) themes, thirteen (13) categories and nineteen (19) subcategories were identified. The themes identified were as follows: Factors affecting

PMDS implementation for nurses; Challenges regarding the implementation of PMDS for nurses; Perceived consequences of ineffective PMDS implementation for nurses; Nurses needs regarding effective implementation of PMDS; Benefits related to PMDS implementation. The themes, categories and sub-categories are presented in Table 4.1.

Table 4.1 Themes, categories and subcategories

Theme	Category	Subcategory
1. Factors affecting PMDS implementation for nurses	1.1 Subjectivity in PMDS	1.1.1 Lack of supervision
		1.1.2 Unfairness
	1.2 Implementation of PMDS is flawed	1.2.1 Lack of monitoring and evaluation
		1.2.2 Lack of development
2. Challenges regarding implementation of PMDS for nurses	2.1 Lack of resources	2.1.1 Lack of accurate performance measuring tools
	2.2 Attitudes of nurses towards PMDS	2.2.1 PMDS creates poor interpersonal relationships
		2.2.2 Competitions among nurses
		2.2.3 Affect team spirit
3. Perceived consequences of ineffective PMDS implementation for nurses	3.1 PMDS negatively affect nurses' morale	3.1.1 Nurses are demoralised
	3.2 PMDS negatively affect service delivery	3.2.1 It impacts negatively on the quality services rendered
		3.2.2 It impacts negatively on the education and training of students
4. Nurses' needs regarding effective implementation of PMDS	4.1 Need for personal and professional development	4.1.1 Need in-service training
	4.2 Need for adequate feedback	4.2.1 Transparency openness
	4.3 Need for availability of resources	4.3.1. Availability of accurate performance measuring tools
	4.4 Need for supportive supervision	4.4.1 Adequate supervision
5. Benefits related to PMDS implementation	5.1 Administrative benefit	5.1.1 Time management
		5.1.2 Pay progression
	5.2 Personal benefit	5.2.1 Individual knows what is expected from them
	5.3 Patient care benefit	5.3.1 Patient care is goal directed

4.2.1 Theme 1: Factors affecting PMDS implementation for nurses

Findings in this study exhibited factors affecting the implementation of PMDS for nurses. These factors include subjectivity in PMDS implementation and flawed implementation. These were revealed as follows:

4.2.1.1 Category 1.1: Subjectivity in PMDS

The participants perceive PMDS as subjective. This category is supported by the following subcategories: The subcategories are discussed in the context of the participants' understanding of their perceptions regarding the implementation of PMDS.

4.2.1.1.1 Subcategory 1.1.1: Lack of supervision

The participant is of the view that inadequate supervision and management impact negatively on the proper implementation of PMDS. This is supported by direct quote from the participants:

> "Assessment was done by the supervisor who never saw any activities performed by the nurse. My perception is that the supervisor did not see her doing that, she regarded it as a hearsay. Checking on the ratings that she got, I was devastated. I went to bargain for her, but my request was declined." (**P1)**

In addition, P2 said:

> "Okay, supervisors as it is, are not working closely with nurses. The nurses are working closely with their colleagues and senior professional nurses in the unit therefore the supervisor is not properly witnessing the performance of their subordinates hence the ratings become subjective." (**P2)**

According to Buba (2018:641), direct supervisor has the first-hand information regarding the performance of subordinates. In this regard, the supervisor is in the best position to observe, monitor and evaluate performance of subordinates. On the contrary, this study revealed that performance appraisal was executed by managers who were not in well informed about the daily functioning of the subordinates. The assertion is that this is an

indication that performance appraisal was based on inadequate evidence rather than on actual activities done by the subordinates.

4.2.1.1.2 Subcategory 1.1.2: Unfairness

One of the principles of PMDS include fairness, transparency and objectivity (Makamu (2016:114). Participants perceived unfairness in the implementation of PMDS at this hospital. This was indicated in the following citations:

> "It's boring, and my perception is that performance assessment is not done fairly. There is ineffective implementation of PMDS and unfairness because the low scoring that one obtains are only based on the anticipated situations." (**P4)**

Another participant elaborated:

> "The poor hardworking nurses who are always there for their patients they lack time to sit and write the evidence. This is unfair because now the non-working nurses they get higher scores than the hard-working nurses. What makes it more unfair is that these evidence are not a true reflection of the activities carried out in the ward. So, allocating scores without the involvement of the senior professional nurses in the unit makes credits by the supervisor very subjective. And again, the measuring tools used to measure performance are absolutely not accurate." (**P1)**

Participants in this study, mostly pointed out that non-performing nurses were scored higher marks, whilst hard workers were underscored. In this regard, their perception was that PMDS was unfairly executed. Unfairness in the implementation of PMDS, could be alluded to the fact that immediate supervisors were not involved in appraisal of their subordinates. In this case, they would not be able to allocate score in accordance with the actual performance of the nurses. Consistently, Phathela and Hlongwane (2019:34) revealed that employees had limited confidence in PMDS, due to perceptions of unfairness associated with this process. Nutakor (2019:134) related unfairness in performance appraisal to inadequate feedback and transparency following the assessment. Failure to adequately record narrative report to support the scores allocated to the employee, could be perceived as unfairness in the implementation of

PMDS (Nutakor 2019:134; Tyokwe & Naicker 2021:10). Recommended strategies to enhance fairness include clear measurable and tangible goals whereby employees are also equipped to understand the appraisal criteria (Nutakor 2019:134).

4.2.1.2 Category 1.2: Implementation of PMDS is flawed

The participants perceived that the implementation of PMDS is not consistent with the policy. This category resulted in the following subcategories:

4.3.1.2.1 Subcategory 1.2.1: Lack of monitoring and evaluation

The participants revealed that PMDS is about signing the relevant documents. In light of the above statement the participants indicated that performance is to be managed, measured and be developed. Gaps in monitoring and evaluation of PMDS was cited by the following participants:

> "Okay, performance of nurses is to be monitored and evaluated continuously by supervisors in the unit, this is not happening. Nurses they only sign the PMDS forms biannually, without monitoring and evaluation of their performance. Monitoring and evaluation of performance is done to identify shortfalls of performance so that measures can be taken to improve the knowledge and skills as well." **(P3)**

Another participant added:

> "PMDS is just about signing the PMDS assessments documents at six (6) monthly intervals. No monitoring and evaluation of performance, no communication with the supervisor about plans to close the gaps in an inadequate performance." (**P4)**

In support, another participant had this to say:

> "There is no monitoring and evaluation of performance, just signing of the assessment forms. Individuals who can write evidence score high performance points as compared to those who persistently render service to the community." (**P6)**

According to the DPSA, performance must be constantly monitored to identify obstacles that need to be addressed and provide adequate support accordingly (South Africa 2007:15). The monitoring and evaluation process, also serves as a quality assurance enhancement measure. This kind of continuous observation and fixing challenges were lacking in this hospital. The assertion is that much needed support was not provided, and thus proper implementation of PMDS was not appropriate. Similarly, Nyoni, Milondzo and Lethoko (2018:65) reveal that lack of monitoring and evaluation always impede effective implementation of PMDS. In agreement, Tjale (2017:63-64) and Vezi (2017:60-61) determined that monitoring and evaluation of performance were lacking and that, the assessment forms were just signed. Tyokwe and Naicker (2021:5) also indicated inappropriate execution of the system whereby only a limited number of employees got financial rewards several times more than others. Understandably, failure to follow all the steps as per PMDS policy, leads to many mistakes and grievances which ultimately affect nurses' performance.

4.2.1.2.2 Subcategory 1.2.2: Lack of development

The participants highlighted a gap regarding the realisation of knowledge and skill development which is imperative in PMDS. The participants indicated that PMDS affect nurses' personal and professional development which contributed to inadequate professional advancement, inconsistent performance and non-conducive environment for learning. In support, participants cited the following:

> "Post the PMDS assessments, nurses' deficiencies are not corrected. There is no in-service training for continued professional development. Even if in-service training may be done, they are poorly attended by nurses. With limited personnel available it is difficult to leave your responsibility and attend the in-service training. The South African Nursing Council started a system of CPD points, but it faded. Before renewal of a license, you were to have certain CPD points to ensure that you are refreshing your knowledge and skills continuously. My perception is that the CPD points system faded because of PMDS conducted at 6 monthly intervals to uplift the standard of nurses. With PMDS there is no proper management of performance and as a result there is no development." (**P5)**

The DPSA stipulates that individual employee development plan should form part of performance agreement whereby employees' competency and developmental needs are documented (South Africa 2007:7). This study revealed that PMDS did not serve a purpose when addressing the knowledge and skills gaps as per policy. Likewise, Madlabana and Petersen (2020:6) indicated dissatisfaction regarding implementation of PMDS which was not accompanied by training and educational opportunities. It is apparent that, failure to assess, identify, address skills and identifying developmental needs ultimately defeat the purpose of improving performance. Most grievances related to PMDS, can be averted by the alignment of employees' developmental needs and appropriate improvement measures. In addition, effective strategies should be put in place to develop skills needed to attain organisational goals and for developing employees (Public Service Commission (PSC) 2014:22).

4.2.2 Theme 2: Challenges experienced by nurses regarding the implementation of PMDS.

The study revealed that nurses experience challenges in the implementation of PMDS. These challenges include lack of resources and attitude of nurses towards implementation of PMDS. These are discussed as follows:

4.2.2.1 Category 2.1: Lack of resources

The participant perceives inappropriate performance measurement as impacting negatively on the performance, the ineffectiveness of PMDS and motivation of nurses which is grounded on lack resources, performance measuring tools and incomplete measuring tools.

4.2.2.1.1 Subcategory 2.1.1: Lack of accurate performance measuring tools

The participants are of the opinion that the unavailability of the measuring tools impacts negatively on the measurement of nurses' work which affect their units' efficiency.

> "My perception is that with inaccurate performance measuring tools, scoring become subjective. I mean the key areas of responsibilities are not adequately addressed according to the units." (**P4)**

> "I have already mentioned lack of correct measuring tools for correct credits and again there is no performance development aligned to the new trends and development. We are stuck with the old-fashioned way of doing things." (**P2)**

According to the FSPG Policy Framework: PMDS for levels 1-12, it is stipulated that performance ratings allocated, should reflect actual performance (South Africa 2018:10). Participants highlighted that their performance credits are less as compared to activities that are conducted. It is apparent that failure to utilise accurate rating scales for measuring nurses' functional activities, accordingly, may result in poor service delivery. Cameron (2015:6) concurs that concern has been expressed at the possibility that, poorly formulated performance agreements may result in appraisal outcomes that are biased. Performance agreement is to be aligned with a complete performance plan and accurate measuring tools to exhibit unbiased PMDS outcomes.

4.2.2.2 Category 2.2: Attitudes of nurses towards PMDS

Participants' comments showed negative attitude towards PMDS which is evident in the following subcategories. The participants' attitudes and perceptions were that PMDS implementation affects psychological wellbeing of nurses as it results in non-conducive environment.

4.3.2.2.1 Subcategory 2.2.1: PMDS creates poor interpersonal relationships

Participants revealed that some nurses during the PMDS assessments in the unit become eager to be awarded high credits. Nurses perform secretively with poor interpersonal relationships, avoiding assisting their colleagues who need assistance in work performance. This impression was evident in the following quotes by nurses:

> "My perception is that it creates poor interpersonal relationships in the units. It is all about competitions that are held during the assessments periods where everybody is consent about the mark that she would achieve." (**P1)**

Participant 2 further elaborated.

> "My perception is that it creates a lot of tension and hatrecy in the unit. Disparities in the outcomes of the assessment. The ratings are subjected, and high scores given to nonperforming individuals. I perceive that hard- working nurses become demotivated due to the imbalance in the performance scores, as they compare themselves with their counterparts." (**P2)**

A study conducted by Nikpeyma et al (2014:19) exhibited that incongruent nursing standards and nursing duties, contribute to tension in nurses' performance. This indicates that nurses' functional activities become sluggish due to the set performance criteria. In disagreement, a study conducted by Mboweni and Makhado (2017:6), revealed that poor interpersonal relationships were exhibited between managers and surbordinates regarding PMDS. In this instance, poor interpersonal relations result from dissatisfaction incurred from performance outcomes. Similarly, in the current study, nurses expressed poor working relationships due to hard-working nurses not being awarded their relevant credits. This creates an unfavourable working enviroment resulting in nurses hiding their nursing actions to each other to gain more credits than others. These findings were similar to Van Dijk and Legalatladi (2015:68), revealed lack of understanding of performance measurement criteria utilized, leading to inconsistent scoring and negative perceptions towards PMDS. Nikpeyma et al (2014:20) agree that focusing on individual ratings is one of the factors that lead to negative tensions. Hard-working nurses are to be afforded their due ratings to enhance a harmonious working environment.

4.2.2.2.2 Subcategory 2.2.2: Competitions amongst the nurses

The participants reveal that PMDS create a non-conducive environment, in which nurses engage in competitions for achieving high credits. Nurses disband their normal duties and prepare for assessments. Sheremeta (2016:1) concurs that competitive individuals may win competitions and be awarded incentives at the expense of their counterparts who were not engaged in competitions. The study highlighted that committed and enthusiastic nurses who remained with their responsibilities during PMDS assessments

preparation times would be awarded low scores. Nurses shared their perceptions in the following quotes:

> "Okay, based on the agreement signed, development is to be conducted to ensure that the standard of care is uplifted. The in-service training is to be done for skills development. Eer … If this is not done, PMDS is just about signing of papers. And without teamwork there is difficult development through peer education. But instead, there are lots of competitions which becomes more evident during assessment periods, everybody striving for higher credits. There is lack of team spirit with poor interpersonal relationships. This results in lack of transparency and learning from one another." (**P3)**

Another participant elaborated:

> "Well ma'am, my perception is that managers and supervisors do not involve their subordinates in the decision making concerning the PMDS in their unit. Without the inclusion of subordinates' participation in sharing ideas about the PMDS. Nurses interest in carrying out their activities is diminished that they are engage in competitions in the ward or in units." (**P6)**

The participants reveal that competitions that are held in the units prior to the assessment create a non-conducive enviroment in the unit. In agreement DiMenichi and Tricomi (2015:10) asserts that participants view overt competitive behaviour as a negative trait. In this study participants are of the view that competitions are created due to lack of teamwork resulting in poor peer learning as nurses focus is on obtaining high credits for PMDS outcomes. In this instance knowledge and skill are concealed with the perception that high credits are directed to their counterparts. In disagreement, Rowland and Hall (2013:204) indicate that employee engagement result in organisational competitive advantage. This emphasises that organisational competitions in this regard are acceptable as it relates to high standards of care rendered by all nurses for their institutional health care goal. On the contrary, this study revealed that units' competition regarding nurses' functional activities are created resulting in a non-therapeutic enviroment in which teamwork and peer learning become impractical. Competitions are averted through involvement of nurses in decision making concerning PMDS and team work to enhance a conducive working environment and peer learning. Nurses'

engagement in teamwork and decision making enhance team spirit, transparency, peer development and professional development though in service training.

4.2.2.2.3 Subcategory 2.2.3: Affects team spirit

The participant indicated that due to irregular ratings of performance and high scores being afforded to the nurses with lower standard of performance, it resulted in poor team spirit among the teammates which is evident in conflicts, tensions and hatrecy. This was expressed in the following quotes:

> "Aaah ... PMDS is very stressing. I really don't like it. My perception is that it destroys team work as well as team spirit in the unit especially after the assessments." (**P1)**

Participant 3 further elaborated:

> "Well, I can say, they refrain from working as a team but instead competing about who knows better than the other one, creating some poor interpersonal relations in the unit. And this mam occurs when non-working nurses get higher credits than working nurses." (**P6)**

In the current study, participants revealed that lack of team spirit emanates from the aftereffects of the PMDS assessment process. This becomes evident when hard-workers note that they were not awarded scores that they deserve but instead non-workers got higher scores. Similarly, Mashego and Skaal (2016:69) reveal that with the breakdown in communication during assessment periods, result in lack of commitment from the employees. Broken communication in this instance indicates non-conducive working environment evident in demotivated personnel due to their non-verbal performance outcomes. In agreement, a study conducted by Vezi (2017:53) indicates that participants revealed lack of communication within the department due to PMDS. Lack of communication in this instance indicate to poor team spirit. Seforo (2013:116) concurs that conflicts arise when people are not satisfied with the scores offered. This clearly demonstrates that in order to create good interpersonal relations among nurses, their functional activities are not to be dependent on individuals for positive outcomes. As a result, nurses' job functions are dependent on team work as elicited by the

participants in this study. Lack of team spirit may be averted by involving team members in the PMDS
process.

4.2.3 Theme 3: Perceived consequences of ineffective PMDS implementation for nurses

The participants perceived consequences emanating from the ineffective implementation of PMDS as affecting nurses' morale and negatively affecting service delivery. These were exhibited as follows:

4.2.3.1 Category 3.1: PMDS negatively affect nurses' morale

The participants indicated that although one of the purposes of PMDS is to improve nurses' functions, the perception was that it results in low standards of performance. The participants further alluded to the fact that the ineffective implementation of PMDS impact on rendering services to the community.

4.2.3.1.1 Subcategory 3.1.1: Nurses are demoralised

A general concern of every participant was that the ratings allocated during PMDS assessments affect morale of the nurses. An elaboration is provided by the following participants:

> "My perception is that nurses become demoralised because they don't know how an individual was awarded high scores, there will be conflicts and everybody dragging feet." (**P3)**

> "I perceive that hardworking nurses become demotivated due to an imbalance in their performance scores as they compare themselves with their counterparts." (**P2)**

> "Honestly, they become so demoralised and cease to function effectively in some few weeks after pay progression payments. Their performance becomes

> obstructed impacting on their attitudes towards PMDS and how they perceive the system." (**P7)**

The nurses revealed that they were psychologically affected due to lack of proper implementation of PMDS. A lot of dissatisfaction was related to lack of rewards and recognition. Presumably, displeasure in this study, might be attributed to failure to acknowledge hard working nurses, unfairness and lack of supportive supervision. Mboweni and Makhado (2017:5) also found similar results in such that nurses were demotivated and discouraged to perform their duties. Correspondingly, Tjale, Bhana and Mulaudzi (2019:465) exposed gaps in utilisation of PMDS which contributed to more stress and depression. To this effect, Tjale et al (2019:466) recommended strategies such as developmental opportunities and recognition of nurses to enhance motivation. Madlabana and Petersen (2020:6) emphasised that even non-monetary rewards can lead to intrinsic motivation amongst well deserving hard working nurses. This negative perception towards PMDS, should be circumvented by prompt support to all the nurses and putting measures in place to effectively manage inadequate performance.

4.2.3.2 Category 3.2: PMDS negatively affect service delivery

Participants in this study stipulated that PMDS affected service delivery. This category is supported by the following subcategory:

4.2.3.2.1 Subcategory 3.2.1: It impacts negatively on the quality services rendered

The Public Service Commission (2014:14) stipulates that the objective of PMDS is to empower personnel, towards the attainment of outstanding standards of work. Participants in this study, highlighted that PMDS negatively affect the quality of the service rendered. This impression is evident in the following direct quotes:

> "My perception is that there is no balance in the performance of nurses, there are those who become committed and responsible and those that become irresponsible and display a "don't care" attitude towards their services." (**P7)**

> "There are reports of negligence, sick notes and litigation cases from dissatisfied clients and their families." (**P3)**

> "PMDS affect the standard of performance of both nurses in the clinical facilities and nurses on training. It impacts negatively on the quality services rendered. Nurses become demotivated with negative perceptions and attitudes towards PMDS." (**P2)**

> "My perception Ma'am is that it is so unfair to the community, they do not get the quality service they deserve and to nurses who have worked throughout the year are not recognised for their best performance." (**P5)**

These findings concur with the study conducted by Mboweni and Makhado (2017:9), which declared that emphasis on outcome-based measures of performance limit devotion to quality patient care. According to the authors, inadequate quality care could be related to lack of specific measures and rewards (Mboweni & Makhado 2017:9). In support Nikpeyma et al (2014:17) highlight that during appraisals, nurses focus on making money rather than improving nursing care. In the current study, several interplaying factors can be attributed to inadequate quality. Some interrelated dynamics such as demotivation, dissatisfaction, lack of supervision and development are likely to result in inadequate quality care. In this instance, execution of PMDS without actually empowering the nurses will obviously affect quality care. In agreement, Mashego and Skaal (2016:4) point out that supervisors are accountable for promoting quality service delivery by role modelling, providing guidance and adequate monitoring.

4.2.3.2.2 Subcategory 3.2.2: Impacts negatively on education and training of the students.

A concern was raised by the participants regarding poor education and training of student nurses. This perception was expressed in the following quotes:

> "My perception is that it impacts negatively on the education and training of the students." (**P2)**

"My perception is that students do not get the necessary training they deserve. I like teaching the students, I am no longer interested to teach the students like before because there are no special credits offered for educating the students. My perception is that teaching students need extra ratings because individuals need to go back to their books to remind themselves about content …Present content in a way that will be easily understood by students. With PMDS your passion and dedication are not considered or recommended to motivate you." (**P5)**

The nurses revealed lack education and training of students. This emanates from demotivated professional nurses in student teaching due to low credits offered for student education. Similarly, in a different setting, a study conducted by Madlabana and Peterson (2020:9), revealed that there were no PMDS incentives for professional nurses to practice person-centered care. Consequently, the behaviour-based measures to promote this approach to care were neglected. In this study, participants revealed student teaching and training as neglected due to lack of acknowledgement of student teaching competency towards professional nurses. In disagreement Youssif et al (2017:22) reveal a direct relationship between performance appraisal satisfaction and employee outcomes. This justifies the need for motivated professional nurses towards the teaching function. The performance ratings and rewards are to be applicable to the performance outputs. Competency in student nurses is to be enhanced through affording higher credits for the education and training function of professional nurses at a tertiary institution.

4.2.4 Theme 4: Nurses' needs regarding effective implementation of PMDS

The participants revealed certain needs required for the effective implementation of PMDS. These needs are crucial for ensuring personal and professional development and the adequate measurement of performance.

4.2.4.1 Category 4.1: Need for personal and professional development

The participants perceive that all parties involved with PMDS, particularly managers or supervisors execute the system with omissions, to an extent that training and development of nurses are ignored.

4.2.4.1.1 Subcategory 4.1.1: Need for in-service training

Participants perceives lack of in-service training as due to PMDS scores that render nurses competent. As a result, nurses' performance is not developed, as illustrated by the following quote:

> "Not only on new ways of doing things, in any deficiency in performance, training and development need to be effected. Where are the in-service trainings that we used to have? We need those in-service training to improve our performance." (**P2)**

Nyoni et al (2018:67) also found similar results where a lack of a staff development programme impacts negatively on the assessment of employees towards the implementation of PMDS. Rawland and Hall (2013:6) suggest training activities to be being given or withheld by some managers. Additionally, the participants were critical about lack of training. Similarly, in this study, nurses revealed lack of performance development. Furthermore, nurses alluded to the fact that for any shortfalls in performance, in-service training is required. Van Dijk and Legalatladi (2015:72) concur that skill development through education and training has always been powerful for improving both individual opportunity and institutional competitiveness in countries and organisations.

4.2.4.2 Category 4.2: Need for adequate feedback

Participants pointed out that feedback should form part of performance assessment. Idowu (2017:20) concurs that positive feedback motivates the employee to do better in case the employees' performance was below expectations. This is discussed in the following quote:

> "There is no open communication between the subordinate and the supervisor. There are no feedback post assessments. This makes acknowledgement of team members' performance difficult." **(P3)**

The Public Service Commission (2018:15) states that it is the responsibility of supervisors to periodically provide feedback and management interventions. It further asserts that feedback and coaching provide a mechanism of diagnosing problems at an early stage to taking corrective action. Choudhary and Puranik (2014:63) add that feedback is to come from a credible source, the appraiser working independently and possibly closely with the person being appraised. In contrast, in this study, participants did not get feedback post assessment. Moreover, it was to be untrustworthy as the supervisors are not collaborating closely with the subordinates.

4.2.4.2.1 Subcategory 4.2.1: Transparency and openness

The participants' perception was that the activities of individual nurses are secretive, not open to allow the copying of quality performance from one nurse to the next to enhance personal and professional development.

> "There is no transparency with PMDS, it's too secretive, and you'll only hear that your colleague has been given high credits not knowing how?" (**P5)**

> "My perception is that managers and supervisors are to encourage transparency in the units. There should be an open communication about PMDS in the units. Individual capabilities should be known and acknowledged in the unit so that their accomplishment should not be unexpected." (**P3)**

> "Post assessments, the names of personnel with their corresponding scores are given to the ward clerk to compile and record data on the spread sheet. That is when nurses notice who got high credits, and who did not." (**P5)**

The study results revealed a lack of transparency in the units, indicating that individuals' standards of performance are not known. As a result, hidden work activities result in unknown PMDS outcomes. This resulted in individual capabilities not known in the unit. Makhado and Mboweni (2017:4) perceived PMDS as lacking openness and transparency. Transparency and open communication are encouraged to enhance recognition and acknowledgement of individual potentials. Madlabana and Petersen

(2020:2) concur that PMDS is lacking transparency and accountability. This highlights that lack of openness in function results in accountability for acts and omissions and makes acknowledging individuals' capabilities difficult. Transparency enables appropriate credits being awarded to hard working individuals.

4.2.4.3 Category 4.3: Need for availability of resources

The participants revealed need for availability of resources to measure nurses' performance.

4.2.4.3.1 Subcategory 4.3.1: Availability of accurate performance measuring tools

The participants revealed need for availability of accurate performance measuring tools. This perception was expressed in the following quote:

> "My perception is that the correct measuring tools be used, that will ensure that individual performance is measured correctly, and the performance ratings equals what one worked for. The updated scales to be designed according to the units' objectives and the functional duties." (**P2)**

> "Alright on this one, remember we spoke about the measuring tools not being accurate, so if the accurate measuring tools are used, no writing of evidence should be done". **(P3)**

The participants revealed that accurate performance measuring tools be used to measure performance. Additionally, that ratings for what one worked. Similarly, the study conducted by Nikpeyma et al (2014:17), revealed the disharmony between nursing standards and nursing duties. To this effect, the study conducted by Madlabana and Peterson (2020:11), revealed that participants identified need to measure performance consistently accurately and without any ambiguity. In support, the PSC (2018:42) concur that standards and indicators regarding KRAs need to be established so that application of scoring is done scientifically. Participants in this study concluded that the updated scales are to be designed according to the units' objectives. This

indicates that nurses executed tasks are to be reflected in the work indicators. The accurate job activities measurement elicits relevancy of the performance outputs.

4.2.4.4 Category 4.4: Need for supportive supervision

The need for supportive supervision was highlighted by the participants. Adequate supervision is required to enhance the effective implementation of PMDS.

4.2.4.4.1 Subcategory 4.4.1 Adequate supervision

In the absence of a supervisor, line managers are to supervise nurses' activities to enhance adequate supervision. PMDS assessments for nurses is executed effectively by line managers in close observation. The following quote support the participant's information.

> "My perception is that nurses should understand that now that you have allocated tasks to them, as a leader you will support them. They should know that it won't be necessary to prepare for assessment because they do this on day-to-day basis. In case those who were not performing you intervened and reprimanded them to shape up." (**P1)**

The participant revealed that senior professional nurses and nurse leaders, allocate tasks and support nurses in the units. Avortri, Nabukalu and Nabyonga-Orem (2019:1) concur that supportive and adequate supervision enables health workers to offer quality service to improve performance. Similarly, Nyoni et al (2018:62) agree that minimal clinical supervision result in misunderstanding between the unit managers and their subordinates. This justifies the need for adequate supervision to enable the effective implementation of PMDS. In this study allocation of tasks to the junior nurses is done by senior professional nurses in the units. Monitoring and evaluation are executed and therefore preparation for assessment is not necessary.

4.2.5 Theme 5: Benefits related to PMDS implementation

The results revealed that although challenges were perceived some participants included the benefits of PMDS in their viewpoints during the semi-structured interviews.

4.2.5.1 Category 5.1: Administrative benefit

The human resource management is a crucial component within an organisation to manage employees and to ensure their learning to maximise their performance. The PMDS ensures that the function of human resource section is fulfilled.

4.2.5.1.1 Subcategory 5.1.1: Time management

The management of time is enhanced through PMDS. It ensures that allocation of tasks is executed, and functional activities are performed without any waste of time. The participant shared their perceptions through the following quote:

> "Okay, for the fact that PMDS is a 12-month cycle, it shows that our performance plans are to fall within the 12-month cycle. Meaning that responsibilities that we deliver to our clients and patients should also be stipulated within a year. This is evident in six monthly intervals when you`ll be required to show evidence of the functional activities you performed. In 2 years, there is a pay progression, is offered and nurses salaries are increased with 2% for their motivation and for their hard work. This clearly indicates that health care that we render to the patients and community is absolutely based on time." (**P3)**

The DPSA specifies that bi-annual performance and development plans must be developed for job holders (South Africa 2007:5). The drafted plan identifies the objectives and goals of nurses' performance to be adopted at six (6) monthly intervals. This serves as a time management standard for the PMDS management process. The study revealed that PMDS is crucial for ensuring that activities are conducted according to stipulated times. Mustafa (2013:12) agrees that employee performance management is effectively used with invested time. On the contrary, the PSC (2014:10) indicates that backlog occurs due to non- compliance with prescribed timeframes for concluding

performance assessments. Similarly, Nikpeyma et al (2014:21) emphasise that nurses need to know in a timely manner, how they are doing if they are on track with their work function. This verify that in a case where nurses' performance is weak, timeous corrective measures are to be effected to enhance quality care. Additionally, participants indicated that PMDS has improved their systematic functional activities. The key areas of responsibilities (KARs) serve as guidelines derived from annual performance agreements and utilised by nurses without wasting time.

4.2.5.1.2 Subcategory 5.1.2: Pay progression

To enhance nurses' motivation, the rewards are offered to nurses for their outstanding performances. This is shared in the following quotes:

> "In 2 years, pay progression is offered and nurses' salaries are increased with 2% for their motivation." (**P3)**

> "I like PMDS, because it raises my salary with 2% after every two (2) years." (**P7)**

The study revealed that motivation is enhanced through pay progression afforded at intervals of twice a year. In agreement, Mashego and Skaal (2016:2) also confirm that employees are rewarded for their outstanding performance through pay progression, cash bonuses and performance development. Pay progression payments are required for all nurses to maintain commitments to their duties as suggested by nurses. A study conducted by Seforo (2013:99) concur that employees are able to get some benefit in the form of money. Additionally, participants further clarified that PMDS is related to a salary increment of 1%**.** In this study 2%, and two yearly pay progression is offered to nurses to enhance their motivation for rendering quality services to the community.

4.2.5.2 Category 5.2: Personal benefit

Performance management and development system enhances progress in the achievement of the health care goals and objectives in ensuring the effective and efficient use of both human and material resources.

4.2.5.2.1 Subcategory 5.2.1: Individuals knows what is expected from them

It is through PMDS that nurses' functions are goal directed and known by nurses. Nurses become accountable for their acts and omissions from the drafted plan of actions. This was expressed in the following quotes:

> "What I like about PMDS is that it is like a mirror to me in terms of my performance. Come time of assessment, I know I will be able to assess myself in terms of my best and weak performance so that improvement can be done." (**P8)**

> "Through PMDS, I can plan my duties ahead for I know what is expected from me." **(P4)**

The current study reveal that individual nurses evaluate performance to check standards of performance. In case nursing functions are below standards corrections are made through development. A study conducted by Seforo (2013:96) concurs that the PMDS track individual performance to assess the level of functioning. In support, Van Dijk and Legalatladi (2015:65) indicate that an effective PMDS ensures that both employees and the organisation are heading in the same direction in terms of its priorities of achieving set goals and objectives. The participants reported that PMDS performance plan, enable nurses to arrange their duties ahead. In agreement Kubheka and Tshiyoyo (2018:174) agree and assert that for employees effective and efficient job function of employees, there needs to be good management and development of performance. Continued performance management identifies deficiencies and are corrected to enhance effective service delivery. In agreement, the PCS (2018:17) confirms that the PMDS process starts when the new employee joins an organisation, to help an employee understand what is expected from them. Seforo (2013:96) further emphasises that it is imperative that employees know what is expected from them in order to be courageous to perform better.

4.2.5.3 Category 5.3: Patient care benefit

The health care activities and functions of nurses are clearly detailed to avoid disorganisation. Effective and efficient care is rendered to patients and client through PMDS in order to enhance quality.

4.2.5.3.1 Subcategory 5.3.1: Patient care is goal directed

The planned performance tasks and key areas of responsibilities directs the care of patients and clients. Participants shared their feelings in the following quotes:

> "Performance would be without direction and purpose, thanks to PMDS." (**P2)**

> "I need to check my performance plan often to remind me about the services that patient and clients deserve." (**P4)**

> "Performance indicators are in place to guide nurses' functional activities." (**P7)**

The DPSA stipulates that PMDS is aimed at improving performance by directing attention to the key areas of activity (South Africa 2007:5). The key areas of activities are derived from the performance plan compiled by the supervisor. This function as a guide and a solid foundation towards nurses' functional activities in a specific unit. Mashego and Kraal (2016:2) agree that there are PMDS benefits for both the employer and the employee. Nurses' carryout their activities based on guidelines from the performance plans. The employer`s goal of health care is achieved through service delivery rendered by nurses with positive attitudes and perceptions towards PMDS. In agreement, Mustafa (2013:12) further added that employees benefit from a better understanding of their responsibilities. This identifies nurses' capabilities and how far they should go with their daily functions.

4.3 OVERVIEW OF RESEARCH FINDINGS

The aim of the study was to explore the implementation of PMDS for nurses at a tertiary hospital in Free State Province. Data was gathered through individual semi-structured

interviews of twelve (12) participants. The demographic profile of participants included: nurses' category; level of education; duration of employment and unit area.

- There is ineffective implementation of PMDS for nurses.
- It is vital to acknowledge supportive supervision in ensuring monitoring and evaluation of nurses' activities.
- Consistency is to be enhanced by transparency and involvement of nurses in decision making concerning PMDS.
- Factors affecting implementation of PMDS are characterised by subjectivity and flawed implementation of PMDS.
- Challenges in the implementation of PMDS for nurses were attributed to lack of performance measuring tools and nurses' attitude regarding PMDS.
- Consequences due to ineffective PMDS implementation is evidenced in nurses' low morale resulting in a negatively affected service delivery.
- Nurses needs regarding the effective implementation of PMDS entailed, need for personal and professional development; need for adequate feedback; need for availability of resources; need for supportive supervision.
- The benefits related to implementation of PMDS, included administrative, patient care and personnel benefits.

4.4 SUMMARY

The presentation and description of the research findings on PMDS implementation for nurses at a tertiary hospital in Free State Province were presented in this chapter. The Tesch's method for data analysis was utilised. Five themes, thirteen, categories and nineteen subcategories emerged from the study. Data was coded from direct verbatim interaction of the participants understanding of the implementation of PMDS. Trustworthiness of research findings was ensured. Ethical principles were maintained to preserve dignity of the participants, study setting as well as the University of South Africa. Chapter 5 presents, conclusions, recommendations and limitations of the study.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The previous chapter presented interpretation of the research findings. The current chapter presents a summary of the study, including the limitations, recommendations and conclusions. The five (5) themes, thirteen (13) categories and nineteen (19) subcategories that emerged on exploring and describing the implementation of PMDS for nurses at a tertiary hospital were also summarised.

5.2 RESEARCH DESIGN AND METHOD

The study utilised a qualitative approach to assess the implementation of PMDS for nurses at a tertiary hospital in Free State Province. Individual semi-structured interviews of twelve (12) nurses of all categories were conducted through utilization of an interview guide. Data was recorded on the digital voice recorder during the interview. The qualitative research enabled the researcher to focus on the implementation of PMDS (Hancock et al 2016:2124). An explorative descriptive contextual design with constructivist paradigm were utilised to gather in-depth meaning of how nurses perceive the implementation of PMDS towards their performance and motivation.

A non-probability purposive sampling was used to select nurses of all categories at a tertiary hospital in the Free State Province. The voice recorded interviews and field notes were transcribed and coded using Tesch's method of analysing data for better understanding. Trustworthiness of data was ensured by using Lincolin and Guba's framework criteria of credibility, confirmability, dependability and transferability (Nowell, Norris, White & Moules 2017:3). The relevant ethical principles were observed and ensured.

5.2.1 Research aim

The aim of this study was to assess the implementation of PMDS for nurses at a tertiary hospital in Free State Province. The aim provided information that was useful to respond to the problem identified.

5.2.2 Research objectives

The objectives of the study were met. The results in chapter 4, provided evidence that support the aim of the study. The objectives of the study were to:

- explore factors affecting the PMDS implementation for nurses at a tertiary hospital.
- explore the challenges experienced by nurses in the implementation of PMDS for nurses.
- describe the needs of nurses regarding the implementation of PMDS outcomes at a tertiary hospital.
- describe the benefits of PMDS implementation for nurses at a tertiary hospital.

5.2.3 Research questions

The study answered the research questions as outlined in chapter 1. The questions guided collection of evidence to achieve the objectives of the study.

5.3 SUMMARY AND INTERPRETATION OF THE RESEARCH FINDINGS

In this section, summary and elucidation of findings are drawn from results to address the study aim in terms of identified objectives. Five (5) themes, thirteen (13) categories and nineteen (19) subcategories that emerged from the study were summarised and results were discussed and interpreted using the relevant literature. Theme one present the factors affecting implementation of PMDS; Theme two discussed challenges experienced by nurses regarding implementation of PMDS, Theme three deliberated on perceived consequences of PMDS implementation; Theme four outlined nurses' needs regarding effective implementation of PMDS and Theme five specified PMDS implementation benefits for nurses.

5.3.1 Theme 1: Factors affecting the implementation of PMDS as perceived by nurses

The participants revealed negative perceptions regarding factors affecting the implementation of PMDS. This is evidenced in the deterioration of the standard of performance due to the absence of managers and supervisors to oversee nurses' functions. Lee and Kusumah (2020: 250) emphasise that supervision has a positive influence towards employees' performance. The participants highlighted that the absence of supervision is an opportunity for some nurses to relax. The concern is that constant hardworking nurses would not be credited with high scores due to performance measurement errors created. The high ratings would be offered to the inconsistent performers based on their ability to write evidence, subjective reporting of their performance to the managers and their ability to deliver the high standard of performance during the assessment periods. This elicited unfairness in the implementation of the PMDS resulting in demoralised hard-working nurses.

5.3.2 Theme 2: Challenges experienced by nurses regarding the implementation of PMDS

The study exhibited challenges in the implementation of PMDS as attributed to performance measurement not being correlated with the level of executed activities. Nurses are offered subjective ratings by the supervisors and managers due to lack of appropriate measurement tools. The irregularities in nurses PMDS ratings allocated, create poor interpersonal relationships among nurses. The imbalance in nurses' performance scores result in competitions among nurses during assessments periods. Nurses focus on getting higher credits and this impacts on team spirit in the unit.

5.3.3 Theme 3: Perceived consequences of ineffective PMDS implementation for nurses

The study highlighted perceptions regarding the consequences of the ineffective implementation of PMDS. Nurses are demoralised, impacting on the quality services rendered to the community. The participants revealed that PMDS impacts negatively on

education and training of student nurses. Although teaching is one of the basic functions of professional nurses as cited in Punjot (2019:432), nurses' perception is that teaching students be offered higher PMDS credits for their motivation. Offering professional nurses' higher credits for teaching would result in competent student nurses.

5.3.4 Theme 4: Nurses needs regarding effective implementation of PMDS

The study revealed nurses' needs enhance the effective implementation of PMDS. A need exists for in-service training to keep abreast with the new developments and for openness and transparency to enhance peer learning and acknowledgement of potentials among nurses.

Adequate supervision is required for continued monitoring and evaluation of nurses' performance. The participants suggested utilisation of senior professional nurses in the units to oversee their junior nurses' activities. This would create a balance in nurses' performance.

Accurate performance measuring tools should be available. The job indicators outlined are inadequate to nurses' functional activities. Accurate performance measurement tools are to be utilised and appropriate scores granted. As a result, relevant performance credits to applicable nurses to be determined. Laisasikorn and Rompho (2019:83) assert that consistent performance measurement is required for employees.

5.3.5 Theme 5: Performance management and development system benefits

The participants believe that with equal distribution of PMDS benefits among all nurses, motivation of nurses and fairness in the implementation of the policy would be ascertained. Idowu (2017:15) confirms that the key to ensuring that employees perform well lies in the ability to provide them with the right working environment particularly, fair treatment. The two percent (2%) pay progression salary increment should be evenly distributed to all nurses despite the maximum salaries to enhance positive attitudes and perception towards PMDS.

The study highlighted that effective implementation of PMDS with complete performance plans direct nurses' responsibilities in meeting the needs of the communities as stated in Nyoni et al (2018:5). PMDS is beneficial in the management of time towards nurses' functional activities. Individuals know what is expected from them and patients care is goal directed. Daily functions are completed on time due to designed performance plans.

5.4 CONCLUSION

The findings highlighted factors affecting the implementation of the system among nurses. The challenges experienced by nurses regarding the implementation of PMDS were revealed. A detailed description of nurses needs towards PMDS outcomes were presented. Recommendations regarding suggestions to the ineffective implementation to enhance motivation of nurses towards service delivery were clarified. Additionally, recommendations proposed, aimed at improvement of the system.

5.5 RECOMMENDATIONS

5.5.1 Recommendations to the policy makers

The purpose of the PMDS policy is to direct nurses towards the effective implementation of the system.

- The PMDS policy on supportive supervision is to be created. Details of the policy should outline the need for senior professional nurses to maintain consistency in supervising nurses' performance in the clinical units.
- A PMDS monitoring policy to be utilized in monitoring adherence to the implementation process.
- The PMDS performance measurement policy to be designed and aligned to the key areas of responsibilities in specific units to enhance nurses' morale and accurate credits to nurses' functional activities.
- A PMDS policy on continued nurses' development to keep abreast with new developments. The CPD points are to be utilised and a policy on how CPD are to be used to be clearly outlined. This will ensure a high-performance standard and the

effective implementation of PMDS. Nurses' development to be enhanced despite the PMDS scoring.

5.5.2 Recommendations for the clinical practice

- The PMDS process in the clinical practice should be implemented as the policy stipulates. Performance of the individual employees should be assessed, monitored and evaluated with the assistance of senior professionals and colleagues in the unit. A monitoring policy to be developed to enhance the effective monitoring and evaluation of nurses' performance.
- The input in the policy document regarding a rating scale should enhance a significant implementation of PMDS, those directly involved for high performance standards and quality patient care.
- Accurate performance measurement should be applied to enhance accurate performance ratings in improving the individual and professional competence in the nursing practice.
- Performance development plans to be in place and designed according to nurses' deficiencies, to enable nurses to keep abreast with knowledge and skill for both practical and theoretical competence to enhance high standard of service delivery and a conducive working environment.
- The supervisors and managers are to encourage the subordinates to participate in decision making regarding PMDS to enhance a conducive environment for both the subordinates and the clients.

5.5.3 Recommendations for the Department of Health

- The findings of the study should enhance the effective implementation of the PMDS policy to motivate nurses to function effectively for service delivery. The Department of Health is to assign responsibilities to specific individuals in the units for ensuring quality in the implementation of PMDS. PMDS should not be regarded as a six (6) monthly routine but a continuous system to upgrade performance and maintain the high standard of performance.
- An institutional PMDS peer review committee to be selected (comprising of all categories of nurses in each unit) to improve quality in the PMDS procedure in

enhancing the implementation of the system. Nurses with corresponding categories to review their counterparts with similar Key Performance Indicators (KPI). The rational should be to evaluate the effective implementation of PMDS to enhance fairness and motivation, and as a result, service delivery.

- A detailed performance measuring tools should be utilised, gaps in the specific key responsibility areas for complete assessments in specific units. Furthermore, Individuals' performance not to be measured only on the expected functions, the unexpected activities to be included in the assessment criteria to ascertain relevant ratings for performance outputs.
- A team approach in the management of PMDS. Managers, supervisors and subordinates should be involved in decision making regarding PMDS and transparency should be emphasised in the PMDS policy document to improve morale of the employees and service delivery and hence positive attitudes and perceptions towards PMDS.
- The Department of Health should amend the PMDS policy, include and reinforce the importance of communication and decision making among team members for motivation of personnel and the effectiveness of PMDS in the unit.
- To enhance fairness and effectiveness in the PMDS policy implementation, the Department of Health is to ensure that the benefits be equally distributed. The two (2%) pay progression to be applied to all nurses to improve their motivation attitudes and perceptions regarding PMDS.
- The Department of Health ensures that supervisors and managers attend workshops and seminars on the values of teamwork, involving the subordinates in decisions concerning PMDS and instilling communication and transparency in performance.

5.5.4 Recommendations for future research

- Evaluating the application of PMDS among nurses towards the implemented PMDS measurement tool to enhance accurate nurses' performance outcomes.
- Exploring the value of communication in the effective implementation of PMDS in creating team spirit and interpersonal relationship among nurses.
- Determining the effectiveness of involving nurses in decision making regarding PMDS to maximise their motivation and performance.

- Exploring the significance of the inclusion of senior professional nurses in the units for continued monitoring and evaluation of nurses' activities to enhance consistency in the implementation of PMDS.
- Assessing the effectiveness of transparency in PMDS implementation to facilitate the acknowledgement of the individual nurses' potentials and contribution in the unit for relevant credits.
- Exploring the value of teamwork towards PMDS implementation to ensure continuity in the process and that nurses perform to the best of their abilities despite the supervisors' unavailability in the unit.
- Evaluating the incorporation of in-service training in PMDS implementation towards productivity to ensure that nurses keep up to date with new developments.
- Evaluating the institutional PMDS peer reviews to facilitate the efficient and effective implementation of PMDS.
- Determining the significance of the inclusion of peer education and training in PMDS implementation to enhance personal and professional development and a high standard of service delivery.

5.6 CONTRIBUTIONS TO THE STUDY

The outcomes of this study should aid the Department of Health in amending the policy to include accurate measurement tools for measuring performance. The Department should engage in constructing the rating scales as stated in Van Dijk and Schodl (2015:716). Consequently, appropriate performance scores will be allocated to the relevant performance outcomes.

This study may potentially contribute to efficient and effective implementation of PMDS for nurses. Accurate performance measuring tools may be utilised to measure nurses' performance. The key areas of responsibilities (KARs), in the specific units' have a potential to be adequately addressed. Assessment may be a true reflection based on the relevant ratings to individual nurses to boost their morale. The performance input may potentially be equivalent to performance measurement outcomes enhancing the effective implementation of PMDS to deliver quality services. Deficient performance may be addressed through development. It is anticipated that nurses with expertise and the

high performers may potentially share their skill knowledge to convey encouragement and excellence in service delivery.

The current study reinforced that transparency and teamwork, motivation and effective implementation of PMDS may be enhanced. Peer teaching may be effected to ensure personal and professional development. Furthermore, the effective transmission of advanced knowledge and skills among nurses have a potential to be determined.

The current study underpinned that maintenance of the PMDS cycle is possible with the involvement of colleagues, line managers, supervisors and departmental managers in the management of performance of nurses. The efficient and effective implementation of PMDS should not depend only on managers and supervisors. Olokundun et al (2018:5) recommend that organisational strategies should be openly and effectively communicated to individuals and teams to motivate operational autonomy to engage in decision making for a strong execution process.

Transparency, communication and decision making may contribute to the positive perceptions, and as a result, to the effective implementation of PMDS. The employees may be dedicated and committed with a sense of belonging to the organisation. Tindale and Winget (2019:2) concur that decisions made by groups lead to better outcomes as compared to individuals working alone. The supervisor and managers should allow subordinates to participate in decision making towards PMDS to create a harmonious working environment among nurses and hence service delivery. Similarly, Osborne and Hammoud (2017:52) concur that employees' engagement enables employees to realise the valuable role they play within a unit. The human resource management team and the authorities in the nursing fraternity, should be appropriately advised, regarding measures to be effected to enhance the effective implementation of PMDS. Workshops, seminars and conferences should be utilised to share the study findings.

5.7 LIMITATIONS OF THE STUDY

The study enquiry was confined to nurses at the functional level, impacting on the outcomes of the results towards nurses at supervisory and the managerial categories.

Additionally, the study focused on a tertiary hospital in Free State Province, limiting generalization of findings to other health care levels.

5.8 CONCLUDING REMARKS

It can be concluded from the above findings that the effective implementation of PMDS need to be considered in adhering to the high standards of care. It is evident that participative management style, in the implementation of PMDS is crucial in ensuring motivated nurses to deliver quality care to the clients and patients.

The study emphasises that the presence of senior professional nurses and individual's colleagues is to be considered and acknowledged in order to ensure that the PMDS policy implementation is a continuous process. As a result, the hardworking nurses are identified through monitoring and evaluations. Consequently, their potentials are acknowledged by the available authority and peers for recommendation of high credits during the PMDS assessments.

The value of transparency was depicted in the study particularly openness in performance to enhance distribution of quality performance to nurses without the necessary skills in ensuring their motivation and effective PMDS implementation. Moreover, transparency would facilitate peer learning resulting in advanced knowledge and skills.

The knowledge and expertise of personnel with specialties particularly in tertiary institutions should be recognised and utilised effectively to avoid the 'brain drain' as stated in Docquier (2014:5). In the setting for this study, PMDS policy should include the specific key responsibilities for personnel with specialties to enhance advanced skills and knowledge in the units and hence high standard of performance.

The PMDS processes should be aligned to its democratic principles. A team approach should be applied when dealing with PMDS. Managers and supervisors should be transparent and involve the subordinates in communication and decision making concerning PMDS in the units to enhance the effective implementation and hence quality services to the community.

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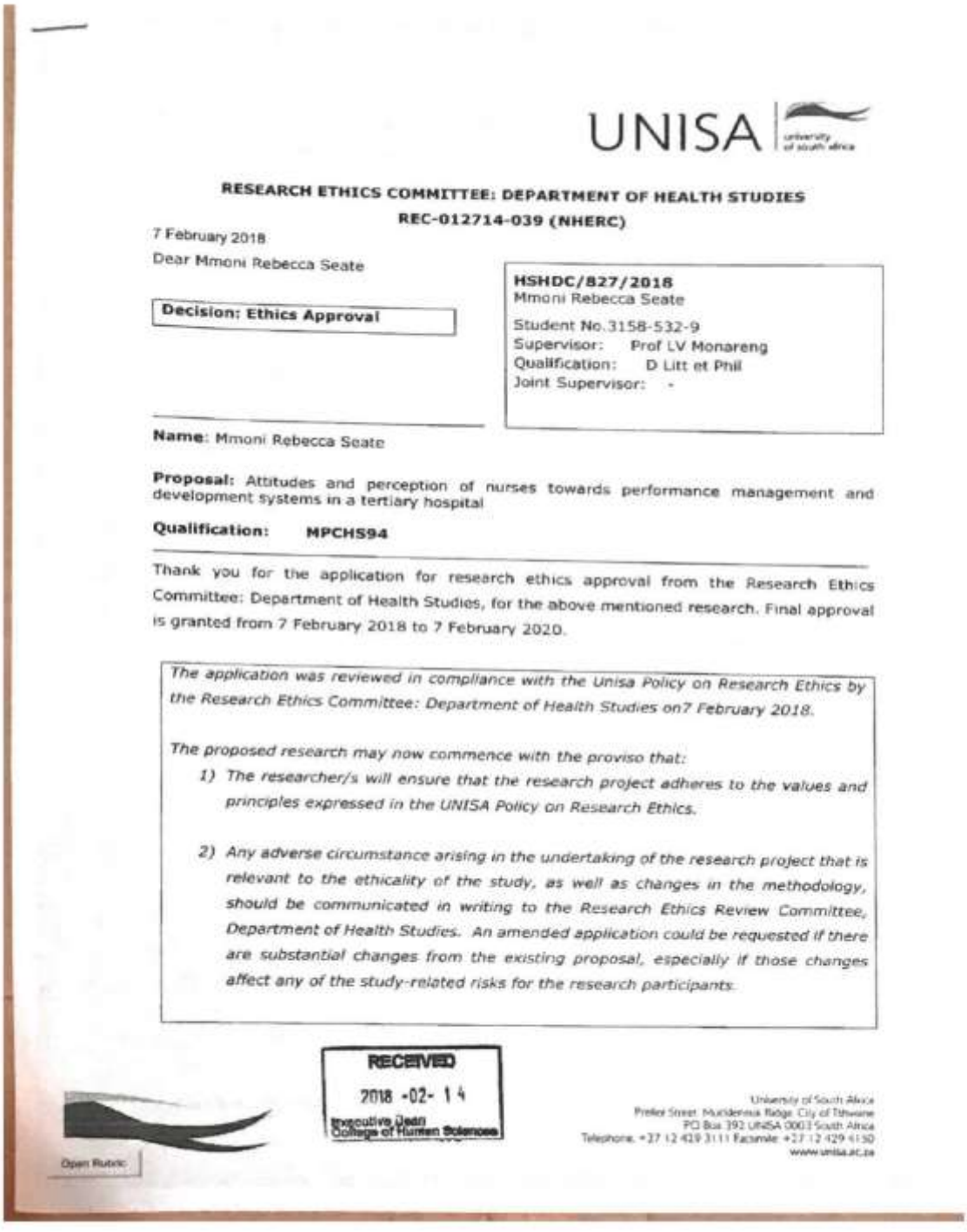
ANNEXURES

ANNEXURE A1: ETHICAL CLEARANCE CERTIFICATE FROM THE UNIVERSITY OF SOUTH AFRICA



UNISA university of south africa

RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES

REC-012714-039 (NHERC)

7 February 2018

Dear Mmoni Rebecca Seate

Decision: Ethics Approval

HSHDC/827/2018
Mmoni Rebecca Seate

Student No.3158-532-9
Supervisor: Prof LV Monareng
Qualification: D Litt et Phil
Joint Supervisor: -

Name: Mmoni Rebecca Seate

Proposal: Attitudes and perception of nurses towards performance management and development systems in a tertiary hospital

Qualification: **MPCHS94**

Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted from 7 February 2018 to 7 February 2020.

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on7 February 2018.

The proposed research may now commence with the proviso that:

1) *The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*

2) *Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Research Ethics Review Committee, Department of Health Studies. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*

RECEIVED
2018 -02- 14
Executive Dean
College of Human Sciences

Open Rubric

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

3) *The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*

4) *[Stipulate any reporting requirements if applicable].*

Note:

The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.

Kind regards,

Prof JE Maritz
CHAIRPERSON
maritje@unisa.ac.za

Prof MM Moleki
ACADEMIC CHAIRPERSON
molekmm@unisa.ac.za

Prof A Phillips
DEAN COLLEGE OF HUMAN SCIENCES

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

ANNEXURE A2: MEMO FOR COLLECTING DATA AMIDST COVID-10 PANDEMIC

Date	**22 June 2020**	**File no**	
TO:	Unisa Ethics Review Committee	**FROM:**	Ms MR Seate (Research Student at Unisa) Tel: 051-4051684 E-mail: seatemr@fshealth.gov.za

SUBJECT: Collection of data amidst of Covid-19 restrictions at a tertiary hospital.

The university of South Africa Research Ethics aligns with the precautionary measures for prevention against Covid-19 infection as declared by President Cyril Ramaphosa on 15 March 2020.

The Unisa Covid-19 guidelines were applied to limit the transmission of the coronavirus and reduce the risk of both the researcher and the participant. National regulations were followed, the restrictions imposed, and various alert levels were adhered to. The following guidelines were adopted to ensure the safety of the researcher and the participant during data collection.

- The intendent contact data collection meeting was not proceeded if the researcher or the participant was feeling unwell.
- Telephonic pre-screening was done before the meeting as well as keeping a register of participants who participated in semi-structured interviews.
- The researcher was screened before participant human contact. Evidence of screening data was kept and signed by a witness.

In case the meeting for data collection was successful. The following procedures were considered:

- Wearing of an appropriate cloth mask. Face was not touched, and the participant advised to do the same. The researcher ensured that the participant had a mask and a sanitizer. Sanitizer and sealed cloth masks were handed out.

- Pre-screening was done by measuring temperature of the participant and the researcher`s and questions that were not included in the telephonic pre-screening were asked. A physical distance of 2 metre was kept.
- Hands were sanitized with 70% alcohol base sanitizer. All surfaces were sanitized before commencing any activities and before leaving.
- Exchange of paper between the participant and the researcher was avoided. Disposable gloves were used for managing demographic data and consent form documents. They were put in an envelope and stored safely.
- Gloves were removed and hand sanitized since a corona virus reside on paper for up to three (3) days.
- Pens, digital equipment, smart phones were not exchanged during the interview.
- Prepacked refreshments were offered as promised. No food was served.

Compiled by:

Ms Seate MR (31585329)

ANNEXURE B1: LETTER TO THE DEPARTMENT OF HEALTH TO REQUEST PERMISSION TO CONDUCT THE STUDY

PELONOMI TERTIARY HOSPITAL
PRIVATE BAG X 2581
DR BELCHER ROAD
9323
17 APRIL 2018

HEAD OF DEPARTMENT
FREE STATE DEPARTMENT OF HEALTH
2 CHARLOTTE MAXEKE STR
BLOEMFONTEIN
9301

Sir/Madam

RE: A REQUEST FOR PERMISSION TO CONDUCT RESEARCH STUDY

I, Mmoni Rebecca Seate, a Master's degree student at University of South Africa (UNISA), herewith request permission to conduct a research study at Pelonomi Tertiary Hospital.

The study topic is: **THE PERCEPTIONS AND ATTITUDES OF NURSES TOWARDS THE IMPLEMENTATION OF PMDS AT A TERTIARY HOSPITAL IN FREE STATE PROVINCE.**

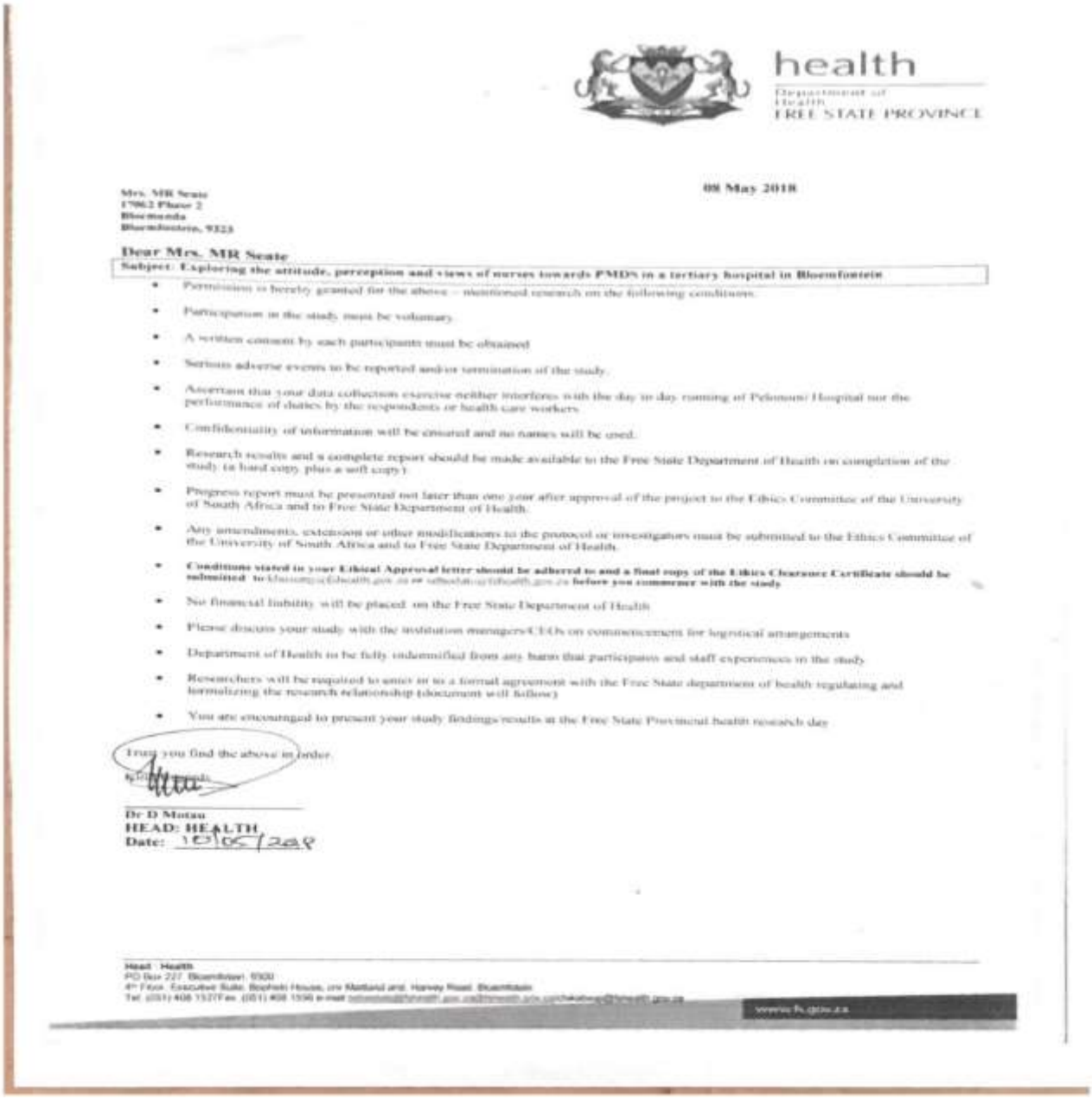
Data will be gathered from nurses of all categories. The study will benefit the entire department by enhancing the effectiveness of PMDS implementation. Please find the research proposal and the ethics approval from Research Ethics Committee of UNISA. The research will be supervised by Dr SH Khunou and the co supervisor Prof MC Matlakala.

Telephone: 012 4296290 or email: khunosh@unisa.ac.za
Telephone: 012 4296770 or email: matlamc@unisa.ac.za
Telephone: 051 4051684 or email: seatemr@fshealth.gov.za

Kind regards

Seate MR (Researcher)

ANNEXURE B2: APPROVAL TO CONDUCT THE STUDY



health
Department of Health
FREE STATE PROVINCE

08 May 2018

Mrs. MR Seate
17062 Phase 2
Bloemanda
Bloemfontein, 9323

Dear Mrs. MR Seate

Subject: Exploring the attitude, perception and views of nurses towards PMDS in a tertiary hospital in Bloemfontein

- Permission is hereby granted for the above – mentioned research on the following conditions.
- Participation in the study must be voluntary.
- A written consent by each participants must be obtained
- Serious adverse events to be reported and/or termination of the study.
- Ascertain that your data collection exercise neither interferes with the day to day running of Pelonomi Hospital nor the performance of duties by the respondents or health care workers.
- Confidentiality of information will be ensured and no names will be used.
- Research results and a complete report should be made available to the Free State Department of Health on completion of the study (a hard copy plus a soft copy)
- Progress report must be presented not later than one year after approval of the project to the Ethics Committee of the University of South Africa and to Free State Department of Health.
- Any amendments, extension or other modifications to the protocol or investigators must be submitted to the Ethics Committee of the University of South Africa and to Free State Department of Health.
- **Conditions stated in your Ethical Approval letter should be adhered to and a final copy of the Ethics Clearance Certificate should be submitted to [illegible] before you commence with the study.**
- No financial liability will be placed on the Free State Department of Health
- Please discuss your study with the institution managers/CEOs on commencement for logistical arrangements
- Department of Health to be fully indemnified from any harm that participants and staff experiences in the study.
- Researchers will be required to enter in to a formal agreement with the Free State department of health regulating and formalizing the research relationship (document will follow)
- You are encouraged to present your study findings/results at the Free State Provincial health research day.

Trust you find the above in order.

Dr D Motau
HEAD: HEALTH
Date: 10/05/2018

Head: Health
PO Box 227, Bloemfontein, 9300
4th Floor, Executive Suite, Biophelo House, cnr Markland and Harvey Road, Bloemfontein
Tel: (051) 408 1527/Fax: (051) 408 1596 e-mail: [illegible]

www.fs.gov.za

ANNEXURE C: LETTER TO REQUEST THE SITE APPROVAL

17062 Bloemanda
Bloemfontein
9323
17 July 2018

The CEO
Pelonomi Hospital
Private Bag X20581
Dr Belcher Road
Bloemfontein
9323

Dear Sir

APPLICATION FOR SITE APPROVAL TO CONDUCT A RESEARCH PROJECT

Title of Project: Investigating the attitudes and perceptions of nurses towards PMDS.

THE PERCEPTIONS AND ATTITUDES OF NURSES TOWARDS THE IMPLEMENTATION OF PMDS AT A TERTIARY HOSPITAL IN FREE STATE PROVINCE

Researcher: Mmoni Rebecca Seate (MA Nursing student)

Address: 17062 Bloemanda, Bloemfontein

Telephone numbers: 051 4051684, cell: 0738733946, e-mail: seatemr@ fshealth.gov. za

Supervisor: Docter SH Khunou e-mail: khunosh@unisa.ac.za

Co-Supervisor: Prof MC Matlakala email: matlamc@unisa.ac.za

Chairperson of the Ethics committee: Prof Maritz maritjie@unisa.AC.za

The Researcher is a student (31585329) studying at the University of South Africa, Pretoria, Department of Nursing and a registered nurse employed at your hospital in the clinical teaching departments. One of my duties is to ensure that the student nurses are being educated and trained in a well-resourced conducive environment.

During the rounds in the clinical areas, I noted that the student nurses are not being supported, personnel lack commitment to develop independent professional nurses. This becomes worse after the PMDS payments of performance bonuses.

This letter is to request permission and assistance in accessing nurses for data collection in a research project about their attitudes and perceptions towards PMDS. Participants will be recruited from their units of the setting with the assistance and support from the managers. The data collected through this research study will assist in improving the performance standards in the Free State Province Hospitals.

The ethical principles will be maintained to ensure the dignity and respect of the participants. Attached please find the ethical approval from the University of South Africa (UNISA) and from the Free State Department of Health.

Hope my request will reach your highest consideration.

Student: Mmoni Rebecca
Seate Cell: 0738733946, 051
4051684 e-mail:
seatemr@fshealth.gov.za

Supervisor: Dr SH Khunou: email khunosh@unisa.ac.za
Co-Supervisor: Prof MC Matlakala: email matlamc@unisa.ac.za
Chairperson of Ethics committee: Prof Maritz: maritjie@unisa.ac.za

ANNEXURE D: INSTITUTIONAL LETTER TO CONDUCT THE STUDY

pelonomi hospital
Department of Health
Pelonomi Regional Hospital
FREE STATE PROVINCE

DATE:	18 July 2018	**FILE NO:**	
TO:	**Ms MR Seate** **Lecturer: Pelonomi(FSSON)** **1st Floor, I Block Building** **BLOEMFONTEIN** **9300**	**FROM:**	**Dr BA Benganga** **Director:** Clinical Services Tel: 051-4051942 **Email:BengangaBA@fshealth.gov.za**

SUBJECT: PERMISSION TO EXPLORE THE ATTITUDES, PERCEPTION AND VIEWS OF NURSES TOWARDS PMDS IN A TERTIARY HOSPITAL IN BLOEMFONTEIN

Pelonomi Tertiary Hospital grants you permission and the following criteria must be met.

1. The hospital incurs no cost in the course of your research.
2. Access to the staff and patients at Pelonomi Hospital will not interrupt the daily provision of services
3. Prior to conducting the research, you will liaise with the Supervisors of the relevant sections and introduce yourself with permission letter and to make arrangements with them in a manner that is convenient to the sections.

Yours Sincerely

PELONOMI HOSPITAL
Dr Benganga BAF
Head of Clinical Service
18 -07- 2018
DEPARTMENT OF HEALTH

DR. BA BENGANGA

DIRECTOR CLINICAL SERVICES

ANNEXURE E: PARTICIPANT INFORMATION LEAFLET (SEMI-STRUCTURED INTERVIEWS)

Title of the Study: The attitudes and perceptions of nurses towards PMDS at a tertiary hospital.

Names(s) and affiliation(s) of researcher(s)

Mmoni Rebecca Seate, Pelonomi Hospital, Bloemfontein

Dr SH Khunou and Prof MC Matlakala, University of South Africa, Pretoria-South Africa

We are carrying out a research and we would like you to take part in an individual semi structured interview.

Why the proposed research?

I would like to seek information from the participants with the knowledge and understanding of PMDS policy implementation at a tertiary hospital. Voicing out your perceptions regarding PMDS in semi-structured interview will help me develop recommendations from the results obtained to improve your perceptions and attitudes towards PMDS and hence PMDS policy resulting in motivated nurses.

What will happen during the study?

You will be required to meet once for a semi structured interview. I will be using a digital voice recorder to record the interview with your permission. The duration of the interview will be approximately an hour.

What are the possible gains and harm to you?

It is not expected that your participation in the study will harm you, however you may be emotional when relating your perceptions regarding fairness of PMDS policy implementation. When this happens, I will refer you to the social worker for official counselling. The study may or may not have immediate benefits but long-

term benefits for future improvements of how nurses perceive PMDS for quality care service.

Can I withdraw from the study?

Your participation in the study does not bind you to continue with the study if you feel that you want to leave. You are free to leave the study at any point of the study even if you have agreed to be part of the study and you have signed a consent form. Your withdrawal will not have an impact on your duties in the unit.

Contacts

if you have any concerns or questions, you may send an electronic mail (e-mail) or phone the researcher or phone the supervisor or the head of the research ethics committee at Unisa Department of Health Studies using the following addresses:

Researcher: Mmoni Rebecca Seate (Name of the Researcher) on this telephone 0514051684, cell number 0738733946, e-mail seatemr@fshealth.gov.za

Supervisor: DR SH Khunou: email: khunosh@unisa.ac.za

Co-Supervisor: Prof MC Matlakala: email: matlamc@unisa.ac.za

Chairperson of Ethics committee: Prof Maritz: email: maritjie@unisa.ac.za

ANNEXURE F: CONSENT FORM

University of South Africa
Department of Health Studies

Research Topic: Performance management and development system implementation at a tertiary hospital
Research Supervisor: Dr SH Khunou
Research Co-Supervisor: Prof MC Matlakala
Researcher: Mmoni Rebecca Seate

STATEMENT OF A PERSON WHO OBTAIN CONSENT

I have received a copy of the information leaflet and have read and understood the contents. The researcher gave a detailed explanation about the research and that I am not forced to participate in the study.

I knew enough about the purpose, methods, risks and benefits of the study to decide that I want to take part in the study or not. I understand that I may freely discontinue my participation in the study at any time without having to explain myself. I agree to be audiotaped during the semi-structured interview.

I understand that I can refuse to be audiotaped during the conversation and feedback sessions, the consequences of which will be an exclusion from participation.
I agree to take part in this research.
NAME:
_____
DATE: _____ SIGNATURE_____
Student: Mmoni Rebecca Seate
Contact Number: 051 4051684, Cell: 0738733946, e-mail: seatemr@fshealth.gov.za
Supervisor: DR SH Khunou: email: khunosh@unisa.ac.za
Co-Supervisor: Prof MC Matlakala: email: matlamc@unisa.ac.za
Chairperson of Ethics committee: Prof Maritz: email: maritjie@unisa.ac.za

ANNEXURE G: INTERVIEW GUIDE

PARTICIPANT NAME: (Participant no) _____ Date: _____

Research topic:

The implementation of PMDS for nurses at a tertiary hospital in Free State Province

INSTRUCTIONS

All information herewith provided will be treated confidentially. It is not necessary to indicate your name on this questionnaire.

1. Answer all questions by providing an "X" in the box corresponding to the chosen alternative (Section A)

2. Hand in the questionnaire to the researcher immediately after completion

SECTION A: DEMOGRAPHIC DATA

<table>
<tr><td>1</td><td>Today's date
<table><tr><th colspan="2">Day</th><th colspan="2">Month</th><th colspan="2">Year</th></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td><td></td></tr>
<tr><td>5</td><td>What is your highest level of education?
<table><tr><td>1</td><td>Certificate</td><td></td></tr><tr><td>2</td><td>Diploma</td><td></td></tr><tr><td>3</td><td>Degree</td><td></td></tr></table></td><td></td></tr>
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<tr><td>7</td><td>What is the duration of your employment?<table><tr><td>1</td><td>2–10 years</td><td></td></tr><tr><td>2</td><td>11–20 years</td><td></td></tr><tr><td>3</td><td>21–30 years</td><td></td></tr><tr><td>4</td><td>31–40 years</td><td></td></tr><tr><td>5</td><td>40+ years</td><td></td></tr></table></td><td></td></tr>
<tr><td>8</td><td>Indicate your nursing category.<table><tr><td>1</td><td>Auxiliary</td><td></td></tr><tr><td>2</td><td>Enrolled</td><td></td></tr><tr><td>3</td><td>Professional Nurse</td><td></td></tr></table></td><td></td></tr>
<tr><td>9</td><td>Indicate your educational qualification.<table><tr><td>1</td><td>Certificate</td><td></td></tr><tr><td>2</td><td>Diploma</td><td></td></tr><tr><td>3</td><td>Degree</td><td></td></tr></table></td><td></td></tr>
<tr><td>10</td><td>Indicate your unit of performance.</td><td></td></tr>
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SECTION B

UNSTRUCTURED INTERVIEW GUIDE

1 Grand Tour Question: “Please Tell me, how to you perceive the implementation of PMDS.”

- What are your perceptions regarding factors contributing to the effective implementation of PMDS.?
- What are your perceptions regarding challenges that you face towards the implementation of PMDS.?
- What are your needs regarding the effective implementation of PMDS?
- What are the benefits towards the effective implementation of PMDS?

Probing questions will follow the responses based on the research objectives of the study.

ANNEXURE H: TRANSCRIPTS

TRANSCRIPTS SEMI-STRUCTURED INTERVIEWS

I**nterview** :**3 P 3**

Researcher: Good afternoon, ma'am.

Participant: Good afternoon, madam.

Researcher: How are you this afternoon?

Participant: I am very well thanking you, and how are you ma'am?

Researcher. I am fine thank you**.** I am a student at Unisa.

Participant. (interrupted) Wow!! that's wonderful.

Researcher: …. Yes, I am coming to collect data your perceptions regarding the implementation of PMDS.

Participant: Oh, that topic, interesting.

Researcher: Okay dear, So, Tell, me how do you perceive the implementation of PMDS**.**

> "Oh, my word!!! where do I even start. I think PMDS is not as indicated. It is a Performance Management and Development System but what is being practiced totally differs from its name neh. PMDS is about signing of the assessments' forms at six (6) monthly intervals. There's no monitoring and evaluation of performance, there's no communication with the supervisor about plans to close the gaps in an adequate performance. With PMDS there is lack of management of performance of people and as a result there is no development in performance. You know what hurts most is the low credits that an individual gets after the very hard work that they put forward."

Researcher: Okay mam, now explain how individuals gets low credits.

> "Okay You know how this happens neh., you get low credits if you are unable to support the hard work that you have carried out. Err…by this I mean support it through writing of evidence to indicate your functions. you know mos in nursing they say if it's not written, it's not done, so in order to be credited a four, you are supposed to write your supporting statements. If you don't write regardless of the hard work you put forward, you won't be allocated the marks

that you deserve and obviously you will be assessed by a supervisor who was not available when you were carrying out those activities in the unit. It`s very painful. The measuring tools used has omitted our relevant competencies in the unit. It's really unfair."

Researcher: Elaborate on how is it unfair?

"Okay, this is how it works, those that are writing supporting statements excel in writing, and whereby they are actually doing absolutely nothing in the unit but just because they are good in writing, then they get good marks. The poor hardworking nurses who are always there for their patients, lack time to sit and write the evidence. This is unfair because now the non-working nurses get higher scores than the hard-working nurses. What makes it more unfair is that these evidence are not a true reflection of the activities conducted in the ward. So, allocating scores without the involvement of the senior professional nurses in the unit makes credits by the supervisor very subjective. And again, the measuring tools used to measure performance are absolutely not accurate."

Researcher: Elaborate more on how allocation of scores without the involvement of the senior professional nurses in the unit makes credits by the supervisor subjective.

"Okay, supervisors as it is, are not working closely with nurses. The nurses are working closely with their colleagues and senior professional nurses in the unit therefore the supervisor is not properly witnessing the performance of their surbordinates hence the ratings become subjective."

Researcher: How does this influence motivation in performance?

"The motivation comes in this way, the poor hardworking nurses become demoralized because they don't know how an individual was awarded high scores, because this now, there is no transparency, there will be conflicts and everybody dragging feets. the high performing nurses become discouraged with loss of drive especially after the assessment periods. They drag their feet towards, their activities especially after the assessment periods. There`s lots of absenteeism from work with loss of drive from their normal activities.

Everything just falls apart. They don't have a push to do their work properly. Supervisors are now provided with sick notes, and there also the low standard of patient care. There are also reports of negligence from the customer service. Furthermore, there are litigation cases from dissatisfied clients and well as their families. So, this how it influences the motivation in performance."

Researcher: How can this be improved for effective implementation of PMDS?

"I think to improve this, the hardworking nurses to be afforded their relevant credits. Accurate measuring tools should be used to measure performance, and then we should also encourage team work to ensure that nurses become aware of each other's excellence in performance as well as potentials."

Researcher: You mentioned lack of management of performance, can you explain more.

"Okay, performance of nurses is to be monitored and evaluated continuously by supervisors in the unit, this is not happening. Nurses only sign the PMDS forms biannually, without monitoring and evaluation of their performance. Monitoring and evaluation of performance is done to identify shortfalls of performance so that measures can be taken to improve the knowledge and skills as well."

Researcher: Please explain why is there lack of management of performance?

"It is because managers and supervisors are not all … ways available in the wards to monitor and evaluate nurses' performance. Supervisors are not working with their surbordinates in the ward hence it becomes difficult to even assess the surbordinates because they don't know their performance. My perception is that supervisors and managers have a lot on their plate to take care of, it`s important for them to have a full responsibility of the performance of their surbordinates and manage it accordingly."

Researcher: How can this be improved to ensure that PMDS is implemented effectively

"Okay, Supervisors are to involve seniors in the units to continue with monitoring and evaluation of performance in their absence because they are not always in the unit.

Teamwork is to be encouraged among nurses in the units so that each other's potentials can be known and acknowledged by the team members."

Researcher: You mentioned lack of development, explain how it happens?

"Okay, based on the agreement signed, development is to be conducted to ensure that the standard of care is uplifted. The in-service training is to be done for skills development. Eer…. If this is not done, PMDS is just about signing of papers. And without teamwork there is difficult development through peer education. But instead, there are lots of competitions which becomes more evident during assessment periods, everybody striving for higher credits. There is lack of team spirit with poor interpersonal relationships. This results in lack of transparency and learning from one another."

Researcher. Please elaborate on the impact of teamwork towards PMDS.

With teamwork individual performance is evaluated and monitored by team members in the unit. Eer … whether the supervisor is available in the unit or not, like I explained earlier, that they are always not available, teamwork is especially important. There is transparency and as result learning from each other through peer education. Harmonious working enviroment as well as team spirit is created among team members in the unit with good interpersonal relationships of cause.

Researcher: Okay**,** explain how the implementation of PMDS is improved?

"Mhm … Teamwork is encouraged to enhance team spirit and peer education and learning for skill development. Remember during our school days we used to acknowledge those students who were performing above us, our teachers encouraged us to assist one another, Like for instance, I didn't understand maths. But I asked help from my peer, but guess what? I am now excelling in Mathematics because of the assistance that I got from my peers."

Researcher: You mentioned that the non-performers write the supporting evidence. Elaborate more on that.

> "Alright on this one, remember we spoke about the measuring tool not being accurate, so if the accurate measuring tools are to be used, no writing of evidence should be done. With use of accurate competency assessment measuring tools, untruthful supporting statements will be avoided. Remember, because everyone is good in writing so therefore that is why the non-working people get high credits and rewards. Credits and rewards should be given to hard working nurses resulting in positive perceptions and attitudes towards the PMDS will be implemented."

Researcher: Okay ma'am, are there any other perceptions regarding PMDS?

> "Aar …, let me think ... I think PMDS lacks transparency. There is no open communication between the surbordinates and the supervisor, and there are no feedback post assessments. Remember earlier, we spoke about PMDS being just a document been signed biannually in 6 months. People are not given feedback of how they scored. This makes acknowledgement of team members performance difficult. Learning from the counterparts is very difficult. Communication ensures that nurses share their dissatisfaction with supervisors in the unit."

Researcher: Explain how acknowledgement of team members' performance is difficult?

> "With PMDS there is no teamwork among staff members, personnel work individually as a result everybody is comfortable with his/her own territory, it is not easy to notice or acknowledge the performance of your team mate."

Researcher: How can this be improved to ensure the effective implementation of PMDS?

> "Okay, my perception is that managers and supervisors to encourage transparency in the units. There should be an open communication about PMDS in the units. Continious feedback should be given regarding their performance post assessments. For excellent performance individuals to be

congratulated. In case the standard of performance is low corrections are to be done through formal or informal education and training for personal and professional growth. Individual capabilities should be also known and acknowledged in the unit so that their accomplishments should not be unexpected."

Researcher: You mentioned that competitions become more evident during PMDS assessments periods. Elaborate more on these competitions.

"Okay on this one, remember, we have two types of nurses in the unit. There are those that are committed and passionate about their work no matter what. And there are those who become committed and hardworking only during the assessment periods. These are the ones that I mentioned earlier that they are good in writing, these are nurses who compete with one another towards PMDS assessment. They prepare their evidences in secrets not sharing any information, so that they can be awarded with high scores, and this is totally unacceptable."

Researcher: How can this be improved to enhance the effective implementation of PMDS.

"Like we mentioned in our discussion earlier on, working as a team in the unit and supervisors to acknowledge the presence of senior nurses in the unit, to continue monitoring and evaluation of performances. My perception is that senior nurses are more knowledgeable about who performs better than the other one regardless of the competitions that might be held because the managers as mentioned before are not always in the unit."

Researcher: Okay ma'am, are there any additions regarding your perceptions regarding PMDS?

"My additions are just that I wish accurate measuring tools can be used so that we can be motivated and be productive in our functions. At the moment I am just working for the sake of working. I am working at the level of the rating allocated. This actually demotivates me because even if I want to do

more, I cannot do more knowing that because of the tool I will just be scored accordingly."

Researcher: Okay, please elaborate on working at the level of the rating allocated

"Eer …(coughing). There are lots of omissions in the indicators, so even if you work leaving no stone unturned, guess what? (laughs) you will always be credited low scoring based on the assessment criteria set. This is so limited based on the responsibilities expected to be carried. So, when one gets lower scores, you become discouraged and work according to the ratings allocated contradicting service delivery."

Researcher: Please explain the omissions you are referring to.

"Currently I am an expect in renal unit, I was expecting to see the KARs that are relevant to what I do e.g., educating the students on renal dialysis but the assessment tool utilised in this unit is the same as the professional nurse who is not an expect. So, the tool should not only include the specialty one has acquired but should also include the potentials of nurses in the unit. Because these nurses will be the future managers of the very unit."

Researcher.: Elaborate on why the specialty of individuals and the potentials be included in the PMDS assessment tool.

"Alright, the specialty to be included so that it may not go unnoticed. Nurses with specialties should feel that they have a valuable responsibility and recognition in the unit. Individual potentials should be included as nurses differ in their potentials. Potentials are important considerations as some nurses have specialties without potentials."

Researcher: Elaborate on how an individual gets a specialty without a potential.

"How, Okay that one, a specialty is acquired, an individual is certificated, and a potential is an individual`s natural strength and ability to perform tasks. Individuals may have qualifications but not having the ability to perform tasks for such qualifications. Other without any qualification may master a task

diligently. Remember how our male nurses used to manage urological problems in Urology unit. So, when conducting a PMDS assessment for such a person, high credits are to be offered for that distinct potential."

Researcher: Tell me more about the inclusion of these indicators in an assessment tool.

"I mean there should be specific KARs that describes individual potential. Nurses' capabilities to be noticed so that they should feel valued and committed to enhance positive perceptions and attitudes towards PMDS. Assessment tool should not be a blanket assessment tool for all nurses. Individual capabilities should be acknowledged and credited, and of course PMDS will be fair towards everyone."

Researcher: Elaborate on the PMDS benefits and how will it be fair to everyone.

"My perception is that is a good system for ensuring the high standard of performance. Remember without PMDS we can have lack of time management. With PMDS we are able to function in relation to the required goals and objectives of the units directing and guiding us towards our functions with limited time available. We know what is expected from us in terms of the work activities. We work systematically and not haphazatly because we have the indicators that guides us so that we may not waste time in thinking about what needs to be carried out in the unit and this of cause will also improve our quality care."

Researcher: Please clarify what you mean by, with PMDS we can have lack of time management.

"Okay, for the fact that PMDS is a 12month cycle, it shows that our performance plans are to fall within the 12month cycle. Meaning that the responsibilities that we deliver to our clients and patients should also be stipulated within a year. This is evident in six monthly intervals when you`ll be required to show evidence of the functional activities you performed. In 2years there is a pay progression is offered and nurses salaries are increased with 2% for their motivation and for their hard work. This clearly indicates that health care that we render to the patients and community is absolutely based on time."

Researcher: Thank you for participating in the study.

Participant: Thank you ma’am, you are welcomed.

ANNEXURE I: LANGUAGE EDITING CERTIFICATE

TO WHOM IT MAY CONCERN

This letter confirms that the dissertation with the title "**Performance Management Development System Implementation for Nurses at a Tertiary Hospital in the Free State**" by Mmoni Rebecca Seate at the University of South Africa for the fulfilment of the requirements MA Nursing Science (Health Studies) degree has been edited for grammatical and structural concerns by the undersigned language professional. Neither the research content nor the author's intentions were altered in any way during the editing process. The responsibility lies with the author to effect changes and to attend to any anomalies indicated during the editing process. Formatting and layout as well as reference checking were not included in the editing process. The editor's professional profile can be viewed on LinkedIn. (https://za.linkedin.com/in/gava-kassiem-a7569b39).

Gava Kassiem
Independent Language Specialist/Academic Editor
MA (Linguistics and Language Practice)
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