

UNIVERSITY OF KWA ZULU NATAL

**CHALLENGES FACING MIDDLE MANAGERS IN PERFORMANCE
MANAGEMENT IN A PUBLIC HOSPITAL IN SOUTH AFRICA**

By

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DECLARATION

IMrs Sarika Sujan..... declare that:

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Abstract

Health service delivery has come under international scrutiny with harsh intolerances to financial mismanagement, inefficient services and poor quality management. The realities of public health service functioning beyond demand thresholds have strained health service organizations in public domain globally. Reduced funding envelopes have tarnished the potential of the public health service industry to perform effectively and efficiently to deliver organisational objectives, placing a large portion of this burden of challenges on middle managers. The aim of this study was to identify the challenges and influential determinants of performance management on middle managers. The representation of the middle management workforce was of 78 respondents' from a sample population of 90. Purposive sampling method was deployed. The dominant gender profile was that of females (77%), the highest age group was between 41years and 50 years comprising 41%, whilst the age group between ages of 31 years and 40 years comprised 33%. Greater than 50 of the respondents were African (56%) followed by Indian (37%). The nursing component was the highest featuring component represented by 39.7% followed by the Medical component (19%). Greater than three quarters of the participants were working for less than 10 years. A self-administered questionnaire was utilised. The study indicated that high staff turnover, decreased staff morale and increased client waiting times were perceived challenges encountered by middle managers. Influential determinants of performance management for middle managers ranged from organizational climate, motivation and commitment factors, quality management and competencies. The study revealed that challenges were significantly negatively related to performance using the Pearson correlation analysis. It is recommended that this public hospital should focus on decreasing the attrition rates of staff, enabling conducive organizational climate with supervisory support, training and development initiatives and upskilling competencies. The study will benefit the various tiers of the organizational hierarchy in mitigation measures as deemed viable.

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CHAPTER ONE

Introduction

1.1 Introduction

Middle managers are key influential stakeholders who maintain the vital role of eliciting the desirable outcomes in an organisation. Middle managers have been described as role players in an organization that have both superiors and subordinates, aligning vertical functioning groups, not being responsible for the organisational workflow, but for the sub-groups functionality (Van Rensburg, Davis & Venter, 2012: 2). The development of operational outcomes emanating from formal institutional objectives, maintaining the liaison figure between the cadres of top management and the operational workforce, positions middle managers in a pivotal organisational role (Giauque, 2014: 70). This central role of middle managers requires the skilful and tactful use of fiscal and human resources to enable the strategic intent via effective performance management measures. However, various challenges prevent the middle manager from applying the desired performance management measures.

In this chapter, an overview of the motivation of the study will be presented, highlighting the stakeholders that will benefit from this study. The various elements and dimensions will be discussed. A description of the problem statement as well as research questions will be identified. The objectives of this particular study will be stated with the possible outcomes. And lastly, a brief overview on the limitations of the study will be presented.

1.2 Motivation for the study

Stanger Hospital is a provincial hospital that provides health services to the uninsured population of ILembe health district in Kwa Zulu Natal, South Africa. Numerous challenges are currently impacting negatively on the hospital highlighted as the cost drivers of increased adverse events resulting in litigation, negative media publicity, high turnover of the workforce, increased client waiting

times, lowered staff morale and clinical indicators of increase in average length of patient stay and bed occupancy rates. Middle managers are required to manage these challenges to ensure optimal organizational performance. The development of Health policy is undertaken at a National level. Responsibility is thereafter delegated at provincial level directing the institutional management to ensure compliance is obtained in achieving the strategic national health objectives. It is at this juncture that challenges are experienced by top management and through default of structural roles, middle and lower level management. The mechanistic authority lines with reference to the health funding envelope poses constraints in achieving broad scale objectives.

As a result, global trends evidenced over the past two (2) decades indicate counteractive strategies to the traditional government led initiation of policy and decision frameworks. The traditional government led policy process was not aligned, nor sensitive to organisational needs, resulting in inefficiencies and poor quality healthcare services. The governmental orientated regulatory processes and systems will be the norm globally, inhibiting the greater degree of autonomous discretion in the arena of public hospitals, however, delegation for micro level decision making in operational performance at the institutional level will be the much desired game changer that will aspire to enhance organisational operational efficiencies. The economic theory is aligned to autonomy drives for public healthcare organisations founded on the intrinsic premise that inefficiencies are the result of a monopolistic public administrative functionality. Autonomy can be used in decisions around high impact performance drivers, namely human and fiscal resources, service re deployment, infrastructure management and strategic business decisions (Cameron et al, 2015: 779). However, the desire for autonomy is followed by the risk of the increased responsibility, whereas government provides for a financial safety net or buffer in the traditional health system. It is the perceived value of the managers that impacts on performance and not the autonomy itself.

This study will benefit:

- Senior management in soliciting an overview of perceptions of the challenges encountered by middle managers. The senior management can

utilise this study as a point of reference regarding a critical group of the workforce.

- Middle managers have had an opportunity to contemplate the issues that plague their functionality in the achievement towards organisational performance. The study has provided a point of reflection, and a means to share their views and perceptions.
- Human resource management will derive benefit in understanding workplace challenges as related to impact on performance and opt to mitigate using human resource strategies.
- The clients will benefit in the long term, through this process of identification of challenges that impact on organisational performance which translates in to type of service received.
- The study will benefit prospective research students who could use this dissertation as a point of reference.

This study will provide a basis of scientific platform to identify the challenges that impact on performance management within Stanger Hospital. Every challenge has an inherent cost characteristic, and it is envisaged that this study will assist in:

- Understanding the various challenges that impact on performance management
- Identify influential determinants on performance management that are identified as challenges by middle managers; and
- Possible recommendations will be made that will assist in mitigation of challenges.

1.3 Focus of the study

The challenges facing middle managers will be operationalised from the dimensions of:

- Quantifiable challenges that are monitored as hospital indicators of organizational efficiency

Managers in health service settings and policy development bodies are zoning in on waiting times as significant in measuring efficiency of the deployed health service. Pillay et al (2011: 506) assessed the contributory

factors in lengthy waiting times and identified poor staff attitude, inefficient work systems, increased workload, and challenges specific to management and supervisory level and inadequate suboptimal resources as influential factors.

- Organizational climate

Giauque (2015) investigated the perceived attitude of middle managers towards the dynamic public hospital setting, suggesting future research on the influential organisational factors that produce positive change behaviour. However, a significant gap was the lack of identifying the current attitude of middle managers to challenges, which would have formed a comparative baseline.

- Quality management ;

The countries within the African continent have shared the consistent challenges in health care noted as inefficiencies in sourcing and procuring of drug and health service consumables, suboptimal quality of health care, inability in restoration and upgrading of the health care infrastructure, logistic and technological challenges; poor staffing norms; poor capacity in delivering health service in relation to the consistently growing number of health care users; and poor clinical governance from the policy developers(Sakyi, Atinga and Adzei, 2012: 178). This study by Sakyi, Atinga & Adzei (2012) had a significant limitation which was noted as a non comprehensive elicitation of the challenges encountered by managers in securing the planned organisational outcomes.

- Competencies which will include planning and assessment, human resource management, information and financial management and facilities and material management as well as performance management measures:

Sorenson et al (2013: 709) supports the existing knowledge, in the dimension of management competencies, as being a key influential determinant of performance management. The organisational inhibitory performance factors were surveyed with a focus on functionality and health service manager's accountability in delivery of quality health care. The

efficiency and effectiveness factors were qualified, the leverage of health service management, strategic intent and strategy deployment to desired performance measures of the organisation as well as the attitude of management were the key study dimensions. Pillay (2010) identified three intrinsic skills as crucial for public health service managers. These skills included management of self, people management and skills management. This study indicated deficiencies in administrative and management capacity of health sector managers in South Africa. This further suggests the need to identify and qualify the dimensions of these challenges to the cadre of middle managers.

The dimensions excluded will be organisational behaviour as influencers of performance management.

In this study, there is an expectation that the quantitative data will provide clarity to the aspects of performance management and the resultant impact on the performance measures in the organisation. The additional expectations for this study are that the respondent's participative role will impact on awareness of prevailing hurdles and challenges that influence the outcomes of organisational performance. Middle managers will have the opportunity to share their perspectives and this creates a supportive realm on an extrinsic note.

The purpose of the study will be to test the organisational support theory that relates the challenges faced by middle managers (independent variable) at Stanger Hospital to the impact on performance management measures (dependent variable).

1.4 Problem Statement

The study focuses on the challenges encountered by middle managers in the domain of performance management in a public health service setting.

According to Stock and McDermott (2011:153), hospitals operating in higher volumes above the efficiency level capacity will result in organisations not meeting objectives or desired performance measures. These contextual problems create challenges that managers are unable to resolve on a short or medium term. Tsai (2014) argues that hospital employees must undergo a continuous process of

learning and development to enhance health care skills and provide optimal service that lends itself to superseded organisational performance measures.

Building blocks that support performance management are defined job descriptions with clear objectives, authority and accountability channels, awareness of institutional mission and a drive towards enhanced work outcomes(Lutwama, Roos and Dolama: 2013: 9). Kagaari, Munene and Ntayi(2010: 507-508) highlight that performance management is a method of obtaining optimal results from the entire institution or individual workers by ensuring there is a transparent awareness and management of performance within a context of a consensus derived framework of required standards, goals and competencies. This has an inherent requirement of attention to the attitude of employees that enhances the employer- employee relationship.

These requirements include commitment, a perceived psychological obligation and satisfaction of the job. Various quantifiable challenges of staff attitudes, non functional work systems, work overload and supervisory incapacities have been cited as contributory to organisational inefficiencies. The organisational climate that influences change behaviour as well as the aspects of quality management that influence performance management have been identified as strong contributory factors that enhance or erode performance management. The competency arena that features elements of planning and assessment have been highlighted as a predictor and enabler of optimal performance management outcomes. A strong argument that follows is that performance management outcomes in public sector entities are heavily impacted by the organisational factors which lean towards the understanding that the behavioural impacts in performance management processes are as integral as the economic impacts in public or state organization(Kagaari, Munene and Ntayi, 2010: 507-508).

The setting for this study is a public hospital in the ILembe health district. The hospital is the only health service provider for regional or specialised health services in this health district. As a result, the organisation positions itself as a higher volume hospital. A resultant impact to middle managers is the various degrees of challenges encountered on a frequent basis (Stock and McDermott,

2011: 154-155). This thesis seeks to identify the challenges facing the middle managers in performance management.

1.5 Objectives of the study

- I. To identify which of the organisational indicators, as linked to performance management, are encountered as challenges by middle managers in a public health setting.
- II. To identify the influential determinants on performance management.
- III. To determine the relationship between the challenges facing middle managers and performance management measures.
- IV. To make recommendations to the organizational management based on the findings.

1.6 Research Questions

What are the challenges that middle managers in a public hospital setting face that leads to inefficiencies in performance management measures?

Sub questions:

- What are the organisational indicators, as linked to performance management that are encountered as challenges by middle managers in the public hospital setting?
- What are the influential determinants on performance management?
- Is there a relationship between the challenges facing middle managers and performance management measures?
- What are the recommendations that can be made to the organizational management based on the findings?

1.7 Scope of the study

- The small sample size in this study was restricted to the number of respondents who were in the middle management tier of the organisational hierarchy. It was not feasible due to the logistics of place, to extend the target group of 'middle managers' to other hospitals.

- Questionnaires were self-administered; hence a manual “delivery” method for contact with respondents was time consuming. This was the only favourable method as the sample population did not all have access to internet facility for the use of electronic based questionnaires.
- The flow in obtaining ethical clearance was not smooth and time efficient. For the researcher, permission from the institution was firstly required, which was submitted to the relevant University of Kwa Zulu Natal Ethics Committee. Delays were experienced at this juncture as well as in the subsequent request for “ethical clearance” from the Kwa Zulu Natal Health Department’s Ethics Committee. Extreme delays were experienced at this point as well.

1.8 Chapter Summary

The challenges as encountered by middle managers are not unique to middle managers at Stanger hospital, or the health service industry. Various intrinsic and extrinsic factors play a pivotal role in creating a dynamic working environment globally. Global financial duress, the organizational climate and various competencies are deemed, amongst other factors as influential determinants of performance management.

In this study, it was the intention to elicit real-time information that will add value to understand and conceptualize those factors that impact and influence performance management as encountered by middle managers. There is potential of this information obtained in this study to influence policy both within this setting, as well as applied to other public hospitals could be profound. Middle managers could relate to the findings and eliminate the tedious process of trial and error resolutions on a fragmented scale in each department. The study may possibly not add to generation of new knowledge as relates to theoretical foundations, but may add to a deeper contextual understanding of the research problem and subjects. Current controversies that middle managers are challenged with can reach clarity levels for rational diagnosis and points of reference for resolution.

The next chapter seeks to identify the scientific and literary basis of the concepts, construct and theories as relevant to this domain of discussion.

CHAPTER TWO

Literature Review

2.1 Introduction

The aim of the study was to identify the challenges encountered by middle managers in Stanger Hospital. A comprehensive investigation was required to identify challenges encountered by middle managers predominantly in health industries. In order to gauge the impact on performance management, extrapolation of challenges experienced by middle managers irrespective of type of industry, was required. Performance management in the sphere of public health service industry was investigated.

This chapter will describe the middle manager by definition and explore the “role-tension” challenges encountered. Performance management will be defined and explored. Associated theories will be highlighted as well as describing the health industry landscape. An overview of the quantifiable challenges as measured in the organisation for organisational efficiency, will then be undertaken, followed by investigations into the domains of organisational climate, quality management and competencies and associated relationship to performance management will be extricated.

2.2 Performance Management

2.2.1. Definition

Performance management is a method of eliciting outcomes from the entire organization, groups or individual employees within a framework that prescribes an understanding and management of that performance aligned to standards, competencies and outcomes (Kagaari, Munene and Ntayi, 2010: 507). Dey, Hariharan and Despic (2008:445) augment this to add that performance management is the complementary activities of developing, executing and quantifying improvement measurable. The measurement of performance is the monitoring of and embedded controls aligned to the institutional activities in the

elicitation of the preplanned goals or objectives. These activity outcomes are utilised to measure the efficiency and the effectiveness of the predefined objectives.

2.2.2 Dimensions of Performance Management

Historically, performance management has been approached from a three dimensional angle: 1. Results; 2. People and 3. Process.

The more significant dimension are the results, whether to evaluate indicator trends or gauge cost/ profit outcomes (Wilkes et al,2014: 24-25; Dey, Hariharan and Despica, 2008: 444-445).Process approach incorporates aspects of unpacking objectives and key performance indicators(KPI's), monitoring and evaluation of performance, aligning budgets inclusive of resources to developed plans. This process dimension is entrenched on a financially orientated platform. An emanating risk identified is that process tends to lean strongly towards a prescriptive alignment to process elements to the detriment of target performance outcomes. People dimension addresses inspiring and enhancing personnel performance and optimizing intercollaboration. This includes leadership motivation to achieve a drive of multisectoral interrelationships to achieve organizational objectives. The people dimension allows for a robust engagement amongst all tiers of personnel that allows for less resistance to change, or new processes (Wilkes et al, 2014: 25-27).

It has been established that the performance based measurements process is inclusive of various factors. It is evidenced that the metrics to define and quantify clinical outcomes do not suffice with a basic information system, but rather, a collaborative, integrative entrenched health information system will be able to effectively measure outcomes and gauge bottlenecks in the various vertical and horizontal workflows Dey, Hariharan and Despica, 2008: 446).

Various approaches for establishing performance measures include planning, control, human resource and service outcome measures. The result of these approaches led to a system that breeds elements in performance management, namely to have balance, foster integration, to direct strategy, create value, and enhance stakeholder inputs. However, by the nature of the varied approaches to

performance management, organisations of similar and different strains will differ in performance management on both a structural and operational level (Bititci, Mendibel, Martinez and Albores (2005, 333- 336).

Comparative countries with health care employee problems in performance management are attributed to a non-existent performance management system, void job descriptions, inadequate or poor attention to training needs, non-existent supervisory support and assessment systems (Lutwama, Roos and Dolama, 2013: 2)

Performance indicators are noted as standard practice in organizations. The elements of which can range from cost and profit analysis to monitoring and evaluation of both qualitative as well as quantitative data elements. These elements zoom in to align to individualized organizational specific strategic and operational functions. A conclusion derived on performance management is that there is no single best fit systems that is generic to all organizations, let alone one organization. This is due to the dynamic nature of organizations where different situations warrant different approaches. And by virtue of this statement, lies the continuous dissatisfaction with performance management (Wilkes, Yip and Simmons, 2011: 22-23).

Personal work performance refers to defined activities and behavioural output as aligned to the organisational objectives. These activities and behaviours are intrinsic to the employee, and hence should not contain external elements that are not at the discretion of the employee to control. The work performance materials should inculcate the specifics of the job aligned to elements of structure, knowledge and skill requirement measures. Of essence, job descriptions and work plans form an essential framework that maps the required activities to achieve set targets and goals within set timelines (Koopmans et al, 2013: 7-8).

A critical element of performance management is related to steering and being supportive of employees to conduct their work functions in an effective and efficient manner in alignment to the organizational needs. This requires sensitive attention to the attitudes of employees that enhances a positive relationship between employees and managers or employers. The various factors impacting on this attitude include satisfaction of the job, work commitment and the underlying

psychological agreement between employer and employee. As pre-empted by the agency theory, the actors in the primary roles, the employee and employer are intrinsically programmed to maximize benefit derived to the respective personalized role (Kagaari, Munene and Ntayi, 2010: 507-509).

2.2.3 Performance Management Discussion

Wilkes et al(2014:23-24) highlighted the dissatisfaction amongst managers with performance management for the reasons cited as KPI's are an inadequate indicator of business outcome; the appropriate performance related data are not available when required; frail performance culture; poor review of information to facilitate improvement; lack of stakeholder involvement; information management environment does not enable performance outcomes required, the performance framework is not dynamic; planning and performance processes are not congruent; institutional objectives are not disseminated throughout institution and personnel incapacity to enact change.

De Waal and Counet (2009) have highlighted the importance of a sound performance management system, which has increased in the past decade. However, an increased failure rate has also seen many organizations abandoning the Performance Management System. The top ten cited reasons for failed Performance Management systems include lack of performance management culture; poor management commitment; low priority for management on implementation of performance management; perspective of low benefit from performance management system; employees not aligned to appropriate management style; resistance of individual employees to this system; a great emphasis on results with minimal attention to organizational change process; unclear and incomprehensive organizational strategy and a large number of KPI's. Arguably, performance management systems are noted to be used for punitive recourse in settling emotionally based "scores", whereas ideally, such a system can be used for ongoing development, mentoring and improvement. Another point of note in this study, was that performance management system was not merely providing tools for external reporting but was undoubtedly a mechanism to review internal controls, which if ignored, undermines the efficacy of a performance management systems.

According to Lutwama, Roos and Dolama (2013: 2), performance management is an essential element of human resource management that allows for the efficient use of inadequately available resources. It is an ongoing process of developing and measuring individual or team performance as aligned to strategic outcomes. Herein lies three vital functions of performance management which comprise of developmental, administrative and strategic components. Developmental addresses identification of data that views strengths and weaknesses of personnel. Administrative component assists managers in decisions related to rewards, salary increases and promotions. Strategic aspect aligns employee performance to institutional objectives.

Wilkes, Yip and Simmons (2011) argue that performance management may not impact directly on the institutions strategic position but can position the institution in optimal performance grid. Elements that comprise Performance Management are namely, KPI's, qualitative indicators supported by information technology, cultural change programs addressing behaviour and capacity, and the establishment of a learning organization.

Various studies have unravelled the spheres and importance of performance management in the government funded health service industry. However, there is a large void in awareness of the challenges encountered by managers in the public health service industry managers, who aim to quantify the institutional outputs and have looped feedback mechanism aimed at improving performance (Pettas and Giannikos, 2014: 140).

Lutwama et al (2013: 2) state that performance management comprises is a six step methodology which commences with awareness of job function and organizational mission; 2. Planning, 3.Execution, 4.Assessment, 5. Review and 6. Renewal. De Waal and Counet(2009: 369-371), emphasize that if goals are not unpacked into simplistic desirables, organizational levels at the lower end will develop a different set of performance or departmental indicators that will contravene that of organizational performance indicators.

Cutler (2011:130), highlights that performance management comprises of three sectors: a problem arising from policy that needs to be managed; the actual performance measures or the key defined indicators; and the process orientated

facilitation of remedial intervention. The indicators are both financial and non – monetary.

Bititci, Medibil, Matinez and Albores (2005) have identified common themes in reviewing available data on efficient performance management. These themes of a performance management system are, a balanced system that incorporates all stakeholders; an integrated system that interweaves relationships amongst the varied measures; provide an informative direction for strategy and not emanate from strategy, be able to implement strategy into all ambits of the organization; have a value focus derived from the business process; be orientated to individual business units; highlight competencies for value creation and sustainability; encompass stakeholder involvement.

Khadka, Gurung and Chaulagain (2013, 64) have reinforced the competency framework as derived from the Public Service and Administration department of South Africa. This framework emphasises the need of a set of competencies that all managers must possess to elicit successful outcomes in performance management. These competencies border on strategy, leadership, governance, innovation, client focus, problem resolution, information, knowledge and communication, and Human Resource management.

The people aspects of performance management in terms of management and motivation are congruent with the aspirational dimension, which focuses on collaboration, teamwork, cohesiveness of segments, ongoing learning and development which transcends to governance and accountability. This is a supportive arm for strategic direction and management (Wilkes, Yip and Simmons, 2014: 27).

The outcomes of practices of performance management in health care organisations are impacted by organizational elements and factors that indicate that the psychological and behavioural effects are as critically important as is the financial factors of public health organisations, especially in the domain of performance management practices (Kagaari, Munene and Ntayi, 2010: 511).

In a study conducted by Van Rensburg, Davis and Venter(2012: 12), it was identified that middle managers do not limit themselves to monitoring

performance(timely staff meetings to review formal performance objectives and address the identified gaps with tangible action plans), but also train subordinates during opportune times. This training is most often on basic pre job requirements that employees lack. This study was representative of public and private industries in South Africa. Hence, performance management requires a level of sensitivity and caution in the South African environment due to historical legacy education that has been noted to impact in the quality of throughput professional qualifications and professional competencies. Managers in all spectres of South African industries, as would apply globally as well, require training on labour relations management. This would suffice for managers to ensure human resource management is performed within a legal framework that capacitates mangers to implement effective and legally astute decisions. This realm of challenges has also been noted to impact on time management of subordinates in task execution as lack of adequate skill hampers timeous health service rendering.

Dey, Hariharan and Despic (2008: 446) suggest that competencies, quality based initiatives and related frameworks that impact on performance management with strategy focused intention, are not covered in literary work, hence a gap was identified.

2.3 Performance Management and Organisational Performance

Organisational performance is highlighted as the measure of efficiency (defined as the estimate for the optimal productive use of resources to elicit goals) and effectiveness (defined as the evaluation of appropriateness of predefined goals in eliciting organisational outcomes (Jones and George, 2011: 47; Crumpton, 2013: 21).

Performance management is a critical element of human resource management that allows for optimal and effective utilisation of scarce resources. It is an ongoing process of identification, measurement and development of individual and team based performance which is congruent with the organizations strategic goals. Three distinctive functions of performance management include development, administration and strategy (Lutwama, Roos and Dolama: 2013: 1). Middle managers are the evaluators of appropriateness of organisational objectives, providing meaningful recommendations to executive management. The

consequential effects are of significance for integration of operational, tactical and strategic objectives. This role outcome has influence on strengthening competitive advantage which in the arena of the public hospital setting, aims to enhance quality and efficiency, create higher levels of customer responsiveness (Jones and George, 2011: 48-61).

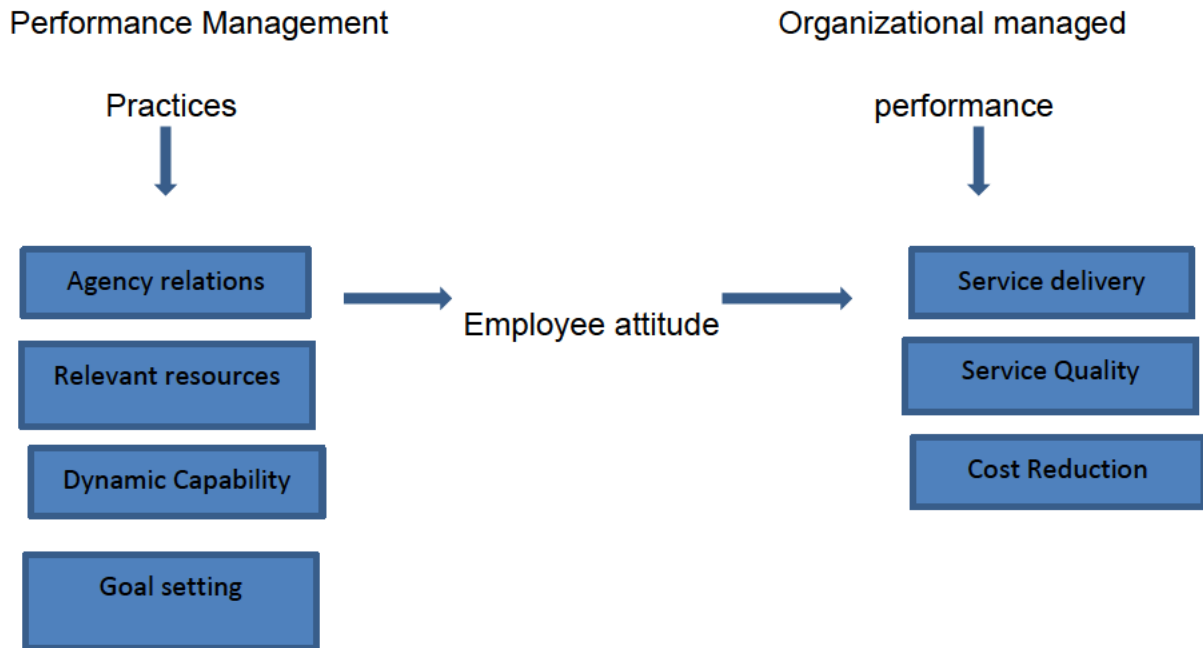


Figure 2.1 Agency model of interrelationships between performance management Practices and Organizational Managed performance

(Kagaari, Munene and Ntaji, 2010: 509)

In performance management, the strategic function aligns the workers' functionality to the organizational strategy, administrative function facilitates provision of key information to assist managers in pivotal decision making, namely salary raises, career advancement, rewards and acknowledgments, whilst the developmental function ensures the availability of information based on strengths and weaknesses of the incumbent health care workers (Lutwama, Roos and Dolama: 2013: 1-3).

On a global platform, there is a growing trend of escalating health care expenses accompanied the elevated demand for health services. This influence hospital managers to prioritize limited resources in the provision of optimal health service. A focal point in securing successful organisational performance is the collaborative

systems approach to facilitate the most significant resource to align to eliciting organisational objectives, that being human resources. This approach includes strategy development and review on a cyclic process. Hospitals are noted to function on a highly differentiated platform with emphasis on objectives, organisational structures and interpersonal and work team orientations. This position of vulnerability creates challenges for the healthcare system, leveraging on unfavourable platform to manage (Dalmas, 2012: 139-145; Jansson, 2015: 654).

A study depicting healthcare inefficiencies conducted by Busari (2012: 212-214), highlights transformation of the workplace behaviour and culture to render quality health service, and to create a learning environment where strategies are taught to secure optimal health service outcomes. Specific changes targeted amendment to mission and vision statement, increasing degree of autonomy, and creating a culture of blameless, non-punitive adverse event reporting. These interventions increased efficiency measures of staff satisfaction measures and waiting times. Similarly, Berg and Byrkjeloft (2014: 380) identified the perceived gaps in healthcare leading to inefficiencies in institutional performance in Norwegian public hospitals were remedied by improved measurements of hospital operational outcomes, autonomy and transparency.

Stock and McDermott (2011:153) highlighted that hospitals operating above the efficiency level threshold will lead to organisations not attaining objectives. These challenges are noted as not being able to resolve on a short or medium term. Tsai (2014) argues that hospital employees must undergo a continuous process of learning and development to enhance health care skills and provide optimal service that lends itself to exacerbated performance management measures.

Building blocks that support performance management are defined job descriptions with clear objectives, authority and accountability channels, awareness of institutional mission and a drive towards enhanced work outcomes(Lutwama, Roos and Dolama: 2013: 9). Kagaari, Munene and Ntayi(2010: 507-508) highlight that performance management is a method of obtaining optimal results from the entire institution or individual workers or team approach by ensuring there is a transparent awareness and management of performance within

a context of a consensus derived framework of required standards, goals and competencies. This has an inherent requirement of attention to the attitude of employees that enhances the employer- employee relationship. These requirements include commitment, a perceived psychological obligation and satisfaction of the job. A strong argument that follows is that performance management outcomes in public sector entities are heavily impacted by the organisational factors which lean towards the understanding that the behavioural impacts in performance management processes are as integral as the economic impacts in public or state organizations (Kagaari, Munene and Ntayi, 2010: 507-508)

Sakyi, Atinga and Adzei (2012) summarise the significant challenges as encountered by managers in developing African countries as high staff turnover, lack of fiscal resources, non-functional equipment; infrastructural constraints and the limitations in procurement power.

Transformational leadership evidenced by an integrated, direct leadership approach has been evidenced to have direct positive correlation on performance management. However, transformational leadership based on objective alignment underpinned in direct leadership, has a propensity for positive outcome as opposed to team based role synergy. Middle managers have a critical responsibility of influencing employee self-awareness, development of employee intrinsic strengths and ongoing coaching. Psychological abilities of middle managers, in the forms of intrinsic cognitive determinants shapes the transformational leadership capabilities and work functionality of middle managers. These cognitive determinants incorporate role identification and intrinsic value, role competency, determination and performance outcomes (Rao and Abdul, 2015: 1-4). In this study by Rao and Abdul (2015), it is recommended that future studies included study of characteristics of employees, as well as factors impacting on team performance to identify causal relationship.

The healthcare legacy has evolved from an emphasis of curbing cost drivers in the provision of health care service to a current platform of improving quality and organisational performance. The inherent pre-requisites for quality health care identified as effective leadership on all levels of the organisational hierarchy, top

management endorsement of a learning culture, effective and functional management teams and information management (Vagnoni and Oppi, 2015: 331-332).

2.4 Theory

Theories that form the foundation in this research study included social exchange theory; Psychological contract theory; Agency theory and organisational support theory. Social exchange theory depicts the inherent motivational drive by employees aligned to eliciting predefined organisational objectives which emerges from within the ambit of mutual employee-employer obligation. Psychological contract theory emphasises the mutual expectations as perceived by the employee, between employee and the institution. However, the organisational support theory is selected as the theoretical framework for this research study as this theory encompasses the employee perception to the management style, organisational factors leveraging on commitment to the organisation. The agency theory is founded on the building blocks of appropriate and effective resources aimed at efficient utilisation of available resources, ability to change and adapt in turbulent and uncertain circumstances to promote survival, and goal setting to allow for employees to attain goals. The agency theory gives credibility to intellectual capital as well as capabilities in the organisational culture in financial and quality outcomes (Giauque, 2015: 73-78, Kagaari, 2011:37-38).

Organisational support theory was developed by Eisenberger, R. and Rhoades, L. It was defined in a study that investigated attitude towards change among public middle managers in the public sector organisations. The theory creates an assumption that in this research study, the researcher would anticipate that the independent variable of challenges facing middle managers to have a negative impact on performance management outcomes. This arises from the premise that Organisational support shares a direct correlation relationship to desired work outcomes. Organisational efficiency arises from satisfactory working situations and enhances employee alignment to organisational goals and objectives (Giauque, 2015: 77-78). The Agency theory underpins the notion of Party A (Principal) delegating aspects of work responsibility to Party B (Agent). This theory has a premise based on human nature framed on self-interest, that the differences in

decision making requires mitigation elements of employee competency and intellectual capital. This intellectual capital is three part; 1, human capital which is the inherent abilities, talent, years tenured in the workplace, knowledge base of both employee and manager; 2, relational capital refers to the resources that integrates the organization and its stakeholders (clients, suppliers) and its embedded knowledge in these networks; 3, structural capital is the structure within the organization that is procedural and process orientated based on the intellect attributes of employees. This intellectual capital drives the organizational performance delivering on distinctive core competencies that creates competitive advantage in the organization (Kagaari, 2011; 36-37).

2.5 Challenges faced by Middle managers in a public hospital

Internationally, ineffective managerial abilities have been highlighted as the attributing factors to derailed health services or poor outcomes of desired health service objectives. On the one intrinsic platform, managers on all spheres on the organizational management hierarchy require competencies for the efficient and effective delivery of health service objectives. The lack of which translates to indiscriminate appropriation of resources, poor quality and adverse health service outcomes (Khadka, Gurung and Chaulagain, 2013, 62-63).

2.5.1 Middle Managers

2.5.1.1 Definition

According to Buchanan, Parry, Gascoigne and Moore (2013), middle management includes all staff in managerial roles that combine clinical or operational and managerial roles. In addition, Buchanan et al (2013), highlights that a middle manager is “any manager that is two levels below the Chief Executive Officer and a level above cold phase/ operational front- line workers”. Van Rensburg, Davis and Venter (2012: 2) concur that middle managers function as both managers and subordinates, being responsible for linkage of vertically aligned groups but being responsible for the sub group work performance.

2.5.1.2 The in between Position

In the era of New Public Management, the platform of quality, consumer orientated service has driven an increase in managerial roles in health care amongst other sectors. Middle managers play a substantial role in policy implementation, providing a sound body of knowledge, interfacing between employee activities and management outcomes, stimulating staff commitment and advocating on career development. Middle managers also require a critical skill in dousing employee disputes such that the lack of functional middle management renders organizations in a state of paralysis (Carlstrom, 2012: 91). The perspective on the placement of middle managers is framed between clinical and corporate governance and, patient advocacy. The focal juncture on this position is both a “bottom-up and a top-down approach”. This buffering position is viewed as the filler between the employees and that of senior management.

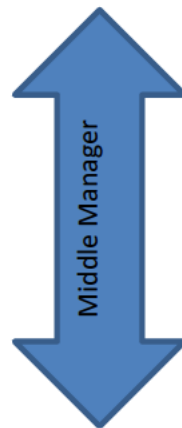
The variance occurs when some middle managers are structured in positions closer to senior management, whilst others are lower on the hierarchical grid. Two defining elements of middle managers are governance and advocacy. Governance is the ability to motivate and drive employees to perform work functions aligned to institutional goals. This governance is predominantly the influence exerted top down. Advocacy is noted as the pressure from the cadres of the operational staff towards the executive management and/ or employer, namely bottom up. In the centre of the employee-employer exchange is the middle manager with a high index value of role tension. Middle managers develop and manifest behavioural norms, attitudes and workplace as a result of their engagement in the workplace, namely from experience, work culture and organizational socialization (Carlstrom, 2012: 92; Conway and Monks, 2010: 363).

Literature has cited the role of senior or top managers being linked to strategy in any organization. The managers below that level are considered to occupy an administrative role. The evolution of the realigned strategy management in organisations created a knowledge base that confirmed middle managers influential role in the strategy process, with significant impact on organisational performance (Van Rensburg, Davis and Venter, 2012: 1-2).

The distinctive gap ranging between advocacy and governance correlates with the resource-demand gap. This forces middle managers to prioritise fiscal constraints management placing rendering of quality care on the lower rung of service delivery elements. By default, middle managers are positioned closer to senior management due to senior management expectation towards economical management and control (Carlstrom, 2012: 92-93).

Organizational Structure, Goals, Objectives

Senior Management



Employees

Attitudes, expectations and behaviour

Source: Carlstrom (2012)

Figure 2.2: Middle manager and Tension Role

2.5.1.3 Middle Management as extreme jobs

Buchanan et al (2013) found that hospital middle managers had jobs that were entrenched with extreme characteristics. This caused concern due to high levels of stress and fatigue, with protracted long hours, expectations of quick problem resolutions, and elevated work pressure that impacted on both family life and work-life balance. Most hospital middle managers had hybrid roles of dual clinical and managerial roles, which have been noted to impact adversely on patient safety and quality of care. A gap identified is when changes occurs moving employees form roles of clinical to the hybrid clinical- managerial role of middle manager, with little or no support and development, hence inadequate preparation

to manage problems, especially balancing and aligning clinical and institutional objectives and resource capacity.

Ayagyo et al (2014, 294-295), conducted a study to ascertain competencies amongst senior and middle managers in healthcare. The following domains of competencies were 1.personal management, 2.assessment and planning, 3.personnel management, 4.finance and information management, 5.infrastructure and supplies management, 6.quality, monitoring and evaluation. The results concluded that middle managers ranked superior to senior managers in holding the questioned competencies, whilst middle managers indicated gaps in Information and Financial Management, and senior managers indicated gaps in “Quality Management”.

2.6 Extrinsic Factors Impacting on Performance Management: Health Dynamics

2.6.1 International health service landscape

Hospitals are a significant vehicle for the services of health care. It is critical that managers operationalizing health objectives decreed by policy –makers, are responsible. Secondly, managers must possess key competencies to enable delivery of an effective and efficient health care service. These competencies range from available knowledge, skills, attitudes and behaviours. Research indicates that failures of low and middle income countries in achieving Millennium Developmental Goals as stipulated by the World Health Organization are inadequacies in managerial capacity and competencies at the various tiers of health management. Lack of such competencies had dire consequences of inefficient resource allocation, poor health and quality outcomes (Khadka, Gurung and Chaulagain, 2014:63).

Health care managers globally face challenges in decision making on a daily basis compounded by the widening gap between treatment modalities and resource constraints (Simonen, Blom and Viitanen, 2011; 798; Abor, 2015:107-108). Narrowing the gap on the supply / demand curve in the healthcare industry is reliant on fostering efficiency whilst sourcing much needed resources (Pan, Liu and Gao, 2013: 1-2).

2.6.2. South African Health Landscape

Failures in delivery of quality health care in developing countries requires policy framework to steer the path of health reform. Clinical governance is the pillar for this health reform that serves to mend the disparities between health care and organisational success factors. The influential intercept variables identified as human and fiscal resource management, clinical accountability and team orientated approach of health care is pivotal in orchestrating organisational performance measures to professional care constructs. The lack of which results in workplace conflict, suboptimal performance and high attrition rates in the workforce (Sorenson et al, 2013: 698-700).

South Africa is depicted as having deficiency in management capacities in deliverance of health objectives, which is emphasised as the significant hurdle in obtaining the objective of health care for all citizens. The unique positioning of health care management requires the managers to develop integration of business acumen with that of health care. A list of management competencies were identified by the National centre for Health Care Leadership, which highlights the four generic tasks of managers across all cadres of industries. The generic tasks highlighted as planning, organising, leading and controlling.

Dalmas (2012: 145) recommends future studies focus on identification of elimination factors to challenges to enable optimal collaboration within dimensions of clinical and operational desired outcomes

2.6.3 Tangible Challenges

Decision making is an integral aspect of role of managers which has a resultant output on organizational performance. Inferior management abilities have been noted as the cause for downturn of most health care industries. These outputs translate to legal battles, negative media publicity, dissatisfied staff leading to high attrition rates and poor allocation of resources (Khadka, Gurung, Chaulagain, 2014: 69-70).

Pillay et al (2011: 506-507) raised concerns regarding lengthy waiting times of clients as a measure that indicates organisational inefficiency. Frustrations and discomfort arise when confronted with waiting times, and clients are vocal

envisioning degrees of unproductivity of health care workers, and express a great degree of dissatisfaction. This tarnishes the institutional image, as clients believe that this non-productive time is a significant loss to them. In surveys conducted to identify causes of lengthy waiting times, factors discovered were that of unfavourable employee attitude; overwhelming workload; process and control challenges; supervisory , management and leadership incapacity, and unfavourable or lack of adequate facilities.

Buchanan, Parry, Gascoigne and Moore (2013: 646-647) emphasize that the critical business of health care service is at the actual point where satisfaction assessments are informally conducted by patients, visitors and significant external bodies. This is where the expenses are incurred and of grave importance, where the image of the hospital is enhanced positively or negatively. When a collision occurs of inadequate resources and staff stress or fatigue, the ensuing increase in errors, negative incidents harshly tarnishes the organizational image.

Organisations function under stringent expectations from all stakeholders, in the public sector, the public has now evolved declaring a transparent expectation of effective and efficient health service as in the case of the public health service industry. Focus has moved to quality, delivery of safe and effective health service as well as emphatic desire for reduced expenditure. Lack of effective strategic direction, information and communication systems and substandard leadership capacity directly results in greater incidence of challenges encountered (Kagaari, 2011: 37).

There has been considerate emphasis on the political and administrative changes that has remoulded the South African health service industry in the past two and a half decades (Mayosi et al, 2012: 2029-2030; Coetzee et al, 2013: 163-164). The burden of diseases and discriminatory social platforms have aggravated an already inequitable public health service industry depicted by gross inefficiencies resulting in varied adverse events with the most expensive adverse events presenting as expense ridden legal battles. A directive was extended to all managers, irrespective of rank or hierarchy, to rise to the call for innovation, alignment to national and provincial strategic intent, and to ensure optimal

accountability. Organisational managers were identified as being pivotal for the transformation process and the actualisation of an efficient health service.

There has risen a compounded perspective that line managers or supervisors, as a result of the delegated human resource management responsibility, should be trained on all aspects of policies and related procedures to upskill capacities and competencies in subordinate –employment matters. There is need to directly create this supportive realm of line managers so that the capacity for managing this human resource management activities do not weigh heavily due to lack of awareness , knowledge and inability to articulate and implement the policies. People management is viewed as a competency that addresses the challenges encountered by middle managers that delivers the desired results in areas equating to decreased staff attrition rates, increased employee morale and decreased employee absenteeism rates (Conway and Monks, 2010: 362).

Sorup and Jacobsen (2013: 64-65), highlighted the relationship of increased absenteeism rates to a decline in the social support within the organisation. This relationship was further defined as the investment of social capital into an organisation to enhance organisational justice (fairness and equitable treatment); collaboration and reliability were positioned as elements of social capital (Ahearne, Lam and Kraus, 2014:68-69). This favours the point that an investment in social capital will reduce absenteeism rates and enhance organisational performance.

Schnoor, Heyde and Ghanem (2015:2) identify the following challenges/ conflict areas for middle managers:

Table 2.1 Challenges and solutions for middle managers in five critical areas

5 Critical areas	Challenges	Solutions
Strategy	Non-involvement in strategic planning; unrealistic strategies necessitating implementation; restrictive freedom in management; top management glorified for achievements; responsibility of	Ongoing participation in strategic planning and development; alignment of goals/ objectives and strategies

	strategy failures associated with middle managers	
Role/ Responsibility	Greater pressure to achieve objectives with decreased reward, recognition and appreciation; Position of assertion to subordinates whilst defending choice and freedom of thought and action to top management; the sandwich position between top and first line managers creates stress in mediations between two;	Collaboration with top management re: goals, vision and objectives; transparency in span of control; policy framework for conflict management; alignment of middle management role in organisational performance strategy and outcomes; unfaltering demand for responsibility and unbiased acknowledgement for outputs
Delivery of performance measures	Conflict resolution and team work driver; expectation to lead, manage within creative realm; diverse loyalty trends	Enhance communication and conflict resolution skills by provision of training ; create balance between leadership and team based performance; individual and team based reviews
Qualifications	Limited time to acquire skills/ knowledge for additional requirements of work; ranking from a colleague to manager is a challenge; management of human resources requires optimal communication and conflict resolutions abilities; grooming of	Protégé targeted development and training; Change management training; career pathing advancement via further training; remuneration incentives ;

	young managers to acquire individualised leadership style; transparent and clear communications to relay objectives can be perceived incorrectly; overwhelming sense of delegation function; employees not utilised optimally can result in poor efficiency measure outcomes	
Ethics	Challenge of organisation ethical values versus individual ethical values; publications of ethical conflicts result in middle manager being recipient in blame game; adverse reputation impact and emanating potential job loss has decreased self-image impact and leads to health ailments.	Development of a corporate code ; training on code of conduct organisation wide; open communication; routine employee based evaluations

2.6.4 Organizational Climate

Both the climate and culture in the organization impact on employee attitude, which impacts on organizational performance. A positive climate and culture has been noted to yield job satisfaction and commitment. Organisational climate is defined as the employee's views on the practices, value systems, reward and support system as aligned to expectations within the organization. Organizational culture is defined as the manner in which undertakings are done within the organization. The agency theory links the agency relationship as the foundational layer that connects the employee and the employer. This type of existent relationship enables a work climate that adapts and innovates to the varied dynamic elements that creates unplanned changes in the work environment. This healthy status of organizational climate enables achievement of performance management measures as organizational objectives are met. (Kagaari, 2011:37-38).

Entrenched in an intellectually capital dependent industry, health care organizations must ensure optimal functionality of the human resources as a vital measure to mitigate against the unpredictable and dynamic global environment. A significant challenge that impacts on organizational climate is the ability to adapt to the diverse workforce. Changing demographics in the latter period of the twentieth century has noted a rise in the female presence in the workforce. Racial and ethnic representation is varied in all organizational environments indicating a need for managers to be aware of impact of workforce diversity and facilitating a combination of responses to the diverse set of needs (Robbins et al, 2009: 13).

On the macro sphere, the global changes impact as ripple effects on the health care organisation creating greater degree of constraints. On the micro sphere, the health service organisation requires the integration of human capital with relational capital (stakeholders: clients, suppliers) and structural capital (the procedures and standard operational guidelines). This will serve to enhance capabilities to optimal levels that can prevent or minimise adverse or negative incidents. These outcomes translate to competitive advantage as the health care organization is positioned with a set of competencies that drives organizational performance meeting performance management measures (Kagaari, 2011: 37).

Nkrumah and Atinga (2013: 189-190), explore the role of organisational climate on the perception held by employees with regard to being treated fairly and equally by managers. Organisational objectives cannot be successfully met if there is disregard for organisational justice since employees perceive fairness as a normative value shared by senior management. Organisational justice sensing creates positive behavioural responses towards role implementation by employees. Trust is forged within the organisational landscape and team work, cohesion and trust between superiors and subordinates is evidenced. This impact on human resource management has a notable value centric effect on performance management. Organisational injustice, when perceived in the workplace, creates feelings of resentment and social disintegration, which shatters the confidence levels within the workforce resulting in decreased motivation and commitment. This can result in low volume and quality of work output. Conversely, organisational justice propagates increased confidence levels, commitment and motivation amongst employees.

2.6.4.1 Internal communication

Typical health care organisation will feature middle managers on a closer range to operational staff, than to senior managers. This concept aligns to chain of command in the health care organizational hierarchy (Carlstrom, 2012: 93). Middle managers play an important role in relay of conversations posited on strategy and the related flow of information. This role of communication based on sound interpretation and the consequential cascading of that information is vital to the success of strategy within the organisation. Without this critical middle management link, the interfacing of strategy into operational goals cannot materialise effectively. Middle managers create a platform of internal communication facilitating the synthesis of complex goals into unit process orientated tasks that combine to achieve organisational objectives. This is of paramount significance for middle managers to create sensible logical processes from framed objectives into simplistic attainable tasks that employees will not thwart (Van Rensburg, Davis and Venter, 2012: 5).

Sharing of information transcends boundaries that create a unified single stream organisational platform streamlining across all vertical workflows that creates a single vision. Without this form of internal communication within the organisation, ensuing disorder in the line of objectives achievement does create dissonance in achievement of performance measures (Van Rensburg, Davis & Venter, 2012: 5-6).

2.6.4.2 Supportive Organizational Culture

The organizational climate and culture shaped the behaviours and the psychological propensity of employees in the workplace. It is noted that a positive and supportive organisational culture creates a plethora of positivity ranging from positive staff attitudes to elicitation of organizational goals. There is commitment from employees in the manner that work is conducted, attributing to quality care and efficient health services. Organizational climate impacts on the manner in which the recipient of care views the subjective effectiveness and soft skills of the care provided. This drives and communicates the image of the health service organization. Shaping the positive and negative dimensions of the organizational values in its wake as the experiences migrate from client to client, and ultimately

beyond the physical parameters of the organization where quality of care is communicated to significant others (Kagaari, 2011: 38; Borkowski et al 2011: 270).

Organizational climate also re-in forces, clarifies or disregards the values that employees place on the organization for the delivery of organizational laid competencies of trust, job satisfaction, effective communication, effective performance management, teamwork, a positive image of the institution, continuous training and development for employees, effective leadership, organizational support, equitable rewards and remuneration, a conducive work environment , updated and available organizational policies and Human Resource development policies. Effective organizational climates are evidenced where employees indicate low ratings in experience of conflict, stress and overloaded work expectations, demoralisation and exhaustion (Kagaari, 2011: 36-38).

It was evidenced that organizational culture has an influential response on perceptions of employees, psychosomatic responses and the conduct of employees. The factors that imbibe a positive connotation of organizational climate include the evidence of motivation and success rates, being aware of the “self” and actualization of individuals; and the humane element entrenched with a supportive cultures. Positive healthy organisational climates are able to transcend basic satisfaction wants and aspire to a higher order. The descriptive factors of a positive culture include teamwork approach, commitment, goal driven and risk seeking behaviour (Borkowski et al (2011:271).

The organisational climate has an impact on the manner in which information management is utilised. A health service organisation will have a complement of professional clinical, administrative and non-clinical employees. Evidence based information may not appeal to categories of staff who have not had prior appreciation of the intrinsic value that evidence based information affords the organisation in that complete scale. To that effect, senior managers may not be of a clinical professional background, and may not value the concepts of evidence based information. An effective organisational climate is based on various elements, and a critical one in this frame of understanding is the value of good internal communication. Hence, the element of evidence based information has a gap in the appreciation of its intrinsic value by all cadres of managers and

subordinates. However, internal communication facilitates an organisational climate that motivates and elicits commitment from employees in the rendering of their service (Simonen, Viitanen and Blom, 2012: 754).

Of essence, both internal and external environmental changes impact on the organizational climate which shapes the organizational culture as experienced by clients and employees. Performance management practices require a high level of sensitivity to organizational culture and climate changes to allow for re-planning of internal goals to ensure desired organizational outcomes are derived timeously even in the face of adverse changes. Prioritization of organizational goals are required to ensure that changes, whether positive or negative, does not impact on objectives trajectory(Kagaari, 2011: 37-38).

2.6.4.3 Professional Development Opportunities

Conway and Monks (2010: 364) highlight the aggrieved position of middle managers who are entrusted and directed to implement and elicit outcomes for specified objectives. However, no formalised training or development programme were instituted to bridge the gap to advance to a position of adequate knowledge and skills base. Middle managers are also challenged that in the process of promotional advancement or high level job attainment, there is a disproportionate capacity within themselves to render the largely administrative proportion of the new position. Managers find themselves lost in a maze of administrative functions where induction to role, policies (Human resource, operational, structural and process frameworks) is not undertaken. This poses a significant obstacle in the execution of the desired functions and related outcomes.

2.6.4.4 Performance based Evaluations

Performance management instruments play a pivotal role in enhancing work outputs of health care employees by creating alignment to the dissemination and appreciation of organizational goals. Clear, specified job descriptions are the foundation blocks which imbibe performance management. Linked to the organizations vision, mission, goals and objectives, job descriptions provide a baseline for evaluation of the employee against the desired outcomes. Conversely, it has been noted that in various health organization spheres, formalised job

descriptions do not match the actual functions that is rendered by employees which has negative impacts on achieving organizational outcomes (Lutwama, Roos and Dolamo, 2013: 8-10).

Performance appraisals are valued as supportive attributes to the financial-human resource decision mix. Decisions on rewards and incentives, training and development, as well as sanctions of demotion or job termination are informed from an employee performance based evaluation. This effective and efficient appraisal system is critical for the smooth and successful functioning of the health service organization (Seljak and Kvas, 2015: 1-2).

Organisations have attached a high value index to intellectual capital; hence it is of paramount importance to assess performance management practices to gauge the impact or achievement of the managed performance measures as related to the service. Employees are remunerated as per job profile studies based on produced activities. These activities are linked to the achievement of organisational objectives. However, ensuring employees are on par with the pre-set deliverables, requires the essential evaluation of performance management. Measures to correct gaps, must be planned during the evaluation process. Failure to evaluate performance management will amount to void accountability towards achievement of long term organizational strategic goals (Kagaari, Munene and Ntayi, 2010: 507).

2.6.4.5 Top Managers Regards for Employee Growth

It is reputed that an efficiency model based health service organisation links to employees yield on life with a higher yield on quality and personal development. The quality aspect of the life experienced by employees has been identified as enhancing workplace productivity. This equation amounts to higher fiscal growth for the organisation, leaving a mark on the macro elements of the country and on the global landscape. It has been without a doubt proven, that successful and efficient health service is a critical priority of any state. Managers that seek to ensure employee development and growth, perceive attributes of an organisational culture as one that yields staff satisfaction. Satisfaction as opposed to dissatisfaction fosters personnel confidence and commitment to the workplace as result of a justified emotionally based gratitude derived from a psychological

contract that's prompts delivery of optimal work output based on premise of a caring leadership body (Seljak and Kvas, 2015: 1-2).

Viitanen and Konu (2009:109) describe the characteristics of the ideal manager as being that of a visionary, innovator and who is goal driven. Furthermore, these authors elaborate on the dualistic role of leaders and managers that should be both human/employee centred and patient- centred. These managers must be able to manage multiprofessional employees and facilitate growth and positive work dispositions. The patient centred approach links to health reform elements of cost efficiency, quality ambassadors, governance and ethical vehicle drivers to facilitate efficiency and effectiveness as enablers of organizational performance.

2.6.5 Motivational and Commitment factors

The achievement of timely and effective outcomes are incentivised by rewards and recognition. This methods of incentives are noted to instil motivation in employees. Achievement of objectives are linked to an efficiency model that combines quality and consistent reliability factors to yield optimal services. Hence, individual employee objectives and incentive outcomes are underpinned in organizational performance system (Wilkes, Yip and Simmons, 2014: 26).

Health care works that believe that their remuneration is less than equitable to performance, have a high likelihood of false sick leave and searching for better remunerative jobs, apart from seeking part-time remuneration as well. Additional factors of training and development have also been highlighted as determinants of attrition of health care employees, whereby it has been evidenced that health care workers also leave employment ambits if individual objectives of training and development are unmet within the organization (Lutwama, Roos and Dolamo, 2013: 11). De Waal and Conaty (2013:371) suggest that an inadequate link of performance management to a rewards system, does instil levels of insignificance of the performance management system that paves a path of non-realisation of organisational goals as a result of non-alignment to performance indicators.

Khadka, Gurung and Chaulagain (2013, 63) postulate that the lack of competencies, role qualification of managers displaces commitment amongst subordinates as confidence factor is diminished.

Middle managers are deemed to create a force of adaptability as they pioneer to exercise role caution and sensitivity in implementing processes to elicit expectations as outlined by senior management. In this position, middle managers are forced to create an adaptable playing field that allows employees the opportunity to relax and trust co-workers in order to execute tasks in the cold phase. Here, a role of strategic agent flames the middle manager to be the incumbent breeding flexibility in the workplace to foster ease, whilst simultaneously obtaining results from subordinates. This is a critical position of fostering adaptability that middle managers need to deliver, is crucial to attain desired organizational performance. Successful performance management of subordinate's lies in creating this platform of a conducive working environment that will instil commitment and fuel motivation to simply perform what one is being remunerated for, but in an effective and efficient manner (Van Rensburg, Davis and Venter, 2012: 4-6; Gleeson and Knights, 2008: 55).

Borkowski et al (2011: 268-269), highlights that a forward propelling organisation will invest talent and skills recruitment and management. Globally, large public hospitals acknowledge the capacity of leadership as the enabler in attaining successful organisational systems. High performing organisations confounded with similar macro level challenges of global financial distress, overwhelmed health care systems are able to successfully achieve organisational objectives as a result of a supportively entrenched culture and goal orientated leadership which is transparent on all levels of the organisational hierarchy. Organisations also attribute successful organisational performance to quality on the clinical dimension, high levels of efficiency and ultimately resulting in high client satisfaction levels. A strong and effective leadership will be able to align resources to priority areas, create buffers to change and initiate a drive for continuous quality aimed improvement programmes. Seljak and Kvas (2015:1) advocate that the emergent buzz theme for gaining optimal organisational performance is sourcing methods to effectively manage and evaluate leaders and managers.

It is evidenced that the winning leadership formula in organisations has the elements of creation and dissemination of a vision that will inspire and effectively promote this vision in all employees in an intrinsically driven platform. Transformational leadership and ethical moral reasoning are noted to instil high

levels of commitment and inspire employees to energetically aspire to goal attainment. This further develops the organisational capacity and has a propensity to strongly drive organisational performance (Borkowski et al, 2011: 269-270; Sosik, Juzbasich and Chun, 2011: 434-435).

Continuous internal and significant external factors continuously reshape and mould the socio-economic and cultural organisational environment. A grotesque failure is the inability to position enhanced leadership and a relatively qualified management to steer the public sector out of challenging, adverse and cost ridden situations. A volatile argument raised is on the image of public employees (professional) seen to be needed to be willed to act in accordance with prescribed role descriptions, these employees are viewed as potential strategy resistant workforce who should be directed in line with the organisational strategic dispensation using audits, performance targets and monitoring and evaluation controls to elicit desired behaviour. The counter argument indicates that leaders should not merely consort with the followers of the workforce, but rather utilise the opportunity of change management and charismatic leadership approach to possibly reduce resistance through game-changer approach. Leaders may not desire to put in the much required excessive effort to steer the entire organisation in a channelled direction. This would require collaboration, communication, methods of instilling motivation and commitment to beckon support from employees without a punitively linked thrust. This argument fosters a premise that public health employees must be inducted in policy grounding, strict funding methodology, and accountability to regulatory body and adherence to choices of key organisational stakeholders. Whereas, the counter argument imbibes the emergent regimes and approaches to public health service management (Gleeson and Knights, 2008: 52-53).

Seljak and Kvas (2015: 1) iterate the importance of optimal performance, efficiency and effectiveness as a measure of competitive advantage in all industries and applicable to the health service industry. A key factor in achieving these competitive advantage factors is the efficient human resource embodiment. This system personifying human resource management should include the critical elements of training, a performance appraisal systems that is effective, recruitment, retention of employees, and leadership evaluation. Organisational

policies and in particular, human resource management policies are critical for the activities of input, throughput and output process controls of the performance management system. These policies give rise to a competency set that influences a strong leadership model, which creates a gravity to achievement of successful organisational performance.

2.6.6 Quality Management

2.6.6.1 Quality Management Measures

In current turbulent times of global financial duress, health service industry has not remained immune. Senior managers make decisions based on cost reduction in all spheres of human, fiscal and processes. Decisions made at the top of the hierarchy regarding changes to cost effective products, services and processes which may not equate to quality endorsed products, services and processes, will have to be communicated by middle managers to subordinates. Whilst subordinates, who are professionals trained to adapt to evolving technology and utilise skill to deliver most efficient and effective service. This again leads to tension role experienced by middle managers (Al-Shdaifat, 2015: 462; Carlstrom, 2012:100; Yang and Zeng, 2014: 166).

Simonen, Blom and Viitanen(2011: 797-798), highlight the exponential need for the health service industry to remain abreast of information that will inform choices on ideal, cost effective yet efficient services, processes and resources to utilise. With the growing rift between required therapeutic interventions and available resources, there is a requirement of endorsement by organisational management to a quality orientation perspective in all applications. The term of health economics has in the past decades infiltrated health service industry boardrooms and executive offices with a view to cost contain. Nevertheless, a blind eye to adverse effects of cheaper options will not reduce the emergence of medico legal hazards. The ideal stance is to make decisions on available information and historical footprint of services, methods, resources and processes. However, cold phase employees and middle managers are not exempt in this process of elicitation of cost efficiency in health service organisations.

The resounding factor of creating a learning and developing organisational climate is paramount to a cost effective and quality oriented health service. The emphatic view is that knowledge is the power and key to direct a healthy response to a health economic reform at all tiers of the organisational hierarchy. A quality orientated perspective of the organisation as perceived by employees instils both commitment, job satisfaction and a positive employee attitude which are mitigation elements against the measured challenges within the organisation (Simonen, Blom and Viitanen, 2011: 798).

The health service industry is afflicted with the many socio economic woes on the global frontier. The resultant effect is that of a financial burden on the health spectrum that to a greater degree strains the public health service industry. This aggrieves the package of health service placing a strain on supply versus the demand of the public health service. Middle and senior managers are expected to make instrumental decisions that will lean in financial favour whilst simultaneously promoting good clinical governance (El-Jardali et al, 2011: 305; Aij, Aernoudts and Joosten, 2015: 201). These managers have to remain resolute to their convictions as shaped by the nature of the business of the day: provision of quality orientated service to the population that the organisation serves. Nevertheless, to make this range of decisions requires managers to have a flair of understanding and sound knowledge that will guide these choices especially in areas concerning people aspect. In particular, protection and sustainability of knowledge capital and talent management; cost efficiency and collaborative systems should be of optimal levels to ensure no compromise of service on the account of omissions on part of managers or cold phase employees (Simonen, Viitanen and Blom, 2012: 752-753).

Various studies conducted have attempted to source determinants of quality orientated health care service producing results of spectrums of management styles(modern and lean management) as well as leadership traits that foster motivation and commitment in employees. Lean management has a bearing on process controls that directly influence performance management, whilst modern management has a propensity to mediate financial outcomes with a vertical top-down approach of organisational span of control and management (Aij, Aernoudts and Joosten, 2015: 201).

Evidenced based information informs a highly efficient management system, which has an influential bearing on efficient processes that align to successful organisational performance. Employee performance is influenced along the cadres of the hierarchy as the evidenced based platform, that breeds an in-depth comprehension of the organisational functioning, instils a sense of conviction to support and achieve organisational goals. Hence performance management attributes are supported by the collaboration of information and the communication thereof (Simonen, Viitanen and Blom, 2012: 752-753).

2.6.6.2 Information and Communication

Communication from management has been identified as having a direct impact on employee perceptions and attitudes. These perceptions of employees, in turn have a significant effect on client satisfaction and the performance outcomes of the department. Communication of the clearly defined, measurable and specified goals has a positive connotation on both quality and quantity associated performance, however, a reward incentivised system is known to motivate on quantity performance measures since qualitative measures are difficult to assimilate values to. Nonetheless, transparent, clear, definable communication is noted to inform employees on all relevant information that will have a positive effect on employees and their performance outcomes. Having a knowledge of what requirements are put forth, will allow employees to forge ahead and attain outcomes. Information sharing and effective communication invokes participation from all role players and elicits the required outcomes from employees. (Kagaari, Munene and Ntayi, 2010: 511).

2.6.6.3 Organisational Commitment/ Job Satisfaction

Employees that obtain supervisory support, equitable remuneration aligned to work output, and facilitation in the organization yield a higher positive employee attitude, displayed through commitment and emotional attachment to the job and satisfaction as the job incumbent. Research has indicated that the perceived level of support in the workplace impacts positively on employee attitude and work performance. Within the dynamic constraints in public organizations, this aspect of human capital plays a pivotal role in gaining competitive advantage for the organization. This human capital is the knowledge base that aspires to ensure

optimal organisational performance (Kagaari, Munene and Ntayi, 2010: 509-511; West and Burman, 2009: 327-329).

Attitudinal commitment is depicted by behaviours of low to no absenteeism, greater work involvement and higher work orientated energy levels, a low change of job rate and a higher degree of enthusiasm and effort towards work input. This type of commitment develops when employees perceive the organisational, support, facilitation and mentorship as being present. Hence, the recommendations made on the subject of performance management, is that organizations ought to nurture the human resource as a significant asset as opposed to focus on competitive strategy or measures of quality or the ambit of research. It has been noted that a positive correlation exists between employee attitudes and that of performance outcomes (Kagaari, Munene and Ntayi, 2010: 509-510).

To expand further, employees perception on organizational commitment is heavily influenced by the views held by clients on the type and quality of care received. In conjunction, the employee's views on the supportive framework from supervisors, team members within the organisation also has a high factor rating on influencing the attitudes of employees and hence, directly impacting on performance of employees. However, of consequential note, setting of goals should ideally be aligned to the realistic presentation of resources. When goals are set either too high or too low, this has an undesired effect on the satisfaction levels of employees, which reduces confidence in goal attainment and diminishes performance. A counter argument indicates that supervisory support and effective leadership in motivating and re-affirmation of goals, with clear descriptions of finish lines can motivate employees to strengthen the effort (Kagaari, Munene and Ntayi, 2010: 510-511).

2.6.6.4 Training and Development

Ayagyo et al (2014, 295) has substantiated on the premise that although senior managers require the optimal level of training, especially in aspects of Human resource and Quality management, middle managers require training in all management domains.

The link of quality management and training and development was expanded on to highlight that the knowledge capacity and ongoing updates will allow all employees irrespective of hierarchical level, to appreciate combination of elements of cost efficiency and optimal health care service. When employees receive training and develop themselves in knowledge capital, there is advancement of organisation that has an opposite deflatory impact on organizational adverse incidences that equates to tangible or quantifiable challenges. Training and development aid employee's in efficient role execution. The qualitative factors that impacts on challenges, namely performance management and quality perspective, and competencies are upskilled when added knowledge factors are enhanced. Opportunities that enhance growth are seen as viable experiential learning opportunities. Knowledge gained through training and development impacts on skill and consequentially has positive impacts on effective leadership (Simonen, Blom and Viitanen (2011: 798).

2.6.6.5 Employee Voice and Participation

On a general note, employee involvement and participation is a critical human resource element that instils motivation and drives performance of health care workers. Employees utilize their experience and knowledge to mould practice and process outputs that have a positive bearing on achievement of organizational goals (Lutwama, Roos and Dolamo, 2013: 11).

Autonomy in decision making by middle managers has diminished as a result of senior managers stringent control measures in times of fiscal challenges. Senior managers become prudent coffer managers whilst middle managers are voiceless as decisions impacting on their departments are made without the option of agreement. Middle managers feel pressurized to deliver outcomes but lack of autonomy in decision making creates a void that translates to apathy in the organizational sphere. The drive to deliver correlates negatively with the reduction in decision making (Carlstrom, 2012: 98).

Decision making has been identified as an essential element of managerial capability however; a significant flaw in this capability is the lack of oversight in the review of outcomes as linked to that of organisational performance. Hence, a measure to combat this gap, is the system of shared information amongst the key

stakeholders, Middle and senior managers should collaborate to identify optimal methods, resources or processes that yields the maximum benefit. It is the epitome of using evidence yielding information that will enhance performance within the organisation, whilst upholding ethical considerations ((Simonen, Viitanen and Blom, 2012: 753).

2.6.7 Competencies

An emerging approach in the portfolio of the management of human resource is the studious unravelling of competencies and related frameworks. A competence is an activity or deliverable that can be observed and quantified, with an ensuing evaluation process. Competencies must be assessed in real-time for the behavioural consequential output. Competencies have been noted to drive the successful performance management outcomes. Introduction of changes in the organisational environment and in that of employees requires the use of competence based tools. In organisations, a competency based approach will involve a comparative review or analysis of performance of employees in relation to the standards, norms and values or the ideal behaviour. This approach is viewed as a highly influential tool to mapping and analysing activities linked to human resource management in the health service industry. These reviews assist in quantifying and qualifying the optimally required performance levels, key performance indicators of employees and defining role specific as well as generic competencies (Seljak and Kvas, 2015: 1-2).

The competencies varies from Information systems and computing skill; clinical knowledge; staff motivation and management; communication and conflict management; marketing and change management; management of legal matters; ethics management; Financial management; resource management and budgeting; economics in health; human resource and labour relations; strategy formulation and drive; futuristic planning; analysis of environments including macro health system; clinical competency; clinical audit performance; analysis of epidemiology; quality assurance ; district health system understanding; performance measurement; scientific and outcome based frameworks; time management; balancing work and personal life ; ethical conformance ; awareness of self and personal development(Pillay; 201031-33).

2.6.7.1 Intrapersonal

Middle managers have emerged from the operational level, hence retain a unifying relationship with operational staff. Having climbed up the lower rungs of the hierarchy ladder, middle managers may hold an intrinsic link to their roots. Nonetheless, these aspects may lean strongly towards a close relationship with subordinates as compared to senior management. This level of rapport with subordinates embedded on common professionally shared norms and culture, and a shared language of comprehension of departmental undertakings instils a cohesiveness between middle manager and subordinates. Elements of trust, support, mentorship cascades up the cadres of a competent working relationship between middle managers and subordinates. Unprecedented conflicts arise when senior managers delegate operationalizing of objectives to middle managers with requirements of successful outcomes. This elicitation of positive outcomes may not be aligned to resources available, but the ownership of ensuring results lie with middle managers. This creates internal conflicts within the departmental arena as middle managers have to ensure subordinates perform required tasks (Carlstrom, 2012: 99).

In any workplace, conflict, stress and tension has a propensity to create anxiety in the affected employees. Middle management role includes that of creating emotional equilibriums by offering a level of support on a professional basis of supervisor. Employees who are overcome by negative emotions of anxiety, depression become despondent and emotionally burdened such that a physical and mental inertia creates obstacles in harnessing and effecting goal seeking behaviour. Middle managers in situations like this are able to create a supportive learning and adaptable environment that allows for conflict resolution and inflation of morale. Senior managers may never be able to exercise such prowess in the operational sphere as the remoteness of senior managers to cold phase employees creates a rigorous barrier. Therefore, it is evident that motivation and commitment in any organisation can drive positive performance management as employees perform optimally to ensure deliverance of organisational objectives. This type of motivation and commitment will result in lower adverse incidences of medico legal hazards, deflated image of organisation and staff attrition (Van Rensburg, Davis and Venter, 2012: 5).

In the same token, middle managers are also subordinates to senior managers and as applied to cold phase employees, similarly too do middle managers require anxiety alleviation, conducive working environment, supervisory support and effective performance management applied to them by senior managers. This will create the supportive enabling factors that will harness motivation and commitment by middle managers to remain focused, agile and goal driven. This also translates to need for proactive leadership to anticipate such dips in motivation and commitment drivers to employees. Of note, leadership is the safe steering of the organisational vehicle in times of macro and micro turbulence. Without effective leadership, the organisational vehicle will crumble in the execution of organisational performance. Championing strategy is a crucial leadership performance indicator and requires investment of effort by senior managers. The argument pertains to how far in this schematic presentation of strategy are middle managers also deemed leaders forging strategic objectives and elicitation of performance management measures. (Van Rensburg, Davis and Venter, 2012: 6). However, of crucial importance is the perception of middle managers in terms of how they view motivation and commitment factors to drive themselves in strategic goal alignment. To compound this frame of thought, middle managers will differ in perceptions and since there is no single generic application of motivation and commitment factors, it would be interesting to identify which particular factors do instil motivation and commitment in middle managers in the organisation.

2.6.7.2 Work-life balance

A favourable work environment merged with formidable leadership provides an effective working environment. However, in the current work climate, work situations can often demand a mental prowess as compared to the traditional physical prowess associated with work fatigue. There is nonetheless, an integration of the work life and the family life where a balance is sought to ensure smooth effective results in both domains. However, imbalance will create adverse influences that again impacts on both domains. The demographic variables of gender, the care of children in the domestic arena, position on the managerial ladder, the volume of work and job requirements have a correlation to the view of stress experienced. (Lokke and Madsen, 2014: 105-106).

Senior management is perceived to be substantive determinants of various variables. Ranging from the organisational success to endorsing a climate that stimulates employee confidence and satisfaction, emphasizes the pivotal role that is played by the top management. Middle managers, by default of position on hierarchical grid also share these characteristics as perceived by their subordinates. Enhanced performance comes across when employee's confidence index propels work enthusiasm into role execution to ensure successful outcomes. However, there can be perceived stress on all cadres of the hierarchy in the endeavours to push forth to achieve objectives. This sense of psychosomatic, psychosocial strain does create imbalance shifting from a position of equilibrium or comfort to one that is assaulted with mental strain. An employee can allow work boundaries to transgress personal / private life parameters and vice versa. This frame of being does hamper organisational performance. Individuals that do persevere amidst the various stressors encountered may achieve desired goals, but there is a personal non-financial cost that is incurred. Extreme forms of stress can result in severe health impingement (Houldsworth and Machin, 2008: 119-120).

2.6.7.3 Stress Perception

In a study conducted by Buchanan, Parry, Gascoigne and Moore (2013, 646-668), it was evidenced that three quarter of middle managers in hospitals have jobs that are extreme. These jobs are characterized by dynamic work environments, resource constraints, stressful decision making and strict adherence to deadlines in non-resolutely situations. This has adverse implications on work-life balance and the home front.

Middle managers are often in the range of criticism from subordinates when decisions that are made are not in favour of subordinates but rather in favour of departmental operational progress. It may also arise that decisions taken at senior management level, and passed on to subordinates can be falsely deemed to emanate from the middle managers. This arises due to the proximity of contact between the cold phased employees and middle managers as compared to the longer range between cold phase and senior managers. The consequence of

these incidents causes precipitated stress on middle managers (Carlstrom, 2012:97).

Walinga and Rowe (2015: 66-67), identified a mechanism of response that can transform the perceived stress into energy that is used constructively towards organisational performance. This response mechanism imbibes the cognitive review, effective networking and communication processes, a resolution seeking approach, an employee development programme and a positive organisational climate.

2.6.7.4 Supervisory Support

Buchanan, Parry, Gascoigne and Moore (2013: 649), indicate that senior management play a pivotal role in influencing the response of middle managers to the various pressures of workloads, extensive working hours, conflicts and high expectations in the organization. The hybrid role of clinical and administrative capacity also creates a platform of conflict in organisational objectives to resource availability. However, a divergent concept is that managers in general can work extensive hours, labour through pressure ridden situations as a result of personal work satisfaction and work enjoyment. The outputs of which create a level of high adrenaline functioning that creates optimal decision making outcomes. Hence, the positive attitude to one's job, creates higher satisfaction in the workplace amidst the harsher elements of resource constraints and increased workload.

Appropriate and effective decision making renders itself as a critical characteristic in the ambit of supervisory support. When managers make decisions that impact on subordinates, there is an underlying pre requisite that this informed decision was clearly defined, with a consequential plan that was at least mentally invoked. Supervisors or managers should create a platform(either meetings or trainings) where decision that are made, are communicated and queries dealt with so that the undertaking of the related activities are not met with obstacles that creates fruitless expenditure in form of time and resource management. Valid and reliable information, with possible known successful outcomes will win favour amongst subordinates and instil confidence in the attainability of the desired goals. Critical to this, is the review of events (positive or adverse) that arises from the decisions and implemented activities. Managers should review events or incidences and

provide a form of feedback that will allow for easily accepted remedial interventions ((Simonen, Viitanen and Blom, 2012: 753; Buchanan, Parry, Gascoigne and Moore, 2013: 649).

Knies and Leisink (2014: 108-109), conducted a study to explore the factors that prompts or negates supervisory support. These factors were identified as the hurdles aligned to bureaucracy (Government policies; restrictive rules and regulations and the traditional manner of how the Human resource function was delivered). The cornerstone for the implementation of supervisory support was the instrumental impact it has on 'motivation' experience on subordinates. However, supervisory support is not a natural occurrence as there must exist a willingness and appreciation on the part of supervisors towards the implementation of supervisory support. Added to this is the fact that all employees may be deemed competent, but may not meet the standard of being an exemplary supervisor, or even to a minimal degree, an effective supervisor. There is an assumption that rewards, incentives and a favourable organisational climate all are synonymous with supervisory support. This is the perception of subordinates as indicative in human resource management based studies. Supervisory support has been extended to include guidance on career, review of performance, provision of stimulatory and challenging tasks, job opportunities that enhance career growth. In conjunction to this, the psychological support of attention to emotions, ability to communicate discomfort in a positive interlude, all propagate the perception of supervisory support. There exists a reciprocal relationship between the degree of perception of supervisory support and employee/subordinate commitment and motivation to achievement of organisational employees which embodies the ambit of psychological contract (McCabe and Sambrook, 2013: 955-956)

2.6.7.5 Planning and Assessment

One of the key contributors regarding dissatisfaction in performance management is that information is not elicited timely enough to direct action, hence this essential component of planning and assessment is managed neither effectively nor efficiently. This element of substandard rating is embedded in a performance culture that is poor and driven by apathy in information analysis, strategic planning and direction. The owners of this element is senior management, however, middle

managers also play an instrumental role in this arena (Wilkes, Yip and Simmons, 2014: 24).

Carlstrom (2012: 90-93), has depicted the eradication of the layer of middle managers in the late 1900's, especially in the healthcare industry. This move was justified as the projected premise was that a thinner organizational hierarchy yielded higher or optimal organizational outcomes as there was a simplified, effective connection between senior management and the cold phase. In defence of the effectiveness of middle managers, the philosophy of middle managers being knowledge capital having risen from the cold phase, will effectively and efficiently materialise organizational outcomes through easy translation of implementation process with the current cold phase employees. Middle managers are believed to ease tensions and map a way forward in troubled times and appease anxiety of employees. In essence, the lack of a middle management layer hinders planning and assessment element within the organization and at the fundamental departmental focal point. To further qualify the prior statement, functional middle managers are able to promote departmental strategy, resolve conflict, create cohesion of departmental employees and forecast risks within the team based approach.

Kagaari (2011: 38) highlights that a lack of information impedes planning as there is no baseline to inform a framework of goals and objectives. Inability of managers to assess the environment and the uncertainty that follows, will result in lack of strategic direction.

Van Rensburg, Davis and Venter (2012: 1) indicate that middle managers have a unique capability to relay divergent concepts from the external and internal organisational environment and translate to a strategic focus. Hence, with decentralised strategic framework, there is a requirement for middle managers to perform accordingly. Middle managers can influence the cold phase employees as compared to the distant senior managers. Synthesizing information at the operational level is a factor of competitive advantage that middle managers possess which indicates that traditional flow of strategies from senior management to the lower cadres of organisational hierarchy does not accurately qualify the significance of middle managers in strategic management. The dynamic

organisational environment warrants the active role of middle managers in strategy -mapping of the organisation. However, there remains minimal information on the perception of middle managers on their strategic role. The ambit of planning and assessment in an organisation is effective with the inputs of middle managers.

2.6.8 Information and Financial Management

Middle managers have been noted to hold a high degree of responsibility in financial management with budgetary planning and expenditure monitoring and controls (Carlstrom, 2012:91-93). However, this level of responsibility is not pre risk managed through rudimentary training. Middle managers are not trained and hence, are not abreast with the legal and managerial confounders in budgetary or financial management. Having surpassed operational posts to that of supervisory capacity, middle managers in healthcare have a preconceived bias attached of being responsible for the “caring” aspect of the job, whilst the managerial controls and delegation remains neglected. Hence, senior managers may exclude middle managers in development of departmental budget plans.

Conversely, financially based reasoning often aggrieves patient centric approach of healthcare provision, which challenges middle managers to align themselves to the upper senior management camp, whilst the lower operational camp has a purely vested interest in optimal patient care service. Middle managers that posit a patient centric approach are often unable to use cost and trend analysis to budget accordingly as the view is then that patient care must not be compromised by cost factors (Carlstrom, 2012:91-93).

2.6.9 Facilities Management

Facilities management is a critical success factor that determines health service outcomes. Hospital structures are often gauged by the availability and state of material and human resources. The evaluation process has a high consideration of a standards based mortality rate which is defined as the rate of the quantifiable to anticipated mortality rates in the health service organisation. The perception of available resources and structural allocations does impact on the intrinsic drive of commitment held by employees. This perception correlates with the quality connotation of the organisation to the employee. The adverse consequence born

of this perception is the delayed and apathetic response to performance management (Dey, Hariharan and Despic, 2008: 444-445).

Kim (2014: 496-503), developed a conceptual framework that positions the determinant factors that contribute to the achievement of successful organisational performance. A significant factor is that of the physical workplace. Spatial arrangement and structural relevance is important as the purported influence is directed on the behavioural, affect (mood and emotional resonance) and the performance outputs. Technological infrastructure, favourable workspace and resources (equipment and materials) that were ergonomically and environmentally friendly played a substantial role in enhancing pride; satisfaction, collaboration, motivation and communication; and enhance the employee's sense of performance. Therefore the facility element is denoted as one that optimizes organisational performance. Conversely, the Hawthorne study emphasises the relevance of the human factors of reward, recognition and satisfaction that influenced organisational performance, negating the physical workplace conditions to a level of non-influential.

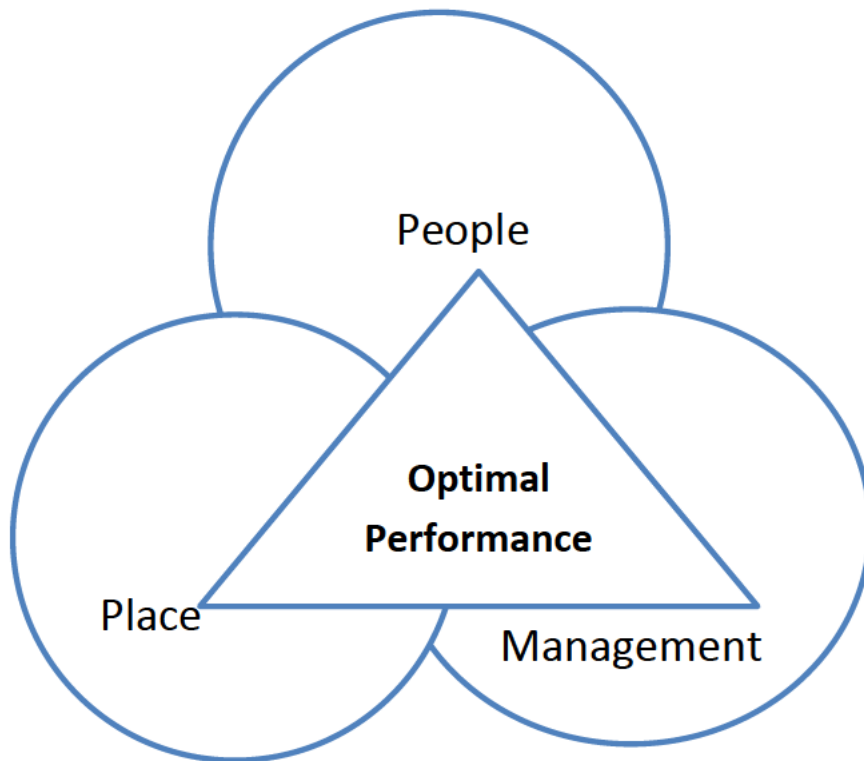


Figure 2.3. Interdependent relationship of management, place and people

(Kim, 2014: 501)

The diagram articulates the significance of optimizing the people aspect of the organisation, the favourable facility availability and the leadership and management capabilities, which in turn stimulates the swift and efficient organisational performance.

2.9 Chapter Summary

This chapter provided a comprehensive exploration of the literature that relates to the various dimensions of the study. The literature review on the challenges encountered by middle manager in performance management was deployed from the perspectives of understanding the organisational indicators that linked performance management to the role tension of middle managers. The health landscapes was depicted from a global and local perspective. Theories identified indicate a scientific platform for inferences to the practical environment.

The influential determinates on performance management were discussed within the elements of organisational climate with a significant link to motivation and commitment. Quality management as applicable to performance management was explored under quality management measure; information and communication; organizational commitment, training and development and employee voice and participation. Lastly, competencies as linked to performance management was explored under the discussion topics of intrapersonal capacity; work-life balance, stress perception, supervisory support, planning and assessment, performance management measures, Information and financial management and Facilities management.

Various questions can elicit responses to depict the perceptions of middle managers on the current state in the ambit of performance management within Stanger Hospital. The next chapter will discuss the methodology to elicit responses to the significant questions.

CHAPTER THREE

Methodology

3.1 Introduction

Research Methodology is a complex process of obtaining the appropriate combination of elements that comprise a research design. This interfacing of elements allows for the collection, gauging of, interpretation and analysis of various raw data derived from study questions (Sekaran and Bougie, 2013: 95).

This chapter highlights the methodology utilised in the study. An explanation and overview will be provided of the study respondents selected and the location of the study. The research design will be described with an ensuing discussion on the research instrument. Reliability and validity of the instrument will be discussed. Finally analysis of data and ethical considerations will be highlighted.

'Challenges facing middle managers in performance management in a public hospital setting in South Africa' is a descriptive study in a non-contrived setting that intends to determine the extent of relationships between variables that are deemed influential factors in the domain of the study topic (Sekaran and Bougie, 2013: 95).

3.2 Aims and Objectives of the study

The aim of this study is to identify the challenges that affect middle level managers in a public hospital setting impacting on performance management measures.

3.2.1 Objectives of the study

- i) To identify which of the organisational indicators as linked to performance management are encountered as challenges by middle managers in a public health setting
- ii) To identify the influential determinants on performance management
- iii) To determine the relationship between the challenges facing middle managers and performance management measures.

- iv) To make recommendations to the organizational management based on findings.

3.3 Research Design and Methods

3.3.1 Description and Purpose

The purpose of the study will be to test the organisational support theory that relates the challenges faced by middle managers (independent variable) at Stanger Hospital to the impact on performance management measures (dependent variable).

The study uses organisational support theory and follows a case study approach with a quantitative design. The quantitative design was executed through a self-administered questionnaire which elicit respondents' inputs on a mono constructed range of questions.

Various studies conducted under the major ambit of hospital based performance management were case study based on thematic elicitation and correlation of input. However, this quantitative design aims to engage on the same variables and connotatively deduce the study outcomes (Sekaran and Bougie, 2013: 253).

The study was limited to a single public health care organisation setting. The reason was that working in this setting enables an appreciation of the problems that middle managers encounter. It is not the lack of external organisations not sharing similar challenges but rather, the time factor and limited access and contact required to deliver on a study to provide constructive findings.

The study appears comprehensive in that challenges facing middle managers can contextualize myriad problems, as well as interfacing challenges. Nonetheless, it is crucial to gauge the actual magnitude of this contextual problem, failing to do so may realise a superficial scoping of the actual problem in the study.

A qualitative design may prove useful as thematic contexts can elicit a greater depth of information. However, quantitative design seeks to relate a theoretical framework as identified and seeks a deductive approach to study implementation, hence a quantitative method was utilized

3.4 Study Area

The Study setting was Stanger Hospital, which is a provincial Regional Hospital in the ILembe district, within the province of KwaZulu Natal in South Africa.

3.5 Target Population

The research study population consisted of managers from all the components within the hospital (Doctors, Nurses, Finance, Systems, Human Resource and Allied Health). This study population comprised a total of 90 respondents. The Hospital hierarchy consists of tiers on management levels and operational staff. For the purpose of obtaining results for this study, middle managers were extracted as the population sample as this management layer were the stipulated stakeholders in the study design.

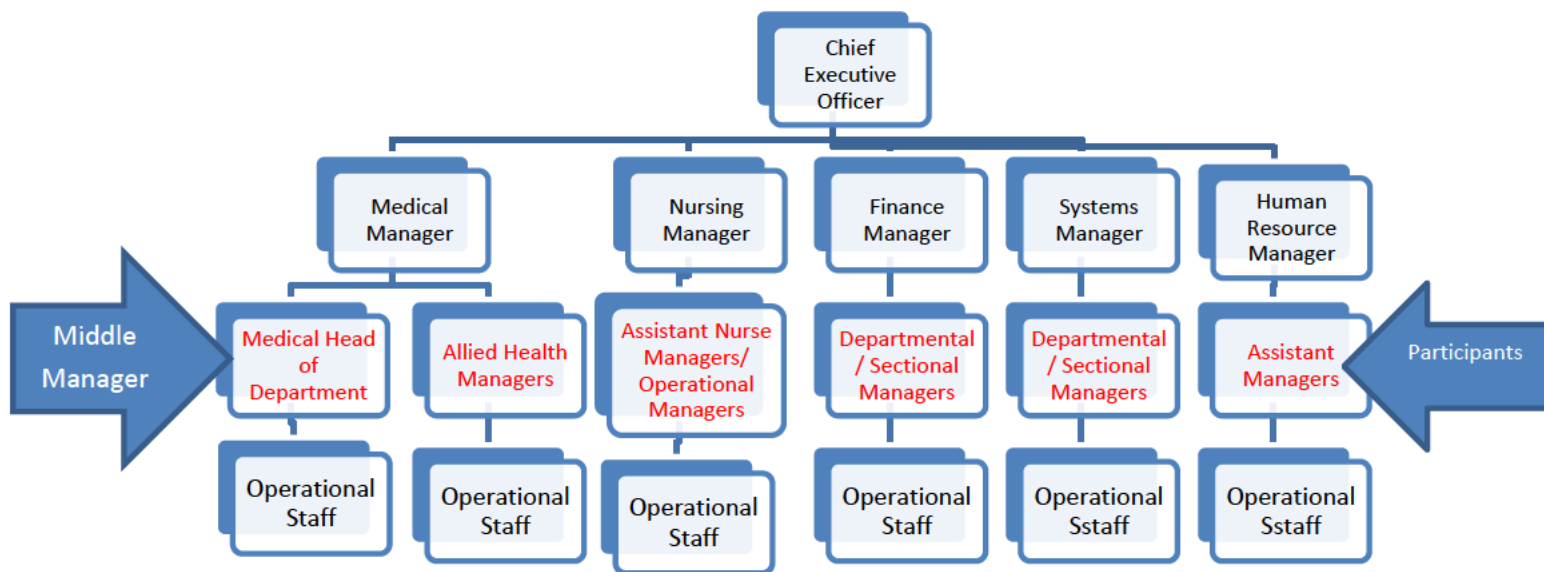


Figure 3.1. Abridged hospital organogram depicting participants in the study

3.6 Sampling Techniques

Sampling is a definitive means of choosing a set of attributes and elements from a defined population, so that the inherent attributes can be suggestive of representation from the larger population. Various sampling techniques are within

the two sampling designs: 1) probability sampling which involves unrestricted or simple random sampling; and 2) non-probability sampling which involves convenience or purposive sampling. In this study, census survey of all the middle managers was used. This was done as the researcher was interested in quantitative data. (Sekaran and Bougie, 2013: 253).

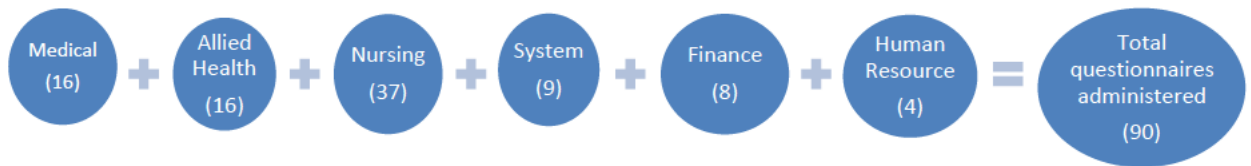


Figure 3.2. Total number of questionnaires administered per department

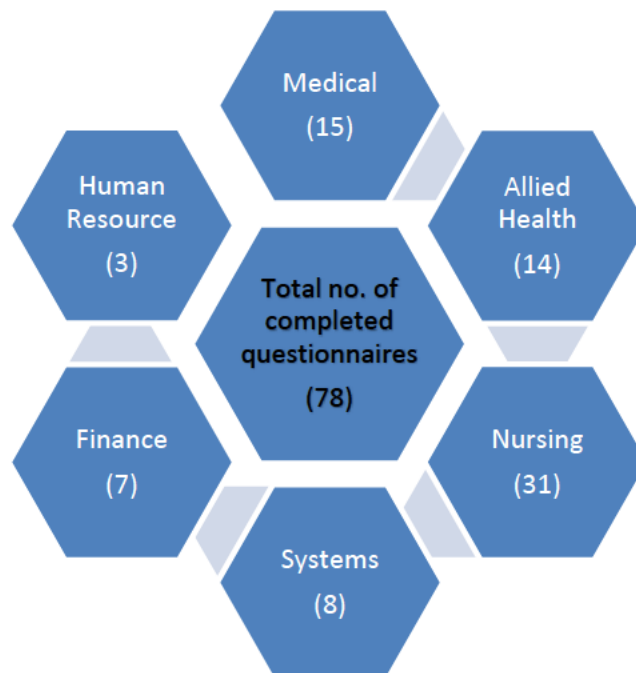


Figure 3.3. Total number of completed questionnaires received per domain

3.7 Sample Size

Middle managers comprises of heads of departments or service unit heads (Schnoor, Heyde and Ghanem, 2015: 3). The sample size comprises the

population of the middle managers in the Hospital. Therefore all the incumbents in position of head of department; service unit manager were the respondents of the study, which includes a group of 90 respondents(N) across the five domains of Medical and Allied health, Nursing, Human Resources, Finance and Systems components. However, completed questionnaires that were used in data analysis, were received from the respondents from the following components: Medical (15) and Allied Health (14), Nursing (31), Human Resources(3), Finance(7) and Systems(8) components. This equated to a sample of 78 respondents (n). The dissimilarity in the respondent group is that the varied departments span across clinical to non-clinical domains. In the light of acquiring a holistic view of performance management and challenges in all domains by all middle managers, a study conducted across all domains will lend credibility to attaining the impact of individual middle manager challengers to the macro ambit of organisational performance measures.

3.8 Choice of Data Collection Method

Self-administered questionnaires suited this study design, since the study was conducted in a localized area that allowed the researcher the access to contact respondents, as well as allowed for the timely collection of the completed questionnaires. Respondents were informed of purpose of study both in the form of a written explanation and re-in forced verbally. A signed consent was obtained from all the respondents. The questionnaires were given to respondents with an agreed timeline of two weeks for completion and collection.

Respondents were asked to complete questionnaires which were assessed to take 20 minutes to complete. The timeline of completed questionnaires received from time of issue ranged from 1 day to 14 days.

3.9 Data Collection Strategies

Various methods of research strategies are deployed in research which are: survey research, grounded theory, case studies, action research, experimental and observation. Survey research was used in this research using the quantitative method. In this quantitative design, the research instrument used was a questionnaire (Sekaran and Bougie, 2013: 117).

Self-administered questionnaires (Appendix 4) were utilised for data collection. A questionnaire is defined as a complement of questions with a range of answers of associative values, that respondents are expected to answer (Sekaran and Bougie, 2013: 117). This study conducted is descriptive, and questionnaires are a viable method of data collection for descriptive studies. Questionnaires are cost effective and time efficient method of collecting data, however, the basis for selecting the questionnaire method was the advantage of collecting a volume of quantitative aligned data.

The questionnaire was based on constructs of Challenges, Organizational Climate, Quality Management and competencies. The various significant subcontracts were identified under quality management (Quality management measures; information and communication; Organizational commitment/ Job Satisfaction; Training and Development; Employee voice and participation) and Competencies (Intrapersonal aspects; Work-life balance; Stress perception; Supervisory support; Planning and Assessment; People and process dimension of performance management; Information and Financial Management; and Facilities Management).

The benefits of using the questionnaire was its strength in gauging perceptions, attitudes; was cost effective; gave the researcher an understanding of subjects thoughts and intrinsic associated inferences on the information; the ability to capture a larger number of participants responses within a short span of time; respondents experience of safety in possible anonymity; allowed for elicitation of precisely required information; provided for smooth process of data capturing and analysis, and is viable for comparative endorsement (Sekaran and Bougie, 2013: 117).

The associated weaknesses of this questionnaire method was that the questions must had to be limited to short, easily understood concepts, the respondents intent appease expectation of researcher with skewed responses, neutral positioning of respondents (Sekaran and Bougie, 2013: 151-158).

3.9.1 Construction of the Instrument

The questionnaire was the primary instrument used which consisted of five sections. Consultation with various literature provided a conceptual framework for this study which was expanded under five sections. Section one was directed to demographics that covered variables of gender, age, ethnicity, component, employment age and educational qualification. These elements were crucial to provide and depict the background of the individual employee. Studies have highlighted a correlation of demographics to stress perception and ultimately an impact on performance management.

Section two was addressing challenges which comprised of the tangible measures that are monitored in the organization and shared domains in performance management. These challenges were litigation; negative media publicity; high staff turnover; increased waiting times of clients, decreased staff morale and "Other". These challenges are the quantified measures within the organization that attest to organizational efficiency or the lack thereof (Vagnoni and Oppi, 2015: 331-332).

Section three addressed the concept of organization climate which was engages the concepts of good internal communication; supportive organisational ; availability of professional development opportunities; performance based evaluation; Top managers regards for employee growth; and commitment and motivation factors(Kagaari, 2011: 38; Borkowski et al 2011: 270). There was an association of organizational climate to that of performance management with much literary coverage on the inherent elements as reviewed in this section.

Quality management, section four, was an area of perceived challenges in performance management with associated elements of quality management measures; information and communication; organisational commitment interlinked with job satisfaction; training and development; and employee voice and participation (Al-Shdaifat, 2015: 462; Carlstrom, 2012:100; Yang and Zeng, 2014: 166).

The last section addressed competencies which are viewed as the skeleton that supports the leadership and management capacity was divided in this study and questionnaire into elements of intrapersonal management; work-life balance;

stress perception; supervisory support; planning and assessment; performance management perception; information and financial management and facilities management (Seljak and Kvas, 2015: 1-2). Competencies have been evidenced to support performance management.

Instrument sections	Scope of Content	Objectives Link
1	Demographic	i, ii, iii and iv
2	Challenges- quantified hospital indicators	i, iii and iv
3	Organizational Climate	ii, iii and iv
4	Quality Management	ii, iii and iv
5	Competencies	ii, iii and iv

Table 3.1. Construct of Questionnaire.

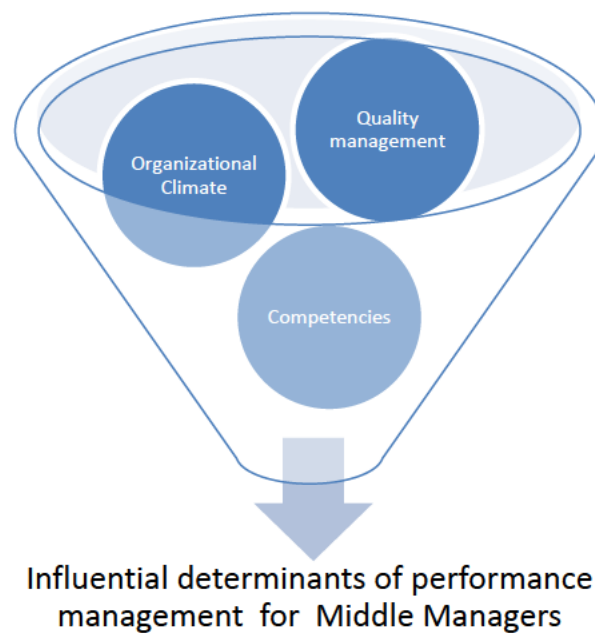


Figure 3.4 Conceptual framework of influential determinants on performance management for middle managers

Predominantly, a 5 point Likert scale was used.

This is a survey design using a quantitative approach for data collection and analysis. A five-point Likert scale of (“1”= strongly disagree/ very unsatisfactory to “5” = strongly agree/ very satisfactory). Dichotomous scales, as well as nominal scales were used minimally.

3.10 Pretesting and Validation

3.10.1 Reliability:

Reliability is a measure of the consistency that the research instrument will gauge irrespective of the concepts that are measured. Reliability testing proves lack of bias, whilst indicating the ability of the measure to remain consistent and stable within the time continuum (Sekaran and Bougie, 2013: 228)

Based on the reliability test of the data, it could be concluded that the data were reliable as the Cronbach's Alpha value (Table 4.50) for all the constructs were >0.60.

3.10.2 Validity

Validity is a test that determines the credibility of the instrument to measure the concepts that is being questioned (Sekaran and Bougie, 2013: 225).

3.10.3 Pretesting

The research questionnaire was pretested for consistency by two middle managers who also assessed the instrument for errors.

3.11 Analysis of the Data

All the questions on the questionnaire were coded and inputted using SPSS (Statistical Package for Social Sciences) version 23. Various statistically based tests were used to depict responses through diagrams and tables. Inferences were based on the computer generated output, hence, this eliminated bias that could arise through researcher's manipulation of data.

3.12 Ethical Considerations

Ethical considerations are a pre requisite of all research studies to ensure subject and respondents are not violated in any manner through potential breach in confidentiality, unfairness or injustices amongst other protective norms. Informed consent was obtained from respondents (Appendix 3), and information regarding scope, purpose and researcher's details (Appendix 2) was appended to all questionnaires (Appendix 4). Ethics approval was obtained via the University of Kwa Zulu Natal Social sciences and Ethics Committee with a formal ethics approval letter (Appendix 5). Authority to conduct this study at Stanger hospital was required and obtained from the Institutional as well as the Kwa Zulu Natal Provincial Health Department Ethics Committee (Appendix 1).

3.13 Summary

In this chapter, an overview was provided on the methodology. A self-administered questionnaire was completed by middle managers at Stanger hospital. The research questionnaire was aligned to research objectives. A computer software programme was utilised for data analysis, the findings of which will be presented in the following chapter.

CHAPTER FOUR

Presentation of Results

4.1 Introduction

Data as provided by respondents in the research instrument was inputted on the SPSS software producing the following results as presented in this chapter. Data is used to generate information that can be synthesised and used for decision making. In this chapter, the results will be presented,

4.2 Presentation of Data

The data will be presented as per the sections of the questionnaire. The various statistical tests conducted yielded the results as presented.

4.3 Results on Demographics

A total of 78 participants completed the self-administered questionnaire. It was found that the majority of them were female (77%), 74% were between the ages of 34 years and 50 years, more than half of them were African (56%) followed by Indian (37%) (Table 4.1). The present study found that more than a quarter were from nursing department followed by Medical. More than three quarters of the participants had worked for less than 10 years. More than half of the participants mentioned that they had worked for less than 10 years in the hospital.

Table 4.1: Distribution of demographic variable

Variables	Frequency	Percent
Gender		
Male	18	23.1
Female	60	76.9
Total	78	100.0
Age group		
20-30	5	6.4
34-40	26	33.3

41-50	32	41.0
51-60	12	15.4
>60	3	3.8
Race		
African	44	56.4
White	4	5.1
Indian	29	37.2
Other	1	1.3
Component in organisation		
Medical	15	19.2
Allied Health	14	17.9
Nursing	31	39.7
Human Resource	3	3.8
Finance	7	9.0
Systems	8	10.3
Total years in Current position		
0-10	53	67.9
11-20	15	19.2
21-30	5	6.4
>30	5	6.4
Total years of employment		
0-10	17	21.8
11-20	36	46.2
21-30	20	25.6
>30	5	6.4
Total years employed at Stanger Hospital		
0-10	45	57.7
11-20	17	21.8
21-30	13	16.7
>30	3	3.8
Highest educational qualification		
Matric	2	2.6
Certificate	1	1.3
Diploma	32	41.0

Degree	23	29.5
Post Graduate Degree	20	25.6

4.4 Challenges: Incidences of Quantifiable Hospital Indicators

With regards to challenges identified, it was found that about a fifth of the respondents experienced high turnover, increased waiting times for the clients, and decreased staff morale (Figure 4.1)

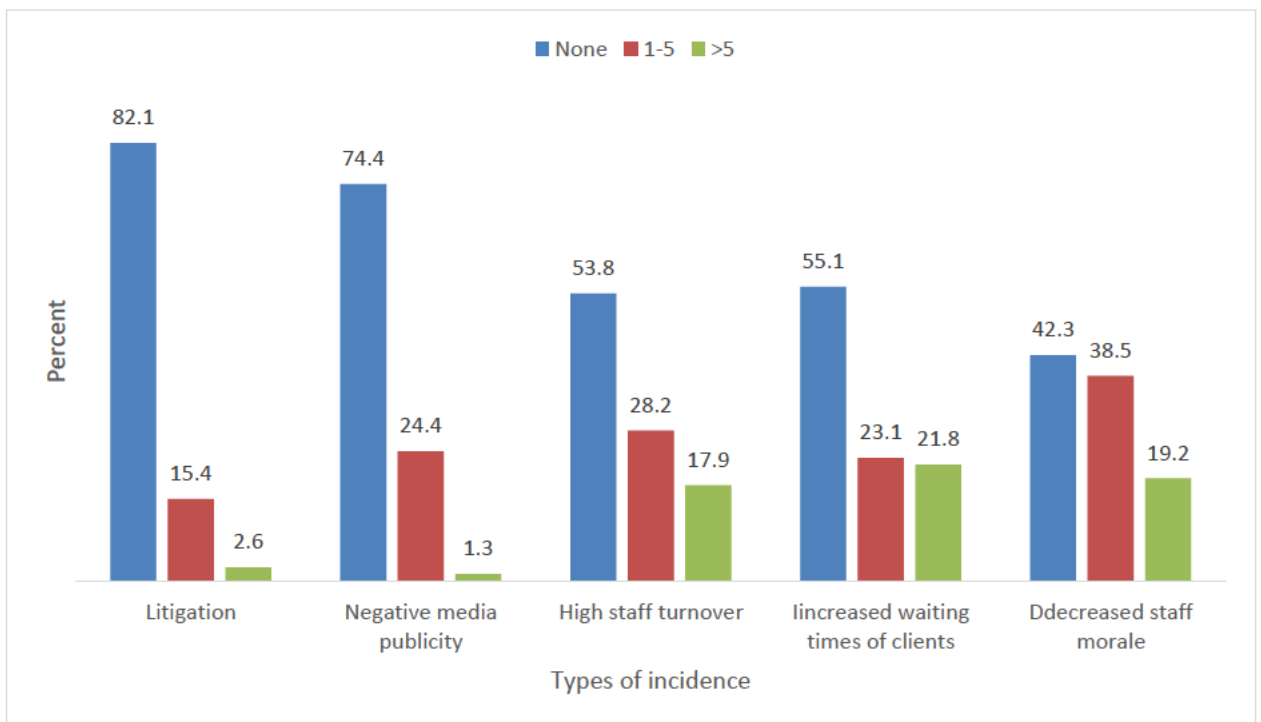


Figure 4.1: Experiences of incidences

Chi-squared test of association was conducted to find association between demographic variables with different types of incidences. With regards to litigation, experiences of litigation were associated with number of years the participant was working at the hospital. This meant that participants working longer in the hospital experienced more litigation than their counterpart ($p=0.002$). Similarly, experiences of negative media publicity was associated with number of years the participant was working at the hospital ($p=0.002$).

Table 4.2: Incidence of litigation

		Incidences of litigation			Chi-squared value	p-value
		None	1-5	>5		
Gender	Male	23.4%	25.0%		0.630	0.730
	Female	76.6%	75.0%	100.0%		
Age group	20-30	6.3%	8.3%		6.049	0.642
	34-40	37.5%	16.7%			
	41-50	37.5%	58.3%	50.0%		
	51-60	15.6%	8.3%	50.0%		
	>60	3.1%	8.3%			
Race	African	59.4%	41.7%	50.0%		
	White	6.3%				
	Indian	34.4%	50.0%	50.0%		
	Other		8.3%			
Component in organisation	Medical	17.2%	33.3%		7.922	0.636
	Allied Health	20.3%	8.3%			
	Nursing	35.9%	50.0%	100.0%		
	Human Resource	4.7%				
	Finance	9.4%	8.3%			
	Systems	12.5%				
Total years employed at Stanger Hospital	0-10	60.9%	50.0%		20.349	0.002
	11-20	18.8%	41.7%			
	21-30	18.8%		50.0%		
	>30	1.6%	8.3%	50.0%		

Table 4.3. : Incidences of negative media publicity

		Incidences of negative media publicity			Chi-squared value	p-value
		None	1-5	>5		
Gender	Male	19.0%	36.8%		2.880	0.237
	Female	81.0%	63.2%	100.0%		
Age group	20-30	3.4%	15.8%		11.784	0.161
	34-40	39.7%	15.8%			
	41-50	39.7%	47.4%			
	51-60	13.8%	15.8%	100.0%		
	>60	3.4%	5.3%			
Race	African	55.2%	57.9%	100.0%	1.138	0.980
	White	5.2%	5.3%			
	Indian	37.9%	36.8%			
	Other	1.7%				
Component in organisation	Medical	17.2%	26.3%		7.067	0.719
	Allied Health	22.4%	5.3%			
	Nursing	36.2%	47.4%	100.0%		
	Human Resource	5.2%				
	Finance	10.3%	5.3%			
	Systems	8.6%	15.8%			
Total years employed at Stanger Hospital	0-10	55.2%	68.4%		26.826	<0.001
	11-20	22.4%	21.1%			
	21-30	19.0%	10.5%			
	>30	3.4%		100.0%		

High turnover, incidences of increased waiting times of clients, and decreased staff morale were not found to be associated with any demographic variables ($p > 0.05$).

Table 4.4: Incidence of high turnover

		Incidences of high turn over			Chi-squared value	p-value
		None	1-5	>5		
Gender	Male	21.4%	27.3%	21.4%	0.304	0.859
	Female	78.6%	72.7%	78.6%		
Age group	20-30	4.8%	13.6%		12.141	0.145
	34-40	40.5%	36.4%	7.1%		
	41-50	38.1%	27.3%	71.4%		
	51-60	11.9%	18.2%	21.4%		
	>60	4.8%	4.5%			
Race	African	61.9%	40.9%	64.3%	5.868	0.438
	White	7.1%	4.5%			
	Indian	28.6%	54.5%	35.7%		
	Other	2.4%				
Component in organisation	Medical	21.4%	18.2%	14.3%	14.169	0.165
	Allied Health	14.3%	27.3%	14.3%		
	Nursing	35.7%	36.4%	57.1%		
	Human Resource		4.5%	14.3%		
	Finance	11.9%	9.1%			
	Systems	16.7%	4.5%			
Total years employed at Stanger Hospital	0-10	61.9%	59.1%	42.9%	8.061	0.234
	11-20	16.7%	27.3%	28.6%		
	21-30	21.4%	4.5%	21.4%		
	>30		9.1%	7.1%		

Table 4.5 : Incidences of increased waiting times

		Incidences of increased waiting times			Chi-squared value	p-value
		None	1-5	>5		
Gender	Male	23.3%	27.8%	17.6%	0.507	0.776
	Female	76.7%	72.2%	82.4%		
Age group	20-30	4.7%	16.7%		7.895	0.444
	34-40	34.9%	38.9%	23.5%		
	41-50	44.2%	22.2%	52.9%		
	51-60	14.0%	16.7%	17.6%		
	>60	2.3%	5.6%	5.9%		
Race	African	65.1%	38.9%	52.9%	11.125	0.085
	White	9.3%				
	Indian	23.3%	61.1%	47.1%		
	Other	2.3%				
Component in organisation	Medical	16.3%	27.8%	17.6%	10.004	0.440
	Allied Health	16.3%	16.7%	23.5%		
	Nursing	34.9%	33.3%	58.8%		
	Human Resource	7.0%				
	Finance	11.6%	11.1%			
	Systems	14.0%	11.1%			
Total years employed at Stanger Hospital	0-10	55.8%	72.2%	47.1%	3.663	0.722
	11-20	25.6%	11.1%	23.5%		
	21-30	16.3%	11.1%	23.5%		
	>30	2.3%	5.6%	5.9%		

Table 4.6 Incidences of Decreased Staff Morale

		Incidences of decreased staff morale			Chi-squared value	p-value
		None	1-5	>5		
Gender	Male	27.3%	13.3%	33.3%	2.821	2.44
	Female	72.7%	86.7%	66.7%		
Age group	20-30	6.1%	10.0%		12.929	0.114
	34-40	39.4%	36.7%	13.3%		
	41-50	33.3%	30.0%	80.0%		
	51-60	15.2%	20.0%	6.7%		
	>60	6.1%	3.3%			
Race	African	63.6%	53.3%	46.7%	3.825	0.700
	White	6.1%	3.3%	6.7%		
	Indian	27.3%	43.3%	46.7%		
	Other	3.0%				
Component in organisation	Medical	18.2%	20.0%	20.0%	8.989	0.533
	Allied Health	18.2%	16.7%	20.0%		
	Nursing	36.4%	36.7%	53.3%		
	Human Resource		10.0%			
	Finance	15.2%	6.7%			
	Systems	12.1%	10.0%	6.7%		
Total years employed at Stanger Hospital	0-10	57.6%	60.0%	53.3%	3.199	0.783
	11-20	21.2%	20.0%	26.7%		
	21-30	21.2%	13.3%	13.3%		
	>30		6.7%	6.7%		

4.5 Organizational Climate

4.5.1 Factor Analysis for organizational climate

With regards to organizational climate, the factor analysis found “Perceived good internal communication” to be important in your role execution, and Perceive top management regard for employee growth to be important in your role execution were very important factors.

Table 4.7 KMO and Bartlett’s test

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.669
Bartlett's Test of Sphericity	Approx. Chi-Square	59.407
	df	10
	Sig.	.000

Table 4.8 Total Variance Explained

Component	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1	2.164	43.273	43.273
2	1.021	20.411	63.684
3	.734	14.676	78.360
4	.674	13.477	91.837
5	.408	8.163	100.000

Table 4.9 Rotated Component Matrix

Rotated Component Matrix ^a		
	Component	
	1	2
Perceive good internal communication to be important in your role execution	.083	.976
Perceive supportive organizational culture to be important in role execution	.651	.126
Perceive availability of professional development opportunities to be important in your role execution	.761	.104
Perceive importance of performance based Evaluation to be important in your role execution	.665	.157
Perceive top management regard for employee growth to be important in your role execution	.827	-.210
Extraction Method: Principal Component Analysis.		
Rotation Method: Varimax with Kaiser Normalization. ^a		
a. Rotation converged in 3 iterations.		

The frequency distribution showed that most of the participants agreed that perceive good internal communication to be important in their role execution (91%) and 53% mentioned of perceive top management regard for employee growth to be important in their role execution.

Table 4.10 Frequency distribution of items for organization climate

		Frequency	Percent
Perceive good internal communication to be important in your role execution	Yes	71	91.0
	No	7	9.0
Perceive top management regard for employee growth to be important in your role execution	Yes	41	52.6
	No	37	47.4
	Total	78	100.0

The top 5 factors that instil motivation and commitment to the organization were identified as Organizational and Human Resource development policies; Communication; Training and development; Teamwork/ cohesiveness and Job satisfaction.

Table 4.11: Rotated component Matrix – Motivation and Commitment

Rotated Component Matrix ^a					
	Component				
	1	2	3	4	5
Trust as top 5 factors that instils motivation and commitment to organization	.174	.297	.076	.574	-.024
Job satisfaction as top 5 factors that instils motivation and commitment to organization	-.012	-.069	-.097	.020	.848
Communication as top 5 factors that instils motivation and commitment to the organization	.082	.850	.152	.126	.097
Performance Management as top 5 factors that instils motivation and commitment to organization	.704	-.045	.054	.234	-.202
Teamwork/ cohesiveness as top 5 factors that instils motivation and commitment to organization	-.019	-.093	-.163	.811	-.029
Image of institution as top 5 factors that instils motivation and commitment to the organization	.642	.147	.129	.475	.164
Training and development as top 5 factors that instils motivation and commitment to the organization	.108	.058	.852	-.053	-.141
Leadership as top 5 factors that instils motivation and commitment to the organization	.576	.348	-.488	-.058	.014
Organizational support as top 5 factors that instils motivation and commitment to the organization	.180	.207	.603	-.065	.524
Equitable rewards and remuneration as top 5 factors that instils motivation and commitment to the organization	.504	-.430	.166	.300	.204
Conducive work environment as top 5 factors that instils motivations and commitment to organization	.196	-.557	.046	-.071	.435
Organizational and Human Resource development policies as top 5 factors that instils motivation and commitment to organization	.738	-.076	.104	-.157	.175
Extraction Method: Principal Component Analysis.					
Rotation Method: Varimax with Kaiser Normalization.					
a. Rotation converged in 9 iterations.					

With regards to ranking, results showed that five statements were important. These statements were Ranking of performance management as top 5 factors that instils motivation and commitment in organization, Ranking of trust between co-workers as top 5 factors that instils motivation and commitment in organization, Ranking of training and development as top 5 factors that instils motivation and commitment in organization, Ranking of conducive work environment as top 5 factors that instils motivation and commitment in organization, and Ranking of job satisfaction as top 5 factors that instils motivation and commitment in organization.

Table 4.12: Rotated Component Matrix: Ranking of Motivation and Commitment factors

Rotated Component Matrix ^a					
	Component				
	1	2	3	4	5
Ranking of trust between co-workers as top 5 factors that instils motivation and commitment in organization	.050	.725	.141	.086	.169
Ranking of job satisfaction as top 5 factors that instils motivation and commitment in organization	.077	.031	-.058	.077	.913
Ranking of communication as top 5 factors that instils motivation and commitment in organization	-.065	.464	.462	-.478	.116
Ranking of performance management as top 5 factors that instils motivation and commitment in organization	.782	.272	.025	.026	-.209
Ranking of teamwork/cohesiveness as top 5 factors that instils motivation and commitment in organization	.406	.491	-.055	-.166	.046
Ranking of image of institution as top 5 factors that instils motivation and commitment in organization	.674	.398	.190	-.035	.208
Ranking of training and development as top 5 factors that instils motivation and commitment in organization	.047	.026	.813	-.003	-.096
Ranking of leadership as top 5 factors that instils motivation and commitment in organization	.141	.680	-.150	.097	-.278
Ranking of organization support as top 5 factors that instils motivation and commitment in organization	.101	-.043	.728	.292	.046
Ranking of equitable rewards and remuneration as top 5 factors that instils motivation and commitment in organization	.769	-.334	-.007	.094	.256
Ranking of conducive work environment as top 5 factors that instils motivation and commitment in organization	-.026	.056	.193	.884	.136
Ranking of Organizational Policies and Human Resource Development policies as top5 factors that instils motivation and commitment in organization	.523	.356	.241	.497	-.114
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.					
a. Rotation converged in 9 iterations.					

According to figure 4.2, more participants reported negatively to most of the items. For example, most of the participants reported that equitable rewards and remuneration, and conducive work environment were not present in their organization (92% and 85% respectively).

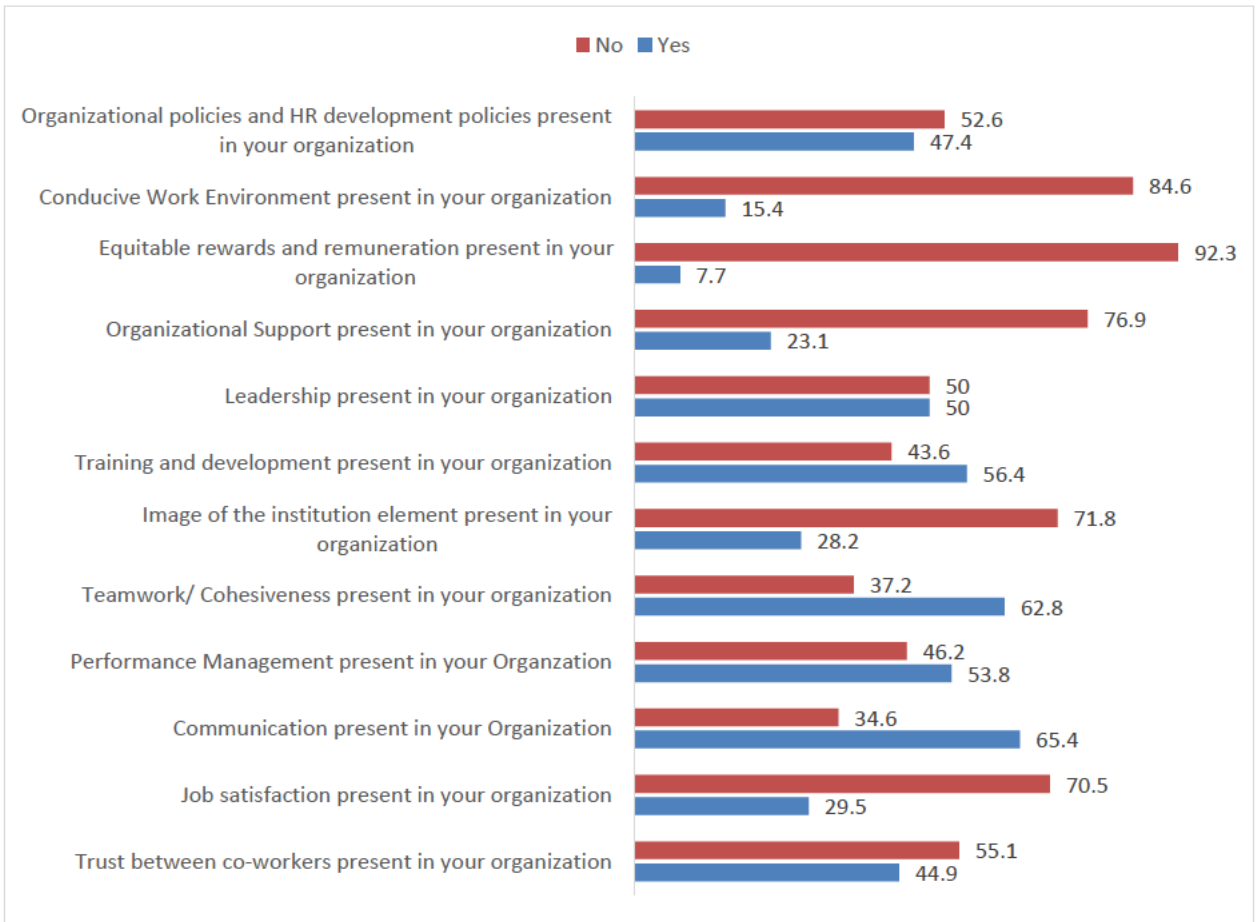


Figure 4.2: Items for organizational climate

4.6 Quality Management: Factor Analysis Results

4.6.1 Quality management

Factor analysis showed that there were three statements which could explain 65% of the variability of quality management. These statements are: There are protocols for performing all tasks in your department, you are successful manager that delivers results and create learning environment to help employees, and Able to co-operate and collaborate with external stakeholders in the organization.

Table 4.13: KMO and Bartlett's test- Quality management

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.634
Bartlett's Test of Sphericity	Approx. Chi-Square	206.938
	df	36
	Sig.	.000

Table 4.14 Total Variance Explained

Component	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1. Decisions	3.364	37.378	37.378
2. Protocols	1.327	14.749	52.128
3. Successful manager	1.177	13.078	65.206
4. Corrective action-learning environment	.849	9.428	74.634
5. Committed to deadlines	.717	7.968	82.602
6. Accept external help	.557	6.188	88.790
7. co-operate/ collaborate with external stakeholders	.440	4.890	93.680
8. Senior management commitment- quality	.358	3.982	97.662
9. Personal commitment to quality	.210	2.338	100.000

Table 4.15: Extraction Method: Principal Component Analysis.

Rotated Component Matrix ^a			
	Component		
	1	2	3
Decisions made at top of organization and refined through 2 way conversation and employee involvement	.792	.049	.172
There are protocols for performing all tasks in your department	.815	.099	-.180
You are successful manager that delivers results and create learning environment to help employees	.087	.067	.934
You are able to take corrective action in a learning environment	.691	.261	-.003
You are committed to deadlines and goals	.513	.561	-.113
You easily accept external help	-.030	.771	-.096
Able to co-operate and collaborate with external stakeholders in the organization	.228	.820	.008
There is commitment from senior management to obtain quality products , services and processes	.485	.219	-.517
Commitment from yourself to obtain quality products, services and processes	.204	.744	.084
Extraction Method: Principal Component Analysis.			
Rotation Method: Varimax with Kaiser Normalization. ^a			
a. Rotation converged in 4 iterations.			

The figure below shows that most of the participants either agreed or strongly agreed to the statements.

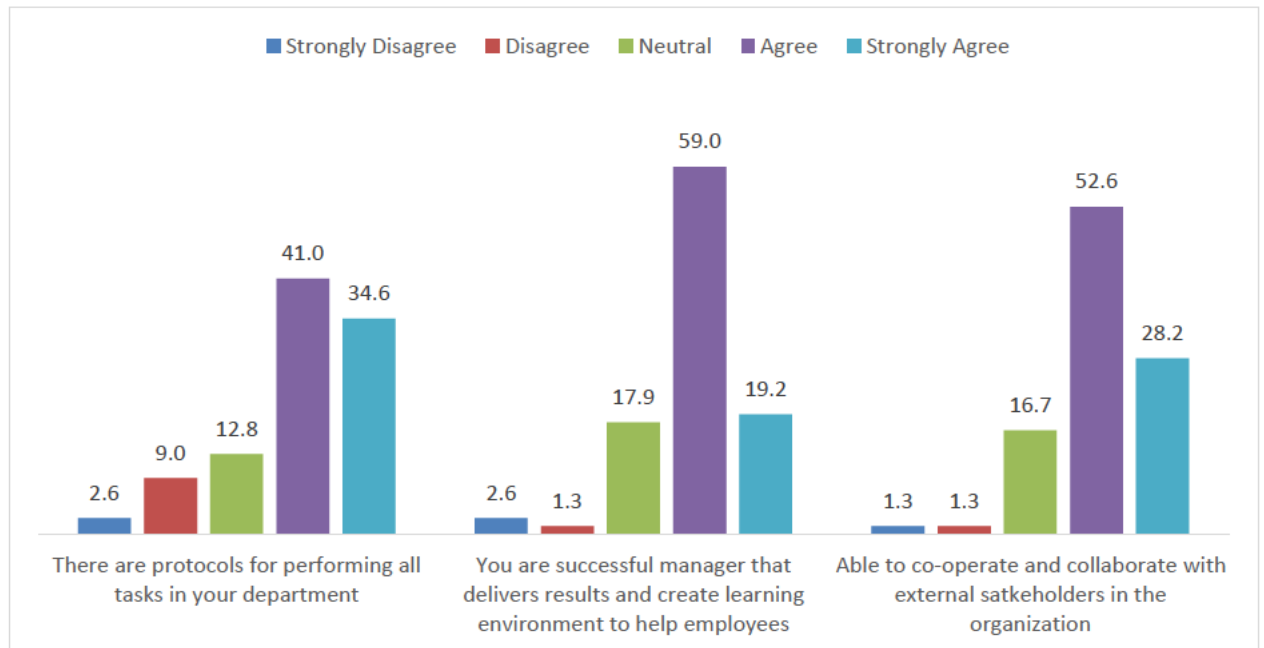


Figure 4.3: Distribution of statements regarding quality management

4.6.2 Information and communication

The results had highlighted that the statement Communication inside hospital is effective as this statement explained 92% of the overall variability for information and communication.

Table 4.16: KMO and Bartlett's test- Information and Communication

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.500
Bartlett's Test of Sphericity	Approx. Chi-Square	93.891
	df	1
	Sig.	.000

Table 4.17: Total Variance Explained

Component	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1	1.844	92.180	92.180
2	.156	7.820	100.000

Table 4.18: Component Matrix: Information and Communication

Component Matrix^a	
	Component
	1
Communication inside hospital is effective	.960
Information management in the hospital is effective	.960
Extraction Method: Principal Component Analysis.	
a. 1 components extracted.	

4.6.3 Organisational Commitment/ Job satisfaction

For organizational commitment, it was found that “you are emotionally attached to the organization” and “salary is appropriate to your position” were the two statements that explained 67% of the overall variability.

Table 4.19: KMO and Bartlett's test- Organisational Commitment/ Job Satisfaction

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.801
Bartlett's Test of Sphericity	Approx. Chi-Square	128.990
	df	15
	Sig.	.000

4.20 Total Variance Explained

Component	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1	2.987	49.788	49.788
2	1.009	16.813	66.601
3	.656	10.937	77.538
4	.502	8.360	85.898
5	.466	7.774	93.672
6	.380	6.328	100.000

Table 4.21 Extraction Method: Principal Component Analysis.

Rotated Component Matrix^a		
	Component	
	1	2
You are emotionally attached to the organization	.060	.894
Strong sense of belonging to organization	.308	.814
Satisfaction with job and kind of work that you do	.591	.521
Salary is appropriate to your position	.806	.160
Satisfied with your working conditions	.728	.223
Stability in your employment	.744	.092
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization. ^a		
a. Rotation converged in 3 iterations.		

Based on the below figure more participants positively reported that “you are emotionally attached to the organization” whereas 45% negatively mentioned that “salary is appropriate to their position”.

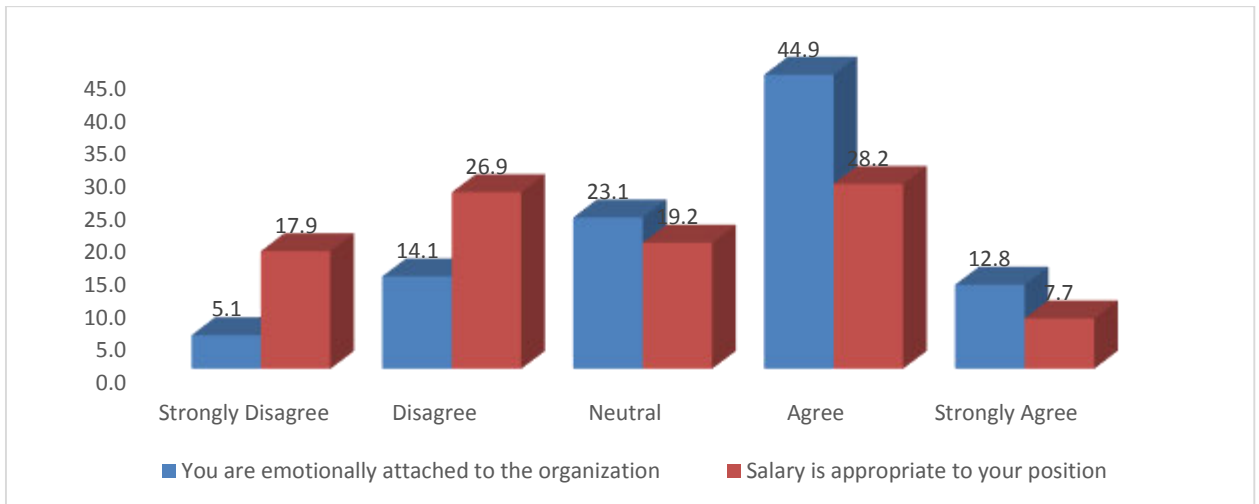


Figure 4.4: Organizational Commitment / Job Satisfaction factors

4.6.4 Training and Development

Factor analysis showed that there were two statements which explained 76% of the total variability for training and development. This two statements were: There is a culture of training and ongoing support to aid in your role, and Selected to lead organizational projects.

Table 4.22: KMO and Bartlett’s test- Training and Development

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.767
Bartlett's Test of Sphericity	Approx. Chi-Square	218.365
	df	15
	Sig.	.000

Table 4.23 Total Variance Explained

Component	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1	3.447	57.450	57.450
2	1.108	18.464	75.914
3	.511	8.514	84.428
4	.410	6.841	91.268
5	.316	5.259	96.527
6	.208	3.473	100.000

Table 4.24: Extraction Method: Principal Component Analysis.

Rotated Component Matrix ^a		
	Component	
	1	2
There is a culture of training and ongoing support to aid in your role	.855	.113
You receive mentoring and coaching from your supervisor	.778	.136
You have opportunities to develop new skills	.814	.252
You participate in high performing teams	.455	.780
Selected to lead organizational projects	.049	.950
You are satisfied with the opportunities for training	.834	.214
Extraction Method: Principal Component Analysis.		
Rotation Method: Varimax with Kaiser Normalization. ^a		
a. Rotation converged in 3 iterations.		

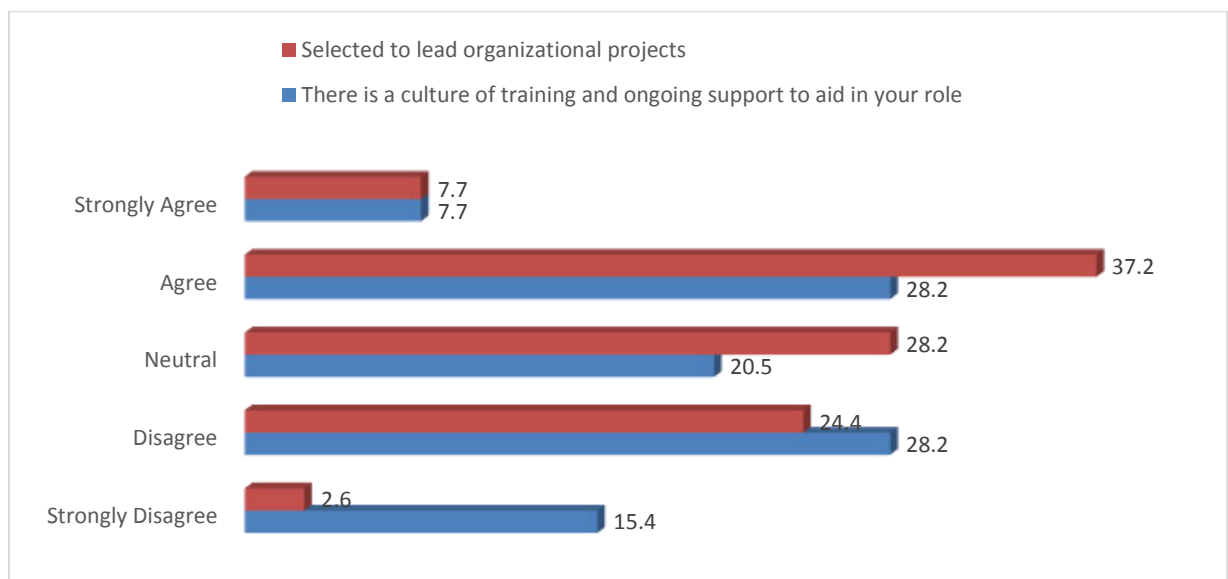


Figure 4.5: Statements for training and development

4.6.5. Employee voice and participation

Table 4.25: KMO and Bartlett's test- Employee Voice and Participation

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.500
Bartlett's Test of Sphericity	Approx. Chi-Square	60.488
	df	1
	Sig.	.000

Table 4.26: Total Variance- Initial Eigenvalues Explained

Component	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1	1.742	87.121	87.121
2	.258	12.879	100.000

Table 4.27 Extraction Method: Principal Component Analysis.

Component Matrix^a	
	Component
	1
Senior management involve you in decision making pertaining to your department	.933
You have a degree of autonomy in decisions made in your department	.933
Extraction Method: Principal Component Analysis.	
a. 1 components extracted.	

4.7 Competencies: Factor Analysis

4.7.1 Competencies: Intrapersonal

Factor analysis showed that there was one statement which could explain the overall variability for competency by 54% which was “you get support of colleagues in your tasks”. The frequency distribution of the statement indicated that 74% of the participants agreed or strongly agreed to the statement.

Table 4.28: KMO and Bartlett’s Test: Competencies

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.731
Bartlett's Test of Sphericity	Approx. Chi-Square	120.910
	df	10
	Sig.	.000

Table 4.29: Total Variance Explained

Component	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1	2.723	54.467	54.467
2	.952	19.031	73.498
3	.625	12.491	85.989
4	.378	7.564	93.553
5	.322	6.447	100.000

Table 4.30 Extraction Method: Principal Component Analysis

Component Matrix ^a	
	Component
	1
You have good working relationship with subordinates	.760
In your department, able to coach and develop employee strengths	.776
You work towards achieving departmental strategic outcomes	.729
You get support of colleagues in your tasks	.833
You have a good working relationship with your supervisor	.565
Extraction Method: Principal Component Analysis.	
a. 1 components extracted.	

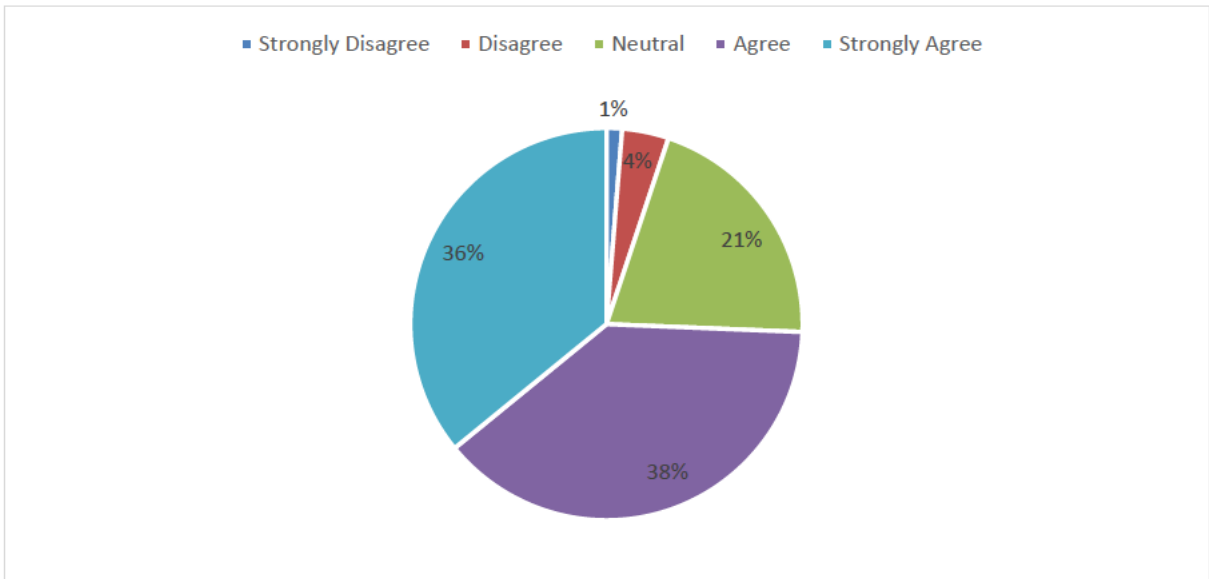


Figure 4.6 “you get support of colleagues in your tasks”

4.7.2 Work- life Balance:

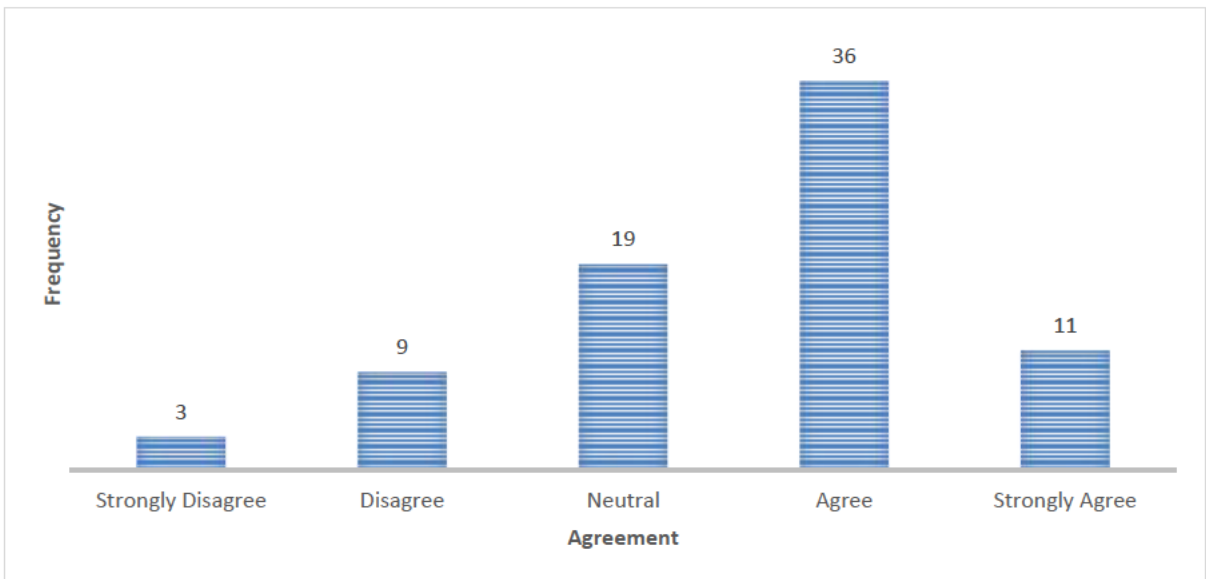


Figure 4.7 Work-life balance

In rating their work-life balance, more participants (60%) indicated they were satisfied with their work- life balance.

4.7.3 Stress perception

The analysis showed that the statement “Often felt could not cope with tasks required of your job” could explain the overall stress perception by 77%.

Table 4.31: KMO and Bartlett’s Test: Stress Perception

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.500
Bartlett's Test of Sphericity	Approx. Chi-Square	26.796
	df	1
	Sig.	.000

Table 4.32: Total Variance Explained

Component	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1	1.547	77.330	77.330
2	.453	22.670	100.000

Table 4.33: Extraction Method: Principal Component Analysis.

Component Matrix ^a	
	Component
	1
Often felt could not cope with tasks required of your job	.879
Constantly feel overwhelmed by work activities	.879
Extraction Method: Principal Component Analysis.	
a. 1 components extracted.	

More than a quarter (29%) of the participants positively reported that they often felt could not cope with tasks required of their job.

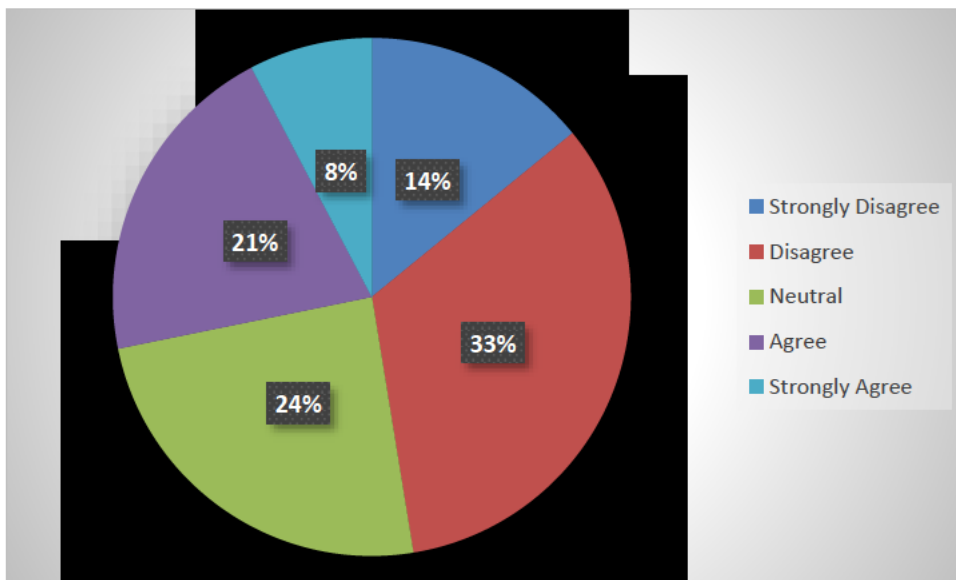


Figure 4.8: Inability to cope with tasks

4.7.4 Supervisory support

It was found that only one statement “You get support of supervisor in your tasks” could explain 67% variability for experience of supervisory support.

Table 4.34: KMO and Bartlett’s Test: Supervisory Support

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.888
Bartlett's Test of Sphericity	Approx. Chi-Square	654.843
	df	45
	Sig.	.000

Table 4.35: Initial Eigenvalues: Supervisory Support

Component	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1	6.746	67.460	67.460
2	.842	8.420	75.881
3	.545	5.449	81.329
4	.506	5.058	86.387
5	.405	4.053	90.440
6	.266	2.662	93.102
7	.237	2.371	95.474
8	.182	1.824	97.297
9	.170	1.700	98.997
10	.100	1.003	100.000

Table 4.36 Component Matrix: Supervisory Support

Component Matrix ^a	
	Component
	1
Immediate supervisor helps you to improve yourself	.797
Immediate supervisor establishes plans and work objectives with you	.780
Immediate supervisor is available when you need advice	.801
Immediate supervisor holds regular meetings with your work group	.776
Immediate supervisor is effective in decision making	.874
Immediate supervisor knows what occurs in your department	.808
You get support of supervisor in your tasks	.885
You experience enhancement of positive aspects of your work by supervisor	.865
Recognition from supervisor	.862
Receive feedback from your supervisor on positive or adverse events	.753
Extraction Method: Principal Component Analysis.	
a. 1 components extracted.	

4.7.5 “Planning and Assessment” in the organization

It was found that the five statements could explain 67% of the overall experience in “planning and assessment” in the organization. The statements are: Involved in strategic planning of the organization, Plan in place to address foreseeable risks in your department, Able to lead department with creativity, Available human resources to deliver required services, and Responsibility of your departmental strategy failures lie with you.

Table 4.37: KMO and Bartlett’s Test: Planning and Assessment

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.717
Bartlett's Test of Sphericity	Approx. Chi-Square	394.434
	df	105
	Sig.	.000

Table 4.38 Total Variance Explained

Component	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1	4.343	28.952	28.952
2	1.972	13.146	42.098
3	1.445	9.633	51.732
4	1.218	8.121	59.852
5	1.107	7.378	67.230
6	.924	6.162	73.393
7	.739	4.924	78.316
8	.715	4.765	83.081
9	.625	4.164	87.245
10	.504	3.358	90.603
11	.376	2.503	93.106
12	.345	2.303	95.410
13	.267	1.779	97.189
14	.227	1.515	98.704
15	.194	1.296	100.000

Table 4.39: Rotated Component Matrix

Rotated Component Matrix ^a					
	Component				
	1	2	3	4	5
Involved in strategic planning of the organization	.826	-.207	-.027	-.046	-.047
You involved in planning of service delivery in your department	.818	.068	.195	-.040	-.078
Strategies planned are realistic	.740	.028	.096	.146	-.095
Available human resources to deliver required services	.165	.030	.044	.875	-.072
You have available skill to carry your role	.116	.037	.610	-.404	-.184
Top management obtains glory for your departmental achievements	-.223	.811	.013	-.076	-.102
Top management acknowledges your role in departmental outcomes	.275	.209	-.106	-.073	-.763
Responsibility of your departmental strategy failures lie with you	.292	.283	-.143	-.154	.648
You are a driver of conflict resolution	.335	.630	.363	.038	.189
Able to create teamwork in your department	.022	.262	.790	.004	-.080
Able to lead department with creativity	.130	.001	.853	.221	.196
You have autonomy in meeting organizational objectives	.571	.339	.261	-.194	.056
Plan in place to address foreseeable risks in your department	.390	.702	.191	.196	.007
Support provided to your department in event of occurrence of adverse events	.637	.340	-.028	.303	.244
There is capacity in your department to adapt to change	.582	.189	.000	.238	.096
Extraction Method: Principal Component Analysis.					
Rotation Method: Varimax with Kaiser Normalization. ^a					
a. Rotation converged in 8 iterations.					

4.7.6 Performance Management

The factor analysis showed that there were five statements that could explain the overall performance management by 68%. These statements were: Risk management is integrated with performance management, Different divisions and functions collaborate well with each other, Able to ensure time management of subordinates with execution of tasks, you have had training on labour relations management, and Organizational vision and strategy is translated into clear objectives.

Table 4.40: KMO and Bartlett's Test: Performance Management

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.823
Bartlett's Test of Sphericity	Approx. Chi-Square	1173.599
	df	276
	Sig.	.000

Table 4.41: Total Variance Explained

Component	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1	9.439	39.327	39.327
2	2.259	9.413	48.740
3	2.063	8.596	57.337
4	1.530	6.374	63.710
5	1.116	4.648	68.359
6	.855	3.563	71.922
7	.820	3.415	75.336
8	.734	3.060	78.396
9	.709	2.955	81.351
10	.591	2.461	83.812
11	.511	2.131	85.943
12	.490	2.043	87.986
13	.416	1.735	89.721
14	.394	1.641	91.362
15	.353	1.471	92.833
16	.314	1.306	94.140

17	.284	1.183	95.322
18	.243	1.012	96.334
19	.208	.867	97.201
20	.194	.808	98.009
21	.185	.771	98.780
22	.122	.507	99.288
23	.095	.395	99.682
24	.076	.318	100.000

Table 4.42: Rotated Component Matrix- Performance Management

Rotated Component Matrix ^a					
	Component				
	1	2	3	4	5
You have adequate supervisory skill to lead your department	.103	.052	.298	.665	.346
You have had training on labour relations management	.038	.034	-.064	.822	-.093
Have relevant performance management training to deal with staff performance	.131	.140	-.024	.803	-.201
Subordinates have clear job descriptions	.068	.225	.682	.371	.104
Subordinates work towards achievement of objectives outlined in job description	.501	.414	.460	-.087	.135
Able to ensure time management of subordinates with respect to attendance on duty	.228	.141	.882	-.081	.020
Able to ensure time management of subordinates with execution of tasks	.217	.140	.898	-.001	.007
Leadership team effectively inspires the organization and provides a clear vision of strategy	.684	.364	.178	.003	.062
Accountabilities for results are clear	.669	.440	.098	-.142	-.065
Employees feel committed and involved	.566	.345	.341	.044	-.025

You have capabilities to carry out performance management activities	.185	.553	.167	.339	.148
Communication of organizational performance objectives and performance is clear	.240	.676	.271	.173	.297
Different divisions and functions collaborate well with each other	.255	.822	.147	-.010	-.229
Have effective meetings to review and plan performance	.213	.758	.096	.081	.145
Organization is structured to achieve strategic objectives	.759	.318	.066	.043	-.143
Stakeholders are appropriately involved in managing performance	.736	.313	.077	.131	.015
Structured performance management framework is consistently used in organization	.693	.405	.054	-.100	.034
Organizational vision and strategy is translated into clear objectives	.082	.125	.053	-.109	.844
Chosen measures cover the important aspects of the organisational service mandate	.701	.168	.049	-.127	.188
Risk management is integrated with performance management	.814	.191	.047	.136	.054
Performance management process, budgeting and strategic planning are linked	.768	-.083	.219	.132	.064
Targets are used for setting performance expectations	.796	.049	.168	.132	.245
Information needed to manage performance in your department is available	.702	.058	.124	.385	-.008
Organisation is effective at allocating resources to objectives	.673	.013	.227	.249	-.100
Extraction Method: Principal Component Analysis.					
Rotation Method: Varimax with Kaiser Normalization. ^a					
a. Rotation converged in 6 iterations.					

4.7.7 Information and Financial Management

It was found that the statement “Able to use trend analysis to plan budgets” could explain overall 71% of the variation for Information and Financial Management.

Table 4.43: KMO and Bartlett’s Test: Information and Financial Management

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.711
Bartlett's Test of Sphericity	Approx. Chi-Square	177.091
	df	6
	Sig.	.000

Table 4.44: Total Variance Explained: Information and Financial Management

Component	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1	2.842	71.052	71.052
2	.708	17.699	88.751
3	.288	7.203	95.955
4	.162	4.045	100.000

Table 4.45: Component Matrix: Information and Financial Management

Component Matrix ^a	
	Component
	1
You are involved in development of budget plans for your department	.770
You are knowledgeable on cost analysis in your department	.891
Able to use departmental data to analyse trends	.787
Able to use trend analysis to plan budgets	.915
Extraction Method: Principal Component Analysis.	
a. 1 components extracted.	

4.7.8 Facilities Management

It was found that the statement “Have the workspace to carry out daily functions” could explain the overall variability of facility management by 73%.

Table 4.46: KMO and Bartlett’s Test: Facilities Management

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.713
Bartlett's Test of Sphericity	Approx. Chi-Square	76.198
	df	3
	Sig.	.000

Table 4.47: Total Variance Explained: Facilities Management

Component	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1	2.181	72.703	72.703
2	.445	14.845	87.548
3	.374	12.452	100.000

Table 4.48 Component Matrix: Facilities Management

Component Matrix ^a	
	Component
	1
Have technological infrastructure in department to perform daily functions	.835
Have the workspace to carry out daily functions	.863
Have the equipment to carry out daily functions	.860
Extraction Method: Principal Component Analysis.	
a. 1 components extracted.	

4.8 Pearson’s Correlation

Based on the factor analysis for all the constructs, the statements that were important, all the scores were added. All the final scores were then used for correlation analysis. The Pearson correlation analysis showed that challenges were significantly negatively related to performance ($r=0.237$, $p=0.036$). Communication was positively correlated with Organisational commitment, training and development, competency, supervisory support, and planning and assessment ($p<0.05$). All other correlation can be found in the below table.

Table 4.49: Pearson Correlation analysis among the constructs

	Challenges	QM	Communication	OC	TD	EV	Competency	Balance	stress perception	supervisory support	Planning and Assessment	PM	FM	Facilities Management
Challenges	1	-.133	-.209	-.109	-.050	-.096	-.216	-.148	.014	-.184	-.035	-.237*	-.005	-.191
		.245	.066	.341	.662	.402	.057	.195	.900	.107	.758	.036	.965	.095
Quality Management	-.133	1	.117	.114	.141	.073	.131	-.054	-.072	.161	.013	.023	.120	-.143
	.245		.309	.318	.219	.525	.252	.636	.533	.158	.911	.841	.297	.213
Communication	-.209	.117	1	.447**	.393**	.348**	.456**	.280*	-.136	.288*	.234*	.408**	.106	.204
	.066	.309		.000	.000	.002	.000	.013	.235	.011	.039	.000	.356	.073
Organisational commitment/job satisfaction	-.109	.114	.447**	1	.441**	.514**	.469**	.360**	-.108	.405**	.349**	.387**	.083	.242*
	.341	.318	.000		.000	.000	.000	.001	.346	.000	.002	.000	.469	.033
Training and development	-.050	.141	.393**	.441**	1	.469**	.357**	.196	.010	.310**	.368**	.347**	.279*	.417**
	.662	.219	.000	.000		.000	.001	.085	.930	.006	.001	.002	.013	.000
Employee voice	-.096	.073	.348**	.514**	.469**	1	.434**	.223*	-.034	.380**	.344**	.348**	.290*	.154
	.402	.525	.002	.000	.000		.000	.049	.765	.001	.002	.002	.010	.178
Competency	-.216	.131	.456**	.469**	.357**	.434**	1	.316**	-.112	.343**	.392**	.269*	.129	.170
	.057	.252	.000	.000	.001	.000		.005	.329	.002	.000	.017	.259	.137
Balance	-.148	-.054	.280*	.360**	.196	.223*	.316**	1	-.277*	.044	.196	.494**	.210	.148
	.195	.636	.013	.001	.085	.049	.005		.014	.704	.086	.000	.065	.195
Stress perception	.014	-.072	-.136	-.108	.010	-.034	-.112	-.277*	1	-.053	-.064	-.091	-.275*	.101
	.900	.533	.235	.346	.930	.765	.329	.014		.648	.579	.428	.015	.381
supervisory support	-.184	.161	.288*	.405**	.310**	.380**	.343**	.044	-.053	1	.204	.329**	.150	.173
	.107	.158	.011	.000	.006	.001	.002	.704	.648		.073	.003	.190	.129
Planning and Assessment	-.035	.013	.234*	.349**	.368**	.344**	.392**	.196	-.064	.204	1	.283*	.055	.209
	.758	.911	.039	.002	.001	.002	.000	.086	.579	.073		.012	.634	.066
Performance Management	-.237*	.023	.408**	.387**	.347**	.348**	.269*	.494**	-.091	.329**	.283*	1	.038	.238*
	.036	.841	.000	.000	.002	.002	.017	.000	.428	.003	.012		.742	.036
Financial Management	-.005	.120	.106	.083	.279*	.290*	.129	.210	-.275*	.150	.055	.038	1	-.005
	.965	.297	.356	.469	.013	.010	.259	.065	.015	.190	.634	.742		.965
Facilities Management	-.191	-.143	.204	.242*	.417**	.154	.170	.148	.101	.173	.209	.238*	-.005	1
	.095	.213	.073	.033	.000	.178	.137	.195	.381	.129	.066	.036	.965	

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

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

4.9 Cronbach Alpha

Based on the reliability test of the data, it could be concluded that the data were reliable as the Cronbach's Alpha value for all the constructs were >0.60.

Table 4.50: Reliability analysis

Construct	Reliability Statistics	
	Cronbach's Alpha	N of Items
Challenges	.728	5
Ranking of preference of important causes	.665	5
Factors instils motivation and commitment to the organization	.605	12
Preference of important causes	.618	12
Elements are present in your organizational climate	.648	12
Information and Communication	.915	2
Organisational Commitment/ Job satisfaction	.795	6
Training and Development	.846	6
Employee voice and participation	.850	2
Intrapersonal aspects	.779	5
Stress perception	.707	2
Supervisory support	.945	10
Planning and assessment	.650	15
Performance Management	.900	24
Information and Financial Management	.857	4
Facilities Management	.812	3

4.10 Summary

The data elicited from the survey instrument were presented statistically in this chapter. The subsections in this chapter were directly linked to the representative sections in the questionnaire. The results were presented in tables and graphs with a brief summary. Pearson's correlation analysis amongst the constructs was done. Cronbach alpha was discussed under reliability tests in the third chapter.

The following chapter will elaborate on the results in the form of a discussion that interfaces the results, the literature review and the research objectives.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

The fundamental essence of this chapter is sense making, synthesising and collating the information that is produced statistically. It is important in any research conducted, that a discussion chapter engages the elements of results, literature review and the pre-defined objectives. In this chapter, there will be a comprehensive discussion to meet the abovementioned.

5.2 Frame of discussion

The results as presented in the previous chapter will be discussed as per the results elicited from the statistical outputs, and in combination with the literature review. The researcher will link the results to the objectives which will form a basis to refute or accept what researcher intended to ascertain or prove. Predominantly, Eigenvalues will be the baseline deployed for discussion to scope and reference results in accordance to outputs and linked to research objectives. Eigenvalues are variability values that are interpreted as the most influential factors that imply an influence in area questioned.

5.3. Link to objectives:

The primary objective was to ascertain what challenges middle managers in a public hospital setting face which leads to inefficiencies in performance management measures.

5.3.1 Organisational indicators encountered as challenges- Objective 1

The representation of the middle management workforce was of 78 respondent's. The findings were that the dominant gender profile was that of females (77%), the highest age group was between 41years and 50 years comprising 41%, whilst the age group between ages of 31 years and 40 years comprised 33%. Greater than

50 of the respondents were African (56%) followed by Indian (37%) (Table 4.1). The nursing component was the highest featuring component represented by 39.7% followed by the Medical component (19%). Greater than three quarters of the participants had worked for less than 10 years, whilst more than half of the participants mentioned that they were working for less than 10 years in the hospital. With regards to tenure at the institution and that of total years of working indicated that most middle managers had less than 10 years in both. This is crucial information that can be explored further to identify for association with competencies which impacts on performance management.

Workplace population is generally diverse and as noted in the study and representative of global current trends where the female presence dominates the workforce, combined with diverse ethnic and racial profiles (Robbins et al, 2009: 13). These factors impact on perceptions and managers responses in the workplace. In this study, the racial profiles are African (56%), White (5.1%); Indian (37%) and other (1%). It was found that Diploma's (41%) featured as highest educational qualification, followed by Degrees (29.5%) and Post-Graduation Degree (25.6%).

High staff turnover, increased waiting times for clients and decreases staff morale were the most significant challenges as related to organisational efficiencies. These perceived challenges by middle managers have been cited as platforms that attribute to ineffective management capabilities (Khadka, Gurung & Chaulagain, 2013: 63). Staff attrition can prevent delivery of optimal health services as acquired skills are being depleted, compounded by the need for time and money resources to input skills to restore equilibrium of health service delivery. The underlying precursors to attrition warrant in-depth analysis of governance structures and human resource policy, with the focus of staff well-being, effective environmental enablers that will facilitate efficient and effective health service delivery.

Concerns regarding lengthy waiting times of clients as a measure that indicates organisational inefficiency was raised by Pillay et al (2011: 506-507) raised. Frustrations and discomfort arise when confronted with waiting times, and clients are vocal envisioning degrees of unproductivity of health care workers, and

express a great degree of dissatisfaction. This tarnishes the institutional image, as clients believe that this non-productive time is a significant loss to them. These outputs translate to legal battles, dissatisfied staff leading to high attrition rates and poor allocation of resources (Khadka, Gurung, Chaulagain, 2014: 69-70). Of significance, middle managers with a lengthier tenure in the hospital experience positively correlated experience of media publicity and litigation

5.3.2 Influential determinants on performance management -Objective 2

The frequency distribution showed that most of the participants agreed that perceived good internal communication is important in their role execution (91%) and 53% mentioned of perceive top management regard for employee growth to be important in their role execution (Table 4.10).

It has been highlighted that both the climate and culture in the organization impact on employee attitude, which impacts on organizational performance (Kagaari, 2011:37-38). The organisation will feature middle managers on a closer range to operational staff, than to senior managers aligning to the chain of command in the health care organizational hierarchy (Carlstrom, 2012: 93). Middle managers play an important role in relay of conversations posited on strategy, sound interpretation and the consequential cascading of that information is vital to the success of strategy within the organisation. Without this critical middle management link, the interfacing of strategy into operational goals cannot materialise effectively. Middle managers create a platform of internal communication facilitating the synthesis of complex goals into unit process orientated tasks that combine to achieve organisational objectives (Van Rensburg, Davis and Venter, 2012: 5).

Without this form of internal communication within the organisation, ensuing disorder in the line of objectives achievement does create dissonance in achievement of performance measures (Van Rensburg, Davis and Venter, 2012: 5-6).

The factors of supportive organizational culture, availability of professional development opportunities and performance based evaluations was not presented as a significant factor in role execution of middle managers. An exploration of the

context of this non-significant stance will be of value in adding to depth of information in this domain.

Good internal communication, supportive organizational culture, availability of professional development opportunities, Performance based evaluation and Top managers regard for employee growth were identified as significant influencers of performance management. Organizational climate, good internal communication and top management regard for employee growth were selected as important to role execution. These form crucial indicators that will serve to enhance the enablers to performance management.

It was noted that trust between co-workers, training and development, conducive work environment and job satisfaction were, as expected, highlighted by respondents as pivotal areas that facilitate motivation and commitment. This underpins the notion that dedication and the resultant performance outcomes are mirrored by the organisations involvement in staff wellbeing and development.

Most of the respondents indicated that equitable rewards and remuneration, and conducive work environment were not present in their organization.

The importance of optimal performance, efficiency and effectiveness as a measure of competitive advantage in all industries and applicable to the health service industry was iterated by Seljak and Kvas (2015: 1). A key factor in achieving these competitive advantage factors is the efficient human resource embodiment. This system personifying human resource management and organisational policies. In particular, human resource management policies are critical for the activities of input, throughput and output process controls of the performance management system. Of significance, is training that will seek to give rise to a competency set creating gravity to achievement of successful organisational performance.

Middle managers are forced to create an adaptable playing field that allows employees the opportunity to relax and trust co-workers in order to execute tasks in the cold phase manner (Van Rensburg, Davis and Venter, 2012: 4-6; Gleeson and Knights, 2008: 55). Successful performance management of subordinate's lies in creating this platform of a conducive working environment that will instil

commitment and fuel motivation to simply perform what one is being remunerated for.

Quality management for the respondents was associated to the evidence of availability of protocols for performing all tasks in respective departments, outcome based orientation whilst enabling a learning environment to help employees, and co-operation and collaboration with external stakeholders in the organization.

The results indicate the respondent's self-perspective of team work that focuses on being a role-player, enhancing a learning environment and the ability to collaborate with external stakeholders as positively being practiced. The subjective responses was an element of "self-evaluation", hence subjective bias could have resulted.

The element of information and communication has added to the dimension of enhanced organizational culture and shown a positive correlation to performance management. It was noted from prior literature that communication from management has been identified as having a direct impact on employee perceptions and attitudes (Kagaari, Munene and Ntayi, 2010: 511). These perceptions of employees, in turn have a significant effect on client satisfaction and the performance outcomes of the department. Information sharing and effective communication invokes participation from all role players and elicits the required outcomes from employees.

Employees that obtain supervisory support, equitable remuneration aligned to work output, and facilitation in the organization yield a higher positive employee attitude, displayed through commitment and emotional attachment to the job and satisfaction as the job incumbent(Kagaari, Munene and Ntayi, 2010: 509-511; West and Burman, 2009: 327-329).

The literature equally supports the respondents view indicating that perceptions of adequate remuneration have a bearing on job satisfaction and organisational commitment.

Culture of training, and ongoing support and opportunities to lead organizational projects were identified as positive enablers to performance management. The influence of training and development in aiding employees in efficient role execution was supported through literature (Simonen, Blom and Viitanen, 2011: 798). Opportunities that enhance growth are seen as viable experiential learning opportunities. Knowledge gained through training and development impacts on skill and consequentially has positive impacts on effective leadership

The element of support from colleagues featured strongly as influential in performance outcomes. Evidenced based research has indicated that the level of rapport with subordinates is embedded on common professionally shared norms and culture, and departmental requirements instils cohesiveness between middle manager and subordinates (Carlstrom, 2012: 99). Elements of trust, support, mentorship cascades up the cadres of a competent working relationship between middle managers, colleagues and subordinates.

Work-life balance was noted as significant amongst respondents. When asked them to rate their work-life balance, more participants (60%) were satisfied with their work- life balance (Figure 4.7).Integration of the work life and the family life where a balance is an essential pre requisite to ensure smooth effective results in both domains (Lokke and Madsen, 2014: 105-106). Of note, imbalance will create adverse influences that impacts on both domains.

Stress perception was associated with managers not being able to cope with tasks required of the job. In a study conducted by Buchanan, Parry, Gascoigne and Moore (2013, 646-668), it was evidenced that three quarter of middle managers in hospitals have jobs that are extreme. These jobs are characterized by dynamic work environments, resource constraints, stressful decision making and strict adherence to deadlines in non-resolutely situations. This has adverse implications on work-life balance and the home front.

The response in this question appears to confer with the ability of middle managers to ensure deployed balance in both work and personal life as is evidenced by less than one third of respondents indicating that they could not cope with tasks required of job. This has a bearing of a workforce of middle managers with effective coping mechanisms as well, job confidence.

Supervisory support was noted as a pillar to performance outcomes. Appropriate and effective decision making renders itself as a critical characteristic in the ambit of supervisory support (Simonen, Viitanen and Blom, 2012: 753; Buchanan, Parry, Gascoigne and Moore, 2013: 649).

Knies and Leisink (2014: 108-109), conducted a study which indicated that the implementation of supervisory support had the instrumental impact on 'motivation' experience on subordinates. There exists a reciprocal relationship between the degree of perception of supervisory support and employee/subordinate commitment and motivation to achievement of organisational employees which embodies the ambit of psychological contract (McCabe and Sambrook, 2013: 955-956)

Involvement in strategic planning was evidenced as critical in the ambit of "Planning and assessment" in the organization. Literature has supported this supported the unique capability to relay divergent concepts from the external and internal organisational environment and translate to a strategic focus (Van Rensburg, Davis and Venter (2012: 1). Hence, with decentralised strategic framework, there is a requirement for middle managers to perform accordingly. Middle managers can influence the cold phase employees as compared to the distant senior managers. Synthesizing information at the operational level is a factor of competitive advantage that middle managers possess indicating that traditional flow of strategies from senior management to the lower cadres of organisational hierarchy does not accurately qualify the significance of middle managers in strategic management. The dynamic organisational environment warrants the active role of middle managers in strategy –mapping and risk management.

5.3.3 Relationship between challenges facing middle managers and performance management measures

Positive correlation between elements of risk management, collaboration, time management of subordinates with execution of tasks, training on labour relations management, and effective organizational vision and strategy to that of performance management was evidenced in this study.

The dissatisfaction amongst managers were highlighted as, the performance framework was not dynamic; planning and performance processes was not congruent; institutional objectives were not disseminated throughout institution and personnel incapacity to enact change (Wilkes et al, 2014:23-24). Performance management is an essential element of human resource management that allows for the efficient use of inadequately available resources. It is an ongoing process of developing and measuring individual or team performance as aligned to strategic outcomes (Lutwama, Roos and Dolama (2013: 2).

Performance management seeks to address problems arising from policy that needs to be managed; the actual performance measures or the key defined indicators; and the process orientated facilitation of remedial intervention. The indicators are both financial and non –monetary. Bititci, Medibil, Matinez and Albores (2005) have identified common themes in reviewing available data on efficient performance management. These themes of a performance management system are, a balanced system that incorporates all stakeholders; an integrated system that interweaves relationships amongst the varied measures; provide an informative direction for strategy and not emanate from strategy, be able to implement strategy into all ambits of the organization; have a value focus derived from the business process; be orientated to individual business units; highlight competencies for value creation and sustainability; encompass stakeholder involvement.

The competency framework was emphasised as bordering on strategy, leadership, governance, innovation, client focus, problem resolution, information, knowledge and communication, and human resource management (Khadka, Gurung and Chaulagain, 2013, 64). The people aspects of performance management in terms of management and motivation are congruent with factors of collaboration, teamwork, cohesiveness of segments, ongoing learning and development that transcends to governance and accountability.

It was found that effective budget processes and effective information and financial management shared a positive relationship to performance management.

Financially based reasoning often aggrieves patient centric approach of healthcare provision, which challenges middle managers to align themselves to the upper senior management camp, whilst the lower operational camp has a purely vested interest in optimal patient care service(Carlstrom, 2012:91-93). Middle managers that posit a patient centric approach are often unable to use cost and trend analysis to budget accordingly as the view is then that patient care must not be compromised by cost factors. Trend analysis is a critical component of planning with a consequential financial impact and is noted as a stringent requirement deployed in cost efficiency.

A significant finding was the echoed sentiment of inadequate workspace to carry out daily functions that infringed on efficient facility management and shared a negative correlation to performance management. Facilities management is a critical success factor that determines health service outcomes. Hospital structures are often gauged by the availability and state of material and human resources. The perception of available resources and structural allocations does impact on the intrinsic drive of commitment held by employees (Dey, Hariharan and Despic, 2008: 444-445).

A conceptual framework that positions the determinant factors that contribute to the achievement of successful organisational performance is that of the physical workplace (Kim, 2014: 496-503). Spatial arrangement and structural relevance is important as the purported influence is directed on the behavioural, affect (mood and emotional resonance) and the performance outputs.

The results of the factor analysis for the all the constructs, statements that were perceived as important, and all the scores were added. A correlation analysis was then done using all the final scores (Table 4.49). The Pearson correlation analysis showed that challenges were significantly negatively related to performance management ($r=0.237$, $p=0.036$).

Communication was positively correlated with Organisational commitment, training and development, competency, supervisory support, and planning and assessment ($p<0.05$).

5.3.4 Recommendations to the organizational management based on the findings- Objective 4

The recommendations will be presented in the next chapter.

5.4 Summary

Evidence based studies have concluded on the various performance management drivers and enablers. Challenges encountered by middle managers have been linked to various intrinsic and extrinsic factors on various platforms. Factors that are intrinsic and extrinsic to the employee as an individual and the organisation, has been dissected to identify the quantifiable based challenges that are measured as a reflection of organisational performance.

Building blocks of the performance management that leads to organisational efficiency and desired outcomes has been linked to themes that are viewed as influential enablers of performance management.

These pivotal determinants that have the propensity to translate to challenges, does require mitigation through planned organisational wide initiatives to ultimately positively enhance organizational performance through efficient performance management.

The next chapter will provide recommendations and conclusions utilising the baseline of results presented and the relevant discussion.

CHAPTER SIX

Summary, Conclusions and Recommendations

6.1 Introduction

This study researched the challenges encountered by middle managers in a public hospital, and sought to identify the intrinsic and extrinsic elements to performance management. A link of performance management to organisational efficiency indicators was discussed. In this chapter, the research problem will be readdressed to identify if the research problem has been resolved. Further implications of this study and recommendations to solve the problems will be discussed. Lastly, recommendations for future studies will be stated.

6.2 Summary of Key Findings

In this study, the middle managers of Stanger hospital were identified as occupying a position in the organisational hierarchy that is associated with “role-tension” due to being the bridge between senior management and the lower cadres of employees. The research problem aimed to identify the challenges that middle managers in a public hospital setting face that leads to inefficiencies in performance management measures. It was identified that high turnover, increased waiting times and decreased staff morale are the current challenges facing middle managers. Number of litigation cases and negative media publicity was directly associated with years of service in the employ at the institutions.

Influential determinants of performance management were scoped using significant measure of variability that best represented a theme under question, and was discussed in the previous chapter. A relationship between challenges encountered and performance management was established and confirmed. Recommendation will be discussed in this chapter within the ambit of resolving the research problem and in terms of future studies.

6.3 Implications and Contributions of this Research

This research has provided insight into the specific challenges encountered by middle managers at Stanger hospital. Previous literature works has cited various

challenges that confound middle managers in territories of public health service and in combination to the generic portfolio of middle managers across all industries. At Stanger hospital, the unique service model of the only hospital offering Regional package of services in a health district, has placed the institution as a high volume hospital that is depicted as one that functions beyond thresholds. The challenges highlighted from this study indicates one fifth of middle managers are experiencing high staff turnover that renders volatility of service, increased waiting times of clients and decreased staff morale. Performance management was dissected into various themes that attribute to performance management outcomes. Each theme was measured for the most reflective statements thereof that inferred influential determinacy on performance management. These influential determinants were discussed in the previous chapter.

This study has provided a perspective of the actual challenges that are currently encountered by middle managers, and the influential determinants as identified from the study population.

The results indicate that high staff turnover is a significant challenge and this single factor filters into the practice based sector of inefficient service delivery, increased waiting times due to decreased staff capacity. This impact on clients having to wait longer. This area requires timeous attention as this threatens the fabric of service delivery. Decreased staff morale, litigation and negative media publicity as indicated are spin offs to the effects of a compromised service. Nonetheless, staff attitude and the foundation value set of employees also threatens the crux of service delivery even in the presence of a well capacitated staff complement.

The factors that render significant influence on performance management include enabling factors that interweave to facilitate efficient organizational efficiency through effective performance management. The factors are that of ensuring a conducive working environment, creating culture of motivation and commitment, creating a collaborative hierarchical framework, the delivery of optimal information and communication within the organization, validating equitable remuneration, ensuring transparency in internal and external opportunities for training and development, and delivering of the critical competency elements.

This following stakeholders will benefit from this study:

- Senior management in soliciting an overview of perceptions of the challenges encountered by middle managers. The Senior management can utilise this study as a point of reference regarding a critical group of the workforce
- Middle managers have had an opportunity to contemplate the issues that plague their functionality in the achievement towards organisational performance. The study has provided a point of reflection, and a means to share their views and perceptions.
- Human resource management will derive benefit in understanding workplace challenges as related to impact on performance and opt to mitigate using human resource strategies
- The clients will benefit in the long term, through this process of identification of challenges that impact on organisational performance which translates in to type of service received.
- The study will benefit prospective research students who could use this dissertation as a point of reference.

This study will provide a basis of scientific platform to identify the challenges that impact on performance management within Stanger hospital. Every challenge has an inherent cost characteristic, and it is envisaged that this study will assist in:

- Understanding the various challenges that impact on performance management
- Identify influential determinants on performance management that are identified as challenges by middle managers
- Possible recommendations will be made that will assist in mitigation of challenges

6.4 Conclusion

The study concludes that the organisational indicators associated with high staff turnover, decreased staff morale and increased waiting times of clients are perceived challenges by middle managers in this hospital setting. Influential determinants of performance management extended from non-availability of

resources, inadequate workspace, inadequate financial and information management, perceived stress perception; disabling quality management precursors, insufficient supervisory support and non-involvement in strategic planning. These influential determinants shared an indirect correlation to performance management.

6.5 Recommendations: Managerial Implications

The study has identified the challenges and influential determinants that impact on performance management. The following recommendations aims to resolve the challenges based on practical, relevant and cost effective pillars. These recommendations are required to be implemented as short to medium term framework, unless otherwise stated.

- **Challenges of high staff turnover, decreased staff morale and increases waiting times.**

A retention strategy must be implemented that is aligned to Human Resource Strategy that seeks to stabilise the workforce. Identify factors of staff exiting the organization and stratify according to causative factors. Develop counteractive measure that will reduce attrition rates. This strategy can be deployed on three continuums of short, medium and long term that's to address immediate staff shortages, and plan towards futuristic normative staffing thresholds.

Decreased staff moral can be addressed through collaboration of Employee Assistance Programmes (EAP) team buildings. This aspect also lends itself to enabling a conducive working environment. The EAP must develop and implement a preplanned annual schedule that addresses relevant gaps identified by supervisors, employees and Human Resource Practices, based on formal trend analysis. Utilise psychologists and social work department staff to aid in facilitating workshops on coping mechanisms; and training on capacitating enabling factors that leads to increased staff morale. Staff satisfaction survey must be performed for statistical inferences to address perceived challenges of the workforce.

Waiting times surveys must be conducted on a predefined timeline and frequency to review and develop a snowball based improvement programme that continuously reflects on the past trends. Create task teams with combination of internal (subjective) stakeholders and external (objective) stakeholders.

- Reinforce a supportive culture of incident reporting and “redress”. This must be initiated by management and supported by all through a learning culture. Utilise “subject matter experts” in provincial and National cadres of the health department that will be cost effective. Trainings must be conducted. Evaluation programmes must be conducted on litigation prevention and management, clinical governance, coping mechanisms for employees. ‘Psychological and process’ structures and controls must be deployed in this domain.

- **Organizational Climate; and Information and Communication**

Deploy organizational internal communication structures in terms of frequency, methods of communication and evaluation of communication processes.

Managers must support “employee growth” platforms. Transparency for trainings available internally and externally must be led by Human Resource Development (HRD). Available and updated policies, in conjunction with optimal vehicle of policy delivery must be utilised to facilitate employee awareness on training and development options. ‘HRD open days’ and constructive HRD meetings can be a resourceful and cost effective method as a delivery vehicle.

- **Quality Management**

Create, implement and evaluate collaboration between and within the organizational hierarchical framework.

Review and update all protocols and Standard operating procedures for performance of tasks at departmental and organizational wide levels.

Create a learning environment at the micro and macro helms of the organization.

- **Organizational Commitment/ Job Satisfaction**

Ensure work studies utilised provides baseline for equitable remuneration for all categories of employees. This would dispel concerns regarding inequitable remuneration that impacts negatively on organizational commitment.

Create a thriving work environment that promotes an employee-employer supportive relationship that fosters emotional attachment.

- **Training and development**

Provide leadership opportunities for employees in leading projects or tasks. This will facilitate in confidence and competency development.

- **Intrapersonal**

Provide a framework of departmental support and collaboration that endorses team work. This creates internal enabling capacity to achieve departmental goals.

- **Planning and Assessment**

Involve middle managers in strategic planning in the organisation on a frequent timeline for planning, assessment, monitoring and evaluation processes. This is a pre requisite for the responsibility and accountability lines attached to middle managers.

Ensure risk management plan is in place for every financial year and in line to the operational plan to mitigate against identified risks.

Ensure alignment of risk management to performance management.

Allow middle managers to lead department with creativity and boundaries of autonomous management.

- **Performance Management**

A structured method of evaluating time management can be developed or reviewed and implemented to address the challenge of subordinate task related time management. Measures must be executed to address causative factors, gaps in employees not performing tasks timeously.

Relevant time studies can serve as appropriate baselines to develop standards.

Ensure all middle managers and supervisors have training on labour relations matters.

Ensure that the organizational vision and strategy are translated into clear objectives that allows interpretation for efficient implementation thereof.

- **Information and Financial Management**

Ensure all middle managers are familiar with trend analysis for effective decision making. Management or SME's can conduct a training to emphasize deductive process of assumption, inferences and reasoning.

Ensure that middle managers are able to utilise trend analysis for budgeting processes.

- **Facilities Management**

Ensure that employees have the pre-defined workspace to conduct the work functions. Any deviations or substandard assessments must be counteracted through planning and budgeting processes in the viable financial year.

6.6 Recommendations for Future studies

This study addressed the challenges facing middle managers and the influential determinants of performance management.

Suggested future studies can explore/ investigate:

- Organisational behaviour model in relation to middle managers and extract influencers on performance management.
- The organisational performance management as a construct for evaluation in relation to middle management
- A 360° perspective of challenges facing middle managers, that infers eliciting responses from senior management, middle management, as well as subordinates.

- Human resource management as a comprehensive model to influence middle managers in role execution
- Perceived organizational support and staff attitude as specific influencers of organisational performance
- Apply this study to a larger middle management population in Kwa Zulu Natal and/or South African public hospitals

6.7 Summary

This study aimed to invoke answers to challenges that confound middle management in the areas of performance management. Various inferences were statistically extracted and linked to the objectives of the study. This chapter provided recommendations that could potentially resolve the identified challenges and provide benefit to the listed stakeholders. Finally recommendations for future studies have been suggested that concludes this study.

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Appendix 1



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Physical Address: 330 Langalibalele Street, Pietermaritzburg
Postal Address: Private Bag X9051
Tel. 033 395 2805/ 3199/ 3123 Fax: 033 394 3782
Email:
www.kznhealth.gov.za

DIRECTORATE:

Health Research & Knowledge
Management

Reference: 126/16
KZ_2015RP35_288

Date: 9 May 2016

Dear Mrs S. Sujan
Email: Sanika.Sujan@kznhealth.gov.za

Approval of research

1. The research proposal titled '**Challenges facing Middle Managers in Performance Management in a Public Hospital in South Africa**' was reviewed by the KwaZulu-Natal Department of Health.

The proposal is hereby **approved** for research to be undertaken at Stanger Hospital.

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.



Chairperson, Health Research Committee

Date: 09/05/16

Appendix 2

UNIVERSITY OF KWA ZULU NATAL
GRADUATE SCHOOL OF BUSINESS AND LEADERSHIP

Dear Respondent

MBA Research Project
Researcher: S. Sujan (084433705)
Supervisor: Prof. S. Migiro (031 260 8104)

I, Sarika Sujan, an MBA student at the Graduate school of Business and Leadership at the University of Kwa Zulu Natal, invite you to participate in a research project entitled: Challenges Facing Middle Managers in Performance Management in a Public Hospital in South Africa.

The aim of the study is to examine the organizational climate, competencies, planning and assessment, Human resource, Financial, Information, Facilities and Material management in the workplace. It is hoped that this study will contribute to the existing knowledge on challenges in a public hospital, encountered by middle managers, and in addition, stimulate further research.

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. Confidentiality and anonymity of records identifying you as a participant will be maintained by the Graduate School of Business and Leadership, UKZN.

If you have any questions or concerns about completing the questionnaire or about participating in this study, you may contact myself 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: 2016

This page is to be retained by participant

Appendix 3

UNIVERSITY OF KWAZULU-NATAL
GRADUATE SCHOOL OF BUSINESS AND LEADERSHIP

MBA Research Project

Researcher: Mrs Sarika Sujan (0844337705)

Supervisor: Prof. S. Migiro (031 260 8104)

Research Office: Ms P Ximba 031-2603587

CONSENT

I..... (Full names of participant) 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

Appendix 4

ID# : _____

Name : _____

Today's Date : _____

Challenges Facing Middle Managers in Performance Management in a Public Hospital in South Africa

[Ethics approval reference:

UKZN Humanities and Social Sciences Research Ethics Committee (HSS/0277/016M);

Kwa Zulu Natal Department of Health: Health Research Committee (KZ_2015RP35_288)]

Graduate School of Business and Leadership

University of KwaZulu-Natal

Durban

Contact: Sarika Sujan

Tel.: 0844337705

Email: sarikasujan@telkomsa.net

Middle Management Profile

Section I: Demographics

Please answer each of the following questions by filling in the blanks with the correct answers or by choosing the single best answer (Mark with an "X")

1 Q1. Gender

Male	1
Female	2

2 Q2. Age

20-30	31-40	41-50	51-60	>60
1	2	3	4	5

3. Q3. Ethnicity

African	White	Indian	Coloured	Other
1	2	3	4	5

4 Q4. Which Component within the organization are you part of?

Medical	Allied Health	Nursing	Human Resources	Finance	Systems
1	2	3	4	5	6

5 Q5. What are the total Years in current position/Functional tenure?

0-10	11-20	21-30	>30
1	2	3	4

6 Q6. What are the total years of employment/ Professional tenure?

0-10	11-20	21-30	>30
1	2	3	4

7 Q7. What is the total numbers of years employed at Stanger Hospital/ Organisational tenure?

0-10	11-20	21-30	>30
1	2	3	4

8 Q8. What is your highest educational qualification?

Matric	Certificate	Diploma	Degree	Postgraduate degree	Other
1	2	3	4	5	6

Section II - Challenges

Q1. Have you had the following occur in your department in the 2015-2016 Financial year?

	Mark with an X if applicable	No. of occurrences	
		1-5	>5
9 Litigation(Legal cases)			
10 Negative media publicity			
11 High staff turnover			
12 Increased waiting times of clients			
13 Decreased staff morale			
14 Other 1= Lack of material and human resources: 2= long incapacity			

Coding: 1=not applicable=0 cases

2= 1 to 5 occurrences

3 = >5 occurrences

Section III: Organizational Climate

**Q1. Which of the following do you perceive to be important in the execution of your role?
(Mark the desired answers, you may choose multiple answers)**

15	Good Internal communication
16	Supportive Organizational culture
17	Availability of professional development opportunities
18	Performance based Evaluation
19	Top Managements Regard for employee growth

20 Other: **1= Rewarding excellence and being recognized;**

2 = Involvement in decision making

3= Lead by example

Q2. Which five (5) of these factors instils motivation and commitment to the organization in an employee such as you? Rank the following in order of preference (1: least important cause 5: most important cause) 2 part question

21- 32 as top 5 factors (1 = Yes; 2=No)

33-44 ranking of preference of important causes (1= Least important; 2 = Slightly Important; 3=Neutral; 4=moderately important; 5=Most Important; 6= Not ranked amongst important causes)

21	Trust between co workers	27	Training and development
22	Job satisfaction	28	Leadership
23	Communication	29	Organization support
24	Performance management	30	Equitable rewards and remuneration
25	Teamwork/ cohesiveness	31	Conducive Work Environment
26	Image of the institution	32	Organizational Policies and HR development policies

Other: _____

33	Trust between co workers	39	Training and development
34	Job satisfaction	40	Leadership
35	Communication	41	Organization support
36	Performance management	42	Equitable rewards and remuneration
37	Teamwork/ cohesiveness	43	Conducive Work Environment
38	Image of the institution	44	Organizational Policies and HR development policies

Q3. Which of the below mentioned elements are present in your organizational climate (Mark the options which are present) 1=Yes; 2=No

45	Trust between co workers	51	Training and development
46	Job satisfaction	52	Leadership
47	Communication	53	Organization support
48	Performance management	54	Equitable rewards and remuneration
49	Teamwork/ cohesiveness	55	Conducive Work Environment
50	Image of the institution	56	Organizational Policies and HR development policies

Section IV: Quality Management

Q1. The following quality management measures are present in your organisation. (Circle one answer for each line)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
57 Decisions are made at the top of the organisation and refined through two-way conversation and involvement with employees	1	2	3	4	5
58 There are protocols for performing all tasks in your department	1	2	3	4	5
59 You believe that you are a successful manager as you deliver results and create a learning environment to help employees in self-discovery	1	2	3	4	5
60 actions do not go according to plan, you are able to develop corrective action in a learning environment	1	2	3	4	5
61 You are committed to deadlines and goals	1	2	3	4	5
62 You easily accept external help	1	2	3	4	5
63 You are able to co-operate and collaborate with external stakeholders in the organization	1	2	3	4	5
64 There is commitment from senior management to obtain quality products, services and processes	1	2	3	4	5
65 There is commitment from yourself to obtain quality products, services and processes	1	2	3	4	5

Q2. Information and Communication (Circle one answer)

	Very Unsatisfactory	Unsatisfactory	Neutral	Satisfactory	Very Satisfactory
66 You believe that the communication inside your hospital is effective	1	2	3	4	5
67 You believe that Information management in the hospital is effective	1	2	3	4	5

Q3. Organisational Commitment/ Job satisfaction (Circle one answer)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
68 You feel that you are emotionally attached to the organization	1	2	3	4	5
69 You have a strong sense of belonging to this organisation	1	2	3	4	5

70 You are satisfied with your job and the kind of work that you do	1	2	3	4	5
71 Your salary is appropriate to the position	1	2	3	4	5
72 You are satisfied with your working conditions	1	2	3	4	5
73 You have stability in your employment	1	2	3	4	5

Q4. Training and Development (Circle one answer)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
74 There is a culture of training and ongoing support to aid you in your role	1	2	3	4	5
75. You receive mentoring and coaching from your supervisor	1	2	3	4	5
76 You have opportunities to develop new skills	1	2	3	4	5
77 You participate in high performing teams	1	2	3	4	5
78 You are selected to lead organizational projects	1	2	3	4	5
79 You are satisfied with the opportunities for training	1	2	3	4	5

Q5. Employee voice and participation (Circle one answer)

	Very Unsatisfactory	Unsatisfactory	Neutral	Satisfactory	Very Satisfactory
80 You believe senior management involve you in decision making pertaining to your department	1	2	3	4	5
81 You believe you have a degree of autonomy in decisions made in your department	1	2	3	4	5

Section V: Competencies

Q1. How would you characterize the following intrapersonal aspects of your job? (Circle one answer)

	Very	Unsatisfactory	Neutral	Satisfactory	Very
--	------	----------------	---------	--------------	------

	Unsatisfactory				Satisfactory
82 You have a good working relationship with subordinates	1	2	3	4	5
83 In your department, you are able to coach and develop employee strengths	1	2	3	4	5
84 You work towards achieving departmental strategic outcomes	1	2	3	4	5
85 You get the support of colleagues in your tasks	1	2	3	4	5
86 You have a good working relationship with your Supervisor	1	2	3	4	5

Q2. How would you rate your work- life balance? (Circle one answer)

	Very Unsatisfactory	Unsatisfactory	Neutral	Satisfactory	Very Satisfactory
87 Balance between your work life and your private life	1	2	3	4	5

Q3. What is your stress perception? (Circle one answer)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
88 Have you often felt that you could not cope with the tasks required of your job?	1	2	3	4	5
89 Do you constantly feel overwhelmed by work activities?	1	2	3	4	5

Q4. What is your experience of supervisory support? (Circle one answer)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
90 Your immediate supervisor helps you to improve yourself	1	2	3	4	5
91 Your immediate supervisor establishes plans and work objectives with yourself	1	2	3	4	5
92 Your immediate supervisor is available when you need advice	1	2	3	4	5
93 Your immediate supervisor holds regular meetings with your work group	1	2	3	4	5

94 Your immediate supervisor is effective in decision making	1	2	3	4	5
95 Your immediate supervisor knows what occurs in your department	1	2	3	4	5
96 You get the support of your supervisor in your tasks	1	2	3	4	5
97 You experience enhancement of the positive aspects of your work by your supervisor	1	2	3	4	5
98 You get recognition from your supervisor	1	2	3	4	5
99 You receive feedback from your supervisor on positive or adverse events	1	2	3	4	5

Q5. What is your experience in “planning and assessment” in the organization? (Circle one answer)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
100 You are involved in strategic planning of the organization	1	2	3	4	5
101 You are involved in the planning of service delivery in your department	1	2	3	4	5
102 You believe that the strategies planned are realistic	1	2	3	4	5
103 You have the available human resources to deliver the required service(as a basis of realistic staffing norms)	1	2	3	4	5
104 You have the available skill to carry out your role	1	2	3	4	5
105 You believe that top management obtains glory for your departmental achievements	1	2	3	4	5
106 You believe that top management acknowledges your role in departmental outcomes	1	2	3	4	5
107 Your opinion is that responsibility of your departmental strategy failures lie with you	1	2	3	4	5
108 Do you see yourself as driver of conflict resolution	1	2	3	4	5
109 You able to create team work in your department	1	2	3	4	5
110 You are able to lead your department with creativity	1	2	3	4	5
111 You have autonomy in meeting organizational	1	2	3	4	5

objectives					
112 There is a plan in place to address foreseeable risks in your department	1	2	3	4	5
113 There is support provided to your department in the event of occurrence of adverse events	1	2	3	4	5
114 There is capacity in your department to adapt to change	1	2	3	4	5

Q6. What is your experience in aspects of Performance Management? (Circle one answer)

1. People and process practices in Performance Management	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
115 You have adequate supervisory skill to lead your department	1	2	3	4	5
116 You have had training on labour relations management	1	2	3	4	5
117 You have relevant performance management training to deal with staff performance	1	2	3	4	5
118 Your subordinates have clear job descriptions	1	2	3	4	5
119 Your subordinates work towards achievement of objectives outlined in job description	1	2	3	4	5
120 You are able to ensure time management of subordinates in your department with respect to attendance on duty	1	2	3	4	5
121 You are able to ensure time management of subordinates in your department with respect to execution of tasks	1	2	3	4	5
122 The leadership team effectively inspires the organization and provides a clear vision of strategy	1	2	3	4	5
123 Accountabilities for results are clear	1	2	3	4	5
124 Employees feel committed and involved- they go the extra mile	1	2	3	4	5
125 You have the capabilities to carry out Performance management activities	1	2	3	4	5
126 Communication of organizational objectives and performance is clear	1	2	3	4	5

127 Different divisions and functions collaborate well with each other	1	2	3	4	5
128 We have effective meetings to review and plan performance	1	2	3	4	5
129 The organization is structured to achieve strategic objectives	1	2	3	4	5
130 Stakeholders are appropriately involved in managing performance	1	2	3	4	5
131 A structured performance management framework is consistently used throughout the organization	1	2	3	4	5
132 The organizational vision and strategy is translated into clear objectives	1	2	3	4	5
133 The chosen measures cover the important aspects of the organisational service mandate	1	2	3	4	5
134 Risk management is integrated with performance management	1	2	3	4	5
135 The Performance management processes, budgeting, strategic planning are linked	1	2	3	4	5
136 Targets are used as a means of setting performance expectations	1	2	3	4	5
137 The information I need to manage performance in my department is available	1	2	3	4	5
138 The organisation is effective at allocating resources to objectives	1	2	3	4	5

Q7. Your perception on Information and Financial Management: (Circle one answer)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
139 You are involved in development of budget plans for your department	1	2	3	4	5
140 You are knowledgeable on cost analysis in your department	1	2	3	4	5
141 You are able to use departmental data to analyse trends	1	2	3	4	5
142 You are able to use trend analysis in your department to plan budgets	1	2	3	4	5

Q8. Your perception on Facilities Management :(Circle one answer)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
143 You have the technological infrastructure in your department to perform your daily functions	1	2	3	4	5
144 Your department has the work space to carry out daily functions	1	2	3	4	5
145 Your department has the equipment to carry out daily functions	1	2	3	4	5

End of Questionnaire

Thank You

Appendix 5



Turnitin Originality Report
Challenges facing middle managers in performance management in a public hospital in South Africa by Sarika Sujan
From Final Chapter (Dissertation)

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Appendix 6



12 April 2016

Mrs Sarika Sujan 211512160
Graduate School of Business and Leadership
Westville Campus

Dear Mrs Sujan

Protocol reference number: HSS/0277/016M

Project Title: Challenges facing Middle Managers in Performances Management in a Public Hospital in South Africa

Full Approval – Expedited Application

In response to your application received 16 March 2016, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

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 and Methods must be reviewed and approved through the 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 discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours

Dr Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

Cc Supervisor: Professor S Migiro
Cc Academic Leader Research: Dr M Hoque
Cc School Administrator: Ms Zarina Bullyraj

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