The Role of Motivation in the Implementation of the Performance Management and Development System (PMDS) within the Gauteng Emergency Medical Services (GEMS)

Z Kubheka*

School of Public Management and Administration University of Pretoria

M Tshiyoyo

School of Public Management and Administration University of Pretoria

ABSTRACT

Effective human resource management and development have the ability to promote and sustain an organisation's performance. In the health sector as in any other sector, service quality is closely linked to the human factor. Emergency Medical Services can provide a guality service only if staff members are motivated. But how can workers be motivated so that they can perform their duties to the best of their ability? Is there any link between motivation and performance? This article intends to assess the role of motivation in the implementation of the Performance Management and Development System (PMDS) within the Gauteng Emergency Medical Services (GEMS). In South Africa, with the advent of the new dispensation in 1994, the PMDS was introduced with the aim of promoting an effective and efficient monitoring and evaluation of employees' performance and subsequently that of their organisation. The system was designed as a tool to recognise and reward excellent performance meanwhile catering for the training and development needs of underperforming employees. The article uses a mixed methods approach as it relies on a triangulation of quantitative and qualitative methods of data collection and analysis.

INTRODUCTION

Performance management refers to the wide variety of activities, policies, procedures, and interventions designed to help employees to improve their performance. These programmes begin with performance appraisals but also include feedback, goal setting, and training, as well as reward systems. Therefore, performance management systems begin with performance appraisal as a jumping off point, and then focus on improving individual performance in a way that is consistent with strategic goals and with the ultimate goal of improving an organisation's performance (Aguinis and Pierce 2008; DeNisi and Murphy 2017:421).

The Department of Public Service and Administration (DPSA) defines the PMDS as a system designed to manage and develop public service employees' performance with the intent of accomplishing both individual and institutional excellence. The DPSA links the PMDS to standards that are specific, measurable, attainable and reasonable thus enabling all public employees to know what exactly is expected from them. A PMDS has the ability to promote continuous monitoring and evaluation of employees holding them accountable for their individual performance (DPSA 2007a:3, 8, 14). In recent years, there are relentless pressures on managers in public services to act on the quality of their services. The idea of 'more with less' has become a slogan, as managers seek to maintain or improve the quality of service delivery. This phenomenon is pervasive – an international trend from which there is no escape for public service managers.

The single largest pitfall for performance management systems in public service organisations is a negative side-effect which undermines the motivation, morale and behaviour of human resources. The key resource in many public services is their human capital - the staff employed, their expertise, their capacity for problem solving and policy implementation. There are distinct, adverse outcomes for the human dimension of performance management (Arnaboldi, Lapsley and Steccolini 2015:1, 5). In this article, one supports Holbeche (2003) and Buick, Blackman, O'Donnell, O'Flynn and West (2015) when they stress that if an individual performance management system is working well, it enhances organisational performance, restricts obstructive behaviours and supports desired behaviours. Therefore, one can note that the PMDS has the potential capacity to motivate employees, influence their behaviour and above all, lead them to attain high performance. In order to have a functioning department, there needs to be motivated employees that are committed to performing their work and therefore assist in meeting strategic goals. For employees to effectively and efficiently do their jobs there needs to be good management of performance, as well as developmental systems put in place. By surveying the literature it was guite clear that the PMDS is a tool that integrates all levels of an organisation or a department and that there should be a linkage of one's individual performance to the goals of the department/organisation (Lunenburg 2011:1–3). By having clear goals/objectives of a department and putting systems in place to manage the PMDS it becomes clear to all (supervisors and employees) what needs to be achieved, by when and how. By ensuring good management of the PMDS accountability is promoted and service delivery is achieved effectively, efficiently and economically (DPSA 2007a:10–12).

Employers are faced with the task of motivating employees and creating high job satisfaction among their staff. Creating programmes and policies that develop job satisfaction and serve to motivate employees takes time and money. When the employer understands the benefits of job satisfaction and motivation in the workplace, though, the investment in employee-related policies can be justified. The purpose of any motivation programme is to motivate the organisation's employees to enable them to work effectively. However, motivating employees is not an easy thing as what motivates employees differs among people (Cong and Van 2013:212). O'Riordan (2013:11–12) argues that motivated employees constitute a prerequisite for providing effective public services.

The PMDS should be used to motivate and incentivise employees to perform to the best of their ability. Within GEMS workers are evaluated using a PMDS contract. For instance, a supervisor or manager is expected to sign the contract, together with an employee, at the beginning of an appraisal cycle and then carry out continuous evaluations quarterly (DPSA 2007a:16). It is important to note that most learners at the Training College are also the employees of the GEMS. The employees, commonly referred to as learners during training, are evaluated by their supervisors/managers while they are attending training. The training period is a two-year full-time programme, the supervisors/managers only come to the college at the beginning and at the end of the appraisal cycle with the contracts already scored. Employees are somehow expected to sign the contracts. This modus operandi is a cause of contention as employees' performance is not appraised based on performance agreements and scores do not reflect the reality. This article intends to assess the current practices in order to determine the extent to which the implementation of the PMDS affects employees' motivation within GFMS.

METHODOLOGY

The main purpose of this article is to assess the current state of affairs in terms of the implementation of the PMDS within GEMS in order to determine the correlation that exists between motivation and performance. The article uses a mixed methods approach that relies on a triangulation of a quantitative and a qualitative design in the process of meeting its objective. The article is explanatory in nature but it relies on a descriptive means in order to define key terms and concepts relating to the subject of discourse before proceeding with data analysis and presenting results. It utilises documentary analysis and semi-structured question-naires for data and information collection:

Documentary analysis: an analysis of official documents (legislation, annual reports, speeches, statements, and internet sites) permitted an understanding of the context in which the PMDS is implemented.

Semi-structured interviews: GEMS has a total of 1 223 employees working in five districts, namely: Sedibeng, Johannesburg, West Rand, Ekurhuleni and Tshwane Districts.

The Tshwane District has a total of 325 employees; a sample of 150 was drawn and only 80 questionnaires were received back from participants. Tshwane District's staff work from six different stations using a rotational shift system (Shift A to shift D) and they are managed by shift supervisors. Here is the breakdown of the structure of the Tshwane District: 1 District Manager, 6 Station Managers, 24 Shift Supervisors, and 294 operational personnel.

THEORETICAL FOUNDATION

Rheinberg (2004:17) defines motivation as the activating orientation of current life pursuits towards a positively evaluated goal state. The term motivation has been defined variously by different authorities in the study of Psychology, Management and allied disciplines. According to Cole and Shastry (2009) motivation is essentially about what drives a person to work in a particular way and with a given amount of effort. Buford *et al.* (1995) add that motivation is a predisposition to behave in a purposive manner to achieve specific needs. Obviously, there are divergences in these definitions, though some common threads seem to exist. What is common to the foregoing definitions, among others, is that something has to trigger an employee to perform in an exceptional way. For the purpose of this article, motivation is operationally defined as a set of indefinite factors that cause a person (an employee) to perform their duties in a particular way.

Armstrong (2009:1) describes performance management as a system consisting of interlocking elements designed to achieve high performance. Within that system performance management is carried out through the process of planning, goal-setting, monitoring, providing feedback, analysing and assessing performance, reviewing, dealing with under-performance and coaching. Bacal (2003:viii) suggests that performance management is an ongoing communications process, undertaken in partnership between an employee and their immediate supervisor, that involves establishing clear expectations and understanding about the following: the employee's essential job functions; how the employee's job contributes to the goals of the organisation; what it means to do the job well; how job performance will be measured; what barriers hinder performance and how they can be minimised and eliminated; and how the employee and the supervisor will work together to improve the employee's performance. Based on these two definitions of performance management it emerges that the PMDS has a dual purpose, namely: a reward tool and the developmental means. It assists in improving individuals' performance but relies heavily on how well individuals are motivated to perform to the best of their ability.

There are two main types of motivation: intrinsic and extrinsic. An intrinsic motivation consists of those incentives that reside in the pursuit of an activity; whereas an extrinsic motivation is characterised by the incentives of events or changes that occur only once an activity has been successfully completed. These two types of motivation are supported by numerous theories such as: expectancy theories, goal-setting theories, and attribution theories; but most theories of motivation are complementary in nature and their basic foundation is the expectancy model. For the sake of this article emphasis is placed on expectancy and goal-setting theories as they directly relate to motivation and performance management.

Expectancy Model

The centrality of human resources is a strategic asset that can affect the value creation supporting the idea that an effective human resource management promotes organisational performance (De Simone 2014). The importance of this issue is supported by current literature considering the creation of value in general as a variable dependent on the quality of the human factor (Huselid 1995; Harter, Schmidt and Haves 2002). Human resources are even more emphasised in health care organisations, where job satisfaction is increasingly recognised as a critical measure of care outcome, especially for its relation with patient satisfaction. In this context, where service quality and efficiency are closely linked to the human factor, there is the need to introduce tools to assess the motivation of health care workers. Health care organisations can provide a quality service only if workers perceive they are considered as value resources and they can be in turn attentive to patients' needs (De Simone 2013). The widest accepted explanation of the motivation was given by Victor Vroom (1964) with the theory most commonly known as the Expectation-Value theory that tries to merge the various elements of previous theories. It combines perception aspects of the equity theory with the behavioural aspects of other theories.

Victor Vroom was the first to develop an expectancy theory with direct application to work settings, which was later expanded and refined by Porter and Lawler (1968) and others (Pinder 1987). The expectancy theory has three key elements: expectancy, instrumentality, and valence (Vroom 1964). A person is

motivated to the degree that he or she believes that: (a) effort will lead to acceptable performance (expectancy), (b) performance will be rewarded (instrumentality), and (c) the value of the rewards is highly positive (valence). *Expectancy* is a person's estimate of the probability that job-related effort will result in a given level of performance. Generally, estimates of expectancy by employees lie between two extremes. Expectancy, ranging from 0 to 1, is based on probabilities. If an employee sees no chance that effort will lead to the desired performance level, the expectancy is 0. On the other hand, if the employee is completely certain that the task will be completed, the expectancy has value 1. Instrumentality is an individual's estimate of the probability that a given level of achieved task performance will lead to various work outcomes. As with expectancy, instrumentality ranges from 0 to 1. For example, if an employee sees that a good performance rating will always result in a promotion increase, the instrumentality has a value 1. If there is no perceived relationship between a good performance rating and a promotion, the instrumentality is 0. Valence is the strength of an employee's preference for a particular reward. Theoretically, a reward has a valence because it is related to an employee's needs. Valence provides a link to the need theories of motivation (Alderfer, Herzberg, Maslow and McClelland). The reward such as promotion, peer acceptance, recognition by supervisors, might have more or less value to individual employees. Unlike expectancy and instrumentality, valence can be either positive or negative. If an employee has a strong preference for attaining a reward, valence is positive. At the other extreme, valence is negative. And if an employee is indifferent to a reward, valence is 0. The total range is from -1 to +1. Vroom suggests that motivation, expectancy, instrumentality, and valence are related to one another by the equation:

M = E * I * V (Motivation = Expectancy * Instrumentality * Valence).

De Simone (2015:19) notes that Vroom's expectancy theory provides a process of cognitive variables that reflects individual differences in work motivation. In this model, employees are rational people whose beliefs, perceptions, and probability estimates influence their behaviours. From a management perspective, the expectancy theory has some important implications for motivating employees in the health care setting. It identifies several important things that can be done to motivate employees.

Goal-setting model

Locke and Latham (2002) are of the view that motivation and performance are higher when individuals set specific goals, when goals are difficult but accepted

and when there is feedback on performance. Locke (1984) stresses that setting difficult specific goals may lead to significantly higher performance than easy goals, no goals or even the setting of an abstract goal such as telling employees to do their best. According to Kiruja and Mukur (2013:76-77), the goal theory suggests that the joint setting of objectives, feedback and involvement can improve motivation. The goal-setting theory places a particular emphasis on goal-setting behaviour and it stipulates that the goals need to be clear, specific and achievable if they are to motivate employees. For instance, Nagyms (2002) notes that employees are motivated if they are aware of what needs to be done in achieving a specific goal, irrespective of the difficulties they might encounter in doing so. To this end, the goal-setting theory lies at the centre of a performance-based motivation programme which is effectively applied in human resource management in the form of a management by objectives (MBO) technique that harbours employee involvement in goal setting, decision-making and feedback. In this context, Werner (2011:123) insists that the starting point of performance management is setting goals and measures. These go under numerous names and acronyms, such as: KRAs (key result areas); CSFs (critical success factors); KPIs (key performance indicators); and KPAs (key performance areas).

Based on the above-mentioned theories, this article argues that there is a correlation between motivation and performance. The next section demonstrates the relevance of motivation as an enabler of employees' performance.

MOTIVATION AS AN ENABLER OF EMPLOYEES' PERFORMANCE

Werner (2011:118) notes that many managers will say: "If only my staff were motivated, my problems would be over". This statement assumes that all that organisations need in order to improve performance is to have staff committed and motivated to do their work. However, employees' performance does not only rely on how well they are committed and motivated; many other factors come into play. Table 1 identifies some of the factors that influence individual performance.

Table 1 demonstrates that there are various factors that influence employees' performance. In this article, a focus is on motivation as it is at the nexus of factors relating to the individual and the organisation. In this article, it is believed that when employees are motivated, it becomes easier for them to flow with the other factors. The main question is: "what motivates employees?" Different people have different expectations and therefore require to be motivated using a differentiated approach. For some employees motivation is intrinsic; for others motivation depends on extrinsic values. In this context, one supports Werner (2011:85) when she insists that theories of motivation fall into two basic groups: content theories

Relating to the individual	Relating to the organisation
Commitment to the organisation	Leadership
Selection	Structure of working units
Personality	Systems and procedures
Attitude	Enabling support
Skills	Empowerment
Ability	Opportunity to perform
Knowledge	Job design
Being there (not being absent)	Rewards (pay and benefits, etc.)
Motivation	
Energy level	

Table 1: Factors influencing individual performance

Source: (Werner 2011:118)

and process theories. *Content theories* of motivation focus on what motivates an individual. What factors produce, direct and sustain behaviour? They are typically concerned with determining the specific needs that motivate people. Both approaches to understanding motivation are important for managers.

In South Africa, as stressed by Sangweni (2007:4), the PMDS is a Human Resource Management (HRM) process used to evaluate and improve employees' performance against clearly defined objectives that are linked to organisational strategies. The PMDS is used to communicate goals of an organisation, provide rewards to motivate employees and hold employees accountable for their actions. Further, Sangweni (2007:4) identifies a five step process that can be used by departments in achieving desired outcomes:

- Decide on the main objectives to be achieved,
- Design performance measures under each objective,
- Assign responsibility to a specific person for each objective and ensure there are adequate resources allocated,
- Measure performance and give feedback, and
- Review the performance making adjustments where required.

Without efficient and effective performance management and strategic goals, high quality services to the public cannot be delivered. For instance, performance management is not only about what people achieve, but how they achieve it. It is therefore imperative that performance management examines how results are attained to provide information necessary to consider what needs to be done to improve the results (Armstrong 2006:5–7). The objective of performance management is to accomplish the set vision and mission (goals) of the organisation, thus meaning individuals' performance should be based on the vision and mission of the organisation, this allows for individuals to accomplish their tasks leading to

actualisation of the bigger goal defined by the vision and mission, therefore no individuals can be classified as performers if their personal vision and mission are not accomplished (Heathfield 2016:1–2). However, set performance standards and objectives should abide by the following principles. They must be: specific, measurable, attainable, and reasonable and have a timeframe. Therefore, it is critical for team members to be fully involved in the process of setting objectives (Ngima and Kyongo 2013:235).

If properly implemented, performance management should be able to promote accountability; clarify roles and responsibilities, performance expectations and address developmental needs. Performance management is strategic and it should create an environment that can align individual goals to the organisational ones. For this to work there is a need for employees' support. Armstrong (2009:10–25) suggests the following in order for performance management to work:

- PMDS should be a continuous process that is simple, not over-elaborated or bureaucratic.
- PMDS should be owned and driven by line management, not HR and there should be enthusiastic support from top management.
- PMDS will only work with the willing and effective contribution of line managers, procedures need to be simple, well communicated and consultation and training should be provided.
- PMDS should be about developing people in order to improve their performance and not about generating ratings to inform remuneration decisions.
- PMDS should involve a continuing dialogue between employees and their supervisors and should be based on achievement of goals, performance analysis, constructive feedback that leads to performance improvement and personal development plans (Armstrong 2009:10–25).

To this end, one can note that performance management is a means of getting better results from an organisation, teams and individuals through an understanding and effective management of performance in line with the agreed objectives. In one study conducted by the DPSA in conjunction with the Public Service Commission (PSC), it was established that supervision and management are at the root of dissatisfaction, poor communication, incompetence and unfairness. The next section examines the implementation of the PMDS within GEMS.

THE IMPLEMENTATION OF PMDS WITHIN THE GAUTENG EMERGENCY MEDICAL SERVICES

According to the *Constitution of the Republic of South Africa* of 1996 (Act of 1996), the success of the public service in delivering its goals depends primarily on the

efficiency and effectiveness of employees in carrying out their duties. Effective performance management can improve the performance of public organisations. Performance management constitutes an integral part of an effective HRM and development strategy. It is an ongoing process in which employees and managers/supervisors together strive to improve the achievement of an institution's wider objectives. Performance management is underpinned by the following principles: results orientation, training and development, rewarding good performance, managing poor performance; and openness, fairness and objectivity (South Africa 1996:42-43). The DPSA (1997:9) highlights the importance of performance management in government as it states that the success of the public service in delivering its operational and developmental goals depends primarily on the efficiency and effectiveness with which employees carry out their duties. Further, the DPSA (2007b:36) stresses that in order to improve performance management in the public service, one should focus on compliance and improve the way in which PMDS is applied. Therefore, it is essential that HR policies must be present, clearly defined and understood by all in every organisation. The absence of HR policies might encourage unfair and inconsistent labour practice and consequently, enhance discrimination and favouritism (Ngima and Kyongo 2013:235).

Emergency Medical Services (EMS) constitutes a vital component of the Health care Delivery Systems, often referred to as ambulance services. EMS forms part of and is classified as an 'essential service' (Department of Labour 1997:1). EMS is the first point of contact and entry into health care systems by patients. The key function of the EMS in the health care sector is to provide out-of-hospital acute medical care and/or treatment to people with critical health situations that need urgent medical care and eventual transportation to facilities where definitive care will be provided, that is, hospitals (Garrison et al. 1997:84). EMS entails a complex organisation of people, equipment, and facilities that are there to respond to the emergency needs of the public and often work out of ambulance vehicles for delivery of Emergency Medical Care (EMC). The purpose of the EMS is to stabilise patients who are experiencing life-threatening medical emergencies, injuries, or illnesses. Hence, the difference between the EMS and other health care delivery systems (primary health care and preventative medicine) is that EMS focuses on the provision of instant or critical medical interventions that entails two main components, namely: the medical decision-making and the activities essential to avert unnecessary death or disability due to time-critical health challenges or complications, regardless of the patient's age, gender, location or condition, with the intent of preserving life (Razzak and Kellermann 2002:900–901). The vision of the Department of Health is to have an accessible, caring and high-quality health care system. Its mission is to improve health status through the prevention of illnesses and the promotion of healthy lifestyles and to consistently improve the health care delivery system by focusing on access, equity, efficiency, quality and sustainability (Department of Health 2010:1).

Schedule 4 of the *Constitution of the Republic of South Africa* of 1996, and the National Health Act 61 of 2003; state that the National Department of Health, across all nine provinces of South Africa, is the competent authority that has been entrusted with the provision of Health Care Services to the public. EMS forms part of the system and it is mandated to provide emergency services across all the provinces. For the EMS to achieve its mandate there is a need for the establishment of a service delivery model that defines and conforms to a province's Department of Health's mandate; that is, linking EMS operations with a Departmental strategy within a specific province. One of the main objectives of an effective EMS is to provide emergency medical care to all who need it (Kobusingye *et al.* 2006:1261). The pre-hospital EMS within GEMS include: Ambulance Services, Inter-hospital Transfer services, Planned Patient Transport services, focused operations for Special Events and Disasters, Emergency Communications Services and Air Ambulance Services.

GEMS staff members are mandated to provide quick, effective and efficient EMC to the public and the level of care rendered differs according to the level of qualification and scope of practice. GEMS are usually summoned by the public, businesses or other emergency services such as the police, through an Emergency Communication Centre (ECC) emergency number to deliver effective services (Stein, Wallis and Adetunji 2015:27). There are numerous policies that regulate EMS. For example, the District Health Management Information System (DHMIS) policy specifically regulates EMS performance and it consists of a set of performance indicators or targets that EMS performance is measured against. All EMS employees, particularly those in Gauteng, are required to strive to meet the set targets/indicators. The indicators or targets include, but are not limited to the following:

- EMS Priority one (1) Severely Critically ill or injured patients for an urban response under 15 minutes rate,
- EMS Priority one (1) Severely Critically ill or injured patients for a rural response under 40 minutes rate,
- EMS Priority one (1) Severely Critically ill or injured patients response under 60 minutes rate,
- EMS Obstetric client transport rate,
- EMS operational ambulance coverage, and
- EMS inter-facility transfer (Department of Health 2011:20).

In sum, GEMS' employees play an important role in ensuring that the DoH's goals are achieved, hence their performance is measured against the abovementioned targets linking the PMDS contracts to the DHMIS performance indicators. Buytendijk, Geishecker and Wood (2005:2) came up with the concept of Corporate Performance Management which they describe as all of the processes, methodologies, metrics and systems needed to measure and manage the performance of an organisation. In this context, linking employees' contracts to the DHMIS facilitates overall performance assessment and evaluation of GEMS as a whole and ensures that a corporate performance management is realised. GEMS currently uses three different contracts for PMDS as stipulated in the Department of Public Service Administration and can be highlighted as follows:

- Practitioner/Official:
 - Salary level 1- 6
 - Evaluates the low end qualification on the salary range
 - Mostly Basic Life Support and Intermediate Life Support Practitioners
- Team Leader/Specialist:
 - Salary level 7–10
 - Evaluates Shift Supervisors, Station Managers, District Managers and Advanced Life Support
- Manager/Professional:
 - Salary level 11 12
 - Evaluates Operational Managers and the Director

All contracts from salary level 1 to salary level 12 are divided into three performance review sections: Section 1 is the generic performance dimensions section and is the same throughout all salary levels. Section 2 is the specific output section and is specific to an individual employee and could include projects. Section 3 is the performance development section that consists of an individual employees' development plan and should be completed after the employee and supervisor/manager have agreed on desired areas of improvement and development. After completion of section 3 a plan is put in place based on the developmental objectives and corresponding development activities such as on-the-job training, formal training or tertiary education.

Measurements and time frames for completion should be put in place in order to monitor progress of that individual employee.

GEMS' performance is mainly measured through response times to the various cases ambulances get dispatched to (Gauteng Department of Health 2016:87–88). Response time is the time taken to respond to a user's request. Within EMS, response time is calculated from the moment the first emergency unit (ambulance or primary response vehicle) receives the dispatch information from the ECC, to the moment they reach the incident scene (the patient/address). A common theory that exists within all EMS is that a faster response time is associated with a better patient outcome. This translates to the goal of a response time target based on severity of the case and the geographical arrangement of the area of the incident scene (Blanchard *et al.* 2012:142). As stressed previously, GEMS' performance is regulated by the DHMIS policy and consists

of a set of performance indicators or targets that EMS performance is measured against. From the review of Gauteng Department of Health Annual Reports of the past five years, it can be deduced that GEMS has been underperforming in most of the indicators; most notably in the EMS priority 1 urban response less than 15 minutes rate (GDoH 2011–2016). A five year review of GEMS' performance from 2010 to 2015 is presented in Table 2.

	2010/11		2011/12		2012/13		2013/14		2014/15	
Key Performance Indicators	Target	Actual								
EMS operational ambulance coverage (ambulance/10000 of population)	0,018	0.023	0.04	0.02	0.05	0.023	0.06	2.3	0.06	2.28
EMS P1 urban response under 15 minutes rate	57%	50.4%	65%	33%	70%	52%	70%	76.7%	65%	78.7%
EMS P1 response under 60 minutes rate	75%	86.5%	80%	93%	85%	77%	85%	97.1%	85%	96.4%
P1 calls with a response time of <40 minutes in rural areas	100%	84.1%	100%	100%	100%	95%	100%	84.5%	100%	84.5%
Patients transported	*	*	*	*	*	*	*	*	28.7%	28.7%
All the variables indicated by # are the indicators that were later discontinued/needed to assess performance and all variables indicated by * were later added as areas to assess performance										

Table 2	. 2010–2015	Performance	of GEMS
---------	-------------	-------------	---------

Source: (Gauteng Department of Health Annual Reports 2010 to 2016)

Table 2 makes it is clear that GEMS has been underperforming in most areas. Underperformance/poor performance can be caused by failure to execute duties/tasks of the position or failure to execute such duties according to the set standards, non-compliance with set workplace policies and legislative framework, negative and disruptive behaviour in the workplace, and unacceptable workplace behaviour (Fair Work Ombudsman 2013:1–3). Response times can be affected by numerous reasons ranging from non-availability of resources to dispatch to the scenes, unfavourable road and weather conditions limiting driving ability of emergency vehicles, crews' intentional delays, that is, no sense of urgency, ECC crews delaying dispatching of units to scene. Most of the causes that hamper performance are dependent on employees, thus it is logical to base individual performance against these targets, and if an individual attains these objectives the directorate by default will achieve its objective. It is therefore important that the PMDS of employees be linked to GEMS' Directorate's objectives.

An employee needs to execute their daily duties diligently to fulfill the vision of the Gauteng Department of Health which is: health for a better life. The GEMS has PMDS that are in place to assess its employees on the accomplishment of the strategic goals of the department in order to meet service delivery. Performance management in the GEMS is not intended to be an annual event but an ongoing process that intends to ensure that there is a common understanding on the PMDS, there is improvement of EMS personnel and their competencies as well as to recognise and reward good performance.

According to the Annual Report 2017–18 of the Gauteng Department of Health (2018:45), the purpose of the EMS is to ensure rapid and effective EMC and transport as well as efficient planned patient transport, in accordance with provincial norms and standards. The report demonstrates that EMS within the Gauteng Department of Health attained significant achievements during the financial year 2017/2018. For instance, response times have improved with the opening of EMS satellite stations close to caller locations. This has shown positive gains on P1 response times in the various areas. Operations have opened new EMS satellite stations in the north of Gauteng, Mamelodi, Laudium and Soshanguve Block JJ. This has increased the number of EMS stations from 34 to 37. Public information, education and awareness campaigns, through the Department's social media sites (Facebook, Instagram and Twitter) have resulted in a large number of followers and hits. GEMS has invested in high value assets and specialised equipment, including low-birth ventilators and 12 lead electrocardiograms (ECGs), to improve patient treatment and outcomes by moving critically ill patients from District and Regional hospitals to academic and specialised hospitals.

THE ROLE OF PMDS IN MOTIVATING GEMS EMPLOYEES

Ngima and Kyongo (2013:235) stress that performance development contributes to continuous improvement in public service and supervisors/managers have at their disposal management tools by which they can stimulate efforts of employees therefore providing an environment that is conducive for effective performance. According to Armstrong (2006:63–64), performance management is concerned with creating a culture in which organisational and individual learning and development is a continuous process. It provides means for the integration of learning and work so that everyone learns from the successes and challenges inherent in their day-to-day activities. Therefore, performance management or contribution-related pay is an important part of the reward system.

An ideal performance management system should consist of a job description, performance expectations, continuous appraisal, disciplinary policies and a reward system that will ensure good performance. Having a good performance management system will ensure that adequate support is provided for a creative and productive workforce. The following characteristics of performance management systems were therefore identified by Bedford and Malmi (2009:5) and are needed to ensure an effective and efficient overall performance of an organisation:

- Formalised strategic planning processes outlining quantitatively measured goals and detailed plans of action.
- Strategy that is implemented and controlled through a combination of budgets and performance measurement systems must be in place as follows:
 - Budgets primarily as a system to monitor and evaluate deviances from targets, while performance management systems are used more to encourage information sharing, debate and direct attention towards new opportunities.
 - Measurement systems that incorporate a range of dimensions and measures for subordinate evaluation, particularly 'leading' measures that provide an indication of future financial performance.
 - Greater emphasis on performance-contingent compensation.
- Use of structural mechanisms, such as task forces, project committees and cross-functional teams that cut across traditional hierarchical relationships encouraging information sharing.
- Use of policies and procedures limiting the scope of subordinate behaviours non-invasively, such as codes of conduct, and pre-action reviews that subject subordinate activities to review prior to implementation but provide significant autonomy once approved.
- Emphasis on human resource procedures and development of shared organisational values, providing a foundation for decision-making.
- Organisations that emphasise efficiency as a strategic priority used performance measurement systems as a means of accountability and evaluation, emphasising bonus compensation determined objectively on the basis of short-term targets.
- Organisations that emphasise innovation used budgets and performance measurement systems to evaluate past actions and to develop new strategic directions. To give subordinates significant operational autonomy and structure the firms encouraged information sharing between departments.
- Organisations attempting to balance innovation and efficiency have highly formalised strategic planning processes and encouraged subordinate participation and used both budgets and performance management systems intensively.
- High performing firms, irrespective of strategic priority, benefited from a focus on human capital and organisational values.

According to Armstrong (2006:6), there are processes that exist for establishing shared understanding about what is to be achieved in order to manage and develop people both in the long- and short-term. Because performance evaluation is a continuous process throughout the year; monitoring outcomes against set objectives is important and is needed to ensure corrective action is taken when necessary and employees should be encouraged to monitor and manage their own performance evaluation is important and enables supervisors to ensure that set objectives are reached and assessed, feedback is provided continuously and effective communication is carried out efficiently. Further, Ngima and Kyongo (2013:235) argue that performance feedback is motivational and is an external stimulus to mental action and managers should therefore provide continuous feedback to encourage and support employees; however, most managers forget that both positive and negative feedback should be used to achieve required results.

DATA ANALYSIS AND FINDINGS

As it was alluded to earlier, the sample for this study consisted of 150 and only 80 questionnaires were received back. A brief analysis of data collected and an outline of findings are presented below. The findings are based on the following three questions:

Question 1: What is the current practice of PMDS in the GEMS?

The evaluation of the current practice of the PMDS in GEMS revealed the following:

Organisational knowledge and understanding of PMDS

The findings on the knowledge and understanding of PMDS reveal that the majority of respondents (42%) described the PMDS as a measurement against set objectives, thus indicating that employees are generally familiar with the PMDS concept. Contrary to this finding there are respondents who defined PMDS as a tool that was used by managers to control employees, or a tool used by managers to withhold bonuses. This misapprehension of the PMDS by this group could have a negative impact on the entire organisation, as the group can feel despondent, negative and demotivated. Despite this group only representing 23% of the respondents in the Tshwane District, it still raises concerns as they could influence the other employees within GEMS as a whole. Englert (2014:517) discusses emotional contagion resulting in people or a group of people building relationships due to sharing of emotions, and how this emotional contagion can be influential and further, the author warns that negative and demotivated people could have a negative effect within the entire organisation; thus an organisation needs to promptly solve the misapprehension through proper communication to avoid and eliminate any ambiguity.

Implementation and understanding of PMDS by supervisors/managers

The analysis revealed that supervisors/managers do not have the skills and knowledge on conducting and implementing the PMDS and the employees have no confidence in their management skills as they believe that they are non-objective and biased during performance reviews. Supervisors/managers are also found to be lacking in their skills on continuously assessing and providing counselling to employees on poor performance, therefore resulting in an EMS that is functioning ineffectively due to poor performance. This finding indicates that employees are not guided on their tasks and what is expected of them and this has led to demoralised and demotivated employees that have no confidence in the employer.

The need/value of PMDS in GEMS

The researcher found that even though 82% of the respondents indicated that there is a need for the PMDS within the work environment, 70% of the respondents were not happy with the current PMDS, and only 30% were happy with the system. The contributing factors to the unhappiness towards the PMDS include but are not limited to the poor communication between supervisors/ managers and employees regarding their performance, lack of training and development opportunities and the PMDS not clearly stipulating consequences for underperformance.

Communication on PMDS

Although the majority of the employees indicated that the PMDS policy has been widely communicated, there are still 43% of employees that indicated they are either not sure or indicated that the PMDS policy has not been widely communicated and that there is no need for the PMDS as managers mostly use it as a tool to punish/control and intimidate personnel.

Question 2: Does PMDS provide motivation to employees?

Kressler (2003:42) states that motivation is a combination of various elements including the needs that tend to influence performance and action. Workplace needs that could keep employees motivated include appreciation, recognition and incentives. PMDS can be one way of providing incentives and a form of recognition of high performance and these incentives are usually in the form of monetary value. It, however, remains a contentious issue as to whether or not these monetary incentives are associated with motivation, but it can be deduced

that the opposite holds true, that is, lack of a monetary incentive for better performance can be demotivating.

Promotion of growth on work performance

Overall the PMDS was found to be a tool that promotes growth in work performance. Even though this finding is suggestive that PMDS can be perceived as a motivator, there was an area of concern that could potentially have a demotivating effect on the employees; based on the 54% of respondents that did not think that the PMDS recognises above average performance.

Rewards

The analysis revealed that the majority of respondents indicated that performance bonuses are received in the form of monetary incentives and are enough to encourage good performance; however, they also indicated that they do not feel that they have personally received enough reward and that they were not encouraged to create ideas or solutions during the performance review. Despite rewards having the potential to motivate employees within GEMS the results suggest that there is lack of enthusiasm towards the PMDS, its intentions and work performance. Notwithstanding this finding, it is important to note that humans are competitive in nature and tend to compare. In the workplace, even underperforming employees will compare their average performance to the performance of high performers, and the average performers will still most likely be of the opinion that they are high performers and thus they should be rewarded. Taking this predisposition into consideration, there is likelihood that employees can/will be disgruntled with their rewards and observe themselves as unfairly undercompensated, unappreciated and unrecognised by the employer.

Katcher (2006) rightfully insists that unhappy employees should be treated as a serious concern to the organisation, especially taking into consideration that only a few employees will in fact come out and tell their supervisors/managers that they are not happy, he cautions that such employees tend to demonstrate behaviours that are hostile/destructive towards other employees and could potentially be harmful to the organisation, and that such employees tend to keep good ideas and suggestions that could be beneficial to the organisation to themselves and deliberately tend to do as little work as possible.

Question 3: What challenges are encountered in the implementation of PMDS?

The analysis of data revealed that GEMS faces a number of challenges concerning how the PMDS is implemented. Respondents highlighted the following challenges:

Being threatened by supervisors/managers,

- Junior staff cannot provide inputs or have opinions on the PMDS,
- Scored by a supervisor/manager who is less qualified than the employee,
- There is no adequate communication and employees are never informed or encouraged to improve,
- No follow-ups on progress by supervisors/managers,
- Objectives do not work as they cannot be met,
- The PMDS is used as a tool for revenge/to punish employees,
- There are no consequences for employees who underperform,
- Employees on incapacity leave do not qualify,
- No workshops/training for employees if you get low scores,
- Review time is not enough,
- Favouritism/nepotism/victimisation,
- Rated according to the statistics of the station,
- Not done well/ not fair,
- Scored using a pencil/requested to sign without a score,
- The PMDS not in line with development needs,
- Indicates no opportunity for learning,
- Supervisors/managers don't score employees according to performance,
- Conflicts between supervisors/managers,
- An employee on maternity leave does not qualify,
- Scored without having any discussions,
- Strained relationships with non-performers,
- Employees not willing to sign,
- Employees only think the PMDS is about money and not development,
- Lack of communication, training and development, and
- Lack of knowledge about PMDS by the supervisors.

The above-mentioned challenges are indicative that there is a problem within the GEMS in terms of the management and implementation of PMDS. However, the general basics of implementation, although ineffectively done, are already in place, that is, 59% of respondents do understand the contents of the PMDS, communication of the PMDS policy to employees has been done, Managers/ Supervisors have some knowledge and understanding of the PMDS, the contracting is done at the beginning of every financial year, and reviews are done every quarter.

CONCLUSION

Based on data analysis it has been found that the majority of the employees within GEMS are demotivated because of the manner in which the PMDS is

implemented. Despite the fact that the PMDS is fully implemented there is, however, a gap between what has been described in the theoretical framework and the current practices. The areas that require attention include among other things: communication between supervisors and subordinates, training and development, appropriate induction, capacitation of supervisors on the implementation of PMDS, and finally, the review of the current incentive and reward system. In order to address most of these issues, there is a need to set clear and achievable objectives that are aligned with expected operational functions. To activate this, particularly in the context of GEMS, supervisors should try to engage employees from the belief that good performance will result in valued rewards. They should measure job performance accurately and directly link the specific performance they desire to the rewards desired by employees. Moreover, supervisors should try to link the expected value of rewards with the desired performance. As a result, they will be able to individualise rewards and motivate employees according to their individual expectations for high performance. Beyond rewards, supervisors should also be prepared to coach employees who record poor performance.

NOTE

* This article is partly based on the mini-dissertation of Ms Zintle Kubheka who graduated with a Master in Public Administration at University of Pretoria under the supervision of Dr M Tshiyoyo. The mini-dissertation is entitled, *The Implementation of the Performance Management and Development System (PMDS) in the Gauteng Emergency Medical Services (GEMS).*

REFERENCES

- Aguinis, H. and Pierce, C.A. 2008. Enhancing the relevance of organisational behaviour by embracing performance management research. *Journal of Organisational Behaviour*. January 2008. 29:139–145.
- Arnaboldi, M., Lapsley, I. and Steccolini, I. 2015. Performance management in the public sector: The ultimate challenge. *Financial Accountability & Management*. February 2015. 31(1):1–22.
- Armstrong, M. 2006. *Performance Management: Key Strategies and Practical Guidelines*. 3rd edition. London: Kogan Page.
- Armstrong, M. 2009. Armstrong's Handbook on Performance Management: An Evidence Based Guide to Delivering High Performance. 4th edition. London: Kogan Page.
- Bacal, R. 2003. The Manager's Guide to Performance Reviews. New York: McGraw-Hill Professional.
- Bedford, D. and Malmi, T. 2009. Best Practice in Performance Management: A Collaborative Research Project between CPA Australia and the University of Technology. Sydney: University of Technology.

- Blanchard, I.E., Doig, C.J., Hagel, B.E., Anton, A.R., Zygun, D.A., Kortbeek, J.B., Powell, D.G., Williamson, T.S., Fick, G.H. and Innes, G.D. 2012. Emergency medical services response time and mortality in an urban setting. *Pre-hospital Emergency Care*. January 2012. 16(1):142–151.
- Buford, J.A., Jr., Bedeian, A.G. and Lindner, J.R. 1995. *Management in Extension*. 3rd edition. Columbus, Ohio: Ohio State University Extension.
- Buick, F., Blackman, D.A., O'Donnell, M.E., O'Flynn, J.L. and West, D. 2015. Can enhanced performance management support public sector change? *Journal of Organisational Change Management*. April 2015. 28(2):271–289.
- Buytendijk, F., Geishecker, L. and Wood, B. 2005. Magic Quadrant for CPM Suites: No Dramatic Movement in 2004. Gartner RAS Core Research Note G, 131208, 2.
- Cole, S. and Shastry, K. 2009. Smart money: The ect of education, cognitive ability, and financial literacy on financial market participation, Working paper no. 09-071, Harvard Business School.
- Cong, N.N. and Van, D.N. 2013. Effects of motivation and job satisfaction on employees' performance at Petrovietnam Nghe an Construction Joints Stock Corporation (PVNC). *International Journal of Business and Social Science*. June 2013. 4(6):212–217.
- DeNisi, A.S. and Murphy, K.R. 2017. Performance appraisal and performance management: 100 years of progress? *Journal of Applied Psychology*. March 2017. 102(3):421–433.
- Department of Health. 2010. *Strategic Plan 2010/11–2012/13*. Pretoria: Government Printers. Department of Health. 2011. *District Health Management Information System (DHMIS) Policy 2011*. Pretoria: Government Printers.
- Department of Labour. 1997. Government Notice No 1216. 18276. Pretoria: Government Printers.
- Department of Public Service and Administration (DPSA). 1997. White Paper on Human Resource. Pretoria: Government Printers.
- Department of Public Service and Administration (DPSA). 2007a. Employee Performance Management and Development System. Pretoria: Government Printers.
- Department of Public Service and Administration (DPSA). 2007b. *Improving the performance of the public service: Lessons of the transformation process.* Pretoria: Government Printers.
- De Simone, S. 2013. Clima organizzativo come percezione del work environment. In M. Franco and S. De Simone (Eds.), Il Comportamento Organizzativo nelle Strutture Sanitarie: Relazioni Interpersonali Evalorizzazione delle Persone (pp. 33–58). Milano: McGraw-Hill.
- De Simone, S. 2014. A conceptual framework for the organisational analysis in health care contexts. International Journal of Humanities and Social Science. October 2014. 4(12):46–52.
- De Simone, S. 2015. Expectancy value theory: Motivating healthcare workers. *American International Journal of Contemporary Research*. April 2015. 5(2):19–23.
- Englert, L. 2014. The impact of emotional contagion and its relationship to mood. *North American Journal of Psychology*. 14:517–530.
- Fair Work Ombudsman. 2013. Best Practice Guide Managing Underperformance. Canberra: Australian Government.
- Garrison, H.G., Foltin, G.L., Becker, L.R., Chew, J.L., Johnson, M., Madsen, G.M., Miller, D.R. and Ozmar, B.H. 1997. The role of emergency medical services in primary injury prevention. *Annals of Emergency Medicine*. July 1997. 30(1):84–91.

- Gauteng Department of Health (GDoH). 2016a. Annual Report 2015/2016. Johannesburg: Government Printers.
- Gauteng Department of Health (GDoH). 2016b. Annual Performance Plan 2016/17–2018/19. Johannesburg: Government Printers.
- Gauteng Department of Health. 2018. Annual Report 2017–2018. Johannesburg: Gauteng Provincial Health Department.
- Gauteng Emergency Medical Services. 2016. *Report on the Current Status of Emergency Medical Services in Metropolitan Municipalities of Gauteng.* Johannesburg: Gauteng Emergency Medical Services.
- Harter, J.K., Schmidt, F.L. and Hayes, T.L. 2002. Business-unit-level relationship between employee satisfaction, employee engagement, and business outcomes: A meta-analysis. *Journal of Applied Psychology*. April 2002. 87(2):268–279.
- Heathfield, S. 2016. Performance appraisals don't work. Available at: http://humanresources.about. com/od/performanceevals/a/perf_appraisal.htm (Accessed on 27 August 2016).
- Holbeche, L. 2003. High Performance Organisation Checklist. West Sussex: Roffey Park Institute.
- Huselid, M.A. 1995. The impact of human resource management practices on turnover, productivity, and corporate financial performance. Academy of Management Journal. June 1995. 38(3):635–672.
- Katcher, B.L. 2006. Why your employees hate you and what you can do about it, *Pre-Publication Draft Manuscript* 1-9-06:1–187.
- Kiruja, E.K. and Mukuru, E. 2013. Effect of motivation on employee performance in public middle level Technical Training Institutions in Kenya. *International Journal of Advances in Management and Economics*. July-August 2013. 2(4):73–82.
- Kobusingye, O.C., Hyder, A.A., Bishai, D., Joshipura, M., Hicks, E.R. and Mock, C. 2006. Emergency medical services. *Disease control priorities in developing countries*. April 2006. 2(68):626–628.
- Kressler, H.W. 2003. Motivate and Reward: Performance Appraisal and Incentive Systems for Business Success. New York: Palgrave Macmillan.
- Locke, E.A. 1984. Effect of self-efficacy, goals and task strategies on task performance. *Journal of Applied Psychology*. May 1984. 69(2):241–51.
- Locke, E.A. and Latham P. 2002. Building a practically useful theory of goal-setting and task motivation: A 35 year odyssey. *American Psychological Association*. September 2002. 57:705–717.
- Lunenburg, F.C. 2011. Decision making in organisations. *International Journal of Management, Business and Administration*. 15(1):1–6.
- Nagyms, M.S. 2002. Using a single- item approach to measure facet job satisfaction. *Journal of Occupational Psychology*. March 2002. 75(1):77–86.
- Ngima, W.M. and Kyongo, J. 2013. Contribution of motivational management to employee performance. *International Journal of Humanities and Social Science*. July 2013. 3(14):219–239.
- O'Riordan, J. 2013. Public Service Motivation. Ireland: Institute of Public Administration.
- Pinder, C.C. 1987. Valence-Instrumentality-Expectancy Theory. In R.M. Steers and L.W. Porter (Eds.), Motivation and work behaviour. 4th edition. (pp. 69–89). New York: McGraw-Hill.
- Porter, L.W. and Lawler, III E. E. 1968. Managerial Attitudes and Performance. New York: McGraw-Hill.

- Razzak, J.A. and Kellermann, A.L. 2002. Emergency medical care in developing countries: Is it worthwhile? *Bulletin of the World Health Organisation*. November 2002. 80:900–905.
- Rheinberg, F. 2004. Motivation. 5th edition. Stuttgart: Kohlhammer.
- Sangweni, S. 2007. Guide on performance management for social development departments. Pretoria: Public Service Commission.
- South Africa (Republic). *Constitution of the Republic of South Africa, 1996 (Act of 1996).* Pretoria: Government Printers.
- Stein, C., Wallis, L. and Adetunji, A. 2015. The effect of the Emergency Medical Services vehicle location and response strategy on response times. *South African Journal of Industrial Engineering*. August 2015. 26(2):26–40.
- Vroom, V.H. 1964. Work and Motivation. San Francisco: Jossey-Bass.
- Werner, A. (Ed.) 2011. Organisational Behaviour: A Contemporary South African Perspective. 3rd edition. Hatfield: Van Schaik Publishers.

AUTHORS' CONTACT DETAILS:

Ms Z Kubheka

Program Manager (Paramedic) Lebone College of Emergency Care Cell: 076 786 8647 E-mail: zintlekubheka@yahoo.com

Dr M Tshiyoyo

Senior Lecturer University of Pretoria Cell: 0760278213 Tel. 0124203475 E-mail: michel.tshiyoyo@up.ac.za