

UNIVERSITY OF KWAZULU-NATAL

**EMPLOYEE PERFORMANCE MANAGEMENT AND DEVELOPMENT WITHIN THE
REGIONAL HOSPITALS IN THE KWAZULU-NATAL DEPARTMENT OF HEALTH**

by

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**A dissertation submitted in fulfilment of the requirements for the degree of
Doctor of Philosophy**

**Graduate School of Business and Leadership
College of Law and Management Studies**

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DECLARATION

I, **Wellington Bonginkosi ZONDI**, declare that

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- (ii) This dissertation has not been submitted for any degree or examination at any other university.
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ABSTRACT

The research was conducted within the Regional hospitals of the KwaZulu-Natal Department of Health. The study was motivated by the fact that regional hospitals provide specialised public health services yet are perceived by the general public to be struggling in the area of service delivery, motivating the question of whether their performance is being properly managed or not. The research involved 439 respondents from 8 of the 14 Regional Hospitals in the KwaZulu-Natal Province. The research instrument that was used was a self-administered questionnaire comprising 35 questions arranged in the form of a Likert Scale. The literature review provides an overview of the status core within the health sector in general, but specifically about the Regional hospitals of the KZN Department of Health. The literature highlights the challenges faced by these hospitals and also provides the legislative framework within which hospitals have to operate. There is a discussion on the theoretical overview of what performance management and development as a process entails. This touches on the components of performance management such as performance planning, performance appraisals, performance monitoring, reward systems and so forth. The research design that was employed by the researcher is clearly indicated and discusses a variety of research methods that were considered before the quantitative method was deemed the most appropriate. It also gives clarity on how the research instrument was constructed. Data that was collected was analysed and presented. The findings and the recommendations from this study are provided. Findings, in the main, reveal gross unaccountability by most public servants. Underlying causes of include the fact that some positions are political appointments as opposed to appointments based on competency. Another element is the fact that salary increases tend to be the same across the board, irrespective of one's performance. A complete overhaul of the Employee Performance Management and Development System is recommended. Findings also reveal that, in some cases, performance agreements have not been signed by the employees. This needs to be improved since performance agreements spell out the key performance areas of the employees as

well as the time frames within which such performance has to be achieved. The findings also revealed that in some cases where the staff signed their performance agreements, they did so without any prior consultation. It is recommended that there be an addendum that staff signs to confirm that they were given a chance to prepare themselves prior to signing their performance agreements. The study revealed that while, in the main, it seemed like management had conducted the performance management and development of their subordinates correctly, there is clear evidence that there is room for improvement in all the variables that were posed during this study. It is therefore recommended that a competency centre in which supervisors and managers are trained in the process of performance management and development be established within the KwaZulu-Natal Department of Health. The study further recommends that the strategy that is used to implement the *Batho Pele* principles must reflect the unique nature of the Regional hospitals. The study also recommends that a deliberate culture change be brought about within the Regional hospitals. The study further recommends that the KwaZulu-Natal Department of Health come up with a strategy to encourage its employees to participate in research on issues relating to their performance and development. The study was concluded, with the limitations of the study, which included among others time and budget constraints as well as reluctance on the part of Government employees to participate in the study, taken into account and recorded.

TABLE OF CONTENTS

DECLARATION.....	ii
ACKNOWLEDGEMENTS	iii
ABSTRACT	iv
TABLE OF CONTENTS	vi
LIST OF ANNEXURES	xiii
LIST OF FIGURES.....	xiv
LIST OF TABLES.....	xix
CHAPTER 1	1
INTRODUCTION AND OVERVIEW OF STUDY.....	1
1.1 INTRODUCTION.....	1
1.2 BACKGROUND OF THE STUDY.....	2
1.2.1 The Primary Health Care Approach.....	3
1.2.2 Statutory Bodies.....	3
1.2.3 Health Authorities	3
1.2.4 Health Policy.....	4
1.2.5 Categories of the Hospitals.....	5
1.3 MOTIVATION OF THE STUDY.....	5
1.3.1 Contribution of the study.....	6
1.4 PROBLEM STATEMENT.....	7
1.5 AIM AND OBJECTIVES OF THE STUDY.....	8
1.6 KEY RESEARCH QUESTIONS.....	9
1.7 LOCATION OF THE STUDY.....	9
1.8 POPULATION AND SAMPLE OF THE STUDY.....	10
1.9 RESEARCH METHODOLOGY.....	10
1.10 LIMITATIONS OF THE STUDY.....	11
1.11 SRTRUCTURE OF THE DISSERTATION.....	12
1.12 CONCLUSION.....	15

CHAPTER 2.....	16
LITERATURE REVIEW.....	16
2.1 INTRODUCTION.....	16
2.2 BACKGROUND OF THE SOUTH AFRICAN HEALTH SYSTEM	16
2.3 VISION FOR THE SOUTH AFRICAN HEALTH SYSTEM	17
2.4 THE NEW NATIONAL HEALTH PLAN	17
2.5 LOCATION OF HEALTH CARE FACILITIES.....	19
2.6 PRIORITY GROUPS.....	19
2.7 SECTORS AFFECTING THE HEALTH CARE SYSTEM.....	20
2.8 THE VISION STATEMENT OF THE KWAZULU-NATAL DEPARTMENT OF HEALTH.....	21
2.9 THE MISSION OF THE KWAZULU-NATAL DEPARTMENT OF HEALTH.....	21
2.10 THE CORE VALUES OF THE KWAZULU-NATAL DEPARTMENT OF HEALTH.....	22
2.11 MANDATES GOVERNING THE FUNCTIONING OF THE KZN	22
2.11.1 Constitutional Mandate.....	23
2.11.2 Legal Mandates.....	23
2.11.3 Policy Mandates.....	26
2.11.4 Relevant Court Rulings.....	27
2.12 KWAZULU-NATAL REGIONAL HOSPITALS	27
2.13 THE KZN DEPARTMENT OF HEALTH'S CHALLENGES.....	32
2.13.1 Budgetary Constraints.....	32
2.13.2 Excessive Reliance on the Public Health Services.....	32
2.13.3 Lack of Compliance with National Core Standards.....	32
2.13.4 Low Life Expectancy.....	33
2.13.5 Malaria Threat.....	33
2.13.6 Climate Change.....	33
2.13.7 Inadequate Food Supply.....	34
2.13.8 High Maternal and Child Mortality.....	34
2.13.9 Increasing Levels of Trauma.....	34

2.13.10	HIV and Aids Pandemic.....	35
2.13.11	Tuberculosis.....	35
2.13.12	Curable Cataracts.....	35
2.13.13	Oral and Dental Services.....	35
2.13.14	Inadequate Emergency Services.....	36
2.13.15	Shortage of Child and Adolescent Psychiatry Services.....	36
2.13.16	The Paradigm Shift.....	36
2.13.17	Inequity among Citizens.....	37
2.13.18	Duplication of Services.....	37
2.13.19	Integration of Traditional Health Care into the Public Health System.....	38
2.13.20	Drugs.....	38
2.14	BATHO PELE PRINCIPLES.....	38
2.15	HOSPITAL SERVICES IN SOUTH AFRICA.....	39
2.15.1	Categories of Hospitals in South Africa.....	39
2.16	REGIONAL HOSPITAL'S MANAGEMENT STRUCTURE.....	40
2.17	CONCLUSION.....	41
CHAPTER 3.....		42
LITERATURE REVIEW: THEORETICAL FRAMEWORK.....		42
3.1	INTRODUCTION.....	42
3.2	THE MEANING OF THE TERM 'PERFORMANCE'.....	42
3.3	THE MEANING OF THE TERM 'MANAGEMENT'.....	42
3.4	THE CONCEPT OF PERFORMANCE MANAGEMENT.....	42
3.5	AIMS OF PERFORMANCE MANAGEMENT.....	44
3.6	PERFORMANCE MANAGEMENT VERSUS PERFORMANCE MEASUREMENT.....	45
3.7	PERFORMANCE MANAGEMENT MODELS.....	46
3.8	THE PERFORMANCE MANAGEMENT PROCESS.....	48
3.8.1	Performance Planning.....	49
3.8.2	Definition of Performance Planning.....	49

3.8.3	The Nature of Performance Planning.....	49
3.8.4	Performance Agreement and the Work-Plan.....	50
3.8.5	Performance Monitoring.....	51
3.8.6	The Concept of Performance Appraisal.....	51
3.8.6.1	Why Appraise?	52
3.8.6.2	Who should be the Appraiser?.....	54
3.8.6.3	The Ethical Issues of Performance Appraisal.....	55
3.8.6.4	Requirements for an Effective Performance Appraisal.....	58
3.8.6.5	Respect.....	58
3.8.6.6	The Appraiser's Management Style.....	59
3.8.6.7	Employee's Perception of the Appraiser.....	60
3.8.6.8	Employee Receptivity.....	61
3.8.6.9	How the Manager Can Prepare for a Perfect Appraisal Process.....	63
3.9	CONCLUSION.....	64
CHAPTER 4.....		65
RESEARCH METHODOLOGY.....		65
4.1	INTRODUCTION.....	65
4.2	THE AIM AND OBJECTIVES OF THE STUDY.....	66
4.2.1	The Aim of the Study.....	66
4.2.2	Objectives of the study.....	66
4.3	LOCATION OF THE STUDY.....	67
4.4	PARTICIPANTS OF THE STUDY.....	68
4.5	RESEARCH DESIGN.....	68
4.5.1	Exploratory, Descriptive, and Causal Studies.....	69
4.5.2	Time Dimension.....	70

4.5.3	Data Collection Process.....	71
4.5.3.1	Identification of Research Variables.....	71
4.5.3.2	Selection of the Sample.....	71
4.5.3.3	Simple Random Sampling.....	72
4.5.3.4	Systematic Sample.....	73
4.5.3.5	Stratified Random Sampling.....	73
4.5.3.6	Multi-Stage Cluster Sampling.....	74
4.5.3.7	Sampling Method Chosen.....	74
4.5.4	Selection of the Research Method.....	75
4.5.4.1	Quantitative Research Methodology.....	75
4.5.4.2	Qualitative Research Method.....	76
4.5.4.3	Mixed Research Methodology.....	78
4.5.4.4	The Chosen Research Methodology.....	78
4.5.4.5	The hypotheses of the study.....	79
4.5.5	Selection of an Appropriate Data Collection Method.....	80
4.5.6	Construction of the Research Instrument.....	82
4.5.7	Pre-Testing.....	86
4.5.8	Validity.....	87
4.5.9	Reliability.....	88
4.5.10	Administration of the Questionnaire.....	89
4.5.11	Analysis of the Data.....	90
4.5.12	Hallmarks of Scientific Research Observed.....	91
4.5.12.1	Purposiveness.....	91
4.5.12.2	Rigour.....	91
4.5.12.3	Testability.....	92
4.5.12.4	Replicability.....	92

4.5.12.5 Precision and Confidence.....	92
4.5.12.6 Objectivity.....	93
4.5.12.6 Objectivity.....	93
4.5.12.7 Generalisability.....	93
4.5.12.8 Parsimony.....	93
4.5.13 Ethical Issues.....	93
4.6 CONCLUSION.....	94
CHAPTER 5.....	96
RESEARCH FINDINGS.....	96
5.1 INTRODUCTION.....	96
5.2 CRONBACH'S MODE (MEASURE OF RELIABILITY).....	96
5.3 DEMOGRAPHIC PROFILE OF THE RESPONDENTS.....	97
CHAPTER 6.....	148
DISCUSSION OF THE RESEARCH FINDINGS.....	148
6.1 INTRODUCTION.....	148
6.2 THE DRAFTING AND SIGNING OF THE WORK PLAN.....	148
6.3 CONSULTATION PRIOR TO THE SIGNING OF PERFORMANCE AGREEMENTS.....	149
6.4 OFFICIAL ORIENTATION ON THE EXISTING PERFORMANCE MANAGEMENT SYSTEM.....	150
6.5 TRAINING OF STAFF WITHIN THE KZN REGIONAL HOSPITALS.....	151
6.6 AVAILABILITY OF EQUIPMENT.....	151
6.7 PERFORMANCE MONITORING.....	152
6.8 PERFORMANCE EVALUATION.....	153
6.9 PERFORMANCE REWARDS.....	153
6.10 ESTABLISHMENT OF THE COMPETENCY CENTRE.....	154
6.11 GENDER EQUITY.....	155

6.12	CHANGE OF THE OLD CULTURE.....	155
6.13	CHANGES IN THE IMPLEMENTATION OF BATHO PELE PRINCIPLES	155
6.14	CONCLUSION	156
CHAPTER 7.....		157
RECOMMENDATIONS AND CONCLUSION.....		157
7.1	INTRODUCTION.....	157
7.2	ANSWERS TO THE RESEARCH QUESTION	157
7.3	RECOMMENDATIONS	162
7.4	CONCLUSION.....	164
REFERENCES.....		167
ANNEXURES.....		176

LIST OF ANNEXURES

ANNEXURE 1: Letter of informed consent	176
ANNEXURE 2: Research instrument	180
ANNEXURE 3: Ethical clearance	191
ANNEXURE 4: Permission from the Department of Health.....	193
ANNEXURE 5: Editor’s report	195

LIST OF FIGURES

Figure 5.1 Pie Chart Depicting the Gender of the Respondents.....	96
Figure 5.2 Pie Chart Depicting the Ages of the Respondents.....	97
Figure 5.3 Pie Chart Depicting the Number of Years the Respondents Have Worked for the Department of Health.....	98
Figure 5.4 Pie Chart Depicting the Salary Level of the Respondents.....	99
Figure 5.5 Pie Chart Depicting the Components in Which the Respondents Work.....	100
Figure 5.6 Bar Graph Depicting Whether or Not Performance Agreements Were Signed by the Respondents at the Beginning of the Year.....	101
Figure 5.7 Bar Graph Depicting Whether or Not There Was Consultation Between Supervisor and Employee Prior to the Signing of the Performance Agreement.....	102
Figure 5.8 Bar Graph Depicting Whether or Not the Respondents Have Been Formally Oriented About the Performance Management and Development System of the Department.....	103
Figure 5.9 Bar Graph Depicting Whether or Not the Respondents Received Official Training on Procedure Pertaining to Performance Management and Development	104
Figure 5.10 Bar Graph Depicting Whether or Not the Respondents Have Sufficient Information to Fully Participate in Their Performance Management....	105

Figure 5.11 Bar Graph Depicting Whether or Not the Respondents Fully Participate in Their Performance Management and Development.....	106
Figure 5.12 Bar Graph Depicting the Extent to Which Respondents Familiarized Themselves with the Potential Implications of Their Performance Before Signing Their Performance Agreements and Work Plans.....	107
Figure 5.13 Bar Graph Depicting Whether or Not the Respondents Have Been to Adequate Training Programs.....	108
Figure 5.14 Bar graph depicting whether or not the respondents are asked to give input before a decision is made on what training programs they must attend.....	109
Figure 5.15 Bar Graph Depicting Whether or Not the Respondents Have Been Trained on Operational Policies and Procedures Applicable to Their Units.....	110
Figure 5.16 Bar Graph Depicting Whether or Not the Respondents Believe that their Superiors are Concerned About their Personal Development as Evidenced by Frequent Discussions.....	111
Figure 5.17 Bar Graph Depicting Whether or Not Respondents Believe that Job Rotation Can Enhance Performance and Personal Development Within their Departments.....	112
Figure 5.18 Bar Graph Depicting Whether or Not the Respondents Believe that Job Rotation as a Strategy is Being Used in their Respective Components.....	113

Figure 5.19 Bar Graph Depicting the Respondents' Views on Exchange Programmes Within the Departments.....	114
Figure 5.20 Bar Graph Depicting Whether or Not the Existing Non-Monetary Service Excellence Awards Serve as Motivation for Employees.....	115
Figure 5.21 Bar Graph Depicting Whether or Not the Respondents Believe that One of the Challenges they Are Facing as the KZN Department of Health Is Culture Change.....	116
Figure 5.22 Bar Graph Depicting Whether Or Not the Respondents Believe That Their Progress at Work is Being Monitored by Their Supervisors.....	117
Figure 5.23 Bar Graph Depicting Whether or Not the Respondents' Performances are Regularly Evaluated by Their Respective Supervisors.....	118
Figure 5.24 Bar Graph Depicting Whether Or Not the Respondents' Supervisors and Their Entire Management Play A Role In Encouraging A Good Relationship Among Their Respective Team Members.....	119
Figure 5.25 Bar Graph Depicting Whether Or Not the Respondents Are Satisfied With The Manner In Which Feedback Regarding Their Performance Is Given To Them.....	120
Figure 5.26 Bar Graph Depicting Whether Or Not the Reward System Currently Being Used By the Government Motivates Them.....	121
Figure 5.27 Bar Graph Depicting The Respondents' View On Whether Or Not The Inflation-Based Salary Increase That Is Given To All Government	

Employees Across The Board Must Be Scrapped And Replaced By A Performance Based Salary Increase.....	122
Figure 5.28 Bar Graph Depicting the Respondents' Opinion On Whether Or Not It Would Help To Have A Dedicated Competency Centre For Performance Management And Development.....	123
Figure 5.29 Bar Graph Depicting Whether Or Not the Respondents Would Be Happy If They Were To Be Transferred To Another Unit Or Department.....	124
Figure 5.30 Bar Graph Depicting Whether the Respondents Have Been In Their Respective Units For So Long That They No Longer Enjoy Working In Them.....	125
Figure 5.31 Bar Graph Depicting Whether Or Not The Respondents In Their Day-To-Day Dealings With Their Fellow Colleagues Feel That They Perform Their Duties Well.....	126
Figure 5.32 Bar Graph Depicting Whether Or Not the Respondents' Supervisors Always Check Whether They Have Been Able To Complete Their Tasks Within Set Deadlines	127
Figure 5.33 Bar Graph Depicting Whether Or Not the Respondents Believe That They Have All The Equipment Necessary For Them To Perform Their Tasks Unhindered.....	128
Figure 5.34 Bar Graph Depicting Whether Or Not the Tasks That The Respondents Perform In Their Respective Units Always Have Deadlines.....	129

Table 5.35 Frequency Table Depicting Whether Or Not At Times the Respondents Feel That Most of Their Colleagues Do Not Pull Their Weight Because They Are Not Held Accountable For Their Actions.....	130
Figure 5.36 Bar Graph Depicting Whether Or Not the Respondents Feel That At Times Their Performance Is Negatively Affected By a Lack Of Co-Ordination Within Their Departments	131
Figure 5.37 Bar Graph Depicting Whether Or Not the Respondents Believe That the General Public Is Too Harsh On Them, and That They Do Not Know The Challenges They Are Facing As Part of The Department of Health	132
Figure 5.38 Bar Graph Depicting Whether Or Not the Respondents Feel The Different Components of the Entire KZN Department of Health Work In a Co-Ordinated Manner.....	133
Figure 5.39 Bar Graph Depicting Whether Or Not the Respondents Believe That Although Their Resources Are Limited They Can Improve Their Image By Working In a Co-Ordinated Manner Instead of Working In Silos.....	134
Figure 5.40 Bar Graph Depicting Whether Or Not the Respondents Believe That Staff Need To Be Empowered a Little Bit Instead of Following a Red-Tape Ethic.....	135

LIST OF TABLES

Table 5.1 showing the summary of valid and invalid variables.....	96
Table 5.2 depicting Cronbach's Alpha coefficient.....	96
Table 5.3 Frequency table depicting the gender of the respondents.....	97
Table 5.4 Frequency table depicting the ages of the respondents.....	98
Table 5.5 Frequency table depicting the number of years the respondents have worked for the Department of Health.....	99
Table 5.6 Frequency table depicting the salary level of the respondents.....	100
Table 5.7 Frequency table depicting the components in which the respondents work.....	101
Table 5.8 Frequency table depicting whether or not performance agreements were signed by the respondents at the beginning of the year.....	102
Table 5.9 Frequency table depicting whether or not there was consultation between supervisor and employee prior to the signing of the performance agreement.....	103
Table 5.10 Frequency table depicting whether or not the respondents have been formally oriented about the performance management and development system of the department.....	104

Table 5.11 Frequency table depicting whether or not the respondents received official training on procedure pertaining to performance management and development.....	105
Table 5.12 Frequency table depicting whether or not the respondents have sufficient information to fully participate in their performance management.....	106
Table 5.13 Frequency table depicting whether or not the respondents fully participate in their performance management and development.....	107
Table 5.14 Frequency table depicting the extent to which respondents familiarised themselves with the potential implications of their performance before signing their performance agreements and work plans.....	108
Table 5.15 Frequency table depicting whether or not the respondents have attended adequate training programs.....	109
Table 5.16 Frequency table depicting whether or not the respondents are asked to give input before a decision is made on what training programs they must attend.....	110
Table 5.17 Frequency table depicting whether or not the respondents have been trained on operational policies and procedures applicable to their units.....	111
Table 5.18 Frequency table depicting whether or not the respondents believe that their superiors are concerned about their personal development as evidenced by frequent discussions.....	112

Table 5.19 Frequency table depicting whether or not respondents believe that job rotation can enhance performance and personal development within their departments.....	113
Table 5.20 Frequency table depicting whether or not the respondents believe that job rotation as a strategy is being used in their respective components.....	114
Table 5.21 Frequency table depicting the respondents' views on exchange programs within the departments.	115
Table 5.22 Frequency table depicting whether or not the existing non-monetary service excellence awards serve as motivation for employees.....	116
Table 5.23 Frequency table depicting whether or not the respondents believe that one of the challenges they are facing as the KZN Department of Health is culture change.....	117
Table 5.24 Frequency table depicting whether or not the respondents believe that their progress at work is being monitored by their supervisors.....	118
Table 5.25 Frequency table depicting whether or not the respondents' performances are regularly evaluated by their respective supervisors.....	119
Table 5.26 Frequency table depicting whether or not the respondents' supervisors and their entire management play a role in encouraging a good relationship among their respective team members.....	120
Table 5.27 Frequency table depicting whether or not the respondents are satisfied with the manner in which feedback regarding their performance	

is given to them.....	121
Table 5.28 Frequency Table Depicting Whether Or Not the Reward System Currently Being Used By the Government Motivates Them.....	122
Table 5.29 Frequency table depicting the respondents' views as to whether or not the inflation-based salary increase that is given to all Government employees across the board must be scrapped and replaced by a performance-based salary increase.....	123
Table 5.30 Frequency table depicting the respondents' opinions as to whether or not it would help to have a dedicated competency centre for performance management and development.....	124
Table 5.31 Frequency table depicting whether or not the respondents would be happy if they were to be transferred to another unit or department.....	125
Table 5.32 Frequency table depicting whether the respondents have been in their respective units for so long that they no longer enjoy working in them.....	126
Table 5.33 Frequency table depicting whether or not the respondents in their day-to-day dealings with their fellow colleagues feel that they perform their duties well.....	127
Table 5.34 Frequency table depicting whether or not the respondents' supervisors always check whether they have been able to complete their tasks within set deadlines.....	128
Table 5.35 Frequency table depicting whether or not the respondents	

believe that they have all the equipment necessary for them to perform their tasks unhindered.....	129
Table 5.36 Frequency table depicting whether or not the tasks that the respondents perform in their respective units always have deadlines.....	130
Table 5.37 Frequency table depicting whether or not at times the respondents feel that most of their colleagues do not pull their weight because they are not held accountable for their actions.....	131
Table 5.38 Frequency table depicting whether or not the respondents feel that at times their performance is negatively affected by a lack of co-ordination within their departments.....	132
Table 5.39 Frequency table depicting whether or not the respondents believe that the general public is too harsh on them, and that they do not know the challenges respondents face as part of the Department of Health.....	133
Table 5.40 Frequency table depicting whether or not the respondents feel that the different components of the entire KZN Department of Health work in a co-ordinated manner.....	134
Table 5.41 Frequency table depicting whether or not the respondents believe that although their resources are limited they can improve their image by working in a co-ordinated manner instead of working in silos.....	135
Table 5.42 Frequency table depicting whether or not the respondents believe that staff need to be empowered a little instead of following a red tape ethic.....	136

Table 5.43 Cross tabulation between the variables: “I signed my Performance agreement at the beginning” and “Before signing my Performance Agreement I had a meeting with my immediate superior to discuss the objectives of our component and what was expected of me”137

Table 5.44 Cross-tabulation between the variables: “What is your salary scale?” and “I signed my Performance Agreement at the beginning of the year”138

Table 5.45 Cross-tabulation between the variables: “What is your salary scale?” and “Before signing my Performance Agreement I had a meeting with my immediate superior to discuss the objectives of our component and what was expected of me”138

Table 5.46 Cross-tabulation between the variables: “What is your salary scale?” and “I have been formally orientated about the Performance Management and Development System that is applicable to all Government employees”139

Table 5.47 Cross-tabulation between the variables: “What is your salary scale?” and “I believe I have sufficient information to fully participate in my Performance Management and Development”140

Table 5.48 Cross-tabulation between the variables: “What is your salary scale?” and “I believe I fully participate in my Performance Management and Development and I am not dictated to by my immediate superior”140

Table 4.49 Cross-tabulation between the variables: “What is your salary scale?” and “I believed that I signed my Performance Agreement and Work Plan having familiarised myself with the potential implications of over performing and underperforming”141

Table 5.50 Cross-tabulation between the variables: “What is your salary scale?” and “I am always asked to give input before a decision is made as to what Training Programs I must attend”142

Table 5.51 Cross-tabulation between the variables: “What is your salary scale?” and “I have been trained on operational policies and procedures applicable to our unit”142

Table 5.52 Cross-tabulation between the variables: “What is your salary scale?” and “I believe my superior is concerned about my Personal Development because we frequently discuss it”143

Table 5.53 Depicting Descriptive Statistics on all the questions in the Questionnaire.....144

CHAPTER 1

INTRODUCTION AND OVERVIEW OF STUDY

1.1 INTRODUCTION

This study was based on the concept of Performance Management and Development. This is a broad concept and, as such, some people may dread it, yet it may benefit both employers and employees. Performance management is important to employees in a variety of ways. It enables the employer to have an idea of the value and contribution of each employee within the business entity. It can also be a yardstick as to how far the organisation is in terms of meeting its set targets. It prepares the organisation for the future. Performance Management and Development is equally important to employees in that it affords them an opportunity to assess their value to the business entity. If conducted fairly and embraced by the employees it is a great tool which they can use to advance their individual careers. Performance Management and Development is not only important to the private sector whose main aim is to make profit, it is also important to the public sector whose main aim is to provide services to the general public. There is a great consensus among scholars that for the public sector to succeed it has to employ the management principles employed by the private sector. Performance Management and Development is one such management principle which is widely used by the private sector but which is now implemented by the public sector as well. Great work has been done in researching how this concept has been or is being implemented in the public sector.

When South Africa became a democracy in 1994 it was faced with the task of redesigning its public sector. This included coming up with a Performance Management System that would be equitable and easy to implement. This also meant that the way of managing human resources had to change since before 1994

it had been based on racial lines. This study is one of the many studies that have been conducted on how the public sector implements its Performance Management and Development programmes. This study should have looked at how the South African public sector as a whole implements its Performance Management and Development, however, due to time and budgetary constraints it was limited only to considering the KwaZulu-Natal Department of Health.

This chapter provides the background information about the KwaZulu-Natal Department of Health which will be followed by a brief statement that spells out what motivated the researcher to conduct this study. Any research work aims to give answers to a question or questions. In this chapter the questions that the researcher wanted the study to answer are clearly stated. This is followed by a list of the objectives that the study wanted to achieve. Such objectives are clearly understood when the problem statement is known hence the problem statement is also provided in this chapter. Such researchers employ a variety of designs in conducting their research. The design used in conducting this study is also presented in this chapter. Any research process is subject to a number of limitations, hence the limitations faced by the researcher when conducting this study will be laid out here, while the chapter also describes the content of the following chapters.

1.2 BACKGROUND OF THE STUDY

After the 1994 elections the new South African government had to ensure that all South Africans were able to access Health care unlike in the past when only selected races were able to do so. This necessitated the government coming up with ideas as to how the new Health System would be developed. The following is a brief discussion of what the government had to initiate.

1.2.1 The Primary Health Care Approach

The first thing that the government had to do was to decide on the approach through which the New Health System was to be promoted. This approach came to be known as the Primary Health Care approach.

1.2.2 Statutory Bodies

Having decided on the type of approach the Department of Health would use to promote Health Care the government had to set up statutory bodies that conduct oversight on the Health profession. These bodies included the bodies responsible for the control of the Nursing profession. Nurses are not the only professionals who deal with Health matters, the country has social workers as well, therefore the body had to be set up to control the Social Work profession. The government also had to ensure that the dental technicians were also controlled by a suitable body. A body to control pharmacies was also set up. These are not the only statutory bodies set up, there were others, for example, the Homeopaths and allied Health Service Professions Interim Council and others.

1.2.3 Health Authorities

The government of the day had to set up a number of Health authorities. These included the National Department of Health, the Provincial Department of Health and the Primary Health care. Each of these authorities is responsible for a variety of things, for example, the National Department of Health is responsible for:

- Formulating health policy and legislation; and
- Formulating norms and standards for health care (South Africa Yearbook, 1999:385).

South Africa is divided into nine provinces and each province has its own challenges. On the basis of the differing challenges that the nine provinces are facing, the government decided that each of them would formulate its own policies while making sure that they were in line with the greater aim of providing decent health care to all South Africans. Each province is divided into districts and therefore funding for these districts needs to be co-ordinated. That is one of the functions of the Provincial Department of Health. The government did not only promise to provide basic health care but this was also legislated as a right of all South Africans, irrespective of race, colour or creed.

1.2.4 Health Policy

The democratic government had to formulate a policy that would govern the new Health system. This policy had to take into account the demographics of the entire country. It had to take into account that the majority of South Africans live below the poverty line and in rural areas. It was on the basis of those considerations that the government made it policy that all public health care had to be affordable and accessible to the general public.

There are a number of policies which have been formulated over the years with the sole purpose of making health care affordable to the majority of South Africans. Such policies include policies relating to the availability of drug facilities, for example, the availability of HIV and Aids drugs and so forth. The government also passed legislation to improve the quality of health care in South Africa. This legislation included, to mention but a few examples, legislation relating to how tobacco products are marketed and sold, legislation relating to how medical aid schemes operate, legislation that governs how medicines are handled, and many others. It must be borne in mind that some people use traditional medicine and therefore such forms of medicine also had to be controlled by legislation. The government also had to be mindful of the fact that some people, although a small portion of the population, use

private hospitals. The rights of these minorities had to be respected and proper policies and legislative frameworks put in place. In setting up the policy framework the government and the Department of Health had to be mindful of the illnesses that are a major problem in this country. These include malaria, tuberculosis, HIV/Aids, birth defects, polio and measles, leprosy, chronic diseases and disabilities and so forth (South Africa Yearbook, 1999:394-399).

The government also realised that it could not provide health care services to all South Africans on an equal basis simply because some areas of the country are more challenged than others. Furthermore, the government had to consider that some groups are more vulnerable than others. This necessitated government prioritising some groups over others. It also meant that the government hospitals had to be categorised.

1.2.5 Categories of the Hospitals

According to the White Paper on Health Services Transformation (1997), government hospitals are categorised into District hospitals, Regional hospitals, and Tertiary hospitals. The different categories are discussed in detail in Chapter Two. This research focuses on Regional hospitals. These are specialised hospitals and therefore it is expected that they should provide excellent service. In order to do so, they need to manage the performance of their work force and also develop that workforce.

1.3 MOTIVATION OF THE STUDY

Firstly, this study was motivated by findings resulting from studies conducted by the Public Service Commission (PSC) on performance management practices in the Public Service. The findings from the research studies conducted by the PSC both in the Eastern Cape and Northwest Provincial Administrations motivated the researcher

to investigate whether the KwaZulu-Natal Provincial Administration, in particular, the Regional hospitals of the KwaZulu-Natal Department of Health, comply with the regulatory framework on Performance Management and Development (PMD).

Secondly, this study was motivated by the research conducted by Mthembu (2002) on performance management and development in the regional offices of the KwaZulu-Natal Department of Education and Culture. Mthembu discovered that Performance Management and Development was still fairly new within government departments (Mthembu, 2002:194). A few years have passed since Mthembu conducted his research, and it would thus be interesting to know how far government departments, in particular the Regional Hospitals of the KwaZulu-Natal Department of Health have improved in the implementation of Performance Management and Development.

Thirdly, the study was motivated by the book written by Waters (1995) in which the author argued that a people-based approach to performance management must be underpinned by a supportive process, and that a procedural framework is required if good ideas are to be implemented quickly and efficiently. Lastly, in 2010 and 2011 the Republic of South Africa has witnessed unprecedented strikes by the public demanding service delivery. Most government departments are criticised by the South African public for their failure to deliver services to the public. Every time there are such strikes, the complaint is always about the performance of government employees. In view of the fact that there is a standard Employee Performance Improvement and Development System that all government departments must implement, the researcher was motivated to investigate whether or not it is effectively implemented.

1.3.1 Contribution of the study

The study provides a new model of Performance Management and Development that

is more relevant to the public sector. This study can also encourage other researchers to conduct similar studies on other government departments. The study can provide invaluable information to the Department of Public Service and Administration whose main tasks include the formulation and review of the Employee Performance Management and Development System of the entire public service. Managers who participate in the study would gain first hand insight into the extent to which they need training on issues relating to best policies and practices in the management of people. Their participation in the study would, in itself, serve as self-evaluation of the extent to which they are equipped to manage people. This study is not only relevant to the Public Sector, it could also be of benefit to Private Sector managers; for example, information contained in the study and recommendations made could be used by small and medium entrepreneurs in formulating effective performance management systems.

Mthembu, in his research of performance management and development within the KwaZulu-Natal Department of Education and Culture, discovered that most of the literature on Performance Management and Development is not based on the South African context (Mthembu, 2002). This suggests that this study will contribute to the body of knowledge based on the South African context. Last, but not least, the study can be used by students to further their understanding of management as a tool to enhance worker performance and development.

1.4 PROBLEM STATEMENT

Proper implementation of the Employee Performance Management and Development system is the basis for creating sustainable performance and career growth.

1.5 AIM AND OBJECTIVES OF THE STUDY

The aim of the study is to establish the extent to which managers within the Regional Hospitals in the KwaZulu-Natal Department of Health use the Department's Performance Management and Development System (PMDS) to enhance staff performance.

The overall objective of the study is to establish the extent to which the Regional Hospitals of the KwaZulu-Natal Department of Health comply with the regulatory framework that governs performance management at all levels in the public service.

Through this study, the researcher aims to:

- Investigate whether employee performance management and development is properly implemented within the Regional Hospitals in the KwaZulu-Natal Department of Health.
- Investigate whether there is documented evidence of signed performance agreements and work plans.
- Assess whether management know how to implement the system and ensure that employees receive adequate training and possess sufficient information to be able to participate fully in the processes.
- Evaluate whether the Regional Hospitals of the KwaZulu-Natal Department of Health manage performance in a consultative, supportive and non-discriminatory manner to enhance organisational efficiency and effectiveness, accountability for the use of resources and the achievement of results.
- Examine whether all four integrated phases of the performance cycle are implemented.

These phases are: performance planning and agreement; performance monitoring, development and control; performance appraisal; and managing the outcomes of assessment.

1.6 KEY RESEARCH QUESTIONS

The study was aimed at answering the following key research questions:

- Is Employee Performance Management and Development properly implemented within the Regional Hospitals in the KwaZulu-Natal Department of Health?
- Is there documented evidence of signed performance agreements and work plans?
- Does management know how to implement the system and ensure that employees receive adequate training and possess sufficient information to be able to fully participate in the processes?
- Do the Regional hospitals of the KwaZulu-Natal Department of Health manage performance in a consultative, supportive and non-discriminatory manner to enhance organisational efficiency and effectiveness, accountability for the use of resources and the achievement of results?
- Are all four integrated phases of the performance cycle implemented?

1.7 LOCATION OF THE STUDY

The study was conducted in the province of KwaZulu-Natal within the Regional Hospitals of the Department of Health. The KwaZulu-Natal Department of Health has 14 hospitals that are designated as Regional hospitals. The researcher got permission to conduct the research in 8 of the 14 Regional hospitals. These included Port Shepstone Hospital on the South coast of the province, King Edward and Prince Mshiyeni Hospitals which are both located in Durban, Edendale and Grey's Hospitals in Pietermaritzburg, Ladysmith Hospital in the Natal Midlands, and Mahatma Gandhi and Stanger Hospitals on the North coast of the province.

1.8 POPULATION AND SAMPLE OF THE STUDY

The population of this study comprised all government employees within the Regional Hospitals of the KwaZulu-Natal Department of Health. These employees range from salary level 1 right up to level 14 and are estimated to be approximately 4000. The sampling procedure that was used is a stratified random sampling. This was adopted because each salary level was viewed as a stratum. The sample comprised of 439 respondents.

1.9 RESEARCH METHODOLOGY

The researcher considered a number of research designs. First, the qualitative research method was considered, but in view of the envisaged sample size and the location of the study it became clear to the researcher that it would not be the most appropriate. Second, the quantitative research methodology was considered. The researcher considered the nature of this study further, as well as other factors like the time and budgetary constraints. Thirdly, it was envisaged that in this research the researcher's involvement would be limited.

The respondents would be at work when they received the questionnaires and therefore would only be able to complete them during their spare time when the researcher was not around. The researcher even considered the use of a combination of both the quantitative and qualitative methodologies. After taking all factors into consideration, the researcher chose a quantitative research methodology.

With regards to the research instrument, the researcher chose a structured questionnaire. That decision was based on the advantages associated with using a questionnaire, for example, a questionnaire is always better when the envisaged sample size is large. Secondly, the questionnaires were distributed to the

respondents while they were at work, with the view that they would complete them during their spare time. Using a different research instrument like an interview would have made it difficult for the researcher to collect the data. The questionnaire comprised 35 closed questions. These questions were arranged in a form of a Likert scale and the respondents had to indicate the extent to which they agreed or disagreed with each one of the statements. Section A sought to obtain the demographic information of the respondents. The questionnaire was to be self-administered because it would have been extremely difficult for the researcher to administer it himself due to the geographic location of the different Regional Hospitals within which the study was conducted.

Data was collected using the Statistical Package for the Social Sciences software (SPSS). The data was presented in frequency tables as well as pie charts and bar graphs. Descriptive statistics were also used to analyse the data. Issues of validity were examined, for example, the Cronbach's Alpha, which is a measure of internal validity, was calculated and the data was found to possess validity.

1.10 LIMITATIONS OF THE STUDY

The Regional hospitals within which the research was conducted are located in parts of the KwaZulu-Natal that are far apart in distance. This involved a lot of travelling on the part of the researcher and, as a result, the researcher could not visit each hospital more than twice. The researcher would drop the questionnaires on a particular day and make arrangements to pick them up on an agreed future date. Due to this procedure, some of the questionnaires were not collected from the respondents. The time and budgetary limitations were the main factor in this regard. Due to time constraints the researcher could not personally ask potential respondents to participate, the researcher relied on the Human Resource Managers and Nursing Managers to get their subordinates to participate. Some of these managers were too busy to find time to help by encouraging their subordinates to

participate. This reduced the number of respondents. The researcher was unable to obtain gate-keepers' permission to conduct research in all of the 14 Regional hospitals. The researcher only managed to get permission to conduct the research in 7 of the 14 Regional hospitals. It would have been better to conduct the study in all 14 Regional hospitals. This would have enabled a much better understanding of how Performance Management and Development is conducted within these Hospitals.

The Performance Management and Development process is broad, therefore more than 35 questions would have been ideal. The researcher could have obtained even more interesting data if the questionnaire had contained more than 35 questions, however, the researcher was limited by the fact that if the questionnaire was long then it was less likely that the potential respondents would participate.

As implied above, most of the questionnaires were not returned and this reduced the sample size of the study to 439 respondents. There were questions that were viewed by the researcher as being a bit sensitive, for example, the political affiliation of the respondents. Those questions were not posed in the questionnaire, however they would have provided some interesting information if they had been asked. The political tension in the province causes potential respondents to be suspicious of outsiders who come to their institutions to conduct research. This causes them to withhold participation, or, if they participate, to answer some of the questions dishonestly.

The majority of the respondents worked as nurses which did not allow the researcher the variety of positions that one would find in a hospital. The research was therefore biased towards nurses, when in fact, it was meant for all departments.

1.11 STRUCTURE OF THE DISSERTATION

Chapter One: This chapter provides the overview of the entire research. Essentially

it provides an overview of what each and every chapter in the report contains.

Chapter Two: In research terminology, this section of the report is referred to as the literature review. This chapter provides the background information on the South African Health System with particular reference to KwaZulu-Natal. It also provides the vision for the new South African Health System. The chapter discusses the New Health Plan that South Africa had to provide following the demise of apartheid.

South Africa was divided along racial lines in almost all aspects, even with regard to health care facilities. With the end of apartheid, the democratic government had to decide which groups would be classified as priority groups since others already had good health care facilities. In this chapter a brief discussion of those priority groups is provided.

The Department of Health affects and is affected by many Departments both locally and abroad. In this chapter a brief outline of how this transpires is presented. Chapter Two also deals with the New Health Plan that South Africa had to provide following the demise of apartheid and goes on to provide a general overview of the geographic location of the health care facilities in South Africa. The mission and vision of the KwaZulu-Natal Department of Health are provided here as well as the core values of the KwaZulu-Natal Department of Health. The chapter then moves on to detail the mandate governing the functioning of the KZN Department of Health. This is followed by the discussion on the KZN hospitals with particular reference to the Regional hospitals, and concludes by discussing the challenges facing the KZN Department of Health.

Chapter Three: This is an extension of the literature review section of the report, however, this chapter focuses specifically on the theoretical framework of Performance Management and Development. In this chapter the researcher discusses the performance management and development process and its

components. This is done by first providing the definitions of the relevant terms of the components of the Performance Management and Development process, followed by an overview of what performance planning means. The chapter goes on to offer a brief discussion of performance measurement, performance appraisal, performance monitoring, reward systems and other components of the process of Performance Management and Development.

Chapter Four: In research terminology this chapter is referred to as the research methodology. Here, the researcher provides the aims and objectives of the study. The chapter provides a clear indication of where the study was conducted and who participated in the study. A detailed account of how the research was designed is presented, which involves providing information regarding the types of research methods the researcher considered before choosing the one which was eventually used and includes providing an account of how the data was collected.

Chapter Four presents information regarding the sampling methods that the researcher considered before choosing the one that was eventually used. The sample and the population of the study are clearly identified in this chapter. The chapter also provides information on how the research instrument was constructed and subsequently dealt with. This is followed by a brief discussion of how the data was analysed. In research there are ethical issues that need to be observed by the researcher and these are discussed in Chapter Four.

Chapter Five: Here, the researcher presents and analyses the data collected. The presentation of the data takes the form of frequency tables as well as pie charts and bar graphs. The number of respondents to each and every question asked is indicated in the frequency tables then graphically presented either by a pie chart or bar graph. The chapter provides a statistical analysis of the data and gives correlations where two variables are matched to see whether they are positively or negatively related.

Chapter Six: This chapter comprises a consolidated discussion of the results of the study.

Chapter Seven: As is always customary, if not compulsory, recommendations based on the findings of the study are provided in this chapter. The conclusion of the study is also presented here.

1.12 CONCLUSION

This chapter has been able to set out the main parts of this study and clearly state the aim and objectives of the study. The research questions are also clearly stated. The background information on the history of the South African health system is well presented here and the nature of the new National Health Plan is adequately expressed. The geographic location of Health care facilities in South Africa is accurately detailed and the challenges facing the South African Health Sector are clearly stated in this chapter. The layout of the whole research report is explained precisely, while the limitations of the study were also successfully explained. The following chapter, as discussed above, will give a broader view of the South African Health sector with particular reference to the KwaZulu-Natal Health sector. This will be effected by presenting information about the Regional hospitals within the KwaZulu-Natal Department of Health.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter aims firstly, to provide background information about the history of the public sector both in pre-Democratic South Africa and Democratic South Africa. Secondly, it aims to provide information specifically relating to the Health System in South Africa and, in particular, the Health System in the province of KwaZulu-Natal. This is done by giving the KwaZulu-Natal Department of Health's strategic overview. The information provided here is based mainly on the Department's 2010 to 2014 strategic plan document as well as the websites of the hospitals concerning which the research is conducted. The chapter will briefly examine factors that are crucial to the formulation of strategies that impact on the level of service delivery in the KwaZulu-Natal Department of Health. These factors include the population density, the age and gender structure and the general profile of the KwaZulu-Natal Health profile.

2.2 BACKGROUND OF THE SOUTH AFRICAN HEALTH SYSTEM

Before the democratic government, the South African Health System developed along racist lines through the policy of Apartheid. The management of Health Care facilities was organised along racial lines and even statutory bodies controlling the Health Care System were arranged along racial lines. This resulted in facilities that were completely different, with those belonging to Whites superior and those belonging to Blacks inferior. In fact, one could even go further to say that there was a third tier, i.e. the Health System for the Homelands. This resulted in a system that over the years became fragmented and biased towards serving mainly urban dwellers. It also promoted the development of a private sector to cater for the few

privileged people and the small black middle-class. When the democratic government was voted into power these imbalances of the past had to be addressed. This was a huge challenge for the government of the day because it was not only the Public Health System that needed to be reshaped, but also the economic and social injustices caused by Apartheid. The democratic government, led by the African National Congress, had to come up with a new National Plan for the Health System. The first thing that the government had to do was to develop a vision for the Public Health Sector. Next, the government had to formulate an approach that would be followed in achieving that vision. Thirdly, a clear description of what comprised the National Health System was required and then the government had to decide where the Health Care facilities would be located, taking into account other sectors that affected the Public Health Sector. It had to prioritise which groups need to be attended to first. Finally, government had to analyse the existing situation and formulate the appropriate Health Policies (National Health Plan for South Africa, 1994)

2.3 VISION FOR THE SOUTH AFRICAN HEALTH SYSTEM

The South African Government, led by the African National Congress, envisions a health system that is accessible to all South African Citizens irrespective of race, colour or creed. It also envisions a Health system that is equitable and promotes accessibility to healthy life styles, clean water, and that reduces malnutrition, communicable and non-communicable diseases (National Health Plan for South Africa, 1994)

2.4 THE NEW NATIONAL HEALTH PLAN

The approach that the ANC Government is using is based on the fact that all citizens of the Republic of South Africa have a right to health. This approach is known as the

Primary Health Care Approach (PHC). In terms of this approach the Government has made a commitment that the right to health should not suffer, especially when it pertains to women and children. The South African government is committed to ensuring that this right will not suffer even as a result of foreign debts or structural adjustment programmes (National Health Plan for South Africa, 1994)

In terms of the National Health Plan, both the Public Sector and the Private Sector fall under a single National Health System so that the legislations that are passed affect both sectors. In other words, now both the Private and Public Sectors are governed by a single governmental structure which is the National Department of Health. Racism is against the law in both sectors and in the country as a whole. The framework that both the Private and the Public sectors work in accordance with, aims at encouraging social equity and economic justice (National Health Plan for South Africa, 1994)

The approach is that it is not enough to prevent or cure diseases, it is equally important to educate the public. The government is of the view that communities need to become involved in programmes that are geared towards helping them. In the past the government of the National Party dictated to the people what was good for them and what was not good for them. In this new dispensation in South Africa, the government of the ANC is taking the approach that the people should be involved from the planning stage right up to the implementation stage. It also encourages communities to be involved in the monitoring of service delivery. It follows therefore that, for this approach to succeed, all parties must participate. The government needs to show a political will by formulating national policies that talk to the objectives of the Primary Health Care approach. The communities on the other hand must not take a backseat, but must contribute through the structures that have been formed for this purpose. Health workers must play their role by understanding the challenges that need to be addressed and by applying the *Batho Pele* principles. In terms of this principle, Health workers have to put their patients and the general

public first. In terms of the Primary Health Care approach the departments need to collect relevant data to be used in future planning so that decisions made are based on sound and scientifically proven information. This is done through the Department's Health Information System. The main aim of this approach is to reduce inequalities, especially in rural areas, where facilities in some cases do not even exist. It also aims to transform the culture within the medical sector so that patients cease to be passive recipients of Health services, but instead become part of its transformation. Such transformation will expand, even to training institutions (National Health Plan for South Africa, 1994)

2.5 LOCATION OF HEALTH CARE FACILITIES

In South Africa there are parts of the country that are controlled by chiefs. These areas are predominantly rural. The country is also divided into municipalities. Each province has a provincial government that plays an oversight role over the municipalities. It was important therefore for the government to come up with a decision that Health Care in South Africa would be coordinated among these authorities. Boundaries of these authorities are always taken into account when a Health Care facility is to be implemented (Annual Performance Plan, 2012/2013-2014/15:11).

2.6 PRIORITY GROUPS

The country is faced with different challenges within the Health Sector and, as a result, the resources should be utilised where they are most needed. The country is faced with the scourge of HIV and AIDS. A decision was taken by the government that HIV and Aids patients should be prioritised since this disease is a major killer throughout the country. People who are infected by HIV and therefore suffer from Aids tend to contract Tuberculosis (TB) easily. In view of this fact it was decided that

TB patients should also be prioritised. Pregnant women and rural areas had previously been ignored and therefore they also form part of the prioritised groups (annual Performance Plan, 2012/2013-2014/15).

2.7 SECTORS AFFECTING THE HEALTH CARE SYSTEM

The Health System of the country influences and is influenced by other sectors. The government took the decision that, in making decisions, it needs to consider the interrelationship between departments. For example, the Agricultural policy of the country affects the level of food supply of the country. If the Agricultural policies are too stringent, the nation will not be able to produce the required quantity and quality of food, yet patients rely on that food. The policies that the government takes on issues like mining which have the effect of polluting the air, have a direct and indirect impact on the health of the people and this affects the country's Health System. The manufacturing sector at times emits gases that are harmful to its workforce, and when these workers are ill they generally go to the Public Health Sector (Annual Performance Plan, 2012/2013-2014/15).

Other government departments also affect and are affected by the Health Department, for example, the Department of Education, the Department of Home Affairs and the Department of Labour. The education of the nation is in the hands of the Department of Education. It is this department's duty to play a major role in educating the youth about health. Therefore if this department does not perform well, the chances are that the Department of Health will be affected negatively. The laws that the Departments of Home Affairs and International Affairs pass also affect the National Health System. For example laws allowing migrant workers to come to South Africa may encourage more of them to come to South Africa thereby increasing the chances of other diseases foreign to South Africa being brought into the country. The quality of the Health System affects the labour market, for example, in some cases it takes longer for sick employees to get HIV and AIDS treatment and they end up dying, while those who survive take longer to get back to work. This

alone has a huge impact on the productivity levels of the country. In view of the above, the National Health System through the Primary Health Care approach aims to establish linkages with other sectors and government departments, unlike in the past where it tended to work independently. The National Health Plan takes into account the developments and challenges faced by other African States. The World has become a global village, therefore what happens in other African States and all over the World affects South Africa. If, for example, there has been an outbreak of disease elsewhere outside of South Africa, the Health Sector ought to know about it in time so as to be able to protect the nation. Co-operation with other countries is of great assistance in most such cases (Annual Performance Plan, 2012/2013-2014/15)

2.8 THE VISION STATEMENT OF THE KWAZULU-NATAL

DEPARTMENT OF HEALTH

A vision statement is crucial in that it gives an organisation a strategic direction. Its resources are allocated in a manner that is thought to be ideal to achieve what the organisation envisions. It is in that capacity that the vision statement of the KwaZulu-Natal Department of Health is provided in this chapter. The KwaZulu-Natal Department of Health envisages a situation where all persons of the province of KwaZulu-Natal are able to access a health status that could be described as optimal. It was crucial to the researcher to find out whether employees within this Department are inspired to see this vision become a reality (KZN Department of Health: Strategic plan: 2010-2014) .

2.9 THE MISSION OF THE KWAZULU-NATAL DEPARTMENT OF HEALTH

According to the 2010-2014 Strategic Plan document of the KwaZulu-Natal

Department of Health, its vision will be achieved by developing and delivering a coordinated and comprehensive health system at all levels of care.

2.10 THE CORE VALUES OF THE KWAZULU-NATAL DEPARTMENT OF HEALTH

The core values of the organisation impact on the type of people the organisation employs. The core values of the organisation also impact on the performance of the employees. It is thus important to provide these core values in this chapter so as to have a clear picture of what the KwaZulu-Natal Department of Health regards as its distinguishing features.

Six core values are identified by the 2010-2014 Strategic Plan document of the KZN Department of Health and these are:

- Trust built on truth;
- Open communication;
- Commitment to performance;
- Integrity and reconciliation;
- Transparency and consultation; and

Courage to learn, change and innovate ((KZN Department of Health: Strategic plan: 2010-2014). Looking at these core values it was crucial to the researcher to find out whether these core values are indeed upheld by all the employees of the Department.

2.11 MANDATES GOVERNING THE FUNCTIONING OF THE KWAZULU-NATAL DEPARTMENT OF HEALTH

According to the 2010-2014 Strategic Plan document of the KZN Department of Health, the mandates that guide the department fall into three categories, namely constitutional mandates, legal mandates, policy mandates, and relevant court case

mandates.

2.11.1 Constitutional Mandate

All government departments in South Africa are guided by the Constitution of the Republic of South Africa. All Acts passed must be in line with the Constitution of the Republic and are important to all the departments, although in varying degrees. The most important act to the Departments of Health in all the provinces of the Republic of South Africa is the Constitution of 1996. Section 2 of the Constitution provides rights to the citizens of the Republic. In terms of this act, the responsibility to ensure that these rights are realised lies with the state. In some cases, the state has insufficient resources to adequately provide for these rights to be realised. In such cases, as the act provides, the state has to take reasonable legislative and other measures within its authority to achieve this goal (KZN Department of Health: Strategic plan: 2010-2014) .

In terms of Section 27(1) of the Constitution of 1996, it is the duty of the state to ensure that everyone has access to health care services in its variety of basic forms, including services for reproductive purposes. This means that, in terms of the Act, one may not be denied health care for giving birth. The Constitution, as stipulated in Section 27(3), stipulates further that no one may be refused emergency medical treatment. Through Section 195(h), the Constitution provides that all Health departments within the Republic must ensure that they are staffed by competent people, and that sound Human Resource management principles are applied. This includes ensuring that employees are properly managed, appraised and developed. (KZN Department of Health: Strategic plan: 2010-2014).

2.11.2 Legal Mandates

The history of South Africa necessitated that the whole National Health System be

reviewed. It must be borne in mind that South Africa had different Health Systems for the various race groups in the Republic. As part of the negotiations that took place before the new democratic government was voted into power, it was agreed that the old Health System would be reviewed. In 2003 an act that provided for a transformed National Health System was passed. The National Health Act (No 61 of 2003) ensured that the imbalances of the past in the provision of Health services were addressed. Another act that is crucial to the provision of Health services within the Health Departments of the Republic is the act that affects mentally ill patients. The Mental Health Act (No 17 of 2002) gives departments a guide in terms of the procedure to be followed when admitting and discharging mental patients to and from mental health institutions respectively. Each government department is allocated a budget with which to execute its mandate. Since the amount of money allocated to each department is huge, it was deemed prudent to have legislation to govern how that budget is utilised. In some cases the departments exceed their budgets, therefore there must be guidelines to be followed when such incidental matters occurred. For these reasons the Public Financial Management Act (No 1 of 1999) and treasury regulations were legislated. According to Mthembu, the objectives of the Public Financial Management Act are the following:

- To modernise the system of financial management;
- To enable the public sector managers to manage, but at the same time be more accountable;
- To ensure the timely provision of quality information; and
- To eliminate waste and corruption in the use of public assets (Mthembu, 2002:51).

No institution can function properly without procuring goods and services that are crucial to the delivery of its services. In fact for the department to function properly it needs to have all the tools necessary to perform whatever functions it needs to perform. For this reason a policy was needed that talks to the manner in which goods and services are procured. This policy had to take into account the imbalances of the

past. It must be borne in mind that the system of apartheid ensured that white people remained economically superior to other race groups in South Africa. In the negotiations that were held before the democratic government was voted into power, questions were asked in terms of how the state would deal with the procurement of services. To this effect, The Preferential Procurement Policy Framework Act (No 5 of 2000) was voted into law. This act gives preferential points to historically disadvantaged individuals. The preferential points give the historically disadvantaged individuals points to compete on an almost equal basis with the individuals who were historically advantaged. The Act defines historically disadvantaged individuals very broadly, for example white females fall under the group of historically disadvantaged individuals.

Government departments sometimes charge for the services that they provide. The Financial Revenue Act (No 7 of 2003) was formulated and passed into law specifically to deal with how such revenue can be disbursed. The government also felt that there had to be a law that would govern people who work for the government departments. The Public Service Act (No 103 of 1994) was formulated and passed into law for this reason. The Department of Health deals with human lives. It is important that what is given to the patients, whether pills or medicine, is of good quality and an acceptable standard. It was on this basis that the Health Professions Act (No 56 of 1974) was formulated and passed into law to regulate whoever administers medicine and other related products. The government further realised that a huge number of people use traditional medicines provided by traditional healers. Since this was an unregulated area of the Health system it became important to bring it in line with other existing regulated providers of medical health care. It was on the basis of this consideration that the government felt there was a need to regulate this sector of the health system. The Traditional Health Practitioners Act (No 35 of 2004) was then formulated and passed into law.

All the services that are provided within the government departments in one way or

another involve the human element. In other words, even when the service is provided by a machine, in one way or another there is still human involvement. It therefore becomes crucial for the Health Departments to also adhere to the Basic Conditions of Employment Act (No 75 of 1997), which gives guidelines in terms of the minimum conditions of employment that an employer has to comply with. In organisations incidents happen where the employer and the employee do not see eye to eye. The Labour Relations Act (No 66 of 1995) helps guide both the employer and the employee in terms of what policy is to be followed in cases of such disputes.

2.11.3 Policy Mandates

Government departments work with a variety of issues and stakeholders. Each of these has guidelines to be followed so that there is consistency within the departments as well as within their components.

The Department of Health, like all government departments, has to adhere to the provincial supply chain framework policy. This policy guides all the departments in terms of how services and goods are procured and how payments are effected.

In terms of the policy mandate the departments have to adhere to the policy that governs Human Resource management and development. These policies spell out what is expected of Human Resources managers in terms of their dealings with other staff members. It also guides the department in terms of how positions are filled, how people are remunerated and so forth.

Government departments are expected to render a variety of community projects. There are policies that guide them in terms of how these projects should be managed, funded, monitored and so forth.

Departments have to keep themselves informed about what happens around them and on the world stage. This therefore requires them to be constantly involved in

research and knowledge management. The Department of Health has a policy to this effect which is known as the Health Research and Knowledge Management policy and guideline. As a matter of policy all research-related issues are to be dealt with in line with this policy. There are many other policies that are relevant to the Department of Health. This brief overview of the legal mandate that the Department of Health has to observe clearly indicates that the main focus of the Department of Health is to establish a health system in which both public and private providers of health services can participate in a manner that respects the rights of the health workers as well as the users of the health services. It also emphasises the importance of section 197(1) of the Constitution of the Republic of South Africa which stipulates that within Public Administration there is a Public Service for the Republic, which must function, and be structured, in terms of national Legislation, and which must loyally execute the lawful policies of the government of the day (Mthembu, 2002:52).

2.11.4 Relevant Court Rulings

At times departments have to take into account court case rulings that have set precedents. These case rulings, while not yet laws as such, have the effect used as a guide for future cases. Such court case rulings can have operational implications to the department as well as to service delivery.

2.12 KWAZULU-NATAL REGIONAL HOSPITALS

According to the 2010-2014 Strategic Plan Document of the KwaZulu-Natal Department of Health a Region Hospital can be described as a hospital that, in addition to other health services, provides services such as gynaecology and obstetrics; paediatrics; surgery; internal medicine; and orthopaedics (KZN Department of Health Strategic Plan, 2010-2014: 99).

The Strategic Plan document of the KZN Department of Health highlighted that the KZN Regional Hospitals provide both clinical and nonclinical services. They also provide specialist services as well as specialised rehabilitation services. They further provide training of health professionals and research. The KwaZulu-Natal Department of Health is made up of 11 Health Districts, namely Amajuba Health District, Ethekewini Health District, Sisonke Health District, Umgungundlovu Health District, Umzinyathi Health District, Uthungulu Health District, Ilembe Health District, Umkhanyakude Health District, Ugu Health District, Uthukela Health District, and Zululand Health District.

There are 14 Hospitals designated as Regional Hospitals in KwaZulu-Natal namely, Addington Hospital, Edendale Hospital, Grey's Hospital, King Edward VIII Hospital, Ladysmith Hospital, Mahatma Gandhi Hospital, Ngwelezane Hospital, Port Shepstone Hospital, R.K. Khan Hospital, St Aidans Hospital, Stanger Hospital, Umfolozi War Memorial Hospital, Newcastle Hospital, and Madadeni Hospital. As stated in the 2010-2014 Strategic Plan document of the KZN Department of Health, Regional hospitals are unevenly located and most of them are concentrated in urban areas. In the rural development nodes there is not even a single Regional hospital for example, Umzinyathi, Zululand, Umkhanyakude, and Sisonke districts do not have a Regional hospital. Since there was a need for the provincial government of KwaZulu-Natal to improve equity and access, a decision was made that 12 of the 14 Regional hospitals provide tertiary services in addition to the general specialist services that Regional hospitals provide.

In total, the KZN Regional hospitals can accommodate approximately 8173 beds. This translates to 0.79 per 1000 population and is not bad given the national norm of 0.23 per 1000 population (Health Department: KwaZulu-Natal Annual Performance Plan, 2012/2013-2014/2015).

Addington Hospital is situated in the city of Durban. It was the first functional hospital in Durban. The hospital falls under the eThekweni Health District which happens to be the biggest Health District in the province. The hospital has 543 beds (KwaZulu-Natal Department of Health: Provincial Hospitals, 2001). Edendale Hospital is situated approximately 12 kilometres outside the city of Pietermaritzburg. It falls under the Umgungundlovu Health District which has a population of approximately 995303. The hospital is a fairly large hospital with 874 beds. It services the communities of Ashdown, Edendale, Imbali and the surrounding areas such as Sweetwaters, Caluza (KwaZulu-Natal Department of Health: Provincial Hospitals, 2001).

Grey's Hospital is also situated just outside of Pietermaritzburg and therefore also falls within the uMgungundlovu Health District. It has 530 beds. Grey's Hospital is designated as a Regional hospital but serves more as a Tertiary hospital (KwaZulu-Natal Department of Health: Provincial Hospitals, 2001).

King Edward VIII Hospital falls under the eThekweni Health District. The hospital serves both as a Tertiary as well as a Regional hospital. Medical students enrolled with the Medical School of the University of KwaZulu-Natal are based in this hospital (KwaZulu-Natal Department of Health: Provincial Hospitals, 2001).

Ladysmith Hospital falls under the Uthukela Health District. This District has an estimated population of 699 762. Although the hospital has 452 beds, it has a sizable number of clinics attached to it, 24 in total (KwaZulu-Natal Department of Health: Provincial Hospitals, 2001).

Mahatma Gandhi Memorial Hospital is situated in eThekweni District and is both a District as well as a Regional hospital. The hospital will become a fully-fledged Regional hospital once the new hospitals that are being built around the area have been completed. It is the view of management of the hospital that once the new hospitals are fully commissioned, the district services currently being rendered by

Mahatma Gandhi Hospital will default to them. Mahatma Gandhi Memorial Hospital is a fairly small hospital; it only has 350 beds. It serves mainly the Phoenix, KwaMashu and Inanda areas (KwaZulu-Natal Department of Health: Provincial Hospitals, 2001). The website of Madadeni Hospital states that the hospital is designated as a Regional hospital and District hospital. The website also states that the Madadeni Hospital serves a population of about 366 935 and has 1620 and 1154 usable beds. The hospital is located in the Amajuba district. According to its website, it has 16 fixed clinics and 3 mobile clinics (KwaZulu-Natal Department of Health: Provincial Hospitals, 2001).

Newcastle Hospital has 186 beds and, just like Madadeni Hospital, it is both a District and Regional hospital (KwaZulu-Natal Department of Health: Provincial Hospitals, 2001). Both Madadeni and Newcastle Regional Hospitals are located within the Amajuba Health District.

Ngwelezane Hospital is situated in Ngwelezane Township, 25 kilometres away from the industrial area of Richardsbay. This hospital was originally intended to be one of the province's Tuberculosis settlements, but it is used as a Regional as well as a District and Tertiary hospital. It serves more than 80 000 patients a year and has 554 beds. Although the hospital falls under the Uthungulu Health District it also serves communities from the Zululand and Umkhanyakude Districts (KwaZulu-Natal Department of Health: Provincial Hospitals, 2001).

Port Shepstone Hospital falls under the Ugu Health District which has an estimated population of 714 453. The hospital is fairly small with 333 beds however it has 38 clinics attached to it which is a huge number given its size (KwaZulu-Natal Department of Health: Provincial Hospitals, 2001).

Prince Mshiyeni Memorial Hospital is situated in Umlazi Township. It has 17 clinics attached to it. The hospital has 1200 beds. The hospital serves approximately 2

million people. This is due to the fact that Umlazi Township is a huge township and is not far from the city of Durban. This brings about an ever-mushrooming population of informal settlements which has a direct impact on the hospital. The hospital falls under the eThekweni Health District (KwaZulu-Natal Department of Health: Provincial Hospitals, 2001). RK Khan Hospital is situated in Chatsworth, Durban, an area predominantly settled by the Indian community. In addition to serving the community of Chatsworth, Yellowwood Park, and the Inner and Outer West Durban, the hospital serves as a referral hospital to St Mary's Hospital and KwaDabeka Clinic. KwaDabeka Clinic serves the community of Clermont Township which is a densely populated township since it is situated near the industrial area of New Germany and Pinetown. This makes RK Khan Hospital a very busy hospital. RK Khan Hospital has 472 beds and boasts approximately 36000 admissions a year (KwaZulu-Natal Department of Health: Provincial Hospitals, 2001)

Stanger hospital has 500 beds and serves both as a District hospital as well as a Regional hospital. It falls under the Ilembe Health District which is a largely rural district. Ilembe District has approximately 600 000 people (KwaZulu-Natal Department of Health: Provincial Hospitals, 2001).

St Aidans Hospital is situated in the city of Durban and therefore falls under the eThekweni Health District. This hospital used to be a private hospital, and is therefore well-equipped in most aspects. It is a fairly small hospital with only 157 beds. It caters for both outpatient and inpatients. It lacks physical space as a result, its clinics are conducted at Addington Hospital and King Edward VIII Hospital. St Aidans Hospital does not offer after-hour services, instead, patients are stabilised and then transferred to the nearest district hospitals or clinics depending on the nature of the after-hour service required (KwaZulu-Natal Department of Health: Provincial Hospitals, 2001).

Umfolozzi War Memorial Hospital falls under the Uthungulu Health District. It is one of

the smallest hospitals with only 286 beds (KwaZulu-Natal Department of Health: Provincial Hospitals, 2001).

2.13 THE KZN DEPARTMENT OF HEALTH'S CHALLENGES

The ANC government has made it a right for every person to access optimal health care. This has become the responsibility of the state. While the public health sector is trying its best to achieve this goal it is hindered by the challenges it faces. The main challenges are discussed below.

2.13.1 Budgetary Constraints

In view of the fact that the majority of the population of the Republic of South Africa relies mainly on the Public Health Service it is inevitable that money will always pose a problem in the achievement of the Public Health Service's aims.

2.13.2 Excessive Reliance on the Public Health Services

The population of KwaZulu-Natal province is estimated at 10.6 million people and more than 90% of these people are uninsured, meaning that they rely on the public health system for health services (Health Department: Province of KwaZulu-Natal Annual Performance Plan, 2012/2013-2014/2015). Such reliance on the public health services puts considerable pressure on the Department's resources. The Minister of Health has given an undertaking that in the very near future poor South Africans will have access to the National Health Insurance which will be free.

2.13.3 Lack of Compliance with National Core Standards

According to the Annual Performance Plan of the KwaZulu-Natal Department of Health of 2012/2013-2014/2015, the Regional Hospitals in the province show a

noticeable lack of compliance with national core standards. The report also indicates that there is a lack of a service delivery platform for regional services that could ensure equity and access. It is indicated in the annual report that human resources are inadequate, and that this incapacitates all the Regional hospitals in the province to provide the full package of Regional hospital packages. The report also notes that in cases where the hospital provides more than one service level, there isn't an effective costing model that determines expenditure per level of care (Health Department: Province of KwaZulu-Natal Annual Performance Plan, 2012/2013-2014/2015).

2.13.4 Low Life Expectancy

The KZN Department of Health has a challenge to increase the life expectancy of the province's population. Currently the life expectancy averages around 48.4 years for males and 52.8 for females (Statistics South Africa, 2010). The Department aims to improve this situation.

2.13.5 Malaria Threat

Malaria is one of the challenges faced by the KZN Department of Health. While the number of reported malaria cases decreased from 428 cases in 2009/210 to 380 cases, the number of deaths as a result of this disease increased from 4 in 2009/10 to 5 in 2010/2011 (Annual Performance Plan, 2012/13-2014/15).

2.13.6 Climate Change

The KZN Department of Health has noted a change in the climate of the province. The Department has committed itself to monitor the impact of temperature change which at this stage is projected to increase by 1.4 to 5.8 degrees Celcius. An

increase in the temperature of the province may enhance the development of parasites thereby increasing the incidence of malaria (Annual Performance Plan, 2012/13-2014/15).

2.13.7 Inadequate Food Supply

23% of the KwaZulu-Natal population is faced with inadequate access to food and relies on food grants. While the Government has come up with coordinated community-based interventions at household level, this has a significant implication for teenage pregnancy, HIV and Aids infections and other non-communicable diseases (Annual Performance Plan, 2012/13-2014/15).

2.13.8 High Maternal and Child Mortality

The KwaZulu-Natal province is faced with a challenge of high maternal and child mortality. In most cases these are deaths that could have been prevented if the quality of service was good or if the resources were available. In some cases it is not easy for pregnant women to access emergency services due to their proximity to hospitals. When children are sick they sometimes have to be transported for kilometres before they can access emergency services (National Health Plan for South Africa, 1994)

2.13.9 Increasing Levels of Trauma

The KZN province is a holiday destination especially during Easter and Christmas holidays. The influx of people from other provinces to KwaZulu-Natal during these holidays increases the number of road accidents in the province. This puts a lot of pressure on the resources of the KZN Department of Health. It also increases the level of trauma among the province's population.

2.13.10 HIV and Aids Pandemic

As in all developing countries, HIV and Aids is a challenge in South Africa. According to the 2010 National Antenatal Sentinel HIV and Syphilis Prevalence Survey, KwaZulu-Natal has the highest HIV and Aids prevalence. The survey also revealed that HIV and Aids is still the leading cause of mortality in KwaZulu-Natal.

2.13.11 Tuberculosis

Tuberculosis is another challenge that the KwaZulu-Natal Department of Health has to deal with. In 2010 alone, a total of 106129 TB cases were recorded, 10381 of which were children between 0-4 years (Annual Performance Plan, 2012/13-2014/15:11). Although the Province has specialised TB hospitals, the number of beds in these hospitals is 2012 which translates to 0.19 beds per 1000 people. It must also be noted that only 9 of the 11 districts have specialised TB hospitals.

2.13.12 Curable Cataracts

The KwaZulu-Natal province has approximately 59 544 blind people. The sad thing about this is that some blindness is caused by treatable cataracts, yet these people have not been treated. School kids who need spectacles do not have them because they cannot afford them (Annual Performance Plan, 2012/13-2014/15:11).

2.13.13 Oral and Dental Services

The KZN Department of Health is also faced with a challenge of improving oral and dental services. According to the Department's annual performance plan the sustainability of oral health programmes is constrained by inadequate human resources as evidenced by a vacancy rate for Oral Hygienists of 37.5% (Annual

Performance Plan, 2012/13-2014/15:11).

2.13.14 Inadequate Emergency Services

The KwaZulu-Natal province has a huge challenge when it comes to emergency services. The province has 500 ambulances in total and only 185 of them are currently operational. This means that there is only 1 ambulance per 55719 people when the national norm is 1 ambulance per 10000 people. Needless to say this is a huge problem since it affects response times and therefore compromises clinical interventions. The tender processes are the main causes for the delay of the procurement of new vehicles.

2.13.15 Shortage of Child and Adolescent Psychiatry Services

The KZN Department of Health has a shortage of child and adolescent psychiatry services with only two facilities in the province. Furthermore, the Department has no budget to develop the most needed Level 3 Psychiatric Sub-Specialty Services. The KZN Department of Health is sorely understaffed when it comes to psychiatric services, for example, it only has three psychiatrists for the one and only centralised Forensic Psychiatry service. This means that it takes a long time before mentally ill awaiting trial prisoners can be treated by a psychiatrist. This is a violation of their rights to treatment (annual Performance Plan, 2012/2013-2014/15:11).

2.13.16 The Paradigm Shift

The democratic government of South Africa had to undergo a huge paradigm shift with regards to the economic reforms and how the public sector organisations were run. The workforce was one of the players in the delivery of services that had to change the way it did things to improve the quality of service delivery. For example,

the public sector institutions had to apply the policy of affirmative action, address gender issues and so forth. This paradigm shift at times affected the quality of service delivery. In some cases, a person may be employed, not because he is the best person for the job, but because he happens to be of a certain race or gender, not necessarily the person who is the most suitable for the job (annual Performance Plan, 2012/2013-2014/15:11). .

2.13.17 Inequity among Citizens

Another challenge that is faced by the KwaZulu-Natal Department of Health is that there is gross inequity among its citizens, a challenge that is facing the country as a whole. This is better captured by Luiz's statement that "there is gross inequality between black and white, rich and poor, urban and rural areas, and between city and suburb, on the one hand, and the townships on the other. 80% of the population depends on public service health facilities. These facilities are incorrectly located and inaccessible, so that the poorest are worst served and have to travel the furthest" (Luiz, 1994:128). This is evidenced by what has been said above that the eThekweni Health District alone has six Regional hospitals which are a few kilometres apart and yet there are districts that do not have even a single Regional hospital.

2.13.18 Duplication of Services

Another challenge that the Regional hospitals are faced with throughout the country is that raised by Benatar (1991) and Luiz (1994) where they argued that the services rendered by the public health system are duplicated, resulting in failure to provide other services. In addressing these challenges the national Department of Health came up with a plan that spells out what needs to be prioritised. Provincial Departments of Health have to align themselves to this plan.

2.13.19 Integration of Traditional Health Care into the Public Health System

There seems to be an agreement among Public Health Officials that there has to be an integration of Traditional Health Care into the Public Health Care because a huge number of African people still believe in them. According to Mbele (1999), Traditional Health Care still plays a crucial role in the general health care system of the African people but not much information is documented about it. According to Mbele (1999) the WHO and UNICEF support the training of traditional medical practitioners and they acknowledge, for example, that a huge number of births were conducted by traditional medical practitioners. Mbele argued further that even the World Health Assembly, the central authority of the WHO, has recognised the role that traditional practitioners can play if properly trained. While dealing with these challenges, as well as the mandates discussed above the Public Sector employees have to perform their duties and conduct themselves in line with the *Batho Pele* principles.

2.13.20 Drugs

The South African Primary Health Care is also faced with the challenge of a lack of suitable and effective drugs to cure or alleviate the seriousness of some diseases. As recent as 2011, HIV and AIDS drugs have been of poor quality. This has caused patients to stay in hospitals for longer periods or to visit them more often than necessary.

2.14 BATHO PELE PRINCIPLES

According to Mbele (1999,) the *Batho Pele* principles enable the public servants of the provincial and national spheres of Government to apply them according to their own needs and circumstances (Mthembu, 2002:52).

These principles are easy to apply on a day-to-day basis. The first principle requires that there has to be consultation amongst stakeholders. This is not only limited to consultation among the employees of the Public Service, but also includes the involvement of the communities the Public Service is serving. The *Batho Pele* principles also stipulate service standards that Public Servants have to display when dealing with their colleagues and the general public. *Batho Pele* also guarantees the rights of fellow South Africans to a variety of services as enshrined in the Constitution of the Republic. In the past people have been treated badly by Public Servants. *Batho Pele* prohibits this and it requires all people to be treated with courtesy and dignity. The general public has a right to access information that impacts on their lives. This information has to be given to them with openness and the transparency it deserves. *Batho Pele* principles also aim to redress the imbalances of the past by ensuring that fellow South Africans receive service that is value for money, and service that has an impact on the improvement of the lives of the citizens of the Republic. It also aims to empower those who were previously disadvantaged.

2.15 HOSPITAL SERVICES IN SOUTH AFRICA

According to Cullinan (2006), hospitals were primarily meant for those who need in-patient care although quite a number of patients are outpatients nowadays. In fact this is encouraged by the fact that all hospitals have Out-Patient Departments (OPD). Cullinan (2006) also re-emphasises the fact that inequalities in hospitals still exist and that some of the hospitals are old and run down especially in black townships, former Homeland areas and in rural areas. This necessitated the categorisation of hospitals according to the type of services they could offer.

2.15.1 Categories of Hospitals in South Africa

Hospitals in South Africa fall into three categories namely District hospitals, Regional hospitals, and Tertiary hospitals. According to Cullinan (2006), the Republic of South Africa has 388 public hospitals, 247 District hospitals, 63 Regional hospitals, 6 Provincial hospitals, 8 National Central hospitals, and 64 Specialised hospitals. The National Department of Health has yet to adequately identify and define services that each category must provide and inevitably this causes duplication of services. The draft recommendations of the Quality Assurance Directorate are currently used as guidelines. The distribution of these hospitals is skewed (Cullinan, 2006).

District hospitals are regarded as *Level 1 hospitals*. By *Level 1* hospital it is meant that those hospitals are those which ordinary General Practitioners would refer patients to. As argued by Cullinan (2006), these are hospitals that provide the basic diagnostic and therapeutic services and are the most affordable and accessible to people who do not have medical aid schemes.

Cullinan (2006) describes Regional hospitals as *Level 2* hospitals, meaning they provide care that requires specialists. Specialist hospitals are those that only provide a single specialist service. Cullinan (2006) further describes Regional hospitals as those which provide at least five of the following services: Surgery, Medicine, Orthopaedics, Paediatrics, Obstetrics and Gynaecology, Psychiatry, Diagnostic Radiology and Anaesthetics. Tertiary hospitals are those described by Cullinan (2006) as *Level 3* hospitals. The Specialties that these hospitals provide are grouped into three categories. For example, Liver transplant, and Hepatology belong to Group 3 Specialties, and Cardiology, Cardiothoracic Surgery, Clinical Immunology and so forth to Group 2 Specialties. Most of the patients who are referred to those hospitals are referred by the Regional hospitals.

2.16 REGIONAL HOSPITAL'S MANAGEMENT STRUCTURE

Each Regional hospital is headed by a Chief Executive Officer (CEO) who, in the

past, used to be called the Hospital Manager. The Chief Executive Officer is assisted by six senior team members, namely the Medical Manager, the Human Resource Manager, the Nursing Manager, the Finance Manager, the Systems Manager, and the Public Relations Officer.

2.17 CONCLUSION

The above information provided a brief overview of the laws that the Regional hospitals, like all Government institutions in the KwaZulu-Natal Province as well as in the country as a whole, have to adhere to. The discussion has highlighted the challenges faced by the KwaZulu-Natal Department of Health and, in particular, the Regional hospitals of the KZN Department of Health while obeying the *Batho Pele* Principles. The following chapter will provide the theoretical framework of the Performance Management and Development process.

CHAPTER 3

LITERATURE REVIEW: THEORETICAL FRAMEWORK

3.1 INTRODUCTION

This chapter interrogates the theoretical framework around the concept of employee Performance Management and Development. The phrase “performance management and development” is a combination of three terms and each of them has a distinct meaning. It is therefore important to give a clear definition of each term so that the meaning of “Performance Management and Development” as a process can be better understood.

3.2 THE MEANING OF THE TERM ‘PERFORMANCE’

According to the Oxford Dictionary (2007:668), to “perform” is to carry out an action, task, or function. The word “perform” is a verb from which a noun “performance” is derived. Based on this, the Dictionary then defines performance as an act or process of performing an action or task.

3.3 THE MEANING OF THE TERM ‘MANAGEMENT’

To manage is to be in charge of people or an organisation (Oxford Dictionary, 2007:555). Based on this description, the Oxford Dictionary deduces that management is therefore an act of managing people or an organisation.

3.4 THE CONCEPT OF PERFORMANCE MANAGEMENT

Combining the meaning of the terms performance and management, one could

argue that performance management is the process that manages how people carry out their tasks in the work place. This is but one way of looking at performance management, however, different authors have come up with interesting definitions of performance management and Martinez (2001) argued that even more definitions will evolve as performance management evolves as a process. Below are some of the definitions advanced for performance management as a process.

The Department of Public Service and Administration (DPSA), through the Employee Performance Management and Development System (EPMDS) governing public servants, defines performance management as “a purposeful continuous process aimed at positively influencing employee behaviour for the achievement of the organisation’s goals; the determination of correct activities as well as the evaluation and recognition of the execution of tasks/duties with the aim of enhancing their efficiency and effectiveness; and a means of improving results from the Department, teams and individuals by understanding and managing performance within an agreed framework of planned goals, objectives, standards and support incentives,”(EPMDS, 2005:6).

Performance management is also defined as a comprehensive term describing a process in which employees participate with their supervisors in setting their own performance targets. These targets are directly aligned with the stated goals of their departments (Cowling and Mailer, 1998:201).

Armstrong defined performance management as a systematic process for improving organisational performance by developing the performance of individuals and teams. It is a means of getting better results from the organisation, teams and individuals by understanding and managing performance within an agreed framework of planned goals, standards and competence requirements (Armstrong, 2006:1).

All the definitions advanced for performance management suggest that for it to exist

there have to be three items, namely the employer or manager who manages the task being carried out; the worker or employee who carries out the task and the task itself otherwise there would be nothing to manage. The definitions also suggest that there must be a goal or goals to be achieved, by both the organisation and the employee, and that those goals ought to be communicated to both parties and agreed upon.

Since the business organisation, or any entity for that matter, is assumed to be a going concern it follows that, for as long as it exists, there will be new goals to meet and therefore new tasks to perform, implying new tasks to manage. This indicates that performance management is a continuous process which aims to constantly improve the performance of the organisation. By implication, the definitions given by the authors indicate that performance management also talks to the quality or standards of what needs to be achieved.

3.5 AIMS OF PERFORMANCE MANAGEMENT

Lawson (1995) identified a number of aims for performance management. According to Lawson, an organisation has a vision of where it wants to be in the future. Its vision statement will articulate exactly what it is that it should have achieved at a predetermined period of time, which could be a month, a quarter, or a year. This means that the organisation establishes some key results that it must ensure are accomplished by a certain point in time. Lawson (1995) argues that the organisation then sets itself cycles within which certain goals must have been achieved. Lawson advances the view that organisations have different business units and that each business unit has to achieve specific predetermined objectives. Having taken these factors into account, Lawson concludes that the aim of an effective performance management is firstly to articulate the organisation's vision, secondly to establish key results, objectives and measures at the key business unit level, thirdly to monitor and control quality, delivery, cycle time, and fourthly to manage the continuous

improvement of performance in those areas (Lawson, 1995:12-13).

3.6 PERFORMANCE MANAGEMENT VERSUS PERFORMANCE MEASUREMENT

According to Neely (1998), the field of performance management and performance measurement has grown over the past 20 years. Neely says that this is evidenced by the number of publications that Human Resource practitioners as well as academics have published on performance management and performance measurement. Radnor and McGuire (2004) advance the view that the growth of these two fields has led to them being interpreted as meaning one and the same process, when in fact they are different processes.

According to Fryer, Antony, and Ogden (2009), performance measurement is but a tool that can be used by a performance management system. This is further supported by Radnor and Barnes (2007) who state that performance measurement is about putting quantitative values to the inputs and outputs of a process.

Radnor and Barnes (2007) argue that performance management improves behaviour and motivates behaviour of employees, and can promote innovation in the sense that it is concerned with what is happening now and in the future, as opposed to what has happened. Perhaps an even clearer distinction between the two processes is that advanced by Radnor and McGuire (2004), where they quote Libas (1995) as saying “Performance measurement includes: Measures based on key success factors, measures for detection of deviations, measures to track past achievements, measures of the status potential, measures of output, measures of input, etc., and Performance Management: Involves training, team work, dialogue, management style, attitudes, shared vision, employee involvement, multi-competence, incentives and rewards” (Radnor and McGuire, 2004:246).

3.7 PERFORMANCE MANAGEMENT MODELS

The components of performance management as identified by a number of authors such as Armstrong (2006), Spangenberg (1994), Bacal (2004), and Guinis (2009) suggest that Performance Management as a process is a cycle. According to Williams (1998), there are three main perspectives and view performance management as a system for:

- Managing organisational performance;
- Managing employee performance; and
- Integrating the management of organisational and employee performance, (Williams, 1998:9).

According to Williams (1998) Performance Management is a system for managing organisational performance and this view is supported by Bredrup (1995) and Rogers (1990). According to Williams (1998), Bredrup (1995) sees performance management as comprising planning, improving and reviewing.

The performance management cycle advocated by Aguinis (2009) identified six main components of a performance management process, namely the prerequisites, performance planning, performance execution, performance assessment, and performance review. The components identified by Aguinis (2009) differed slightly from those identified by Spangenberg (1994) in his integrated model of performance. Spangenberg's model comprises five components, namely performance planning, design, managing performance, reviewing performance, and rewarding performance.

The Performance Management cycle advocated by Armstrong (2006) comprises six components, namely the definition of the role, the performance agreement, the performance improvement plan, the personal development plan, managing performance throughout the year, and performance review.

Rothwell, Hohne, and King (2000) argued that Thomas Gilbert is considered to be the key founder of human performance improvement because of his landmark text entitled *Human Competence: Engineering Worthy Performance* (Rothwell et al, 2000:95). According to the authors, the concepts, models, and tools of Performance Management have become commonly accepted by the Human Performance Improvement practitioners. The authors highlighted that many tools and techniques have been developed by others based on the themes and philosophies of Gilbert.

According to Rothwell et al. (2000), Gilbert's model comprises 9 variables of performance. These variables are grouped into 3 performance-needs; the goals of the organisation, the design of the organisation, and the management of the organisation. Gilbert also identified 3 levels of performance; the organisational level, the process level, and the job/performer level. According to Rothwell et al. (2000), Gilbert's model identified 3 sets of goals, namely the organisational goals, the process goals, and the job/ performer goals. According to the authors, Gilbert's model also identified 3 types of designs; the organisational design, the process design, and the job design, and lastly that the management of the organisation comprises organisational management, process management, and job/performer management. According to Rothwell et al. (2000), the 3 'performance needs' correspond to 3 levels of performance, the organisational level, the process level, and the job/performer level. According to the authors, Gilbert also developed other useful models like the Performance Matrix and the Behaviour Engineering Model.

Rothwell et al. (2000), highlighted the fact that some models are situation specific. According to these authors, the model that was formulated by Roger Mager and Peter Pipe is an example of a situation specific model. Their model is designed as a flowchart and has alternative branches, decision points, and suggested action steps (Rothwell et al. 2000). This model advocates that the process starts with the identification of a specific problem which, if possible, could be described in measurable, observable, and performance based terms. The next step in this model

would be to find answers to the specific questions about the problem. According to Williams (1998), the Balanced Scorecard model has become very popular since it aims to capture some of the contradictory nature of organisational performance. According to Williams (1998), Kaplan and Norton (1996) identified 4 components of the Balanced Scorecard namely; the financial component, the customer component, the internal business process component, and the learning and growth component. The financial component gives an indication of how the organisation should appear to its shareholders in order to be financially successful (Kaplan and Norton, 1996). According to Kaplan and Norton (1996), the customer component of the Balanced Scorecard provides direction as to how the organisation should appear to its customers. The internal business process component of the balanced scorecard gives direction regarding which business processes the organisation should excel at, in order to satisfy both shareholders and customers. The authors argued that the learning and growth component of the Balanced Scorecard provides the organisation with direction on how it will achieve its vision and also sustain its ability to change and improve. While the components of the Performance Management cycle advocated by different authors may differ slightly, they all imply that in any Performance Management and Development process, there will be an involvement of both the employee and the employer.

3.8 THE PERFORMANCE MANAGEMENT PROCESS

A number of authors have identified components of the performance management process. According to authors like Armstrong (2006), Aguinis (2009) and Spangenberg (1994), the Performance Management and Development process involves performance planning, performance monitoring, development and control, performance review and management of the outcomes of the review. The performance management process is continuous and therefore needs to be carried out over and over again which suggests that it is a cycle.

3.8.1 Performance Planning

The discussion of the Performance Management process above indicated that performance planning is a component of the broader Performance Management and Development process. According to Bacal (2004), performance planning is the starting point in the Performance Management and Development process and lays the groundwork for effective performance appraisal later on.

3.8.2 Definition of Performance Planning

Performance planning is defined by Bacal (2004) as the process of communication between manager and employee intended to create agreement about what the employee is to do, how well he or she needs to do it, and how success is to be determined. The definition clearly shows that performance planning is a process that involves both the employer and the employee. It is a dual process in the sense that there are roles that need to be played by the employee and roles that need to be played by the employer.

3.8.3 The Nature of Performance Planning

Armstrong (2006) argued that performance planning is a component of Performance Management and Development where both the employer and employee explore a number of issues ranging from the competency required to do the job, the drawing up of the work plan and so forth. Armstrong (2006) also highlighted the fact that in this stage of performance management, managers indicate how employees will be given the support and guidance they need to achieve organisational goals. The author also argued that in the planning stage tasks that are crucial to the success of the organisation are clearly identified. In other words, key result areas (KRA) are identified. In this stage employees are encouraged to formulate their own personal

development plans and how they plan to improve their performance (Armstrong, 2006). In short, this is the stage in which the work-plan is formulated. The author argued that it is in this stage that an agreement between the employees and the employer is reached in terms of how performance will be measured. According to Bacal (2004), at the end of the performance planning phase the employee should know:

- The most important job responsibilities that he or she needs to complete;
- When he or she must complete the job tasks (if appropriate);
- How those responsibilities relate to the goals, the work unit and the organisation;
- How well or to what level he or she needs to perform the job activities;
- The criteria that will be used to review performance during and at the end of the review period;
- Potential barriers to performing the job tasks and possible solutions; and
- Any assistance to be expected from the manager towards performing appropriately and overcoming possible performance barriers.

3.8.4 Performance Agreement and the Work-Plan

Armstrong (2006) contended that those roles are agreed upon when the competency standards have been met by the employee, resulting in an agreement as to what the performance standards are to be. Armstrong (2006) also argued that once the competence requirements are met and performance standards agreed upon, a performance and development agreement is then entered into by the employee and the employer. The main part of that agreement, Armstrong asserted, is the performance and development plan. It is this plan that leads to action that will then need to be continuously monitored. The author argued that the monitoring process must be followed by feedback to the employee. Armstrong argued that what follows after the feedback are decisions relating to rewards, whether financial or non-financial (Armstrong, 2006).

3.8.5 Performance Monitoring

According to the EPDMS (2005), the performance of employees must be monitored on a continuous basis. The reason for this is to determine progress of the actions that have been recommended to correct poor performance. Many Human Resource practitioners like Armstrong (2006) believe that a monitoring of performance gives management and employees to deal with performance-related issues earlier, rather than waiting for the next performance appraisal process. According to the EPDMS (2005), this could identify the necessary support and, where necessary, allow management to modify the objectives and target on time. Performance monitoring is also another tool that ensures continuous learning and development.

3.8.6 The Concept of Performance Appraisal

According to Coens and Jenkins (2000), there is confusion as to what the term 'performance appraisal' means. The authors argue that due to this confusion some organisations have claimed to have dropped the practice when in fact they have just given it a different name. There are many definitions that have been advanced for performance appraisal.

According to Coens and Jenkins (2000), the meaning of the word "appraise" was derived from the Latin word meaning to value. This view is supported by Kellogg when she said "To appraise anything is to set a value on it" Kellogg, (1975:5). Having defined the word appraise in an attempt to define performance appraisal, Coens and Jenkins went on to provide the meaning of the word "performance", indicating that it means "the way in which someone or something functions" (Coens and Jenkins, 2000:12). Combining the two words, Coens and Jenkins (2000) then came up with a definition which states that "performance appraisal is the process of evaluating or judging the way in which someone is functioning" (Coens and Jenkins, 2000:12).

The above definition provided by Coens and Jenkins does not differ from the definitions advanced by Bird (1998) and Bernadin and Beatty (1984). Bird (1998) defined performance appraisal as “the appraisal that evaluates, predicts and monitors an employee’s performance at work” (Bird, 1998:1). Bernardin and Beatty (1984) look at performance appraisal as “the interpretation of a performance measurement in terms of relative or absolute levels of effectiveness and/or the standards of performance met” (Bernardin and Beatty 1984:13).

According to Coens and Jenkins, the performance appraisal process is also known as “performance evaluation, performance review, annual review, personal rating, performance rating and the like” (Coens and Jenkins, 2000:12).

3.8.6.1 Why Appraise?

According to Forsyth (2002), the reason to appraise focuses on both the manager and the employee. Forsyth advances the view that managers have a variety of responsibilities and all of them are achieved through the employees. The author goes further to say that the success or failure of the manager depends on how the employees perform. While the success or failure of the manager is based on the overall performance of the unit the manager manages, it is the different individual performances of employees that are the main determinant. For this reason, Forsyth (2002) argued that individual performances of employees have to be evaluated.

The following reasons are advanced by Forsyth (2000) as good reasons for appraising employees. The performance appraisal process allows both the employee and the employer to assess the past performance of the employee. In evaluating the past performance, both parties are better able to identify the shortcomings and successes of the past. These can then be used in the planning of the future work and the role that the employee will play. The appraisal process also helps the manager set future goals for the employee. It is stressed by Forsyth that such future goals

ought to be agreed upon by the employee concerned. The shortcomings identified during the appraisal process help the manager and the employee pinpoint areas that need to be improved. According to Forsyth, the appraisal process is an opportunity for the manager to coach the employee on the spot.

Through the appraisal process the manager is able to get feedback from the employee about how he/she feels his/her work should be structured. The appraisal process also reinforces the reporting relationship between the employee and the manager. The appraisal process in most cases has a link with remuneration. It is customary that a high performer is remunerated higher than a low performer. Forsyth (2002) warns that the appraisal process ought not to be about remuneration although a link with remuneration could be part of it. The author advocates a clear separation between performance appraisal and salary review. Since the past cannot be changed, the performance appraisal process is about influencing the achievement of future results (Forsyth, 2002:23).

The views advanced by Langdon and Osborne (2001) support what Forsyth (2002) and other authors have written about the need for an appraisal process. Langdon and Osborne (2001) argue that performance management ought to be continuous since the organisations want to be able to cope with the continuous growing needs of those they serve. Langdon and Osborne also advance the view that the performance appraisal process is sometimes viewed by employees as a platform to punish them for failure to achieve their targets or commitments. The authors argue that that view is wrong and that instead, the appraisal process is a platform to celebrate successes and also a platform to guide them as to how to avoid committing the same mistakes over and over again. It is but one platform that can be used by employees to learn from their disappointments.

The views advanced by Langdon and Osborne (2001) above are similar to those advanced by Lloyd (2009) when he said that the appraisal process allows employees to gain clarity on what type of performance is expected from them. Lloyd (2009) also

re-emphasised the point that performance appraisals give employees a platform to assess their eligibility for career advancement within their organisations. While Lloyd (2009) agrees that performance appraisals are not the same thing as salary reviews, the author views them as the bases for salary increases and promotion. It is argued by Lloyd that performance appraisal is one of the tools that the organisation can use to prevent legal problems that could arise from employees who have been reprimanded for bad performance. According to Lloyd (2009), staff needs feedback, and without it there is no way that they can learn, grow, and fully reach their potential and performance appraisal is the tool to achieve that goal. The author argues that if performance appraisal is well-developed and well-executed it has a strong motivational impact.

3.8.6.2 Who should be the Appraiser?

According to Hunt, performance appraisals could be conducted by the “line manager, supervisor, employer, colleague, human resource manager, or a specially trained appraisal officer” (Hunt, 2005:67) depending on the size and structure of the organisation. In small organisations with less than twenty employees it would be possible for the employer to conduct the appraisals personally, however in the case of an organisation with more than 20 employees this would prove very difficult if not impractical.

In large organisations it is customary to have the line manager or supervisor conduct the appraisals. In such cases, the appraisal process tends to be more effective because the line manager or supervisor works with the employee being appraised on a daily basis. The line manager knows the tasks that the employee has to perform and also knows the environment in which these tasks are being performed. In such cases it is common to find a situation where the employee and the employee do not have a good relationship. Hunt (2005) argues that if that is the case, the appraisal process is a platform to address that bad relationship. If there is a good relationship

between the employee and the line manager or supervisor, bias could set in, and the employee could be given a higher score that perhaps he/she does not deserve.

Conducting an appraisal process is a very delicate task. In view of this, some organisations rely on specially trained individuals from their Human Resource department, for example the Human Resource manager could conduct the appraisals himself. Reliance on specially trained people is well and good, but such people have limited knowledge of the tasks that employees perform.

3.8.6.3 The Ethical Issues of Performance Appraisal

According to Hunt (2005), appraisal systems must not discriminate according to race, sex, gender or creed. They must be conducted in a fair manner. Managers conducting performance appraisals have to be aware of legal issues. The whole performance appraisal process must be fair to all the parties involved. Kellogg (1975) advanced the following 15 ethical issues that need to be considered when conducting performance appraisals:

- **Know the reason for appraisal:** According to Kellogg (1975) the reason for the appraisal should be clearly understood by whoever gives information that will be used in the appraisal process. For example, if information is sought for the purpose of appraising a person for promotion to another position, information will differ from that provided for appraising him for a salary raise.
- **Appraise on the basis of representative information:** With this statement, Kellogg is saying that information provided for appraisal purposes must relate to the sustained performance picture and should not just be information based on isolated incidents.
- **Appraise on the basis of sufficient information:** In some cases, managers appraise employees on the basis of limited information. There are cases where managers barely meet the employee and therefore have only a vague idea of

how he/she performs on a daily basis. For example, the employee could have sent a few reports that impressed the appraiser, and the appraiser relies on that as representing the general performance of the employee.

- **Appraise on the basis of relevant information:** To clarify this point assume that an employee is being considered for promotion and he is good in all areas that are crucial to performing that job. It would be unethical to exclude him from promotion on the basis that he does not have a college degree and consider others who are less knowledgeable, but have college degrees.
- **Make an honest appraisal:** Both the manager and employee must give honest information to one another. If the employee is not doing well in some aspect of his job the manager must be frank and honest about it. Similarly, when the employee is doing well, the manager must honestly communicate that to the employee.
- **Keep written and oral appraisals consistent:** In explaining this, Kellogg says that some managers cannot bear giving hurtful information to employees and as a result they only paint a rosy picture for the employee. According to Kellogg what these managers write down in the report differs from what they communicate to the employee and that is unethical.
- **Present appraisal as opinion:** When conducting an appraisal, the manager must ensure that the appraisal is not based on subjective information. If there is an opinion that the manager wants to make he must do so, but ensure that the employee is aware that such statement is a mere opinion. For example, the manager cannot say 'You will never make it in this company'. Such a statement would be unethical since the manager cannot predict the future, besides the employee could improve his performance in the future.
- **Give appraisal information only to those who have a good reason to know it:** The information pertaining to the employee's last appraisal should only be given to a third party subject to the permission of the employee. Such information must be factual not subjective. Appraisal information can only be given to a person who has a genuine reason to ask for it. For example, it cannot be given to another employee who just wants to see how his colleague fared in his appraisal.

- **Don't imply the existence of an appraisal that hasn't been made:** A manager could be asked to comment on an employee who is, for example, being considered for promotion. It could be that the manager is not fond of that employee and then makes a statement to the effect that if that person is being considered for promotion then he must be excused from commenting. The impression that is created is that the employee in question is not good enough for promotion. Such behaviour is unethical.
- **Don't accept another's appraisal without knowing the basis for it:** In the case where a decision is to be made based on performance appraisals conducted by other managers, senior managers need to be clear as to why certain statements were made. There could be broad general statements made by the manager who was appraising the employee. The senior manager needs to know on what basis those statements were made, since broad statements can easily be misinterpreted.
- **Decide on a retention policy for appraisals and adhere to it:** Let's consider the situation where a manager has just assumed his duties as manager. He may want to look at the performance appraisal reports of the employees he has just inherited. Assume further that in the files, he finds old reports. The manager would then be faced with a dilemma as to whether to rely on those reports or discard them. Relying on such old data could, for example, suggest that there are inadequacies that need to be addressed. Since the reports are old, it could be that those inadequacies have long since been addressed. On the other hand, old information could provide invaluable information about the employee's performance over the years. A policy to deal with this dilemma must be established.
- **Convey appraisal data to a third party only if you've given it to the person:** Let's assume that a manager is asked whether or not his employee is promotable and he responds negatively saying he/she is not promotable. If the fact that the employee is not promotable had never been communicated to the employee, it would be unethical of the manager to give such an opinion to the third party.

- **Make written appraisals available to employees:** The manager cannot refuse to give the employee a copy of his appraisal report. It would be unethical if he did so. It is important for employees to have copies of their appraisal reports, especially given the fact that managers come and go. A written report would enable the employee to question whatever he feels is not in line with what was discussed during the appraisal process.
- **Provide a right of appeal to employees:** It often happens that employees being appraised feel that they are being unfairly or harshly appraised. When this happens, the employee has a right to appeal. For example, he may request that another appraisal be conducted by another manager.
- **Open appraisals to employee input:** The employee being appraised could have his views about the whole process. Such views should not be ignored but acknowledged, written down and filed in the employee's file.

The above discussion shows that the appraisal process ought to be fair and based on sufficient information not isolated cases. The discussion also emphasises the fact that the appraisal process must not be a punitive process but must seek to communicate an honest assessment of the employee's performance.

3.8.6.4 Requirements for an Effective Performance Appraisal

Kellogg (1975) identified four requirements for an effective performance appraisal, namely respect from both the appraisee and appraiser, the management style of the appraiser, the appraisee's perception of the appraiser, and the employee's receptivity.

3.8.6.5 Respect

In conducting performance appraisals it is important that both the employee

(appraisee) and the manager (appraiser) respect each. The appraiser must first do some introspection so that he is able to identify his strengths and weaknesses which may have a direct or indirect impact on the appraisal process. For example, if the appraiser is lacking listening skills, he would not be able to give the appraisee a chance to air his views during the appraisal process. However, if the appraiser is aware of this shortcoming he may make a deliberate effort to listen attentively when the appraisee is talking. It is equally expected of appraisees to appreciate that the appraiser, by virtue of being a superior, ought to be respected at all times, especially if the appraiser is the immediate superior of the appraisee. This means that even the language that is being used should be formal and relevant to the whole process.

3.8.6.6 The Appraiser's Management Style

The style of management used by the appraiser is very important during the appraisal process. An appraisal process is not supposed to be one-way, but rather a two-way process. If the management style of the appraiser is autocratic, it would discourage the appraisee from participating positively. According to Kellogg (1975:23), there are three questions that the appraiser should ask himself in assessing his management style and these are:

- Do I have a reasonable understanding of how others see me?
- Do I have the inner confidence to risk the growth and development of others?
- Is the organisation I manage working as a team - do we understand our mission, are our roles and responsibilities clear?
- Do I show my interest in others and my expectations for high team accomplishment?

3.8.6.7 Employee's Perception of the Appraiser

Kellogg (1975) argues that for the employee to respond favourably to the appraisal process he first needs to be confident that the manager knows his job and the whole environment in which they operate. Secondly, the employee will feel relieved if he has the sense that the manager is not only concerned about the company, but is also concerned about the development of his subordinates. It is therefore crucial for the manager to get a sense of how he is perceived by his employees. The manager is not always able to determine how employees view him because, as argued by Kellogg, employees often hide their inner resentment because they do not want to be in the bad books of their bosses. The list of perceptions that employees have about their managers is endless. The following are a few of them as identified by Kellogg (1975).

According to Kellogg (1975) there are managers who are perceived as knowing their jobs very well and are also perceived to express themselves directly. If the employee feels that he can approach his manager at any time about work related issues and get an honest opinion, then the chances are the employee will respond positively to the appraisal.

There are cases where managers are perceived to know their jobs, but are viewed as too difficult. In such situations, employees tend to be passive and scared to open up and air their views. This could give the manager an inaccurate perception of himself. He could think that all is well and good when in fact that is not the case.

Kellogg (1975) argues further that some managers are perceived as very nice, but lacking in terms of competency. Such managers may find it difficult to recommend to their subordinates to improve their performance since they themselves are perceived to be incompetent. There are those who are perceived to be incompetent who are disliked by the employees. Such managers are perceived to be making impossible

demands because of their own incompetency. In such a case, employees are less likely to go the extra mile like sacrificing their personal time to meet set targets. A manager who is perceived in this way is less likely to conduct a successful performance appraisal. Employees often find themselves dealing with managers who are old and about to retire. Such managers tend to belong to the old school of management. While they are often knowledgeable, they may lack the new management views. The employees could have a feeling that this manager who is about to retire is not in a position to guide them with what they view as old and out-dated views. According to Kellogg (1975), such a manager can deal with a case like this by avoiding face-to-face discussion of performance improvement needs. He may also deliberately explore alternative means of implementing his appraisal decisions.

3.8.6.8 Employee Receptivity

According to Kellogg, while there is a strong connectivity between employee receptivity and employee-manager relationships, that is not the only factor. According to Kellogg there are other common determinants. Kellogg (1975:28-31) identifies 10 of these factors:

Differences in age and experience: If the employee happens to be older and more experienced than the manager, the level of his receptivity to his manager's suggestion is likely to be low. The opposite is likely to be true as well. The more experienced the manager is and the extent to which he is older than his employee, the more likely his suggestion will be accepted.

Rivalry: In some cases, the manager occupies a position that the employee had applied for but did not get. Such an employee is less likely to be receptive to what is suggested by the manager since he is viewed by the employee as a rival.

Unusual work pressures: Sometimes employees are faced with unusual work pressures that require them to be more productive or work longer hours than usual.

Employees could also be faced with technical problems that require solution. During such times the employee's level of receptivity to the manager's suggestions is less likely to be low. When the employee is not under such pressures and everything is in good shape, his level of receptivity to the manager's suggestions is likely to be high.

Health: An employee who is not feeling well, either emotionally or physically, is less likely to be receptive to the manager's suggestion regarding how to improve his performance.

Off-the-job pressures: Employees are sometimes subjected to pressures that have nothing to do with their jobs. For example, the employee's wife or child could be seriously ill. The discussion about how he should improve his performance is the last thing on his mind, and therefore he is not likely to be receptive to the manager's suggestion on how to improve his performance.

Length of time on the job: If the employee is new to his job he is more receptive to the manager's suggestion regarding how he can improve his performance. If he has been in the job for a long time, he tends to feel that he knows it all and can therefore not be lectured on how to improve his performance.

Desire of advancement: The employee that is hoping to be promoted is likely to be receptive to suggestions about how to improve his performance. The employee who has no hope of being promoted pays little attention to the suggestion about how to improve his performance.

Recency of salary increase or recognition: If the employee has just received a salary raise or has just been recognised for work well done, he is more likely to be receptive to suggestions by his manager on how to improve his performance.

Change in managerial attitude: If the employee has been of the view that his

manager's attitude is bad, and all of a sudden he sees a change in the manner in which the manager communicates, the employee is more likely to be receptive to the suggestion by the now changed manager.

Historical managerial actions: If employees are of the view that the manager comes up with suggestions and they as employees work hard towards implementing those suggestions, but do not get any recognition for it, the chances are they are less likely to be receptive to other suggestions.

3.8.6.9 How the Manager Can Prepare for a Perfect Appraisal Process

While there are many approaches that can be explored to conduct a successful appraisal for the purpose of this work, the researcher looked at those proposed by Hudson (1999). According to Hudson, for a manager to conduct a successful appraisal he or she first needs to know what it is that needs to be appraised and how to go about appraising it. According to Hudson it is important for the manager to understand that an appraisal should not just focus on the employee's tasks, but should cover their entire work environment. By this Hudson meant that the employee's aspirations must be taken into account since these form his or her developmental needs. The author goes further to suggest that the relationships that the employee has at the workplace also need to be taken into account because they have an impact on the quality of performance the employee eventually delivers.

Hudson (1999) also suggests that the most appropriate words to use when appraising an employee are words like responsibilities and performance as opposed to talking in terms of tasks. The author argues that this has the effect of making the employee do more than just the allocated tasks because they feel more trusted and then get motivated to do more. Hudson (1999) argued that most managers tend to emphasise the "peaks and troughs of their staff's performance" (1999:31). The author suggested that this is not right; the correct approach would be to focus on the

average performance of the appraisee because the objective should be to encourage the employee to do more. Hudson noted that most managers tend to talk more about the past and the present as opposed to focusing on the future. Hudson argues that while it is important to learn from the past, it is even more important to achieve better results in the future, which is why much discussion should revolve around what needs to be done in the future. The author recommended that, in the event that the manager has to make a promise to the appraisee, it must be a promise that the manager will be able to keep. Hudson also made an interesting point that managers often focus on their own agenda and forget that the employee may have his or her own that he or she expects to be given an opportunity to attend to. Hudson (1999) advanced the view that the manager should also aim at improving his own performance. In doing so, the manager should try not to end up appraising other people, but must focus on the two of them, i.e. the employee and himself as the appraiser. It is also suggested by Hudson that the agenda must be well planned. A well-planned appraisal involves the manager deciding what is to be on the agenda and also establishing in what order to deal with issues. Hudson suggested that even though there is such a plan it must not be followed rigidly, but must work for both parties.

3.9 CONCLUSION

This chapter showed the Performance Management process involves the participation of both the manager and the employee. The chapter showed that there are duties that each party has to perform. The chapter also clearly showed how the performance management process is carried out. The chapter showed that the Performance Management process starts off with performance planning which is then followed by the signing of the performance agreement and work plan. Once that has been done and resources have been made available the employee is then expected to perform his or her duties which are consistently monitored. Lastly the employee's performance is appraised, and rewarded accordingly if need be. The chapter also provided ways of conducting an effective appraisal process.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

This chapter highlights how the research was conducted. This is done by first highlighting the aim and objectives of the study, then giving a clear indication of where the study was physically conducted.

In a research study of this nature, it is important for the researcher to give a clear indication of how the population that is being researched is constituted. Once that clear indication has been presented, it is important for the researcher to decide whether it will be possible to reach all the members of the population or not. In the event that it is impossible to reach all members of the population, the researcher has to choose members who will represent the population. In research terms, those members of the population who have been chosen to represent the population are referred to as a sample. In this study the researcher reached the conclusion that it would not be possible to reach all the members of the population, therefore a sample of the population had to be chosen. The chapter therefore highlights which members of the population constituted the sample. There are many approaches suggested by existing literature which can be followed when choosing a sample. This chapter will give a precise outline as to which methods of sampling were considered and which one was eventually chosen for this study.

In any study the researcher has to consider a variety of research methods and then decide which one is best suited for the study at hand. These research methods are briefly discussed in this chapter where after the one chosen is identified. In research there are data collection methods which the existing literature suggests must be used. Those methods are clearly highlighted in this chapter and the one chosen is

briefly discussed. This chapter also indicates how this study was designed and which research designs were considered before the appropriate one was selected. This is done by providing the description and purpose of the research design and methods, the construction and administration of the research instrument and the recruitment of the study participants. The research instrument plays a major role in the study and, as a result, it must be designed in such a way that it is able to obtain information that the researcher can rely on. This necessitates pre-testing the research instrument. This chapter explains how such pretesting was done. In this chapter the researcher discusses a number of ethical issues that were observed to ensure that the study complied with the general research ethics and more importantly with the University of KwaZulu-Natal's ethics policy. Lastly, the chapter gives an accurate account of how the study met the hallmarks of sound scientific research.

4.2 THE AIM AND OBJECTIVES OF THE STUDY

The researcher embarks on a research project for a reason or purpose. In this study, the researcher was particularly concerned with how things within the KwaZulu-Natal Department of Health came to be the way they are.

4.2.1 The Aim of the Study

The aim of this study is to establish the extent to which managers within the Regional hospitals in the KwaZulu-Natal Department of Health use the Department's Performance Management and Development System to enhance staff performance.

4.2.2 Objectives of the study

The overall objective of the study is to establish the extent to which the Regional hospitals of the KwaZulu-Natal Department of Health comply with the regulatory

framework that governs performance management at all levels in the public service. Through this study, the researcher aims to:

- Investigate whether there is documented evidence of signed performance agreements and work plans.
- Assess whether management know how to implement the system and ensure that employees receive adequate training and possess sufficient information to be able to fully participate in the processes.
- Evaluate whether the Regional hospitals of the KwaZulu-Natal Department of Health manage performance in a consultative, supportive and non-discriminatory manner to enhance organisational efficiency and effectiveness, accountability for the use of resources and achievement of results.
- Examine whether all 4 integrated phases of the performance cycle are implemented. These phases are: performance planning and agreement; performance monitoring, development and control; performance appraisal; and managing the outcomes of assessment.

4.3 LOCATION OF THE STUDY

The study was conducted within the Regional hospitals of the KwaZulu-Natal Department of Health. There are 14 Regional hospitals within the KwaZulu- Natal Department of Health, namely Addington Hospital in Durban, Edendale Hospital in Pietermaritzburg, Madadeni Hospital in Newcastle, Mahatma Gandhi Hospital in Phoenix, Newcastle Hospital in Newcastle, Ngwelezane Hospital in Empangeni, Port Shepstone Hospital in Port Shepstone, Prince Mshiyeni Hospital in Umlazi, R.K. Khan Hospital in Chatsworth, St Aiden's Hospital in Durban, Stanger Hospital in Stanger, King Edward Hospital in Durban, Ladysmith Hospital in Ladysmith and Grey's Hospital in Pietermaritzburg.

4.4 PARTICIPANTS OF THE STUDY

When conducting research the first thing that the researcher needs to know is the people that the research is about. These people are referred to as the population of the study. “The population of the study is defined as the total collection of elements about which we wish to make some inferences” (Cooper and Schindler, 2006:434). It is not always possible to reach all members of the population when conducting a study. Even if it were possible to reach them it could prove costly and time-consuming.

Participants in the study comprised all employees that worked in the Regional hospitals of the KwaZulu-Natal Department of Health who were on salary Level 4 up to salary Level 12 and estimated to be approximately 4000 in numbers.

These are employees who have Matriculation as their minimum academic qualification, and who also have access to the use of a computer at work. These two qualities of the participants were very important, since the questionnaire was to be written in English and distributed mainly by electronic means.

4.5 RESEARCH DESIGN

A variety of descriptions of research design have been advanced by different authors. For example, research design is seen as providing “a glue that holds the research project together” (Trochin, 2001:171). The author goes further to name the different parts that form research projects. The author mentions: The samples, measures, treatments and so forth as some of those parts. Another interesting description of the research design is that given by Cooper and Schindler (2006). Cooper and Schindler (2006:192) assert that research design constitutes a blueprint for the collection, measurement, and analysis of data. Cooper and Schindler (2006) argue that, through research design, the researcher is able to decide which research

methodology to choose for the research project, and this helps the researcher allocate the resources efficiently. Furthermore, Cooper and Schindler (2006: 192) look at the research design process as the plan and structure of investigation, so conceived as to obtain answers to research questions. Research design is also defined by Selltitz, Wrightsman, and Cook (1976) as the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure (Selltitz et al., 1976:90).

When looking at the different descriptions of the research design process it becomes clear that research design is an activity that is conducted over a certain period of time. The descriptions of research design also indicate that the research process is undertaken to answer a question or questions, and that this is done by outlining the procedure by which the researcher will go about answering that question or questions.

4.5.1 Exploratory, Descriptive, and Causal Studies

Different authors have advocated different categories of research designs. For example, Selltitz et al. (1976) distinguish between exploratory, descriptive, and designs which permit inferences about causality. According to Emory (1980), this distinction is the same as the one advanced by Green and Tull (1981) where they argue that research design can be exploratory, descriptive, or causal. Bryman and Bell, however, distinguish between 5 different types, namely experimental design; cross-sectional design or social design; longitudinal design; case study design; and comparative design (Bryman and Bell, 2007:44). Although Bryman and Bell (1981) argue that there are five types of research design, when these are looked at closely, it is clear that they also fall under the 3 types advocated by Selltitz (1976) and, Green and Tull (1981).

The researcher in this study had to examine the objectives of the study and then

categorise the type of design the research was going to take. Exploratory research was looked at by the researcher, but was discarded because it is mainly relevant when there is very limited information about the issue being researched. There are a number of ways in which the researcher could have applied this research design. For example, the researcher could have relied on existing literature as a means of collecting data or use existing knowledge in the field of performance management and development. The researcher realised that this could have yielded few answers to the research questions, besides, this type of research tends to put pressure on the researcher to give quick answers to issues that otherwise need some researching and, as a consequence, it was discarded.

At times the researcher is interested in finding out the causal relationship between two or more variables. In a situation like that, a researcher would use causal research design. An experiment is a typical example of causal research. Descriptive research design is relevant when the study has formalised investigative questions or hypotheses. This study could be viewed as a descriptive study although it also has some causal elements as well.

4.5.2 Time Dimension

In conducting this research the researcher was mindful of the time dimension the research was going to take. The researcher decided that this study was to be carried out once. When a study is carried out once it is referred to as a cross-sectional study. Cross-sectional research studies are sometimes referred to as *ad hoc* research which implies that they provide a snapshot at a given point in time (McGivern, 2006:55). Studies that are carried out over a period of time are known as longitudinal studies. Longitudinal research studies are also referred to as continuous research, in that they are conducted at regular intervals so as to monitor changes over time (McGivern, 2006).

Although longitudinal studies are comparatively better than cross-sectional studies in that the investigation can follow changes over time, it is not always possible to conduct them and this was the case for this study. Time and financial constraints prevented the researcher embarking on a longitudinal study.

4.5.3 Data Collection Process

In this study the first thing that the researcher did before choosing the appropriate data collection method was to look at the data collection process itself. According to Collis and Hussey (2003), a typical data collection process involves 7 steps.

4.5.3.1 Identification of Research Variables

According to the authors the first step is to identify the variables that the research problem and objectives are all about. In this study such variables included the population being studied, performance appraisal variables, performance monitoring variables, training and development variables, and so forth. These are the variables about which data is collected and analysed.

4.5.3.2 Selection of the Sample

The second step that was followed by the researcher in the collection of data in line with Collis and Hussey's data collection process was to select the sample for the study. In doing so the researcher had to make sure that the sample was representative of the entire population being studied. There are two categories of sampling techniques. These are called non-probability sampling technique and probability sampling technique. These two categories came into being because there are two scenarios that can prevail when a sample is being selected. In the first scenario the individual members of the population have an equal chance of being

selected as a member of the sample, whereas in the second scenario the individual members of the population do not. Probability sampling is defined by Jackson (2008:97) as a sampling technique in which each member of the population has an equal likelihood of being selected to be part of the sample. Non-probability sampling is defined by Jackson as a sampling technique in which the individual members of the population do not have an equal chance of being selected to be a member of a sample (Jackson, 2008: 99). The two definitions are in line with definitions advanced by other leading authors in research methodology such as Collis and Hussey (2003), Welman and Kruger (2001), Devlin (2006) and many others.

According to Jackson (2008), non-probability sampling can either be convenience sampling where the researcher acquires respondents wherever he or she can find them, or quota sampling where the sample is like the population, but is selected because it is convenient to select it. This suggests that the researcher decides which group of people should be considered for sampling purposes based on convenience. This is in line with Sekaran's definition of quota sampling which says that "quota sampling is a form of proportionate stratified sampling, in which a pre-determined proportion of people are sampled from different groups, but on a convenience basis" (Sekaran, 1992:236). A good example of convenience sampling would be a case in which the researcher wants to look for a hundred soccer lovers to participate in his or her study and simply stands outside a soccer stadium and asks whoever passes by to participate in the study. This technique, although it may sound a bit haphazard, is according to Jackson (2008), also referred to as haphazard sampling. Looking at these two techniques it is easy to see that some members of the population may not even be considered to be part of the sample of the population. Bryman and Bell (2007) provide another form of non-probability sampling called snowballing. According to Bryman and Bell (2007), this form of sampling technique is similar to convenience sampling; the difference is that in snowballing sampling the researcher chooses a group of respondents to be part of the sample and then uses these respondents to establish contacts with others.

4.5.3.3 Simple Random Sampling

According to Bryman and Bell (2007), simple random sampling is the simplest and most basic of all the probability sampling techniques. In simple random sampling every member of the population has an equal chance of being selected to become a member of the sample.

The easiest way to describe this method is to use Oakshott's example where the author says "the simple example of this technique is a raffle where the winning ticket is drawn from the 'hat'" (Oakshott, 2001: 19). Looking at this example it is easy to see that there is no guarantee that the selected sample would be representative of the population. For this reason researchers developed a table of random numbers that could be used to alleviate the problem of underestimation.

4.5.3.4 Systematic Sample

In some cases the researcher is faced with a situation in which there is no sampling frame. In such a case a systematic sample can be used, however Oakshott (2001) warns that this is possible only when the size of the population is known. Consider a case where the size of the population is 20 000 and a sample size of 10% is needed. Using the systematic sampling technique advanced by Oakshott, the researcher would calculate 10% of 20 000 which is 2000 people, then every 2000th person would be selected to be a member of the sample.

4.5.3.5 Stratified Random Sampling

Stratified sampling is defined by Bryman and Bell as "a sample in which units are randomly sampled from a population that has been divided into categories (strata)" (Bryman and Bell, 2007:732). Each population has different categories according to which it can be stratified. Stratified random sample simply means that the population

is divided according to set criteria to form strata. Once that has been done a sample from each stratum can be randomly chosen so that, in the end, the researcher has a proportional representation of each stratum or category.

4.5.3.6 Multi-Stage Cluster Sampling

In some cases the researcher is faced with a situation where a huge geographical area has to be covered in order for the researcher to achieve the objectives of the study. This could prove to be very expensive and even impossible to do within the specified period of time. The researcher may then divide the whole area into smaller geographical areas and randomly select the sample from these smaller areas.

4.5.3.7 Sampling Method Chosen

The researcher considered all of the above sampling methods and made a decision that first and foremost, non-probability sampling techniques could not be applied to this study. The researcher was then left with the four probability sampling techniques to choose from. Simple random sampling would not suit the study especially given the size of the population being researched. While it was possible for the researcher to obtain the actual size of the population, systematic sampling could disturb the strata that the researcher wanted to research. The researcher had to obtain the sample from a big geographic area, making it tempting to consider multi-stage cluster sampling. After serious consideration the aim and objectives of the study dictated that the most relevant and appropriate sampling method was the stratified sampling technique. The researcher divided the population into strata. The population was divided according to the salary level each member of the population fell under. The sample was then obtained in accordance with the proportion of each salary level relative to the whole population.

4.5.4 Selection of the Research Method

The third step in the data collection process advocated by Collis and Hussey (2003) is to select data that is relevant to the study. According to authors such as Bryman and Bell (2007), Cooper and Schindler (2006), Collis and Hussey (2003) and many others, data can be described as either quantitative or qualitative. It was however noted by the researcher that there has been an evolution of what is referred to as a mixed methods research which employs a combination of both qualitative and quantitative data. Authors who support the mixed data method have emphasised the importance of mixing the data, for example Cresswell and Plano Clark (2007) said, “The use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone” (Cresswell and Plano Clark, 2007:4). It therefore became important for the researcher to have a clear understanding of these different types of data since that would determine which one was appropriate for this study. The researcher interrogated each of them in detail and then selected the most appropriate one which was the quantitative research method.

4.5.4.1 Quantitative Research Methodology

In this study the researcher made use of the distinction between quantitative and qualitative research methods given by Cooper and Schindler (2006). According to Cooper and Schindler (2006), the quantitative research method is useful when the population of the study is large. The authors argued that in quantitative research methodology there is a very limited researcher involvement and such involvement is sometimes controlled to prevent bias. Cooper and Schindler (2006) went on to say that the quantitative research method is most appropriate when the purpose of the researcher is to describe or predict, or when the researcher is aiming to build and test theory. Another distinction given by Cooper and Schindler (2006) is that quantitative research methodology uses probability sample design as opposed to qualitative research which uses non-probability sampling.

As mentioned above, quantitative research methodology involves a large number of participants. This suggests that the researcher is faced with time constraints and therefore cannot afford to probe respondents as is the case with qualitative research methodology. This inability to have a high level of contact with the participants limits the feedback turnaround time. The sheer size of the population and the sample suggests that it is not easy for the researcher to re-interview the participants. Cooper and Schindler (2006) argued that in quantitative research methodology, this causes data collection and data entry to be followed with insights, whereas in qualitative research methodology insights can be formed and tested during the research process. The above description of the quantitative research method is shared by McGiven (2006), however the author goes on to argue that in the qualitative research method the researcher incurs a relatively higher cost per respondent.

4.5.4.2 Qualitative Research Method

According to Du Plooy (2006), when conducting research it sometimes happens that the researcher does not have prior information that would “describe behaviours, themes, attitudes, needs or relations that are applicable to the units analysed” (Du Plooy, 2006:83). In such an instance the author argued that qualitative research would be an ideal research method. When describing something the researcher is essentially looking for an in-depth understanding of the units being studied. Therefore, as supported by Cooper and Schindler (2006), qualitative research methodology aims to build theory by gaining an in-depth understanding of the units being studied.

Another distinct quality of qualitative research methodology is the manner in which data is collected and analysed. According to Du Plooy (2006), in qualitative research methodology data can be collected using “observation and surveys, using open ended questions in questionnaires or interview schedules” (Du Plooy, 2006:83). This is a view supported by Cresswell and Plano Clark (2007) when they argued that

qualitative research's intent is focused on open-ended questions. Cooper and Schindler (2006) hold the view that the type of data that is largely associated with qualitative research is mainly verbal or in pictorial form. This, as argued by Cooper and Schindler (2006), suggests that there is a high degree of human analysis of data in qualitative research and that it often follows computer coding. Cooper and Schindler (2006) also hold the view that in qualitative research methodology there is a high level of contact between the researcher and the participants. It is argued by Cooper and Schindler that the smaller sample size associated with qualitative research methodology ensures that the feedback turnaround is shortened. The authors argued further that qualitative research methodology due to its very nature of having free-response questions provides a deeper understanding of the situation being studied. In other words, qualitative research methodology relies heavily on being open-ended. Another interesting point advocated by Cresswell and Plano Clark (2007) is that the validity procedures employed in qualitative research methodology relies "on the participants, the researcher or, the participants" (Cresswell and Plano Clark, 2007:29).

According to Cresswell and Plano Clark (2007), qualitative research studies are often conducted at a few research sites as opposed to quantitative research which could have many sites. The authors also argued that in qualitative research methodology literature review does not play a major role as is the case with quantitative research methodology. In clarifying this point the authors said "the intent in quantitative research is either to support or to refute an existing theory. A review of the literature is included in the research, and it may serve several purposes. In qualitative research, the researcher reviews the literature and uses it to provide evidence for the purpose of the study and the underlying problem addressed by the inquiry" (Cresswell and Plano Clark, 2007:29). For this very reason, Cresswell and Plano Clark stated that literature reviews in qualitative research studies are often brief.

4.5.4.3 Mixed Research Methodology

As mentioned above there has been an evolution of mixed research methods. Creswell and Plano Clark are two of the advocates of mixed research methods. They argue that the research world has become complex and therefore requires a research method that goes beyond the limits of both qualitative and quantitative methods.

Cresswell and Plano Clark (2007) identified four stages that this type of research has gone through. According to Creswell and Plano Clark (2007), these stages are the formative stage, the paradigm debate period, the procedural development period, and the Advocacy as separate design period. The authors argue that each stage has its own champions. For example, Creswell and Plano Clark (2007) name the following authors as champions for the formative period: Campbell and Fiske (1959), Sieber (1973), Jick (1979), and Cook and Caracelli (1979) to mention but a few. These periods will not be discussed in this chapter, however the researcher had to familiarise himself with them. In this study the researcher had to consider this method since its advocates support it due to its evolution over the years.

4.5.4.4 The Chosen Research Methodology

Before deciding which research method was appropriate to this study the researcher re-visited the aim and objectives of the study. After a proper analysis it was clear to the researcher that the research would involve a large number of participants. Based on the discussion above on qualitative research, this in itself suggested that the qualitative research method was automatically out of the question. The researcher also realised that it would be very difficult to have direct contact with all the participants. Again this meant that the qualitative research method was excluded because, as discussed above, it is useful when there is going to be direct contact with the participants. Qualitative data would have required a lot of resources and

time. In view of the type of participants the research required, and the time participants needed to complete the research instrument, it would have been very difficult to conduct a qualitative research.

Taking all factors into account, the researcher had to look for an alternative research method. The researcher considered a mixed research method. Choosing a mixed research method would have meant that there was still some qualitative research in the study, yet facts proved that involving qualitative research would not be feasible. The researcher then concluded that the most relevant research method was the quantitative research method.

In view of the fact that a quantitative research methodology was chosen the researcher felt that a few hypotheses had to be included in the study.

4.5.4.5 The hypotheses of the study

Ho: Consultation with regards to the drafting and signing of work plans takes place well in advance prior to the signing of the performance agreements.

Ho: The official orientation of existing performance management and development system is up to the mark.

Ho: The existing performance management and development appropriately takes into account the general diversity of the workforce in the regional hospitals.

Ho: There is a new culture within the regional hospitals in the KwaZulu-Natal Department of Health in line with the modern health care systems.

Ho: Performance rewards are not entirely linked to performance.

Ho: There is a great need for competency centers to ensure proper training and evaluation of performance.

4.5.5 Selection of an Appropriate Data Collection Method

According to Collis and Hussey (2003), the selection of an appropriate collection method forms the fourth step in the data collection process. In this study the researcher considered a number of data collection methods before choosing what was deemed an appropriate one.

4.5.5.1 Critical Incident Technique

The researcher looked at this technique, but realised it was not suitable since it focuses on behaviour in defined situations. This technique would have been more relevant in a qualitative research project. This is more of a controlled approach. According to Collis and Hussey (2003), this technique is more useful in an interview. It has limitations though, in that respondents are expected to remember specifics of critical behaviours.

4.5.5.2 Diaries

Preliminary fact-finding by the researcher indicated that the potential respondents in this study did not keep diaries of what they did at work on a daily basis. This technique was therefore discarded from the word go. Even if the respondents kept such diaries, the limitations associated with this data collection method are immense. For example, it would be difficult for the researcher to analyse the data because the manner in which respondents would have recorded their data would not have been the same. Furthermore, the researcher would have struggled to find enough respondents since such a technique relies mainly on volunteers.

4.5.5.3 Interviews

Interviews would have been preferred by the researcher as the most appropriate

data collection method, since it is easier to compare information obtained from interviewees. But due to time constraints and the spread of respondents over a large geographical area, it became evident to the researcher that this method could not be employed. Interviews would have required the researcher to spend time with the interviewees. This would not have been accepted by the Department of Health thereby preventing the researcher from obtaining gate-keepers' permission to conduct the research.

4.5.5.4 Focus Groups

Focus groups were also considered as a method for collection of data in this study, but were deemed inappropriate. It must be borne in mind that when the researcher uses a focus group there has to be a leader of each focus group to ensure that the boundaries of the study are observed. The group leaders also provide guidance in terms of the main questions that respondents must focus on. In view of the resources available, the researcher would not have been able to afford such a technique, but more importantly, it would have been difficult to organise the respondents into different focus groups.

4.5.5.5 Observation

In this type of study observation would not have been possible. For example, when the researcher talks of performance monitoring, the researcher is talking about something that happens over time which could not simply be observed by the researcher within a short space of time. The main variables of the study could not be easily observed even if there had been fewer constraints. The respondents belong to different departments and different salary levels, therefore it would have been impractical to conduct observation in such a study.

4.5.5.5 Observation

As argued by Collis and Hussey, protocol analysis as a data collection method is appropriate in smaller groups of respondents. The sample size in this study was large therefore this technique would not have been suitable, besides it involves determining mental processes of respondents in problem-solving, which was not the aim of this study. This technique is more suitable in business research.

4.5.5.7 Questionnaire

Having looked at the above data collection methods the researcher realised that if a carefully structured document which could elicit reliable responses was to be used, the data that the researcher could rely on would be obtained. A lot had to be considered by the researcher in constructing the questionnaire. Such considerations are briefly discussed below.

4.5.6 Construction of the Research Instrument

The quality of the information obtained from the participants depends mainly on how the research instrument is constructed. Once the researcher had decided that a questionnaire would be used for this study, the researcher then had to decide how the questionnaire would be structured and what type of a questionnaire would be appropriate. The researcher felt that a structured questionnaire would be the most appropriate. The structure of the questionnaire used by the researcher took the form recommended by Hair, Babin, Money, and Samuel (2003) which follows a three-part sequence. The authors recommended that the first part of the questionnaire should be made up of the opening questions, also known as initial questions. The authors further recommended that the middle section of the questionnaire comprises questions that are directed at topics addressed by the research objectives. The authors recommended that the final section comprise classification questions, also

known as demographic questions. These are questions that help the researcher to better understand the results of the study.

Having decided on how the questionnaire would be structured, the researcher looked at the research objectives and then formulated questions that would help achieve these objectives. Once formulated, the questions were turned into statements to which the respondents would be asked to indicate the extent to which they agreed or disagreed by ticking a response. In other words, answers to the questions were arranged in the form of a ranking scale. Ranking scales differ according to how they are structured. The type of ranking scale used in this study is called the Likert scale. The Likert scale may take different forms. The one used for this study was a five-point scale which means that the respondents had to choose one of five possible responses. The Likert scale was chosen because, as argued by Welman and Kruger (2001), it is easier to compile and is the most popular besides the other attitude scales like the Guttman, Thurstone and the Semantic differential scales.

The questionnaire comprised 8 demographic questions and 30 research questions. All the questions were asked in English since this is the language that was deemed by the researcher to be familiar to all the respondents. The researcher ensured that all the instructions in the questionnaire were clearly articulated so that they could be easily understood by the respondents since the questionnaire was to be self-administered.

According to Emory (1980), the researcher has to decide whether the questions to be asked in the questionnaire should be open or closed questions. The researcher felt that the use of closed questions would simplify the analysis of the data since answers to closed questions are standardised and simple to administer. In the formulation of these closed questions, the researcher bore in mind Emory's assertion that closed questions have their own limitations. The author argued that closed questions sometimes force respondents to give an opinion that they would not

otherwise have given if the question was open-ended. The author argued further that when closed questions are used, the participants of the study find themselves having limited response alternatives that do not adequately cover what they would have liked to say. Emory also stated that the alternatives given as possible answers to the closed question may exclude some alternatives that the participants of the study might have considered. These views are also shared by Jackson (2008) who also argued that closed questions seriously limit the responses of the respondents. The researcher took all these concerns into account but still chose the use of closed questions. The advantages of using closed questions exceeded the disadvantages, hence the decision to employ them. The researcher based that decision on the arguments in favour of closed questions given by Emory (1980) and Jackson (2008) themselves. According to Emory (1980), when closed questions are used, a frame of reference is specified and that increases the chances of obtaining information that is relevant to the research at hand. Jackson (2008) argued that closed questions are easy to analyse statistically.

Hair et al. (2003) recommended that the research questions be asked in a logical sequence. This view is supported by Oakshott (2001:17) when he said “Do have a logical sequence to the questions”. In this study, a logical sequence was structured by first asking general questions and thereafter specific questions. The researcher took the recommendations made by Hair et al. (2003), that the wording of questions should be familiar to the respondents, in other words, the questions must not be ambiguous. The authors also recommended that the questions that are asked be short, straightforward and to the point so as to avoid confusion. These recommendations were used in the construction of the questionnaire for this study.

According to Jackson (2008), some respondents have a tendency to consistently give the same answer to almost all the questions. The author calls this tendency response bias. The researcher prevented this by ensuring that all the research questions were worded in such a way that there could not be the same answer given

for all the questions. Jackson (2008) recommended that double-barrelled questions be avoided. Welman and Kruger (2001) also warned against the use of double-barrelled questions. According to Jackson (2008), a double-barrelled question is one that asks about more than one issue at a time. When there are two or more issues in one question and the respondent has to give one response it becomes difficult to tell whether the response is in relation to the first or second issue. In line with this recommendation, the researcher ensured that each question involved a response to one issue at a time.

As recommended by Hair et al. (2003), and Welman and Kruger (2001), the researcher must maintain neutrality at all times. This was done firstly, by avoiding leading questions and secondly by avoiding loaded questions. A leading question is described by Hair et al. (2003) as a question that gives an indication as to which answer is desired by the researcher. A loaded question is described as a leading question in which social acceptability or unacceptability may likewise influence the respondent to reply in a particular manner (Welman and Kruger, 2001:169). Such questions are undesirable because they encourage participants of the study to respond in a particular way.

The questionnaire design described above is in line with the dos and don'ts suggested by Oakshott (2001). Oakshott also suggested that the questions need to be as clear and straightforward as possible. The author also supported the view that personal questions must be avoided as much as possible. He suggested that where this is necessary, for example, in the case where the respondent has to indicate his or her age or salary, it is advisable to use a range such as: age 20-30, 31-40 and so forth. According to Oakshott (2001), personal questions may sometimes seem threatening and embarrassing. The researcher also paid special attention to the layout of the questionnaire by ensuring that the questionnaire was not too long, since most respondents are reluctant to answer long questionnaires.

The researcher ensured that all the questions were applicable to all the respondents in line with the recommendation given by Welman and Kruger (2001). The authors warned against asking questions that are applicable to all the respondents when the available responses are not. Lastly, the researcher took all ethical considerations into account.

4.5.7 Pre-Testing

Pre-testing is defined as the assessment of questions and instruments before the start of a study (Cooper and Schindler, 2006:417). Bryman and Bell (2007) agreed that wherever possible, it is advisable and desirable to conduct a pilot study before the actual data collection is done. The authors argued that piloting the questionnaire is most desirable, especially in cases where the questionnaire would be self-administered. According to Cooper and Schindler (2006), the main purpose of pre-testing is to improve the overall quality of the survey data. Pre-testing also helps the researcher determine whether the research instrument measures what it purports to measure.

The main purpose of the pilot study was to identify any weaknesses in the questionnaire. First of all, the researcher wanted to establish whether all the instructions and questions in the questionnaire were understood. If questions are presented in a clear, concise and unambiguous manner the likelihood of participants remaining in the survey is increased. Secondly, problems may be caused by the sequence in which words have been used. Pre-testing, as argued by Cooper and Schindler (2006), discovers such content, wording, and sequencing problems prior to the full study.

Thirdly, pre-testing was used to identify sensitive questions that the respondents would be uncomfortable answering. Fourthly, the researcher wanted to identify questions that are often not answered. Lastly, it was important for the researcher to

establish whether the questionnaire was viewed as too lengthy. This was important because most respondents are reluctant to participate in the study if the questionnaire is lengthy. According to Cooper and Schindler (2006), most draft questionnaires tend to be too lengthy. The pilot study was carried out on people who were not members of the sample which would be used in full study.

4.5.8 Validity

Validity is defined as the extent to which a test measures what we actually wish to measure (Cooper and Schindler, 2006:348). This definition is similar to the one reported by Jackson (2008:71) which states that validity refers to whether a measuring instrument measures what it claims to measure. In formulating the questionnaire, the researcher ensured that all the questions that were asked related to the concept of employee Performance Management and Development.

The manner in which the questionnaire was designed ensured that there was both internal and external validity. External validity occurs when the results of the study can be generalised to all members of the population. Given that, in this study, a sample was used, it was imperative that results emanating from the study could be generalised to all members of the population. The questionnaire was also designed in a manner that ensured internal validity.

Internal validity occurs when the researcher can ascertain the causal effects of variables in the study. As suggested by Cooper and Schindler (2006), the researcher ensured that the questionnaire covered all the investigative questions guiding the research. When the research instrument covers all the areas that the research questions are about it is said to have content validity.

When the researcher was constructing the questionnaire care was taken that it was not affected by situational factors. In other words, the questionnaire was constructed

in a way that it could be used at different times, areas, and conditions. When the research instrument displays such a characteristic it is said to be reliable. The researcher also insured that the questionnaire used was stable. Stability means that if the research were to be carried out on the same respondent for a second time, the questionnaire would produce the same result. This point was supported by Jackson (2008:67) when he stated that the term 'reliability' means that the individuals must receive a similar score each time they use the measuring instrument.

The design of the questionnaire took other factors into account, such as the budget available for the design and the distribution of the questionnaire. The researcher had to ensure that the questionnaire was distributed at times that were convenient to the respondents. As stated earlier, the questionnaire was written in simple and unambiguous English to ensure interpretability. All these factors ensured that it was practical for the researcher to conduct the study. Lastly, the questionnaire was refined in accordance with the recommendations that the respondents made during the pilot study.

4.5.9 Reliability

According to Bryman and Bell (2007:162), reliability is fundamentally concerned with issues of consistency of a measure. This definition is similar to that advanced by Jackson (2008:67) where the author defined reliability as an indication of the consistency or stability of a measuring instrument. For the purposes of this study, the factors of reliability that were considered by the researcher are those advanced by Bryman and Bell (2007), namely stability; internal reliability; and inter-observer consistency.

According to Bryman and Bell (2007), the measuring instrument is said to be stable if little variation between the results obtained in the first instance and those obtained when the measure was administered for the second time could be discerned. When

that happens, in research terminology the measuring instrument is deemed to have stability. It was very important for the researcher to ensure that this was achieved, for example: Questions asked were not hypothetical, but were related to true scenarios; questions that relied on memory were not asked; two questions in one were avoided and so forth. The researcher also had to ensure that there was consistency in the manner in which respondents answered the questionnaire. This was done by paying attention to the questionnaire design so that the respondents' scores related to the scores of any other indicator. This was done to show internal reliability. Cronbach's coefficient was also used in this regard. The closer the Cronbach's coefficient to 1, the more internally reliable the measure is. Inter-observer consistency was considered since this study did not involve more than one observer. This measure of reliability would have been relevant if more than one observer was used, since there could possibly be a lack of consistency in their decisions.

4.5.10 Administration of the Questionnaire

The administration of a research instrument basically refers to the method used to get the questionnaire to the respondents. Traditionally, questionnaires could either be hand delivered or mailed to the respondents. The development of technology has brought about new ways of distributing the questionnaire. These days questionnaires can be distributed using electronic means like fax, internet, email, diskettes, and so forth. In the case of this study the researcher first had to decide whether the questionnaire would be self-administered or interviewer-administered. Looking at the time constraints and practicality of personally administering the questionnaire, the researcher decided that it would be self-administered. The researcher then had to decide how the questionnaire would reach the respondents since it was to be self-administered. The method chosen had to ensure that there was a high response rate. The researcher considered at all the pros and cons, then asked the Information Technology (IT) unit of the KZN Department of Health to help with the electronic distribution of the questionnaire. The IT unit had all the email addresses of the

potential respondents, therefore it was easier for them to help with the distribution. Some of the questionnaires were personally distributed by the researcher to the various Regional hospitals on days when staff meetings were being held. These were self-administered even though they were delivered by the researcher in person. Distributing the questionnaire via electronic means helped reach all the districts within a short space of time even though they are geographically distant to one another.

4.5.11 Analysis of the Data

The Statistical Package for the Social Sciences (SPSS) software was used to analyse the data. The data was interrogated using statistical techniques. Data collected was coded to represent the various categories of responses. Once the above had been carried out, all the material from all the answers that spoke to one theme or concept were put into 1 category. The next step was to compare across the categories to discover connections between variables. This was done using correlations and cross-tabulations.

Univariate analysis was used to analyse one variable at a time and Bivariate analysis was used to analyse two variables at a time. Tests of statistical significance were used to estimate how confident the researcher was, that the results deriving from a study based on a randomly selected sample were generalisable to the population from which the sample was drawn. This was done using the Chi-square test and Correlations.

The Chi-square analysis was used to make inferences since the data was divided into different categories. It is useful in that it gives the level of confidence in the relationship between the two variables in the population.

Correlations were used to estimate the extent to which one variable was associated with other variables. The purpose was to arrange the variables into a well-integrated,

accurate and subtle interpretation of the subject being researched. The researcher felt that organising the data into tables and graphs would be more meaningful, and as a result, the researcher made use of frequency tables, bar graphs and histograms to present the data that was collected from the respondents. The data was analysed mainly by using descriptive statistics.

4.5.12 Hallmarks of Scientific Research Observed

In this study the researcher paid particular attention to the hallmarks of good scientific research. Sekaran (2003:22) identified eight of these distinguishing characteristics of sound scientific research, namely purposiveness, rigour, testability, replicability, precision and confidence, objectivity, generalisability, and parsimony.

4.5.12.1 Purposiveness

In undertaking this study the researcher had a definite aim and clear objectives, and these were clearly stated at the beginning of this chapter. The aim and objectives of the study precisely spelt out the purpose of the study.

4.5.12.2 Rigour

The manner in which the population and the sample of the study were clearly identified, as well as the manner in which the whole research process was designed, indicated that the researcher was concerned about adding rigour to the study. The researcher added rigour to this purposive study by identifying different research designs and methods. Furthermore, the selection of the sample for the study was carefully done by ensuring that there wasn't any bias. The sampling method used was chosen to ensure that the sample was as close as possible to being a representative sample of the entire population being studied.

4.5.12.3 Testability

The validity of the answers to the questions asked in the questionnaire can be tested without much difficulty.

4.5.12.4 Replicability

The researcher was also concerned about the replicability of the study. In other words, the research process was designed in such a way that the study could be repeated with other participants at different times and locations. According to Bryman and Bell (2007), the replicability of the study lies in the extent to which the researcher explained the procedures followed in the conducting of the study. In this chapter all procedures followed have been clearly stated. The authors argued that if the results of the study could be repeated, then the study could be deemed to be reliable. Based on the confidence limits obtained from the statistical data this study could be deemed to be reliable, and thus repeatable.

4.5.12.5 Precision and Confidence

As argued by Sekaran (2003) the fact that the researcher is not always able to reach all members of the population, necessitates reliance on the sample. The author argued that this reliance on the sample tends to create some bias and errors. For this reason the researcher had to establish some precision and confidence. In this research such precision and confidence was achieved by using statistical tools that gave confidence levels on the results obtained. To this end t-tests and chi square tests were used.

4.5.12.6 Objectivity

The researcher ensured that the results of the study were based on the interpretation of the data provided by the participants of the study and not on the researcher's own views. This meant that the conclusions reached in this study were objective and not subjective. According to Sekaran (2003), when the interpretation of the data is more objective the study is more scientific.

4.5.12.7 Generalisability

The researcher kept in mind that the research results had to be able to be generalised to the entire population being studied. This was ensured firstly by selecting a representative sample, secondly by obtaining a fairly large sample and, as has been discussed above, by being objective.

4.5.12.8 Parsimony

Parsimony is Sekaran's last distinguishing characteristic of sound scientific research which the researcher had to ensure existed in the study. According to Sekaran (2003), one of the ways in which a researcher can ensure parsimony is to base the study on a thorough literature review of previous similar research work as well as building in a few research variables to be analysed. The researcher was able to do that as is displayed in Chapter Two.

4.5.13 Ethical Issues

In this study the researcher ensured that the Ethics policy of the University of KwaZulu-Natal was adhered to. In doing so the researcher ensured that all the participants were intellectually and mentally sound. The manner in which the

research was conducted, and the manner in which the questions were designed ensured that the participants were not embarrassed. All the procedures used in this study were neither stressful nor upsetting to the participants. The researcher ensured that at all times the participants were not deceived.

All of the participants were made aware that their participation was voluntary and that they could withdraw at any time. The participants were also made aware that anonymity and confidentiality would be ensured. The researcher clearly indicated to all the participants how the research data would be stored and disposed of once the research was complete. The researcher conducted the study after having secured permission from the appropriate authorities of the KwaZulu-Natal Department of Health.

The researcher informed the participants of their obligation to participate faithfully. In other words, as suggested by Hair et al. (2003), the participants had to follow the instructions given by the researcher as best as they possibly could. The participants were also made aware of certain limitations, for example, the researcher asked them not to discuss the questionnaire with their colleagues.

4.6 CONCLUSION

In undertaking this study the researcher had a definite aim and clear objective. In this chapter the researcher clearly demonstrated that the study was purposive. This was done by providing a sound explanation of how the research methodology was designed. The main aim of providing a sound methodological design was to add rigour to this purposive study. In this chapter the researcher was able to demonstrate that the data collected for the purpose of achieving the objectives of the study could be tested using statistical tests. This ensured that the hypotheses that the researcher developed were testable. The researcher was able to demonstrate that the design of this study could be repeated so that similar studies could be conducted elsewhere

and still provide similar results. In other words, the researcher was able to demonstrate replicability of the study.

This chapter gave a broad overview of how the quantitative research was carried out and provided a clear picture of the aim and objectives of the study. A brief discussion was given to explain who the population and sample of the study consisted of. The researcher, wherever possible, tried to provide definitions of all the terms that were deemed important to define. The location of the study was adequately identified. The researcher gave clarity on the different sampling methods that were considered before the appropriate one was chosen. The researcher also gave a clear distinction of the research methods that were considered, and gave reasons why the quantitative research method was chosen. The researcher was able to provide an accurate picture of how the research instrument was constructed and administered. This chapter provided information on how the research data was collected, presented, and analysed. An indication of the type of software used to analyse the data was also given. An outline of the most important ethical issues which the researcher made sure was observed was provided. In view of all the above it is proper to conclude that this study possesses all the hallmarks of sound scientific research.

CHAPTER 5

RESEARCH FINDINGS

5.1 INTRODUCTION

A sample of 500 respondents was targeted however only 439 responded. The responses from the 439 respondents were first screened, coded, and then captured onto the SPSS software. The data was presented in the form of frequency tables, pie charts and bar graphs. Before presenting the data in graphic form, the Cronbach's alpha coefficient which measures internal reliability of the study was computed.

5.2 CRONBACH'S MODE (MEASURE OF RELIABILITY)

The Cronbach's coefficient was calculated using the responses to questions under Section B of the questionnaire. These are questions that seek answers to the research questions. The total number of these questions was 35 hence the 'Reliability Statistics' table shows 'N of items' as 35.

Table 5.1 Showing the Summary of Valid and Invalid Variables

Case Processing Summary

		N	%
	Valid	333	75.9
Cases	Excluded ^a	106	24.1
	Total	439	100.0

a. Listwise deletion based on all variables in the procedure.

Table 5.2 Depicting Cronbach's Alpha Coefficient

Reliability Statistics

Cronbach's Alpha	N of Items
.847	35

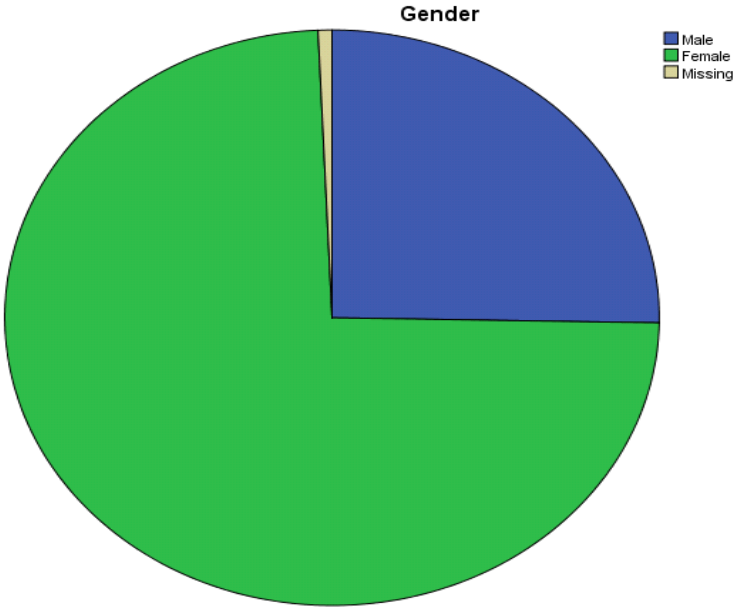
As mentioned by Bryman and Cramer (2006), for a study to have internal reliability the Cronbach's alpha coefficient must be at least 0.8. In this study the Cronbach's coefficient is 0.847 and therefore it can be concluded that it has internal reliability.

5.3 DEMOGRAPHIC PROFILE OF THE RESPONDENTS

Table 5.3 Frequency Table Depicting the Gender of the Respondents

		Gender			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	111	25.3	25.5	25.5
	Female	325	74.0	74.5	100.0
	Total	436	99.3	100.0	
Missing	System	3	.7		
Total		439	100.0		

Figure 5.1 Pie Chart Depicting the Gender of the Respondents

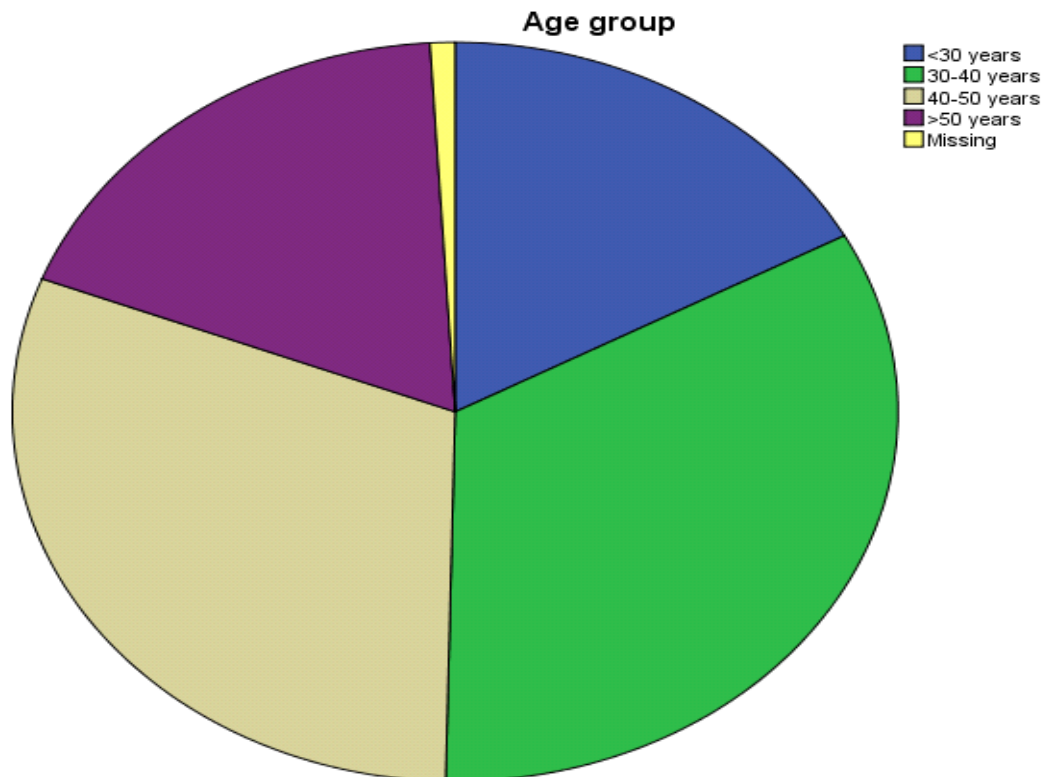


The above frequency table and pie chart show that, out of a total of 439 respondents, 436 indicated their gender. 111 (25.3%) of these were male and 325 (74%) female. Only 3 (0.7%) respondents did not indicate their gender.

Table 5.4 Frequency Table Depicting the Ages of the Respondents

		Age group			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<30 years	75	17.1	17.2	17.2
	30-40 years	146	33.3	33.6	50.8
	40-50 years	134	30.5	30.8	81.6
	>50 years	80	18.2	18.4	100.0
	Total	435	99.1	100.0	
Missing	System	4	.9		
Total		439	100.0		

Figure 5.2 Pie Chart Depicting the Ages of the Respondents

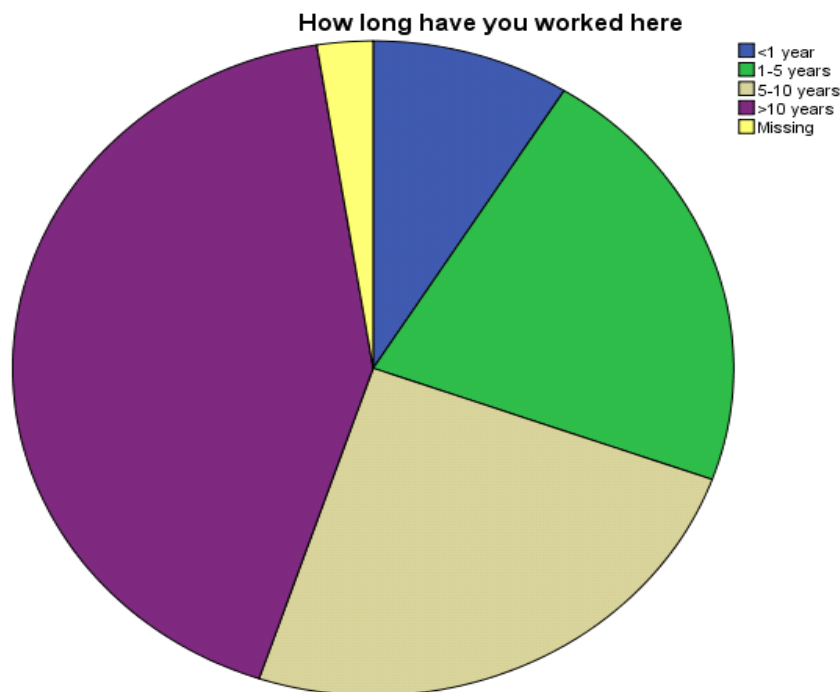


The above frequency table and pie chart show that, out of a total of 439 respondents, 435 (99.1%) indicated their age. Only 4 (0.9%) respondents did not indicate their ages. 75 (17.1%) respondents were below the age of 30 years. 146 (33.3%) respondents were between the age of 30 and 40 years. 134 (30.5%) were aged between 40 and 50 years. 80 (18.2%) were above the age of 50 years.

Table 5.5 Frequency Table Depicting the Number of Years the Respondents Have Worked for the Department of Health

		How long have you worked here?			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<1 year	39	8.9	9.1	9.1
	1-5 years	95	21.6	22.2	31.3
	5-10 years	108	24.6	25.2	56.5
	>10 years	186	42.4	43.5	100.0
	Total	428	97.5	100.0	
Missing	System	11	2.5		
Total		439	100.0		

Figure 5.3 Pie Chart Depicting the Number of Years the Respondents Have Worked for the Department of Health



The above frequency table and pie chart show that, out of 439 respondents, 428 (97%) indicated their length of service. 39 (8.9%) respondents have been employed by the Department of Health for less than a year, 95 (21.6%) respondents have been employed by the Department for a period ranging from 1 to 5 years, while 108 (24.6%) have been employed for a period ranging from 5 to 10 years. Only 11 (2.5%) respondents did not indicate their length of service.

Table 5.6 Frequency Table Depicting the Salary Level of the Respondents

		What is your salary scale?			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 level	15	3.4	4.3	4.3
	2 level	4	.9	1.1	5.4
	3 level	28	6.4	8.0	13.4
	4 level	50	11.4	14.2	27.6
	5 level	47	10.7	13.4	41.0
	6 level	36	8.2	10.3	51.3
	7 level	36	8.2	10.3	61.5
	8 level	35	8.0	10.0	71.5
	9 level	36	8.2	10.3	81.8
	10 level	37	8.4	10.5	92.3
	11 level	7	1.6	2.0	94.3
	12 level	18	4.1	5.1	99.4
	13 level	2	.5	.6	100.0
	Total	351	80.0	100.0	
Missing	System	88	20.0		
	Total	439	100.0		



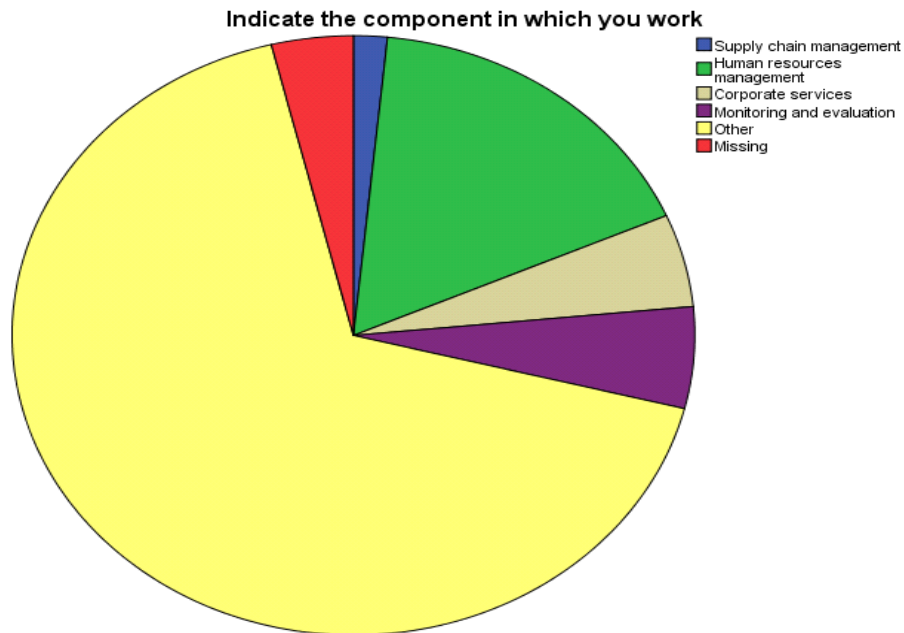
Figure 5.4 Pie Chart Depicting the Salary Level of the Respondents

The above frequency table and bar graph show that out of a total of 439 respondents, 351 (80%) indicated their salary levels and 88 (20%) did not. It was interesting to note that while all salary levels were represented, the numbers for each salary level were rather low.

Table 5.7 Frequency Table Depicting the Components in Which the Respondents Work

		Indicate the component in which you work			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Supply chain management	7	1.6	1.7	1.7
	Human resources management	74	16.9	17.5	19.2
	Corporate services	22	5.0	5.2	24.4
	Monitoring and evaluation	24	5.5	5.7	30.1
	Other	295	67.2	69.9	100.0
	Total	422	96.1	100.0	
Missing	System	17	3.9		
Total		439	100.0		

Figure 5.5 Pie Chart Depicting the Components in Which the Respondents Work



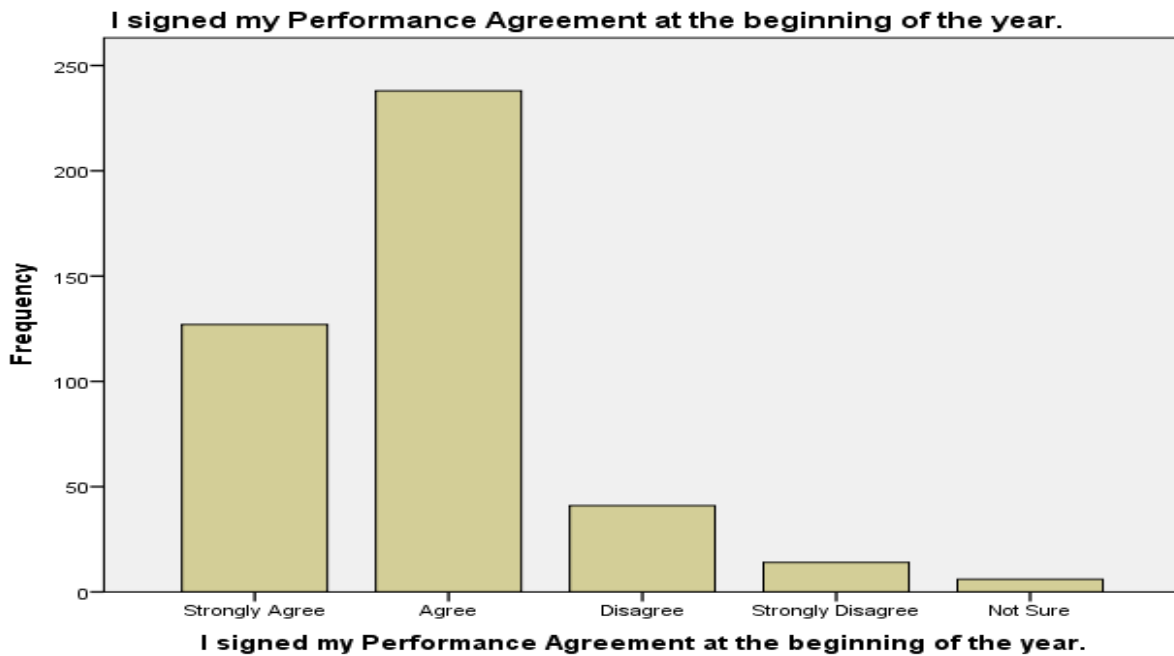
The above frequency table and pie chart show that out of the 439 respondents, 422 (96.1%) indicated the component in which they worked, which means that only 17 (3.9%) did not. 74 (16.9%) of these respondents were from the Human Resources department, 22 (5.0%) were from the Corporate Services department, 7 (1.6%) were from the Supply Chain Management department, 24 (5.5%) were from the Monitoring and Evaluation department, and 295 (67%) were from other components.

Table 5.8 Frequency Table Depicting Whether or Not Performance Agreements Were Signed by the Respondents at the Beginning of the Year

I signed my Performance Agreement at the beginning of the year.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	127	28.9	29.8	29.8
	Agree	238	54.2	55.9	85.7
	Disagree	41	9.3	9.6	95.3
	Strongly Disagree	14	3.2	3.3	98.6
	Not Sure	6	1.4	1.4	100.0
Total		426	97.0	100.0	
Missing	System	13	3.0		
Total		439	100.0		

Figure 5.6 Bar Graph Depicting Whether or Not Performance Agreements Were Signed by the Respondents at the Beginning of the Year



The above frequency table and bar graph show that out of a total of 439, respondents 426 (97%) indicated whether or not they had signed performance agreements at the beginning of the year, and a total of 13 respondents indicated that they had not. That was a mere 3.0%.

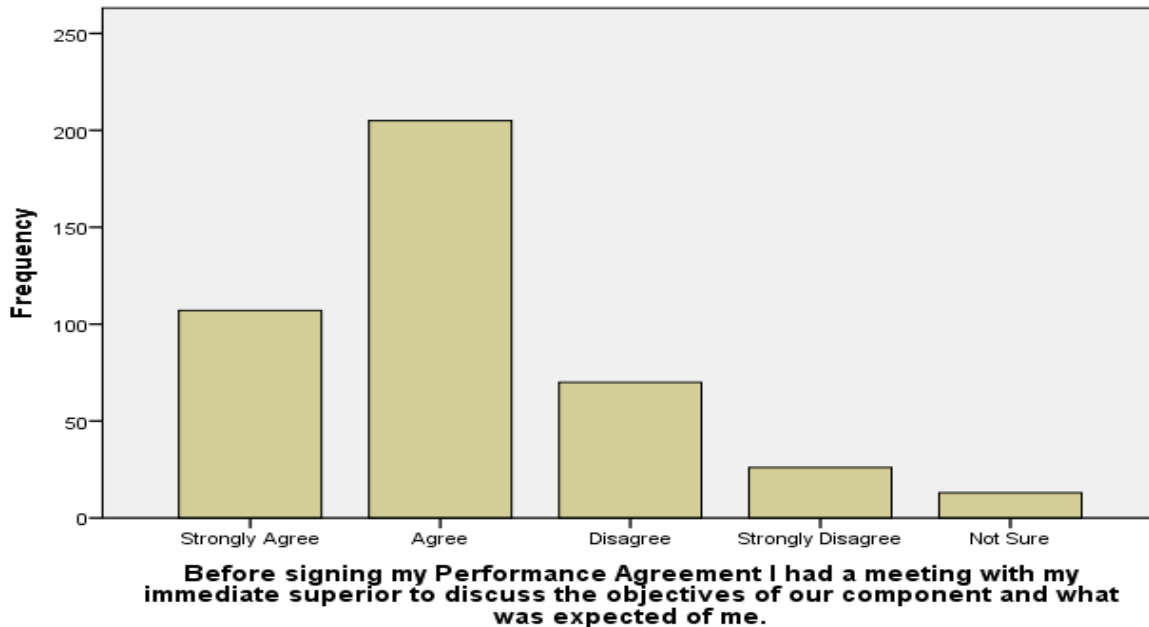
Table 5.9 Frequency Table Depicting Whether There Was Consultation Between Supervisor and Employee Prior to the Signing of the Performance Agreement

Before signing my Performance Agreement I had a meeting with my immediate superior to discuss the objectives of our component and what was expected of me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	107	24.4	25.4	25.4
	Agree	205	46.7	48.7	74.1
	Disagree	70	15.9	16.6	90.7
	Strongly Disagree	26	5.9	6.2	96.9
	Not Sure	13	3.0	3.1	100.0
Total		421	95.9	100.0	
Missing	System	18	4.1		
Total		439	100.0		

Figure 5.7 Bar Graph Depicting Whether or Not There Was Consultation Between Supervisor and Employee Prior to the Signing of the Performance Agreement

Before signing my Performance Agreement I had a meeting with my immediate superior to discuss the objectives of our component and what was expected of me.



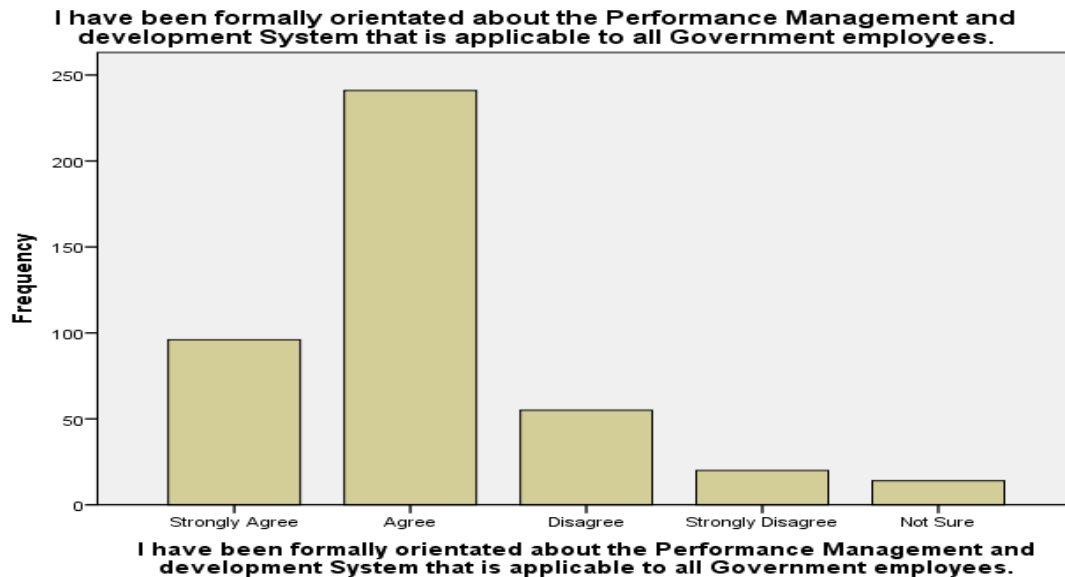
The above frequency table and bar graph show that out of 439 respondents, 96 (21.8%) respondents said that they had not had a meeting with their immediate supervisors prior to the signing of their performance agreements. The majority of the respondents (107+205=307) indicated that they had met with their supervisors.

Table 5.10 Frequency Table Depicting Whether or Not the Respondents Have Been Formally Oriented About the Performance Management and Development System of the Department

I have been formally orientated about the Performance Management and development System that is applicable to all Government employees.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	96	21.9	22.5	22.5
Valid Agree	241	54.9	56.6	79.1
Valid Disagree	55	12.5	12.9	92.0
Valid Strongly Disagree	20	4.6	4.7	96.7
Valid Not Sure	14	3.2	3.3	100.0
Total	426	97.0	100.0	
Missing System	13	3.0		
Total	439	100.0		

Figure 5.8 Bar Graph Depicting Whether or Not the Respondents Have Been Formally Oriented About the Performance Management and Development System of the Department



Of the 439 respondents, 337 (96+241) said that they had been formally orientated about the Performance Management System which is currently being used within the Government departments. This translates to 76.8% (21.9%+54.90%). 75 (55+20) respondents said they had not been orientated. This constitutes 17% (12.5%+4.6%) of the total sample. Although it is a small percentage, it is still a cause for concern.

Table 5.11 Frequency Table Depicting Whether or Not the Respondents Received Official Training on Procedure Pertaining to Performance Management and Development

I have received official training about procedures pertaining to Performance Management and Development

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	68	15.5	16.0	16.0
	Agree	216	49.2	50.8	66.8
	Disagree	89	20.3	20.9	87.8
	Strongly Disagree	32	7.3	7.5	95.3
	Not Sure	20	4.6	4.7	100.0
Total		425	96.8	100.0	
Missing	System	14	3.2		
Total		439	100.0		

Figure 5.9 Bar Graph Depicting Whether or Not the Respondents Received Official Training on Procedure Pertaining to Performance Management and Development



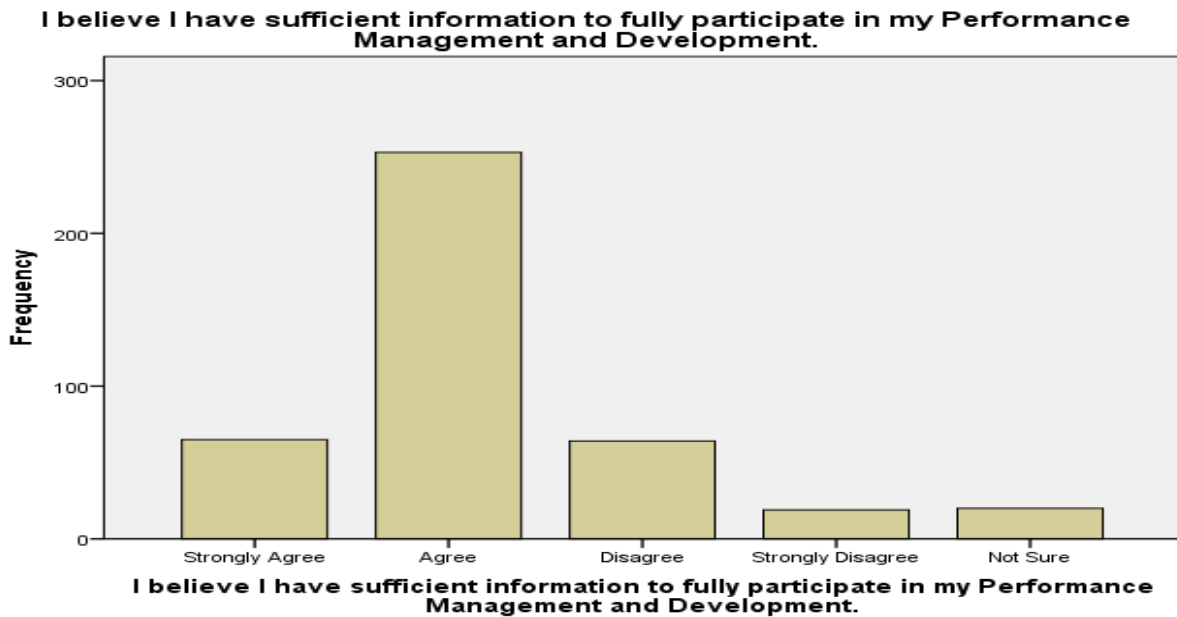
The above frequency table and bar graph indicate that out of a total of 439 respondents, 284 (216 + 68) respondents said that they had received official training on procedures pertaining to Performance Management and Development. This comprises 64 % (15.5% + 49.2%) of the total sample. The frequency table and the bar graph also show that 121 (89% + 32%) respondents said that they had not received such training. These respondents made up 27.6% (20.3 + 7.3%) of the total sample.

Table 5.12 Frequency table depicting whether or Not the Respondents Have Sufficient Information to Fully Participate in Their Performance Management

I believe I have sufficient information to fully participate in my Performance Management and Development

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	65	14.8	15.4	15.4
	Agree	253	57.6	60.1	75.5
	Disagree	64	14.6	15.2	90.7
	Strongly Disagree	19	4.3	4.5	95.2
	Not Sure	20	4.6	4.8	100.0
	Total	421	95.9	100.0	
Missing	System	18	4.1		
Total		439	100.0		

Figure 5.10 Bar Graph Depicting Whether or Not the Respondents Have Sufficient Information to Fully Participate in Their Performance Management



The above frequency table and bar graph show that out of a total of 439 respondents, 318 (65 +253) said that they believed they had sufficient information to fully participate in their Performance Management and Development, while 88 (20%) said that they did not have sufficient information. 18 respondents did not answer the question and 20 were unsure.

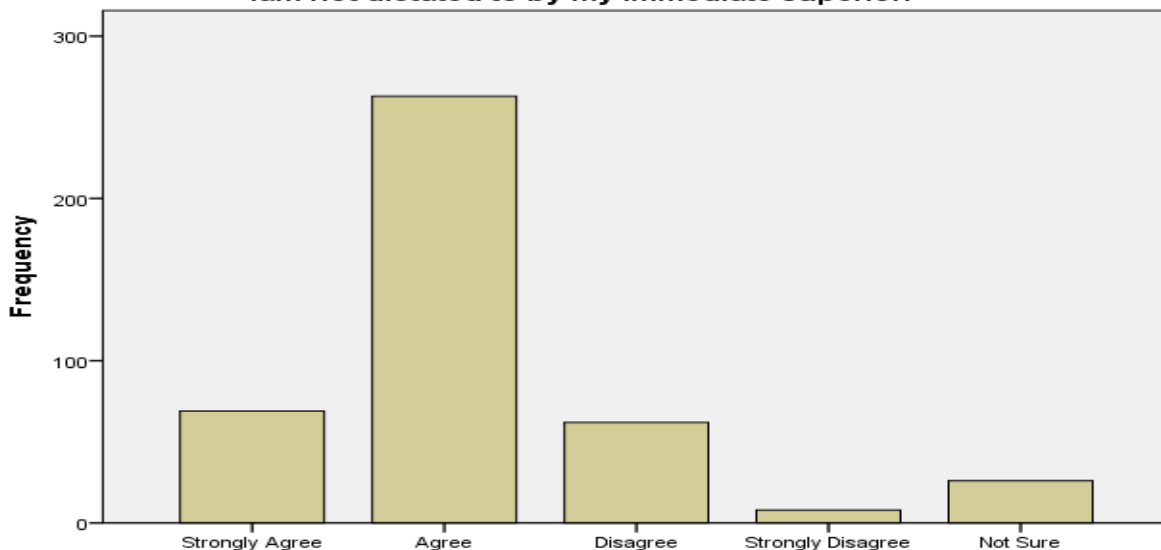
Table 5.13 Frequency Table Depicting Whether or Not the Respondents Fully Participate in Their Performance Management and Development

I believe I fully participate in my Performance Management and Development and I am not dictated to by my immediate superior

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	69	15.7	16.1	16.1
Valid Agree	263	59.9	61.4	77.6
Valid Disagree	62	14.1	14.5	92.1
Valid Strongly Disagree	8	1.8	1.9	93.9
Valid Not Sure	26	5.9	6.1	100.0
Valid Total	428	97.5	100.0	
Missing System	11	2.5		
Total	439	100.0		

Figure 5.11 Bar Graph Depicting Whether or Not the Respondents Fully Participate in Their Performance Management and Development

I believe I fully participate in my Performance Management and Development and I am not dictated to by my immediate superior.



I believe I fully participate in my Performance Management and Development and I am not dictated to by my immediate superior.

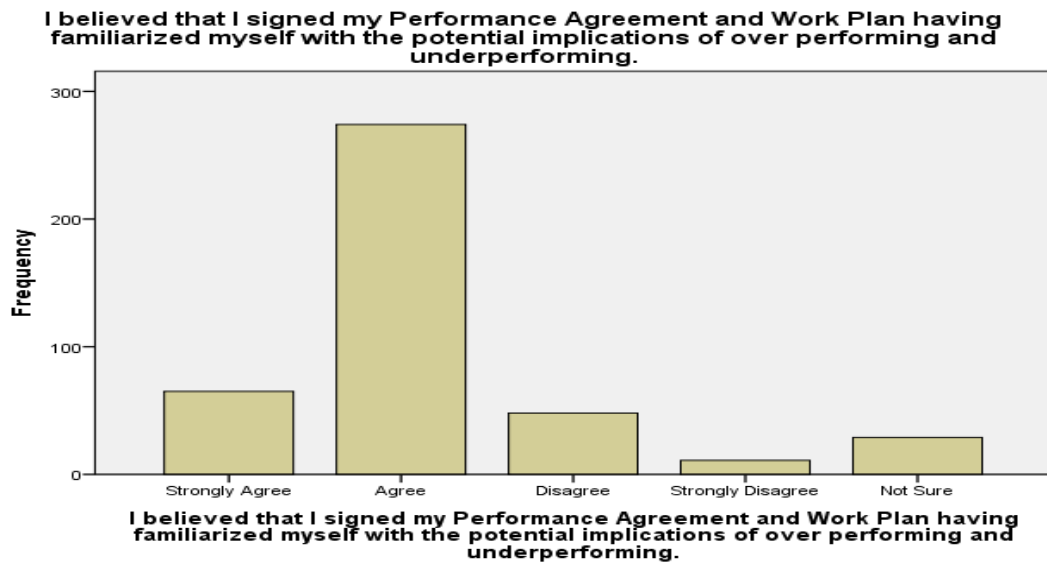
The above frequency table and bar graph indicate that 428 (97.5%) respondents answered the question. 332 (263 +69) respondents said that they believed that they participated fully in their Performance Management and Development. These respondents constituted 75% (59.9% + 15.7%) of the total respondents, while 70 (62 +8) respondents who constituted 15.9% (14.1 +1.8) disagreed. 11 respondents, i.e. 2.5 %, did not answer the question.

Table 5.14 Frequency Table Depicting the Extent to Which Respondents Familiarised Themselves with the Potential Implications of Their Performance Before Signing Their Performance Agreements and Work Plans

I Believed That I Signed my Performance Agreement and Work Plan Having Familiarised Myself with the Potential Implications of Over-performing and Underperforming

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	65	14.8	15.2	15.2
	Agree	274	62.4	64.2	79.4
	Disagree	48	10.9	11.2	90.6
	Strongly Disagree	11	2.5	2.6	93.2
	Not Sure	29	6.6	6.8	100.0
	Total	427	97.3	100.0	
Missing	System	12	2.7		
Total		439	100.0		

Figure 5.12 Bar Graph Depicting the Extent to Which Respondents Familiarized Themselves with the Potential Implications of Their Performance Before Signing Their Performance Agreements and Work Plans.



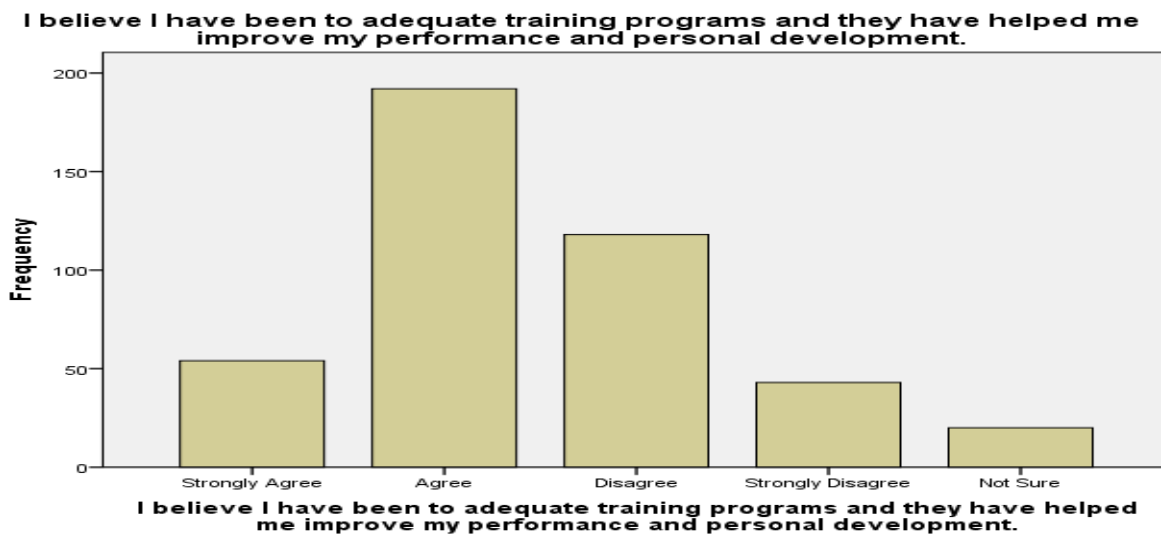
The above frequency table and bar graph show that 427 (97.3%) respondents answered the question while 12 (2.7%) did not. 29 (6.6%) were unsure, while 59 (13.3%) said that they had not familiarised themselves with the potential implications of their performance.

Table 5.15 Frequency Table Depicting Whether or Not the Respondents Have Been to Adequate Training Programs

I Believe I Have Been to Adequate Training Programs and they Have Helped me Improve my Performance and Personal Development

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	54	12.3	12.6	12.6
	Agree	192	43.7	45.0	57.6
	Disagree	118	26.9	27.6	85.2
	Strongly Disagree	43	9.8	10.1	95.3
	Not Sure	20	4.6	4.7	100.0
	Total	427	97.3	100.0	
Missing	System	12	2.7		
Total		439	100.0		

Figure 5.13 Bar Graph Depicting Whether or Not the Respondents Have Been to Adequate Training Programs



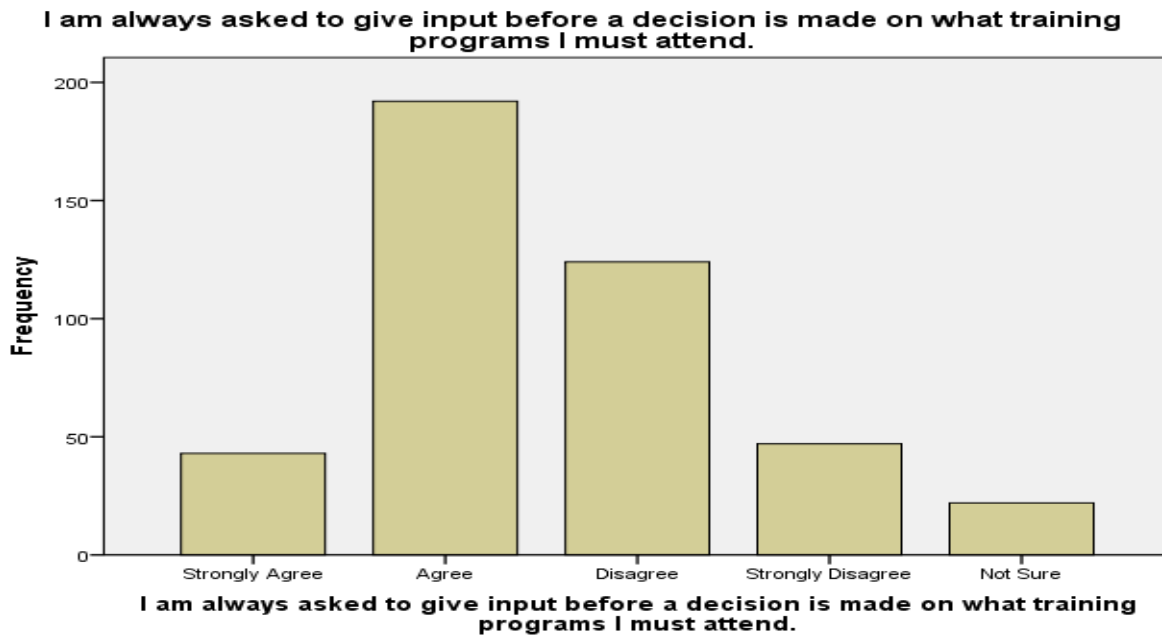
The above frequency table and bar graph show that 427 (97%) respondents answered the question and only 12 (2.7%) of the total sample did not. 246 (54 +192) respondents said that they had been to adequate training programs and that these programs had helped them to improve their performance. They comprised 56% (12.3%+43.7%) of the sample. 161 (118+43) respondents held a different view, while 20 (4.6%) were unsure.

Table 5.16 Frequency Table Depicting Whether or Not the Respondents are Asked to Give Input Before a Decision is Made on What Training Programs They Must Attend

I Am Always Asked to Give Input Before a Decision is Made on What Training Programs I Must Attend.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	43	9.8	10.0	10.0
	Agree	192	43.7	44.9	54.9
	Disagree	124	28.2	29.0	83.9
	Strongly Disagree	47	10.7	11.0	94.9
	Not Sure	22	5.0	5.1	100.0
Total		428	97.5	100.0	
Missing	System	11	2.5		
Total		439	100.0		

Figure 5.14 Bar graph depicting whether or not the respondents are asked to give input before a decision is made on what training programs they must attend.



The above frequency table and bar graph show that a total of 428 (97.5%) respondents answered the question and only 11 (2.5%) did not. 171 (124 +47) disagreed with the statement. These respondents constituted 38.9% (28.2% + 10.7%) of the total sample. 235 (43 +192) agreed with the statement, and these constituted 53.5% (9.8% + 43.7%) of the sample. 22 respondents were unsure.

Table 5.17 Frequency Table Depicting Whether or Not the Respondents Have Been Trained on Operational Policies and Procedures Applicable to Their Units

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	66	15.0	15.5	15.5
	Agree	240	54.7	56.3	71.8
	Disagree	79	18.0	18.5	90.4
	Strongly Disagree	17	3.9	4.0	94.4
	Not Sure	24	5.5	5.6	100.0
Total		426	97.0	100.0	
Missing	System	13	3.0		
Total		439	100.0		

Figure 5.15 Bar Graph Depicting Whether or Not the Respondents Have Been Trained on Operational Policies and Procedures Applicable to Their Units

I have been trained on operational policies and procedures applicable to our unit.



The above frequency table and bar graph show that 426 (97%) answered the question and 13 (3%) did not. 96 (17 + 79) respondents i.e. 69.7% (15% + 54.7%) disagreed with the statement while 306 (66 + 240), i.e. 69.7% respondents agreed with the statement. 24 (5.5%) respondents were unsure.

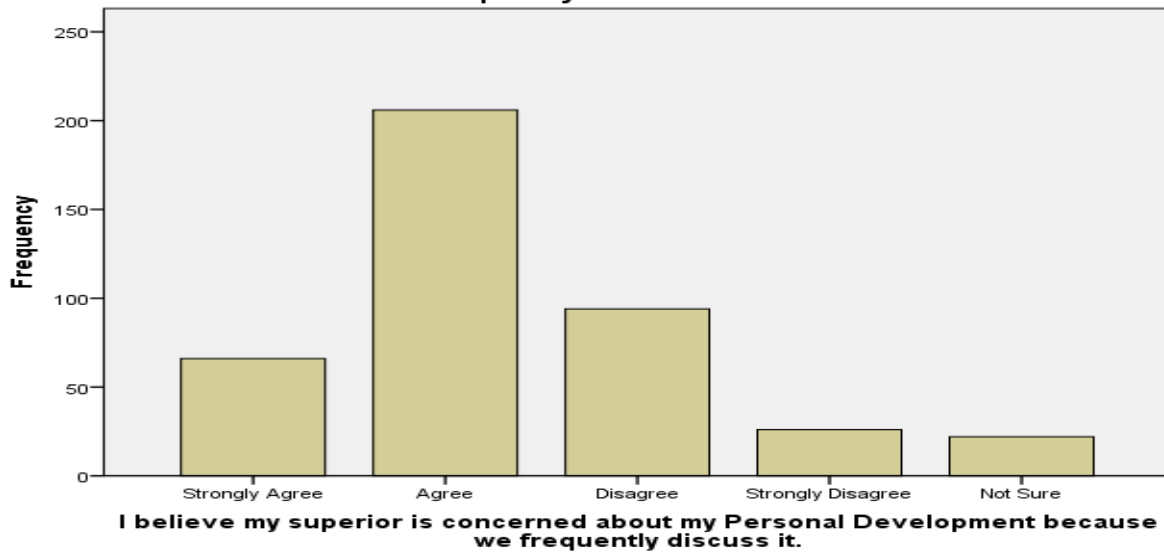
Table 5.18 Frequency Table Depicting Whether or Not the Respondents Believe That Their Superiors are Concerned about Their Personal Development as Evidenced by Frequent Discussions

I Believe My Superior Is Concerned About My Personal Development Because We Frequently Discuss It

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	66	15.0	15.9	15.9
Valid Agree	206	46.9	49.8	65.7
Valid Disagree	94	21.4	22.7	88.4
Valid Strongly Disagree	26	5.9	6.3	94.7
Valid Not Sure	22	5.0	5.3	100.0
Total	414	94.3	100.0	
Missing System	25	5.7		
Total	439	100.0		

Figure 5.16 Bar Graph Depicting Whether or Not the Respondents Believe that their Superiors are Concerned About their Personal Development as Evidenced by Frequent Discussions

I believe my superior is concerned about my Personal Development because we frequently discuss it.

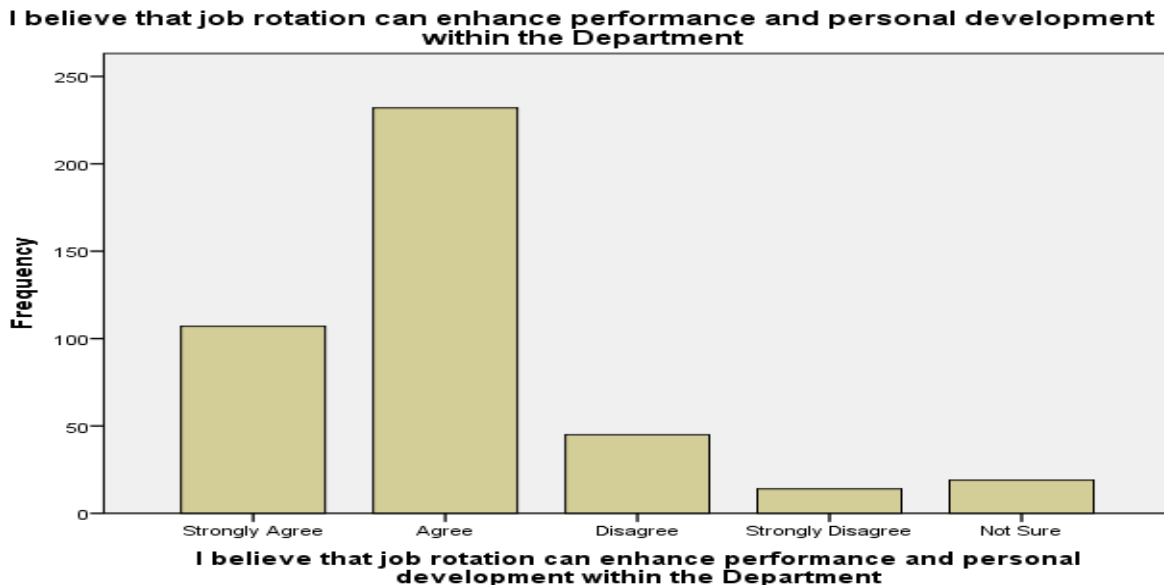


The above frequency table and bar graph show that out of a total of 439 respondents, 414 (94%) answered the question while 25 (5.7%) did not. 272 (66 + 206), i.e. 61.9% (15% + 46.9%) of the respondents agreed with the statement while 120 (94 + 26), i.e. 27.3% (21.4% + 5.9%) did not. 22 respondents were unsure.

Table 5.19 Frequency Table Depicting Whether or Not Respondents Believe that Job Rotation Can Enhance Performance and Personal Development Within their Departments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	107	24.4	25.7	25.7
	Agree	232	52.8	55.6	81.3
	Disagree	45	10.3	10.8	92.1
	Strongly Disagree	14	3.2	3.4	95.4
	Not Sure	19	4.3	4.6	100.0
	Total	417	95.0	100.0	
Missing	System	22	5.0		
Total		439	100.0		

Figure 5.17 Bar Graph Depicting Whether or Not Respondents Believe that Job Rotation Can Enhance Performance and Personal Development Within their Departments

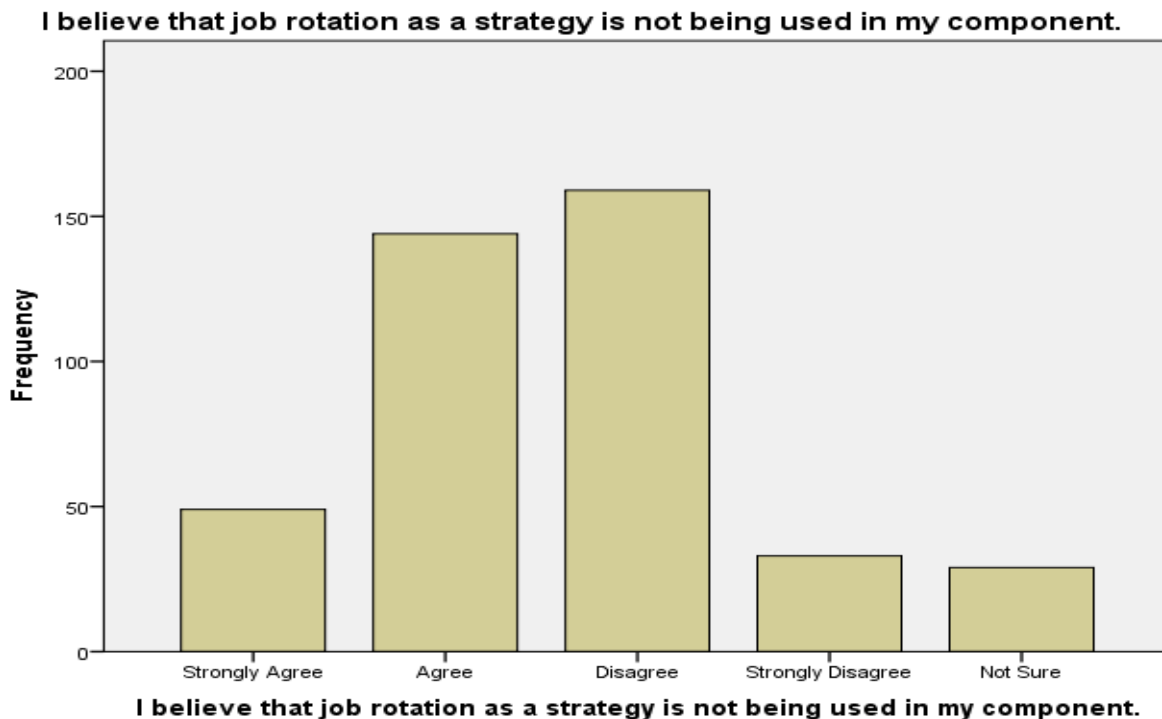


The above frequency table and bar graph show that out of a sample of 439 respondents, 417 (95%) answered the question while 22 (5%) did not. 339 (107 + 232), i.e. 77.2% (24.4% + 52.8%) agreed with the statement while 59 (45 + 14), i.e. 13.5% did not. 19 (4.3%) respondents were unsure.

Table 5.20 Frequency Table Depicting Whether or Not the Respondents Believe that Job Rotation as a Strategy is Being Used in their Respective Components

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	49	11.2	11.8	11.8
	Agree	144	32.8	34.8	46.6
	Disagree	159	36.2	38.4	85.0
	Strongly Disagree	33	7.5	8.0	93.0
	Not Sure	29	6.6	7.0	100.0
	Total	414	94.3	100.0	
Missing	System	25	5.7		
Total		439	100.0		

Figure 5.18 Bar Graph Depicting Whether or Not the Respondents Believe that Job Rotation as a Strategy is Being Used in their Respective Components



The above frequency table and bar graph show that 414 (94.3%) respondents answered the question while 25 (5.7%) did not. 193 (49 + 144), i.e. 44% (11.2 + 32.8) agreed with the statement while 192 (159 + 33), i.e. 43.7% (36.2% + 7.5%) did not. 29 (6.6%) of the respondents were unsure.

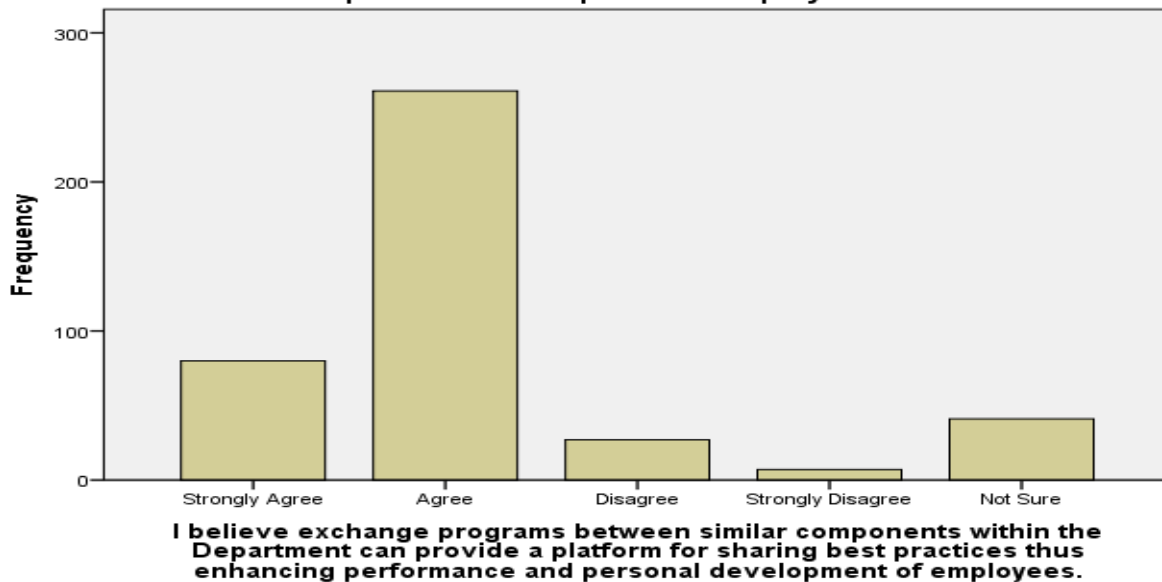
Table 5.21 Frequency Table Depicting the Respondents' Views on Exchange Programs Within the Departments

I Believe Exchange Programs Between Similar Components Within the Department Can Provide a Platform For Sharing Best Practices Thus Enhancing Performance and Personal Development of Employees

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	80	18.2	19.2	19.2
	Agree	261	59.5	62.7	82.0
	Disagree	27	6.2	6.5	88.5
	Strongly Disagree	7	1.6	1.7	90.1
	Not Sure	41	9.3	9.9	100.0
Total		416	94.8	100.0	
Missing	System	23	5.2		
Total		439	100.0		

Figure 5.19 Bar Graph Depicting the Respondents' Views on Exchange Programs Within the Departments

I believe exchange programs between similar components within the Department can provide a platform for sharing best practices thus enhancing performance and personal development of employees.



The above frequency table and bar graph show that 416 (94.8%) respondents answered the question while 23 (5.2%) did not. 341 (80 + 261), i.e. 77.7% (18.2% + 59.5%) of the respondents agreed with the statement while 34 (27 + 7), i.e. 7.8% (6.2% + 1.6%) did not. 41 (9.3%) respondents were unsure.

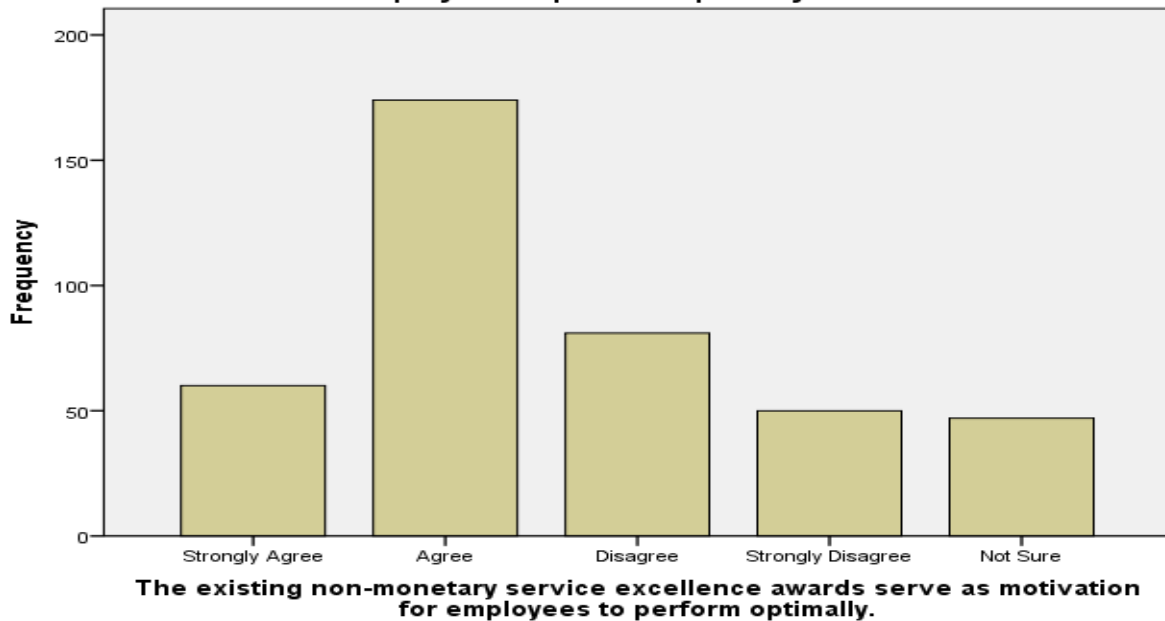
Table 5.22 Frequency Table Depicting Whether or Not the Existing Non-Monetary Service Excellence Awards Serve as Motivation for Employees

The Existing Non-Monetary Service Excellence Awards Serve as Motivation for Employees to Perform Optimally

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	60	13.7	14.6	14.6
	Agree	174	39.6	42.2	56.8
	Disagree	81	18.5	19.7	76.5
	Strongly Disagree	50	11.4	12.1	88.6
	Not Sure	47	10.7	11.4	100.0
Total		412	93.8	100.0	
Missing	System	27	6.2		
Total		439	100.0		

Figure 5.20 Bar Graph Depicting Whether or Not the Existing Non-Monetary Service Excellence Awards Serve as Motivation for Employees

The existing non-monetary service excellence awards serve as motivation for employees to perform optimally.



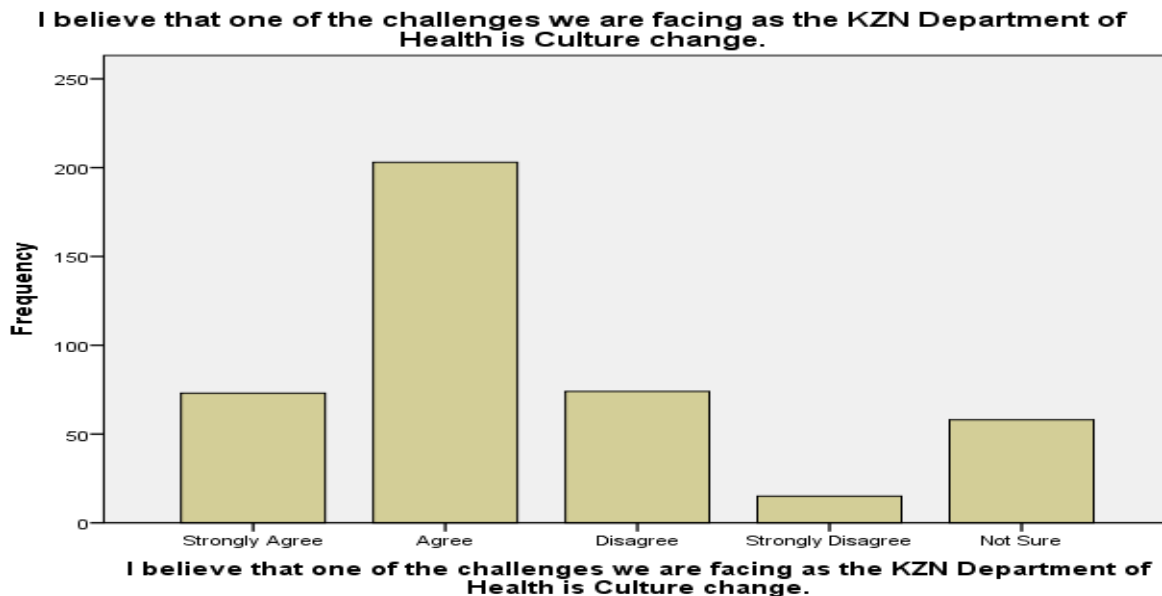
The frequency table and bar graph indicated here show that 412 (93.8%) respondents answered the question and 27 (6.2%) did not. 234 (60 + 174), i.e. 53.3% (13.7% + 39.6%) respondents agreed with the statement while 131 (81 + 50), i.e. 29.9% (18.5% + 11.4 %) did not. 47 (10.7%) respondents were unsure.

Table 5.23 Frequency Table Depicting Whether or Not the Respondents Believe that One of the Challenges they are Facing as the KZN Department of Health is Culture Change

I Believe that One of the Challenges we are Facing as the KZN Department of Health is Culture Change

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	73	16.6	17.3	17.3
	Agree	203	46.2	48.0	65.2
	Disagree	74	16.9	17.5	82.7
	Strongly Disagree	15	3.4	3.5	86.3
	Not Sure	58	13.2	13.7	100.0
Total		423	96.4	100.0	
Missing	System	16	3.6		
Total		439	100.0		

Figure 5.21 Bar Graph Depicting Whether or Not the Respondents Believe that One of the Challenges they Are Facing as the KZN Department of Health Is Culture Change



The above frequency table and bar graph show that 423 (96.4%) respondents answered the question and 16 (3.6%) did not. 276 (73 + 203), i.e. 62.8% (16.6% + 46.2%) of the respondents agreed with the statement and 89 (74 + 15), i.e. 20.3 % (16% +3.4%) of the respondents did not. 58 (13.2%) respondents were unsure.

Table 5.24 Frequency Table Depicting Whether or Not the Respondents Believe That Their Progress at Work is Being Monitored by Their Supervisors

I Believe That My Progress at Work is Being Monitored By My Supervisor				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	108	24.6	25.2	25.2
Valid Agree	247	56.3	57.6	82.8
Valid Disagree	41	9.3	9.6	92.3
Valid Strongly Disagree	19	4.3	4.4	96.7
Valid Not Sure	14	3.2	3.3	100.0
Total	429	97.7	100.0	
Missing System	10	2.3		
Total	439	100.0		

Figure 5.22 Bar Graph Depicting Whether Or Not the Respondents Believe That Their Progress at Work is Being Monitored by Their Supervisors

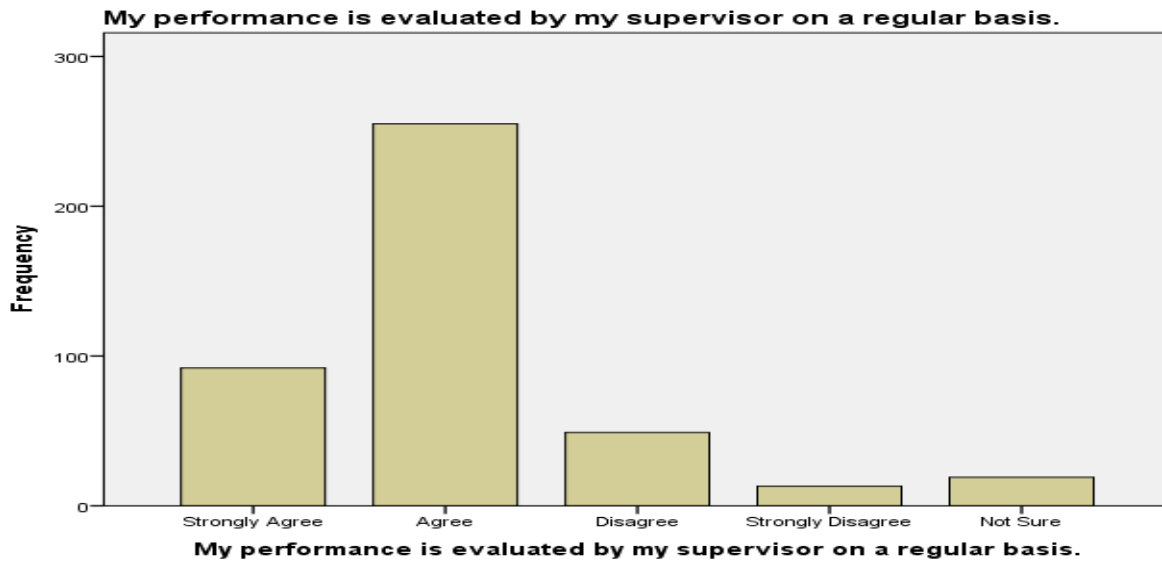


The above frequency table and bar graph show that 429 (97.7%) respondents answered the question and 10 (2.3%) did not. 353 (108 + 247), i.e. 80.9% (24.6% + 56.3%) of the respondents agreed with the statement and 60 (41 + 19), i.e. 13.6% (9.3% + 4.3%) of them did not. 14 (3.2%) respondents were unsure.

Table 5.25 Frequency Table Depicting Whether or Not the Respondents' Performances are Regularly Evaluated by Their Respective Supervisors

My Performance is Evaluated by My Supervisor on a Regular Basis					
	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Strongly Agree	92	21.0	21.5	21.5
	Agree	255	58.1	59.6	81.1
	Disagree	49	11.2	11.4	92.5
	Strongly Disagree	13	3.0	3.0	95.6
	Not Sure	19	4.3	4.4	100.0
	Total	428	97.5	100.0	
Missing	System	11	2.5		
	Total	439	100.0		

Figure 5.23 Bar Graph Depicting Whether or Not the Respondents' Performances are Regularly Evaluated by Their Respective Supervisors



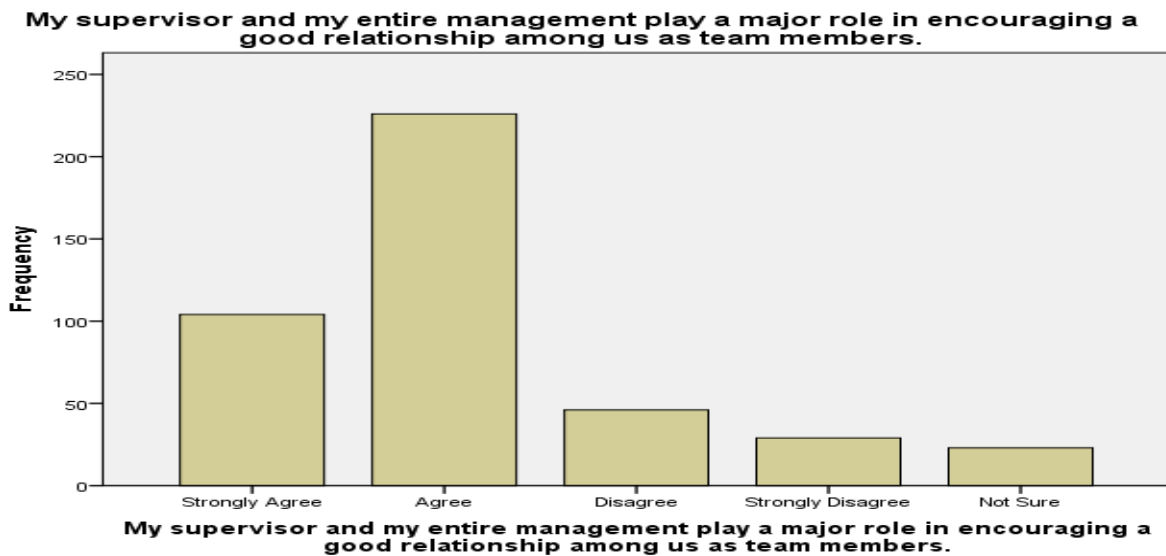
The frequency table and bar graph above show that 428 (97.5%) of the respondents answered the question and 11 (2.5%) did not. 347 (92 + 255), i.e. 79.1% (21% + 58.1) respondents agreed with the statement and 62 (49 + 13,) i.e. 14.2% (11.2% + 3%) did not. 19 (4.3%) respondents were unsure.

Table 5.26 Frequency Table Depicting Whether or Not the Respondents' Supervisors and Their Entire Management Play a Role in Encouraging a Good Relationship Among Their Respective Team Members

My Supervisor and My Entire Management Play a Major Role in Encouraging a Good Relationship Among Us As Team Members

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	104	23.7	24.3	24.3
Agree	226	51.5	52.8	77.1
Disagree	46	10.5	10.7	87.9
Valid Strongly Disagree	29	6.6	6.8	94.6
Not Sure	23	5.2	5.4	100.0
Total	428	97.5	100.0	
Missing System	11	2.5		
Total	439	100.0		

Figure 5.24 Bar Graph Depicting Whether Or Not the Respondents' Supervisors and Their Entire Management Play A Role In Encouraging A Good Relationship Among Their Respective Team Members

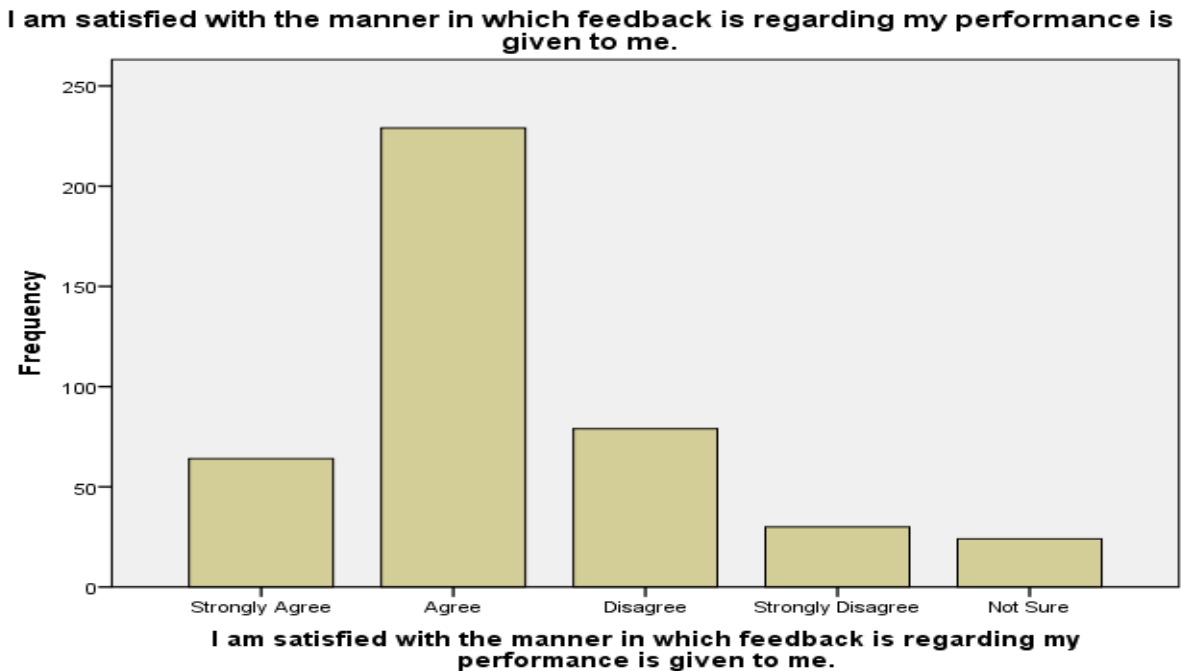


The above frequency table and bar graph show that 428 (97.5%) respondents answered the question and 11 (2.5%) did not. 330 (104 + 226), i.e. 75.2% (23.7% + 51.5%) agreed with the statement and 75 (46 + 29), i.e. 17.1 % (10.5 % + 6.6%) did not. 23 (5.2%) respondents were unsure.

Table 5.27 Frequency Table Depicting Whether Or Not the Respondents Are Satisfied With The Manner In Which Feedback Regarding Their Performance Is Given To Them

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	64	14.6	15.0	15.0
	Agree	229	52.2	53.8	68.8
	Disagree	79	18.0	18.5	87.3
	Strongly Disagree	30	6.8	7.0	94.4
	Not Sure	24	5.5	5.6	100.0
Total		426	97.0	100.0	
Missing	System	13	3.0		
Total		439	100.0		

Figure 5.25 Bar Graph Depicting Whether Or Not the Respondents Are Satisfied With The Manner In Which Feedback Regarding Their Performance Is Given To Them

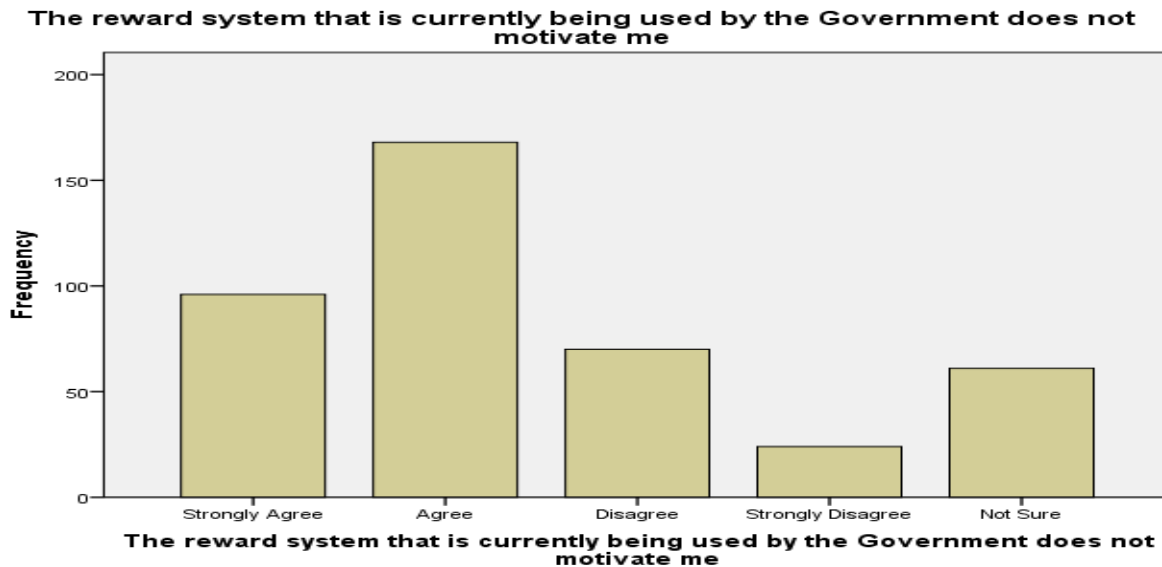


The frequency table and bar graph shown here illustrate that 426 (97%) respondents answered the question and 13 (3%) did not. 293 (229 + 64), i.e. 66.8% (52.2% + 14.6%) of the respondents agreed with the statement and 109 (79 + 30), namely 24.8% (18% +6.8%) disagreed. 24 (5.5) of the respondents were unsure.

Table 5.28 Frequency Table Depicting Whether Or Not the Reward System Currently Being Used By the Government Motivates Them

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	96	21.9	22.9	22.9
	Agree	168	38.3	40.1	63.0
	Disagree	70	15.9	16.7	79.7
	Strongly Disagree	24	5.5	5.7	85.4
	Not Sure	61	13.9	14.6	100.0
	Total	419	95.4	100.0	
Missing	System	20	4.6		
Total		439	100.0		

Figure 5.26 Bar Graph Depicting Whether Or Not the Reward System Currently Being Used By the Government Motivates Them



The above frequency table and bar graph show that 419 (95.4%) respondents answered the question and 20 (4.6%) did not. 264 (168 + 96), i.e. 60.2% (38.3% + 21.9%) agreed with the statement and 94 (70 + 24) or 21.4 % (15.9% + 5.5%) disagreed. 61 (13.9%) respondents were unsure.

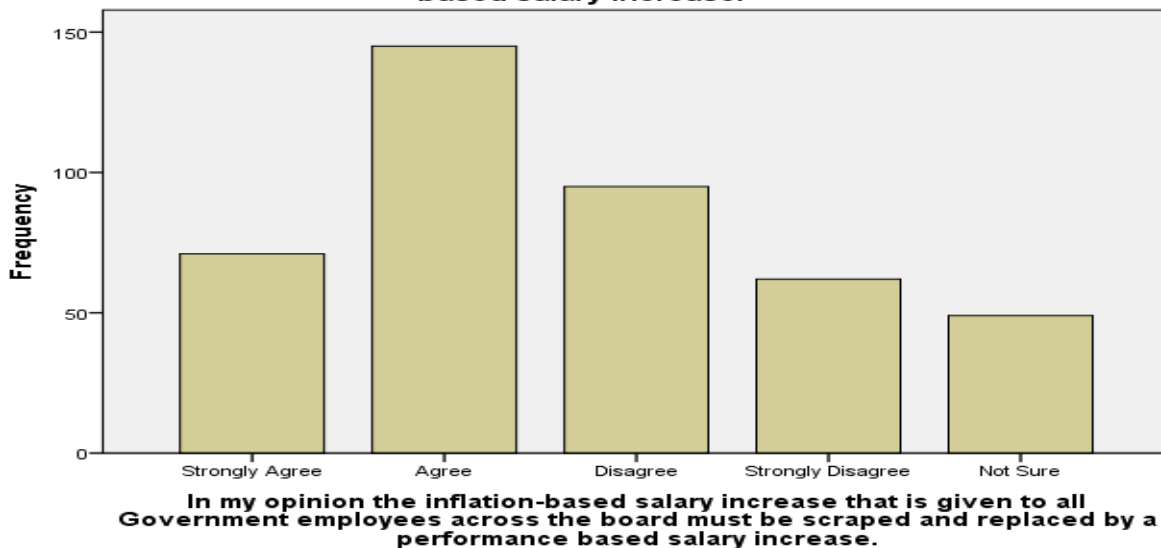
Table 5.29 Frequency Table Depicting the Respondents' View On Whether Or Not the Inflation-Based Salary Increase That Is Given To All Government Employees Across the Board Must Be Scrapped And Replaced By A Performance Based Salary Increase

In My Opinion The Inflation-Based Salary Increase That Is Given To All Government Employees Across the Board Must Be Scrapped And Replaced By A Performance Based Salary Increase

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	71	16.2	16.8	16.8
Agree	145	33.0	34.4	51.2
Disagree	95	21.6	22.5	73.7
Strongly Disagree	62	14.1	14.7	88.4
Not Sure	49	11.2	11.6	100.0
Total	422	96.1	100.0	
Missing System	17	3.9		
Total	439	100.0		

Figure 5.27 Bar Graph Depicting The Respondents' View On Whether Or Not The Inflation-Based Salary Increase That Is Given To All Government Employees Across The Board Must Be Scrapped And Replaced By A Performance Based Salary Increase

In my opinion the inflation-based salary increase that is given to all Government employees across the board must be scrapped and replaced by a performance based salary increase.



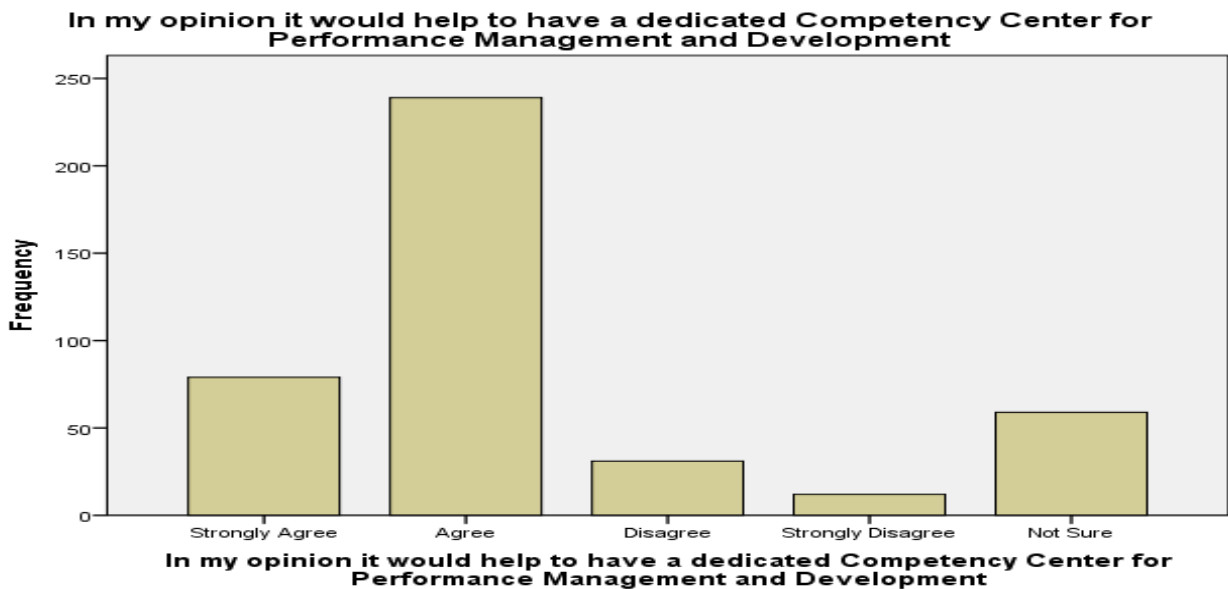
The above frequency table and bar graph show that 422 (96.1%) respondents answered the question and 17 (3.9%) did not. 216 (145 + 71) or 49% (33% + 16.2%) of the respondents agreed with the statement and 157 (95 + 62), i.e. 35.7% (21.6% + 14.1%) disagreed. 49 (11.2%) respondents were unsure.

Table 5.30 Frequency Table Depicting the Respondents' Opinion on Whether Or Not It Would Help To Have A Dedicated Competency Centre For Performance Management And Development

In My Opinion It Would Help To Have A Dedicated Competency Centrer For Performance Management And Development

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	79	18.0	18.8	18.8
Valid Agree	239	54.4	56.9	75.7
Valid Disagree	31	7.1	7.4	83.1
Valid Strongly Disagree	12	2.7	2.9	86.0
Valid Not Sure	59	13.4	14.0	100.0
Total	420	95.7	100.0	
Missing System	19	4.3		
Total	439	100.0		

Figure 5.28 Bar Graph Depicting the Respondents' Opinion On Whether Or Not It Would Help To Have A Dedicated Competency Centre For Performance Management And Development

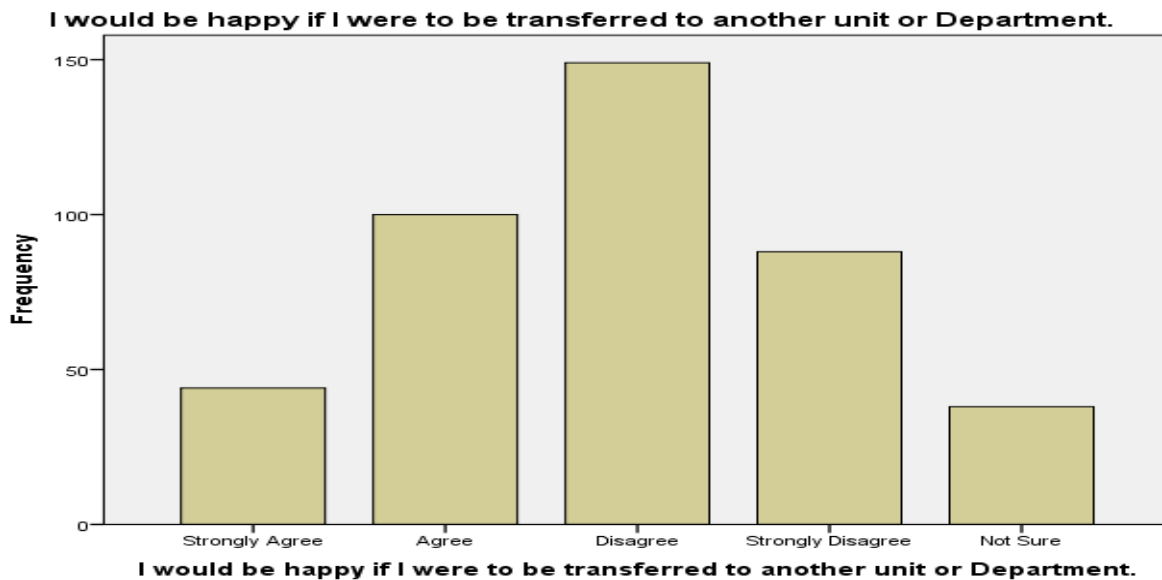


The frequency table and bar graph here illustrate that 420 (95.7%) respondents answered the question and 19 (4.3%) did not. 318 (79 + 239), or 72.4% (18% + 54.4%) of them agreed with the statement and 43 (31 + 12) or 9.8% (7.1% + 2.7%) of them disagreed. 59 (13.4%) of the respondents were unsure.

Table 5.31 Frequency Table Depicting Whether Or Not the Respondents Would Be Happy If They Were To Be Transferred To Another Unit Or Department

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	44	10.0	10.5	10.5
	Agree	100	22.8	23.9	34.4
	Disagree	149	33.9	35.6	69.9
	Strongly Disagree	88	20.0	21.0	90.9
	Not Sure	38	8.7	9.1	100.0
	Total	419	95.4	100.0	
Missing	System	20	4.6		
Total		439	100.0		

Figure 5.29 Bar Graph Depicting Whether Or Not the Respondents Would Be Happy If They Were To Be Transferred To Another Unit Or Department

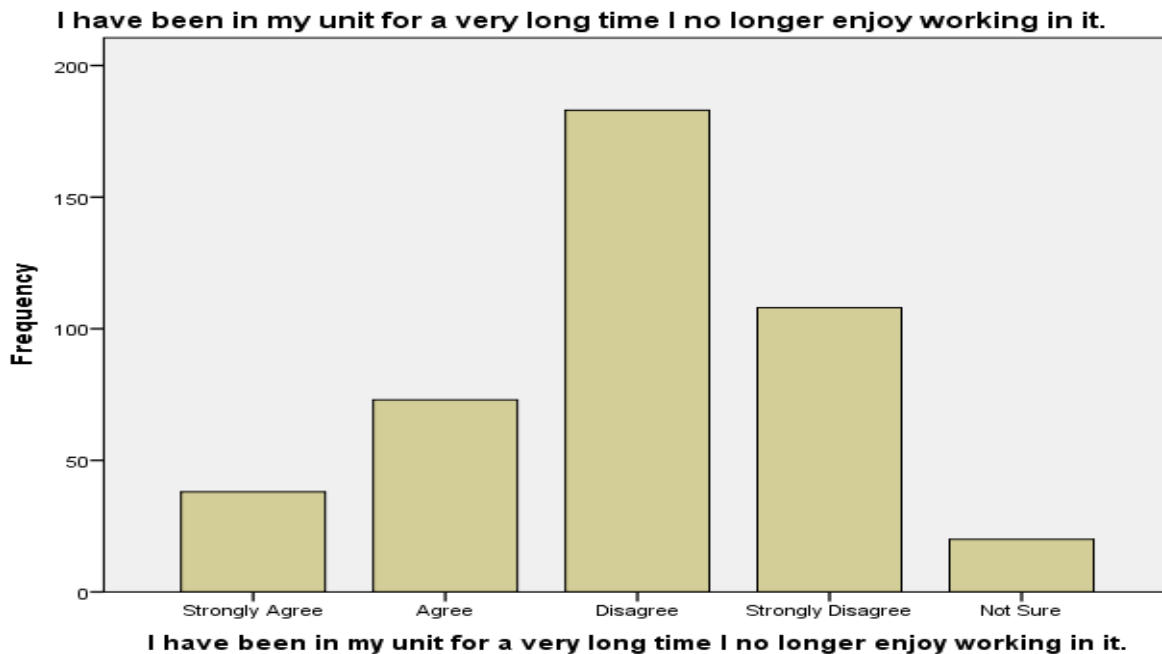


The vast majority of the respondents, 419 (95.4%) answered the question and 20 (4.6%) did not. 144 (44 + 100), i.e. 32.8% (10% + 22.8%) of the respondents agreed with the statement and 237 (149 + 88), or 53.9% (33.9% + 20%) disagreed. 38 (8.7%) respondents were unsure.

Table 5.32 Frequency Table Depicting Whether the Respondents Have Been In Their Respective Units For So Long That They No Longer Enjoy Working In Them

I Have Been In My Unit For A Very Long Time And I No Longer Enjoy Working In It				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	38	8.7	9.0	9.0
Valid Agree	73	16.6	17.3	26.3
Valid Disagree	183	41.7	43.4	69.7
Valid Strongly Disagree	108	24.6	25.6	95.3
Valid Not Sure	20	4.6	4.7	100.0
Total	422	96.1	100.0	
Missing System	17	3.9		
Total	439	100.0		

Figure 5.30 Bar Graph Depicting Whether the Respondents Have Been In Their Respective Units For So Long That They No Longer Enjoy Working In Them



The above frequency table and bar graph show that 422 (96.1%) answered the question and 17 (3.9%) did not. 111 (38 + 73), i.e. 25.3% (8.7% + 16.6%) of the respondents agreed with the statement and 291 (183 + 108), i.e. 66.3% (41.7% + 24.6%) disagreed. 20 (4.6%) respondents were unsure.

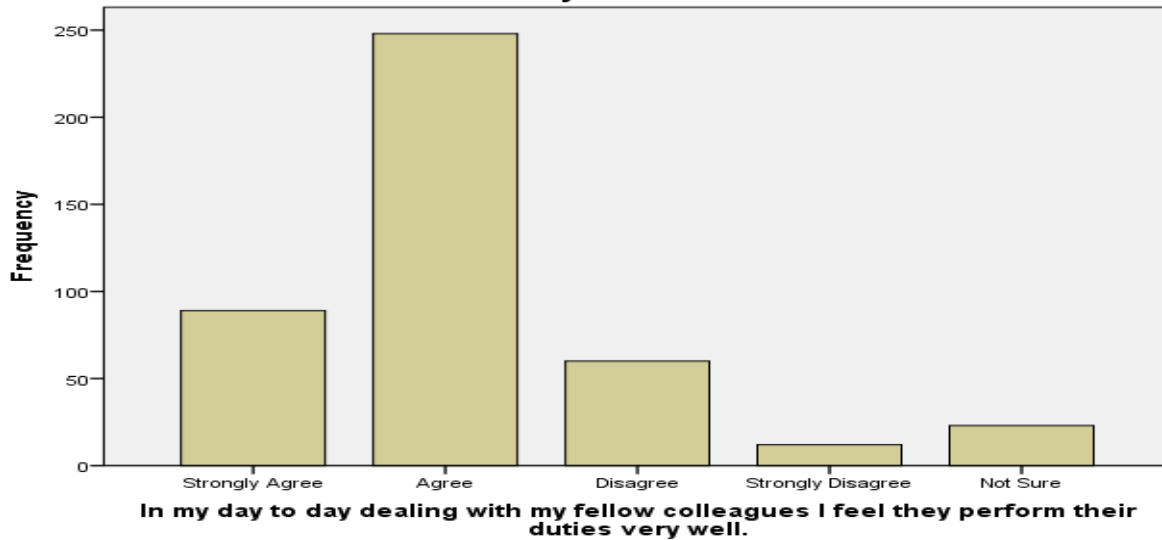
Table 5.33 Frequency Table Depicting Whether Or Not the Respondents, In Their Day-To-Day Dealings With Their Fellow Colleagues, Feel That They Perform Their Duties Well

In My Day-To- Day Dealing With My Fellow Colleagues, I Feel That They Perform Their Duties Very Well

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	89	20.3	20.6	20.6
	Agree	248	56.5	57.4	78.0
	Disagree	60	13.7	13.9	91.9
	Strongly Disagree	12	2.7	2.8	94.7
	Not Sure	23	5.2	5.3	100.0
Total		432	98.4	100.0	
Missing	System	7	1.6		
Total		439	100.0		

Figure 5.31 Bar Graph Depicting Whether Or Not The Respondents In Their Day-To-Day Dealings With Their Fellow Colleagues Feel That They Perform Their Duties Well

In my day to day dealing with my fellow colleagues I feel they perform their duties very well.



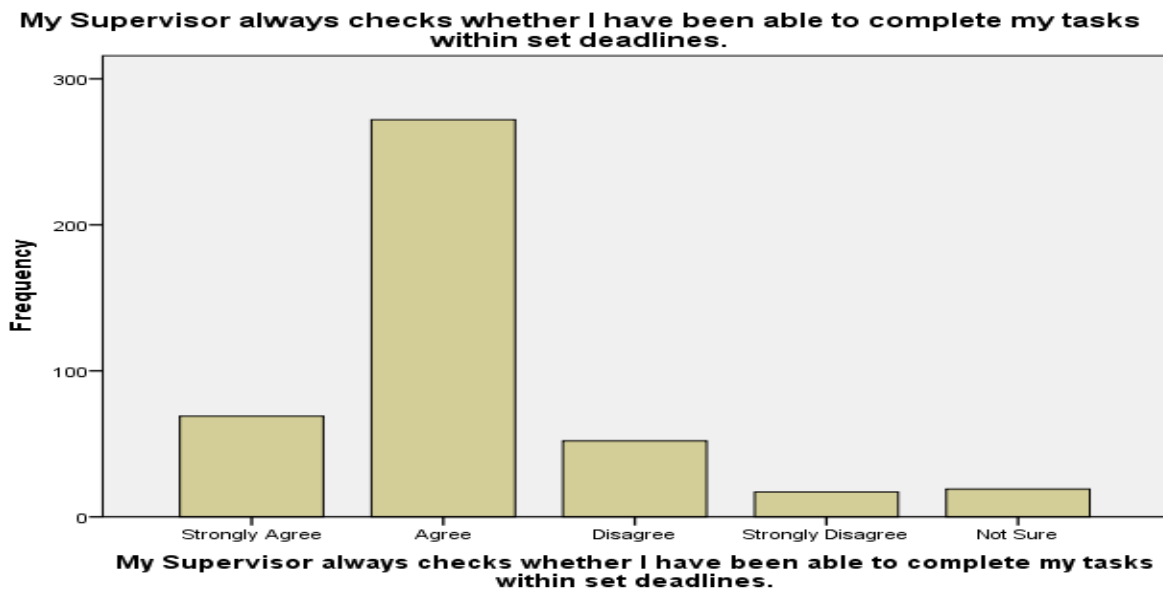
The above frequency table and bar graph show that 432 (98.4%) answered the question and 7 (1.6%) did not. 337 (89 + 248), i.e. 76.8% (20.3% + 56.5%) agreed with the statement and 72 (60 + 12) or 16.4% (13% + 2.7%) disagreed. 23 respondents (5.2%) were unsure.

Table 5.34 Frequency Table Depicting Whether Or Not the Respondents' Supervisors Always Check Whether They Have Been Able To Complete Their Tasks Within Set Deadlines

My Supervisor Always Checks Whether I Have Been Able To Complete My Tasks Within Set Deadlines

		Frequency	Percent	Valid Percent	Cumulative Percent
valid	Strongly Agree	69	15.7	16.1	16.1
	Agree	272	62.0	63.4	79.5
	Disagree	52	11.8	12.1	91.6
	Strongly Disagree	17	3.9	4.0	95.6
	Not Sure	19	4.3	4.4	100.0
	Total	429	97.7	100.0	
Missing	System	10	2.3		
	Total	439	100.0		

Figure 5.32 Bar Graph Depicting Whether Or Not the Respondents' Supervisors Always Check Whether They Have Been Able To Complete Their Tasks Within Set Deadlines



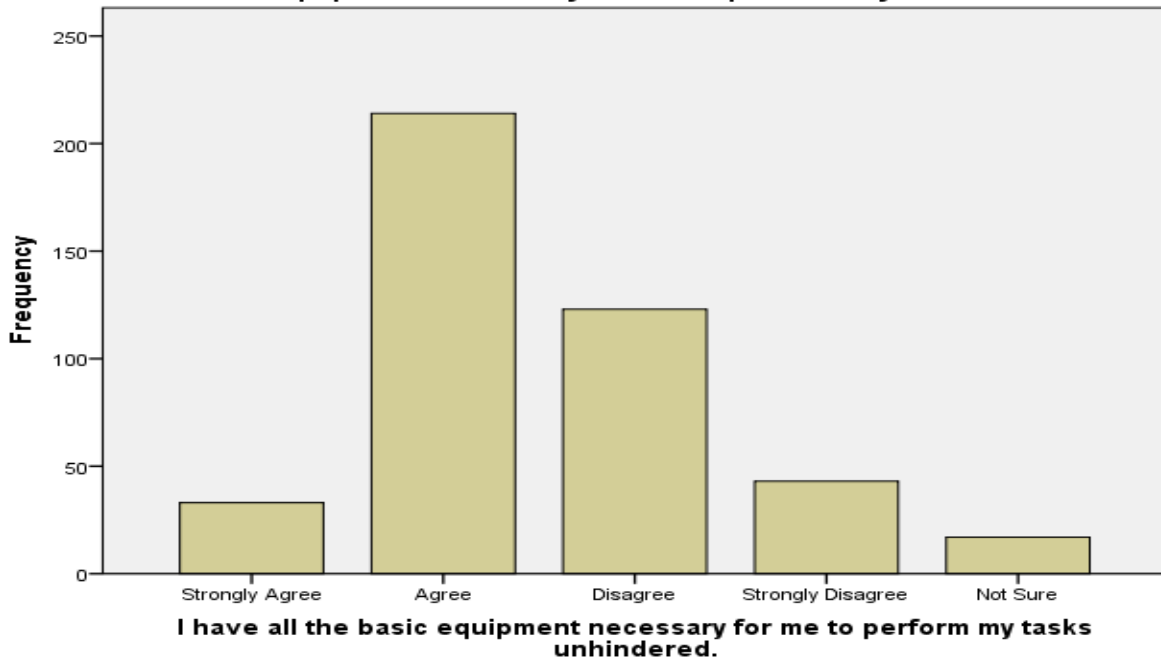
The above frequency table and bar graph show that 429 (97.7%) of the respondents answered the question and 10 (2.3%) did not. 341 (69 + 272), i.e. 77.7% (15.7% + 62%) of the respondents agreed with the statement and 69 (52 + 17) or 15.7% (11.8% + 3.9%) of them disagreed. 19 (4.3%) of the respondents were unsure.

Table 5.35 Frequency Table Depicting Whether Or Not the Respondents Believe That They Have All The Equipment Necessary For Them To Perform Their Tasks Unhindered

I Have All The Basic Equipment Necessary For Me To Perform My Tasks Unhindered					
	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Strongly Agree	33	7.5	7.7	7.7
	Agree	214	48.7	49.8	57.4
	Disagree	123	28.0	28.6	86.0
	Strongly Disagree	43	9.8	10.0	96.0
	Not Sure	17	3.9	4.0	100.0
	Total	430	97.9	100.0	
Missing	System	9	2.1		
	Total	439	100.0		

Figure 5.33 Bar Graph Depicting Whether Or Not the Respondents Believe That They Have All The Equipment Necessary For Them To Perform Their Tasks Unhindered

I have all the basic equipment necessary for me to perform my tasks unhindered.

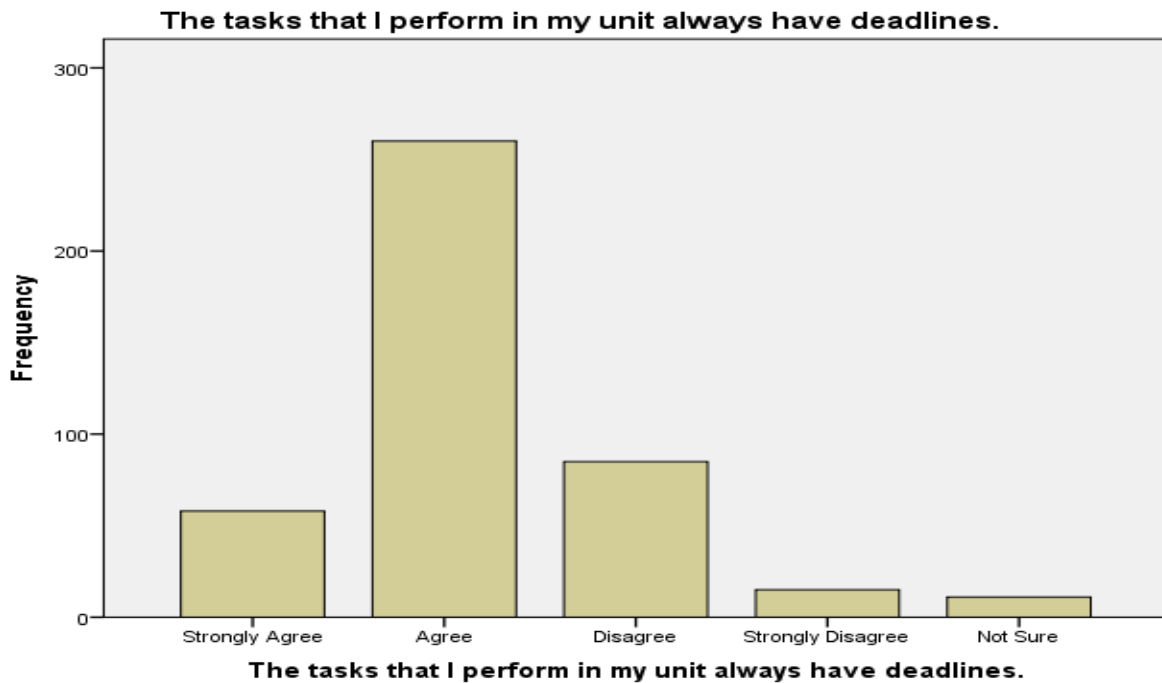


The above frequency table and bar graph show that 430 (97.9%) respondents answered the question and 9 (2.1%) did not. 247 (33 + 214), i.e. 56.2% (7.5% + 48.7%) agreed with the statement and 166 (123 + 43), i.e. 37.8% (28% + 9.8%) disagreed. 17 (3.9%) respondents were unsure.

Table 5.36 Frequency Table Depicting Whether Or Not the Tasks That The Respondents Perform In Their Respective Units Always Have Deadlines

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	58	13.2	13.5	13.5
	Agree	260	59.2	60.6	74.1
	Disagree	85	19.4	19.8	93.9
	Strongly Disagree	15	3.4	3.5	97.4
	Not Sure	11	2.5	2.6	100.0
	Total	429	97.7	100.0	
Missing	System	10	2.3		
Total		439	100.0		

Figure 5.34 Bar Graph Depicting Whether Or Not the Tasks That The Respondents Perform In Their Respective Units Always Have Deadlines



The above frequency table and bar graph show that 429 (97.7%) respondents answered the question and 10 (2.3%) did not. 318 (58 + 260), i.e. 72.4% (13.2% + 59.2%) agreed with the statement and 100 (85 + 15), i.e. 22.8% (19.4% + 3.4%) disagreed. 11 (2.5%) respondents were unsure.

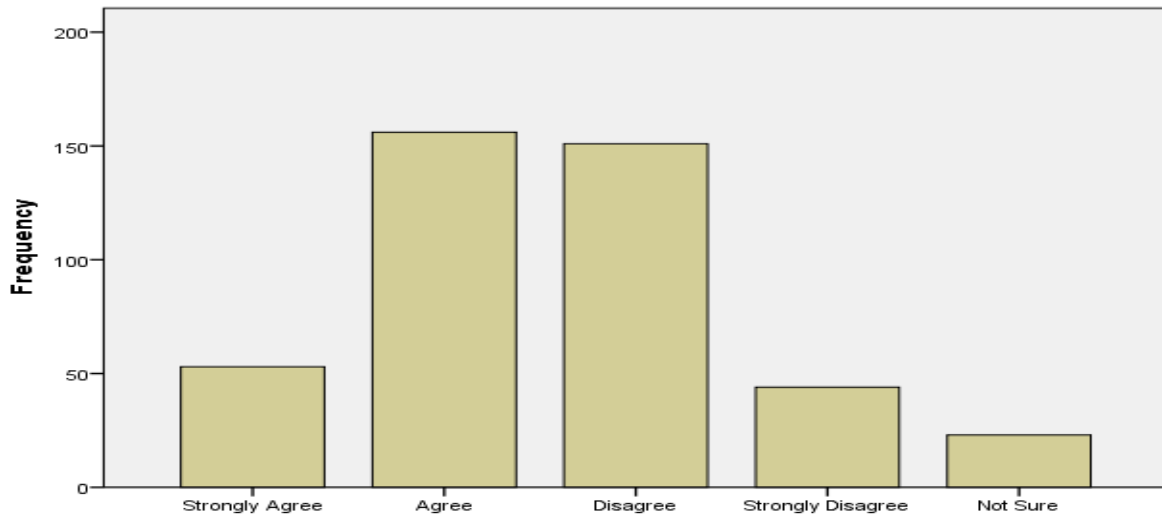
Table 5.37 Frequency Table Depicting Whether Or Not At Times the Respondents Feel That Most of Their Colleagues Do Not Pull Their Weight Because They Are Not Held Accountable For Their Actions

I Feel Most Of My Colleagues At Times Do Not Pull Their Weight Because They Are Not Held Accountable For Their Actions

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	53	12.1	12.4	12.4
Valid Agree	156	35.5	36.5	48.9
Valid Disagree	151	34.4	35.4	84.3
Valid Strongly Disagree	44	10.0	10.3	94.6
Valid Not Sure	23	5.2	5.4	100.0
Total	427	97.3	100.0	
Missing System	12	2.7		
Total	439	100.0		

Figure 5.35 Depicting Whether Or Not At Times the Respondents Feel That Most of Their Colleagues Do Not Pull Their Weight Because They Are Not Held Accountable For Their Actions

I feel most of my colleagues at times do not pull their socks because they are not held accountable for their actions.



I feel most of my colleagues at times do not pull their socks because they are not held accountable for their actions.

The frequency table and bar graph indicate that 427 (97.3%) answered the question and 12 (2.7%) did not. 209 (53 + 156), or 47.6% (12.1% + 35.5%) agreed with the statement and 195 (151 + 44) or 44.4% (34.4% + 10.0%) disagreed. 23 (5.2%) respondents indicated that were unsure.

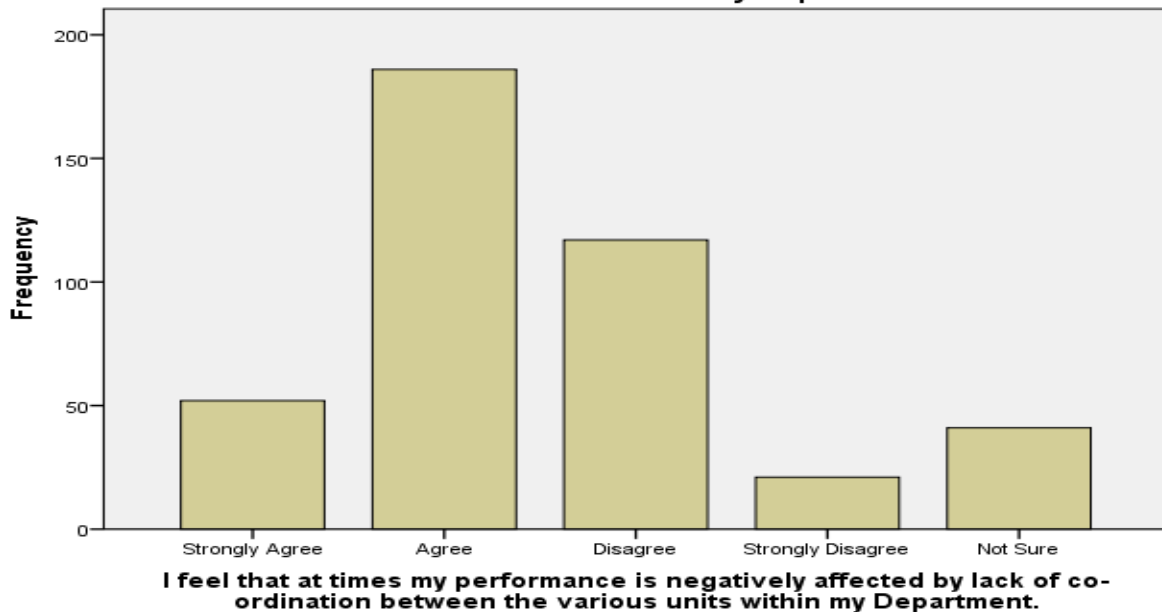
Table 5.38 Frequency Table Depicting Whether Or Not the Respondents Feel That At Times Their Performance Is Negatively Affected By a Lack of Co-Ordination Within Their Departments

I Feel That At Times My Performance Is Negatively Affected By a Lack of Co-Ordination Between The Various Units Within My Department

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	52	11.8	12.5	12.5
Agree	186	42.4	44.6	57.1
Disagree	117	26.7	28.1	85.1
Strongly Disagree	21	4.8	5.0	90.2
Not Sure	41	9.3	9.8	100.0
Total	417	95.0	100.0	
Missing System	22	5.0		
Total	439	100.0		

Figure 5.36 Bar Graph Depicting Whether Or Not the Respondents Feel That At Times Their Performance Is Negatively Affected By a Lack Of Co-Ordination Within Their Departments

I feel that at times my performance is negatively affected by lack of co-ordination between the various units within my Department.



The above frequency table and bar graph show that 417 (95%) answered the question and 22 (5%) did not. 238 (52 + 186), i.e. 54.2% (11.8% + 42.4%) agreed with the statement and 138 (117 + 21), i.e. 31.5% (26.7% + 4.8%) did not. 41 (9.3%) respondents were unsure.

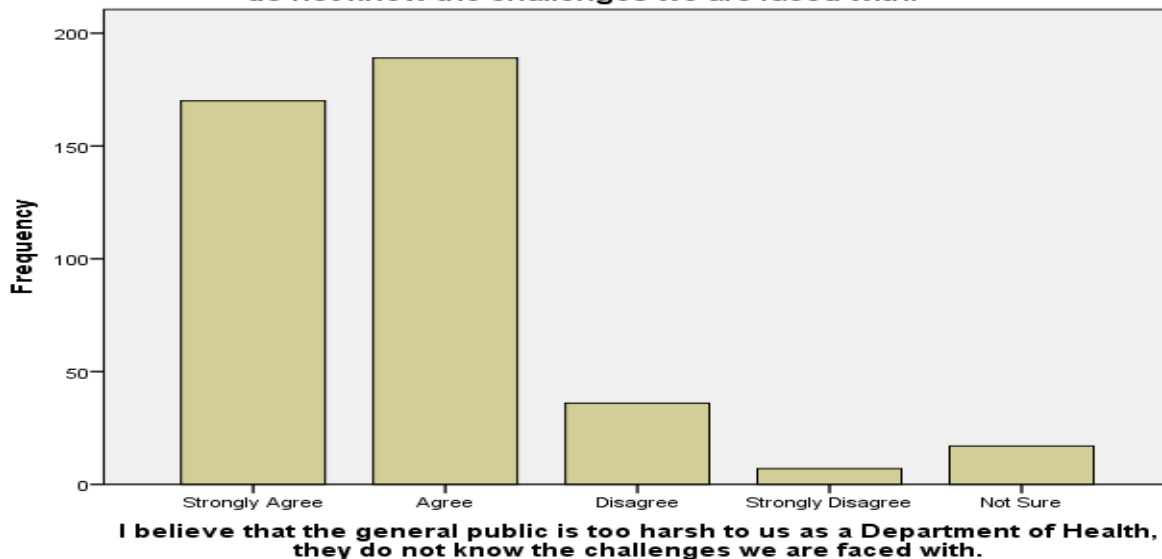
Table 5.39 Frequency Table Depicting Whether Or Not the Respondents Believe That the General Public Is Too Harsh On Them, and That They Do Not Know The Challenges They Are Facing As Part of the Department of Health.

I Believe That The General Public Is Too Harsh On Us As Department of Health Employees, and They Do Not Know The Challenges We Are Faced With

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	170	38.7	40.6	40.6
Valid Agree	189	43.1	45.1	85.7
Valid Disagree	36	8.2	8.6	94.3
Valid Strongly Disagree	7	1.6	1.7	95.9
Valid Not Sure	17	3.9	4.1	100.0
Total	419	95.4	100.0	
Missing System	20	4.6		
Total	439	100.0		

Figure 5.37 Bar Graph Depicting Whether Or Not the Respondents Believe That the General Public Is Too Harsh On Them, and That They Do Not Know The Challenges They Are Facing As Part of The Department of Health

I believe that the general public is too harsh to us as a Department of Health, they do not know the challenges we are faced with.



The above frequency table and bar graph show that 419 (95.4%) respondents answered the question and 20 (4.6%) did not. 359 (170 +189), i.e. 81.8% (38.7% + 43.1%) agreed with the statement and 43 (36 + 7), i.e. 9.8% (8.2% + 1.6%) disagreed. 17 (3.9%) respondents were unsure.

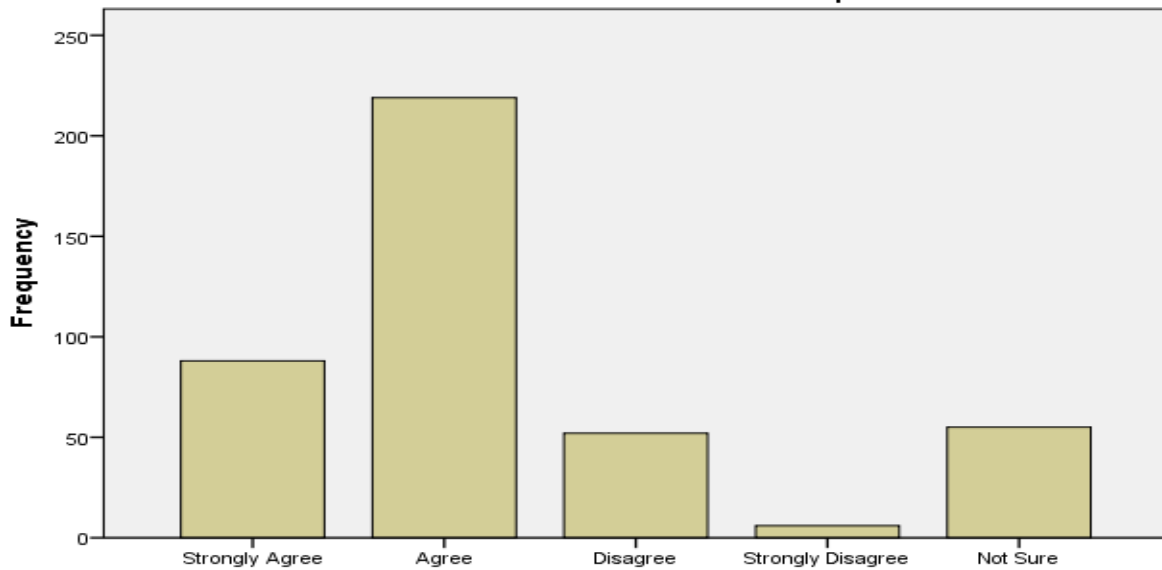
Table 5.40 Frequency Table Depicting Whether Or Not the Respondents Feel That the Different Components of the Entire KZN Department of Health Work In a Co-ordinated Manner

In My Opinion I Feel The Different Components of the Entire KZN Department of Health Do Not Work In a Co-Ordinated Manner and That Affects the Performance of Staff

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	88	20.0	21.0	21.0
Agree	219	49.9	52.1	73.1
Disagree	52	11.8	12.4	85.5
Strongly Disagree	6	1.4	1.4	86.9
Not Sure	55	12.5	13.1	100.0
Total	420	95.7	100.0	
Missing System	19	4.3		
Total	439	100.0		

Figure 5.38 Bar Graph Depicting Whether Or Not the Respondents Feel The Different Components of the Entire KZN Department of Health Work In a Co-ordinated Manner

In my opinion I feel the different components of the entire KZN Department of Health do not work in co-ordination and that affects the performance of staff.



In my opinion I feel the different components of the entire KZN Department of Health do not work in co-ordination and that affects the performance of staff.

The above frequency table and bar graph show that 420 (95.7%) answered the question and 19 (4.3%) did not. 307 (88 + 219), i.e. 69.9% (20% + 49.9%) of the respondents agreed with the statement and 58 (52 + 6), or 13.2% (11.8 + 1.4%) disagreed. 55 (12.5%) respondents were unsure.

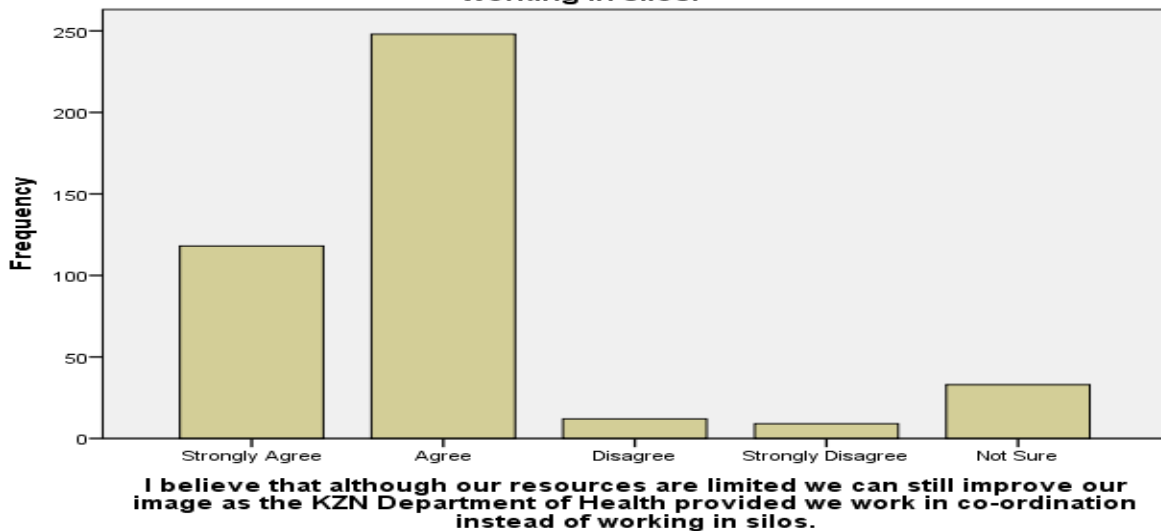
Table 5.41 Frequency Table Depicting Whether Or Not the Respondents Believe That Although Their Resources Are Limited, They Can Improve Their Image by Working in a Co-Ordinated Manner Instead Of Working In Silos

I Believe That Although Our Resources Are Limited, We Can Still Improve Our Image As the KZN Department of Health Provided We Work In a Co-Ordinated Manner Instead of Working In Silos

	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	118	26.9	28.1	28.1
Agree	248	56.5	59.0	87.1
Disagree	12	2.7	2.9	90.0
Strongly Disagree	9	2.1	2.1	92.1
Not Sure	33	7.5	7.9	100.0
Total	420	95.7	100.0	
Missing System	19	4.3		
Total	439	100.0		

Figure 5.39 Bar Graph Depicting Whether Or Not the Respondents Believe That Although Their Resources Are Limited They Can Improve Their Image By Working In a Co-Ordinated Manner Instead of Working In Silos

I believe that although our resources are limited we can still improve our image as the KZN Department of Health provided we work in co-ordination instead of working in silos.

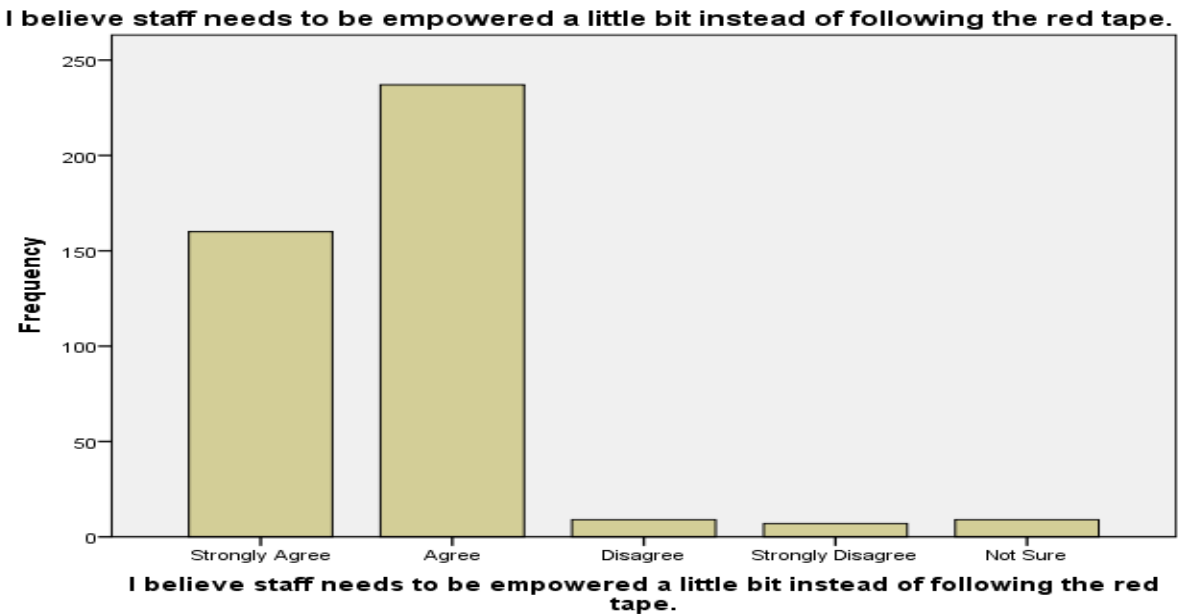


The above frequency table and bar graph show that 420 (95.7%) respondents answered the question and 19 (4.3%) did not. 366 (118 + 248), i.e. 83.4% (26.9% + 56.5%) agreed with the statement and 21 (12 + 9), i.e. 5.8% (2.7% + 2.1%) disagreed. 33 (7.5%) respondents were unsure.

Table 5.42 Frequency Table Depicting Whether Or Not the Respondents Believe That Staff Need To Be Empowered a Little Instead of Following a Red-Tape Ethic

I Believe Staff Needs to be Empowered a Little Instead of Following a Red-Tape Ethic				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	160	36.4	37.9	37.9
Valid Agree	237	54.0	56.2	94.1
Valid Disagree	9	2.1	2.1	96.2
Valid Strongly Disagree	7	1.6	1.7	97.9
Valid Not Sure	9	2.1	2.1	100.0
Total	422	96.1	100.0	
Missing System	17	3.9		
Total	439	100.0		

Figure 5.40 Bar Graph Depicting Whether Or Not the Respondents Believe That Staff Need To Be Empowered a Little Bit Instead of Following a Red-Tape Ethic



The above frequency table and bar graph show that 422 (96.1%) answered the question and 17 (3.9%) did not. 397 (160 +237), i.e. 90.4% (36.4% +54%) agreed with the statement and 16 (9 +7), i.e. 3.7% (1.6% + 2.1%) disagreed. 9 (2.1%) respondents were unsure.

Table 5.43 Cross-Tabulation Between the Variables: “I Signed My Performance Agreement at the Beginning” and “Before Signing My Performance Agreement I Had a Meeting With My Immediate Superior to Discuss the Objectives of Our Component and What Was Expected of Me”

Correlations

		I signed my Performance Agreement at the beginning of the year.	Before signing my Performance Agreement I had a meeting with my immediate superior to discuss the objectives of our component and what was expected of me.
I signed my Performance Agreement at the beginning of the year.	Pearson Correlation	1	.608**
	Sig. (2-tailed)		.000
	N	426	420
Before signing my Performance Agreement I had a meeting with my immediate superior to discuss the objectives of our component and what was expected of me.	Pearson Correlation	.608**	1
	Sig. (2-tailed)	.000	
	N	420	421

** . Correlation is significant at the 0.01 level (2-tailed).

The above table shows that the two variables have a statistical significance level of 0.000. This significance level is lower than the conventional cut off level of 0.05 therefore the two variables are statistically significant. This also means that there is likely to be a relationship between the two variables.

N reflects the number of respondents who answered the two questions. 420 respondents out of a total of 439 respondents indicated whether or not there was a meeting between themselves and their respective immediate superiors. 426 respondents indicated whether or not they signed their Performance Agreement at the beginning of the year.

Table 5.44 Cross-Tabulation Between the Variables: “What Is Your Salary Scale?” And “I Signed My Performance Agreement at the Beginning of the Year”.

Correlations

		What is your salary scale?	I signed my Performance Agreement at the beginning of the year.
What is your salary scale?	Pearson Correlation	1	-.103
	Sig. (2-tailed)		.058
	N	351	340
I signed my Performance Agreement at the beginning of the year.	Pearson Correlation	-.103	1
	Sig. (2-tailed)	.058	
	N	340	426

The above table shows that the two variables have a statistical significance level of 0.058. This significance level is higher than the conventional cut off level of 0.05 therefore the two variables are statistically significant. This also means that there is likely to be a relationship between the two variables.

The above table also shows that 351 respondents indicated their salary levels and 426 indicated whether or not they signed their performance agreements at the beginning of the year.

Table 5.45 Cross-Tabulation Between the Variables: “What Is Your Salary Scale?” and “Before Signing My Performance Agreement I Had a Meeting With My Immediate Superior to Discuss the Objectives of our Component and What was Expected of Me”

Correlations

		What is your salary scale?	Before signing my Performance Agreement I had a meeting with my immediate superior to discuss the objectives of our component and what was expected of me.
What is your salary scale?	Pearson Correlation	1	-.039
	Sig. (2-tailed)		.482
	N	351	335
Before signing my Performance Agreement I had a meeting with my immediate superior to discuss the objectives of our component and what was expected of me.	Pearson Correlation	-.039	1
	Sig. (2-tailed)	.482	
	N	335	421

The previous table shows that the two variables have a statistical significance level of 0.482. This significance level is higher than the conventional cut off level of 0.05 therefore the two variables are not statistically significant. This also means that there is unlikely to be a relationship between the two variables.

The 351 respondents who indicated their salary levels were cross-tabulated with those who indicated whether or not they had a meeting with their immediate superiors to discuss the objectives of their respective components, prior to signing their performance agreement

Table 5.46 Cross-Tabulation Between the Variables: “What Is Your Salary Scale?” and “I Have Been Formally Orientated About the Performance Management and Development System That is Applicable To All Government Employees”

		Correlations	
		What is your salary scale?	I have been formally orientated about the Performance Management and development System that is applicable to all Government employees.
What is your salary scale?	Pearson Correlation	1	-.141**
	Sig. (2-tailed)		.009
	N	351	341
I have been formally orientated about the Performance Management and Development System that is applicable to all Government employees.	Pearson Correlation	-.141**	1
	Sig. (2-tailed)	.009	
	N	341	426

** . Correlation is significant at the 0.01 level (2-tailed).

The above table shows that the two variables have a statistical significance level of 0.009. This significance level is lower than the conventional cut off level of 0.05 therefore the two variables are statistically significant. This also means that there is likely to be a relationship between the two variables.

Table 5.47 Cross-Tabulation Between the Variables: “What Is Your Salary Scale?” and “I Believe I Have Sufficient Information to Fully Participate in My Performance Management and Development”

Correlations

		What is your salary scale?	I believe I have sufficient information to fully participate in my Performance Management and Development.
What is your salary scale?	Pearson Correlation	1	-.115*
	Sig. (2-tailed)		.035
	N	351	338
I believe I have sufficient information to fully participate in my Performance Management and Development.	Pearson Correlation	-.115*	1
	Sig. (2-tailed)	.035	
	N	338	421

*. Correlation is significant at the 0.05 level (2-tailed).

The above table shows that the two variables have a statistical significance level of 0.035. This significance level is higher than the conventional cut off level of 0.05 therefore the two variables are statistically significant. This also means that there is likely to be a relationship between the two variables.

Table 5.48 Cross-Tabulation Between the Variables: “What Is Your Salary Scale?” and “I Believe I Fully Participate in My Performance Management and Development and I Am Not Dictated to by My Immediate Superior”

Correlations

		What is your salary scale?	I believe I fully participate in my Performance Management and Development and I am not dictated to by my immediate superior.
What is your salary scale?	Pearson Correlation	1	-.128*
	Sig. (2-tailed)		.018
	N	351	342
I believe I fully participate in my Performance Management and Development and I am not dictated to by my immediate superior.	Pearson Correlation	-.128*	1
	Sig. (2-tailed)	.018	
	N	342	428

*. Correlation is significant at the 0.05 level (2-tailed).

The table above shows that the two variables have a statistical significance level of 0.018, which is lower than the conventional cut off level of 0.05 and the two variables are therefore statistically significant. This also means that there is likely to be a relationship between the two variables.

Table 5.49 Cross-Tabulation Between the Variables: “What Is Your Salary Scale?” and “I Believed That I Signed My Performance Agreement and Work Plan, Having Familiarised Myself With the Potential Implications of Over-Performing and Underperforming.

Correlations

		What is your salary scale?	I believed that I signed my Performance Agreement and Work Plan having familiarized myself with the potential implications of over performing and underperforming.
What is your salary scale?	Pearson Correlation	1	-.144**
	Sig. (2-tailed)		.008
	N	351	341
I believed that I signed my Performance Agreement and Work Plan having familiarised myself with the potential implications of over-performing and underperforming.	Pearson Correlation	-.144**	1
	Sig. (2-tailed)	.008	
	N	341	427

** . Correlation is significant at the 0.01 level (2-tailed).

This table shows that these two variables have a statistical significance level of 0.008. This significance level is lower than the conventional cut off level of 0.05 and therefore indicates that the two variables are statistically significant. This also means that there is likely to be a relationship between the two variables.

Table 5.50 Cross-Tabulation Between the Variables: “What Is Your Salary Scale?” and “I Am Always Asked To Give Input Before a Decision Is Made as to What Training Programs I Must Attend”

		What is your salary scale?	I am always asked to give input before a decision is made as to what training programs I must attend.
What is your salary scale?	Pearson Correlation	1	-.064
	Sig. (2-tailed)		.234
	N	351	343
I am always asked to give input before a decision is made as to what training programs I must attend.	Pearson Correlation	-.064	1
	Sig. (2-tailed)	.234	
	N	343	428

The above table shows that the two variables have a statistical significance level of 0.234. This significance level is higher than the conventional cut off level of 0.05, and the two variables are therefore not statistically significant. This also means that there is unlikely to be a relationship between the two variables.

Table 5.51 Cross-Tabulation Between the Variables: “What Is Your Salary Scale?” and “I Have Been Trained On Operational Policies And Procedures Applicable To Our Unit”

Correlations

		What is your salary scale?	I have been trained on operational policies and procedures applicable to our unit.
What is your salary scale?	Pearson Correlation	1	-.071
	Sig. (2-tailed)		.191
	N	351	340
I have been trained on operational policies and procedures applicable to our unit.	Pearson Correlation	-.071	1
	Sig. (2-tailed)	.191	
	N	340	426

The above table shows that the two variables have a statistical significance level of 0.191. This significance level is higher than the conventional cut off level of 0.05 therefore the two variables are not statistically significant, and there is unlikely to be a relationship between the two variables.

Table 5.52 Cross-Tabulation Between the Variables: “What Is Your Salary Scale?” and “I Believe My Superior Is Concerned About My Personal Development Because We Frequently Discuss It”

Correlations

		What is your salary scale?	I believe my superior is concerned about my Personal Development because we frequently discuss it.
What is your salary scale?	Pearson Correlation	1	.007
	Sig. (2-tailed)		.894
	N	351	334
I believe my superior is concerned about my Personal Development because we frequently discuss it.	Pearson Correlation	.007	1
	Sig. (2-tailed)	.894	
	N	334	414

The above table shows that the two variables have a statistical significance level of 0.894, which is higher than the conventional cut off level of 0.05. The two variables are therefore not significant. This also means that there is unlikely to be a relationship between the two variables.

Table 5.53 Depicting Descriptive Statistics on all the questions in the questionnaire
Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Gender	436	1.00	2.00	1.7454	.43613
Age group	435	1.00	4.00	2.5034	.98227
How long have you worked here?	428	1.00	4.00	3.0304	1.01118
What is your salary scale?	351	1.00	13.00	6.5613	2.84878
Indicate the component in which you work	422	1.00	5.00	4.2464	1.24291
I signed my Performance Agreement at the beginning of the year.	426	1.00	5.00	1.9061	.80329
Before signing my Performance Agreement I had a meeting with my immediate superior to discuss the objectives of our component and what was expected of me.	421	1.00	5.00	2.1283	.96495
I have been formally orientated about the Performance Management and development System that is applicable to all Government employees.	426	1.00	5.00	2.0962	.91144
I have received official training about procedures pertaining to Performance Management and Development.	425	1.00	5.00	2.3412	.98996
I believe I have sufficient information to fully participate in my Performance Management and Development.	421	1.00	5.00	2.2304	.92922

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
I believe I fully participate in my Performance Management and Development and I am not dictated to by my immediate superior.	428	1.00	5.00	2.2033	.94251
I believed that I signed my Performance Agreement and Work Plan having familiarised myself with the potential implications of over performing and underperforming.	427	1.00	5.00	2.2155	.96679
I believe I have been to adequate training programs and they have helped me improve my performance and personal development.	427	1.00	5.00	2.4918	.99379
I am always asked to give input before a decision is made on what training programs I must attend.	428	1.00	5.00	2.5631	.98857
I have been trained on operational policies and procedures applicable to our unit.	426	1.00	5.00	2.2793	.96498
I believe my superior is concerned about my Personal Development because we frequently discuss it.	414	1.00	5.00	2.3527	.99698
I believe that job rotation can enhance performance and personal development within the Department	417	1.00	5.00	2.0552	.95289

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
I am satisfied with the manner in which feedback regarding my performance is given to me.	426	1.00	5.00	2.3451	1.00385
The reward system that is currently being used by the Government does not motivate me.	419	1.00	5.00	2.4893	1.30393
In my opinion the inflation-based salary increase that is given to all Government employees across the board must be scrapped and replaced by a performance-based salary increase.	422	1.00	5.00	2.6991	1.24139
In my opinion it would help to have a dedicated Competency Centre for Performance Management and Development.	420	1.00	5.00	2.3643	1.22938
I would be happy if I were to be transferred to another unit or Department.	419	1.00	5.00	2.9427	1.10958
I have been in my unit for a very long time and I no longer enjoy working in it.	422	1.00	5.00	2.9976	.99045
In my day-to-day dealing with my fellow colleagues I feel they perform their duties very well.	432	1.00	5.00	2.1481	.95674
My Supervisor always checks whether I have been able to complete my tasks within set deadlines.	429	1.00	5.00	2.1725	.90072

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
I have all the basic equipment necessary for me to perform my tasks unhindered.	430	1.00	5.00	2.5279	.91754
The tasks that I perform in my unit always have deadlines.	429	1.00	5.00	2.2098	.81332
I feel most of my colleagues at times do not pull their weight because they are not held accountable for their actions.	427	1.00	5.00	2.5972	1.01018
I feel that at times my performance is negatively affected by a lack of co-ordination between the various units within my Department.	417	1.00	5.00	2.5516	1.09098
I believe that the general public is too harsh on us as Department of Health employees and, they do not know the challenges we are faced with.	419	1.00	5.00	1.8353	.94797
In my opinion I feel the different components of the entire KZN Department of Health do not work in a co-ordinated manner and that affects the performance of staff.	420	1.00	5.00	2.3357	1.20823
I believe that although our resources are limited we can still improve our image as the KZN Department of Health provided we work in a co-ordinated manner instead of working in silos.	420	1.00	5.00	2.0262	1.05087
I believe staff needs to be empowered a little instead of following a red-tape ethic.	422	1.00	5.00	1.7393	.76956
Valid N (listwise)	261				

CHAPTER 6

DISCUSSION OF THE RESEARCH FINDINGS

6.1 INTRODUCTION

After having analysed the data, the researcher was able to identify areas that are important if the Regional hospitals are to deliver the services that they were established to deliver. These areas also happen to be a crucial part of the Performance Management and Development process.

6.2 THE DRAFTING AND SIGNING OF THE WORK PLAN

It is important to note that the majority of the respondents indicated that they had signed their work plans. That may seem very well and good, but it is not good enough. If the Regional hospitals are to deliver on their mandate they need to accept that not even a single employee should be without a work plan. A work plan is like the preparation for a journey. How do you embark on a journey without preparing yourself? The preparation could be poorly carried out, but it is must be done. The same thing should happen with the Regional hospitals. Perhaps the argument should be about the quality of these work plans, and not about whether or not they exist. There has to be an understanding that the work plan is an opportunity for the employee to be told first-hand what is expected of him and why. It is an opportunity for the employer, through the manager, to spell out the aim of the organisation and its targets. This then gives both the employee and the employer (manager) the opportunity to look at the resources available and come up with an agreement that what has been agreed upon can indeed be achieved within the given time-frames using the given resources, and so forth. If such a plan is not developed, then the organisation is less likely to succeed in its pursuit of service excellence. The data from the study suggests that while the majority of the respondents said that they had

work plans in place, the fact that some of the respondents do not is cause for concern.

6.3 CONSULTATION PRIOR TO THE SIGNING OF PERFORMANCE AGREEMENTS

Signing a performance agreement has serious implications. It is important therefore for management to consult with their subordinates prior to the signing of the performance agreement. Consultation involves discussing the work plan that has been drafted and agreed upon, and then setting down what would be called key performance areas. The subordinate needs to scrutinise each and every key performance area and satisfy himself or herself that he/she understands it the way management does. It is in this consultation stage where the subordinate has an opportunity to ask for clarity on any issue that he/she is not clear on. This agreement is a contract in which the employee is saying he/she understands what is expected of him/her and understands the implication of under-performing and over-performing. It is in this agreement that different scores for different levels of performances are allocated. Consultation should then leave no illusions as to what has been agreed upon. That is why the subordinate must be given enough time to fully understand what he/she is getting into. Looking at the results of this study, it is worth noting that there are employees within the KwaZulu-Natal Department of Health who said they had not been consulted prior to signing their performance agreements. That is not correct practice and it needs to be rectified. The relevant hypothesis to this discussion reads as follows:

Ho: Consultation with regards to the drafting and signing of work plans takes place well in advance prior to the signing of the performance agreements.

The above discussion suggests that the hypothesis must be rejected since the research revealed that the drafting and signing of the work plans does not take place well in advance prior to the signing of the performance agreements.

6.4 OFFICIAL ORIENTATION ON THE EXISTING PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM

While the majority of the respondents said that they had been formally oriented on the existing Performance Management and Development System (PMDS) that the Department is currently using, 17.1% of them disagreed. The KwaZulu-Natal Regional Hospitals employ more than 5000 workers, therefore if 17% of them say they have not been oriented on PMDS it is indeed cause for concern. 17.1% translates to more than 800 employees. That is not a small number. The Department has to ensure that staff is constantly reminded of PMDS because these determine their destiny in terms of career progression and personal development in general. There are many methods which can be used to ensure that staff comes to understand their PMDS, for example, they could be shown videos on one aspect of the system at a time during their staff meetings.

It is well and good to be oriented on PMDS, but the question is does one understand how the process works, what procedures must be followed and so forth. Understanding the procedures that have to be followed helps the subordinate, especially at times when the superior is unfair and biased. When the employee knows how the process should be conducted, he is in a better position to defend himself when his rights are violated. It is pleasing to note now that the majority of employees within the KwaZulu-Natal Regional hospitals have not only been oriented on PDMS, but have also been formally trained on it. This is perhaps why the majority of them believe that they have sufficient information to fully participate in their Performance Management and Development. While this is good, there is still a problem in that 19% of the respondents said that they do not have sufficient information to fully participate in their Performance Management and Development. There must be consistent interventions that aim at familiarising the staff with any relevant information pertaining to PMD. The hypothesis that is relevant to this discussion reads as follows:

Ho: The official orientation of existing performance management and development system is up to the mark.

The above hypothesis must be rejected even though it is only 19% of the respondents who said they were not given official orientation. 19% is quite a sizable number when one takes into account the population of the workforce within the KZN hospitals.

6.5 TRAINING OF STAFF WITHIN THE KZN REGIONAL HOSPITALS

It is important that staff is encouraged to attend courses that enable them to improve their performance. Previous studies suggest that in most cases when a decision has to be made as to which course a staff member must attend, this tends to be a unilateral decision by the manager. In other words, the manager or superior dictates to the staff member as to which course is to be attended. The results of this study showed that the KwaZulu-Natal Regional hospitals still have a huge task ahead of them on this one, because only 8% of the respondents strongly agreed and 44.9% mildly agreed, while on the other hand 29% strongly disagreed and 11% mildly disagreed. This suggests that a huge number of employees within these Regional hospitals are saying they have not been given a chance to give their input. Such courses may not be fully accepted by staff if they are forced upon them. If staff is involved in deciding which courses to attend and why, this may create a psychological acceptance of the need for such a course.

6.6 AVAILABILITY OF EQUIPMENT

Once the work plan has been put in place and the performance agreement has been signed clearly identifying key performance areas, the workers then have to get down to work. First of all, the workers need to have the necessary tools to perform their

tasks. It was important therefore for this study to find out if workers within the KwaZulu-Natal Regional hospitals actually feel that they have the necessary tools and equipment to perform their tasks. The research indicated that 28% disagreed and 9.8% strongly disagreed while only a very small percentage of 3.9% were unsure. This means that the KwaZulu-Natal Regional hospitals have a problem in this regard. These hospitals cannot be expected to perform at the level that has been set for them when the equipment necessary to enable them to perform at these levels is not there or is sub-standard. Government should ensure that the necessary resources are allocated to these hospitals so that they are fully equipped to perform their duties.

6.7 PERFORMANCE MONITORING

As has been explained in the previous chapters, the services that the Regional hospitals provide are of a specialist nature and are therefore unique. It would make sense to assume that, in such an environment, it would be expected that the performance of staff is constantly and consistently monitored. It was on that basis that the respondents in this study were asked to indicate whether or not they believed that their work was being monitored. Monitoring staff performance should not be aimed at catching staff doing the wrong things. Its purpose ought not to be punitive. It is a tool that should be used to guide the employee towards achieving what he/she set out to achieve in his or her work plan and performance agreement, and also helps the manager to measure the extent to which his staff has been able to meet organisational goals. In this study, 82.8% of the respondents said that their progress was being monitored by their immediate superiors. That is very encouraging, especially when one takes into account that only 4.3% held the opposite view.

The relevant hypothesis to this discussion reads as follows:

Ho: Staff performance is not monitored in the KZN regional hospitals.

In light of the above discussion the above hypothesis should be rejected.

6.8 PERFORMANCE EVALUATION

It is well and good to monitor staff performance, but without evaluating it, this is a futile exercise. Performance evaluation is important in that the employee's performance is judged against the performance agreement and key performance areas agreed upon. While it was encouraging to find out that more than 80% of the respondents said that their performances were being evaluated on a constant basis by their superiors, it was cause for concern, since there were some respondents who said their performance was not being evaluated, although only a very small percentage. It could be concluded that the Regional hospitals are doing well regarding the evaluation of their staff performance. Not only was it important to know that the performance of staff is being monitored in the Regional hospitals it was equally important to take note that the staff are given feedback on how they performed. It is important to note though that some respondents said that they were not satisfied with the manner in which feedback was given to them. The Department of Health will have to promote empathy on the part of management when issues around performance are discussed.

6.9 PERFORMANCE REWARDS

The reward system that the government is using generally is not entirely linked to performance. The salary increases are negotiated at union level and then passed over to the employees as if their performance is the same. There is a small portion of the salary increase that is performance-based, but it is negligible. In this study the respondents were asked to indicate whether or not they were satisfied with this type of reward system. 63% of the respondents said that the current reward system used by the government does not motivate them, and only 5.7% held the opposite view. What is confusing though is the fact that, when the same respondents were asked whether or not the inflation-linked salary increase must be scrapped and replaced by a performance-based one, there wasn't unanimous support for that view. In fact, 49%

supported that view and 35.7% did not. The researcher is mindful of the fact that the reward system does not only involve an employee's salary increase but involves other benefits as well. It would be interesting to know what the outcome would be if this topic were to be researched further.

The hypothesis that is relevant to this discussion is the one that reads as follows:

Ho: Performance rewards are not entirely linked to performance.

In view of what has been said above the above hypothesis should be accepted.

6.10 ESTABLISHMENT OF THE COMPETENCY CENTRE

It is a well-known fact that not all supervisors and managers are Human Resource specialists, and yet now and then they are expected to implement Human Resource principles. The subject of Performance Management and Development is broad and complex. It cannot be expected that supervisors and managers who are not specialists in the management of Human Resources can adequately perform this function without having a dedicated team or unit to assist them. There has to be a unit that will focus specifically on Performance Management and Development. This unit could be called the "Competency Centre" simply because its aim would be to encourage workers to be competent. It would be at this centre that the strategy to constantly inform workers about PMD means would be crafted. It would be at this Centre that managers would be taught how to conduct performance monitoring and evaluation. At this centre, workers could learn more about PMD. This would create consistency in terms of how PMD is interpreted and implemented. The notion of using different consultants creates inconsistencies.

The hypothesis that is relevant to this discussion reads as follows:

Ho: Ho: There is a great need for competency centres to ensure proper training and evaluation of performance.

The discussion reveals that there is a greater need for competency centres therefore the hypothesis should be accepted.

6.11 GENDER EQUITY

Generally speaking, women have empathy and are highly appreciated in the Health profession. It must however be borne in mind that the government of South Africa encourages gender equity in all Government Departments. This study revealed that women still form the majority of the work force in the Regional hospitals in KwaZulu-Natal. This is something that the KwaZulu-Natal Department of Health needs to work on.

6.12 CHANGE OF THE OLD CULTURE

The Regional hospitals need to change the way they do things. The culture of the Department includes a lot of factors, for example, the norm of doing things within the Department, the way staff relates to each other and the way they relate to the general public. This study revealed that the majority of the respondents believed that there has to be a change in the culture of the KwaZulu-Natal Regional hospitals. There is a trend in developing countries to model the public sector in a manner that resembles the private sector. If that is to happen, a lot of things need to change; the mind-set of the staff, the general upkeep of the hospitals and so forth. The hypothesis relevant to this reads as follows:

Ho: There is a new culture within the regional hospitals in the KwaZulu-Natal Department of Health in line with the modern health care systems.

In view of the above discussion the above hypothesis must be rejected.

6.13 CHANGES IN THE IMPLEMENTATION OF BATHO PELE PRINCIPLES

There has to be a unique way in which *Batho Pele* principles are practiced within the KwaZulu-Natal Regional hospitals. This should reflect the unique nature of the Regional hospitals. Currently, the general public cannot even tell which hospital is a

District and which is a Regional hospital, simply because in the eyes of the public the two distinct hospitals are the same.

6.14 CONCLUSION

This chapter has been able to highlight what the researcher viewed as the main findings of the research. It can be concluded that in areas on which the researcher obtained information about the KwaZulu-Natal Regional hospitals, they are not doing that well, although there are areas of improvement. The basics of a typical Performance Management and Development process are being followed.

CHAPTER 7

RECOMMENDATIONS AND CONCLUSION

7.1 INTRODUCTION

This chapter provides an indication as to whether the study has been able to achieve its aim and whether it answers the research questions. It will also provide the recommendations of the study and the conclusion.

7.2 ANSWERS TO THE RESEARCH QUESTION

Is there documented evidence of signed performance agreements and work plans?

The study sought to find out whether performance agreements were signed by the employees at the beginning of the year or not. Performance agreements spell out what is expected of the employee. They set parameters within which the employees must operate. They are a tool that helps managers realise whether their subordinates achieved the target outcomes within the prescribed time-frames. This therefore suggests that performance agreements are not a luxury but a necessity.

Ideally the performance agreements must be signed by each and every employee. The majority of respondents in this study indicated that at the beginning of the year they signed their performance agreements. Although this seems above board, one has to bear in mind that the performance agreement is a document that spells out what is expected of the employee and how he/she is expected to go about achieving the targeted outcome. If the employee did not sign a performance agreement how would the manager or immediate superior be able to hold the employee accountable? That would be difficult, if not impossible. It would then be better if all

the employees had signed their performance agreements, however, credit must be given to the Department that at least 75.7% said they signed them. If one looks at the percentage of the respondents who said that they had not signed their performance agreements, those totalled 12.9%. This may look like a negligible number, however, if one were to generalise such a percentage across the board, the situation looks dire, because it would mean that for every 1000 employees, 129 employees had not signed their performance agreements.

Do the Regional hospitals of the KwaZulu-Natal Department of Health manage performance in a consultative, supportive and non-discriminatory manner to enhance organisational efficiency and effectiveness, and accountability for the use of resources and the achievement of results?

The research revealed that out of a total of 439 respondents, 74.1% respondents that agreed that the performance management process within the Regional hospitals within the KZN Department of Health is managed in a consultative manner that does not discriminate. They also indicated that this enhanced the efficient use of the resources. The research also showed that the support that the respondents said they received from their superiors was not dependent on their salary level. In other words, across all grades or salary levels, the general feeling was that management was supportive and non-discriminatory. Just as in the case of the first research question, the 74.1% seems impressive, however, when one looks at the 22.80% who said there was a lack of consultation, one realises that the Department still needs to improve on this front. In conducting a successful performance management process the manager or supervisor needs to understand that it is a two-way process where the employee also needs to be given a chance to make suggestions, not only about his or her personal development, but also about how he/she thinks work can be improved. In some research papers managers have been accused of treating employees differently according to gender and even salary levels. A manager should

not respect an employee simply because he/she happens to belong to a certain gender or salary level but should be fair across the board.

Are all four integrated phases of the performance cycle implemented?

The four integrated phases of the performance cycle deal with performance planning and agreement, performance monitoring, development and control, performance appraisal, and managing the outcomes of assessment. Question 1 and Question 7 of the research instrument seek information on performance planning and the signing of performance agreements. Question 18 obtained information about the frequency at which the performances of the respondents were evaluated. The management of the outcomes of assessment includes obtaining information on the reward system which Question 21 aimed to obtain. The findings of the study revealed the following:

Firstly, the majority of the respondents, as has been explained above, indicated that they had signed their performance agreements. Only 12.9% said they had not signed them.

Secondly, the majority of the respondents said that there had been consultation between themselves and their supervisors prior to them signing their performance agreements. However the findings revealed that there was still a sizable number of the respondents who felt otherwise.

Thirdly, out of 97% of the respondents who answered the question as to whether or not they were formally oriented on the performance management and development system currently being used by government departments, 22.5% strongly agreed and 56.6% agreed. Combining the two percentages a total of 79.1% is derived. Only 17.6% of the respondents held a different view. This might seem a low figure, however, when one takes into account the total number of employees within all the Regional hospitals in KZN, one realises that this number is cause for concern.

Fourthly, the respondents indicated that over and above being formally oriented on the Performance Management and Development System currently being used by all government departments, they were also officially trained on procedures pertaining to Performance Management and Development. The findings showed that 16% felt strongly that they were officially trained on Performance Management and Development, while 50.8% mildly agreed, nevertheless, that is still a total of 66.8%. It is, however, cause for concern that a total of 28.4% respondents felt that they were not formally oriented.

Next, the majority of the respondents indicated that they had sufficient information to fully participate in their Performance Management and Development while a total of 19.7% felt otherwise. It would not be possible for employees to fully participate in their Performance Management and Development if they did not have sufficient information. Such information includes knowing the essence of performance management, i.e. what it means, what it entails, what it seeks to achieve and the consequences of having such a process in place. Such information also included familiarising themselves with the potential implications of over-performing or underperforming. There are rewards for over-performing while there could be some penalty for underperforming.

Last, but not least, the respondents gave an indication of how they feel about the current reward system that the government is using to motivate their employees. The response was that the majority of the respondents were happy with the system.

The above information suggests that one can conclude that the Regional hospitals in the KwaZulu-Natal Department of Health implement the four integrated phases of the performance cycle, however they need to work hard to reduce the weaknesses reflected by the answers to the various questions posed to the respondents.

Is Employee Performance Management and Development properly implemented within the Regional hospitals in the KwaZulu-Natal Department of Health?

Question 29 of the research instrument sought to find out whether or not the tasks performed by the respondents at their work place have deadlines. 16.1% strongly agreed and 63.4% agreed. This comprises a total of 79.5% of the respondents. Only 12.1% strongly disagreed and 4% mildly disagreed. This totals 16.1% of the total respondents. Only a small percentage, 4.4%, were unsure; perhaps this was because of the nature of their functions and not necessarily a lack of management on the part of the supervisors and managers. It can thus be concluded that generally, management allocates tasks with set deadlines.

Does management know how to implement the system and ensure that employees receive adequate training and possess sufficient information to be able to fully participate in the processes?

In answering the above research question the researcher looked at how the majority of the respondents reacted to a number of questions that they were asked to answer. The majority of the respondents indicated the following:

- They believed that they had signed their performance agreement and work plans having familiarised themselves with the potential implications of over-performing and underperforming.
- There was consultation between themselves and their supervisors prior to the signing of the performance agreements.
- They had been formally oriented about the Performance Management and Development system of the Department.
- They received official training on procedures pertaining to Performance Management and Development.

- They are asked to give input before a decision is made as to what training programs they must attend.
- They believe that their superiors are concerned about their personal development as evidenced by frequent discussions.
- They believe that their progress at work is being monitored by their supervisors.
- Their performances are regularly evaluated by their respective supervisors.
- They are satisfied with the manner in which feedback regarding their performance is given to them.
- They also gave responses regarding the reward system that is currently being used by the Government.

All the above are hallmarks of the proper implementation of the Performance Management and Development system. It must, however, be said that the research instrument could not gather information on all the variables that collectively form part of a proper implementation of a Performance Management system. Furthermore, it must be mentioned that not all the respondents felt this way. Nevertheless it can be said that the KZN Department of Health performs in an above average manner regarding the implementation of the system. This suggests that there is still room for improvement.

7.3 RECOMMENDATIONS

The following recommendations are based on the research findings and the discussion that has been advanced in Chapter Six:

- It is recommended that a dedicated Competency Centre for Performance Management and Development be set up within the KwaZulu-Natal Department of Health.

- A step-by-step approach on how to conduct Performance Management and Development should be developed so that this function is carried out in the same way across the board.
- Performance Management and Development must be conducted with the help of the new Competency Centre to ensure that there is a Human Resource specialist whenever main factors of Performance Management and Development are implemented.
- It is recommended that the Research Committee of the KwaZulu-Natal Department of Health come up with a strategy to improve the participation of their staff in research that involves their Performance Management and Development.
- It is recommended that the KwaZulu-Natal Department of Health come up with a deliberate drive to change the culture within the KwaZulu-Natal Regional hospitals so that they reflect the fact that they are specialists in the provision of their services. They must not appear like ordinary District hospitals as is currently the case.
- It is recommended that, with the implementation of the *Batho Pele* principles, the KwaZulu-Natal Department of Health come up with specific recommendations as to how these principles should be implemented within its Regional hospitals. This should be done in a manner which indicates the distinct nature of the Regional hospitals, not in the generic manner as suggested in the *Batho Pele* Change Management Booklet.
- It is recommended that the KwaZulu-Natal Department of Health align its operations so that there is co-ordination in the provision of services.

- It is recommended that all staff who work for the Regional hospitals be experienced staff who have worked for several years within a District hospital.
- It is recommended that the public must be informed of the challenges and successes of the Regional and other hospitals as a whole. This will ensure that the challenges that Public Health workers are faced with are appreciated by the general public.
- It is recommended that the Department of Health play a pivotal role in recommending to the National government that the salary increase must be performance-based just as in the private sector.
- It is recommended that research be conducted to obtain suggestions from public sector employees on how the current reward system can be reviewed.

The above recommendations stress the importance of structuring and managing the Regional hospitals in a unique manner that validates the fact that they are distinct from ordinary District hospitals. What is currently happening is that the general public does not even know that the hospitals are categorised as they are. To the general public all the hospitals are the same when in fact they are not. There is a feeling among staff within the KZN Regional hospitals that the general public is not aware of the challenges that they are facing as public servants. This implies that there should be a deliberate effort to keep the public aware of the challenges that the hospitals are facing. The 'fit one-fit all' approach in applying the *Batho Pele* principles must be stopped. Regional hospitals are unique, therefore their *Batho Pele* strategy must be unique to suit the environment and the challenges they deal with.

7.4 CONCLUSION

While the main purpose of this research was to answer the research questions, the underlying aim was also to unearth areas of further research. Despite a lot of

literature having been written on the subject of Performance Management and Development, its implementation has always been a challenge, not only for the public sector, but for the private sector as well. The analysis of the findings in this study has clearly indicated that, while there are clear successes in the implementation of this complex process, there have always been pockets of failure.

It is clear that the implementation of Performance Management and Development is bound to face difficulties in that; while it is being implemented, the public sector is not static but is undergoing a cultural change. The political landscape is also undergoing its own transformation. This has resulted in a change in the manner in which communities live and act. The societal culture has therefore evolved. It does not come as a surprise then that it has been difficult to implement Performance Management and Development as a process. It further suggests that it is not going to get any easier, since society, organisations, politics and other factors will continue to evolve.

The literature review on the subject shows that organisations, especially public sector institutions, have found it difficult to come up with clear-cut definitions of the indicators to measure Performance Management. Furthermore Performance Management itself is changing so that its meaning to one organisation may be very different to what it means for another organisation. Theory also questions the purpose of performance appraisals and whether they really measure what they purport to measure. The theory on performance monitoring within the public sector suggests that some of the problems that affect the effective implementation of Performance Management in the public sector is reliance on the private sector. While proponents of the tender system argue that procuring goods and services from the private sector reduces costs, here in South Africa the opposite has been experienced. In conclusion, without the existence of a better alternative to the existing process of Performance Management and Development, organisations need

to continue to use it because that is better than not using anything to monitor, measure, and reward performance.

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ANNEXURES

ANNEXURE 1- LETTER OF INFORMED CONSENT

Informed Consent Letter 3C

**UNIVERSITY OF KWAZULU-NATAL
COLLEGE OF LAW AND MANAGEMENT STUDIES**

Dear Respondent,

Doctor of Philosophy Research Project
Researcher: Wellington Zondi (0719293099/ 0333984923)
Supervisor: Dr TI Nzimakwe (031-260 2606)
Research Office: Ms P Ximba (031-260 3587)

I, Wellington Bonginkosi Zondi, am a PhD student, at the School of Leadership, of the University of KwaZulu-Natal. You are invited to participate in a research project entitled Employee Performance Management and Development within the Regional Hospitals in the KwaZulu-Natal Department of Health.

The aim of this study is to establish the extent to which managers within the Regional Hospitals in the KwaZulu-Natal Department of Health use the Department's Performance Management and Development system to enhance staff performance.

Through your participation I hope to understand Employee Performance Management and Development. The results of the survey are intended to contribute to the body of knowledge on employee performance management and development and could be used by students in furthering their understanding of employee performance management as a tool to enhance worker performance and development.

Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this survey group. Confidentiality and anonymity of records identifying you as a participant will be maintained by the Graduate School of Business, UKZN.

If you have any questions or concerns about completing the questionnaire or about participating in this study, you may contact me or my supervisor at the numbers listed above. The survey should take you about 20 minutes to complete. I hope you will take the time to complete this survey.

Sincerely

Investigator's signature _____ Date _____

This page is to be retained by participant

UNIVERSITY OF KWAZULU-NATAL
COLLEGE OF LAW AND MANAGEMENT STUDIES

Doctor of Philosophy Research Project
Researcher: Wellington Bonginkosi Zondi (0744127054/0333984923)
Supervisor: Dr TI Nzimakwe (031-260 2606)
Research Officer: Ms P Ximba (031-260 3587)

CONSENT

I hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

SIGNATURE OF PARTICIPANT.....

DATE.....

This page is to be retained by researcher

ANNEXURE 2- RESEARCH INSTRUMENT

QUESTIONNAIRE

Section 1

Tick the appropriate box :

1. Gender

Male

Female

2. Age group

<30 years

30-40 years

40-50 years

>50 years

3. How long have you worked here

<1 year

1-5 years

5-10year

>10years

4. What is your salary level (eg. Level 13)

5. Indicate the component in which you work

5.1 Supply chain management

5.2 Human Resources Management

5.3 Corporate Services

5.4 Monitoring and evaluation

5.5 Other (indicate)

SECTION 2

Question 1

I signed my Performance Agreement at the beginning of the year.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 2

Before signing my Performance Agreement I had a meeting with my immediate superior to discuss the objectives of our component and what was expected of me.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 3

I have been formally orientated about the Performance Management and development System that is applicable to all Government employees.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 4

I have received official training about procedures pertaining to Performance Management and Development.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 5

I believe I have sufficient information to fully participate in my Performance Management and Development.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 6

I believe I fully participate in my Performance Management and Development and I am not dictated to by my immediate superior.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 7

I believed that I signed my Performance Agreement and Work Plan having familiarized myself with the potential implications of over performing and underperforming.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 8

I believe I have been to adequate training programs and they have helped me improve my performance and personal development.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 9

I am always asked to give input before a decision is made on what training programmes I must attend.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 10

I have been trained on operational policies and procedures applicable to our unit.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 11

I believe my superior is concerned about my Personal Development because we frequently discuss it.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 12

I believe that job rotation can enhance performance and personal development within the Department

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 13

I believe that job rotation as a strategy is not being used in my component.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 14

I believe exchange programs between similar components within the Department can provide a platform for sharing best practices thus enhancing performance and personal development of employees.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 15

The existing non-monetary service excellence awards serve as motivation for employees to perform optimally.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 16

I believe that one of the challenges we are facing as the KZN Department of Health is culture change.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 17

I believe that my progress at work is being monitored by my supervisor.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 18

My performance is evaluated by my supervisor on a regular basis.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 19

My supervisor and my entire management play a major role in encouraging a good relationship among us as team members.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 20

I am satisfied with the manner in which feedback is regarding my performance is given to me.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 21

Reward system currently being used by the Government does not motivate me

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 22

In my opinion the inflation-based salary increase given to all Government employees across the board must be scrapped and replaced by a performance based salary increase.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 23

In my opinion it would help to have a dedicated Competency Centre for Performance Management and Development

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 24

I would be happy if I were to be transferred to another unit or Department.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 25

I have been in my unit for a very long time I no longer enjoy working in it.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 26

In my day to day dealing with my fellow colleagues I feel they perform their duties very well.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 27

My Supervisor always checks whether I have been able to complete my tasks within set deadlines.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 28

I have all the basic equipment necessary for me to perform my tasks unhindered.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 29

The tasks that I perform in my unit always have deadlines.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 30

I feel most of my colleagues at times do not pull their weight because they are not held accountable for their actions.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question31

I feel that at times my performance is negatively affected by lack of co-ordination between the various units within my Department.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 32

I believe that the general public is too harsh to us as a Department of Health, they do not know the challenges we are faced with.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 33

In my opinion I feel the different components of the entire KZN Department of Health do not work in co-ordination and that affects the performance of staff.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 34

I believe that although our resources are limited we can still improve our image as the KZN Department of Health provided we work in co-ordination instead of working in silos.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Question 35

I believe staff needs to be empowered a little bit instead of following the red tape.

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

THANK YOU VERY MUCH FOR PARTICIPATING

ANNEXURE 3-ETHICAL CLEARANCE



UNIVERSITY OF
KWAZULU-NATALTM
INYUVESI
YAKWAZULU-NATALI

15 June 2012

Mr Bonginkosi W Zondi 871878628
Graduate School of Business & Leadership

Dear Mr Zondi

Protocol Reference Number: HSS/1190/011D
PROJECT TITLE: Employee Performance Management and Development within the Regional Hospitals in
the KwaZulu-Natal Department of Health

EXPEDITED APPROVAL

This letter serves to notify you that your application in connection with the above has now been granted full approval following your response to queries raised by the Humanities and Social Sciences Research Ethics Committee.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach/Methods must be reviewed and approved through an amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the school/department for a period of 5 years

Best wishes for the successful completion of your research protocol.

Yours faithfully

.....
Professor Steven Collings (Chair)
/pk

cc Supervisor Dr Abdul Kader
cc Ms Wendy Clarke

Professor S Collings (Chair)
Humanities & Social SC Research Ethics Committee
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban, 4000, South Africa

Telephone: +27 (0)31 260 3587/8350 Facsimile: +27 (0)31 260 4609 Email: ximbap@ukzn.ac.za / snymanm@ukzn.ac.za

Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

Inspiring Greatness



**ANNEXURE 4-PERMISSION FROM THE DEPARTMENT OF HEALTH TO
CONDUCT RESEARCH**



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Health Research & Knowledge Management sub-component
10 – 103 Natalia Building, 330 Langalibalele Street

Private Bag x9051
Pietermaritzburg
3200

Tel.: 033 – 3953189

Fax.: 033 – 394 3782

Email.: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

Reference : HRKM 184/11
Enquiries : Mr X Xaba
Tel : 033 – 395 2805

Dear Mr WB Zondi

Subject: Approval of a Research Proposal

1. The research proposal titled '**Employee performance management and development within regional hospitals in the KwaZulu Natal Department of Health**' was reviewed by the KwaZulu-Natal Department of Health.

The proposal is hereby **approved** for research to be undertaken at Grey's, Edendale, King Edward VIII, Port Shepstone, Prince Mshiyeni Memorial Hospital, Mahatma Gandhi, Ladysmith, Stanger hospitals. Data collection is scheduled for a period of 8 months.

2. You are requested to take note of the following:
 - a. Make the necessary arrangement with the identified facility before commencing with your research project.
 - b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.
3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

Dr E Lutge

Chairperson, Health Research Committee

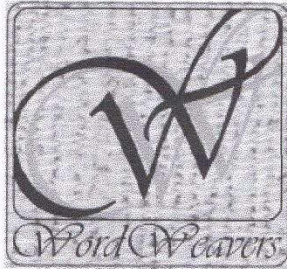
KwaZulu-Natal Department of Health

Date: 31/05/2012

uMnyango Wezempilo . Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

ANNEXURE 5: EDITOR'S REPORT



7 Woodlands Rd
GLENWOOD
DURBAN
4001
083 415 2531

19 December 2012

Reg. No. 2006/156780/23

EDITOR'S REPORT

This report serves to state that the dissertation submitted by Bonginkosi Wellington Zondi, in fulfillment of the requirements for the degree of Doctor of Business Administration, has been edited, and is his own work.

The dissertation was edited for errors in syntax, grammar, punctuation and the referencing system used.

Thank-you for your business.

Pogg
Pauline Fogg
On behalf of Word Weavers