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**Determining the knowledge and experience of the Performance
Management and Development System
amongst nurses at the district hospital in Tshwane**

by

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God is within her, she will not fall – Psalm 46:5

ABBREVIATIONS

| | |
|------|-------------------------------------------------|
| DPSA | Department of Public Service and Administration |
| NDOH | National Department of Health |
| NDP | National Development Plan |
| PMDS | Performance Management and Development System |
| PSC | Public Service Commission |
| SANC | South African Nursing Council |
| WHO | World Health Organization |

ABSTRACT

The Performance Management and Development System was introduced by the South African government as a tool for monitoring and managing public sector performance, including healthcare. In order to implement it correctly, implementers must possess the necessary skills and knowledge. Studies have shown that nurses in several public health clinics lack knowledge and experience of the Performance Management and Development System. However, there have been little or no research studies found at district hospitals. Therefore, this study focuses on determining the knowledge and experience of the Performance Management and Development System amongst registered nurses at a district hospital in Tshwane.

The research was carried out in a natural setting, namely the health institution where Performance Management and Development System activities were taking place. The study employed a quantitative and descriptive design and data was collected using a structured questionnaire. Data were analysed using the Statistical software for data science. The study found that participants had limited knowledge with regard to training and the processes of the system, and their experiences revealed that supervisor feedback was inadequate and nurses felt demotivated by the system. Drawn from the findings, the study recommends that convenience-based educational strategies should be implemented to enhance nurses' knowledge of the Performance Management and Development System training and processes. Furthermore, feedback should be provided promptly to allow changes to be implemented in a timely manner. Different motivational theories can be explored and used to motivate the employees at the district hospital. On the basis of the study's findings, recommendations have been made to improve the knowledge of Performance Management and Development System through convenient training of the system and its process. Additionally, increased supervisor feedback and workplace motivation were recommended to improve nurses' experiences with the system.

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CHAPTER 1: INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

One of the key objectives of the National Department of Health (NDOH) is to continuously improve the healthcare delivery system to improve accessibility, equity, efficiency, quality, and sustainability (Department of Health 2019:2). The accomplishment of this objective is dependent on the performance of its human resources. A public service performance management system was a strategic approach to managing human resources to achieve efficiency and effectiveness (Nxumalo, Goudge, and Gilson 2018:4). The South African government has adopted the Performance Management and Development System (PMDS) as a single strategy and tool that all departments must use to measure their performance (Public Service Commission 2018:1).

Although the primary goal of the PMDS was to improve service delivery, establish accountability for all employees, and increase employee competence, the PMDS became one of the most competitive systems implemented in the South African Public Health Service (Public Service Commission 2018:14). In fact, performance management systems have become the “Achilles' heel” of human resource management. Madlabana and Petersen (2020:10) noted that the system was deemed ineffective in driving performance that provides quality healthcare.

Research carried out in South Africa indicates that the PMDS has been recognised as highly advantageous, its implementation has been largely ineffective (Thobejane, van der Heever and Mokgatle 2022:2). Several PMDS challenges at public health facilities have been documented with findings demonstrating that nurses had little knowledge of the PMDS and received minimal guidance or training (du-Plessis 2015:1; Seane 2020:33; Madlabana and Petersen 2020:10; Swaartbooi 2016:11; Mboweni and Makhado 2017:1). Researchers found that nurses' experiences with the PMDS and its outcome were disappointing, resulting in less engagement and interest in the process.

Nurses are the largest single group of health service providers in South Africa, and their role in promoting health and providing important health services is indisputable. According to data published by the South African Nursing Council (SANC) in 2021, South Africa had a

nursing staff contingent of around 280,000 nurses, which is equal to one nurse per 213 people (SANC 2021:1). As nurses are often described as the heartbeat of the healthcare system, the study included only nurses rather than a broader range of public sector workers. Although studies have been conducted at public health clinics in South Africa, there is a dearth of existing research on the knowledge and experience of PMDS among nurses in district hospitals in the Gauteng Province.

The Gauteng Province is the second largest employer of public servants, a majority of whom are in the health sector, including in 12 district hospitals, with five district hospitals located in Tshwane (Nxumalo *et al.* 2018:4). According to the Gauteng Department of Health's Annual 2018/2019 Report, employees complained about performance management and labour relations (Department of Health Annual Report 2019:71). The report shows that only 54% of employees were satisfied with their work, compared to the expected 80%. It is essential that health workers remain motivated and supported so that they can achieve the organisation's goals.

According to the World Health Organization (WHO 2018:1), hospitals form an essential part of health system development, as they play a crucial role in supporting other healthcare providers, are important to communities by providing advanced healthcare, and are essential in a referral network. The National Development Plan (NDP) 2030 envisions quality healthcare for all and maintains that hospitals should be effective and efficient enough to provide quality healthcare (National Planning Commission 2011:41). Most patients obtain healthcare services through the public sector district hospitals.

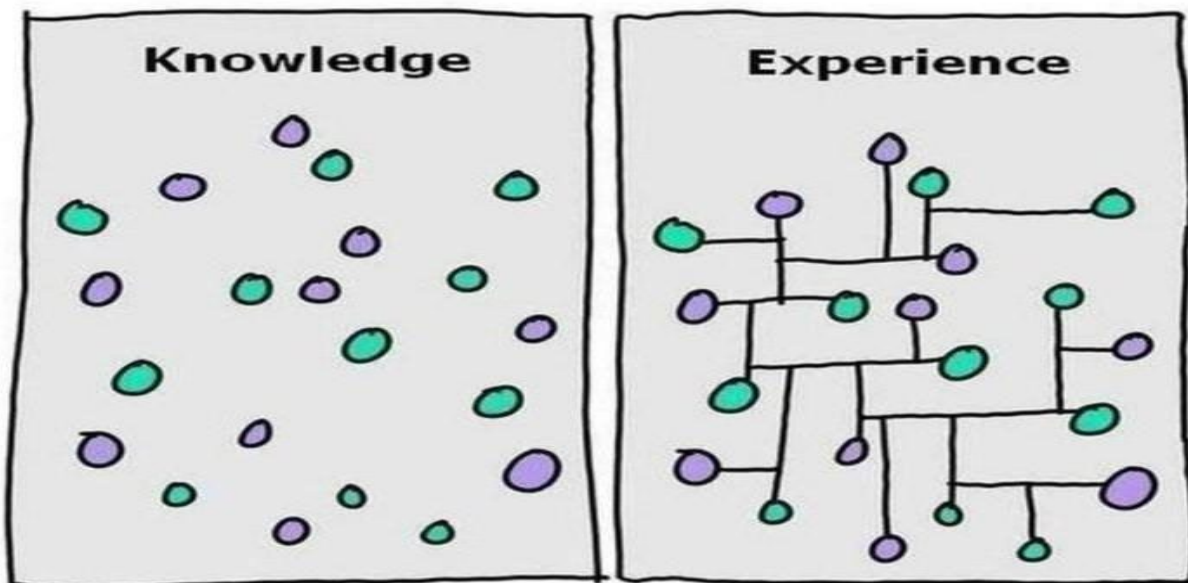
A district hospital is the main healthcare facility that serves a specific population in a certain geographic region or district and operates higher than clinics (WHO 2009:1). A district hospital is an important part of primary healthcare and is supposed to deliver high-quality, low-cost care to a set community, mostly through referrals from other healthcare clinics and institutions (WHO 2009:240). The district hospital management teams have to continually find ways to strengthen the delivery of services, which means maximising the use of hospital-based resources. The WHO maintains that primary healthcare is a centre that usually provides the first point of contact with a health professional (WHO 2009:240).

This study is located within the field of Public Administration in the sub-discipline of Public Human Resource Management, and its focus is on performance management within the public health sector. This study intends to revisit the knowledge and experience of the PMDS in a new context, among nurses at the district hospital in Tshwane, Gauteng. The orientation section of this chapter provides background information about the research problem and the supporting literature, which has been reviewed. The purpose of this section is primarily to provide a contextual understanding of the knowledge and experiences, which is followed by the problem statement. The study's objectives are defined, and the research direction is outlined. The primary theoretical statement was established as the study's rationale and is supported by theory.

1.2 Conceptual framework and orientation

Knowledge and experience are elements of performance that help staff understand the overall goals of the organisation and their role in achieving those goals. However, the concepts of knowledge and experience are often perceived as similar. Knowledge is considered theoretical and is defined as information, understanding, and guidance acquired through education or experience (Concise Oxford Dictionary 1976:8). According to Wilson (2015:1), experience is the knowledge or skill acquired during a practical engagement or involvement with something over a period of time. Although the two words are used to define each other and probably overlap, a distinction can be made between knowledge and experience. Knowledge is about gaining understanding, clarifying ambiguities, and gathering information. Experience, on the other hand, is about practicing or applying the information to improve understanding of a topic or task (Wilson 2015:1). Figure 1.1 seeks to illustrate the distinction and integration of knowledge and experience.

Figure 1.1: The difference between knowledge and experience



Source: Adapted from Mostafazadeh (2014:1)

Figure 1.1 shows that knowledge is incomplete without experience, and similarly, experience is based on received knowledge. The ultimate test of knowledge is seen through experience. While one can acquire knowledge of a subject or task through experience, the experience itself cannot be taught, it must be gained. Experience comes with time, effort, and participation (Wilson 2015:1).

It can be concluded that theory and the gathering of concepts and information are important to knowledge. Experience, on the other hand, emphasises practice, or the application of knowledge over time to strengthen comprehension of a subject or a specific activity (Wilson 2015:1). In this study, the concept of knowledge refers to the understanding, guidance, and information gained through PMDS training and orientation. Experience refers to the knowledge gained through exposure to the process over a period of time that contributes to an understanding of the PMDS. Shakwane (2014:7) echoes this, stating that experience is the knowledge and skills that one has gained through doing something for a period of time.

The process of performance management involves developing individual performance plans to increase productivity. It is difficult to manage performance in the public sector since it involves relationships between employees, organisations, and citizens (Van der Westhuizen 2016:142). According to Lues (2016:13), performance management is the method of setting and evaluating performance against pre-determined objectives and developing employees'

work performance within a specific timeframe. A further assertion made by Van der Westhuizen (2016:142) is that performance management is a continual and systematic process of identifying, evaluating, managing, and developing employee performance to achieve organisational goals.

South Africa is a middle-income country with one of the highest income inequalities in the world, and two-thirds of the population lives in urban areas (WHO 2017:2). Although expectations were high that South Africa's new democratic government and newly formed public administration would enhance public service, the government faced challenges as a result of a disjointed administration defined by racial and geographical inequities (Malakoane, Heunis, Chikobvu and Kigozi 2020:1; Department of Planning, Monitoring and Evaluation 2015:4).

The year 2022 commemorated the twenty-eighth anniversary of the democratic transition in South Africa. However, amidst the social and economic challenges, there was clear evidence that South Africa's health-care quality had deteriorated (Department of Planning, Monitoring and Evaluation 2015:5). According to Maphumulo and Bhengu (2019:3), the inability to provide excellent and efficient health services had a negative impact on citizens. Among the many challenges faced by health services were human resource management and compliance with the PMDS (Department of Health 2019:70). Van der Westhuizen and Wessels (2013:141) argue that public institutions should aim to use performance evaluation and management measures as indicators for improving services and meeting the needs of their citizens. Since healthcare delivery has become more challenging, the PMDS has been a major effort to improve patient outcomes, system performance, and professional development (Du-Plessis 2015:1).

There are a handful of studies on the knowledge and experience of the PMDS in primary healthcare in different parts of South Africa. Du-Plessis (2015:1) studied professional nurses in two primary healthcare clinics in the Tshwane region of Gauteng to ascertain and explain the nurses' understanding of the PMDS. Using self-administered structured questionnaires, the results showed that a large percentage of nurses had only a basic understanding of the performance assessment criteria.

The nurses were unsure about the performance cycle, lacked information regarding performance planning and agreement, and were unaware of the purpose of performance reviews. In addition, nurses who had not attended formal PMDS training did not know who was responsible for implementing the PMDS and had little knowledge of performance monitoring (Du-Plessis 2015:5). Furthermore, the study revealed that nurses felt the PMDS was time-consuming and that they were unsure of the system's purpose (Du-Plessis 2015:3).

In 2016, Swaartbooi investigated the performance appraisal experiences of registered nurses in three primary clinics in the Western sub-district of the Western Cape Province. The researcher used semi-structured interviews with open-ended questions for the study. Using these research tools, the researcher aimed to investigate the process, the content of performance appraisal interviews, and the motivation of staff after the performance appraisal process. The study found that nurses had little knowledge of the PMDS (Swaartbooi 2016:11).

In addition, many nurses had not received PMDS training, and some nurses did not have enough time to prepare for their performance appraisal, while others claimed to have had enough time. Many nurses thought the targets were unrealistic, and employees who did not receive monetary rewards felt devalued (Swaartbooi 2016:48). In 2018, Madlabana and Petersen (2020:2) conducted a study to explore nurses' perceptions and experiences of the PMDS in health facilities in four sub-districts in the North West Province. Using a questionnaire and interviews, the researchers aimed to explore the understanding of performance management, quality improvement, and job performance in the health facility, focusing on performance standards, performance measurement, performance reporting, performance improvement, performance rewards, and staff training. It is highlighted that nurses felt that the PMDS was poorly implemented as there were no consequences for staff who did not complete their appraisals. In addition, there is dissatisfaction with the reward system, and favouritism is reported (Madlabana and Petersen 2020:10).

Seane (2020:33) conducted a study in clinics in Mafikeng sub-district clinics in the North West Province to explore and describe nurses' views on the implementation of the PMDS. The focused, semi-structured interviews revealed that the nurses did not have comprehensive job descriptions and were therefore not sure what was expected of them.

The researcher structured the interview questions to shed light on the structure, process, and outcomes of the PMDS implementation in the clinic. Nurses expressed concern that they receive minimal orientation about the PMDS and do not have enough time to complete their performance appraisals (Seane 2020:37).

Letsoalo (2007:6) conducted a survey to assess staff attitudes towards the PMDS in two hospitals in Ekurhuleni, Gauteng Province. Staff were selected and categorised as either professionals or support staff. Open-ended questionnaires and focus group interviews were used for data collection. In the questionnaire, the researcher worded the questions to assess the staff's understanding, purpose, attitude, and feelings toward the PMDS. The research findings revealed that some staff members felt that there is favouritism in the allocation of performance rewards by supervisors, and that hard work is not necessarily rewarded. In addition, there is no training on the PMDS and staff have different understandings of what the PMDS entails.

Those implementing the PMDS must be equipped with the right knowledge, understanding, and skills of the PMDS. Therefore, a study was conducted in a primary health facility in Greater Tzaneen, Limpopo Province to determine the knowledge and practices of the PMDS among supervisors (Mashego and Skaal 2016:1). The data were collected using a questionnaire. The research participants included nurses, facility managers, and assistant facility managers. The questionnaire was structured to provide insight into the experiences and knowledge of the PMDS. In the research, it was identified that training, communication, feedback, and implementing performance management without favouritism are important factors.

The PMDS is important since it affects the way services are provided in the health sector. According to these studies carried out across different provinces, nurses are uninformed of the PMDS system and do not see any benefit from it. However, the majority of these studies have been performed at primary healthcare clinics and health centres, resulting in little or no research being conducted at district hospitals.

1.3 Problem statement

The lack of understanding and knowledge of the PMDS among nurses in several healthcare facilities has serious consequences, including poor work performance, decreased productivity, and reduced workplace efficiency. Studies undertaken in South Africa healthcare facilities have found that the PMDS is inadequately implemented (du-Plessis 2015:1; Seane 2020:33; Madlabana and Petersen 2020:10; Swaartbooi 2016:11; Mboweni and Makhado 2017:1). However, there is a scarcity of research findings on nurses' knowledge and understanding of the PMDS at the district hospital level. Therefore, this study aims to determine the knowledge and experience of the PMDS among nurses at a district hospital in Tshwane, filling the current research gap and providing valuable insights into the effectiveness of the PMDS process at the district level.

This chosen district hospital, is a level-one hospital, situated in the heart of Tshwane, serving a community identified as experiencing significant healthcare challenges (Rauf, Blitz, Geyser and Rauf 2008:1). The district hospital attracts a significant number of patients from the neighbouring areas due to its geographic location. It was selected for study as it offers a typical district hospital management and nursing environment for the assessment of the implementation of the PMDS. The hospital management was open to and supportive of the study and looked forward to its findings. The lack of information on the knowledge and experience of PMDS by the nurses at this district hospital could have a significant impact on the contribution of the system to employee performance and the quality of patient care.

The objective and use of the PMDS must be understood by employees, as there can be misunderstanding and confusion about the system and its purpose. According to van Dijk (2015:64), employees may have incorrect perceptions of the system if they do not understand its purpose and use, leading them to view it as solely focused on appraisal and rewards rather than as a means to improve both employee and organisational performance. Studies have shown that nurses who are not properly trained in the PMDS process can become demotivated and disengaged because they feel that their efforts are not appreciated or rewarded appropriately (du-Plessis 2015:1; Seane 2020:33; Madlabana and Petersen 2020:10; Swaartbooi 2016:11; Mboweni and Makhado 2017:1). This lack of motivation and engagement can negatively impact productivity and job satisfaction, potentially leading to high turnover rates and a lower quality of services rendered.

Therefore, it is essential to assess nurses' knowledge and experience of PMDS to determine whether they have received adequate training and are motivated to participate in the process, ultimately improving employee performance and the quality of patient care. A lack of knowledge or experience with the PMDS can have various implications that affect employee performance. This study is relevant as it intends to address a research gap in PMDS knowledge and experience among nurses in Tshwane at district hospital level. The results of this study can be used to improve the current PMDS process in the district hospital, enhance employee performance management and development, and ultimately improve the quality of patient care. Additionally, this study can add to the current understanding of PMDS and provide a background for further exploration of the subject.

Often, District Hospitals are equated with Primary Healthcare Clinics and therefore their importance is overlooked (McCoy 1998:1). Table 1.1 details the differences between a Primary Healthcare Clinic and District Hospital.

Table 1.1: Difference between a Primary Healthcare Clinic and a District Hospital

| Primary Healthcare Clinic | District Hospital |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ● handles the main health issues at non-hospital level ● promotes good nutrition, maternity and child care, ● provides access to contraception, ● vaccinations, ● illness prevention and management, ● provides treatment for common diseases. | <ul style="list-style-type: none"> ● provides assistance to clinic and community health professionals to help ensure competence in clinical treatment and public health, ● clinics and/or community health centres point of referral, ● provides first-level hospital care to the district, ● receives transfers from clinics and/or community health centres, ● refers patients to higher levels of care, ● emergency care, medicine, surgery, obstetrics, paediatrics, psychiatry, and outpatient services, ● is open 24 hours a day with more than 30 beds facilities, ● ensures the district's clinical standards are maintained, |

| | |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> ● offers on-the-job training and assistance to the district's public health clinics and facilities, ● is an essential part of all district health programs, and offers complete, (preventative, curative, and rehabilitative) treatment, ● has the ability to connect with other sectors and the community. |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Source: Adapted from McCoy (1998:2) and Mojaki (2009:2)

Table 1.1 above explains the functions of a Primary Healthcare Clinic and a District Hospital. It is important to highlight that a Primary Healthcare Clinic provides non-emergency primary care, whereas a District Hospital, on the other hand, receives referrals from Primary Healthcare Clinics. It is therefore an important healthcare facility for a district and plays a central role in providing hospital care to patients.

The researcher intended to conduct a study to determine the knowledge and experience of the PMDS at a district hospital in Tshwane. This study planned to select a research setting and site that differs from what has been previously researched and contributes to developing knowledge in the field of the study. The researcher proposed to gain further understanding, by using a new context that will add to the body of knowledge and evaluate experiences of the PMDS amongst nurses at a district hospital in Tshwane, Gauteng.

1.4 Rationale for the study

Researchers have found that nurses in clinics and healthcare facilities in different regions of South Africa have difficulties with their knowledge and experience of the PMDS. The underlying reasons were that communication of expectations was poor, there was no recognition and reward after the system was introduced, and there was not enough training (Makhubela, Botha and Swanepoel 2016:2; Du-Plessis 2015:1; Swaartbooi 2016:11; Madlabana and Petersen 2020:2; Seane 2020:33; Mboweni and Makhado 2017:1). In general, previous studies have been limited to a subset of several health facilities. A very limited number of studies have examined nurses' knowledge and experience of the PMDS in a district hospital; in particular, there is little or no evidence that nurses in Gauteng hospitals are familiar with the system.

According to studies by Makhubela, Botha and Swanepoel (2016:2), Du-Plessis (2015:1), Swartbooi (2016:11), Madlabana and Petersen (2020:2), Seane (2020:33), and Mboweni and Makhado (2017:1), nurses in the public health sector are concerned about their knowledge and expertise of the PMDS, which resulted in their inability to fully understand the system. Based on previous research, it was found that the nurses felt demoralised, dissatisfied, unhappy and distrusted the performance management system. In addition, they felt that the distribution of performance bonuses was unfair.

To improve health services in the districts, processes should be improved to enhance the performance of the health system. Health workers who are well motivated and supported with the right skills perform better and contribute significantly to national and global goals (Nxumalo *et al.* 2018:2). The goal of this study was to get a better understanding of how human resource practitioners can identify issues related to the PMDS, specifically to determine the knowledge and experience of the PMDS amongst nurses at a district hospital in Tshwane.

1.5 Central theoretical statements

Any organisation's success is primarily determined by the efficacy of its human resources. Omotoye and Malan (2011:160) maintain that employees within an organisation are considered the most valuable asset, as they play an important role in the organisation's success. The *White Paper on Human Resource Management in the Public Service, 1997*, highlights that employees are valuable assets in a public organisation, in addition, the public service should comprise a competent workforce capable of providing quality service to the people of the country. For human resource management to become a model of excellence, the employer and employee must strive to achieve both individual and organisational objectives.

It has been ingrained that an organisation's human resources are considered its main assets in terms of their skills and performance that contribute to the achievement of its goals (Letsoalo 2007:10). The approach that employers take to manage behaviour and work performance of their human resources plays a role in the success of the organisation (Tirintetaake 2017:1). The PMDS plays a key role in responding to what makes human behaviour and performance in organisations effective.

The driving force behind human efforts and achievements is what motivates an individual to perform (Parijat and Bagga 2014:1). Employees must be involved to perform their jobs successfully. However, their involvement does not necessarily mean competent performance (Beardwell, Holden, and Claydon 2004:546). In other words, although employees may be actively involved, that does not imply that they are doing well and motivated to perform.

Frederick Herzberg, Edwin, Victor Harold Vroom, and Abraham Maslow were among a group of thinkers who concentrated on motivation and human interactions. Their contributions to the study of human relations led to an awareness of different factors motivating an individual to perform well.

The Expectancy theory highlights that behaviour and performance are motivated by anticipated expectations (Beardwell *et al.* 2004:514). In his 1964 book entitled “Work and Motivation”, Victor Vroom’s expectancy theory explains that the individual’s expectancy of a rewarding outcome is the motivation that drives their behaviour in the workplace (Beardwell *et al.* 2004:513). This theory forms the basis of the performance management concept, which assumes that performance is led by an expected result (Salaman, Storey and Billsberry 2006:319). Victor Vroom provides ways through the expectancy theory for managers to motivate employees and enhance performance.

According to Herzberg’s Two-factor Theory, a variety of factors contribute to job dissatisfaction and satisfaction, including a focus on understanding one’s needs and abilities (Alfayad and Arif 2017:151). Herzberg’s approach divides job satisfaction elements into two categories: hygiene and motivational factors. Hygiene factors consist of company policies, compensation, management, co-worker interactions, job security, and work environments, which might lead to job dissatisfaction but do not increase job satisfaction. While motivational elements such as acknowledgement, achievement, advancement, development, determination, and responsibility might contribute to job satisfaction, they do not reduce job dissatisfaction. To minimise unpleasant and negative sentiments at work, hygiene factors are important. Motivational elements, on the other hand, are the actual factors that motivate people at work (Alfayad and Arif 2017:152).

Abraham Maslow's Hierarchy of Needs is a prominent motivational model of how one can reach their highest performance and has become a useful tool to manage staff effectively in the workplace. In his theory, Maslow argued that five categories of human needs dictate an individual's behaviour, the needs, which are categorised as physiological, security, and belongingness, must be met to obtain self-actualisation, where there should be harmony between individual goals and organisational objectives (Parijat and Bagga 2014:4). Maslow's theory exists to help managers understand the decisions that employees will make at their hierarchical level.

The expectancy theory recognises the need for managers to tie performance to rewards, which seem to be the most valued expectation by employees (Salaman *et al.* 2006:324). However, Beardwell *et al.* (2004:507) maintain that employees seem to be more productive when they are exposed to an improved workplace environment, and increased supervision with continuous feedback. On the other hand, there is a change in what motivates employees to perform in Maslow's study, highlighting that there are factors that differ from expectations and the work environment as employees have a hierarchy of needs that they need to meet, and need to feel that they are doing something worthwhile to reach the level of self-actualisation.

In the 1960s, Edwin Locke developed the goal setting theory of motivation, which focused on achieving specific and measurable objectives (Lunenburg 2011:1). According to his view, productivity is inextricably related to work performance, goal production, and employee engagement. According to Locke's theory, employees are motivated by clear goals and feedback, therefore, setting goals requires clarity. Goals should be tough enough to keep employees involved and focused on the tasks required to achieve each goal. Goals that are excessively difficult or easy are demotivating and will result in less performance satisfaction.

In the study of Psychology, management, and related fields, the term "motivation" has been interpreted in a variety of ways by several scholars. Kubheka and Tshiyoyo (2018:174) assert that the biggest stumbling block of performance management systems in public sector organisations is their unintended negative side effects, which undermine employee motivation and morale. According to the Concise Oxford Dictionary (2006:578), motivation is understood to be what drives human behaviour and activity. Motivation here refers to a set of indefinite factors that cause employees to carry out their duties in a particular manner.

It has been argued above that the factors motivating employees to perform better are different, and therefore managing their performance and achieving organisational goals is complex. A successful performance management system is crucial, especially within a public sector organisation, and requires effort from both management and staff to achieve its mandate of providing effective and quality service delivery. The effectiveness of any organisation is largely dependent on the employee and the organisation's performance, and if the PMDS is managed and implemented adequately, it will help create working conditions that will motivate employees and improve their performance (van Dijk and Legalatladi 2015:60).

These theoretical assumptions would provide a framework for the study, which intended to enhance human resource performance in the district hospital by determining nurses' knowledge and experience with the PMDS. The researcher anticipates contributing to the existing literature on the PMDS and sharing the findings with the Gauteng Department of Health and Tshwane District Hospital Management to enable improvements in their PMDS management.

1.6 Research objectives and questions

The research questions that guided the study include the following:

- What is the knowledge of the PMDS amongst registered nurses at the district hospital in Tshwane?
- What is the experience of the PMDS amongst registered nurses at the district hospital in Tshwane?
- What recommendations can be provided to the district hospital to address the findings of the study?

The study was executed to achieve the following objectives:

- To determine the level of knowledge of the PMDS amongst registered nurses at the district hospital in Tshwane.
- To determine the level of experience of the PMDS amongst registered nurses at the district hospital in Tshwane.
- To provide recommendations to the district hospital based on the findings of the study.

1.7 Significance of the study

Performance management systems, like the PMDS, are an effective practice to improve the efficiency and effectiveness of public services through the establishment of performance targets and consistent performance assessments (Munzhedzi 2017:2). As stated in the *White Paper on Human Resource Management in the Public Service, 1997*, the capability of the Public Service to deliver its functions and goals successfully is largely dependent on the effective and efficient way employees perform their responsibilities (Munzhedzi 2017:5). The management of performance is a vital tool in human resource management to ensure that employees are fully aware of what is expected of them, and that their performance is observed and managed to ensure that they are meeting the objectives of the organisation.

The purpose of the study was to determine the knowledge and experience of the PMDS among nurses at a district hospital in Tshwane. This study contributed to the literature on public administration in general and human resource management in particular. This study aimed to contribute to a broader understanding of human resource professionals' ability to identify challenges and successes related to PMDS, particularly the knowledge and experience of PMDS among nurses at the district hospital in Tshwane. In addition, this study contributed to the existing literature on PMDS in health facilities, and the findings provided new insights into PMDS at district hospital level. The study adds to the current academic literature that seeks to improve the PMDS process to achieve quality service delivery in the South African health sector. Furthermore, the findings of the study may assist hospital management in understanding nurses' knowledge and experience of the PMDS in their institution.

1.8 Outline of chapters

Chapter 1 introduced the research topic and provided the motivation for the research, described the problem statement and explained the research objectives and corresponding research questions. **Chapter 2** provided a conceptual framework of knowledge and experience and an understanding of the PMDS, followed by a theoretical framework supporting employee performance. **Chapter 3** described the research methodology adopted for this study. While **Chapter 4** summarised the data collected and presented the analysis. **Chapter 5** provided a discussion of the major findings, conclusions, and recommendations of the study.

1.9 Summary and conclusion

This chapter has demonstrated that nurses at clinics and healthcare institutions across South Africa face challenges arising from their experience and knowledge of the PMDS. This works against the strategic goal of the South African government's human resource management programme, which seeks to optimise effectiveness and efficiency through performance management. There have been certain challenges briefly stated, such as feeling demoralised, dissatisfied, and unhappy, as well as distrusting the performance management system. Moreover, minimal or no research has been conducted to identify the knowledge and experience of the system at the district hospital level. This clearly underlines the importance of revisiting the subject area at district hospital level.

Against this background, the following chapter will attempt to provide additional insight into the subject by conceptualising performance management within the human resource management discipline of Public Administration. This activity will essentially build a contextual understanding of knowledge and experience. In accordance with the study's primary purpose, the following chapter includes theories and motivational models related to performance management, an overview of healthcare and human resource management in South Africa, and a review of the literature on PMDS in the South African health sector.

CHAPTER 2: CONCEPTUALISATION AND THEORETICAL FRAMEWORK

2.1 Introduction

Researchers in management and administration typically concentrate on barriers to effective performance, such as communication, compensation, and motivation (Moeti 2000:280). Managing employee performance is a fundamental component of effective human resource management, as it enables the full potential of human resources to be realised. Schraeder and Jordan (2011:4) add that managing employee performance is an essential task of organisational managers. On the other hand, Varma (2017:11) points out that successful organisations are sustained by committed employees whose engagement results from motivation and job satisfaction (Varma 2017:11). According to these views, managers need to be aware of a number of factors that motivate employees to perform. A variety of theories of motivation are available to understand what drives an individual to work toward achieving a particular goal, outcome, or objective.

The chapter aims to present theories and motivational models that relate to performance management, focusing on factors that motivate employees to perform well. Performance management is the process of identifying, encouraging, measuring, evaluating, improving, and rewarding employees in the workplace (Aguinis 2013:23). With this in mind, this study provides an overview of healthcare and human resource management in South Africa. The review of literature on PMDS in the South African health sector included in it will highlight inconsistencies, gaps, and areas of research that need to be addressed.

2.2 Employee motivation and performance

Several factors contribute to successful organisational performance, including a motivated workforce. The performance of an organisation is influenced by some factors, such as environment, capital, motivation and human resources (Kabene, Orchard, Howard, Soriano and Leduc 2006:1). The importance of human resource management was highlighted by Girdwichai and Sriviboon (2020:42) who emphasised that workers in any organisation are important, and that human resources management is a critical part of any successful organisational progress.

Further, Girdwichai and Sriviboon (2020:42) and Kabene *et al.* (2006:1) maintain that it is widely accepted that an engaged workforce is the single most important factor influencing an organisation's performance. However, according to Vance (2006:6), it can be argued that for an organisation to achieve its stated goals, employees must be motivated. Girdwichai and Sriviboon (2020:42) acknowledged that other factors such as job satisfaction, employee engagement, compensation, training, and work environment can further influence employee performance.

To highlight the importance of motivation, Nduka (2016:2) explains that the strategy of motivation can be used as a management tool to motivate individuals to work harder for the organisation's overall benefit by providing them with motives based on their unmet needs. The right motivation is thought to improve the quality of one's performance and determine one's behaviour and attitude (Parijat and Bagga 2014:1).

To be successful in the 21st century, managers and leaders of organisations must learn how to deal with the motivation of their employees. Amabile (1993:185) compliments this statement by stating that motivated employees are the pillars of successful organisations today, and in the future, if employees are not motivated they are likely to put in little effort and stay away from the workplace as much as possible, leave the company or do inferior work. According to Amabile (1993:186), managers must motivate people to achieve the desired outcomes for the organisation. This is a difficult task, as Nduka (2016:3) states that managers have the most challenging responsibility for motivating employees, as what motivates people is constantly changing. Much research has been done in this area, and several theories have been developed that have a major impact on organisational behaviour.

2.3 Performance management theories and models of motivation

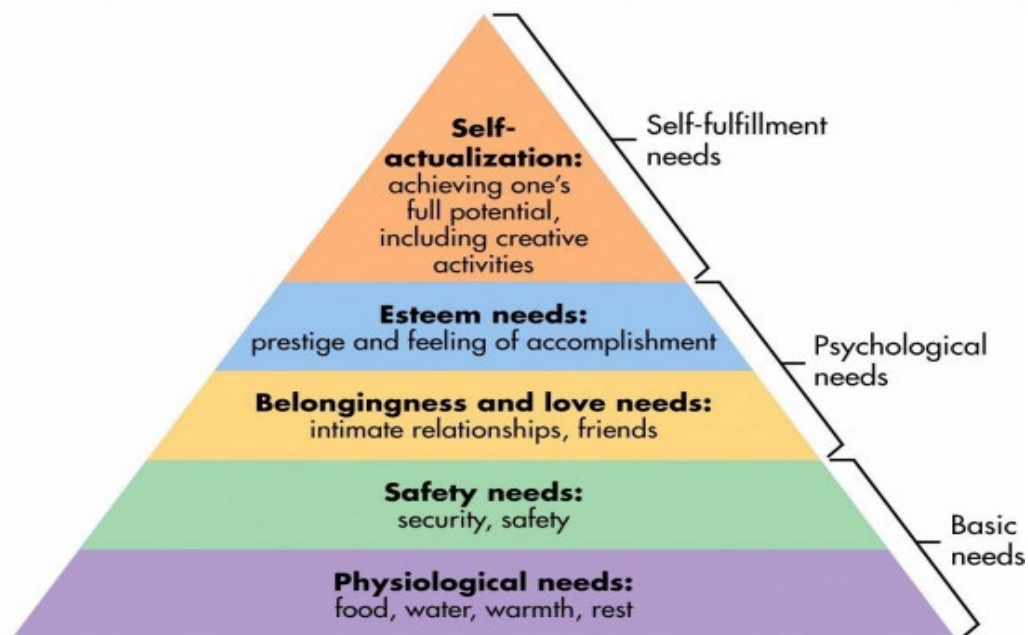
Employee motivation can be derived from many theories, most of which relate to employee satisfaction (Badubi 2017:44). Various scientists have tried to come up with a concise explanation of human motivation, but they all have different ideas. A major factor influencing human behaviour is motivation (Varma 2017:11). Individual motivation and engagement in the workplace are indicative of the level and quality of service provided (Nxumalo, Goudge, and Gilson 2018:2). Leading and motivating employees has always been a challenge. Therefore, managers need to understand what factors motivate employees, as they play an important role in helping a company achieve its strategic goals.

Although no single theory can explain human motivation, models and theories are helpful and can provide a framework for motivating people in the workplace. Herzberg's Two-Factor Theory, Locke's Goal Setting Theory, Abraham Maslow's Hierarchy of Needs, and Vroom's Expectation Theory are examples of theories and models that promote human motivation.

2.3.1 Maslow's Hierarchy of Needs

Motivation comes from satisfying five basic needs. Maslow's hierarchy of needs argues that physiology, security, belonging, love, esteem, and self-actualisation are the five requirements that drive people's motivation (Parijat and Bagga 2014:4), and the hierarchy of needs is shown in Figure 2.1 below.

Figure 2.1: Maslow's Hierarchy of Needs



Source: Adapted from McLeod (2018:2)

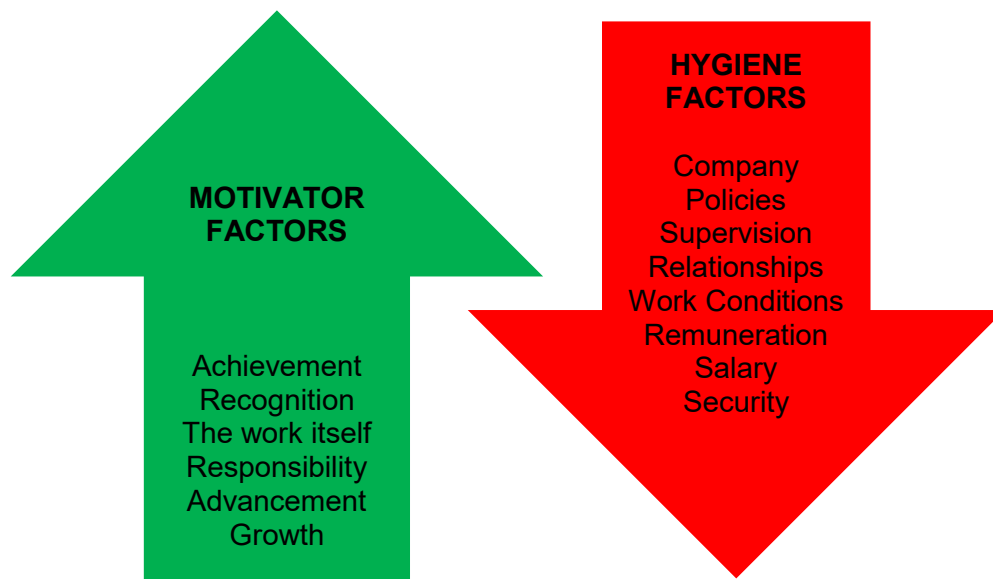
Abraham Maslow's theory of the hierarchy of needs suggests that the motivation of a person is based on their level of needs (Parijat and Bagga 2014:4). In Figure 2.1 above, McLeod (2018:3) emphasises that as the individual's subordinate needs are satisfied, his motivation increases, as does the will to rise in the hierarchy towards self-actualisation. With the level of people's needs constantly changing, an employer must be able to use hierarchy to find what inspires them.

McLeod (2018:4) states that managers should provide a variety of incentives and opportunities to encourage employees to move up the hierarchy, as this keeps them motivated. When managers motivate their employees based on needs instead of always finding mistakes, optimal performance is more likely. People may not be able to progress and meet other needs if some of their most important needs are not being met. This may explain why people feel unmotivated.

2.3.2 Herzberg's Two-factor Theory

Motivational factors are needed to motivate employees to perform better. Frederick Herzberg's two-factor theory was developed in 1959 to identify workplace motivation and help managers achieve the best employee performance (Njoroge and Kwasira 2015:87). According to Herzberg's theory, motivator and hygiene factors are factors that promote and promote job happiness (Alfayad and Arif 2017:151). When motivating variables are present in the workplace, job satisfaction improves and people become more motivated to perform better. When hygiene considerations are not in place, employees are not encouraged to work harder and are discouraged.

Figure 2.2: Herzberg's Two-Factor Theory



Source: Adapted from MacPherson (2021:15)

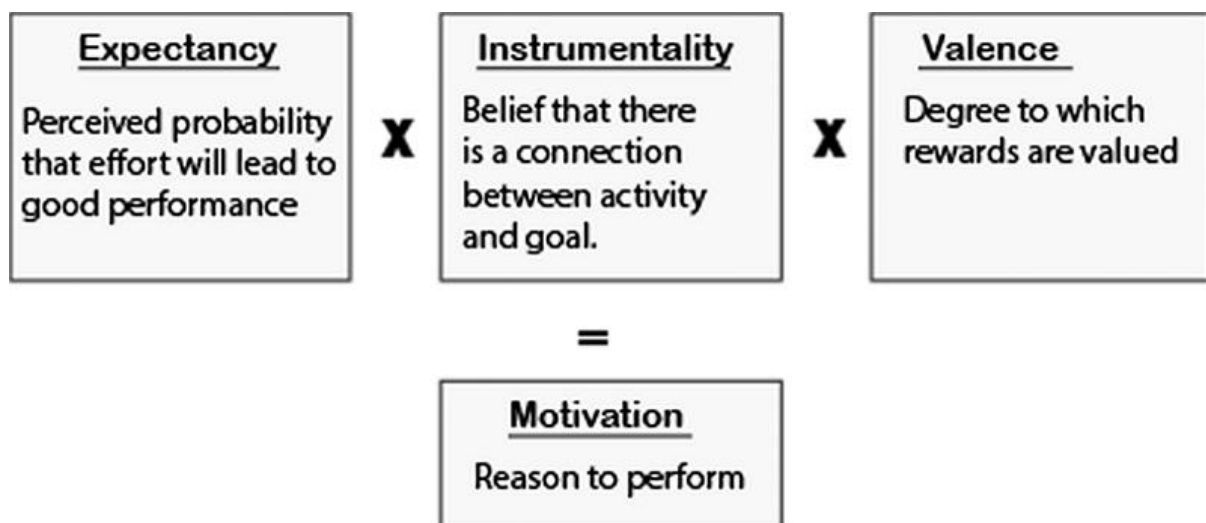
Figure 2.2 shows the motivational and hygiene factors that promote job satisfaction and reduce employee dissatisfaction. Leaders need to work on increasing the motivational elements to increase satisfaction.

Achievement recognition, participation in decision-making processes, career growth, and responsibility in the workplace are just a few of the motivating factors highlighted by Herzberg (Samuel and Chipunza 2009:413). Herzberg believes that these motivational components promote happiness in the workplace and encourage higher achievement, which inevitably leads to a pleasant work environment. The lack of hygiene factors will result in employees not working hard and includes factors such as organisational policies, type of supervision, working conditions, and remuneration (Samuel and Chipunza 2009:414). For motivation to be effective in the workplace, managers and leaders need to understand the active needs of each employee, which can help instil confidence in employees (Njoroge and Kwasira 2015:88).

2.3.3 Expectancy Theory

Recognising and rewarding extra effort motivates people to perform better. The Expectancy theory, proposed by Victor Vroom in 1964, states that people are motivated to perform well when they know that their hard work will be recognised and rewarded (Parijat and Bagga 2014:2).

Figure 2.3: Expectancy Theory



Source: Adapted from Salaman *et al.* (2006:318)

In Figure 2.3, three primary motivational components are highlighted in the Expectancy Theory of Motivation: *expectancy*, the perception that their actions will lead to a successful performance; *instrumentality*, the belief that activity and goal are related; and *valence*, the belief that the activity's success will be rewarded (Salaman *et al.* 2006:319).

According to expectancy theory, an individual's chosen behaviour increases job satisfaction and decreases job difficulty (Beardwell *et al.* 2004:514). When individuals know that their extra effort is recognised and rewarded, they are more motivated to perform. According to Salaman *et al.* (2006:319), employees must be motivated by the factors of expectation, instrumentality, and valence. When there is expectation, motivation will be high. Motivating people through the provision of rewards or other desired outcomes is the goal of expectancy theory in the workplace. Equally important, managers decide what type of resources, training, or supervision employees need.

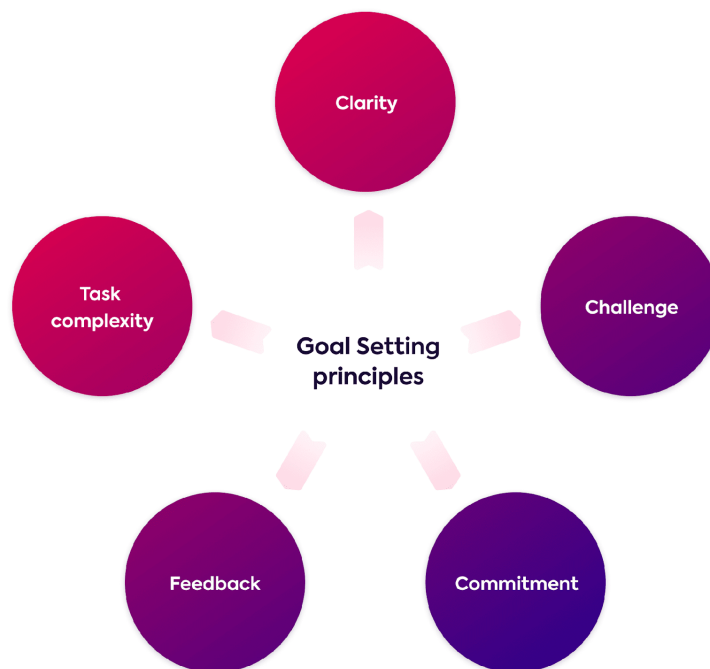
As quoted by Salaman, Storey, and Billsberry (2006:319), one is consistent with instrumentality when one believes that performance leads to the attainment of goals or desired outcomes. Managers need to ensure agreements on rewards are honoured and employees need to be aware of this. Valour is the value an individual slot has for rewards. If one genuinely desires the result one intends to achieve, then one is associated with valence (Beardwell *et al.* 2004:514). A person must desire and value either extrinsic rewards, such as money, promotions, or benefits, or intrinsic rewards, such as job satisfaction. A formula for summarising expectation theory is that motivation is composed of expectation, instrumentality, and valence. The presence of all three corresponds to motivation that allows you to fully achieve your goals.

2.3.4 Goal Setting Theory

Developing expectations for the future can help people strive for success. Improved worker engagement is facilitated by defined and realistic goals and appropriate feedback from managers. Edwin Locke advanced the goal setting theory of motivation in the 1960s, with goal setting for the future being the premise of the theory, explaining that we can be motivated by our expectations of the future (Lunenburg 2011:1).

According to this theory, goal setting is fundamentally related to job performance, goal attainment, or employee engagement. Figure 2.4 below shows that Locke's Goal Setting Theory identifies five principles that must be in place to encourage achieving goals: clarity, challenge, commitment, feedback, and complexity.

Figure 2.4: Locke's five principles – Goal Setting Theory



Source: Adapted from Locke and Latham (2015:310)

In the five suggested principles, the principle of clarity indicated that everyone's goals must be clear and specific. Challenge means that goals should be tough enough to be motivating while not being unreasonable. The commitment principle required that all personnel be committed to the achievement of the goal. Feedback on the goals should be taken into account, and complexity indicates that goals should be feasible and not overpowering in terms of task complexity.

The manager's feedback and clear goals motivate employees. Goals must be challenging yet achievable, because an easy-to-achieve goal will not improve performance, and a difficult but achievable goal will not either. Goals need to be precise to improve performance, and employees should work hard to achieve specific goals that are within their means. Goals should be accepted by employees and managers alike, as employees may not become committed if they are given difficult and unattainable goals. The goal setting paradigm relies heavily on feedback.

Feedback helps assess employee performance and encourages better performance. Feedback should be given regularly throughout the goal achievement process to keep tasks on track. Lunenburg (2011:2) further explained that this feedback must be provided because

it helps employees and organisational members achieve their performance goals. In addition, feedback helps identify the necessary adjustments needed to improve their performance.

Goal setting theory has many advantages, as Lunenburg (2011:3) adds that goals are more effective when used to measure performance, and once employees understand that their performance will be judged on how effectively they achieve their goals. Setting goals improves the effectiveness of meeting deadlines because there is a target date for completion. An employee will know there is a deadline and will put more effort into completing the task. However, Locke and Latham (2003:310) contend that if the employee has too much time before the deadline, he or she is likely to slow down until the task is completed. Likewise, Lunenburg (2011:3) notes that the quality of work can be compromised when deadlines are too tight. In goal setting theory, a goal that is too high for an employee's abilities can negatively affect their performance and motivation to achieve it.

According to the goal setting theory, goal attainment is related to performance, and while it has some advantages, the goal setting model also has limitations (Kristof-Brown and Stevens 2001:1). Goal setting may not be effective when new employees are learning a complex job. In addition, when goals are linked to monetary rewards, their level can be impacted when employees choose easy goals over challenging ones. Since motivation plays an important role in the delivery of public services, van Dijk and Legalatladi (2015:59) claim that public organisations must create a work environment that motivates and encourages employees to achieve their best results. Patient satisfaction is crucial in the healthcare sector, so this aspect of motivation should remain a priority for healthcare professionals.

Healthcare is always changing, and new reforms and standards necessitate continual quality improvement and performance management in order to maintain and improve the quality of care. Similarly, Benson and Dundis (2003:315) cited that changes in healthcare will take place, and as new healthcare reforms and standards are introduced, the need for continuous quality improvement and performance management will increase. Therefore, understanding what motivates a person and how managers can successfully motivate employees, which ultimately affects the organisation, has received increased attention. It is important to recognise that human nature, behaviour, attitudes, and motivation are individual aspects that can never be fully assumed. However, motivational theories can be used to improve

performance management in organisations. A good performance management system can help a manager identify the level of motivation an employee needs to work efficiently based on their needs (Parijat and Bagga 2014:1).

2.4 Performance management and performance management systems

In performance management, individuals and teams set goals that are aligned with the strategic goals of the organisation and use a performance management system to track and measure the performance of employees in a consistent and measurable way. It is important for the Human Resources department to use performance management to develop, retain, and review employees. Performance management has been described as including effective goal setting, control and feedback, measurement, alignment with goals, performance-based rewards, and fairness.

The study of how performance management systems are applied worldwide has increased significantly and has received much attention recently (Mashavira 2020:1). Performance management is a broad term that encompasses a variety of practices, rules, procedures, and interventions aimed at helping employees become more productive.

2.4.1 Performance Management

The goal of performance management is to get the best performance from employees, hence, performance management is essential to achieving company goals (Armstrong 2008:69). A planned performance management method, when executed with commitment and effort, helps align employees with the organisation's plans. The concept of performance management can be understood through a variety of definitions. In brief, Armstrong (2008:70) describes performance management as an approach to improving employee performance over time. In other words, effective performance management can have a number of benefits for an organisation.

In performance management, goals and standards are set, assignments and evaluations are made, and rewards are given (Claus and Hand 2009:237). Similarly, Aguinis (2013:24) asserts that the purpose of performance management is to identify, measure, and develop the performance of individuals and teams following the organisation's strategic goals.

Managers have the most immediate influence on the employees they directly manage. There is also a general acceptance that performance management requires managers responsible for implementation to do three main things well: describe performance, enable performance, and promote performance (Cascio 2012:183). To achieve effective performance management, Armstrong (2008:69) recommends that managers share an understanding of the goals that need to be achieved with their teams and then lead and develop their people in ways that support their performance. Organisations in the public sector can improve their efficiency and effectiveness by implementing performance management.

Performance management was initially used in the private sector, but has gained popularity in the public sector as well (Osmani and Ramolli 2012:435). Managing performance in the public sector has many benefits. In the public sector, performance management is aimed at improving performance, accountability, and citizen satisfaction in conjunction with the organisation's strategic goals (Munzhedzi 2017:3). There is no doubt that accountability is important, as public sector workers need to protect citizens and ensure that public resources are used effectively and efficiently (Mosoge *et al.*, 2014:1). Performance management systems are increasingly viewed as a way of integrating people management with organisation's goals (Latukha 2016:16).

2.4.2 Performance Management Systems

A performance management system is an instrument for measuring employees' performance consistently and quantitatively. Performance management has been viewed as a continuous process that continuously monitors and evaluates employee performance (Bhattacharya 2016:1). Employee confidence and self-esteem are boosted by a performance management system, which promotes worker efficiency, simplifies duties and responsibilities, provides learning and development opportunities, and reaffirms supervisory expectations (Aguinis 2013:26).

Included in the performance management system process are performance planning and agreement, monitoring, review, and control, performance appraisals, and the moderation and management of appraisal outcomes (Paillé 2012:432; Masenya, Mokoetele and Makalela 2018:108).

During the appraisal stage, the supervisor is responsible for managing the results of the performance evaluation, addressing the factors that affect employee work performance (Madlabana2012: 28). Performance appraisal is essential for effective management and interventions to help include professional help, mentoring and teaching, formal training programmes, as well as work setting assessments. The use of performance appraisals would yield valuable data about individuals that can be used in salary direction, dismissals, managing retention, upgrades, and employee appreciation (Mashavira 2020:3). DeNisi and Murphy (2017:421) claim that performance appraisals are the foundation of these performance management programmes and include goal setting, training, rewards, and feedback.

Feedback during the appraisal is paramount and must be used as a means to take corrective action and make arrangements to enhance performance; it also allows managers to coach staff and help them improve their performance regularly (Madlabana 2012:29). The effects are generally unpleasant if the appraisal process is not managed with openness, fairness, and objectivity, risking the employee-supervisor relationship. According to Poon (2004:323), work satisfaction and the intention to leave are influenced by unfavourable performance ratings.

2.5 Performance management systems in South Africa

While performance management cannot always solve problems, it can encourage positive change, so employees can fulfil their responsibilities. The goal of a performance management system is to ensure that employees, supervisors, other managers and employees strive to achieve an organisation's stated goals and objectives (Sales 2019:376). To counter the public sector's history of underperformance, the South African government introduced a performance management system in July 1999 (DPSA 2001:1). Furthermore, Javu (2012:48) contends that the establishment of performance management systems in the South African public sector is a reform initiative driven by the need to address the legacy of poor performance in public institutions.

In South Africa as in other countries, enhancing the performance of a department requires individual performance goals to be aligned with the department's goals and objectives (Banfield and Kay 2008:310). However, any public sector departmental policy must be

compliant with the DPSA's Performance Management Systems policy framework, and the policy of each department must be adjusted to its own demands and expectations (Munzhedzi 2017:4). Public sector performance management systems enable employees to cooperate to accomplish organisational objectives and deliver efficient services to the community.

Building a capable state with advanced developments and improved service delivery remains a priority for the Department of Public Service and Administration (DPSA), which is responsible for civil service organisation and administration in South Africa (DPSA 2021:2). South African public service departments use the Performance Management and Development System (PMDS) to manage the performance of their employees (DPSA 2001:1).

2.6 The performance management and development system (PMDS)

Performance in the public sector can be improved through performance management systems which involve the use of policies, strategies and techniques designed to help managers and employees improve an organisation's performance. With effect from April 2002, the Minister for Public Service and Administration issued the Performance Management and Development System (PMDS) in South Africa as part of the policy framework aimed at improving performance in the public sector (PSC 2018:1).

The PMDS should provide a link between accepted performance management outcomes and individual performance to help improve organisational performance (PSC 2018:6). The PMDS cycle runs from April 1 to March 31 each year (Swartbooi 2016:12). The PMDS has been regularly updated and is an ongoing process designed to ensure that employees have a clear understanding of what is expected of them and that they are adequately prepared and qualified to carry out their duties (Swartbooi 2016:13). In agreement, Du-Plessis (2015:1) notes that the PMDS is an iterative process and a key tool for managers and employees to measure employee performance, set expectations, provide feedback, and reward performance.

According to the DPSA, the purpose of the PMDS is to ensure effective planning, management, and improvement of employee performance. In addition, the PMDS aims to improve the individual productivity of employees in terms of quality and quantity, as well as the performance of the entire department (DPSA 2007:10). The PMDS is also intended to be an objective system in which managers and their subordinates are exposed to a culture of openness, mutual expectations and growth to improve employees' competencies and performance (DPSA 2018:13). It ideally involves continuous and ongoing face-to-face interaction between managers and employees. The goal of the PMDS is to provide clarity on what needs to be done, how, and why it needs to be done to establish the necessary capabilities along with timely monitoring and corrective action to ensure the expected outcome (PMDS 2018:8).

A successful performance management system is essential to maintain quality service delivery and improve healthcare practice (Nxumalo *et al.* 2018:2). With the growing interest in performance management systems, the question has been raised as to why the PMDS had such a limited effect on improving the performance of health systems in low- and middle-income areas (Nxumalo *et al.* 2018:2). Considering that the PMDS was considered vital in public health institutions, it became an essential and comprehensive tool for managing and measuring the work performance of employees, with the ultimate aim of improving service delivery outcomes (Du-Plessis 2015:2). The PMDS were intended to improve employee performance, service delivery, and management effectiveness, but implementation and compliance issues adversely impacted work rate and productivity (PSC 2018:1).

2.7 Overview of the South African healthcare services

Health workers are the epitome of any health system. It is the responsibility of health services to provide general health and well-being to the communities they serve, but the effectiveness of their performance depends on what services are delivered and how they are delivered and organised. More than 400 million people around the world do not have access to basic healthcare (WHO 2016:1). In addition, it has been reported that existing healthcare in many countries is often fragmented or of poor quality, resulting in poor health system efficiency and service quality (WHO 2016:1).

The NDOH is responsible for administering healthcare in South Africa. The country, however, does not have a universal healthcare system. It is composed of two parallel systems: a private healthcare system and a public healthcare system. Up to 80% of the population relies on the public healthcare system (Buswell 2022:1). The government subsidises the public system, which is known to be generally underfunded and poorly managed.

The year 2022 marks 28 years since the advent of democracy in South Africa. Although there were great expectations from the democratic government in South Africa to improve public services, the newly elected government inherited a disjointed healthcare system with separate public and private healthcare sectors (Malakoane *et al.* 2020:1). The South African public health system has been overwhelmed with service delivery challenges and continues to face challenges that threaten the delivery of quality healthcare (Madlabana 2019:5). Due to apartheid-led segregation, many health inequalities were created, including health disparities between rural and urban areas and in basic infrastructure (Nxumalo *et al.* 2018:2). Section 27 of the Constitution of the Republic of South Africa, 1996, provided for efforts to alleviate problems of inequality and segregation by legislating that all people should have equal access to basic services such as electricity, education, housing, social security, and health. According to Section 27(1)(a) of the Constitution's Bill of Rights, everyone has the right to healthcare.

South Africa's NDOH continues its efforts to deliver low-cost, high-quality healthcare while also encouraging a healthy life and well-being (Department of Health 2019:4). However, while disease prevalence increased, public health service performance remained low (Malakoane *et al.* 2020:2). This suggests that there is a need for a more effective public health system if the population is to be protected from preventable illnesses and provide quality healthcare as enshrined in the Constitution.

The NDOH is also responsible for enacting national laws and policies and creating norms and standards for healthcare. Planning, regulation, and the provision of comprehensive healthcare are the main tasks of the provincial authorities. Provinces also deliver primary healthcare, some of which is delivered by local government districts. Primary healthcare is at the heart of healthcare (Nxumalo *et al.* 2018:2). The majority of the citizens rely on accessing health services through government-run public clinics and the District Health System (WHO 2015:4).

A province oversees education, health, and social services; agriculture, roads, and human settlements. The Provincial government, including its legislature and its treasury, oversees this with local government adding to services to communities. Across the country, a minimum of 30 percent of the provincial budget is spent on health services, and health districts are assisted in ensuring quality-control measures are implemented (Nxumalo *et al.* 2018:2). Quality and affordable healthcare are vital for a country's progress as it bears important implications for the improvement of people's living standards (Weyss *et al.* 2017:8). The ability to provide high-quality healthcare for citizens is largely dependent on its human resources, however, challenges such as lack of resources, poor staffing and supervisory capacity have impacted the quality of healthcare (Madlabana 2019:5). The most important risk of the emerging health system is its inability to provide efficient and effective human resource management within this organisational framework (Nxumalo *et al.* 2018:1).

2.7.1 Human resources for healthcare in South Africa

Human resource management is becoming increasingly important in many healthcare systems worldwide (Kabene *et al.* 2006:1). When referring to healthcare, human resources specifically refers to the different types of clinical and non-clinical staff involved in public and individual health interventions (Kabene *et al.* 2006:1). Previous studies on human resource management have emphasised the need for human resource management to achieve the goals of healthcare organisations (Pillai, Senthilraj, and Swaminathan 2019:228). This includes the importance of continuous training and development for all levels of the workforce to improve the quality of healthcare services.

van Dijk (2005:1) states that employees should remain a valuable asset to any public organisation and should be used to their full potential for the benefit of the organisation and the individual. The author also claims that the performance and usefulness of the health system depend to a large extent on the knowledge, skills, and motivation of the people who deliver health services. According to Nxumalo *et al.* (2018:2), the health workforce in health systems is and remains critical to improving access to quality healthcare. Although South Africa has improved somewhat since democracy in providing effective strategic health workforce planning, the country continues to face major issues such as affordability, availability, distribution, and management of the health workforce (Van Ryneveld, Schneider and Lehmann 2020:2).

The performance of health systems is determined not only by increasing the number of health workers, but also by assessing and strengthening their recruitment, distribution, retention, and productivity (WHO 2010:32). Many measures can be taken, such as the development of new approaches for pre-employment and extra-occupational training, and strengthening leadership. The White Paper for the Transformation of the Health System in South Africa, 1997, sanctions that individuals are the most important asset of the public service, therefore, effective and strategic management of human resources must be the basis for the broader development of the public service (DPSA 1997:1). Nurses should not only be aware of, but also grasp, the hospital's strategic goals. It is also critical that all employees have access to details on how to achieve these goals (DPSA 2007:8).

Public sector human resources are expected to function and perform effectively across all areas of public administration in South Africa (van der Westhuizen 2016:154; Makhubela *et al.* 2016:1). Various indices can be used to measure human resource performance in the South African public service, however, those who work in public human resource departments should be aware of how their contributions affect human resource outcomes. According to the *White Paper on Human Resource Management in the Public Service of 1997*, the management of human resources should result in competent and well-managed personnel who are capable of and committed to providing high-quality services to South Africans (DPSA 1997:1).

The management of performance is an important part of human resource management because it helps managers ensure employees are aware of their responsibilities, monitor whether employee performance is meeting goals, detect unsatisfactory performance and address it, and reward good work (Vance 2006:7). The *White Paper on the Transformation of The Health System in South Africa, 1997*, maintains that healthcare professionals should not only be responsible for the patients who visit their health facilities but should also sense responsibility toward the majority of the population within their catchment areas (DPSA 1997:2). There needs to be an ongoing effort to ensure that all levels of services are of the highest quality.

The *White Paper on Human Resource Management in the Public Service of 1997*, sets out a policy framework that will accomplish the shift from personnel administration to human resource management which should become a model of excellence and that line-function managers are responsible for the day-to-day management of people (DPSA 1997:1; Akinnusi 2008:26).

Performance management is an integral part of effective human resource management and development strategy (Masenya *et al.* 2018:108). Chapter 5 of the *White Paper on Human Resource Management in the Public Sector, 1997*, lays out the principles that should be followed during the performance management process as results from orientation, training and development, rewarding good performance, managing poor performance and openness, fairness, and objectivity (DPSA 1997:42; Masenya *et al.* 2018:108). According to Chapter 5 of the *White Paper on Human Resource Management in the Public Sector, 1997*, employee performance should be managed to achieve organisational objectives, therefore the principles supporting this are detailed below.

Results orientation: The results of the orientation principle provide that the employee's performance should be evaluated against a work plan that covers a specific period and clearly outlines his or her tasks as well as the goals that must be met. The goals should be explained in terms of outputs to be achieved within a particular timeframe and should include both personal and operational objectives. The employee and his or her supervisor should agree on the work schedule. The assessment process should involve a formal assessment conducted at least once a year, as well as regular discussions throughout this time to evaluate progress and take corrective action as needed.

Training and development: The government is committed to training and development and strongly promotes that the performance evaluation process should assist in this. The process should identify the strengths and weaknesses, as well as the interventions required to address them, such as future training and needs for the employee, as well as other developmental interventions such as career counselling, coaching, and mentoring.

Rewarding good performance: The public service values and rewards those who perform well. Employees who perform exceptionally well and whose skills are particularly valued should be recognised and rewarded to encourage them to maintain their high standards and inspire others to strive for better results. Incremental pay increases were the easiest

approach to achieving this. Systematic, performance-related salary increases will be incorporated into the development of new compensation systems in the public sector.

Managing poor performance: If performance is not up to the standards of the work plan, the verbal or written reviews should focus on understanding the causes and reaching a mutual agreement on the actions that need to be taken to improve it. Career advice, coaching, mentoring, retraining, development opportunities, and reintegration are examples of such measures. Termination for inefficiency may be considered if the expected improvement is not achieved.

Openness, fairness and objectivity: A copy of the written evaluation should be made available to the employee, including an opportunity to comment on it. To maintain openness, fairness, and objectivity, an employee has the right to appeal an adverse performance review that he or she believes is unfair. The reporting manager's written evaluation should be reviewed by his or her line management to guarantee impartiality and fairness.

Transformation in the public sector requires a transformation of its human resources, and hence the importance of human resource performance management cannot be overstated (Masenya *et al.* 2018:116). A literature review on the PMDS was conducted to gain a better understanding of the areas examined. The approach to the literature review is explained before the literature on performance management systems is discussed.

2.8 A literature review of PMDS in the South African healthcare

A literature review is based on the assumption that knowledge accumulates over time and that people learn from and build on what others have done (Neuman 2006:111). A literature search is typically carried out to determine the level of knowledge on a specific topic. Reviews of the research literature are essential for researchers as they avoid unnecessary and unintentional duplication and demonstrate their familiarity with existing knowledge on the subject (Mugenda and Mugenda 2003:29). In Leedy and Ormrod's (2001:25) definition of a literature review, one revisits the literature to see what other scholars have been doing in a related field that is not necessarily identical to their field of study. Conducting a literature review fills in any gaps in the previous study by introducing a different approach that looks at the findings of other researchers.

Nurses are by far the largest category of the health workforce in South Africa. There is evidence of PMDS challenges in the healthcare sector from studies conducted in public health clinics across the country. Literature findings show that nurses lacked knowledge about PMDS and had insufficient orientation and introduction regarding PMDS (Du-Plessis 2015:1; Seane 2020: 33; Madlabana and Petersen 2020: 10; Swaartbooi 2016:11; Thobejane, van der Heever and Mokgatle 2022:1).

The purpose of Du-Plessis' (2015:1) study was to identify and describe professional nurses' knowledge of the PMDS implementation in two primary healthcare clinics in the Tshwane region of Gauteng. The majority of nurses had limited knowledge of the assessment criteria for their performance, according to the results based on self-administered structured questionnaires. The performance cycle was unclear, there was a lack of understanding regarding performance planning and agreement, and nurses were unfamiliar with the rationale for conducting performance evaluations. Furthermore, nurses had not received formal PMDS training, were unaware of who was accountable for PMDS implementation, and were unfamiliar with performance monitoring (Du-Plessis 2015:5). Moreover, the study found that the nursing staff thought the PMDS was time-consuming and that they were unsure of how to use it.

Swaartbooi (2016:11) investigated the experiences of registered nurses in three primary health clinics in the Western sub-district of the Western Cape Province concerning performance assessment. The researcher used semi-structured interviews with open-ended questions. The researcher used his research tools to look at the method, the contents of performance appraisal interviews, and staff motivation following the process of performance appraisal. He concluded that the PMDS remained unclear to the nurses (Swaartbooi 2016:12). In terms of the experiences related to the procedural framework of the performance appraisal interviews, the study's findings imply that the rating method utilised allowed bias, as the majority of the nurses felt there was favouritism.

Quarterly performance reviews appear to be done only for administrative purposes in some primary healthcare clinics, with little compliance with the actual implementation of the programme. There was a need for training for both employees and managers on the objective of introducing performance appraisals, how to use the performance appraisal rating system, and educating managers on how to conduct effective performance appraisal

interviews. Mandatory training could benefit both managers and employees. The monetary incentive system appears to be producing discord among staff members and demoralising rather than inspiring the rest of the workforce. Employees felt that this must be examined, and a new method of recognising or inspiring employees must be implemented. The researcher's questionnaire focused on the nurses' outlooks in the days leading up to the performance review interview. What were their perceptions of being present during a performance review discussion and the motivational experiences both before and after the performance appraisal interview?

The goal of Madlabana and Petersen's (2020:2) study was to look at nurses' perceptions and experiences of the performance management system in primary healthcare services in the North West Province. As part of his questionnaire, the researcher wanted to investigate performance standards, performance measurements, performance reporting, performance improvement, performance incentives, and staff training. The nurses claimed that the PMDS had been inadequately administered since there were no penalties for employees who did not complete their assessments, and that the PMDS' application was therefore jeopardised.

The majority of nurses expressed dissatisfaction with the PMDS's execution. There were inconsistencies in the scoring and rewarding of the PMDS system between sub-districts, which were mentioned by more than half of the nurses. The PMDS' legitimacy was challenged due to flaws in its execution. The PMDS was inscribed with favouritism, according to the majority of nurses, who continually communicated their unhappiness with the awarding system through their perceptions and experiences. While nurses acknowledged the PMDS's potential as a system for inspiring them to improve their performance, the majority of them expressed a strong belief that the way incentives were allocated was unjust (Madlabana and Petersen 2020:23).

Seane (2020:33) performed research at the Mafikeng sub-district clinics in the North West Province to examine and explain nurses' perceptions of the PMDS implementation. It was evident in the purposeful, semi-structured interviews that nurses lacked detailed job descriptions and therefore had no idea what was expected of them. The researcher used planned questions in his interviews so that he could discover more about the structure, process, and outcomes of the PMDS implementation at the clinic. The nurses expressed their dissatisfaction with the lack of PMDS training and time to conduct their performance assessments (Seane 2020:37).

Letsoalo (2007:6) undertook his study at two hospitals in Ekurhuleni, Gauteng Province, to assess staff attitudes regarding PMDS. The staff chosen were classified as either professional or support personnel. Data was collected using open-ended questionnaires and focus group interviews. The researcher used a questionnaire to assess the workers' understanding, purpose, attitude, and views about the PMDS. The findings of the study revealed that some employees believed managers favoured some employees over others when awarding performance bonuses, and that hard work was not always recognised. Although the study conducted by Letsoalo targeted general staff classified as professional and support staff, while other studies focused on professional nurses, the findings show great concerns over the implementation of the PMDS at Natalspruit Hospital and Tambo Memorial Hospitals. Furthermore, there was no training on the PMDS, and the employees had no idea how to use it.

Thobejane, van der Heever and Mokgatle (2022:1) conducted a study at the Brits District hospital in the North-West province to determine the levels of knowledge, understanding, and satisfaction of employees regarding the PMDS, as well as provide an intervention to improve their understanding. The study did not solely concentrate on nurses; instead, it involved employees across different sectors, including labour unions, administration, and clinical fields such as nursing, medical, and pharmacy. The study also included individuals working in managerial, supervisory, and production roles. The research employed both quantitative cross-sectional and longitudinal action research methods. According to the findings, the respondents had insufficient knowledge and understanding of the PMDS more especially with the method used for scoring them. Additionally, they expressed dissatisfaction with the progress made in developing their weaknesses and acknowledging their strengths.

2.9 Summary and conclusion

One of the factors influencing performance is motivation. Despite the fact that different experts describe motivation and factors that increase motivation differently, there is no universally accepted motivational model. It has been established that employee motivation can be increased not only through incentives and performance management programmes, but organisations can also bring innovation into their operations. A high level of employee satisfaction may also enhance their engagement and interest in their work, which would in turn increase employee productivity. This chapter provided an overview of theories and models of motivation related to performance management, as well as a brief discussion of performance management and performance management systems.

Performance management is an important component of human resource management since it allows for the most efficient use of personnel. As a result of the literature review and theoretical literature, this chapter identified evidence that motivation is relevant to performance management, which can be applied to public service. The sentiments expressed in the first chapter were echoed in this chapter, indicating a scarcity of research at district hospital level and displaying evidence of research conducted in other healthcare facilities. The following chapter will provide a full overview of the research design, research method, and ethical considerations.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

Chapter 2 reviewed motivational theories related to performance management to understand what motivates employees to perform at their best. The preceding chapter also provided an overview of performance management and performance management systems, contextualised for South African healthcare. A description of the performance management and development system was provided as well. This study on PMDS in the South African healthcare system was conducted to gain a better understanding and identify gaps and areas for future research. This chapter outlines the specific methods used in this research and includes a description of the research methodology, research design, population and sampling, research instrument, ethical considerations, and the data collection process.

3.2 Research methodology

Research methodology is the collection of steps taken by the researcher to answer the research question (Schwandt 2007:191). A research methodology describes the specific ways in which information on a topic is identified, selected, processed, and analysed. According to Polit and Hungler (2004:233), research methodology refers to the method used by a researcher to collect, organise, and analyse data. Welman, Kruger, and Mitchell (2005:2) define research methodology as the consideration and explanation of the logic underlying research methods and techniques. These definitions are mentioned by Walliman (2011:7) in his assertion that methodologies enable the researcher to locate, classify, and examine data from research before drawing conclusions.

Research methodology essentially outlines the procedures the researcher will employ for the study and offers detailed guidelines on how the study will be carried out. The quantitative and qualitative approaches are the two main methods that the researcher can use. In essence, a research methodology outlines the study's strategy for how the research will be conducted. The methodology for this study included the research approach and design, instruments used for data collection, the target population, data analysis strategies, and ethical implications.

3.2.1 Research Approach

The research approach is the method the researcher chooses to gather, examine, and interpret data. The data for analysis can be qualitative or quantitative, which underpins two research methods (Pickell 2021: 1). Quantitative and qualitative research methods are often seen as complementary, and their application is based on the nature of the research problem (Munzhedzi 2017:57). Although the goals and purposes of qualitative and quantitative research methods overlap in many respects, there are key differences between them.

3.2.1.1 Quantitative design

Quantitative research aims to create an understanding of social problems and generate knowledge (Allen 2017:1). In quantitative research, numerical information is collected and measured using tools such as surveys and questionnaires (Creswell 2009:457). Quantitative research involves identifying key variables for data collection, analysis, and interpretation through the analysis of numbers, symbols, measurements, and statistics. Burns and Grove (2011:22) define quantitative research as formal, objective, goal-oriented, systematic, and measurable. In general, quantitative research involves the use of structured questions and large numbers of participants. One could argue that a quantitative research approach relies heavily on the use of rigorous and measurable techniques and methods. However, the measurement used must be objective, quantitative and statistically valid (Babooa 2008:136). A quantitative method can be used to obtain facts such as the percentage or number of participants in a survey that display a certain feature, knowledge, or opinion (Hammarberg, Kirkman and de Lacey 2016:499). Furthermore, Munzhedzi (2017:57) notes that structured questions are used in quantitative research and often involve many participants.

There are several advantages to quantitative research. It has the advantage of using a large sample, so the results are more representative of the population being studied (Rahman 2017:105). Quantitative research is typically rapid, confirmatory, deductive, objective, focused, and scientific (Ochieng 2009:13). Many researchers appreciate the efficiency and speed of quantitative methods. A data processing system enables data to be processed and analysed quickly, even with large sample sizes.

Rahman (2017:106) asserts that one disadvantage of quantitative research is that it does not offer comprehensive or descriptive explanations of the phenomena shown by the results or the underlying causes cited for why people hold particular views. In essence, quantitative research can answer the question "what?" rather than "how?" or "why?"

According to Schofield (2007:182), quantitative research has a disadvantage in that it only provides a glimpse of the phenomenon being studied at a specific point in time. This implies that the outcomes reflect the position or state of an organisation, which may not always be the case for that organisation at any given time. The characteristics of both quantitative and qualitative research can be perceived as advantages and disadvantages (Hancock 2002:3).

In this study, quantitative research was preferred over qualitative research because it was more evidence-based, objective, fast, focused, and appropriate for the study question. Furthermore, the operational status of the study setting did not permit the use of traditional qualitative methods like interviews and focus groups. The quantitative method was also chosen because it yields precise, quantifiable data, making it ideal for measuring the outcomes of the study's objectives. Overall, a quantitative method was deemed appropriate because its purpose was to provide conclusive results on the nurses' understanding and experience of the PMDS.

3.3 Research design

Research design refers to how the different components of the study are integrated coherently and logically. A research design is inherently the blueprint or structure for the research project and is the glue that holds all the elements in a project together (Sileyew 2019:10). A research design aims to provide a framework for a study, and its aim is to answer research questions effectively (Kumar 2014:31). Klopper (2008:69) consistently states that a research design is the blueprint of the research study since it determines the choice of approach, population, sampling method, measurement method, data collection, and analysis procedures.

3.3.1 Case study

A specific group of individuals, program, policy, or organisation is the subject of the case study approach. A case study is an in-depth examination of a research subject that is frequently used to compress a large field into a single topic, by using a case study approach, a researcher can closely examine the data within a particular context (Knoblauch 2001:169). There are several advantages to case studies. Yin (2014:254) explains that case studies can be used to explain, describe, or research phenomena or events in everyday contexts. Various methods can be used to collect data, capturing the lived realities of participants and their context. An ability to use it at various stages of a research project, including pilot studies. Despite their advantages, case studies does come with limitations, such as lack scientific rigour and are not easily generalised to a wide population. Additionally, case studies may be influenced by the researchers' own subjective feelings, is difficult to replicate and is both time-consuming and costly (Knoblauch 2001:169).

Case studies can be useful in explaining actual attitudes resulting from new policy initiatives or services. Crowe, Creswell, Robertson, Huby, Avery, and Sheikh (2011:1) argue that a case study design aims to gain a full understanding of a complex problem in its natural environment. The authors further explain that there are three types of case studies, namely; intrinsic, instrumental, and collective. When a thorough understanding of a topic, event, or phenomenon is required, a case study approach is particularly valuable for gaining such an understanding in a natural, real-world setting.

An intrinsic case study focuses on examining the case itself to gain a better understanding of the unique phenomenon. In contrast, an instrumental case study uses a specific case, some of which may be stronger than others, to gain a more holistic understanding. In a collective case study, multiple cases are examined simultaneously or sequentially to generate a broader understanding of a problem. In this study, as the research was conducted in a single district hospital in Tshwane, with its unique context, the researcher used the intrinsic case study type. Since little or no literature is available on PMDS in a district hospital setting, this design is most appropriate to achieve the objectives of the study. Yin (2014:308) argues that qualitative and quantitative approaches can be used in conducting case studies.

The most commonly used categories of research purposes are descriptive, exploratory, and explanatory. According to Crowe *et al.* (2011:1), case studies are utilised to investigate an event or phenomenon, and researchers employ exploratory research to examine questions that have not been previously examined thoroughly. This type of research lays the foundation for further research and data collection (Kumar 2014:385). A descriptive study aims to shed light on current issues through an objective method of data collection. The descriptive nature of the study illustrates the behaviour of the population studied (Williams 2007:66). In a descriptive study, only one variable, i.e., anything that has a variable quantity or quality, needs to be carefully analysed. Descriptive research is used to describe, explain, and validate the results. Researchers conduct causal or explanatory research to assess the impact of particular changes on existing practices (Williams 2007:66).

The case study approach is intended to gain a comprehensive understanding of a complex issue in its natural setting. In this case, a district hospital in Tshwane has been selected. Therefore, this design was best suited to meet the objectives of the study. The researcher conducted a descriptive quantitative study with open and closed questions using a self-administered questionnaire. According to Crowe *et al.* (2011:3), a descriptive study that relies on quantitative research methods tends to produce more accurate and precise findings.

3.3.2 Population and sampling

The researcher chose a combination of convenience and specific sampling methods. The study's target population consisted of registered nursing staff at the district hospital in Tshwane. Convenience sampling, was selected for its cost-effectiveness, ease of implementation, and minimal follow-up requirements. Additionally, since the research was conducted within easy reach of the researcher's workplace, it was easily accessible and an ideal choice for the study.

This method facilitated the rapid collection of data and enabled the study to be conducted and followed up on without excessive time or resource expenditure. The research population was limited through the use of specific sampling criteria, focusing on a particular subset of the population that met the predetermined criteria. This sampling approach is commonly used in research studies that involve particular inclusion and exclusion criteria that align with the research objectives. In South Africa, there are three types of nurses: professional

(registered) nurses with four years of training, enrolled nurses with two years of vocational training, and nursing assistants or auxiliaries with one year of training (Rispel 2015:1). Nurses were selected as respondents based on the inclusion criterion of registered, permanently employed nursing staff at the district hospital who had experienced at least one cycle of the PMDS. The exclusion criteria were part-time and/or casual nursing staff.

In the period covered by this data collection, 99 responses were received from a population of 160 nurses. Five were excluded due to not meeting the inclusion criteria, and an additional five chose not to participate in the study, therefore, the total number of research participants analysed was 89.

3.3.3 Data collection method and materials

Alavi (2019) notes that both qualitative and quantitative analyses may contain open-ended questions, and there is no clear rule for categorising them as belonging to one or the other. There has been a debate on whether open-ended questions are suitable for collecting quantitative data. According to Anku (2019), if a questionnaire (quantitative method) includes some open-ended questions, the responses can be later categorised and analysed quantitatively. However, if the questionnaire provides ample space for detailed accounts, qualitative analysis may be more appropriate. In this study, responses to three open-ended questions were coded and grouped into similar categories and analysed quantitatively.

Permission was granted by the Chief Executive Officer (CEO) of the hospital for the study to be undertaken at the district hospital. Before data collection, nurses received a questionnaire, information about the purpose and process of the study, and the informed consent form in an unmarked envelope at the nursing manager's office. The questions on the questionnaires were revised from those in earlier research instruments, and were used to address different research questions. The questionnaires took no longer than 30 minutes to complete, however, nurses had five working days to complete and return the anonymous questionnaire, which was to be placed back into the unmarked envelope, sealed, and dropped into the sealed box in the nursing manager's office at the district hospital. To ensure the maximum number of nurses was reached, the researcher communicated and worked with the nursing manager to establish how many nurses were on duty at any time, which allowed the researcher to determine the number of days to be at the district hospital. At the

time of data collection, there were approximately 160 full-time registered nurses. During the process of collecting data, the researcher ensured that all COVID-19 protocols were adhered to.

3.3.3.1 Informed consent

Informed consent is when nurses are fully informed about the research and voluntarily agree to participate (Burns and Grove 2011:122). A consent form outlining the research process was signed by the nurses before participating in the research. Voluntary participation was required for this study, therefore, each participant received information about the study and gave informed consent before participating. Informed consent is a fundamental principle of research ethics. Its purpose is for human subjects to enter the study freely, knowingly, and willingly, with a complete understanding of what it entails for them to participate, and to grant consent before engaging in the research (Manti and Licari 2018:1). The nurses were informed that they would be assisting in accomplishing the objectives outlined in the document. As a result, the nurses were asked to complete the questionnaire as completely and truthfully as possible. The total completion time for the questionnaire was no longer than 30 minutes. There was no right or wrong answer. Therefore, they were free and relaxed, and they answered all questions.

The nurses' consent forms and questionnaires were handed out in an unmarked envelope. The nurses were informed that the completed questionnaire should be placed back into the blank envelope, sealed, and placed into the sealed box in the nursing manager's office, once completed.

3.3.4 Validity and Reliability

Study precision, such as reliability and validity, is of paramount importance. Essentially, reliability and validity ensure that if another investigator conducts the same study and uses the same procedure as the previous investigator, the results and conclusions should remain the same. According to Sekaran and Bougie (2010:37), the stability and consistency of the data determine the reliability of the measurement.

Validity is determined as a function of whether the research data and the methods used to obtain them are accurate, honest, and on target (Denscombe 2003:11). The information must be collected from the right individuals in a way that is clear and relevant to the research objectives. Useful information requires careful planning. For complete and accurate information, well-planned information collection instruments and survey administration procedures must be followed. Pilot studies are a way that questionnaires can be evaluated under survey conditions.

Pilot studies are small-scale tests of the methods and processes that will be applied to a larger project and are designed to identify any problems with a measurement device and process (Lindquist 1991:91). Although pilot testing is primarily beneficial for identifying problems before implementing the full survey, as a result of COVID-19, there was an unprecedented demand on healthcare systems and on healthcare professionals, so a pilot study was not conducted to validate the questionnaire and the process. Including both open-ended and closed-ended questions improves the clarity and depth of the information. While open-ended questions enhance validity by affording respondents the opportunity to put their experiences into their own words. In consultation with the health climate, senior staff at the study site, and the research team, it was agreed that a pilot study would not be conducted but that face validity could be addressed instead by sharing the questionnaire with the nursing management to determine its appropriateness and the phrasing of the questions.

Face validity, also known as logical validity, is a simple form of validity that determines whether your study or test measures what it claims to measure. In other words, Taherdoost (2016:5) maintains that face validity is the subjective evaluations made by researchers of the presentation and appropriateness of the measuring instrument, specifically whether the items in the instrument seem relevant, reasonable, unambiguous, and clear. To establish validity, the researcher adopted face validity, which involves having knowledgeable people read the questionnaires and evaluate whether the questionnaire measures what it is intended to measure.

Reliability refers to whether or not you get the same answer when you use an instrument to measure something more than once. In layman's terms, research reliability is the degree to which a research method produces consistent and stable results (Taherdoost 2016:6). During the development of a questionnaire, reliability and validity are rigorously tested.

Research often adapts existing questionnaires to better suit their study's purpose due to time and cost constraints (Sousa, Matson and Dunn 2017:1289). Although the questions on the questionnaires were modified from those on earlier research instruments, they addressed different research questions. The researcher ensured that the questionnaire was reliable by including enough questions to address the objectives, as well as making sure participants were exposed to a consistent environment. Each participant had the same amount of time and a similar environment to complete the questionnaire.

3.3.5 Data analysis

Quantitative research is usually highly structured, with results having numerical values. Data are collected through observation or scientific methods for empirical research. According to Kruger, De Vos, Fouché, and Venter (2005:218), data analysis is the process of classifying, compiling, manipulating, and summarising data to answer a research question. Wagner, Kawulich, and Garner (2012:269) argue that during the data analysis process, the researcher examines, collates, and interprets the data. Data analysis is the process of thoroughly examining each component of the data obtained using logical and analytical thinking (Singh and Singh 2015:1). Mouton (1996:108) agrees that data analysis involves the researcher providing an analysis or explanation of how data is converted into information at some stage in the process.

Statistics were analysed with the help of a biostatistician and the Statistical Software for data science (Stata) Software. Various strategies offer researchers or data analysts a systematic approach when working with the data. Descriptive data analysis is used to describe the data in this study. An analysis of the data with descriptive statistics was conducted (visual presentation through frequency tables). The descriptive statistics are summarised in graphs and tables that provide a simple graphical analysis of the data provided by the closed and open-ended questions.

3.3.6 Data management and storage

Data collected during this study will be kept safe. All quantitative data, supplemented by printed questionnaires, is securely stored. The researcher's computer is encrypted with a password known only to the researcher for storing electronic copies of the data. The researcher has ensured that all data is kept secure to maintain confidentiality and prevent potential damage from third-party access to the data.

3.3.7 Ethical considerations

One of the most important aspects of research is ethical consideration. Several behaviours are considered unethical in research, including harming people, breaching confidentiality, inappropriate use of information, and intentionally presenting biased results (Bryman and Bell 2007:128). The authors contend that respondents should provide written and informed consent prior to enrolment in a study. In this study, nurses were given an informed consent form and assured that their participation would be anonymous. They were also informed that their participation helped this research team achieve the goals outlined in the document. The purpose of the study was explained to the nurses before the questionnaires were distributed. The nurses voluntarily agreed to take part in the study.

Ethical approval for the work within this study was provided by the Faculty of Economic and Management Sciences' Ethics Committee and the Faculty of Health Sciences' Ethics Committee at the University of Pretoria. Consent to conduct the study was obtained from the district hospital in Tshwane. Anonymity, confidentiality, and privacy were maintained at every stage of the study. The questionnaire does not require any information that could identify the participant.

3.4 Summary and conclusion

The research methodology refers to the specific methods and approaches used to identify, choose, process, and analyse data on a topic. It was further maintained that the research methodology lends credibility to the study and generates scientifically sound results. A detailed description of the methodology used, and the research steps covered in the study were provided. This is a descriptive study of professional nurses' experiences with the PMDS derived from self-administered questionnaires using closed and open questions.

The strength of quantitative research is that it provides quantifiable and reliable data for the study population. It is also a research method that can make predictions, and its results are often considered credible because the method allows the study of a large number of nurses. In the next chapter, we present the results of the data collection and analysis. The data comes from the questionnaire responses of the nurses and is analysed and interpreted to determine the findings of the study.

CHAPTER 4: DATA ANALYSIS AND FINDINGS

4.1 Introduction

Chapter 3 discussed the research design and methodology, which included appropriate methods of data collection. The purpose of Chapter 4 is to present the results of the collection and analysis of the data, and to address the research question and objectives of the study. This study endeavours to determine the extent of nurses' knowledge and experience of the PMDS, gained through understanding and guidance of the procedures through training; the processes involved; and the experience gained; including supervisory feedback as well as motivation in the workplace.

The questionnaire was returned by 99 out of 160 registered nurses (a response rate of 61.9%). Five nurses were excluded because they did not meet the inclusion criteria. The total number of study participants analysed for the study was 89. Statistical analysis was performed using Stata statistical software. Responses were tabulated or displayed graphically and descriptively.

4.2 Biographic information: gender and age characteristics

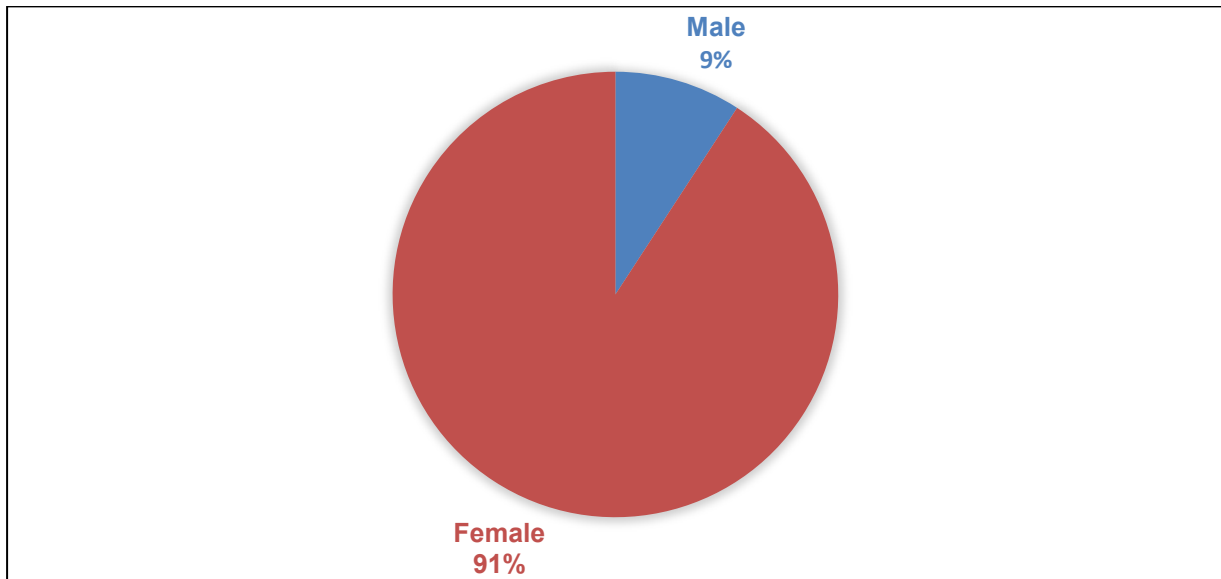
The gender characteristics of the professional nurses who participated in the study are provided in Table 4.1 and Figure 4.1, presented as frequency (n) and percentage (%).

Table 4.1: Gender of respondents (M/F)

| Gender* | Frequency (n) | Percent (%) |
|---------|---------------|-------------|
| Male | 8 | 9 |
| Female | 79 | 91 |

Source: Student's compilation

Figure 4.1: Illustration of gender of respondents



Source: Student's compilation

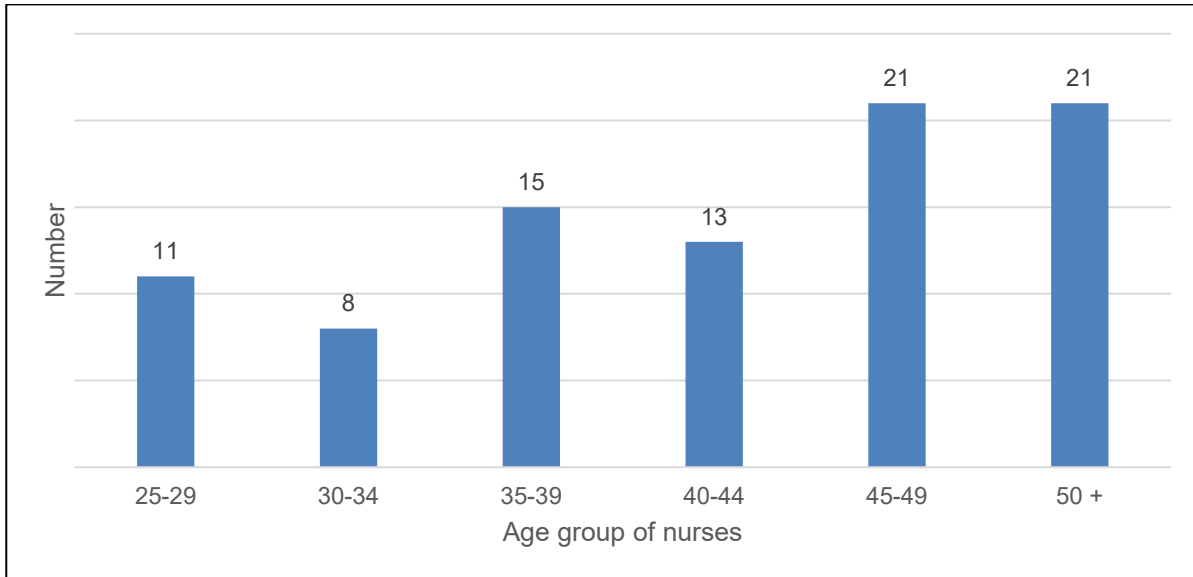
As depicted in Table 4.1, the majority of the nurses were female (n=79, 91%) and 8 were male, while 2 nurses chose not to disclose their gender. The gender imbalance in the nursing profession has been dominated by females, and the results show that it is still a primarily female profession today. Gender affects the way nursing care is delivered and the performance differs with females often taking on more supportive and nurturing roles, while males are seen as more assertive and task-oriented (Leininger 2016:290). The summary of the age groups of the nurses involved in the study is shown in Table 4.2 and illustrated in Figure 4.2.

Table 4.2: Characteristics of study nurses

| Characteristic | Categories | N (%) |
|----------------|------------|-----------|
| Age group | 25-29 | 11 (12.4) |
| | 30-34 | 8 (8.9) |
| | 35-39 | 15 (16.8) |
| | 40-44 | 13 (14.6) |
| | 45-49 | 21 (23.6) |
| | 50 + | 21 (23.6) |

Source: Student's compilation

Figure 4.2: Age group of nurses



Source: Student's compilation

As depicted in Table 4.2 and illustrated in Figure 4.2 above, the majority of the nurses were 40 years and over. Out of the 89 nurses, 55 (62%) were over the age of 40. Nurses have unique needs and abilities at different ages and phases of their careers. Nurses' ages can influence performance management and development systems in a variety of ways, including their experience, physical capabilities, technology skills, and career advancement.

Table 4.3 below is a cross-tabulation of age groups and an explanation of what PMDS is. The cross-tabulation was conducted to determine if there was any relationship between the age group and understanding of the PMDS. A Pearson Chi-square test (Test statistic=16.5) (degrees of freedom (df) =15), P-value=0.350) indicated no significant relationship or association.

Table 4.3: Cross tabulation of age group and PMDS understanding

| | | Total | I understand what PMDS is. | | | |
|-----------|-------------------|-------|----------------------------|----------|---------|----------|
| | | | No response | Yes | No | Not sure |
| Age Group | Between 25 and 29 | 11 | 0 | 7 (64%) | 2 (18%) | 2 (18%) |
| | Between 30 and 34 | 8 | 0 | 7 (88%) | 1 (13%) | 0 |
| | Between 35 and 39 | 15 | 0 | 13 (86%) | 1 (7%) | 1 (7%) |
| | Between 40 and 44 | 13 | 0 | 7 (54%) | 4 (31%) | 2 (15%) |
| | Between 45 and 49 | 21 | 1 (5%) | 15 (71%) | 5 (24%) | 0 |
| | 50 and above | 21 | 2 (10%) | 17 (81%) | 1 (5%) | 1 (5%) |
| Total | (n) | 89 | 3 | 66 | 14 | 6 |

Source: Student's compilation

In Table 4.3, the comprehension of the meaning of PMDS was evaluated according to the age of the nurses: n=66 out of the 89 nurses understood what PMDS was. Although no significant association can be made between age group and understanding of the PMDS, there is an indication that the majority of the nurses were over 45 years of age, and a high percentage of them admitted to having a greater understanding of the PMDS.

4.3 Analysing the objective: knowledge of the PMDS

These findings covered the nurses' knowledge of the PMDS. The analysis of training needs helps determine the gap between current and desired knowledge and understanding of the PMDS, which includes knowledge and understanding of how the system works and the procedure for using it.

4.3.1 Knowledge of the PMDS with regard to training needs

Table 4.4 shows the percentage of nurses who received training and who needed further training.

Table 4.4: Knowledge of the PMDS with regard to training needs

| | Yes n (%) | No n (%) | Not Sure n (%) |
|---------------------------------------------------|--------------|-------------|-------------------|
| Q2 - I have received sufficient training on PMDS. | 30 (33.7) | 50 (56.1) | 9 (10.1) |
| Q3 - I require further training on PMDS. | 65 (78.3) | 12 (14.4) | 6 (7.2) |

Source: Student's compilation

Table 4.4 above reflects that out of the 89 responses, 33.7% (n=30) of nurses felt that they had received sufficient training on PMDS, and 78.3% (n=65) out of the 83 responses, indicated that they required further training on PMDS. There was no response from six nurses to the question.

4.3.2 Knowledge with regard to the process

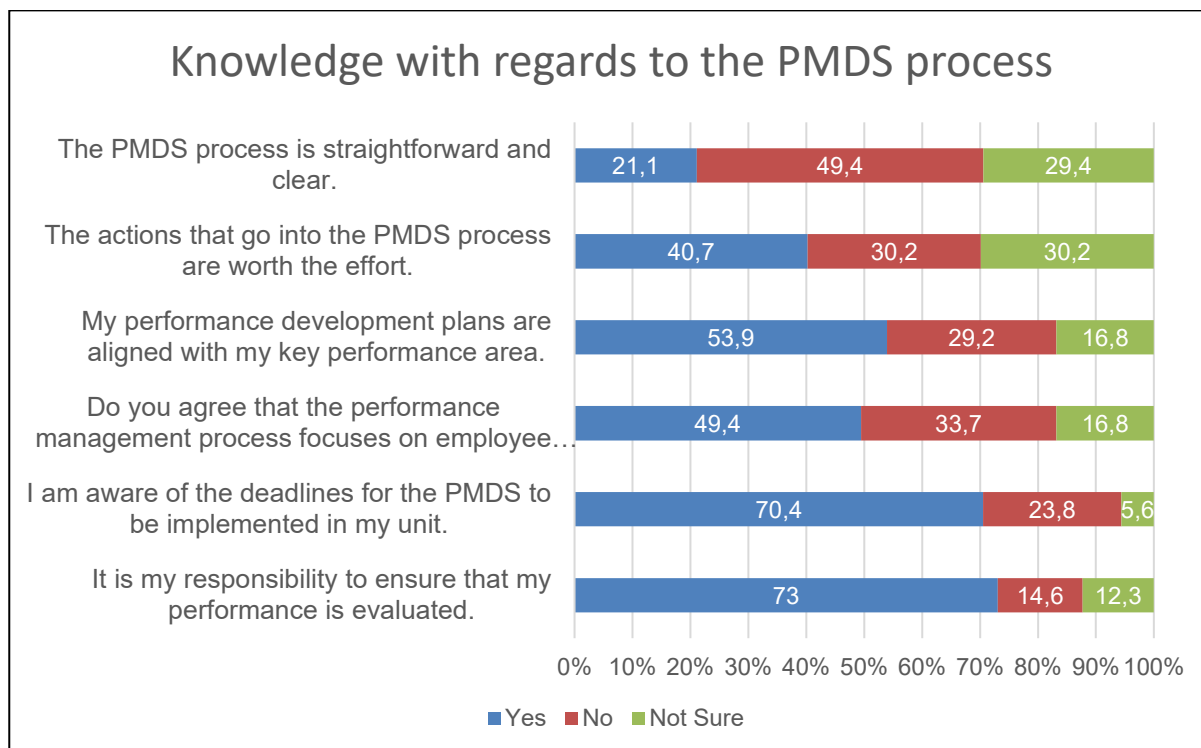
Table 4.5 explains participants' responses regarding knowledge and the PMDS process, as illustrated in Figure 4.2.

Table 4.5: Nurses' responses to PMDS process-related questions

| Participants' knowledge with regard to the PMDS process | Yes n (%) | No n (%) | Not Sure n (%) |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|-------------------|
| It is my responsibility to ensure that my performance is evaluated. | 65 (73.0) | 13 (14.6) | 11 (12.3) |
| I am aware of the deadlines for the PMDS to be implemented in my unit. | 62 (70.4) | 21 (23.8) | 5 (5.6) |
| Do you agree that the performance management process focuses on employee development and not just on salary increases and performance bonuses? | 44 (49.4) | 30 (33.7) | 15 (16.8) |
| My performance development plans are aligned with my key performance area. | 48 (53.9) | 26 (29.2) | 15 (16.8) |
| The actions that go into the PMDS process are worth the effort. | 35 (40.7) | 26 (30.2) | 26 (30.2) |
| The PMDS process is straightforward and clear. | 18 (21.1) | 42 (49.4) | 25 (29.4) |

Source: Student's compilation

Figure 4.3: Illustration of the nurses' response with regard to the PMDS process



Source: Student's compilation

Table 4.5 and Figure 4.3 show that while 73% of respondents agreed that it was their responsibility to ensure that their performance was evaluated and 70.4% were aware of the deadlines, only 21.1% felt that the process was clear. Furthermore, only 53.9% felt that their performance development plans are aligned with their key performance areas, 49.4% felt that the performance management process focuses on employee development and not just salary increases, and 40.7% felt that the actions that go into the PMDS process are worth the effort.

In agreement with the results from Table 4.5 and Figure 4.3, when asked to explain their answers, the nurses indicated that they were unfamiliar with the deadlines and their scope of practice, that PMDS is too difficult and time-consuming, that it causes confusion, and that it lacks purpose. It is evident from the comments that they felt discouraged by the process. It was further mentioned that the PMDS tool was being misused and only used for monetary gain rather than to improve performance. Comments from nurses who chose to respond to the open questions showed a pattern of dissatisfaction with the PMDS and its execution.

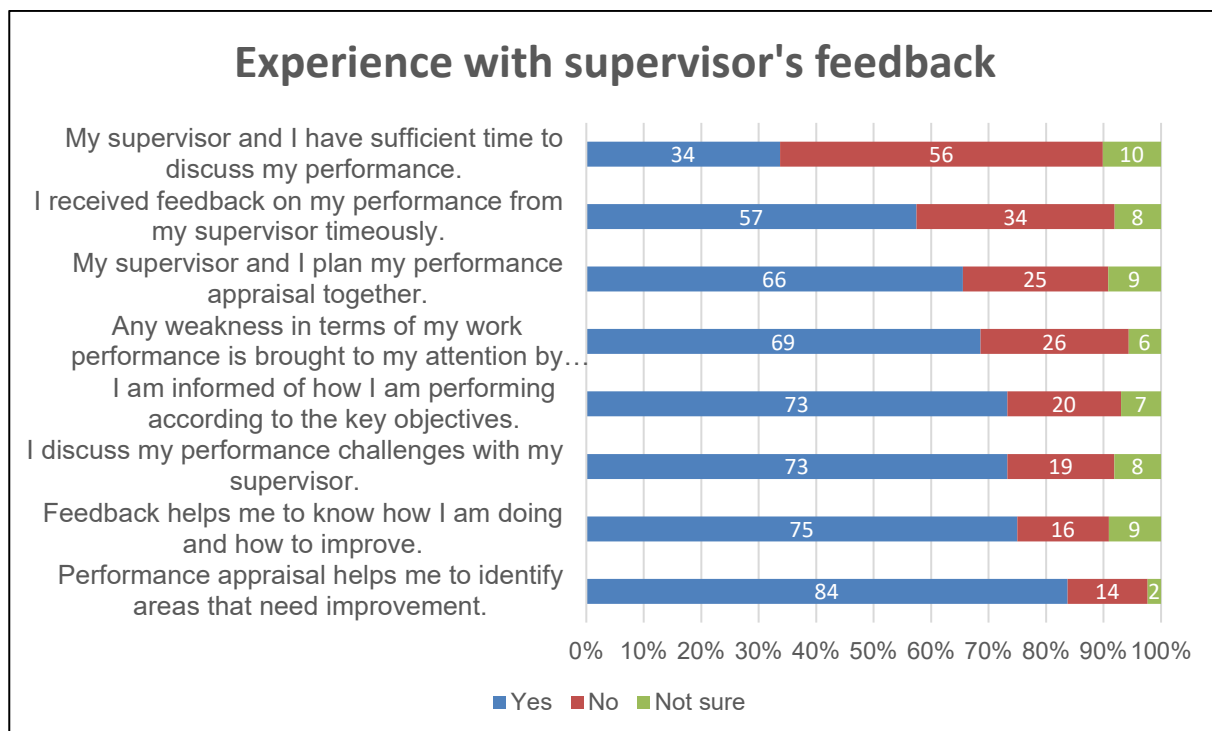
4.4 Analysing the objective: experience of the PMDS

The supervisor's role is critical to the PMDS experience, and it entails developing a strategy to assist the employee in acquiring all necessary competencies, as well as explaining how and when performance feedback will be provided. It is equally essential to adapt or improve performance management practices to enhance employee motivation. This section analysed the participant's experience of the PMDS with regard to feedback from their supervisor and the experience of the PMDS on work motivation.

4.4.1 Experience with supervisor's feedback and its role with PMDS

Figure 4.4 below illustrates nurses' responses to questions related to their experience with supervisors' feedback and its role within PMDS.

Figure 4.4: Nurses' response to experience with supervisor's feedback

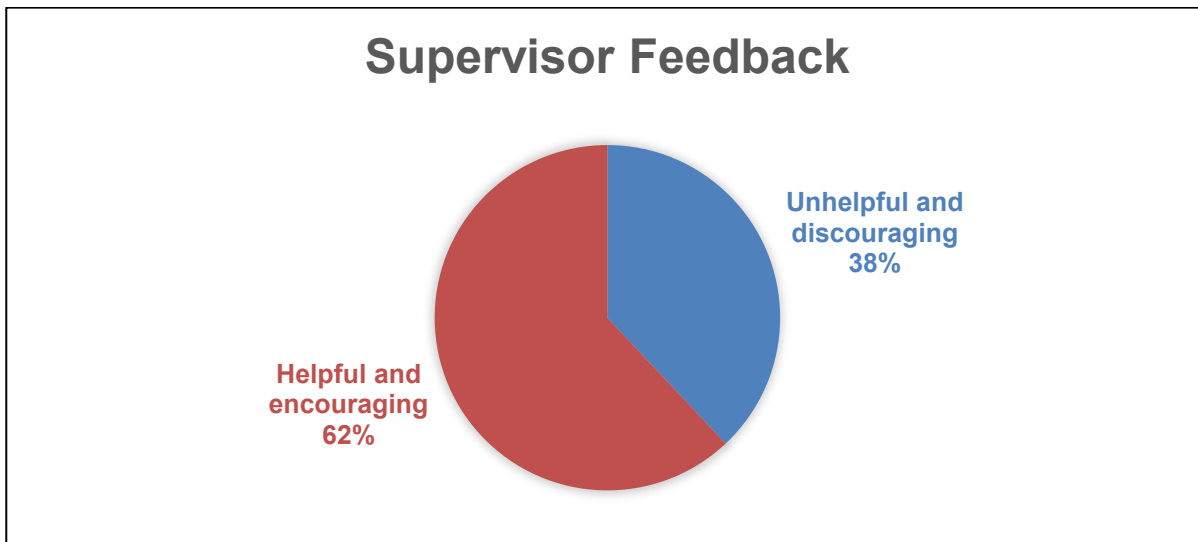


Source: Student's compilation

Figure 4.4 indicates that while only 34% (n=47) believe that they have sufficient time to discuss their performance with their supervisor and 57% (n=50) received their feedback timeously, overall, the nurses' feedback of the experience was positive: 84% (n=72) of respondents confirmed that their performance appraisals provided a means of identifying

areas that needed improvement; 75% (n=66) said the feedback helped them know how they were doing and where they could improve; 73% (n=63), they were informed about their performance according to the key objectives; and, 69% (n=61) of nurses agreed that their supervisors brought any weaknesses in their performance to their attention. Figure 4.5 below provides an indication of the nurses' attitude toward supervisor feedback.

Figure 4.5: Response to feedback from supervisors



Source: Student's compilation

Figure 4.5 illustrates the responses from the nurses who responded on whether performance management feedback with their supervisor was helpful and encouraging or unhelpful and discouraging; 62% (n=16) found that their feedback was helpful and encouraging. Comments from nurses who chose to respond to the open questions were:

“It encourages me to perform better. And after being corrected I make it a point that I take corrections positively”

“Very helpful and encourages me to put more effort and aim at achieving all the objectives according to my scope of practice and also encourages me to go the extra mile especially on patient care”.

In contrast, 38% of nurses found it unhelpful and discouraging, comments included the following:

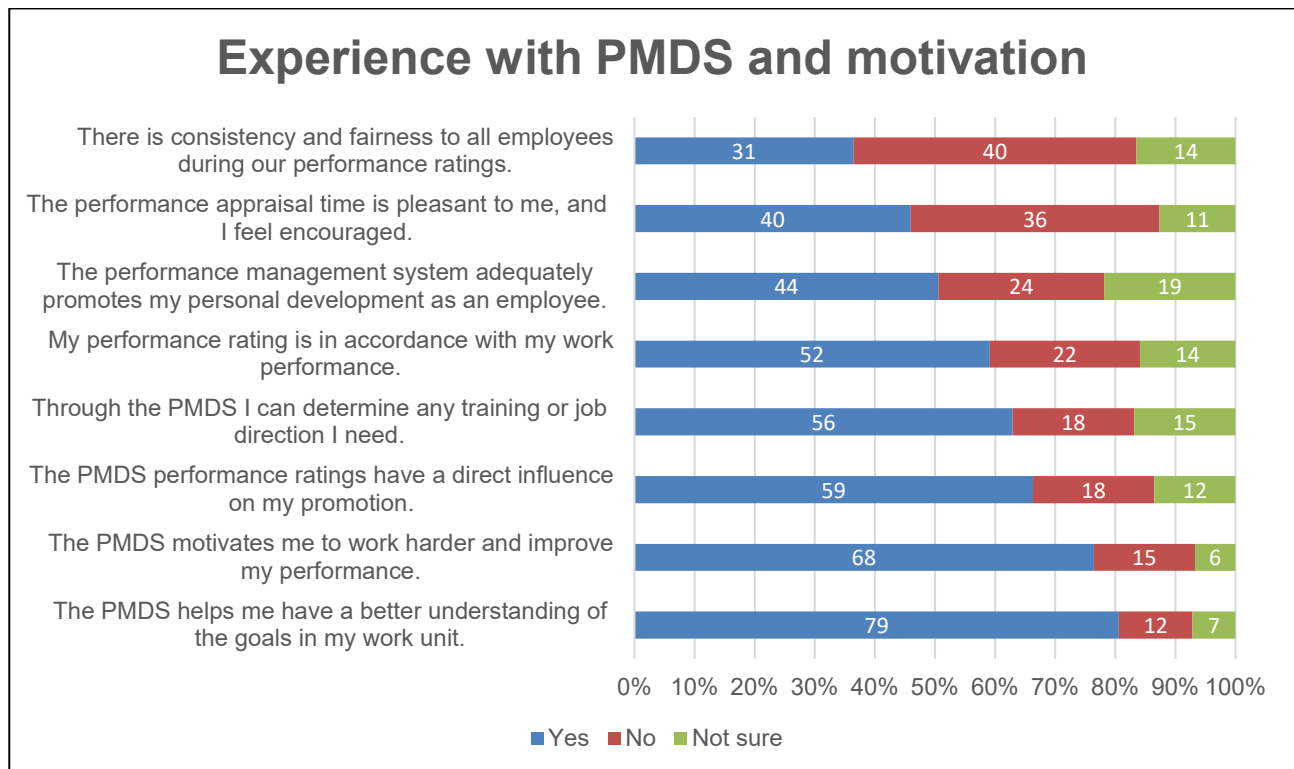
“Discouraging, since we do not get feedback from our supervisors they only call us to come and sign the PMDS and you are evaluated by someone who's not in the same shift with you”,

“Discouraging, it means everything that we do is not an extra mile because according to PMDS rating it falls under 3, not 4”

4.4.2 Experience with work motivation and its link with PMDS

Nurses' experiences with motivation and PMDS are shown in Figure 4.6 below.

Figure 4.6: Response to experience with work motivation and its link with PMDS

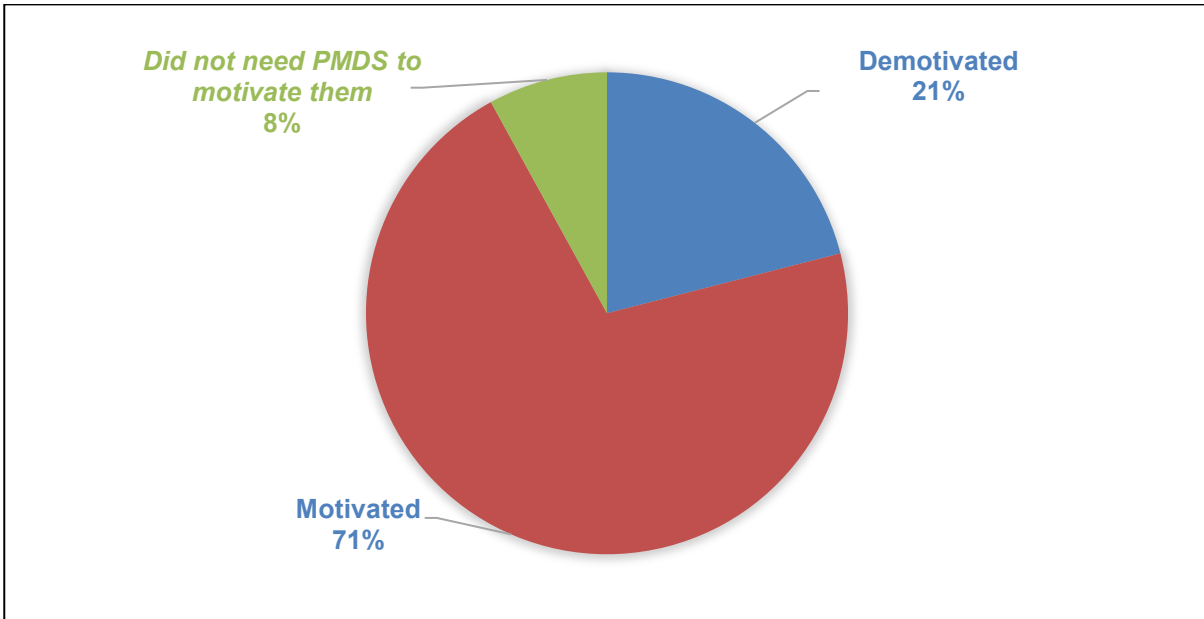


Source: Student's compilation

Figure 4.6 shows that while the PMDS tends to help nurses understand their goals (79%) and motivate them (68%), only 56% feel that it helps determine training or job direction needs, and 44% feel that it promotes their personal development as an employee.

There is clearly unhappiness with the process, with 52% agreeing that their performance rating is in accordance with their performance and 31% saying that there is consistency and fairness in the process. Only 40% found the performance appraisal time pleasant and were encouraged by it.

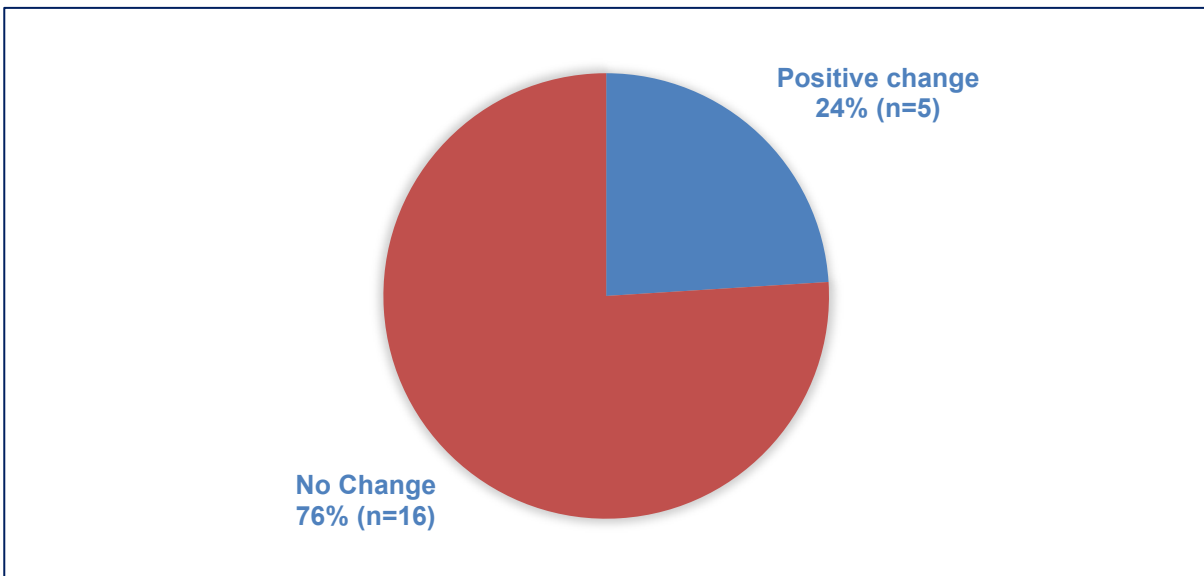
Figure 4.7: Illustration of nurses' experience with motivation and its link to PMDS



Source: Student's compilation

Nurses were allowed to provide more detail regarding their experience with work motivation and its link with PMDS in their response to how PMDS helps them improve their work. According to Figure 4.7, 71% of nurses were motivated, 21% were demotivated, and 8% did not need PMDS to motivate them.

Figure 4.8: Illustration of the nurses' view of change since the implementation of the PMDS



Source: Student's compilation

Figure 4.8 reflects the responses to the question that sought to determine whether there were any changes inside the organisation after the adoption of a performance management system: 24% (n=5) of nurses believed there has been a change in the organisation since the implementation of a performance management system, and 76% (n=16) nurses have not seen any positive changes implemented by the PMDS.

Additionally, nurses explained in detail why they believe PMDS has not made a difference.

“Too much. The new implementation is failing and discouraging us dismally. I think the organisation is forgetting that we are dealing with the lives of many. Training nurses or taking nurses to school to improve more knowledge will motivate nurses to do their work with a smile. Hope you will take this into consideration”.

“People are discouraged as they even get to be threatening state of strike to get the very PMDS, no change at all in my view”.

” No because on personal development plan, there's no action. Personnel will indicate their development plan but training committee does not attend to them”.

Despite the concerns of some nurses, there were some who did share positive changes:

“Yes, it helped me improve the quality of care rendered because all staff members are looking forward to getting incentives when they performed well”.

“Yes, there is a change start now performs better to get a rating of 4”.

4.5 Summary and conclusion

The chapter included biographical information as well as factors relating to nurses' knowledge of and experiences with the PMDS. Overall, nurses had unfortunate experiences with the performance management process, training, feedback, and motivation, but there were also instances of positive feedback. Nurses are concerned about the reliability of the performance assessment tool, so actual improvement is needed. There is also uncertainty regarding the implementation of the PMDS and its related processes.

The outcomes of this study reinforced the premise that a shared understanding of the PMDS's objective, process, and purpose is required for effective and efficient implementation. One cannot overestimate the benefits of a well-thought-out, structured, and comprehensive induction programme that addresses the expectations of employees. The researcher identified through the nurses' responses that the nurses did not have positive perceptions of the PMDS. The next chapter includes a summary of the study's findings, conclusions, and recommendations.

CHAPTER 5: DISCUSSION, RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

The previous chapter discussed the analysis and findings of the study. A comparison of the study's findings with those of other studies is presented in this chapter. Results are based on nurses' reported knowledge and experience of the PMDS. This chapter presents a summary of the findings, conclusions, and recommendations based on the data analysed in the previous chapter. Limitations to the study have been identified. The results will be discussed according to the objectives of the study.

Objective 1: To determine the level of knowledge of the PMDS amongst registered nurses at the district hospital in Tshwane.

Objective 2: To determine the level of experience of the PMDS amongst registered nurses at the district hospital in Tshwane.

Objective 3: To provide recommendations to the district hospital based on the study's findings.

5.2 Synopsis of preceding chapters

This study consisted of five chapters, all of which were aligned with the study's research objectives to determine the knowledge and experience of the PMDS amongst nurses at a district hospital in Tshwane.

CHAPTER 1: Chapter 1 introduced the study by describing the role of the PMDS in the public sector. Drawing attention to the difficulties and declining effectiveness of the PMDS. The selection of study participants, the province, and the rationale for using a district hospital in the study were explained. To ensure a clear comprehension of the construct from the outset, the concept of knowledge and experience was presented using the definitions offered by many scholars. The scholarly definitions offered made it clear that the concept of knowledge is a combination of information and skills derived from experience and education. In the same way, experience is defined as the knowledge or skill gained from practical experience.

The chapter further highlighted the high hopes citizens had for South Africa's newly elected democratic government and its newly established public administration to improve public service, specifically in the health sector. There have been a few studies on the knowledge and experience of the PMDS in primary healthcare in different locations in South Africa. These studies were briefly discussed. The chapter further outlined the functions of a Primary Healthcare Clinic and a District Hospital. Chapter one not only identified challenges to nurses' knowledge and understanding of the PMDS, but also discussed the need for district-level research. Finally, the chapter detailed the research objectives and the significance of the study. As a result, the chapter formed the basis for the overall study.

CHAPTER 2: The chapter covered several definitions of performance management and explained performance management systems. In summary, performance management refers to the entire process of managing an organisation's human resources. A performance management system keeps track of employees' performance in a planned and measurable way. Managing employee motivation is a skill that managers and organisational leaders need to master if they want to succeed in the twenty-first century. In essence, motivation theories look at what motivates people to accomplish a certain outcome or objective.

According to Maslow's Theory, which is a general theory on motivation, the desire to meet needs is what motivates people the most. According to Herzberg's Theory of Motivation, there are several factors in the workplace that cause job satisfaction or dissatisfaction. Motivating employees depends equally on their perception of the outcome they expect from their efforts. The expectation theory places a strong emphasis on the link between effort, rewards, and goals. People are motivated to work and contribute when they believe they will be rewarded for their efforts and will achieve a positive outcome. Setting goals can help lead, guide, and motivate employees. The goal setting theory highlighted that individuals who set specific, demanding goals outperformed those who set broad, simple ones.

This chapter provided a backdrop for the study, during the overview of South African health care services, it was emphasised that healthcare should offer general health and well-being to the communities it serves. The services provided and how they are delivered and managed determine how effective they are. South Africa's public health system has been overwhelmed by service delivery issues, which compromise high-quality healthcare provision. Furthermore, the chapter introduced PMDS, which was developed by the South

African government as a tool for monitoring and controlling the performance of health workforce facilities. The chapter also offers an overview of South African healthcare and human resource management, as well as a review of the literature on PMDS in the country's health sector.

CHAPTER 3: This chapter outlined the specific methods used in this study, including a description of the methodology and design of the study, the population and sampling, the instrument that was used in the study, ethical issues, and data collection methods. Any research study should use the proper research methodology as one of its key components. Methodologies allow the researcher to locate, classify, and analyse data from studies before drawing conclusions.

The chapter further explained the research approach, explaining that the two main types of research methods are qualitative and quantitative. This study used a quantitative approach, where data is quantified with numbers and statistical analysis is used to identify patterns and provide interpretations. In the chapter, the advantages and disadvantages of the two research methodologies were explored. The research was justified using an intrinsic case study type since the study is unique to the context, which is a district hospital in Tshwane, and the researcher found little or no literature on district hospitals.

The study's population size and sample were explained as all 160 registered nurses employed full-time at the district hospital in Tshwane, and the study's instruments and methods, based on a carefully constructed anonymous questionnaire, were described. The intention is for human participants to enter the study freely (voluntarily), with a complete understanding of what it means to them to participate, and to grant consent before entering the research. The informed consent letter met this requirement. The study's validity and reliability were discussed, as both refer to how well a method measures something. The chapter concluded with a discussion of the data analysis program and ethical considerations.

CHAPTER 4: This chapter covered data presentation, statistical analyses, and the interpretation of results that addressed the research question and study objectives. Data analysis involves using analytical and logical interpretation to the data gathered in order to better identify trends, relationships, or patterns through graphs and figures.

The research findings were based on the data obtained, which was classified as biographic information: characteristics of gender and age; analysing the objective: knowledge of the PMDS and knowledge of the process. The analysis also included evaluating the next objectives: analysis of the PMDS experience, including analysis of the supervisor's feedback and its relation to the PMDS; and analysis of the work motivation and its relation to the PMDS.

Ninety-nine of the 160 registered nurses responded, 89 of whom were eligible for the study. Of these, 33.7% had received training on PMDS, and 78.3% felt they required further training. Only 21.1% felt that the process was clear. 40.7% of respondents believe that the actions that go into the PMDS process are worth the effort, and 49.4% believe that the process focuses on employee development and not just on performance bonuses. Nonetheless, on the whole, the nurses' feedback on the experience was positive, with 75% finding that the feedback helps them know how they are doing and where they can improve. 62% of nurses who responded found their feedback encouraging and helpful.

While the PMDS tends to help nurses understand their goals (70%) and 68% motivate them, only 56% feel that it helps determine training or job direction needs, and 44% feel that it promotes their personal development as an employee. There is clearly unhappiness with the process, with 52% agreeing that their performance rating is in accordance with their performance and 31% saying that there is consistency and fairness in the process. Only 40% found the performance appraisal time pleasant and were encouraged by it, yet 76% believe it motivates them to work harder.

5.3 Interpretation of findings

The interpretation of the study's findings is presented in this chapter. The discussion of the findings is divided into two stages. The first section is based on biographical information. The second is a quantitative interpretation based on the questionnaire responses to knowledge and experience of the PMDS.

5.3.1 Biographic Information with regards to age groups

Although there was no significant association found between age groups and knowledge of the PMDS, the study found that almost half (47%) of the nurses over 45 years old indicated a better understanding of the PMDS. These findings are consistent with previous research in the field (Madlabana and Petersen 2020:119; Seane 2020:31). It is worth noting that South Africa's 2030 Human Resources for Health Strategy predicts a shortage of 34,000 nurses in primary healthcare, which could in turn impact staffing levels, performance, and the quality of care provided to patients. With only eight years remaining until 2030, it is imperative to address this shortage urgently.

Other studies by Tshitangano (2013:301) and Pillay (2009:3), found that older nurses (above the age of 40), in South Africa, tend to have more years of experience and higher levels of job satisfaction, which could have a positive impact on performance. Overall, the effect of nurses' age on performance in South Africa remains an intricate issue that warrants further investigation. While there may be some benefits to having an ageing nursing workforce, such as higher levels of job satisfaction, there are also potential challenges that need to be addressed to ensure that staffing levels and quality of care are not negatively impacted.

5.3.2 Biographic Information with regards to gender

The majority (89%) of nurses who responded were female, and 9% were male. Findings from previous research conducted by Swartbooi (2016:36); Mashego and Skaal (2016:23); and Du-Plessis (2015:5), indicated similar gender proportions to this study. Studies have found that gender may affect how nurses are evaluated and perceived in terms of performance. For example, one study revealed that male nurses were preferred over female counterparts, despite having the same skills and job requirements (Leininger 2016:292). Another study showed that male nurses were more likely to be favoured for positions of authority, with a belief in their superiority over female colleagues, despite meeting the same requirements (Stupans, McAllister, and Scutter 2010:133). Nursing has historically been a female-dominated profession, and gender stereotypes and biases have influenced its perception and value.

Florence Nightingale transformed the nursing image from male to female dominance in the 19th century. In 1860, Florence Nightingale established schools of nursing that barred male students from attending (O'Lynn and Tranbarger 2007:9). Her reasoning was that nursing was an extension of female domestic roles. Nursing schools and hospitals followed Nightingale's example by excluding males from nursing training. As a result, males were left out of the nursing profession, and nursing was stereotyped as a female occupation. However, centuries later, despite the country's economic status, males remain a minority in the nursing profession (Shakwane 2014:2). In South Africa, females represent the vast majority of the nursing workforce. In 2017, according to the South African Nursing Council (2020:1), 258 865 (91.4%) of nurses registered were female, while 27 647 (9.6%) were male.

Although the government makes significant efforts to promote gender equality and human rights, the nursing profession remains gendered. Given the results of this study, previous research, and statistics, a conclusion can be drawn that there is still a gap in the difference between the male and female ratios. Nurses in South Africa remain overwhelmingly female and comprise a gender-segregated nursing workforce.

5.3.3 Knowledge with regard to training needs

Chapter 1 of this study mentioned that the concept of knowledge refers to the understanding, guidance, and information gained through PMDS training and orientation. Without the necessary training on the PMDS, knowledge of the system will be limited and not effectively implemented. According to findings in this study, Table 4.4, only (n=30) 34% of nurses' indicated that they had received sufficient training on PMDS, and a majority (n=65) 78% acknowledged that they needed more PMDS training. The results of this study are consistent with findings from previous literature (Du-Plessis 2015:1, Seane 2020:37, Mashego and Skaal 2016:1, Swartbooi 2016:39 and Letsoalo 2007:6) indicated that nursing staff received minimal orientation about the PMDS, as well as that they were unable to access training and guidance regarding the PMDS.

Revealing similar findings, Seane (2020:33) reported that nurses voiced concerns that since only a select few are given the chance to attend PMDS workshops, many of them are left in the dark about what to expect. Nurses also complained that feedback on PMDS workshops is never provided.

They continued by stating that it would be beneficial for all workers to receive PMDS training. Comments from his study nurses complemented the researcher's findings, as Participant E commented;

“Nurses get to hear about PMDS by the date when submissions are to be made. We are not told in time what PMDS is, and what is expected of us. We are just told to write and submit but we are not trained on PMDS”

These results are compatible with the findings from Swartbooi (2016:39), as most nurses indicated that they had never received training, particularly on performance reviews. What is concerning is that, several of the nurses occupied management positions where conducting performance review interviews was expected of them. Participant 10, a professional nurse in this study, mentioned:

“It's like your supervisors, has no idea how to do it. They should have training first to do it properly and then come and sit with you. But I mean everybody should have training. Every staff member should know what it is all about. How it's supposed to be done and It sounds very negative but it's just true”

According to Mashego and Skaal's (2016:25) findings, 5.9% of respondents received PMDS training more than three times, 4.3% twice, and 18% once, with 72.6% reporting that they had never received training. Similarly, as indicated in Du-Plessis (2015:1), 21 respondents (55%) had never participated in a PMDS workshop.

Previous research has pointed to the inadequacy of PMDS training. The necessity for PMDS training has been underlined by experts in the field, to ensure that the PMDS is understood through correct training. According to Kondrasuk (2011:65–66), a great deal of emphasis should be placed on training those involved in PMDS. The goals of performance appraisals would need to be explained to employees, and the responsibilities and rights associated with performance appraisal interviews would need to be clarified (Fletcher 2004:87). Staff members' cooperation and performance during the interview might be improved with training on the procedures, structures, and tools used for evaluation, as well as the objectives of the performance appraisal. Madlabana and Petersen (2020:11) found that skill acquisition improves PMDS implementation capacity and that both supervisors and employees should be trained with the necessary skills. According to Swartbooi (2016:4), the PMDS has a

contested reputation due to a lack of training; this puts it at risk for misuse, negative experiences, or negative perceptions about its usefulness.

Madlabana and Petersen (2020:116) point out that little evidence exists on nurses' understanding of what the PMDS is and how it can be improved in the context of public healthcare reforms (Madlabana and Petersen). It is crucial to understand what performance management is, as Markos and Sridevi (2010:1) assert that a successful performance management implementation depends on that understanding. As the authors pointed out, more years of experience have led to a better understanding of the PMDS.

PMDS training in public sector institutions has been lacking (Ravhura, 2006:83; Paile, 2012:86). Lack of training may have contributed to low confidence in understanding the PMDS, which may be attributed to its use for compliance reasons rather than for its intended purpose. While some institutions conduct training, its effectiveness requires considerable attention, as some staff members are still unsure about their different roles and responsibilities and how performance appraisal impacts the achievement of organisational goals (Tomey 2000:355).

Performance management training is an initiative wherein employees interact with their organisation, specifically their manager, to enhance their working abilities and performance. Regardless of the lens through which it is viewed, performance management should be available to both leaders and contributors for the organisation to benefit from it. Developing skills and knowledge that support the organisation's strategy is the goal of performance management.

Performance management training involves raising knowledge of the system, its principles and methods, and how it will benefit the individual, team, and organisation, attract opportunities, and lead to future advancements (DeNisi and Murphy 2017:421). Performance management training assists employees in understanding the system's goals and objectives. It alleviates any concerns the employee may have about the system. It also assists employees in developing performance plans and instructs them on how to conduct evaluations and submit the necessary documents. The findings of this study suggest that nurses have some knowledge of the PMDS, but there is still a gap in their understanding of it. The study also found that there is a need for more training on the part of nurses to better utilise the PMDS.

5.3.4 Knowledge with regard to the process

The findings of this study show that there was a significant difference in the knowledge of the PMDS with regard to the process. Employee perceptions are negative, as they are uninformed of the system's objectives and purpose. As shown in Figure 4.2, 73% of respondents believe that it is their responsibility to ensure that their performance is evaluated, while only 21.1% stated that the PMDS process is straightforward to understand. The findings of this study were similar to those of previous studies in the field, and perceptions about the PMDS process were found to be concerning (Seane 2020:33); (Mashego and Skaal 2016:26); (Swartbooi 2016:51) and (Du-Plessis 2015:3).

According to Seane (2020:33), the nurses reported insufficient understanding and knowledge of the PMDS as a process issue. Most nurses expressed that PMDS implementation had not been thoroughly discussed with them. Nurses added that, as employees, they rely on what their co-workers tell them about what is required of them during PMDS reporting time. In the same way, Mashego and Skaal (2016:26) found that, on average, 68% of respondents claimed to have completed quarterly evaluations, signed performance agreements, and understood how to implement the PMDS goals and vision. Furthermore, a marginally larger percentage, 76.9%, was able to recognise skills shortages in evaluations. The majority of respondents (96.6%) agreed that staff orientation on PMDS was required.

Similarly, Swartbooi (2016:51) found that nurses' performance assessment experiences were unpleasant. The performance appraisal instrument's accuracy is concerning and requires serious attention. Concerning remarks from Participant 1, who is a Senior Professional Nurse:

“Then six months, there’s another one. Do another one, with no follow up on the goals that have been set. And then you make another plan. Probably you add or you still repeat the same plans, the same goals that you want to achieve for yourself. That’s it.”

Furthermore, Du-Plessis' (2015:3) analysis showed that 25 (64%) of the respondents were unaware of their individual responsibility for implementing the PMDS and that 22 (56%) were unaware of the fundamental ideas that underpin the PMDS. In addition, when asked to identify the most significant part of the PMDS process, 26 respondents (67%) were unsure,

and 28 (72%) erroneously answered the question concerning the first stage in the performance cycle.

These findings are indicative that employees may not be aware of the objectives they are required to meet as a consequence of their lack of knowledge of the PMDS process. A performance management process can be described as a continuous process and as an exchange relationship that aligns objectives with organisational, individual, and team expectations (Du-Plessis 2015:150). It entails a never-ending process of goal setting and objective-setting, performance monitoring and observation, and ongoing feedback exchange between the concerned parties (Aguinis 2013:98). Considering that managing performance processes is inherently connected, understanding the PMDS's process and rationale, along with its proper implementation, can help institutions and individuals function better.

The PMDS must be well perceived by the users to be successful, which is why it is important to clarify the process in terms of what needs to be done, how it should be done, and why. Participating in the processes promotes nurses' understanding of the system and motivates them to improve their performance (Swartbooi 2016:59). Chandra and Frank (2004:26) highlighted the importance of employee training and fostering an environment conducive to employee involvement in performance management processes, as these are essential to ensuring employee commitment and acceptance of the system. Similarly, Letsoalo (2007:89) stated that employees who see the system negatively are less likely to comply, which increases the likelihood that it won't succeed. In the same breath, Nyembezi (2009:31) explains that employees are less likely to actively participate in the process if they have a negative opinion of the PMDS, which results in low morale, absenteeism, and decreased productivity.

As the PMDS emphasises its shared or joint nature, managers and employees should have similar views of its goals, processes, and values (van Dijk and Legalatladi 2015:60). Therefore, it is the responsibility of the employer to make sure that the management and development of performance are done properly and that managers and employees share a shared knowledge of the organisation's goals, the PMDS, how it is implemented, and its outcomes.

Employees may not support the organisation's vision, which could hamper efficiency and the organisation as a whole (van Dijk and Legalatladi 2015:60). Employees' activities would also not be in line with the organisation's strategic objectives. Unfairness in performance appraisals/assessments may create bad impressions of the system. Another explanation can be that, despite the employees' familiarity with the system, they lack a comprehensive understanding of it. In line with other studies, this study found that there is still a gap in knowledge and understanding concerning the process, purpose, and procedure of the PMDS that needs to be addressed for the system to achieve its objectives.

5.3.5 Experience with supervisor's feedback and its role with PMDS

The findings from Figure 4.4 shows that nurses believe their performance can be improved by receiving feedback during their performance appraisals. However, what is concerning is that 57% of them said they are not receiving feedback from their supervisors about their performance on time. Additionally, 34% have sufficient time to discuss their PMDS.

According to the findings of this study, the supervisor attempted to provide feedback to the nurses during performance appraisals. Among the nurses in this study, 71% agreed they could discuss performance concerns with their supervisors successfully, while 69% said that their supervisors brought their performance to their attention if they saw any weakness. Although communication lines were clear, some nurses believed that they did not have enough time to improve themselves before the next evaluation of their performance, as feedback was not communicated timely in 44% of instances. 53 percent of respondents believe they are given sufficient time to discuss their performance with their supervisors.

Nurses' responses to the supervisor's feedback are summarised in Table 4.8. Of the 26 nurses who commented, 16 (62%) believed that the feedback was helpful and encouraging,

“Yes, it helpful for sometimes of the years the key point are limited and can be all reached”

“Helpful, Grant me an opportunity to do self introspection and evaluate myself.”

“Helpful and encouraging. It assist me to focus on my specialty areas. Its help me to observe the potential areas of growth.”

“It is helpful and encouraging because it helps me identify where I lack and need more in service training”.

"Its encouraging to do your work exceptional".

"Yes it is because it allows me to see where I lack and how to improve".

"Yes I do get feedback"

"It is encouraging because I can see where I am failing and I can improve my performance".

Whereas, 10 (38%) believed that it was unhelpful and discouraging and expressed their concerns in detail.

"It is unhelpful because I've been moved from one unit to another and the end nobody is prepared to write PMDS at the end of the day".

'My performance feedback is discouraging because we go the extra mile doing work and it ends up being told that is out of scope of practice'.

"Our supervisors didn't give us feedback about performance".

"Discouraging because this tool is used wrongfully than the purpose it was meant for only about money not performance".

"Discouraging they don't motivate me the degraded me".

Literature shows similar findings. Swartbooi (2016:108) found during interviews in certain clinics that staff members rarely receive feedback on their performance. The interviews were conducted on the last day when the department needed the performance assessment records. In Mashego and Skaal's (2016:26) findings, it became apparent that managers do not always follow up on goals that were set to address deficiencies. Furthermore, Du-Plessis (2015:6) found that, from a total of 24 respondents, (62%), 28 (72%) did not know how frequent performance reviews should be done or when feedback should be provided.

In the same landscape of findings, Seane (2020:42), found that nurses claimed they did not get feedback on the results of the assessment procedure, yet they were still required to complete duties without adequate assistance from their senior nurse manager. These comments appear to have a similar echo to this study, as the comments revealed;

"Discouraging, since we do not get feedback from our supervisors they only call us to come and sign the PMDS and you are evaluated by someone who's not in the same shift with you"

The establishment of an organisational culture that fosters good performance is an essential characteristic of any public organisation. To establish such a culture, managers and leaders must be able to consult employees and provide regular feedback to them. As a result, employees may have a poor experience in the PMDS, as managers do not engage with staff

members in a manner they perceive as frequent and timely. It can be determined that their feedback to the nurses needs to be re-evaluated. Employees should receive regular feedback and be made aware of any areas of their work performance that fall below expectations during the 12-month period.

The Public Service Regulations (2001:2) permit supervisors in the South African public service to continuously monitor their subordinates' performance and to provide feedback on that performance to such subordinates. This can happen four times a year, either orally, should a subordinate perform well, or in writing, if a subordinate's performance does not meet expectations. The mid-year performance assessment, however, is followed by a formal performance assessment, which must be done at least in writing. Based on the regulation above and the feedback provided by the nurses, district hospital management has been striving to meet the requirements of the regulation. However, there need to be steps taken to increase the time that the supervisor spends with his staff, as indicated in Figure 4.3.

Vasset, Mamburg and Furunes (2011:11) identified a link between motivation and performance management. Their findings indicate that when the process is carried out successfully, feedback is used to increase worker performance and motivate employees to perform their tasks effectively. In summary, an important issue emerging from the overall analysis of the PMDS experience with regard to supervisor feedback is that there is a lack of constructive and timely feedback from supervisors. The Public Service Regulations highlight the importance of feedback as well as the frequency of feedback communication.

5.3.6 Experience with work motivation and its link with PMDS

According to the results of this study, 71% of nurses felt encouraged and motivated during PMDS. Nurses indicated that they had positive experiences with the PMDS and were motivated, highlighting that the system helped them identify areas that needed improvement and motivated them to improve and perform better. Another 8% were not motivated and encouraged by the PMDS. Despite this, 21% of the nurses felt demotivated and treated unfairly during the rating process.

In research conducted by Seane (2020:42), nurses shared their dissatisfaction with the PMDS. They said that unfair actions and bias by managers led to tension, frequently hampered their productivity, and ultimately had a negative impact on patient care. Some nurses claimed that when making presentations during the reporting period, their managers

often had a negative attitude toward them. According to the research, the way PMDS is implemented causes nurses to feel unmotivated and unsatisfied with their jobs. However, the findings of Swartbooï's (2016:61) investigation revealed that employees were not particularly motivated by performance appraisal interviews.

The majority of nurses did not see the financial incentive as motivating. Instead, it is believed that the financial incentive has segmented the staff. Some nurses expressed that they are inspired by the patients' positive reactions to their care and the treatment they get. Some nurses who weren't completely against the monetary reward said that it wasn't sufficient to motivate people by itself. Recognition must be provided along with financial incentives.

Findings in the study from Mashego and Skaal (2016:56) indicated that the nurses expressed a few concerns that indicated a poor attitude toward PMDS, such as employees questioning why performance evidence was needed to justify the scores, a lack of teamwork, and late evaluation report submission. These difficulties also involve the supervisors, who feel that the overall system is wasteful. There might be several reasons for this. It may be attributed to a lack of skills and understanding, which causes a lack of motivation, or a lack of incentives since the majority of them do not achieve the requirements for rewards because they do not accomplish their objectives.

Performance management plans should not only set goals and rate competencies but also motivate employees to aim for positive evaluations. There are a variety of reasons why employees may fail to meet their objectives or goals, and not all employees are capable of handling constructive criticism well. According to Fereday and Muir-Cochrane (2004:1), credible communication and engagement with staff about their performance have great potential for motivating them to change their behaviour and strive towards meeting organisational goals. It is widely accepted that the success of an organisation depends on motivated employees who are committed to their work and help the department achieve its strategic objectives.

The relationship between motivation and performance has been debated for some time. Some theorists believe that motivation has a direct effect on performance, while others believe that it is more indirect. Theoretically, motivation and performance are related, as motivation is expected to have a positive effect. (Lunenburg 2011:1; Beardwell *et al.*

2004:514; Parijat and Bagga 2014:4). In short, goal setting theory revolves around setting tough, achievable, and mutually agreeable goals between employees and managers. For employees to perform optimally and efficiently, a performance management system and a development system are essential. According to the expectancy theory, individuals will perform better if they are rewarded for their extra efforts (Beardwell *et al.* 2004:514). Maslow's Hierarchy of Needs posits that people satisfy their lower needs before tending to their higher needs (Parijat and Bagga 2014:4). Moreover, these authors propose that managers be mindful of what inspires behaviour in specific settings.

Healthcare professionals' motivation and performance are affected by numerous interrelated issues within the work environment. Poor human resource practices, an organisation's culture, and performance management all play a key role in job satisfaction (Republic of South Africa 2011). In addition, Aguinis (2013:101) emphasises that a system that improves motivation, job satisfaction, and performance must be more beneficial than its costs.

The most common factors affecting performance in organisational settings are thus constructed such as motivation, role ambiguity/role conflict, and rewards (Letsoalo 2007:15). When employees' perceptions are not taken into consideration, it could result in a demoralised workforce, which would affect both employee motivation and organisational performance. According to participants' feedback, some did not require the PMDS to motivate and encourage them, however, the PMDS helped other nurses identify areas that needed development and motivated them to improve and perform better, even if others did not notice a change in their work. Some nurses voiced feeling unfairly treated and demotivated in the rating process. Nurses believed that despite the PMDS's ability to inspire them to work hard, their efforts went unnoticed. While some nurses claimed they did not require the PMDS to encourage and motivate them, others felt inspired to perform better. On the other hand, some nurses felt demotivated in their PMDS experience, particularly concerning their ratings and the implication that their efforts had gone unappreciated.

5.4 Summary of findings

The knowledge of the PMDS in terms of training needs and the process indicates that the PMDS is viewed as overly complicated and time-consuming, creates confusion, and lacks purpose by nurses since they do not know the deadlines or their scope of practice. Based on their comments, they clearly felt discouraged by the process and needed additional training and a more effectively implemented system.

The findings of the study regarding experience with feedback on the PMDS indicated that most nurses felt that feedback enables them to understand how they are doing and where they may improve, and they agreed that performance reviews are a good way to highlight areas that need development. The majority of nurses felt they could effectively address performance issues with their supervisors, and that their supervisors would point out any performance problems. Only half of the nurses believe they have adequate time to discuss their performance with their supervisor and obtain a timely response.

The summary of the findings on experience with work motivation from the PMDS shows that the majority of nurses agreed that the PMDS improved their understanding of the objectives in their work unit. A small number of nurses thought the organisation had changed since a performance management system was put in place, however, the majority of nurses did not think the PMDS had brought about any good improvements. Despite several motivational comments, there were some concerns raised in the negative statements with regard to discouragement and a lack of development. The majority of respondents said they felt motivated at work, whereas a tiny minority reported feeling demotivated and an even smaller minority did not require PMDS to motivate them.

5.5 Recommendations based on the findings

Based on the data analysed in the previous chapter, and addressing objective 3 of this study, relevant recommendations are made to support the management of the district hospital in Tshwane in considering and implementing them. In this study, the variables of knowledge and experience of the PMDS were summarised as knowledge of the PMDS with regard to training needs, knowledge with regard to the process, experience with the supervisor's feedback, and experience with work motivation. A list of recommendations was arranged according to the findings.

5.5.1 Objective 1: Knowledge of the PMDS

To enhance the knowledge of the PMDS amongst employees, it is recommended that more practical and convenient based training be made available, as well as effective communication of the available training and added training for supervisors and nurses at the district hospital. Furthermore, to improve nurses' knowledge of the PMDS process, clarify the process, roles and responsibilities of employees and the interpretation and purpose of the PMDS should be provided.

- **Improving the knowledge of the PMDS through training**

Performance management training is a program in which employees collaborate with their organisation, specifically their manager, to improve their working abilities and performance. Training in performance management seeks to boost output immediately and accelerate professional development. Training is the cornerstone of an effective performance management strategy that enables active, ongoing communication across an organisation so that it realises its goals. To maximise the effectiveness of the PMDS, attention must be given to the knowledge of the system through training. The findings of the quantitative study revealed that an understanding of performance management exists to some extent.

According to Fisher (1995:185), both supervisors and employees should get performance appraisal training. He suggests that the training include instruction and training on skills, the formulation of performance agreements and plans, the preparation for conducting reviews, ratings, and the completion of review forms. Training provides supervisors with confidence while applying the system, informs them of probable rating faults and how to avoid them and improves their understanding of the PMDS.

The results indicated that the majority of the nurses acknowledged that they had not received sufficient training and needed more PMDS training. The findings contain a strong focus on the need for PMDS training for both nurses and supervisors. The fact that nurses felt the need for PMDS training was not surprising, given the results of other studies. The importance of training in determining performance management and development knowledge cannot be overstated.

Increasing the frequency of practical and convenient based training

It is recommended that more frequent, in-service training and workshops of the PMDS become an intervention to enhance training at the district hospital. These training sessions should function conveniently and practically so that it does not require approval from higher authority and interfere with the work schedules of the nurses and managers. Web-based training platforms are an option for those who are more computer-literate and appealing to the younger generation. However, where nurses are not computer savvy, other training options should be available such as face-to-face seminars, where clarity on the PMDS can be obtained.

Training nurses' on the PMDS will ensure that a performance management plan promotes productivity rather than simply marking off tasks. Furthermore, the training facilities should be kept exciting and interactive. Nurses must feel free to ask as many questions as they want to ensure that they understand the procedure and their involvement during the PMDS without fear of bias.

Communication of available training and keep training exciting

Communication is essential for effective performance management and growth among nurses. Effective communication is required to guarantee that all nurses receive notification of performance management training. At the same time, it can be quite challenging to communicate the right information to the right audience at the right time. By effectively communicating these training dates via notice boards that are positioned in a convenient place, such as the nursing stations.

Generally, employees, as well as supervisors, complain when they hear about more training sessions and reviews. It is a common experience. Traditional training methods have a bad reputation. It is therefore important to make performance management training exciting.

It's crucial to involve nurses in performance management training and adapt it to their current roles and objectives for the future. To accomplish this, collect information from them using surveys and forms to learn about their attitudes, problems, and areas for improvement. Even after performance training has taken place, managers can use these forms and feedback techniques to assess whether it was as exciting and helpful as planned.

Training for supervisors and nurses

Performance management training isn't just for new employees. Even experienced managers are looking for new ways to improve their performance. After all, as organisations develop and expand, so should performance management. As a result, training materials should be updated with fresh content to reflect the changing office climate and processes.

The provision of system training to all nurses is one aspect of improving the PMDS. Nurses and supervisors must get performance management training on issues such as the organisation's performance management system, nurses' and management responsibilities, and the performance indicators used by the hospital. It is equally important that managers be equipped with the knowledge and skills necessary to execute the PMDS efficiently and successfully since they are the primary PMDS implementers at the facility level. This requires an understanding of the context of performance management in the health sector. As a result, functions like performance expectations will be streamlined, performance decisions will be identified appropriately, performance evaluation will be efficient, underperformance will be managed, good performance will be fairly rewarded and recognised, and feedback will continue to be offered.

- **Improving the knowledge of the PMDS process**

When exploring the nurses' knowledge of the PMDS with regard to the process, only a small percentage of the nurses found the system to be straightforward and clear, coupled with confusion about the process and the objective of the system among the majority. The gap in knowledge of the PMDS process and procedure may be because most lack training and knowledge of the process.

While the tools and practices of performance management are founded on good concepts, how they are applied and used is debatable. The PMDS process in the health system, and indeed at the district hospital in Tshwane, must also be managed properly to promote a

shared vision, motivate healthcare professionals, and create a culture of performance that drives the whole system towards a single goal (Madlabana and Petersen 2020:116).

The PMDS processes discussed in this study include clarifying roles and responsibilities, ensuring nurses gain clarity of the PMDS process, clarity on the organisational objectives and how they align with their goals (goal setting), and clarity on the purpose of the PMDS and how they interpret the system. It is important to allow nurses to participate in the process. Nurses, except for a few, have more positive attitudes toward appraisals when they are involved in the process. Evans and McShane (1988:178) argue that employee participation in appraisals is associated with more positive attitudes. In this process, the nurses being rated will have the opportunity to express their opinions, explain their point of view, and request clarification regarding their ratings. It is therefore recommended that clarity on the roles and responsibilities be provided, as well as an explanation of the PMDS's interpretation and purpose.

Clarity on roles and responsibilities

It would be helpful to set clear, precise performance goals to direct work and boost motivation among nurses. The objectives may relate to the performance of each nurse individually or to the overall performance of a group or work unit. Given the difficulty of the task, the level of the nurses' abilities, and the resources available for the activity, the goals should be ambitious but attainable.

In addition, there should be clarity on the organisational objectives and how they align with the nurses' goals. The onboarding process should give the nurses clear information on goal setting, including its alignment with performance, how often goals are set, where they are documented, how they align with the nurse's goals, and how they align with the hospital's objectives.

Clarity on the interpretation and purpose of the PMDS

The Public Service Commission clearly explains that the purpose of the PMDS is to offer a framework for enhancing employee performance on an individual basis, which in turn will increase organisational performance (PSC 2018:6). Therefore, employees and supervisors must understand the purpose of the PMDS so that they may develop a common understanding of goals and a set of expectations regarding good management practice.

Performance management training involves raising knowledge of the system, its principles and methods, and how they will benefit the individual, team, and organisation, attract opportunities, and lead to future advancements (DeNisi and Murphy 2017:422). Through the performance management process, nurses and their managers may work together to improve job outcomes and satisfaction. This process is most successful when the nurse and the manager both actively involve themselves and collaborate to achieve individual and organisational goals.

5.5.2 Objective 2: Experience of the PMDS

It is recommended that the PMDS experience be improved with manager feedback through the manager-nurse performance review and feedback during the performance review. This will help to ensure that the PMDS is meeting the expectations of the nurses and the supervisor. Many nurses felt unsatisfied with their current job because they did not feel motivated to work hard. This can be due to a lack of satisfaction with one's job, a lack of autonomy, or a feeling that one's job is not relevant or important. Improved work motivation can be achieved through a number of methods, such as providing employees with a sense of satisfaction with their work, providing them with autonomy and responsibility, and stressing the relevance and importance of the job.

- **Improving the experience of the PMDS with the supervisor's feedback**

When one thinks of performance management feedback during a performance appraisal, one imagines a closed-door meeting where a manager delivers an unreachable assessment score to a helpless worker. Others may consider the feedback given during performance management to be just a human resources function. Rather, the principles of feedback learned from goal setting theory should be applied. The goal setting theory, outlined in Chapter 2 of this study, demonstrated that specified and realistic objectives, as well as appropriate feedback from supervisors, facilitated improved work commitment. The theory recommended that since feedback helps assess employee performance and encourages higher performance, it should be provided on a frequent basis throughout the goal-completion process to keep activities on track. It is important to receive constructive feedback following the PMDS sessions. Feedback should outline all procedures, how they were broken down, and how the results of the assessment were interpreted. The importance

of verbal comments throughout the review process cannot be overstated. Engaging in feedback sessions with the nurses provides valuable assessment of their performance.

To begin with, analysing a year's worth of productivity and performance is no easy task. As feedback and discussion happen only once a year, nurses and managers sometimes forget what they accomplished during the year, resulting in unhelpful, incomplete information. By providing continuous feedback, nurses are able to identify their strengths and weaknesses. This motivates them to achieve their manager's expectations, improve the quality of their work, and thus increase their productivity. The purpose of the performance appraisal process is to enhance existing abilities and knowledge and provide new chances for advancement. Therefore, the nurse-manager relationship will be hampered by the results of the appraisal process if it is not conducted with objectivity, openness, and transparency.

Supervisor/ employee performance review

According to the DPSA, performance reviews are significant feedback meetings that happen periodically throughout the year. They provide employees with the opportunity to obtain feedback on their performance (DPSA 2008:8). In preparation for the performance review, both the manager and the nurse should have gathered and reviewed performance data for the quarter under review to examine whether objectives were fulfilled. Performance gaps must be handled, both good and poor. The individual development plan has to be reviewed and adjusted.

Feedback during the performance review

During a progress review, a staff member receives feedback on his or her performance in an organised and official procedure, giving them a chance to improve before the yearly review takes place. It also allows for the amendment of performance management agreements in writing. During feedback sessions, managers should maintain a positive attitude, be proactive in finding solutions, and focus on opportunities for personal development. Managers should avoid bias by focusing attention on the individual and recognising good performance.

Nurses often put in long hours and face many challenges while working in the healthcare field. Recognising their hard work and dedication with positive feedback, monetary incentives, and symbolic awards can help them feel appreciated and motivated to provide

the best possible care. These rewards can inspire other healthcare professionals to also strive for the highest standard of care.

- **Improving the experience of the PMDS through work motivation**

Nurses who are motivated and engaged tend to perform better for the hospital than other nurses. Every day, employees take decisions and do things that have an impact on their team and organisation. Therefore, the way managers treat their employees and how they interact with one another may have a positive impact on their behaviour or leave the organisation at risk. In addition to being informed about goal setting throughout the onboarding process, including how it relates to performance, how frequently objectives are made, where they are documented, how they link to the nurse's goals, and how they relate to the hospital's goals. Nurses should also be informed about how these relate to remuneration.

It is also recommended that managers spend more time getting to know their employees and their expectations, and then apply that in-depth understanding to guide their management approach for each person, such as to motivate them and keep them engaged. Motivated nurses will be more satisfied with their job, perform better, and be more driven to succeed. Motivation theories in management provide insights into what motivates or drives a person at work. The use of theories of motivation can help the district hospital modify how they motivate or encourage nurses to significantly improve workplace engagement and motivation. The nurses' individual efforts to meet their requirements are regarded as motivated behaviour in need-based frameworks. According to this approach, the manager's role is to determine what the nurses require and to make the workplace a way of meeting those requirements.

The theories presented in this study provide features and ideas for a work environment that encourages employees. As nurses' motivation levels might be raised by simply thanking them for a job well done on behalf of the whole team and the organisation as a whole, this must be a priority focus. Nurses are motivated in different ways, and managers should seek ways and incentives to keep their employees engaged, such as recognition, performance awards for the best-performing nurses, and training to develop and improve their confidence and motivate them to aim higher.

In addition to training managers to provide constructive feedback, managers should set clear and measurable goals for nurses that align with the organisation's goals. Nurses and managers should meet regularly to discuss progress toward goals, provide feedback, and discuss any challenges. Nurses should be recognised and rewarded for their accomplishments and contributions by their managers, who should also demonstrate empathy and support.

Giving powerful feedback is about more than just telling someone to do something differently, it involves providing constructive and actionable feedback that helps the person improve their performance, while also being mindful of their emotions and feelings. Effective feedback should be specific, timely, and relevant to the person's job responsibilities and goals. Overall, by implementing these recommendations, managers can provide effective feedback and motivation to their employees, leading to improved performance and job satisfaction.

5.6 Limitations of the study

No research is without limitations, and those identified in this study are discussed in this section. The term limitations refers to the limits of the study that are beyond control (Enslin 2014:275). Since the study was confined to only one district hospital, findings may not be generalised to other district hospitals or primary healthcare. However, previous studies on the PMDS have revealed that staff at other health facilities in the Gauteng Province face similar challenges, so this study, by adding to that body of knowledge, suggests the weaknesses are not isolated.

A great effort was made to get a good response rate. With a response rate of 99/160, 61 non-respondents may differ from the 99 responders, but no evidence of a systematic difference occurred. Even with nurses working shifts of more than 164 hours a week, a response rate of 62% for an anonymous, voluntary questionnaire study would be considered reasonable.

It was acknowledged that pilot study procedures improve the internal validity of a questionnaire, a pilot study would have been preferred. As stated in Chapter 3, after considering the health climate at the time of the study and consulting with senior officials at the study site, it was determined that a pilot study would not be conducted. The research

team felt that, due to the COVID-19 pandemic, the health climate at the time was not conducive to conducting a pilot study and that the risks associated with conducting a study at that time were too high. To ensure face validity, the questionnaire was shared with the nursing management to determine its appropriateness and the phrasing of the questions. The management found that the questionnaire was appropriate and that the questions were phrased in a way that was understandable.

There could be a limitation to the questionnaire in that it does not include information about the years of experience that the respondent has with the PMDS. This could be seen as an important factor in enhancing one's understanding of the findings.

5.7 Conclusion

In conclusion, bridging the gap between knowledge and experience is critical to ensuring the effectiveness of the PMDS process in driving employee performance and development. The literature reviewed indicated that the PMDS has faced challenges in public healthcare facilities due to various factors such as poor implementation, inadequate training, bias in reward allocation, the absence of proper feedback and unclear expectations and goals.

The objective of this research was to determine the level of knowledge and experience of the PMDS amongst nurses at a district hospital in Tshwane. This research found that there is a gap between nurses' knowledge of the PMDS and their experience of its implementation. In general, employees have a good understanding of the PMDS process and its components; however, many encounter challenges and do not have sufficient experience to effectively apply these skills. There have been instances of insufficient time for performance discussions with supervisors and reports of a lack of supervisory feedback, and nurses were feeling demotivated by the system.

The evidence gathered indicates that the majority of nurses felt they needed more training on the PMDS in order to improve their knowledge of the system, and further 78.3% said that they would benefit from additional training to better understand and improve the PMDS. This result is concordant with previous research, which highlighted the desperate need for PMDS training as only a few nurses had the opportunity to attend PMDS training, and many were uninformed of what to expect.

Similarly, managers involved in the PMDS process may have a good understanding of the theory and principles behind the process but lack the practical experience to effectively implement it and provide meaningful feedback and motivation to their employees.

This gap between knowledge and experience can impact the effectiveness of the PMDS process, particularly in terms of providing employees with the feedback and motivation they need to perform at their best. Without regular feedback and motivation, employees may struggle to understand how their performance aligns with organisational goals and expectations, which can lead to disengagement, decreased productivity, and high turnover rates.

To address this gap, it has been recommended that more training and development opportunities be provided for employees and managers to help them acquire the skills and experience needed to effectively implement the PMDS process. They can also establish clear expectations and goals for the process, and regularly evaluate and adjust it to ensure that it is effective in providing employees with the feedback and motivation they need to perform at their best. Additionally, the district hospital should be open to creating a culture of open communication and continuous feedback, which can help bridge the gap between knowledge and experience and promote employee engagement and development.

This research has the potential to add value to the fields of public health and human resource management in several ways. Firstly, by highlighting the challenges and gaps in the PMDS process in public health facilities, this research can help identify areas for improvement and guide policy-makers and managers in developing targeted interventions to address these challenges. Secondly, the findings that there is a gap between knowledge and experience in the PMDS process among nurses can inform the development of training programmes that aim to bridge this gap and improve the effectiveness of the PMDS process. Thirdly, this research can contribute to the broader literature on performance management in healthcare settings, particularly in district hospital settings as well as resource-constrained environments. Overall, this study's research has the potential to inform policy and practice in the fields of public health and human resource management and help provide effective performance management systems in healthcare settings.

5.8 Suggestions for further research

In line with the study's findings, there are multiple areas where further study could contribute to a deeper understanding of the challenges and potential solutions for implementing an effective PMDS in public health facilities. Some suggestions for future research include:

- Investigating the efficacy of various training techniques for PMDS implementation among nurses in public health institutions.
- Examining the importance of supervisor feedback and motivation for PMDS process improvement.
- Conducting a comparative analysis of the PMDS process in South African public health facilities across various provinces.
- Investigating the effect of the PMDS procedure on overall service delivery in public health institutions.
- Investigating the perspectives and experiences of other healthcare professionals, such as doctors, about the PMDS process at public health institutions.

This research has helped to address the gap in the literature regarding PMDS implementation. Further exploration of the areas mentioned above, would contribute to the literature base on PMDS. This empirical study has helped us understand how the nurses at a district hospital in Tshwane perceive the PMDS and provided recommendations to improve the performance management process.

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ANNEXURE A: INFORMED CONSENT LETTER



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Economic and Management Sciences

**University of Pretoria
Faculty of Economic and Management Sciences
School of Public Management and Administration**

Letter of Introduction and Informed Consent

**Determining the knowledge and experience of Performance
Management and Development System amongst nurses at the district
hospital in Tshwane**

Research conducted by:

Ms S Govender (04379187)
Cell: 0646806964

Dear Participant

You are invited to participate in an academic research study conducted by Ms. Shoba Govender, a Master's student from the School of Public Management and Administration at the University of Pretoria.

The purpose of the study is to determine the knowledge and experience of the Performance Management and Development System amongst nurses at the district hospital in Tshwane. In order to fully research this topic, you are requested to participate by sharing your honest answer to each question.

Please note the following:

- If you agree to volunteer for this study you will assist in meeting the purpose of the study.
- There is no right or wrong response to this questionnaire. Therefore, feel free and relaxed, and answer all questions truthfully.
- Please return this document in the same unmarked envelope in which you will put the completed questionnaire.
- The envelope must be dropped into the sealed box in the nursing manager's office.

- Please note that this is an anonymous study survey, as your name will not appear on the questionnaire. You will not be able to be identified based on the answers you provide.
- You can decide not to participate and stop participating at any time without any negative consequences. However, we appreciate it if you can contribute to this study, and we value your input.
- The process should take no longer than thirty (30) minutes. You have five working days to complete and return the questionnaire.
- The results of the study may be published in an academic journal for academic purposes only. Please contact my study leader, Dr Norman Nhede, 0124204140, norman.nhede@up.ac.za if you have any questions or comments regarding the study.

Please indicate below that:

- You have read and understand the information provided above.

| | |
|-----|--|
| Yes | |
| No | |

- You give your consent to participate in the study on a voluntary basis.

| | |
|-----|--|
| Yes | |
| No | |

Date: _____

ANNEXURE B: RESEARCH QUESTIONNAIRE



UNIVERSITEIT VAN PRETORIA
 UNIVERSITY OF PRETORIA
 YUNIBESITHI YA PRETORIA

Faculty of Economic and Management Sciences
 School of Public Management and Administration (SPMA)

RESEARCH QUESTIONNAIRE

SECTION A: BIOGRAPHIC INFORMATION

Please complete the following with a cross (X) in the appropriate column.

| | Yes | No |
|-----------------------------------------------------------------------------------------------|-----|----|
| Are you a permanent-employed nurse at this hospital and have been involved in the PMDS cycle? | | |

If you answered **"No"** to the above question, this means you do not meet the selection criteria set for this study and **should not complete this questionnaire.**

If you answered **"Yes"**, please continue.

| | | Male | Female | Other |
|---|-----------------------------|------|--------|-------|
| 1 | Please indicate your gender | | | |

| | | | |
|---|--------------------------------|----------------------|--|
| 2 | Please indicate your age group | Between 20 and 24 | |
| | | Between 25 and 29 | |
| | | Between 30 and 34 | |
| | | Between 35 and 39 | |
| | | Between 40 and 44 | |
| | | Between 45 and 49 | |
| | | Between 50 and above | |

SECTION B: QUESTION SECTION

Please indicate your answer with an **X**

| The following questions are related to your <u>knowledge</u> of the Performance Management and Development System (PMDS) | | Yes | No | Not sure |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----|----|----------|
| 1. | I understand what PMDS is. | | | |
| 2. | I have received sufficient training on PMDS. | | | |
| 3. | I require further training on PMDS. | | | |
| 4. | The PMDS process is straightforward and clear. | | | |
| 5. | The actions that go into the PMDS process are worth the effort. | | | |
| 6. | My supervisor and I plan my performance appraisal together. | | | |
| 7. | My supervisor and I have sufficient time to discuss my performance. | | | |
| 8. | The performance appraisal time is pleasant to me, and I feel encouraged. | | | |
| 9. | My performance standards are achievable and possible to meet. | | | |
| 10. | My performance development plans are aligned with my key performance area. | | | |
| 11. | My performance rating is in accordance with my work performance. | | | |
| 12. | I believe that the performance rating scores are fair amongst all staff. | | | |

| The following questions are related to your <u>experience</u> with the PMDS | | Yes | No | Not sure |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----|----|----------|
| 13. | Through the PMDS I can determine any training or job direction I need. | | | |
| 14. | The performance management system adequately promotes my personal development as an employee. | | | |
| 15. | It is my responsibility to ensure that my performance is evaluated. | | | |
| 16. | I discuss my performance challenges with my supervisor. | | | |
| 17. | I am aware of the deadlines for the PMDS to be implemented in my unit. | | | |

| 18. | Do you agree that the performance management process focuses on employee development and not just on salary increases and performance bonuses? | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| | | Yes | No | Not sure |
| 19. | I received feedback on my performance from my supervisor timeously. | | | |
| 20. | Feedback helps me to know how I am doing and how to improve. | | | |
| 21. | The PMDS motivates me to work harder and improve my performance. | | | |
| 22. | I am informed of how I am performing according to the key objectives. | | | |
| 23. | Performance appraisal helps me to identify areas that need improvement. | | | |
| 24. | The PMDS helps me have a better understanding of the goals in my work unit. | | | |
| 25. | There is consistency and fairness to all employees during our performance ratings. | | | |
| 26. | Any weakness in terms of my work performance is brought to my attention by my supervisor. | | | |
| 27. | The PMDS performance ratings have a direct influence on my promotion. | | | |

28. Is your performance management feedback with your supervisor helpful and encouraging or unhelpful and discouraging? Please explain why.

29. How does the PMDS help you to improve your work?

30. Do you believe there has been a change in the organisation since the implementation of a performance management system? Please provide some examples.

ANNEXURE C: Faculty of Health Science: Ethics Application EMS217/21



Faculty of Health Sciences

Faculty of Health Sciences **Research Ethics Committee**

Endorsement Notice

1 June 2022

Institution: The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- FWA 00002567, Approved dd 18 March 2022 and Expires 18 March 2027.
- IORG #: IORG0001702 OMD No. 0690-0278 Approved for use through August 31, 2024

Dear Mrs S Govender

Ethics Reference No: EMS217/21

Title: Determining the knowledge and experience of the Performance Management and Development System amongst nurses at the district hospital in Tshwane

The **New Application** as supported by documents received between 2022-04-14 and 2022-06-01 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2022-06-01 as resolved by its quorate meeting.

Please note the following about your ethics approval:

- Ethics Approval is valid for 1 year and needs to be renewed annually by 2023-06-01.
- Please remember to use your protocol number (EMS217/21) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

Ethics approval is subject to the following:

- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely



On behalf of the FHS REC, Dr R Sommers

MBChB, MMed (Int), MPharmMed, PhD

Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 46 and 45. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2016 (Department of Health).

Research Ethics Committee
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University of Pretoria, Private Bag x823
Gedisa 0031, South Africa
Tel: +27 (0)12 386 3081
Email: depp@ek.behalf@up.ac.za
www.up.ac.za

Fakwalter: Gesondheidswetenskap
Letafaha la Lisense e-60/Maphele

ANNEXURE D: Faculty of Economic and Management Sciences: Ethics Application EMS217/21



Faculty of Economic and Management Sciences

RESEARCH ETHICS COMMITTEE

Approval Certificate

12 April 2022

Mrs S Govender
Department: School of Public Management and Administration

Dear Mrs S Govender

The application for ethical clearance for the research project described below served before this committee on: 2022-03-11

| | |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Protocol No: | EMS217/21 |
| Principal researcher: | Mrs S Govender |
| Research title: | Determining the knowledge and experience of the Performance Management and Development System amongst nurses at the district hospital in Tshwane |
| Student/Staff No: | 04379187 |
| Degree: | Masters |
| Supervisor/Promoter: | Dr NT Nhede |
| Department: | School of Public Management and Administration |


The decision by the committee is reflected below:

| | |
|------------------------------------|-------------------------|
| Decision: | Approved |
| Conditions (if applicable): | |
| Period of approval: | 2022-05-02 - 2022-08-31 |

The approval is subject to the researcher abiding by the principles and parameters set out in the application and research proposal in the actual execution of the research. The approval does not imply that the researcher is relieved of any accountability in terms of the Codes of Research Ethics of the University of Pretoria if action is taken beyond the approved proposal. If during the course of the research it becomes apparent that the nature and/or extent of the research deviates significantly from the original proposal, a new application for ethics clearance must be submitted for review.

We wish you success with the project.

Sincerely



pp PROF JA NEL
CHAIR: COMMITTEE FOR RESEARCH ETHICS

ANNEXURE E: Research approval at the District Hospital in Tshwane

12/5/22, 8:44 PM

Consent to proceed with research - shoba.govender@up.ac.za - University of Pretoria Mail

Monene, Mogashoa (GPHEALTH) <Monene.Mogashoa@gauteng.gov.za>
to Sasha, Frank, me

Wed, 22 Jun, 12:33

UID09duf532bd
Dear Ms Govender

Following the ethical clearance and the hospital approval you are welcome to start with your study request at Tshwane District Hospital. Approval is granted for you to proceed.

Many Thanks
Ms Monene Mogashoa
CEO
Tshwane District Hospital
0720944 411



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