CHAPTER ONE

1.1 Introduction

This research sought to investigate the effectiveness of the performance management and development system policy in inculcating professional behaviour of nursing staff towards customers. Nursing is taken as one of the noble professions in the world. In South Africa nurses belong to the South African Nursing Council, a professional body that sets professional standards of practice. The performance management system is expected to monitor whether nurses adhere to these standards.

A performance management system is a process that is used to monitor, evaluate and reward the performance of the individuals for the success of the organisation. It focuses on improving the performance of the people in an organisation by developing their capabilities. Bernadin (1995) cited in Armstrong (2003) states that performance is the outcome of work as it provides the strongest link to the strategic goals of the organisation, customer satisfaction and economic distribution. A person’s accomplishments, outcomes or what a person leaves behind are important in a Performance Management and Development System. Campbell (1990) cited in Armstrong (2003) states further by saying that the performance is behaviour and should be distinguished from outcomes as it can be contaminated by systems factors. Performance is behaviour when looking at the way in which organisations, teams and individuals get work done.

In South Africa, during the apartheid system there were varieties in performance management systems and procedures to provide a better service. They were formulated for different categories of staff and purposes. After 1994
a new management framework was introduced mandating that departments must be politically and administratively headed in order to do away with a one size fits all approach. Departments are informed by Public Service Regulations to develop and implement their performance management systems. Regulation VIII B1 (2001) requires that each executing authority come with a performance management and development system for employees in that department. The purpose of introducing a performance management and development system in South Africa is for improving the attraction, retention and development of high quality senior managers and professionals. It also looks at the results with a balance between equality and flexibility to adapt. There is consistency with management assessment criteria which is linked to competency framework, rating scale and personal development plans. It provides clear guidelines for linkages to pay progression and reward. (Eastern Cape Provincial Government Guide to Performance Management Development, 2003).

The Eastern Cape Department of Health implements a performance management and development system following the rules set by the National Department of Health. There are departmental strategic and operational goals that are there to direct hospitals. Each hospital sees how it fits into these goals in order to improve service delivery. Sections are expected to formulate goals that talk to that of the hospital and individuals also formulate goals that talk to those of their section. Work plans are used to assess if the individual’s goals link to that of the section. A work plan is structured in such a way that it informs the next person about objectives, key performance indicators, actions, performance measures and development plans. An individual work plan supports that of the supervisor and the supervisors’ supports that of the manager in order to achieve departmental goals (Eastern Cape Provincial Government Guide to Performance Management Development, 2003).
Performance champions are formed in order to move around Eastern Cape training managers and employees on the implementation of Performance Management and Development System. Even though this is happening there are gaps identified within the system.

A performance management and development system was introduced to monitor, evaluate and enhance the nursing practice. There are professional standards that guide the nursing practice in order for a nurse to be declared as competent. The South African Nursing Council (2004) states that nursing practice is based on national health priorities that put the best interests of society, community and individual forward. The competency of the nurse, that is the knowledge, skill and judgement based on education, training and experience, is seen as the cornerstone of the nursing practice. Nurses are expected to know what current practise standards are so that they maintain and improve on competency. Nursing managers are supposed to assist or delegate, support and mentor subordinates in order to provide competent and safe nursing care. The South African Nursing Council (2004) argues that for professional development, managers must carry out regular reviews for their subordinates. Developing staff helps to instil a culture of lifelong learning and maintenance of competence in the organisation.

Nurses are trained to accept and demonstrate accountability and responsibility for own judgement and actions and these are maintained by managers. They are expected to practise within their scope of practise and consult with others if nursing care is beyond own present competence or scope of practise. Good communication and interpersonal skills are expected to be demonstrated by nurses to initiate, develop and maintain a supportive, caring and therapeutic relationship with health care users. Health care user’s questions, requests and
problems must be answered properly. The safety, dignity and privacy of health care users must not be compromised because of health care that is given to individuals. Nurses are required to always show respect to the health care user as a human being and to their rights. Constructive working relationships among nurses are a requirement to avoid late coming, absenteeism and sick leave abuse for health care promotion. Team leadership skills and functioning as an effective team member are encouraged by the nursing practise to give an individual a sense of belonging. It further mentions that nurses are motivated to familiarise themselves with the cost of material resources to avoid waste during service delivery.

This therefore means that a proper implementation of a performance appraisal review system is a possible solution to encourage professional behaviour in the nursing profession for a better service delivery.

The origins of performance management evolved over the last century. Before the First World War Frederick Taylor began with formal performance appraisals in the United States. Then these were followed by ratings for officers in the United States armed services in the 1920s. Performance management spread to the United Kingdom copied from the factory based American system. During that period appraisal schemes were seen as incentive linked activities for promotion. As time went by things became more advanced because in the 1970s there was a need for transparency in reporting, increased subordinate participation and the involvement of trade unions in appraisal practices (Lansbury and Quince, 1998).

The phrase “performance management” was first used by Beer and Ruh in 1976 but lacked recognition until the 1980s. They believed that the performance management system will focus on individual evaluation and
development. It was seen as a tool that would minimize the problems that were experienced in traditional performance appraisal arrangements. Armstrong & Baron (1998) state that the Industrial Revolution in the late 18th century arrived with the annual performance appraisal of employees. What was there before performance appraisals was not easy to follow. This was when the division of labour was recognised and each piece of work could be scientifically planned in the production line. It was then easy to increase the productivity of each worker in the private sector. The authors further state that the purpose of introducing performance appraisals then was to assess and monitor the productivity of employees within the idea of finding ways to improve individual performance. However, performance appraisals did not work as expected because they gave little or no recognition of the employee’s side.

In the case of the Eastern Cape, the PMDS policy was introduced in order to monitor and measure the performance of employees, to reward those that are high performers and to develop those that are poor performers. The system was expected to inculcate professional behaviour in staff members. Employees were made to sign performance agreements and to review performance quarterly. The process was also meant to monitor behaviour such as absenteeism, late coming and shirking among the employees including creating good relations between staff members and their customers.

According PMDS policy, civil servants must demonstrate the highest degree of honesty and integrity in order to build confidence and trust in the people they serve. The policy further states that public servants must be able to manage their own time, resources and be available to meet the objectives of the Department of Health. However, there is clearly lack of capacity to deliver the social service of health as was expected according to the intentions of the
policy. This failure is manifested by signs such as a general lack of a welcoming approach from the personnel to the clients as well as unhelpful and rude attitudes such as shouting at clients and signs of boredom displayed by hospital personnel. This means that community members would be happier being served by private health providers, if they could afford it, rather than the enduring the morbid atmosphere of public health providers.

1.2. Statement of the problem

The major problem with the implementation of the PMDS policy is that evaluation of staff performance is done only in the form of summative assessment which puts more emphasis on financial rewards rather than on self development. This denies employees an opportunity to identify weaknesses and to avail themselves for formative intervention. The main reason for this is that managers do not do annual contracting in the beginning of the year for employees to sign work plan agreements during that period. Therefore employees miss an opportunity to be coached by supervisors and to be sent for training where there is a need. Also, employees do not get feedback on the progression of the system in their institution and yet the policy is supposed to promote transparency. Although the policy states that good performance must be recognised and rewarded, managers do not capture performance reviews on the Persal system.

The above problem is a clear indication that there is a poor understanding of the aims and objectives of the policy at all levels of management in hospitals as evidenced by lack of commitment. This is confirmed by the results of a survey carried out by University of Stellenbosch Business School (2004) which concludes that in South Africa there is an unwelcoming picture of how employee performance is managed and rewarded. The survey indicates that in both the private and public sectors there is inadequate information in performance and inadequately maintained neutrality (Carrell, Elbert, Grobler, Hatfield and Warnich, 2006). Therefore the
performance management and development system is instead used as a scaring tool to threaten employees into submission and therefore it becomes a demotivating factor.

It is only through a proper implementation of performance management and development system which is constantly monitored and evaluated that those public hospitals can improve service delivery.

1.3 Objectives of the study

This research is based on the following objective:

- To assess the effectiveness of the Performance Management and Development System Policy in inculcating professional behaviour of staff members towards customers for improved service delivery.

This assessment will be based on the professional standards that outlined in a competency framework for managers and general staff which give guidance on the required capabilities and on how a person should act in order to conclude that an employee is behaving professionally. Nurses fall under general staff and are also guided by professional standards and ethics so that they can be competent in their work. The intended goal for this policy is to promote a shared sense of responsibility amongst staff members to achieve the objectives of Department of Health. This will be achieved through interviewing senior members and circulating questionnaires to the junior staff.

1.4 Significance of the study

This research project will contribute to the body of knowledge since it shows the problems pertaining to improper implementation of performance management and
development system policy in the nursing field. This study is not a fault finding project but it seeks to find some answers to certain questions raised by the inquiry. It is also there to stimulate scholars to do more research work pertaining to the practical approaches that can be used in implementing performance management and develop system especially in the nursing field. The principle of balance scorecard and key performance indicator scorecard approach tools of analysis are used as this study will show great significance to how the performance management manager, the quality assurance manager, the middle managers and their subordinates are supposed to implement the performance management & development systems in the nursing field.

1.5 Delimitation of the study

This study is looking at three hospitals in Buffalo City in the Eastern Cape. There are other hospitals that are within the Buffalo City which are not part of this study for example Cecilia Makiwane Hospital which is a black referral hospital in the apartheid era is not included. The reason is that Department of Health is revamping this hospital to make it more modern. In the Performance Management and Development not everything will be touched. The study will look at whether the Performance Management and Development System is able to inculcate a professional behaviour to nurses towards customers. The research is going to focus on the internal performance of health services. Therefore the patients will not be included as part of the field work. It may not be easy to get managers and nurses at the time they are needed due to their tight schedule therefore extra time may be given in order to get them. Some questionnaires may not be returned back by the respondents.
1.6 Ethical considerations

Participants will be given consent forms before participating in the study. It must be explained that this is only a research it is not for any other purpose. Also a person must participate out of his or her will and privacy will be maintained. This study aims at doing what is right and good for legal reasons. Trustworthiness and authenticity of the researcher relies on ethics. Roles of the participant must be clear in the study (Pilot, Beck and Hungler, 2001). Participants will be respondents only; they will not be doing anything else such as issuing out and collecting questionnaires.
CHAPTER TWO

Literature Review

2.1 Introduction

This chapter analyses the meaning of the performance management system as a concept. It provides a discussion on different aspects of managing the performance of individual employees. Following this discussion will be a discussion on the origins of the performance management and development system. It will look at its evolution in terms of what was there before the performance management and development system and why is it no longer used.

2.2 THE CONCEPT OF A PERFORMANCE MANAGEMENT SYSTEM

Spangenberg (1994) sees performance management as an approach that manages people through planning employee performance, facilitating the employee achievement of work related goals and reviewing performance as a way of motivating employees to achieve their full potential in line with the organisation’s objectives. He emphasises that performance management is an ongoing process that involves planning, managing, receiving, rewarding development performance.

Spangenberg further points out that human beings do not work haphazardly, what they do is purposeful and it goes according to a plan. This is the same for the workplace in order to avoid chaos and to be able to manage and measure the performance. Human beings need be rewarded too if they perform at their level best in order to motivate them. Through the use of a performance management system this can be possible.
According to Story and Session (1993) the heart of a performance management system lies on objective setting, review and follow through. The objectives that are set for individuals should be simple and clear to every employee to avoid confusion and failure of the system. Every system needs to be monitored and evaluated to measure if it is doing what it is expected to do. Managing the performance of employees depends on this system therefore it is good for managers and employees to be committed on the way it is implemented.

Performance measurement as defined by Neely, Mills, Gregory and Platts (1995) is a set of metrics used to quantify the efficiency and effectiveness of actions. The work done by employees in any organisation is the action that needs to be measured. The employees are in the organisation for the purpose of doing a job for the success of the organisation. Their work has to be measured to see if it is taking the company to the right direction. Wilson (2000) explains efficiency as the measure of how economically and appropriate the service provider’s resources are used when delivering a product or service. He further states that effectiveness is the extent to which the mutual satisfaction of the service organisation and the customer is achieved. The two concepts talk to the roles of performance measurement which is believed to be supporting the definition of a performance measurement by Neely et al, Ghobadian and Ashworth (1994) cited in Wilson (2000) argue that the roles of performance measurement have been intertwined with the premises that organisation achieve success that meets their objectives by delivering success with greater efficiency and effectiveness than their competitors. If the organisation is delivering services inefficiently and ineffective it means it is failing and it is not going to grow in its market. Customers will go to where there is value for money, customer retention and satisfaction.
According to Waggoner, Neely and Kenwerley (1999) performance management in business serves the purpose of monitory performance, identifying the areas that need attention, enhancing motivation, improving communications and strengthening accountability. Monitoring performance is a critical issue especially in public sectors therefore management must show responsibility and accountability in ensuring that is happening in their areas of supervision. They must act where performance is not satisfactory and develop other means of motivating employees other than monetary incentives because that happens once annually. Motivations must be something that happens continuously.

Amaratunga and Baldry (2002) emphasise that performance management uses performance measurement information to effect positive change in organisational culture, systems and processes, by helping to set agreed upon performance goals, allocating and prioritising resources, informing managers to either confirm or change current policy or program directions to meet those goals and sharing results of performance in proving those goals. Although performance management and performance measurement are used interchangeably one depends on the other one. Performance measurement is applied as a measurement to collect information and performance management is used for holistic management or approach. Following is the discussion on the perspectives of performance management system in order to understand more about this system.

2.2.1 Performance management perspectives

According to Williams (1998) there are three main perspectives or types of performance management models that are used as a starting point in providing an overview of the different ways in interpreting performance management. Firstly, performance management is seen as system for managing organisational performance in relation to organisation’s actual strategy. With this approach, focus is
on an organisation having an integrated approach to planning, implementing, improving and reviewing performance. He further states that during the planning stage an organisation’s wide vision and strategy are formulated and performance is defined in the content of the operational and service activity. Also, there must be other techniques for improving organisational performance such as Business process re-engineering and total quality management during the implementation of performance management systems. The vision of the company should be well known in the company as it communicates the reason why there is this company, what is it all about, the purpose and it always goes with the mission statement.

Secondly, performance management is understood as a system for managing employee performance with a focus on the individual. Williams states that even on the individual level of the performance management cycle takes three steps that is planning, staffing and appraising. It is at this level that measuring and monitoring performance should be strengthened.

Thirdly, performance management is a system for integrating the management of organisational and employee performance. Williams further states that this approach attempts to overcome the limitations of an emphasis on the organisation or individual by integrating and making more explicit the relationship between organisational and individual performance or by giving organisational and individual performance equal importance. It is at this point where performance management is evaluated in totality by combining the performance of the organisation and individual and come with the results of how the whole organisation is performing.
2.2.2 The Development system

According to Noe (2005) development refers to formal education, job experience, relationships and assessments of personality and abilities that help employees perform effectively in their current or future job and company. He states that on the other hand training focuses on improving employees’ performances in the current job. Both programs are important because they give attention to the growth of the employee. For example, development may lead to better position or promotions to management post. Training through training programs deal with developmental needs of employees to make them competent in their current jobs. Carrel, Elbert, Grobler, Hattfield and Warnich (2002) explain this by stating that employees who are performing unsatisfactorily because of a deficiency in skills are prime candidates for training. These skills are, technical skills, conceptual skills and human relations skills. Also, it is mentioned that managers must always be prepared of current technological advances in order to be able to update skills of the employees through training. If managers do not keep themselves curious of what is happening around them they won’t be able to teach employees on current issues in their workplace.

Neo supports the need for training for better service delivery by arguing that managers must be able to identify the development need of an individual, departmental, or company by analysing strength and weakness in order to be able to choose the appropriate development activities. He further states that most of development programs are for managers. The employees are supposed to be trained more often than managers because they are the ones who are doing things practically. Therefore, if they can be adequately developed not only on issues related to their work in order to get a better understanding of things and a smooth delivery of the service.
2.2.3 Performance planning and reviews

The performance reviews follow after performance planning in order to monitor if what is in the performance plan is adhered to. According to Nigro (2003) performance plans are comprehensive road maps designed for every employee specifically detailing what they are expected to do and are collaborative efforts made by the manager and the employee. The performance plan starts with the setting of goals followed by standards, action plans and measures. He defined goals in a performance plan as what the manager expect the employees to accomplish. The employees write their performance plans and goals under the supervision of the manager to make sure that they are aligned to those of the department. He further states that an employee can simultaneously work with more than one objective covering a large part of his/her jobs and responsibilities having established time parameters.

The nurses are expected to formulate five key performance areas from the job description. It is not in all levels that time frame can be estimated but only for the middle managers. Other lower categories are performing repetitive work and are signing the standards framework which has got no time frames. The performance standards are the quality bars that are set to upgrade customer service. Standards help establish expectations for the quality of results and overall performance in achieving goals. In nursing standards are set by the South Africa nursing council and the institutions both public and private set their own standards.

According to Gerber et al (2001) traditionally supervisors used to give orders to the employees but now they work together in developing action plans, creating supportive empowered work environments, clarifying performance expectations, giving immediate feedback and striving to eliminate unnecessary rules, procedures
and constraints. Nigro (2003) supports this idea by pointing out that supervisors/managers are expected to formulate action plans in order to reach their goal and standards working close with the employees. Employee involvement is important to create good supervisor-worker relationship and to make them feel better. He further states that action plans carry specific ways on how to perform tasks and procedures. They clearly define direction so that nobody is left in the dark and is aware of what is expected of him/her to accomplish, in what time parameter and how plans are executed. Lastly, that for each and every action plan there must be measures to check the quality of the results. When the people are doing their work a follow up is needed in order to see that they are doing the right thing at the right time. This also motivates them to see that they are being taken care off as it is at the follow up as it is at the follow up time to voice out their concerns about their work.

After the performance planning and agreement that is when every employee is aware of the set standards and responsibilities to do their job, performance reviews takes place. Drucker (1999) states that the performance reviews must be honest, exact and are an integral part of the job. If the performance reviews can be performed the way they are supposed to be done, managers will be free to reward a positive performance and reprimand a negative performance. In each performance review the manager together with the employee are expected to write about the performance of the employee in details and to agree with each other to avoid conflict during that final review. In the view of Nigro (2003) managers must be vigilant not to resent the negative behaviour of the employees because that is negative reinforcement of such behaviour. If an employee is not deserving percent or bonus and is not performing well for example, that employee must not get the reward simply because other employees are getting the money. During the time of
rewarding those that are under performing are supposed to be made aware that they are not getting the reward as their performance has not been improving throughout the year even though they are assisted to do better.

According to the ECP PMDS Training Manual (2003) the agreement is the cornerstone of performance management at the individual level. It is required that all employees enter into and sign agreements which differ according to levels. It is where the important information such as the Persal number, job title and level and clear job description with emphasis on the main objectives, job purpose, relevant KPA’s and core management criteria or genetic assessments factors are written. The middle managers are required to support their subordinates to write the standard framework agreement although employees come with the initial draft and discuss it with their middle managers. If there are any changes that need to be made, this should be discussed by both of them. It is important that they agree on the objectives and KPAS that are specific, measurable, attainable, realistic and time bond to avoid disappointments.

A performance management system is a human resource activity that is used as an important vehicle to achieve the goals of the organisation. Carrel et al (2002) support the view that by mentioning that they point to a study was conducted in United States of America by human resource executives on how to achieve business goals through designing a performance management system. This was a big challenge facing the human resource executives, because for a performance management system to function well it should be effective and efficient and if not it would not function as planned. They further state that the organisation should cascade down strategic goals with emphasis on total quality management, decision making and responsibility.
They argue that work will not progress if there is no one else either than the top management to take decision in the organisation. Therefore it is good for organisations to do away with bureaucratic hierarchy and choose a bottom up approach of doing things.

2.4 QUALITY ASSURANCE

Booyens (1998) defined quality as the characteristics that are associated with excellence and are used to form the criteria for evaluating the quality of a specific service. He defined assurance as a guarantee of quality in accordance with the characteristics associated with excellence. Therefore, quality assurance or improvement is a formal process of setting standards, monitoring and evaluating performance against the standards, take remedial action to maintain the standards, improving existing performances and output and facilitate change by means of capacity building. That means the standards that are set for quality assurance are monitored by the performance management and development system to see if the performance of the employees conform to the standards in order to reach the goals of the organisation. Gerber et al (2001) support this by stating that the performance systems are adopted to support quality in management implementation. Therefore, quality assurance depends on the existence of a proper performance system for its survival. Nurses are expected to perform well in order to provide a good quality health service as they are dealing with the most important asset that is the life of a human being.
Oakland (1993) suggests the following roles that an appropriate performance measurement can play in quality and productivity:

- Ensuring that customer requirements have been met.
- Providing standards for establishing comparism.
- Providing visibility and a score-board for people to monitor their own performance levels.
- Highlighting quality problems and determining which areas require priority attention.
- Giving an indication of the cost of poor quality.
- Justifying the use of resources.
- Providing feedback for driving improvement effort.

The hospitals are just like other businesses in the sense that where there is quality and good performance people do come regularly because they are satisfied that their needs are met. The community and families become happy when they receive a proper treatment and they therefore prefer to come in the hospital again. The Health Care Funders also are satisfied as that shows that there is value for money as evidence by the provision of quality health score services to the citizens.

2.3 THE PERFORMANCE MANAGEMENT HISTORICAL BACKGROUND

In the 1950s merit rating was attached to performance appraisals. The purpose was to assess personality traits of employees and to examine how workers could be motivated to reach an outstanding performance. They concluded that merit rating failed because of its backward looking instead of forward looking and was not analysing behaviour. Its focus was on assessing the past performance of individuals.
forgetting about planning for the future performance. It was also characterised by subjectivity and doubtfulness.

Chin Kai-ting (2002) states that in 1955 Drucker came in with the management by objectives approach (MBO). The workers were encouraged to set individual objectives at the beginning of the appraisals period and to review progress at the end of the appraisal period. It was used in conjunction with the merit rating. MBO failed because it looked on the aspect that the individual could not change or only on the end results neglecting the process in between. With the failure of the Management by Objectives, Performance Management emerged. The Performance Management system became more advanced in the 1980s. It moved from objectives to the capabilities or competencies of employee performance.

Boyatzi’s (1982) concept of competency assessment focused on interaction between the environment, job requirements and competencies rather than looking at the single subjective process by the individual. There was a need to look at the characteristics of people doing the job better rather than the job. Competency based PMS is viewed as developmental and judgemental in nature because it considers the input, through put, output and outcome by the individual. Fletcher (1993) states that competency based PMS lies in analyzing the progress of the individual directing attention to those skills that can be improved. This makes it easy to fit the organisational goals with individual objectives. Therefore competency based Performance Management System is behaviour based, objective and worries about the means of doing the job not only the results.
The Organisation for Economic Co-operation and Development (2005) cites that Canada in 1964 introduced performance appraisals rather than automatic progression for public services. It further states that in 1998 a Performance Management program for senior managers was introduced to enhance senior management performance, accountability and leadership. The problem is that the programme does not facilitate the measurement of subjective aspects of performance such as values. It is still rigid in nature. In Canada it is difficult to link organisation and individual performance and also to measure the results. There are no systems in place to track and measure performance of organisation. It is also mentioned that Canada in 2005 was still establishing meaningful performance indicators that are measurable in the public service within the control of the individual. They are practising flexibility to account for the subjective nature of performance. They remark that Performance Management & Development system awareness is done through the media and the public to ensure a clear understanding of the programme and its objectives.

In 1966 when Botswana attained independence, National Development Plans were drawn in order to prioritise service delivery to the nation. This was done in a form of projects with the aim of service delivery to Batswana. All this failed because of poor operational plans from the ministry or at department level. Nevertheless a lot has been achieved since independence, for instance, unaccounted posts, ghosts posts and ghost employees were removed from the system. Ministries and departments established clear goals and objectives through the organisation and methods reviews. Parallel progression, strong employer/employee relations and a Work Improvement Teams programme are some of the performance improvement initiatives. However, there were still problems of non-performance, insensitivity to
public demands and lack of accountability and discipline. Ministries and departments could not avoid waste resulting inefficiency in resource management. Due to these problems which are the causes of non-delivery of services a completely modern system was adopted. A performance management system was introduced as an instrument of change (Performance Management System philosophy Botswana, 2003).

Botswana empowered ministries first on Performance Management System to ensure the success of this change instrument. The Performance Management and Development System is expected to equip ministry executives and management with more skills to ensure and enhance performance in the public sector. The Work Improvement Teams programme which facilitates problem solving using trained teams is made part of the Performance Management and Development System. It identifies problems resulting in the non achievement of intended goals and objectives which are part of a Performance Management System program. Botswana is looking forward to make its vision a reality by 2016 by providing quality services to its nation (Performance Management System philosophy Botswana, 2003).

In South Africa lack of time management is the other cause of poor health delivery. This is characterized by long waiting periods starting from opening a file to getting medication. Clients stay without being informed of the process while they are waiting for their turn. The long waiting is often due to lack of resources like equipment or even a doctor. Doctor-patient ratio is high and is another contributing factor to the problem. According to the experience of the researcher there are days whereby one doctor consults one hundred and ten clients in a day. Also, hospitals in the same
locality may share a doctor or departments within the hospital may be sharing a resource, be it machines or personnel.

The issue of unequal distribution of resources by the state between local and district hospitals is a cause of some of these delays. District hospitals are allocated more resources than local hospitals because they bare the responsibility of managing complicated cases from local hospitals, clinics and other community health centres and refer to higher levels of care when necessary. However, they are not better off than local hospitals in terms of utilising time fruitfully. This is indicated by the general tendency of personnel doing their own things during working hours. It would seem therefore that poor resource management is the major problem with tertiary hospitals.

Public sector hospitals are characterized by poor physical infrastructure, for example, a shortage in consulting rooms and a poor filing system. This is characterized by doctors and nurses who are working in public because of lack of space. Also, shortage of garments worn by patients and theatre gowns compromise the dignity and privacy of health care users and drops the standard of the nursing care provided. Inadequate filing systems prove that confidentiality is not maintained showing no respect for the clients whereas the South African Nursing Council mandates nurses to ensure confidentiality and security of written and verbal information acquired in a professional capacity. Poor health delivery aggravates poverty and if there is poor quality of life in a country it means there is no human development. If a health service is not well provided, the individual has no option but to come back again for the same service which is costly to the state. Also, while visiting the hospital frequently is expensive for the client poor health delivery may lead to hospitalization.
which will be more costly not only for the client but for the rest of the family, the hospital and the state.

The Health Act (2004) states that the national health system has the responsibility to provide uniformity in respect of health services across the nation. It further states that the national health system has to provide the citizens with best possible health services and availability of resources (Government Gazette, 2004). The constitution of the Republic of South Africa (1996) highlights the importance of having good human resource management and career development practices in order to maximize the human potential. In order to excel in service delivery employees must be well skilled and knowledgeable about their work to stimulate innovation and creativity.

Kaplan and Norton (1996) citing a 1990 study argue that the performance measurement approaches of the past relied primarily on summary financial performance measures which were hindering organisations abilities to create future economic value. Following this critique the authors developed a new performance measurement model which came to be called a Balanced Scorecard.

Lynch (2006) sees a balanced scorecard as a framework that is used by companies to describe and communicate strategy in a consistent and insightful way at all employee levels of the organisation. The purpose is to create excitement and commitment, communicate & shared vision, stretch aspirations and risk taking and give every employee a scorecard. In that manner the strategic scoreboard is taken from the boardroom to the backroom for the benefit of the organisation.
Kaplan & Norton assert that the balanced scorecard should translate a business unit’s mission and strategy into tangible objectives & measures. They further state that companies that were trying to improve the performance of existing processes through lower cost, improved quality and shortened response times used the Balanced Scorecard. It is now clear that even though the Balanced Scorecard was designed to manage the performance of the organization, it can be used throughout the organisation providing departmental, hospital, ward or unit and individual Balanced Scorecard. The authors simplify the argument by saying the measures on a Balanced Scorecard should be used to articulate the strategy of the business, to communicate the strategy and to help align individual, organisational and cross departmental initiatives to achieve a common goal. They further argue that the scorecard does not strive to keep individuals and organisational units in compliance with a pre-established plan but as a communication, informing and learning system rather than a controlling system.

A balanced scorecard has four district perspectives of comprising the financial, customer, internal and innovation and learning perspectives. These areas of measurement are of universal importance to most organisations. They are used to allow a balance between short and long term objectives, between outcomes desired and the performance drivers of the outcomes and between hard objective measures and softer more subjective measures. It is stated that measures may seem confusing if scoreboards are not properly constructed, but that if are properly constructed they contain a unity of purpose since all the measures are directed toward achieving an integrated strategy (Kaplan and Norton, 1996).
A financial perspective is that aspect of a balanced scorecard which links business unit’s financial objectives to corporate strategy. Therefore a financial perspective deals with the financial management & performance of the organisation. Financial objectives such as growth, maintain and harvest are the funds for the objectives and measure of all the other scoreboard objectives.

Financial measures are valuable on summarizing the measurable economic consequences of actions already taken. Also, financial measures are expected to indicate whether a company’s strategy, implementation and execution contribute to bottom line improvement. They relate to profitability as it is measured by operating income, return on capital or adding value to the company’s economy, rapid sales growth or generation of cash flow and other important financial objectives in business (Kaplan and Norton, 1996).

The scorecard aspect, the customer perspective, enables business unit managers to articulate the customer and the market based strategy that will deliver superior future financial returns. The managers are expected to identify the customer and the market segments in which business will compete and the measures of the business performance in these targeted segments. There are several core outcome measures indicated in this perspective, namely, customer satisfaction, customer retention, new customer acquisitions, customer profitability and market and account share in the targeted segment. It is also mentioned that this perspective should include specific measures of the value propositions such as short lead time on delivery, innovations of products and services.
The third aspect, the internal business process perspective, is whereby objectives and measures are incorporated for both the long wave innovation cycle and the short wave operations cycle. It is expected here that executives must identify the critical internal process in which the organisation must excel. These processes are supposed to measure focus on the internal processes that have the greatest impact on customer satisfaction and achieving an organisation’s financial objectives. It is emphasized that the scorecard approach must identify entirely new processes at which customer and financial objectives are met. Also, the scorecard approach must incorporate innovation processes into this perspective. According to the authors, short wave of value creation begins with the receipt of an order from an existing customer for an existing product or services and ends with the delivery of the products to the customer. This also depends on how the organisation creates value from producing, delivering and servicing the product and the customer at a cost below the price it receives. The long wave of value creation is about creating entirely new products and services that will meet the emerging needs of current and future customers.

The last perspective of the Balanced Scoreboard is the learning and growth. Kaplan and Norton state that this perspective identifies the infrastructure that the organisation must build to create long term growth and improvement. In order for the company to excel in the global competition it must continually improve the capabilities for delivering value to customers and shareholder through focusing on three principal sources of organizational learning and growth, namely, human resource, systems and organisational procedures. They assert that the other three perspectives reveal larger gaps between existing capabilities and what will be required to achieve breakthrough performance. Therefore, in order to close the gaps
it is important for an organisation to invest in reskilling employees, enhancing information technology and systems and aligning organisational procedures and routines. They say that the employee based measures are the same as the customer perspective. These measures include a mixture of generic outcome measures which are employee satisfaction, retention, training and skills together with the specific drivers of the measures such as detailed business specific indexes of the particular skill required for the new competitive environment. Further, that information systems capability can be measured by real time availability of accurate, critical customer and internal process information to employees on the front line of decision making section. The authors close by saying organizational procedures can examine alignment of employee’s incentive with overall organizational success factors and measured rates of improvement in customer based and internal processes.

At Frere, Grey and Bisho public hospitals performance measurement systems are used. Those measurement systems take the form of a scoreboard called key Performance Indicator Scorecard. These have been found to be suitable for the health sector & other government departments. Kaplan and Norton (2001) support this by highlighting that there is difficulty in defining strategy clearly in government agencies. They argue that in these agencies the strategy document articulates the mission and vision not the outcomes the organisation tries to achieve. According to the authors key performance indicators are found in organisations that implement total quality management approach as it has many measures to monitor, process and progress. In other words, government agencies take the mission statement as given and try to do work more efficiently in order to reduce cost, incur fewer defects and do it faster.
In the Department of Health the senior management is introduced to the Balance Scoreboard. Key performance Indicators are cascaded down to the managers below the upper level up to the individual employees. The key Performance Indicator Scoreboards come in the form of a work plan whereby the one at the bottom level talk to that one of a person at the top. Kaplan & Norton (2001) explain this by indicating that key performance indicators enable individuals and teams to define what they must do well to contribute to higher level goals. In their opinion key performance indicators help all organisational units and employees to understand strategy and to identity how they can contribute by becoming aligned to the strategy.

2.3.1 Other performance management frameworks

2.3.1.1 Management by objectives

Management by objectives is one of the components of the performance management. Carrell et al (2002) support this by saying Management by objectives is of the most widely used performance appraisal methods. They postulate that goal setting lies in the heart of the MBO process which starts with the formation of long-range of objectives and cascades through the organisational objectives, departmental goals and individual goals. One of the strengths of the management by objectives is that of joint participation in goal setting by the employees and the manager and it is believed to enhance motivation and commitment. As they are setting the goals the plan is also drawn on how to achieve the goals.

Gerber et al (2001) are of the opinion that this active participation lets the manager to apply an open door strategy. This is when the employees are welcome in the manager’s office whenever they experience a performance related problem. They do
not need to make an appointment as they meet on informal basis. They state that MBO involves coaching by the manager if progress towards the goals is lacking or slow. Accordingly, the building of good relationships becomes the end result of the regular interaction.

One of the disadvantages of the MBO as highlighted by the authors is that the supervisor and the subordinate spend a lot of time and effort in the appraisal process. They argue that this might lead to a lack of interest in the MBO procedure as there are other business matters that the supervisor and subordinate must attend to especially if there is a large number of employees to be evaluated. At the same time, because of the time and effort spent on MBO procedure was a solvent in other management ills that are identified during the MBO process. The lack of interest on MBO lead to a decline in its popularity and it became just another planning exercise (Swanepoel, Erasmus, Van Wyk and Schenk, 1998).

2.3.1.2 Key performance areas

Bornman (1992) cited in Booyens (1998) described key performance areas as important elements in the employees’ job that are agreed to by both the supervisor & the employee when planning the performance of the employee. This means that key performance areas play a big role in assisting the units and department to achieve strategic goals. The Eastern Cape Provincial Performance Management and Development Manual (2006) define Key Performance areas as what is expected from an employee in a particular role. It focuses attention on actions and activities that will assist units and departments in performing effectively. This implies that Key Performance areas are derived from the job description in order to achieve the operational goals of the unit.
According to Booyens (1998) Key Performance areas require a rating scale in order to encourage employees to set challenging objectives. At the same time Key Performance areas must represent specific areas for which the employee is held accountable for producing results. If the employee is not productive he/she must be made aware that this will affect the rating of his/her KPA as well as his/her progress towards reaching the KPA’s. The Key Performance Areas must be clearly defined in order to encourage employees to function at their level best so that they can be rewarded. Storey and Sisson (1993) state that it is not a mistake that PMDS is applied in schools, hospitals & local government as this is due to governmental pressure on public sector organisation to enforce accountability & measurement as it is a clear part of the political agenda.

Bennett and Minty (1999) cited in Greber (2002) et al identified three major purposes of performance management which are as follows:

- A process for strategy implementation
- A vehicle for culture change
- It provides input to other human resources systems such as development and remunerations.

The above purposes encompass all the characteristics of an organisation that are for transformation or heading to be a learning organisation. Therefore a performance management system can be used to manage change through measuring performance for a better service delivery.
CHAPTER THREE

THE PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM POLICY

3.1 INTRODUCTION

This chapter outlines the performance management and development system policy of 2003 of the Department of Health in the Eastern Cape. Although the selected hospitals are in the Buffalo City Municipality, they fall under the Eastern Cape Department of Health in terms of policy. The PMDS policy was revised in 2007. What is in the revised policy is not too different from what is in the original policy document. The changes only manifest as additions to the non-negotiable requirements, clarification of the roles of the stakeholders and inclusion of the performance incentive scheme for adoption. The non-negotiable requirements which are as follows;

- All members of staff must have signed performance agreements for the new cycle by 30 April, all assessments for the previous cycle must be completed by 30 April,
- All pay progression for the previous cycle must be completed by 31 May,
- The appeal procedures must be spelt out to staff members at the contracting phase of the PMDS cycle,
- All staff members must have job descriptions, grievances in respect of contracting are to be addressed in terms of the grievance procedure.

Written reviews are required to be undertaken on a quarterly basis during the PMDS cycle, each review must be completed by the last day of the month, following the quarter that was under review, and thus four reviews must take place in a PMDS
cycle. Also there is a Xhosa and an Afrikaans version of the performance and development handbook for lower level staff in a simplified format.

The Eastern Cape Government has agreed with the National Executive Authority which is the Office of the President to introduce this policy document in the province in order to provide policy measures and practical guidelines for the improvement of departmental and individual performance and service delivery. The aim is to be sensitive to the needs of the employee and to keep them satisfied and committed to their work. The performance management system provides a framework that systematically links departmental objectives to the overall strategic goals of the province and shows how to link departmental performance to individual performance. A Performance management is a process that ensures that all available human and material resource are utilised to their maximum to achieve organisational objectives and it is aimed at both individual and organisational performance. It is believed that the building process, systems, culture and relationships facilitate the achievement of the organisational objectives. In the Department of Health this policy is already practised as one of the management activities. The Province of the Eastern Cape began its design and development in October 2000 and it was implemented across the entire Provincial Administration.

3.2 REGULATORY FRAMEWORK

There is a regulatory framework consisting of the Acts of Parliament, White Papers, Regulations and Collective Agreements which is a set of rules that govern, control and support the adoption of performance management and development system policy. The role of these rules is to improve government services to be more efficient in the delivery and production of its services. For example the Batho Pele White Paper has values that talk about putting the people first for a better service delivery.
Chapter One Part (viii) of the Public Service Regulation (2001) supports the adoption of a PMDS Policy by mandating each executive Authority to come with a system of performance management and development for employees in their department other than members of Senior Management Services.

The South African constitution, 1996, section 195 calls for good human resource management and career development practises to maximise human potential. It also talks of efficient, economic and effective use of resources be promoted. The Public Service Regulations (PSR) 2001, Chapter 1 Part iii.1.1. requires that the content of a performance agreement must relate to the information contained in the relevant and applicable job description.

3.3 OBJECTIVES OF THE PERFORMANCE MANAGEMENT SYSTEM

The Department of Health has a part to play in achieving the strategic goals in the strategic plan of the province. Therefore, the hospitals in the Eastern Cape have a duty to achieve the strategic goals of the Department of Health. For this to be successful, the Eastern Cape Provincial Government came with objectives of the performance management system and are as follows:

- Aligning employees’ performance to the departmental strategic and operational goals.
- Providing a systematic framework for the performance planning, performance monitoring and review and performance appraisal.
- Promoting a shared sense of responsibility amongst staff for the achievement of strategic goals and objectives.
• Promoting a culture of transparency and participation through open dialogue about goals and achievements thereof, personal development and performance improvement.

3.4 PRINCIPLES OF THE EASTERN CAPE PERFORMANCE MANAGEMENT SYSTEM

These are the rules that must be followed when managing performance in the organisation of which breaking them is an offence. The Department of Health apply these principles in managing performance. The Performance Management System is to be uniformly implemented across all departments and shall apply to all employees.

According to the Eastern Cape Provincial Government Guide to Performance Management and Development (2003) the Performance Management System is basically developmental in nature and not a punitive tool. Integral to the performance management system is a mechanism to improve poor performance. The main objective of the performance management system is to improve service delivery through enhanced management of performance.

The integration of provincial policies and departmental plans forms the basis upon which the performance management system is designed, implemented and managed. The performance management system allows each member of the staff to align his or her deliverables or activities with the departmental and provincial goals and strategies. The tools built into the annual performance management cycle allow for transparency, accountability, fairness, equity and realignment of the departmental, team and individual plans to provincial goals. The performance management system provides clarity to all employees on their role in the achievement of departmental and provincial goals.
3.5 THE BUSINESS PLANNING PROCESS AND THE PERFORMANCE MANAGEMENT SYSTEM

Managers are required to draw a business plan as it serves as a guideline document and to provide a basis for evaluating and comparing what the organisation should be doing and what it is in fact doing. This helps the manager to be aware of the budget needed to run the organisation as it is linked to the organisational budget over a one year period linked to the financial year end. The structure of the business plan may differ from the other as that depends on the nature of the organisation and level of people who are using the plan.

Strategic objectives are achieved through specific outputs or deliverables that are linked to a measurable indicator and should be attainable within a one year framework. The departmental business plan guides the department on how to make this possible. Also, the departmental business plan allows bringing the effort or output from the branches, divisions or directorates in order to realise the vision of the department. There is also a departmental strategic plan which is a tool in the long term planning process and takes three to five year planning horizon. Year one of the strategic plan is operationalized by the business plan and that helps to give details as to how the strategic plan will be realised and how efforts will be channelled to realise specific strategies in the strategic plan.

When the departmental plan as a source document is in place the directorates follow by writing their specific business plans. Then the directorates specific business plans outline into details the areas of delivering and performance each will be responsible for and departmental outputs they will be contributing towards. The performance plan in the performance agreement of the Head of Department rests upon the departmental business plan. It then forms the basis for drawing the performance
agreement and workplans for the Chief Director in a department. These workplans are further cascaded down to the directors, deputy directors and other personnel at lower levels so that it easy to trace back the outputs of the employees starting at lower levels to higher levels.

3.6 THE PERFORMANCE MANAGING CYCLE

In the Department of Health performance is managed at the strategic level, organisational level and individual level. The individual level is composed of three kinds of performance management agreements. The first one is the performance plan with performance agreements which is used for the management echelon at salary levels 13-16. Any other staff members who have direct responsibility over budgets and the deployment of other staff also write the performance plans. They conform to the requirements laid out in the Public Service Regulations.

The second performance agreement is the standard framework which identifies key performance areas and the generally accepted levels of performance that relate to these key performance areas. These are used for professional staff whose standard of performance is determined by professional bodies such as nurses, engineers and social workers. The other category that uses the standard framework is the staff in either repetitive or process oriented jobs in which they are not responsible for the output for example cleaners and secretaries. The third performance agreement is the individual workplan with individual workplan agreements which are descriptions of actions that staff members must take in order to perform their jobs effectively. They apply to all staff members who are not covered by the performance plans or standard frameworks.
The performance management cycle runs over a period of one year. The one year cycle is linked to the financial year that is from the first day of April to the last day of March of each year. There are three main phases of the performance management cycle namely;

3.6.1 Planning and Controlling
This happens in the first quarter of the cycle. The staff member prepares his or her performance plan agreement before he or she meets with the supervisor based on the unit or directorate business plan. They agree on a date where upon the agreement will be discussed with the intention of signing the agreement. After both parties have reached an agreement on the weighting and ratings of the outputs and competencies, they will both sign the agreements. The date of the quarterly evaluation should be agreed upon at this session.

3.6.2 Monitoring progress
Progress is monitored during the second and third quarter of the cycle. It is the responsibility of both the supervisor and the staff member to remind each other about the agreed date of evaluation. This phase includes the self review, customer review and peer/managerial review. Peer or managerial review can also be informal.

3.6.3 Evaluating performance annually
This all occurs during the fourth quarter of the cycle. The activities that are identified are the review of the departmental or directorate performance, individual performance evaluation, development of performance plan for the following year and
identifying outcomes. The outcomes that are expected are improvement of performance, planning and rewarding and applying non-performance measures.

3.7 ROLES AND RESPONSIBILITIES

In the Department of Health there are roles and responsibilities that are allocated to various levels of personnel for the proper implementation of performance management. The roles of the Executing Authority, Head of Department, Deputy Director General, General Manager, Senior Manager, Chief Financial Officer; Senior Manager: Human Resource Management, Senior Manager: Human Resource and Development, Supervisors, Employees and given in details below.

3.7.1 Executing Authority

Communicates the vision, mission and strategic direction. Communicates the strategic and operational plans. Oversees the process of design and implementation of work plans. Appeals authority of disagreement emanating from PMDS.

3.7.2 Head of Department

Creates an environment conducive to PMDS implementation. Communicates the performance agreement to senior staff members for cascading down to lower levels. Facilitates ongoing review of performance against set targets. Also, ensures that the system is implemented inline with legislative and policy framework, develops departmental strategic plan, allocates budget for rewarding and recognising good performance, mediates over disagreement between supervisors and employees, provides decision-making on recognition and reward for good
performance, and ensures that all necessary resources to facilitate performance are made available.

3.7.3 Deputy Director General/The branch manager
The branch manager and the other delegated senior managers are responsible for developing the branch business plans that are derived from the departmental strategic and business plans. They are also responsible for determining the key performance Areas for the component manager’s based on those assigned by the HOD and those indicated in branch objectives. He/She supervises the Component Manager’s performance agreement.

3.7.4 General Manager/The component manager
The general manager is responsible for the branch objectives and for ensuring that sub-components develop business plans based on the objectives. He/she is also responsible for making sure that the sub-components have defined objectives, outputs and targets. He oversees that the staff carry the responsibility and the budget to fund the activities.

3.7.5 Senior Manager/The sub-component manager
The Sub-Component Manager is responsible for the specific objective of the component that has been assigned by the Branch manager and the component manager. He/She then defines sub-component’s objectives, outputs, targets, the responsible individual and budget allocation. The senior manager will also agree to the key performance areas and generic assessment factor for the middle and junior management staff in the unit.
3.7.6 Chief Financial Officer

Decentralises performance management budget to the respective responsibility managers. Ensures that all senior managers have budgeted for Performance management linked expenditure.

3.7.7 Senior Manager: Human Resource Management

The responsibility of this position is to ensure the following:

That the PMDS is made available and all revisions communicated properly.

A joint plan is developed with the Human Resource and Development unit for the training of trainer’s and supervisors responsible for the implementation of the PMDS.

Regulatory changes likely to affect the PMDS are communicated timeously.

Performance agreement and employment contracts of the relevant staff are reconciled when necessary.

Dates for the submission of performance agreements, review reports and assessment are set.

Organised labour is consulted in order to obtain their input and feedback on the implementation and review of the PMDS.

Ongoing technical support is provided to the components and employees.

A dedicated performance or program management unit with its own designated manager is established depending on the size of the department.
3.7.8 Senior Manager: Human Resource and Development

The senior manager of Human Resource and Development is responsible for the following support in respect of the PMDS. He/she incorporates identified training needs into the training and skills development planning and implementation process of the department. Jointly developing and implementing the workplace skills plan for the department in co-operation with the Human Resource Component.

3.7.9 Supervisors

The supervisor sits together with the employee to develop a work plan that will facilitate the achievement of the department’s objectives. They conduct regular performance monitoring and review meetings, align the work plan to the respective senior manager’s performance agreement, conduct annual appraisal of performance, develop and implement performance improvement plans for unsatisfactory performers, in conjunction with employees. Also, they develop and implement personal development plans, recommend forms of recognising and rewarding employee’s good performance and address appeals in terms of the appeals procedure.

3.7.10 Employees

Employees are expected to participate equally in developing work plans with supervisors. They assume responsibility for own personal development. They are expected to understand own job description and attached responsibilities, to understand the Department’s strategic objectives and how to contribute towards achieving these objectives and to provide feedback to supervisors on obstacles encountered that prevent achievement of agreed objectives or standards.
3.8 RECOGNITION OF PERFORMANCE

There are two types of incentives that the department is supposed to be using namely, monetary and non-monetary recognition. In 2003 departments were mandated to implement performance related to financial scheme in alignment with their performance management system as from the first of April. Non-monetary recognition is divided into low cost and no-cost awards.

3.8.1 Monetary incentives

The pay progression system was introduced by the incentive policy framework on 27 January 2003. This applies to the employees on salary level one to 12 and qualify up to the maximum notch of the salary level attached to their post. Progression to the next higher notch within the employee’s salary level is not automatic as of first July 2003. It is based on a period of continuous service of at least 12 months on the employee’s notch that is on the 31 March of a year and performing at the level of fully effective as assessed in terms of the PMDS. Therefore, pay progression takes place annually on the first of July each year.

Employees who do not qualify for pay progression are those employees on personal notches or a notch above the maximum of the salary level attached to his or her post but shall receive any annual salary adjustments on the salary scale.

If the Executing Authority awarded an employee a higher salary level that does not correlate to the job weight attached to his or her job, she/he shall not qualify for pay progression on the higher level salary. At the same time those who are awarded a higher notch within the salary level that correlates with the job weight attached to the job qualify for pay progression but must comply with the set criteria. Besides the pay
progression that the employees receive, there are other performance related incentives that the department provides such as bonuses.

The incentive policy framework of 2003 set rules on how the performance incentives shall be issued. It placed a ceiling of a maximum of 18% of basic salary for performance bonuses or awards. Also it determined that the department should not spend more than 1.5% of its annual remuneration budget on performance incentives. Departments should scale down the percentages to be granted or set tighter standards for the granting of awards once they exceed 1.5%. It is only the executing authority that approves the departments to use more than 1.5%. The Executing authority considers how the section, branch, directorate contributes to overall service delivery of the department. The members of the middle management service on the salary level 11 and 12, performance awards or bonuses are limited to a maximum of 14% of their total package.

3.9 APPOINTING DEPARTMENTAL PERFORMANCE MANAGEMENT COMMITTEES

The Head of the Department appoints the moderating Performance Management Committee. After the performance management committee has been appointed it starts monitoring the performance management process. The aim is to judge whether the norms and standards are being applied consistently and realistically to employees on the same level. They do not assess each individual case for purposes of evaluating ratings but they develop an overall view of the results of the process. If there are any deviations from norms and standards that are identified, they refer back the deviation to the relevant supervisor for review.
3.10 THE ROLE OF THE PERFORMANCE MANAGEMENT COMMITTEE

- Providing an overview of the PMDS by ensuring that the process for setting performance standards in the performance agreements is valid and objective.

- Advising the department on how to incorporate the monetary and non-monetary rewards or recognition into the budget and performance management cycle.

- Detecting early warning problems in the system identified by the Human Resource Management Report on Personal Agreements development and in progress reviews.


- Recommending reward level and remedial action for the performance and non-performance.

- Monitoring implementation and management of the system.

- Assessing reviews, processes and outcomes recommendations.

- Making recommendations on corrective measures in terms of statutory requirements.

- It has a moderating role in making final decisions on recommendations whether they be recognition or corrective measures.

- Recommending changes to the system.

When the departmental performance management committee has been established and clarified a departmental performance management unit is formed. The performance management unit assists in managing the day today administrative responsibilities, ensures compliance with the system, keeping a data base of
information and facilitates the process of reviews and assessments. This unit is set up in the Human Resource unit at the Head Office and institutional level.

3.11 THE PERFORMANCE MANAGEMENT COMMITTEE

At the Head Office Level, it is composed of the line managers and Human Resource Manager. At district or institution level it is composed of District Manager or Head of Institution, Personnel Officer responsible for human resource and supervisors of line components. The Head of Institution acts as the convener and also the chairperson of the committee. A line manager appointed by Head of Department will convene and chair the committee for Head office.

3.12 MONITORING AND EVALUATION

Each Head of Department, Chief Financial Officer and Human Resource Manager is responsible for the monitoring and implementation of this policy in their departments. Reports on the implementation of PMDS are submitted by all departments after each assessment period.

3.12.1 Other monitoring and evaluation structures

- Public service commission
- Shared internal audit services
- Project management co-ordinating unit
- Transversal organisational development and consulting services
3.13 Policy review

The PMDS policy has to be reviewed once every two years to determine its effectiveness. All relevant stakeholders are to be invited to participate in the review or be consulted before changes are made to the policy.

It is in view of this study that the performance management and development system should be implemented from the top and be cascaded down. The managers must first experience the management of their performance so that they are able to implement the policy properly. In the Eastern Cape Department of Health the trainings on the implementation of the PMDS policy are still continuing. The compliance is still poor as the managers and the employees are not yet familiar with the policy.
CHAPTER FOUR

RESEARCH METHODOLOGY

4.1 INTRODUCTION

Three institutions were selected and categorised according to their different sizes and uniqueness, namely, Frere Hospital is a referral institution meaning that the other two hospitals, Grey and Bisho refer complicated cases to this particular hospital. Also Frere hospital was for the white people only in the olden days before the political changes in 1994, therefore, it is expected to be the best on service delivery. Grey Hospital in King Williams Town was chosen because of its unique category of being a former white provincial hospital as compared to the other two hospitals. Bisho Hospital is a local hospital which was meant for the black people and it is selected as a disadvantaged hospital. At Frere Hospital the Human Resource and Development Manager said that they will not participate in this study if it was going to do Frere only and leave out Cecilia Makiwane Hospital because they are working as a complex. Therefore, Cecilia Makiwane Hospital was included in the study. The Nursing Service Manager at Grey hospital said that they were no longer having maternity section there. That it had moved to Bisho Hospital and their clients are attended to at that Hospital.
This study used a qualitative research approach. According to Babbie and Mouton (2001) a qualitative research is a systematic inquiry concerned with understanding human beings, the nature of their transactions with themselves and their surroundings. This research sought to understand and describe experiences and situations of the employees in the three identified hospitals about service delivery after the implementation of performance management and development system.

The study is a descriptive case study of the Department of Health in the Eastern Cape. It is narrative in nature leading to discovering meanings that people in this particular setting attach to it. Firstly, this research seeks to bring about an understanding of the people who are involved in the implementation of the policy, comprising the performance management manager, the quality assurance manager, the nursing managers, senior nurses and junior nurses. Secondly, it seeks to investigate the problems encountered in implementing the policy in relation to the outline in the problem statement.

4.2 DATA COLLECTION METHODS

4.2.1 Unstructured interviews

This study used unstructured face to face interviews to gather information on the views of the employees on the aspects of performance reviews, training and incentives which have been brought in line with the Performance Management and Development System Policy. These interviews targeted the quality assurance manager, the performance management manager, the middle nursing managers (formerly called matrons) and senior nurses within the three hospitals. Unstructured interviews have been chosen because questions can be changed or adapted to meet respondents’ intelligence, level of understanding or belief. These interviews helped
to understand the participants’ point of view or situation as well as providing an opportunity to clear up any ambiguities in the question asked or to probe for further clarification if the interviewee provided an inadequate answer. There was a higher completion rate and more complete information. Data collected from interviews was recorded using a high quality tape recorder and tapes. This allows a much fuller record than hand written notes and helps the researcher to focus on the interview.

4.2.2 Open ended questionnaires

Data was also gathered through open ended fill in questionnaires. These were given to the lower level nurses and clerks. These are more used in qualitative studies. The reason for this study to use open ended questions is that these types of questions are good at providing ideas, details and pinpoint problems. The respondent is asked to provide his own answer to the questions (Barbie, 2007). Bailey (1987) states that open ended questionnaires allow more opportunity for creativity and self expression by the respondent. In order to get rich and more diverse data questionnaires were used in this research to discover whether responses given by the management are similar to those of junior nurses as the appraises and clerks. Junior nurses and clerks were given questionnaires because they are always busy and therefore it may not be easy to get them for interviews whereas they can answer questionnaires at their own time.

4.3 TARGET POPULATION

The population of this study includes the employees of the three Buffalo City Hospitals. Christensen (2004) defines population as all the events, things or individuals to be represented in the study. For this study the population comprises
the quality assurance manager, the performance management manager, the selected middle nursing managers, senior nurses, junior nurses and clerks working in the three Buffalo city Hospitals. Different levels of nurses were chosen because of different authority, responsibility and accountability duties assigned to them by their employer. Performance reviews are done at different level hence those that are seniors are the appraisers of the junior ones. Clerks are selected as they are aligned to service delivery provided by nurses to the customers. The management according to this study consists of performance management manager, Quantity assurance manager, Middle manager and Sister in charge or operational manager. After the implementation of the Occupation and Skills dispensation programme the middle manager is now called the area manager and the sister in charge is now called the operational manager.

The role of the performance management manager is to see to it that people understand the reasons why they have sign a work plan agreement be it a performance, Individual work plan and standard framework agreement. Also they are supposed to see to it that employees are able to write the quarterly reviews and are submitted to that office. On the other hand the quality assurance manager has a role of assuring that the health system does not to carter for a particular group as it used to be in the apartheid system but that it meets the expectations of all the customers that come into the hospital. Furthermore, the middle manager is expected to supervise, delegate and co-ordinate all the nursing activities happening in their units to ensure the provision of efficient and effective quality care. They are managing the availability & the performance of both the human and material resources for the smooth running of the unit. Finally, the role of the sisters in charge is not that different from what the middle managers do. The sisters in charge have a responsibility to surprise the performance of the personnel, to look at whether it is of
optical level in order to provide a high patient care. They do the ordering of equipment, medicines, and disposables and make sure that the equipment is in good working condition all the time.

4.4 SAMPLING PROCEDURE

The main sampling procedure is stratified random sampling. A stratum in which the sample is divided is maternity, medical and casualty. Interviews were done with the quality assurance manager, the performance management manager, one middle nursing manager per section and two senior nurses per section giving a total number of interviews to 11 per hospital. However, seven questionnaires were given to randomly selected junior nurses and one clerk per section. Each hospital was given a number of 11 interviews and 10 questionnaires making it a total of 33 interviews and 30 questionnaires for the three hospitals. It is administratively convenient to stratify a sample in order to ensure better coverage of the population. The results from each stratum was analysed separately.

4.5 DATA ANALYSIS

Data was analysed using descriptive methods where peoples’ views and perceptions were reassessed. A comparison was done between the Performance Management and Development System policy objectives and the outcomes from the respondents. This study used this type of analysis particularly because it brought order, structure and meaning to the big volume of collected data. The volume of raw data was reduced, sifted and identify patterns. This enabled the constructing of a framework for communicating sense of what the data showed (Delport, de Vos, Fouche’ and Strydoml, 2005).
4.6 DELIMITATION OF THE STUDY

This study was looking at three hospitals in Buffalo City in the Eastern Cape. Other hospitals that are within the Buffalo City area which are not part of this study. The study looked at whether the Performance Management and Development System is able to inculcate professional behaviour to nurses towards customers. The research focused on the internal performance of health services. Therefore, the patients were not included as part of field work.

4.7 ETHICAL CONSIDERATIONS

Respondents were given consent forms before participating in the study. It was explained to them that the study was only for academic purposes and not for any other. All participate out of their free will and privacy was maintained. Prior to the commencement if discussion participants were fully informed of the aims and objectives of the study. Also their expected role in the study was thoroughly explained.

Out of the forty questionnaires that were circulated to the junior nurses and clerks thirty nine were returned back. It is understood that these finding can not be generalised to all the hospitals in South Africa.

4.8 PRESENTATION OF FINDINGS

4.8.1 The perception on the PMDS in the three buffalo city hospitals

4.8.1.1 The understanding of the PMDS by the management:

The PMDS is used as management tool to ensure that the employees provide a high quality care and effective service delivery to the patients. The employees are expected to comply with the “Batho Pele” principles and patients rights charter. The
Batho Pele principles include consultation, service standards, access, courtesy, information, openness and transparency, redress and value for money. The PMDS is used to co-ordinate the nursing activities within the department and to measure the activities that were within the scope of practice in a unit.

The view of management is that the PMDS starts to work in the morning before everything is started as a management tool. It is there to manage the performance of the employees from the time the staff comes on duty until they knock off. Also, the PMDS assists in terms of the delegation of duties to staff, in monitoring performance and in time management. At the same time, it makes it is easy to monitor the performance of the individual because the delegation is linked to the individual. This means that if an employee is delegated to do a specific procedure it becomes easy to monitor his/her work by looking at the way the procedure is performed. For example, if an employee is delegated to give patients medication recording is very important when the job is done.

The monitoring of performance is through random checks. Where corrective steps are needed, these become a result of an agreement between the employee and the supervisor. It is not only managers that are monitoring the performance of the staff in the unit. The seniors and peers are encouraged and motivated to assist each other with daily duties. Everybody is expected to see to it that the job description is adhered to and excellent performance is appropriately recognised and acknowledged. There must be some documentation or recording proof of excellent performance kept. Those that are performing well become the role models of those that are not performing well.
The managers have a responsibility to maintain proper implementation of the Batho Pele principles and patients’ rights chatter by ensuring proper utilisation of the budget, human and material resources. They are expected to know the number of patients that they see every month to be able to maintain adequate stocks of equipment and tools. The performance management manager co-ordinates the performance management and development system. They have a duty to roll out the PMDS to the lower levels. This is done through conducting trainings where employees are trained on how to write individual and standard framework plan agreements and progress reviews. Departmental report at the end of the year is compiled showing the total number of employees, as well as quarterly reports on the number of reviews and standard framework agreements submitted.

They also stated that information on the performance management and development system other than training is disseminated through workshops, quality circles, nursing management meetings, non-nursing management meetings and inductions. There are performance representatives that are volunteering to train staff in the wards on the PMDS. These are also professional nurses. The performance management managers feel that even though employees are informed on the PMDS compliance is still poor. In this, the directors and doctors are just the same as the lower level employees. It was also stated that the area managers are also not keen to ask their subordinates to do the reviews.

There are two views that were identified by this research. One view from some of the area managers of Frere Hospital is that the performance management manager keeps them informed of the new developments on the PMDS. They are satisfied that they receive coaching and mentoring on the PMDS. Also that the managers are informed if there is a course that is running so that they can release the employees
that are supposed to attend. On the other hand there is also a feeling on some managers of Cecilia Makiwane hospital that the performance management manager does not visit the wards. She just sent the performance representatives to train which they feel is not enough. One area manager said that the performance management manager only collects the work plans and reviews when it is the review period. These managers also feel that they lack training on the PMDS.

The interviews in the three Buffalo City hospitals showed different perceptions of the PMDS. The managers say PMDS means managing the performance standard of the staff in the unit. This is done according to the job description which everybody in the unit is supposed to have. It is also about how the individual is performing the duties. The PMDS is seen as an ongoing interactive process to assess the performance of the employees and it is between the employee and the supervisor. It is viewed as way of correcting each other but not in a negative or punitive way, in a positive way. There is also a feeling that the PMDS is a system that is used to ensure and maintain the quality of patient care. The managers say with the PMDS there are set goals and the individual must achieve them in order to improve service delivery given to the people. It is also pointed out that the PMDS is a method of assessing the development of personnel for them to be fully active in their job. Mentioned also is that the PMDS is a tool used to evaluate the performance of an individual in order to uplift the standard of the institution. The PMDS is viewed as a progress management which is used to strengths and correct weaknesses. It is a government initiative which is compulsory used to measure and to monitor performance of the individual within the Department of Health.
While the PMDS is generally viewed by management as positive there are weaknesses that still pervade the system. The feeling is that the failure of the PMDS is that it has not yet pulled out the bad performers because everybody is rated the same. Employees do not see the need to perform better because they know that they will not be given a score according to their bad performance. They are assured of the one percent irrespective of level of performance. At the same time if the employees that are not performing well do not get the incentive, good performers also do not get.

The shortage of staff is another factor that causes this failure. The shortage of staff causes work overload to those that are on duty. As a result employees absent themselves from work deliberately. Employees submit sick certificates or take days from the annual leave and the family responsibility leave. If an employee is having a high rate of absenteeism, the area manager of that unit tries to assist the individual with the problem that causes him/her to be absent.

4.9 THE PMDS POLICY ASPECTS

The competency framework, performance reviews and the incentive scheme are the three PMDS policy aspects aimed at inculcating professional behaviour in the nursing profession. The views on these aspects are outlined below.

The performances reviews are used to assess and monitor whether the individual is capable of achieving the key performance areas which in turn are aligned to the objectives of the organisation. For the employee to be able to meet his/her KPA’s the necessary competencies such as knowledge and technical skills are required. It is through those reviews that an individual is viewed as competent or not and if not development in that identified gap takes place. The incentive scheme takes over
when the employee has demonstrated competency in the knowledge and technical skills that are related to her/his job and has achieved her/his KPA’s.

4.9.1 The performance reviews

According to the ECP training manual the performance agreement is the cornerstone of performance management at the individual level and it is based on the departments’ strategic and annual business plan, individual component business plan and the employees’ job description. Its development is informed by the departmental and component performance measures. The annual review is an opportunity to summarise formally the ongoing dialog between an employee and supervisor about the employees’ performance. The first thing that the employees are expected to do is to sign the performance agreements. This happens at the beginning of each financial year which starts in April. An individual is supposed to have a job description because it is used to derive the key performance areas for the newly employed individual. For example, the job description of a nurse in a medical unit differs from that of a professional in a maternity unit. A scope of practice is used also to develop key performance areas for those who have been in the practise for many years to ensure that they are still adhering to the standard of practice set by the South African Nursing Council. The South African Nursing Council (2004) states that the scope of practice are internal and external controls such as the acts and procedures performed based on physical, chemical, psychological, social, educational and technological means applicable to health care practice. There is a work-plan which shows the key performance areas. The progress reviews are supposed to be conducted quarterly. They are used to monitor the performance of the individual. After each quarter the results are supposed to be entered into the persal system. The persal system is computer software that is used by the
government to allocate pay numbers to its employees. When the performance reviews are completed the Human Resource Department enters them into this system in order to pay employees the one percent and performance bonus. However, it was pointed out that this does not happen as it is expected due to their busy schedule. The reviews end up being pushed to the next quarter or performed in the last quarter of the year. It was pointed out that doing the reviews at the end becomes a problem because at that time one doesn't remember exactly what happened in that quarter.

It is also mentioned that employees are given forms two weeks before the submission date. The final assessments are done at the end of March giving each Key Performance area a rating. During the final assessment an employee is expected to have improved his/her performance and to have achieved the key performance areas.

However, a noted criticism about the progress reviews is that it is quite an involved process taking a lot of time and that people have other things to attend to. It involves a lot of paper work and there are too many changes. The middle manager and sister in charge stated that they end up having to summarise performance reviews because they have to do it. Two sisters in charge pointed out that they do not conduct progress reviews for everybody, instead they delegate people for instance, a senior nurse is reviewing the performance of a senior. They draw up a list of seniors performing the reviews for the juniors. Something most different that was pointed out with the key performance areas is that the employees are given standard framework plans with already written key performance areas and actions.
Another problem with the progress reviews is that staff members are rotating. They do not stay in one ward for the whole of the performance period which runs over a year. Supervisors find themselves assessing or evaluating staff members that they do not know very well. One operational manager mentioned that she is not being reviewed by the area manager at the appropriate time, as a result when she is doing the reviews for her subordinates she is not sure whether her key performance areas are being achieved. However, another operational manager pointed out that there are no time frames for the duties that nurses are supposed to do.

4.9.2 The performance incentive scheme

This happens at the end of the financial year during the final assessment. The staff member is assessed by the supervisor. The employee is asked to complete the progress review form and bring it in the office of the supervisor having rated her/himself. The rating is discussed by the employee and the supervisor and if there is disagreement evidence is required in the form of registers, books and colleagues as witnesses. The rating is a range of scores between one and five. One and two represent a poor performance, three is satisfactory performance and four and five are excellent performance.

It is understood by employees that for a score of two and below there are no incentives given. The incentives are given for a score of three and above. A score of three symbolises satisfactory performance and qualifies for a pay progression of one percent. On the other hand, a score of four or five symbolises an excellent performance and earns a performance bonus. When an individual qualifies for a performance bonus the supervisor and the individual each write a supporting motivation letter for the bonus. However, it was mentioned that people do not give
themselves more than a score of three because of the fear to write a motivation letter. One sister in charge even stated that they are told to give themselves a score of two or a three, not more.

Management highlighted that there are employees who do not get the one percent or a performance bonus who might deserve to get it. The reason for this is staff rotation where an employee finds her/himself performing new duties with a new supervisor who might be unable to assess the employee due to the short period of contact. In such situations, employees end up being unwilling to write progress reviews and assessments. It therefore happens that those who get the pay progression and a performance bonus are those that are not supposed to get but they get the incentives because they are able to write and express themselves well. In some instances there are employees who are good performers but because of the problem of not being able to express themselves and to write exactly what they are doing they end up not getting what is due to them. The managers were unanimous in pointing out that one demotivating factor was the fact that whether one gets scored a three or a four the incentive remains one percent. Also, that appraisers are unable to give a score that one deserves, for example, if a person gets a score of two he/she will instead be given a three so that he/she qualifies for the one percent. The employees felt that the one percent pay progression and the performance bonus have caused divisions among the nurses. This is because those who did not get an incentive refuse to work, pointing to the fact that they did not get one percent.

According to the management in the three Buffalo City hospitals employees are motivated better when they do departmental awards. At the end of the year they buy each other presents and do tokens and write letters of appreciation in order to uplift them. One middle nursing manager mentioned that in her ward there are trophies
that are rotating for the awards of best nurse, clean ward and best ward. Also the operational manager Grey hospital stated that in their hospital they do performance awards which are divided into certain categories. He emphasised that this motivates employees to do their best because they feel that at least there is someone appreciating of what they are doing. A middle nursing manager form Cecilia Makhiwane, Frere and Bisho added that to say “thank you” when someone has done a good thing means a lot, also that sometimes even to tell someone that are performing well means a lot. Most of the managers cited that employees do not understand why they do not get a performance bonus. Another issue mentioned was that a person who is facing a disciplinary action and is found guilty does not qualify for an incentive even if he/she is a good performer. The charges of misconduct that were mentioned were mainly theft, fighting, continuous absence from duty for no apparent reason, drinking alcohol at work or being found drunk at work and chronic late coming. Also, in instances where one is on study leave and one gets a fail or a supplementary in the final assessment there is no one percent incentive for that period.

4.9.3 The competency framework

The competency framework is understood as a generic assessment framework by the employees. They are required to choose five generic assessment factors from the framework, weigh them and discuss them with the supervisor. In their opinion the competency framework requires that one should possess certain professional skills that are relevant to the profession. In order to say a person is competent she/he must know her/his job well. The level of training is important for the allocation of duties in the ward. Another important thing that was mentioned is that when a person has mastered skills in performing a task he or she is able to achieve key
performance areas. Also, with the key performance areas a manager is able to
detect any knowledge deficit amongst staff and take corrective action.

It is interesting to note that communication and problem solving skills were strongly
mentioned by management. They emphasised that having good communication
skills helps to promote good communication with supervisors, subordinates, clients
and members of the multi disciplinary committee. On the other hand, good problem
solving skills assist in solving the problems of the team. Other essential skills that
were mentioned for the nurses were job knowledge, workplace relations, leadership
skill, counselling and interpersonal relations. One operational manager even stated
that nurses are dealing with people with different problems therefore they need to
understand them. She made an example of a mentally disturbed person or a
drunken person who is angry and aggressive, pointing out that a nurse is not
supposed to do the same to the patient.

In terms of competency, it was stated that this is measured in each unit looking at
how the nursing activities are conducted in terms of the nurse’s scope of practise
and job description. The employee is assessed whether he/she is performing the
procedures according to the guidelines of the unit. He/she is expected, for example,
to maintain sterility in areas such as theatres and records in the patients files
whether a procedure is conducted.

However, an operational manager of Grey hospital was of the view that there is a
problem with the training of the nurses in these days unlike in the olden days. She
stated that as an operational manager working with the newly qualified nurses she
expects them to know and understand certain basic procedures of nursing but they
do not understand. There is a feeling that the training is too much theory and yet nursing is practical.

Another aspect of the competency framework is career development. Career development starts during the time of appointment. An individual is given a job description and signs a performance contract while identifying areas where he/she needs support. This is followed by the development of a Personal Development Plan (PDP) according to the Key performance areas that the individual has identified.

The employees that are not new in their job are expected to be able to identify gaps at the end of each quarter. They write down all the key performance areas that need to be improved in their personal development plans. The managers close the identified gaps by conducting an in-service training for their staff members. The gaps can be either due to knowledge or skills deficiency. In addition to knowledge and skills there is also coaching and mentoring that takes place.

There is the issue of those that are doing night duty not getting the opportunity to be in in-service training or to attend courses. There are no in-service training taking place during the night. Even staff are not as noisy as it is in the case during the day because there are few nursing activities that are taking place at night. Those that are doing night duty wait until they are changed to the day schedule.

Managers stated that they identify courses that they need for the career development of staff. However, there is a long wait because the skills development office takes a long time of about two years to repeat a course because of training backlog. Also, there seems to be confusion with the responsibility for training because the managers are sometimes referred to the provincial premiers’ office for
the training of employees. In the Eastern Cape Premiers office they are told that, the Premier’s office is responsible for all the training that is taking place in different departments and therefore that they should wait until further notice.

However, in contrast to this complaint the area manager of Cecilia Makiwane hospital stated that skills development office takes people for training. That every time there is a course that is relevant to her unit she sends employees no matter how much shortage is in the unit. She feels that it is up to the area manager to make sure that staff attends courses.

4.10 ORGANISATIONAL OBJECTIVES

All the managers in the three Buffalo City hospitals indicated that they discharge their duties within a framework of the strategic objectives of their institution. It is the requirement of the Department of Health that each institution should have strategic objectives as a guiding tool for a better service delivery. All the vision, mission, strategic plans and operational plans of the institutions are linked to those of the Department of Health both at the national and provincial levels.

The strategic plan of an institution is developed by all the nursing managers of the hospital. Armed with the overall picture of what objectives need to be achieved, the Key Performance Areas (KPA’s) for and every individual are developed. However, not all is well, for instance one operational manager mentioned that she is supposed to get a vision statement from the area manager and to cascade it down in the unit but this is not happening.
In the beginning of the financial year, the performance management managers are required to train employees on the departmental objectives. The employees are in turn supposed to link their individual work plans or standard framework plans to the departmental objectives. This is for the integration of the key performance areas of individual employees to organisational goals. The assessment is done in the form of a chain whereby the unit manager is assessed by the assistant director.

### 4.11 QUALITY ASSURANCE IN NURSING

The quality assurance manager and area managers explained that quality assurance as a programme was introduced after 1994. The reason was to improve service delivery as the system was catering for a particular group of people in the country before 1994. Therefore, it was necessary to come with a programme that would turn around the apartheid health system as the country was confronted with a new disease pattern and hospitals that did not have capacity to manage those conditions.

According to these managers, quality assurance is about improving service delivery and making sure that the systems are within a clear change management mode and in line with the national policies. They stated that quality assurance is to do things right the first time and to maintain the set standards that are necessary for patient care. This is made possible by having and keeping the hospital guidelines, policies, protocols, norms and standards. The employees are guided by the scope of practise of the South African Nursing Council and they practise according to the ethics and scope of this professional body. The quality assurance manager ensures that nurses are working according to the scope of practice and ethics and they are registered with the relevant professional bodies.
The managers stated that quality assurance is implemented through guidelines and policies which form part of the training of employees. The implementation of these guidelines and policies is in the form of measures such as infection control, occupational Health and Safety and patient admission policies. Monitoring is done through conducting clinical audits and ongoing reporting.

Also, clinical audits are conducted to check if the patients are treated well using guidelines for chronic diseases. Infection control Audits are performed to ensure that patients do not get the naso-comial infection. Occupational Health and Safety audits are conducted to ensure the safety of both the patients and staff. Conducting clinical audits gives an opportunity to identify gaps. Once gaps are identified a corrective plan is developed and a quality improvement project. At the same time employees are trained on the gap identified. For example if there is a gap in hand washing, the quality assurance manager checks if there is an elbow tap, soap, hand paper towels and also paper bins in that unit and conducts training. They also train the staff on how to monitor the adverse events such as falling patients from beds, wet floors, history taking and nursing processes.

It was emphasised that it is also important to ensure that the complaint management system which is also a monitoring tool is in place. The quality of health care is also improved by monitoring complaints. When there are complaints it is important to give all the departments a feed back. The relevant departments and the quality assurance manager analyse the feed back in order to understand where the problems are and to find solutions.

Some of the area managers from Bisho, Grey and Frere hospitals feel that the quality assurance managers are supportive because every time there is a problem,
be it from the kitchen, gate, procurement, workshop or laundry they intervene. It came out that one of the key performance areas of the quality assurance manager is to ensure that the institution renders high quality care and service to the community. As a result, at the beginning of each financial year the quality assurance manager becomes involved in the contracting phase of the employees and trains them if there is a gap. If there are public complaints about a certain department the quality assurance manager is able to act because she is aware of what is happening in that department.

At the same time, there is a certain group of area managers from Cecilia Makhiwane hospital who feel that the quality assurance department is invisible in their institution. Only that these units were only noticed during the recent evaluation of the quality and performance standards of health care done by the Council of Health Service Accreditation of Southern Africa (COHSASA). Their unhappiness is that they never get support or contribution from the quality assurance office. They pointed out that they do not even understand the relationship between the quality assurance programme and the performance management system.

4.12 THE UNDERSTANDING OF THE PMDS BY THE JUNIOR STAFF

The junior nurses that participated in the study are the professional nurses, enrolled nurses and enrolled nursing assistants. They are responsible for rendering quality health care to the patients. They are practising according to different scope of practice and job descriptions.
4.12.1 Junior nurses

4.12.1.1 The performance management and development system

According to junior nurses the performance management and development system is seen as the rating of individuals performance according to the scope of practice of the profession. The nurses state that the PMDS aims at improving the quality and standard of service that is provided to the citizens of South Africa. They continued by saying it also uplifts the standard of the institution by evaluating the individual performance. Also, the employees are required to manage their own performance, identify gaps and improve the gaps. The achievements are also identified at the same time. Those that are getting the one percent and performance bonus feel that they are appreciated for the work that they are doing. The skills development is based on the improvement of the continuous care that is given to the patients. The performance management and development system is also seen as the process through which staff performance is continuously monitored and evaluated. The end product is quality and efficient service delivery by the staff members.

The procedure for the assessment of junior staff on the PMDS is the same as that used by the management. There is a common feeling among junior staff that the supervisors score is not communicated to employees. At the same time during the discussion the employee becomes aware of how the supervisor feels about his/her performance. Some employees indicated that they sit once with their managers to do the reviews. There is one junior nurse who stated that she sits with the supervisor when they have to produce the PMDS. Another said three or four times.
4.12.1.2 The performance results and rewards

The junior nurses stated that when it comes to a disagreement with the supervisor’s score they approach the supervisor to discuss the matter until they reach an agreement. Some of the junior staff indicated that they are not always satisfied with the results that they get although they feel they are doing their best. They argued that sometimes they work beyond their scope of practice. Also, that some managers do not disclose the scores that they award to the employees. The junior employees also stated that they have no idea what the expectations of the supervisors are.

The practice is that when they are not satisfied with the rating awarded by the supervisor the progress review is not signed. The managers are not expected to give the employees the rating without informing them. Sometimes the employee feels that the manager gave her a rating that she does not deserve. This happens when an employee does not get a one percent. In such instances the blame is levelled against the supervisor. Some of the employees stated that they sometimes do not get the one percent pay progression or performance bonus even though they feel that they deserve it. Because it is never explained to them why they do not get the performance rewards, they feel that there is lack of transparency when it comes to one percent pay progression and a performance bonus. It also came out from other employees that there is no one that they knew who ever got a bonus. The employees also stated that for two years they never received a performance bonus.

4.12.1.3 Training on performance management

It is a general feeling that the junior nurses do need training on the PMDS for various reasons. They indicated that they do not understand the PMDS and what it is for.
They felt that they need full understanding because they are told by someone else how to fill in the forms. A full understanding would assist in motivating each other in filling in the necessary PMDS documents. Also the PMDS is associated with too many changes which lead to a delay. There is a feeling that the time given to fill in the forms is not enough. Also, that the employees have got different ideas on the PMDS which lead to confusion and that is why training or workshop is needed.

Clarity on the guidelines is the major reason to require training. There is little understanding of the rating procedure and more information is needed. The understanding of the implementation of the PMDS is another interest for the employees. There are those employees who indicated that they do not need training on the PMDS. They attended a workshop or a road show once and others never attended any kind of training.

According to procedure if employees need information on the PMDS they are supposed to approach their supervisors, the PMDS offices, the PMDS manual and the PMDS file in the unit. However, there are those junior nurses who do not know where to get information from. One junior nurse even mentioned that they are writing something that they do not know about and as a result, when filling the progress review forms they even copy from each other.

### 4.12.1.4 The working facilities and conditions

The general felling is that the reason why the employees are not able to achieve their goals is because their working tools and facilities are not adequate at all. There is gross shortage of the equipment and shortage of staff. Sometimes the equipment is not even there when it is needed. In that situation a nurse has to improvise in order to perform a certain procedure. When the medicines are out of stock that also hinders performance. Such instances include machines not being in good working
condition or not enough as well as shortage of linen. There are situations where the machines are sent for repairs and do not come back. In most instances the machines are often left broken and not taken for repairs or replacement.

Other unsatisfactory working conditions include work overload due to shortages of staff and absenteeism and working with the staff that is not skilled. This state of affairs gets worse during weekends. One junior nurse stated that the whole working condition hinders her performance. Few nurses cited that there is nothing that hinders their performance. The study proposes further research to establish how these employees are performing well to the demands of the job.

4.12.2. The clerks

4.12.2.1 Performance management procedure

The clerks’ idea of the performance management and development system is that it is the assessment of ones performance based on the work plan. It all happens in the working area using the job description. An employee is rated according to her/his working capabilities or how he/she performs duties. It also encourages service delivery by giving incentives. The knowledge and attitudes of the employees are also assessed. For the clerks this happens theoretically not practically. Their managers are not supportive of the PMDS as they are not implementing it properly. They are very descriptive of the PMDS however, they pointed out that its not happening in practise.

The clerks are aware that the progress reviews are supposed to be carried out quarterly. They indicated that progress reviews are performed once, twice a year or not at all. Other clerks mentioned that they do not sit with their supervisors during the
time of the reviews. There is a dissatisfaction noted with the results. At the same time if there is a disagreement with the supervisor nothing happens. Clerks get very low scores from their managers as result they feel that they do not deserve those scores. The managers do not inform them about the procedure to follow in the case of dissatisfaction. The clerks remain dissatisfied with the results and that is demotivating to them. Some clerks had no idea which procedure to follow in the case of dissatisfaction. Three clerks stated that when there is a disagreement a complaint is lodged, followed by consultation with a senior either in the form of writing or a face to face discussion. Their complaint about the awards of performance scores and incentives is the same as that of the nurses.

It is mentioned even with the clerks that one does not get one percent or bonus even if one feels they qualifies for it. According to them this causes a division between them and the managers and as a result their relationship is not good. They even indicated that the PMDS is boring because of this problem. They claimed that the policy was not explained to them and they do not understand it. It came out that in-service training and workshop is needed for them to have knowledge on the PMDS. However, one clerk stated that when there are new changes on the PMDS the officers involved conduct a workshop for the employees. This clerk showed interest in understanding the PMDS as a result he/she becomes curious where there is anything on the PMDS.

Finally, the working facilities that the clerks are using are not enough. It was stated that there are times whereby the working facilities are not available and that this hinders their performance. Lack of communication with the managers to organise equipment into working areas was identified as a serious problem. Other
departments such as transport and workshop are also not supportive of the clerks. There are other machines that are needed such as copiers and printers for the smooth running of service delivery in the clerks department. There was only one clerk who felt that she was satisfied with the working tools because of a printer in the department. Because of the new printer, she felt that she would be more productive at work.

CHAPTER FIVE:

DISCUSSION OF FINDINGS

5.1 INTRODUCTION

This chapter discusses the views of the respondents of the performance reviews, competency framework and incentives in inculcating professional behaviour of staff members towards customers for improved service delivery.

According to the Eastern Cape Provincial performance management and development manual (2006) performance management is a process of harnessing all available resources within an organisation. Accordingly, this ensures that all the available resources perform to the maximum in order to achieve the desired results. Therefore, it can be concluded that when performance management is operating as it is expected the end result is the staff that is behaving professionally towards customers. Also, that service delivery will improve as a result of the increased customer satisfaction rate.
5.2.1 The performance reviews

The Eastern Cape Provincial (ECP) performance management and development manual (2006) cites that the review and assessment process gives life to the developmental characteristic of the performance management and development system. Also that the transformation of the organisational culture depends on the review and assessment process. Therefore, it is important to ensure that the review and assessment process is successful and properly executed.

The findings that are related to policy implementation are as follows:

One of the major findings with the reviews is that there is poor compliance. The performance management managers as well as employees are to be blamed for this poor compliance. Employees are still submitting the reviews late. They always need a person to go after them before submitting, as a result, they are always late. There are also those managers that are contributing to this poor compliance by not being willing to ask the employees to submit early when it is time for reviews.

Sometimes the managers only perform the last review in the year and leave out the first, second and third reviews. This situation is not healthy for the organisation where the PMDS is not fully developed. In such a situation managers are expected to be fully engaged on the PMDS and trust that it is working. There are times whereby employees come out of the review not happy because of the dissatisfaction with the scores. The managers are expected to control such a situation so that when it is time for the final review all the challenges faced are sorted out by the employee and the manager.
The management is aware that the employees are not happy with the situation where they are being made to earn equal scores but this happens just to appease them. This is characterised by giving some of the employees’ scores that they do not deserve. For example, it is most unlikely that all employees in an organisation are functioning at the same level of a satisfactory score of three. That is the reason why Goodstein and Pfeiffer (1984) cited in Costello (1994) came up with a performance analysis model. The performance analysis model shows that in every workplace there are workhorses, stars, trainees, problem children and deadwood.

- Workhorses are the people that have a moderate potential but the performance is high.
- Stars are the people that have high potential as well as high performance.
- Trainees are the people who are new employees or learners and perform well with training and support.
- Problem children are the people who have high potential but who do not perform well even after support.
- Deadwoods are the people who are non-productive and have low potential and performances.

As indicated in the literature review, Nigro (2003) states that managers must be careful not to reward the negative behaviour of employees. An employee must be rewarded by giving the score that one deserves. Drucker (1999) also supports this by stating that the performance reviews must be honest and be exact because they are an integral part of the job. There is one operational manager who stated that her area manager could not assess her performance at the right time, as a result she is loosing confidence in her work when doing the reviews for the subordinates. This is a critical gap because the operational manager is a very important person in the implementation of the PMDS policy. As the operational managers are working...
closely with their subordinates, they are expected to assist the subordinates to demonstrate a high level of performance. The operational manager needs to know whether she has achieved her KPA’s before she can assess other employees.

Kaplan and Norton (1996) state that the balanced scorecard should be used to explain a business unit’s mission and strategy into tangible objectives and measures. These measures are simply used to clarify and communicate the strategy of the business and to align individual, organisation and cross departmental initiatives to reach a common goal. This is not happening as it supposed to be in the three Buffalo City hospitals. There are still employees that are unable to formulate the KPA’s due to reviews that are not conducted regularly in order for employees to get used in developing KPA’s. For that reason, those employees are unable to meet the needs of the customers they are serving. Appraisers are supposed to check if the employees are achieving their goals so that they can be able to measure if the department or hospital objectives are being met for customer satisfaction and retention. If a department does not meet its objectives this simply means that the hospital is also failing to meet the needs of the customers. This could be followed by public complaints resulting in a bad reputation and litigation for that hospital.

In addition to the problems of implementation as discussed above, there are those problems that pertain to policy formulation. These relate to the aspect of measurement of performance because in the nursing field it is not easy to demarcate the borders or the end result of work that is performed because of the repetitive type of work that nurses do. For instance, caring for a patient into full recuperation takes the contribution of more than two or three nurses or even more with the same repeated routine tasks. Therefore, it is not easy to confidently say that a person has achieved the goals outside it being a group effort. The operational managers had a
challenge of assessing staff that sometimes did not spend a long time working with them. During the review period the employee who is a victim of rotation is expected to move around looking for his or her file so that the operational manager can be able to write a review for her. In such instances, the assessment becomes not a true reflection of the employees’ performance because the operational manager and the employees do not understand each other due to the short time they had been together.

Also, it is not clear who is supposed to be formulating the key performance areas for the employees. Other managers give the employees the work plans that have ready key performance areas and others expect them to develop their key performance areas and to explain how they are going to achieve them. It must be kept in mind that the key performance area must be realistic always. The performance management and development system policy does not state who exactly is supposed to come with the key performance areas. The managers should involve employees in the process of developing key performance areas. This should be so because sometimes employees do not develop relevant and realistic key performance areas and that creates problems during the review period. They have a responsibility to make sure that the key performance areas are achievable for a particular department to function effectively.

The problems highlighted above regarding the difficulties associated with reviews sometimes lead to an uneasy relationship between the manager and the employee. This manifests itself in the lack of interest and commitment on the part of area managers to conduct the reviews due to the unpleasant atmosphere that prevails after performing the reviews. It does happen that if there is disagreement between the manager and the employee about the rating, some of the employees develop a
negative attitude towards the manager. Also, lack of transparency of the whole performance management system is identified as another cause. The area manager of a certain section indicated that the PMDS is one of the management tools that are not good. Accordingly, the PMDS is not good because it rewards people who do not deserve to be rewarded. She indicated that she facilitates it because “she is expected to write a report”. Another performance management manager and other operational managers also concurred.

The performance reviews are supposed to be conducted quarterly according to the policy. However, the reviews are always pushed to the following quarter or are conducted only twice a year. One operational manager admitted that they always leave PMDS for the last review. She stated that it is because they are too busy as they are expected to carry out administrative duties and supervise employees at the same time. As indicated in the literature review, the South African Nursing Council (2004) requires managers to carry out regular reviews for their subordinates for professional development. On the other hand, the area managers are blaming the subordinates for not bringing back the reviews early whilst the subordinates are stating that they are not given enough time to fill in the forms and that there are lot of changes with the review forms. However, a lot needs to be done to make sure that the reviews are carried out.

5.2.2 The competency framework

The ECP performance management and development manual (2006) explains that the competency framework or the generic assessment factors are the elements and standards used to describe and assess performance. These elements and standards are also used to take knowledge, skills and attributes into consideration. The generic
assessment factors contribute up to 30% of the employees assessment score and should be applicable to that particular job.

In all the three Buffalo City hospitals the employees that have undergone training on the PMDS are much better than those that never attended training. They show a better understanding of the PMDS. They are able to follow the PMDS procedure starting from the time of signing the performance agreements up to the last progress review. The positive attitude that they have assists them to implement the guidelines and principles of the PMDS properly.

At Frere Hospital the Performance management manager dedicates herself in assisting managers with the PMDS. This, she stated, becomes successful by coaching, mentoring and walking around that she is doing. She listens to the needs of the area managers in relation to the problem that they encounter from the employees on the PMDS. If the area managers complain about filling in of the forms the performance management manager finds a solution to the problem. Sometimes she is the person that picks up the problem and sees if there is a need for a workshop. However, this does not seem to happen at Grey, Bisho and Cecilia Makiwane Hospitals.

Another issue identified by this study is the shortage of staff. This is an issue that staff alone cannot overcome as it is a problem of the institution. The inefficiency of the institution is degrading the value of the PMDS policy as its effectiveness and efficiency depends also on the amount of resources available, particularly staff. Also, a mal-distribution of the resources fails the implementation of the PMDS policy to achieve its purpose. If the resources are adequate, both human and material, the organisation is able to function at its best and deliver a high quality care.
The shortage of staff, equipment and the high rate of absenteeism affect the competencies and performance of the people who are in the job. For instance, if there are four employees that are supposed to be working and one is not present, this constitutes a work overload for those that are on duty. They end up doing extra work and losing focus on what they are supposed to do for the day. Things get done taking a short cut because people want to finish the work. A negative behaviour is thus learnt because people are used to doing things wrongly. As a result, nurses loose the professional behaviour that they acquire during their training. It is then that they are supposed to be taken for training to update their knowledge and skills.

According to the area managers and operational managers of Frere, Grey and Bisho hospitals, the performance management manager of Frere hospital and the quality assurance managers of these three hospitals are playing an important role in maintaining the competencies of the nurses. According to these managers the gaps identified through the walk arounds, clinical audits, complaints management system and adverse events are corrected through planning and providing training. The benefit is that the nurses get a chance to be reminded of doing the right things and updating their knowledge.

In addition to the above issues, there seems to be a problem of nurses complaining of inadequate training whereas managers are complaining of shortage of staff. As a result, nurses are not released for the training that they need. One of the requirements by the South African Nursing Council is that a nurse must be knowledgeable, possess the necessary skills and show judgement based on education. Maintenance of competencies in the organisation lies upon developing staff. The performance agreements have a personal development plan whereby a
staff member is expected to write any performance output shortfall, be it with the key performance areas or generic assessment factors. Once the managers are aware of the competency gap they are expected to intervene with immediate effect whether in the form of on-spot teaching, in-service training or job relation. According to Grobler et al (2002) South Africa is facing the biggest challenge of rebuilding the economy. The success of this, therefore, lies in raising performance and productivity standards through skills enhancement and development and the managers must plan for future skills requirement. Also, another factor that makes training crucial is that the technical skills in nursing are changing as time is moving on thus putting pressure on new skill formation. Coaching and mentoring are taken as the major important teaching methods because it is assumed that the mentor and the mentee know, understand and trust each other. The job description and the scope of practise are emphasised during the coaching and mentoring. The performance management officers have a responsibility of informing the employees about the courses that are running for training. The performance management managers should work hand in hand with the skills development office.

Lastly, there are employees who do not understand where to get information on the PMDS from, whereas others are aware of where to get information from. The complaint here is that the policy is not well communicated. The performance management managers and area managers are only verbalising the policy and leaving the employees without copies of the PMDS policy. During the interviews the performance management managers stated that they only have an English version of the PMDS policy and that this is putting junior staff at a disadvantage. The operational manager of Grey hospital said she does not have a copy of the PMDS policy, she only hears about it during workshops. The only thing that she is aware of is the PMDS documents such as performance agreements and progress reviews.
Even the performance management managers lack the capacity of rolling out the PMDS. The reason for this is that other performance management managers do not have passion for the PMDS. In the three Buffalo City hospitals the performance management managers are only holding the nursing qualification and the nursing management qualification.

5.2.3 The performance incentive scheme

In the ECP performance management and development manual (2006) the performance incentive scheme is divided into two parts, that is, the monetary and the non-monetary incentives. The monetary incentive is also divided into two parts, namely, the pay progression and the performance incentives. The pay progression is based on a continuous period of 12 months on the employee’s notch as of 31st March of each year and the level of performance. The performance incentive is based on the performance awards or bonuses.

Jerning and Young (1985) cited in Booyens (1998) state that the system of monetary remuneration is very sensitive if it is used as a motivator and that it may bring many obstacles if not treated with care. The practice in the three hospitals is that the employee rates her/himself in order to qualify for the pay progression and bonus and the rating of a supervisor follows. It is during this period that an employee becomes accountable for her performance score which gives an employee a chance to prove him/herself. If an employee and the manager do not agree over a score the evidence is called in to help. The employees do not want this particular fact of producing the evidence, as a result the reviews end up being distasteful. This may be due to the fact that most of the time employees do not have evidence but at the same time they
want to be given a high score because of the money factor. For that reason they miss the opportunity of getting a performance bonus.

Some of the junior nurses and clerks do not get the one percent pay progression and bonus. The junior nurses and clerks who do not get the reward think that it is the managers who do not approve them for these incentives whereas the managers state that they approve the one percent for employees that deserve to be rewarded. As a result the employees that do not get the incentives are full of anger and hatred towards the PMDS. This feeling makes them not to see the good that the PMDS has brought for them. The PMDS is perceived as a white elephant that is threatening them. There are other reasons that cause the employees not to qualify for the one percent pay progression e.g. reaching the ceiling on the current notch and being charged of misconduct.

Dissatisfaction over a performance bonus is a serious case and it causes demotivation of the employees. There is a rating scale of one to five where the scores of four and five symbolise excellent performance. It is a very small percentage of the employees that reach this level of performance of being outstanding. At this level, they do not understand that hard working is required. The employees are of the view that the way they are working can grant them a performance bonus. Other employees claim that they do not get one percent even if they feel that they qualify for it and have followed the correct procedure. It would seem that the area managers, operational manager, performance management managers and the staff in the human resource department who have a negative attitude towards the system are also a problem. They are the cause of employees
not being paid on time or not having payment at all. This is because of the delay to enter the reviews into the Persal system.

Money is one of the motivating factors for a person to behave professionally, therefore not being paid is demotivating and may result in doing things in a manner that is not acceptable, e.g., absenteeism, planned sick leaves, burnout and alcohol and drug abuse in the workplace. The employees in the three Buffalo City hospitals are not appreciative of a non-monetary reward. The only method that employees in those hospitals know of is the monetary remuneration since it is the one used in the Department of Health. They regard money as more important than the development aspect. This agrees with the argument raised by the research done by the University of Stellenbosch Business School which shows that in South Africa organisations overemphasise on the appraisal aspects at the expense of development (Grobler et al, 2002). In this case the Department of Health should also practise using the non-monetary rewards in order to change the mindset of employees so that employees do not relate money to the PMDS.

It was pointed out that there are hospital and departmental awards that are taking place in some of the hospitals in the Buffalo City Municipality. Those awards seem to be the potential drivers of motivation. The hospital and departmental awards also create a positive environment for competition. The departments or the employees that win an award become proud and those that do not look forward to winning the next time. The employees feel good by all these efforts because they are aware that somebody is appreciating their hard work.
CHAPTER SIX

6.1 Conclusion

The performance management and development system is found to be the same in
the nursing field as it is the case in the other fields. Nurses are guided by the South
African Nursing Council and their work is based on the ethics and principles of this
professional body. They are expected to keep those ethics and principles because
they are working with the community. Their work needs to be assessed and to be
monitored and recommendation need to be provided where there is a gap.

The three Buffalo City hospitals are using a balanced scorecard as performance
measurement tools. The focus is on the customer perspective. This performance
measurement model is conducted as a consistent and insightful way to describe and communicate strategy at all employee levels of the organisation. This happens in a form of workplans that are given to different employee levels which are also different according to individual positions. For instance, there is a standard framework workplan that is written by employees that are doing repetitive work such as nurses. An individual workplan is written by the Middle Management and performance workplan is written by the senior management.

There are three PMDS policy aspects that were reviewed by this research namely performance reviews, competency framework and the performance incentives. The findings show that the policy has not been accepted by employees, especially from the lower categories. It is clear that management just implemented the policy without considering the buy-in of employees. It was also started before everybody could be aware of the policy. The top management trained the middle management echelon on the implementation of the policy. As a result, the people at the bottom lack proper understanding on the PMDS and have developed a negative attitude towards the policy. This is evidenced by the late submission of the reviews and in some instances no submission at all. The employees do not understand how to fill in the forms or to develop the KPA’s, as a result they end up copying from each other.

The performance incentive scheme is also contributing to the poor compliance of the employees. The way the employees are being appraised is not effective. Other employees do get the incentive while others do not. Staff are full of hatred and anger towards the PMDS policy because of this situation. Also, the purpose of the PMDS and its relevance to the pay progression and bonus were not adequately explained to them.
On the other hand, the development aspect of the policy is also not doing what it is expected to do. There is an outcry that staff are not getting adequate and necessary training to improve their competencies. This is because of failure from the skill development office. Sometimes managers do not release the employees to attend training because of staff shortages. On the other hand the courses are not always available and they are repeated over a period of two years. Lack of working tools also contribute to having incompetent work force. The future lies in changing the mindset of the work force to commit to the PMDS in order to participate in reviews freely. Also monetary incentives should not pre-dominate the system but be paired with the development aspect in order to enhance their skills for better service delivery.

6.2 RECOMMENDATIONS

The challenges that any other performance management system experiences are also identified in the three Buffalo City hospitals. The main challenge is on the implementation of the PMDS. There is a problem of nurses that are complaining of inadequate training. According to the learning and growth perspective by Kaplan and Norton (1996), for the organisations to compete globally, it must continually improve its capabilities by providing value to customers and shareholders and focusing on human resources, systems and organisational procedures. This perspective is supportive of the customer perspective. Employees need to be occupationallly and technically skilled in order to provide a better service. By so doing the hospital will have confidence in the work done by its employees. When the employees feel that the managers trust them, they become motivated and more committed in their job. Also, training employees is another form of investment for the company because information will be kept in organisation’s system for future use.
As indicated by the findings of this study, lack of knowledge of the PMDS is another evident problem of the PMDS. That is evidenced by poor compliance in conducting and submitting the reviews. The performance management manager and the quality assurance manager need to apply a radical strategic transformation and change management to address these challenges. This could be in the form of a radical in-service training or workshops whereby employees will be taken from page to page on the ECP performance management and development training manual. Once an individual is given adequate information it is easy to change the behaviour. Changing the attitude of employees is as important as changing that of the leaders. Employees need time to fill in the progress reviews for them to comply. The performance management manager should state the importance of conducting reviews early and emphasise this to managers and employees. Management also need to be part of the in-service training.

After a radical in-service training monitoring and evaluation should follow. A process of verification can be used to see if the manages follow the procedure correctly. This can be done by taking the number of agreements and the reviews signed and discuss them with the managers who have signed. Also, they should state a reason for rating a person a three or a four because sometimes the managers give employees a three or a four whereas those employees had achieved nothing according to their workplans. The managers and the employees that do not comply to set standards must be charged of misconduct as it is stated in the PMDS policy.

A radical in-service training needs to be followed by continuous improvement projects such as continuous training of the employees on the PMDS and relating
gaps identified in performance to the PMDS and quality assurance. There must be enough resources to implement the improvement project in order to realise the potential that the organisation has and to avoid failure.

A vigorous marketing strategy is suggested as another improvement project. This could include road shows that are more educational to the supervisors and employees. Activities such as erecting stalls for performance agreements, reviews, moderation and performance promotion material and introducing a PMDS week and calendar with all the events on the PMDS could be undertaken. The tuberculosis and the HIV/AIDS programmes have proved to obtain better strategic benefits through celebrating the calendar events. Such activities assist in getting a better coverage of the employees trained on the PMDS. A follow up can be made to check if the performance management and development system is implemented properly.

There is a problem of not conducting the reviews quarterly. A strong leadership is needed to implement the PMDS. Planning for follow up after providing training is crucial. The managers must be able to conduct the reviews after having training on the performance management system. They must think of innovative and creative ways of performing the reviews and always keep employees motivated. According to Costello (1994) a manager must hold a preplanning meeting before conducting the meeting with the individual. When it is time for annual appraisal again the employee must be informed as early as one week before holding a pre-appraisal meeting.

Employees are complaining of not getting a performance bonus. There are employees that get incentives even if they do not deserve. The learning and growth perspective is of the idea that employees must be trained and show that they are skilled by performing the job satisfactorily and adding value to the company in order to keep its customers. If the customers get a better treatment they come back again.
There are good practises that are applied in some units within the three Buffalo City hospitals which are not applied in other units. The management must learn to benchmark good practice because it has been found that something positive that is happening in one hospital does not happen in the other. For instance, there are fast lane queues in Frere hospital for chronic medication patients, physically challenged patients and for children and babies because of different factors such as age and health status. There are the Batho Pele officers who are there to check the time the doctor arrives at the casualty and out patient departments and to make sure that the patient is attended to within 45 minutes. Another area to be benchmarked by the performance management managers, middle managers and operational managers is the issue of loosing performance reviews. At Cecilia Makiwane hospital the performance management manager asks the area manager to draw a list of the employees submitted and date in a department. There must also be columns that show the workplan agreements and dates and also progress reviews and dates so that it can be easy to identify people who do not submit and make a follow up. Also, at this hospital the new employees are introduced to the PMDS through induction and orientation programmes. This is done when the new employees are introduced to the policies of the Department of Health. It is also recommended that each and every ward or unit in the hospital must have a copy PMDS policy so that employees can be able to read more and remind themselves about the PMDS.

The shortage of staff is found to be one of the challenges of the PMDS. For the optimum quality service that the managers are aiming at, advocating for more staff is suggested. They should emphasise the need for adequate staff, e.g., if the national standard for maternity section is to have ten professional nurses for 150 deliveries that must be adhered to. Failing which the nursing service manager should look for
part time staff to assist. To be prepared at all times, a nursing agency can be used to get temporal staff in order to replace an absent worker. In addition, each unit should have a clinical book whereby the nursing procedures that are relevant for it are listed and discussed. There can be a clinical sister to train the staff on those procedures. The nursing service managers must advocate that the PMDS must be taught in the nursing schools. A referral system should be revisited by the provincial management so that small hospitals are kept empowered and are able to manage minor cases.

It is the view of this study that such measures as suggested above are important for a professional behaviour to be inculcated in nurses towards their customers to improve service delivery.

LIST OF REFERENCES

Published Books


**JOURNAL ARTICLES**


GOVERNMENT PAPERS


Office of the Premier (2003), *Performance management and development Hand Book*, Province of the Eastern Cape


Republic of South Africa (2004). **Health Act**.

**INTERNET SOURCES**


  <http://www.emerald-library.com>
Appendix 1

Research Questionnaire

This questionnaire is not for any other purpose other than the research. Kindly provide innocent and honest answers as confidentiality will be maintained. You may not write your name.

Performance Management Manager

1. What is performance management?

2. What role are you playing to ensure that performance management is properly implemented in this hospital?

3. What monitoring mechanism do you apply to monitor the performance of the employees?

4. Do you have any strategies that you use to disseminate information to all levels of employees? If yes, what are they?

5. Is the information and the Policy written in the language that they can understand?

6. How do you ensure that employees understand the importance of achieving strategic goals?
7. What are the challenges that you are facing in managing performance?

8. What do you plan to do to address the challenges?

9. How would you rate the following process phases in terms of success on a scale of 1-5?

   • Planning and Contracting Phase
   • Entering the results in Persal system
   • Monitoring progress
   • Evaluating performance
Appendix 2

Research Questionnaire

This questionnaire is not for any other purpose other than the research. Kindly provide innocent and honest answers as confidentiality will be maintained. You may not write your name.

Quality Assurance Manager

1. What is quality assurance?

2. Why is it needed in the hospital?

3. As a Quality Assurance Manager, How do you integrate quality assurance and performance management?

4. In ensuring quality, what best practices do you use to improve performance in order to get best quality assurance results?

5. What is your role in making the staff to understand quality assurance and performance management?

6. Do you have service standards for all programs? If yes, do they talk to performance management?

7. What are the problems that you are encountering?
8. What do you intend to do to address those problems?
Appendix 3

Research Questionnaire

This questionnaire is not for any other purpose other than the research. Kindly provide innocent and honest answers as confidentiality will be maintained. You may not write your name.

Middle Manager

1. What does middle management entail?

2. How long have you been in this position?

3. How do you use Performance management as a management tool?

4. Do you have the vision, mission, strategic objectives, operational plan and performance management?

5. How do you integrate all this to ensure quality of work in your unit?

6. What challenges do you encounter from staff when dealing with performance management in your unit and what solutions do you implement?

7. What support do you get from the Quality Assurance Manager and the Performance management Manager for the smooth running of the programme?
8. What support do you give to your subordinates regarding improved performance?

9. What would be the ideal situation?
Appendix 4

Research Questionnaire

This questionnaire is not for any other purpose other than the research. Kindly provide innocent and honest answers as confidentiality will be maintained. You may not write your name.

Sister in Charge

1. What does it mean to be the sister in charge of the unit?

2. What do you understand about performance management?

3. When was the policy revised?

4. Are there any people that you supervise?

5. If yes how many?

6. Do you sign a performance contract with them?

7. How often do you perform reviews?

8. What are the challenges that you are facing regarding performance management?
9. Are you satisfied that you are well informed on performance management?

10. What do you understand about the competency framework for nurses in Performance Management and Development System?

11. How does the organization reward satisfactory performance?

12. Which one is important to you, is it monetary or non-monetary reward? Why?

13. What are your comments about Performance management and development system in general?
Appendix 5

Research Questionnaire

This questionnaire is not for any other purpose other than the research. Kindly provide innocent and honest answers as confidentiality will be maintained.

You may not write your name.

Junior Nurses

1. What do you know about the PMDS?

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2. Do you think you need a workshop or training on the PMDS? If yes / no motivate.

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3. Do you sit down with your supervisor informing you about your
   performance right through the year?

4. How many times in a year do you sit with the supervisor?

5. Do you know where to access more information on PMDS when there is
   something you need to know? If yes / no motivate.

6. When you do not agree with the supervisor on the PMDS rating what do
   you do?
7. What hinders your performance area, are the working tools enough? If yes / no motivate.

8. Is the relationship or interaction with your supervisor good that it does not affect your performance or the PMDS rating? If yes / no motivate.

9. Do you get satisfied with the results always? If yes / no motivate.
10. Is there a chance that one does not get one percent or bonus whereas one qualifies for it? If yes / no motivate.

11. Which one is important to you, is it monetary or non-monetary reward?
   Why

12. What is it that you would like to add or subtract with the implementation of this policy?
13. Are there problems that are related to performance management that you experience in the unit?

14. How do you think the problems can be solved?
Appendix 6

Research Questionnaire

This questionnaire is not for any other purpose other than the research. Kindly provide innocent and honest answers as confidentiality will be maintained.

You may not write your name.

Clerks

1. What do you know about the PMDS?

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2. Do you think you need a workshop or training on the PMDS? If yes / no motivate.

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3. Do you sit down with your supervisor informing you about your performance through the year?

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4. How many times do you sit with the supervisor?

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5. Do you know where to access more information on PMDS when there is something you need to know? If yes / no motivate.

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6. When you do not agree with the supervisor on the PMDS rating what do you do?

7. What hinders your performance area, are the working tools enough? If yes / no motivate.

8. Is the relationship or interaction with your supervisor good that it does not affect your performance or the PMDS rating. If yes / no motivate.
9. Do you get satisfied with the results always? If yes / no motivate.

10. Is there a chance that one does not get one percent or bonus whereas one qualifies for it? If yes / no motivate.

11. Which one is important to you, is it monetary or non-monetary reward?

   Why
12. What is it that you would like to add or subtract with the implementation of this policy?

13. Are there problems that are related to performance management that you experience in the unit?

14. How do you think the problems can be solved?