

**Nurses' Perceptions of Employee Performance Management and
Development System (EPMDS) at a selected hospital in Durban,
eThekweni District in KwaZulu-Natal**

**A dissertation submitted to the School of Nursing and Public Health,
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requirements for the qualification Master's Degree in Nursing
Administration**

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DECLARATION

I am a Masters Nursing student, doing Health Service Management. I declare that this project entitled. ***Nurses' Perceptions of the Employee Performance Management and Development System (EPMDS) at a selected hospital in Durban, eThekweni district in KwaZulu-Natal***, is my own work and has not been submitted for any other degree or examination or project at another university other than the University of KwaZulu-Natal. I have given complete acknowledgement to the resources referred to in the study.

I hereby confirm that this work is my own unaided work. Any consultation has been acknowledged and other published material has been recorded by means of full references. I understand that if found to be cheating I would be dealt with according to the University of KwaZulu-Natal's Rules for Student Discipline.

Student signature: Date: / /

Supervisor signature: Date: / /

DEDICATION

This study is dedicated to the following special people: my first dedication goes to my family; thank you for supporting me throughout this thesis. Without you none of this would have been possible. And most importantly to my dearest son, Mr Sphamandla Ngema, who has supported me from the inception of this study my lovely husband Mr Sibusiso Nkosinathi Vezi, who supported me throughout this thesis, thank you.

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ABSTRACT

Introduction

The study was to describe nurses' perceptions regarding on Employee Performance Management and Development System (EPMDS) concerning staff at selected hospital in Durban, eThekweni District in KwaZulu-Natal (KZN).

Purpose of the study

The aim of the study was to describe nurses' perceptions on Employee Performance Management and development System (EPMDS) at a selected hospital in Durban, eThekweni district of KwaZulu-Natal.

Methodology

A cross-sectional descriptive quantitative design was used to collect data from a purposive sample of 119 nurses from the selected hospital in eThekweni District, KwaZulu-Natal. A self-administered questionnaire was used to elicit information from nurses on their perceptions of the Employee Performance Management and Development System. Data were collected using questionnaires consisting of closed-ended questions. Descriptive tests were used to describe the data whilst Chi-Squared test was used to determine relationships between variables.

Findings

The findings from this study revealed that nurses' perceptions towards the performance management system (EPMDS) were focused on three key areas namely supervisors' roles in performance management system, performance management process and the role of performance management system in the health care setting. It was found that nurses not receiving adequate training on EPMDS, supervisor's attitude towards performance on the performance management systems, and the lack of fair evaluation process for performance management appraisal were the factors that influence nurse's performance on the EPMDS.

Conclusion

These findings underscore the need to address these critical factors in order to achieve the overall purpose of performance management and development system that it is intended to achieve within the health setting.

Key words: Employee Performance Management and Development System (EPMDS), Generic assessment factors (GAFs), Key result areas (KRAs), Performance Agreement (PA).

LIST OF ACCRONYMS

DOH:	Department of Health
EPMDS:	Employee Performance Management System
EN:	Enrolled nurses
ENA:	Enrolled Nurses Auxiliary
EPMDS:	Employee Performance Management Development System
GAFs:	Generic Assessment Factors
HRD:	Human Resource Development
HRDM:	Human Resource Development Management
KRAs:	Key Result Areas
PA:	Performance Agreement
PMS:	Performance Management System
PN:	Professional Nurses
SMART:	Simple, Measurable, Agreed, Realistic and Timely performance
SMS:	Senior Management Service.

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CHAPTER ONE

1.1 Introduction and the background to the study

The Improvement of Republic of South Africa on Employee Performance Management Development Systems (EPMDS). Performance management systems (PMS) play a vital role in identifying employees' strengths, performance gaps, training needs and root cause analysis in line with the goals of the organisation, (Olsen, 2011).

The benefit of employee performance management systems in engaging and managing employee performance is that it ensures that the work done is aligned with the objectives and is geared to deliver the strategic goal (or vision) of the organisation (Nielsen, 2013). It has also been alluded to that South Africa has a chronic shortage of nurses resulting in a high patient ratio of 20:1(20 patients versus one nurse) in healthcare, (Denosa, 2012).

A performance management system is especially important because human life is central to the work activities. Professional nurses in public hospitals bear the bulk of patient care due to the shortage of other health and allied personnel in the country. For example, a study conducted by Van der Colff and Rothmann (2012), showed high workload has unwanted results such as burn out, frustration and work dissatisfaction among nurses in the public sector in South Africa. Thus, performance management becomes crucial in determining the performance and development needs of the nurses in order to retain them and maintain good performance, despite the shortage of staff.

The employee performance management and development system in the public service in South Africa has been made mandatory and is often the basis for financial rewards, such as performance bonuses or notch increments, (Adams & Ferrinho,2011).

In South Africa, professional nurses show an energetic drive and play an important part in the delivery of health care internationally. The performance of health care staff, including professional nurses, impacts closely on the output and excellence of care delivery in the health care institutions, (Gupta, 2010). The poor performance within the public sector, especially in the public health sector, has been a challenge in South

Africa, Denosa, (2012), heavy workloads, shortage of staff and poor remunerations have been identified among the factors contributing to poor service delivery in the public health sector in South Africa, Denosa, (2012). Globally, some countries around the world have managed to instil performance management on financial and organisational reforms to their national health systems. However, very few have managed to adequately address the need to improve staff performance, (Carlyle & Ellison, 2011).

In Pakistan in 2008, during the introduction of the Framework on Public Service Management, the Public Management and Development System Policy was adopted with the intention to inculcate the culture of performance and improved productivity in the public service among nurses, Abbas and Yaqoob, (2009); Carlyle and Ellison, (2011). Sweden also designed Performance Management Systems (PMS) to improve the performance of nurses and allow them to disclose their perceptions on the rating scale of this system. In the United Kingdom, the Employee Performance Management and Development System, (EPMDS) was introduced by the early 90s to improve the performance of health care services which can help staff get more job satisfaction and feel more committed to the attainment of organisational objectives. However, for this to happen, managers had to first ensure that staff needs, such as salary, equipment, skills (training) and work procedures were being met to a sufficient level, (Armstrong, 2012).

Countries like Canada, France, and the UK, had to formulate and execute strategies that allowed them to do more while spending less and utilizing fewer resources. They had to design effective and appropriate performance management development systems to compensate nurses on their performance, (Boland & Fowler, 2013). Namibia is one of the African countries that tried to improve the functioning of health care delivery systems by encouraging good performance, ensuring that the community served receive timely quality care, and that nurses concentrate on good performance as the one of the most important in put sin health care delivery, (WHO, 2000).

In January 2001, The South African government in the year 2001 established a Senior Management Service (SMS) with the resolution to ensure that competing approach negotiations and obligations are attained and implemented in a united process. In addition, government recognised that the achievement of its programmes and

strategies would necessitate that the Public Service fix its recruitment procedures as well as working out improvement programmes with the resolution of, amongst others, retaining and rewarding suitably knowledgeable supervisors for excellent performance and continuous novelty, (Department of health Public Service and Administration, 2005). To achieve these motives, the introduction of the Employee Performance Management and Development System (EPMDS) became one of the critical vehicles through which the Public Service could gauge the extent to which government priorities are realised; where there are gaps and challenges, remedial action can be identified timeously.

The (EPMDS) was conceived as a compulsory accountability framework necessary for performance planning, tracking of progress and reporting on expected performance consequences. The Public Service Commission (PSC) has been assessing the extent to which national and provincial departments have been implementing this important policy instrument (Department of health Public Service and Administration, 2005).

According to Jooste, (2012) defined that it is significant for employers to ensure that the performance of employee's is of a high standard, if this is not the case, measures should be put in place to detect and rectify the situation. It is important to improve the level of performance of first-line health workers or those who are continuously in contact with the clients, community and patients at all levels of health care. The most recent information on nursing posts in the country is that nurses make up the largest number of health workers in the public sector and are estimated at 4988 registered professional nurses(PN) and 347 enrolled nurses (EN)and enrolled nurses auxiliary 254 (ENA) (WHO, 2005c). This means that the country relies heavily on nurses for service delivery; their performance, therefore, is critical for the successful provision of health care (WHO 2005c).

This study, therefore, focused on identifying factors that affect the Employee Performance Management and Development System (EPMDS) in Durban, eThekweni district, KwaZulu-Natal.

It is against this background that this study on performance was conducted. The factors affecting performance of nurses have not yet been examined in Durban, eThekweni district, KwaZulu-Natal. In fact, this subject has not previously been

thoroughly studied in South Africa. There is a need to seek evidence about the performance of nurses and find ways to monitor and improve their performance. The study focused on nurses working in the various health facilities in Durban, eThekweni district, KwaZulu-Natal.

1.1.1 Implementation of the EPMDS in the South African Public Service

The Department of Health, (2006) stated that senior managers and Human Resource managers had faith that the EPMDS is continuously used to sustain effective management in departments of health. They validated this opinion by ensuring that performance management systems make sure that departments of health are capable of rationalizing deliverables and classifying zones of faults/concerns timeously.

The Department of Health (2006) stated that the public health service often experiences problems in rewarding nurses and taking decisions on remuneration and promotion of employees. It has been noted that in some institution in eThekweni District, KZN, employee rating remains the same, irrespective of good or bad performance. The managers tend to focus on evaluation rather than on performance, triggering results from performance management that are questionable on the EPMDS. Some researchers have argued that one factor causing this divergence could be perception gaps between the nurse manager and the nurses (Awases, Gbary, Nyoni, and Chatora, 2007 and Armstrong, 2012).

The Employee Performance Management and Development System (EPMDS) in South Africa (SA) were formally introduced in 2007. The South Africa, public sector has to cultivate a culture of good performance, effective communication, mentoring and development of employees within their spheres of employment in order to produce acceptable standards of service delivery. The Employee Performance Management System and performance appraisal were put forward to address the issues of poor performance and incentives for good performance by health workers (Human Resource Management Circular No: 36 of 2007).

Department of Health, (2006) and Nursing strategy, (2008) formulate the policy Framework for the Government-wide Monitoring and Evaluation to assist with performance management on salary levels 1 to 12 to motivate employees on the one hand and to develop them on the other hand. The development of a nursing strategy

was a priority identified in the National Human Resources for Health Plan published in 2006. The Strategy was developed by leaders drawn from many different fields in the nursing and health sectors and is governments plan for addressing the many challenges facing nursing in South Africa.

The EPMDS aims at optimizing every employee's output in terms of quality and quantity thereby improving the overall department's performance and service delivery through continuous job monitoring and evaluation. Quality and effective service delivery work hand in hand with job satisfaction and job satisfaction is related to incentives in the Provincial Departments in the KwaZulu-Natal Provincial Administration. Personal appraisal is one of the measures of performance management designed to establish a performance and learning culture in the Public Service and thus improve service delivery by evaluating performance fairly and objectively on a quarterly, half-yearly and annual basis, (DoH, 2006).

A performance management system is intended to be a process that assists organisations in establishing a climate that is conducive to motivating employees to develop and achieve high standards of performance. Contrary to popular belief, it is not an annual event, but rather, an on-going, day-to-day participative process that is intended to ensure a common understanding of performance expectations, constantly improve employee competencies and raise employees' enthusiasm to meet performance expectations, develop employees, and recognise and reward employees who constantly perform at a superior level, (Republic of South Africa, 2007).

Performance management is viewed by other employers as a control tool and employees view it as means to increase their salaries on a certain standardized pay progression system. In support of this statement, a study conducted by Roos (2009), revealed that managers use performance management as a tool to control and discipline subordinates, whilst subordinates use performance management as a means of getting extra money through performance bonuses. This could be the reason that the performance assessment period is viewed as a period of high tension between supervisors and subordinates, (Roos, 2009).

Vasset, Marnburg and Furunes, (2011) emphasized that in some organizations, employees indicate dissatisfaction with how Performance Agreement (P.A.)

procedures are carried out. This dissatisfaction, however, indicates the failure in terms of reaching the objective of P. A's, which is job development and motivation, Vasset et al., (2011), thus define personal appraisal as a search for a more cost effective, more accurate means to measure job performance and job satisfaction among employees.

The Department of Health (2010), clarify that the rating scale still affects nurses' perceptions of their performance in South Africa and have not yet been scrutinised. On the other hand, there is still a need to seek evidence about nurses' performance and to develop strategies to monitor and improve their performance. Matlala (2011) recognized that during the years 2008/2009, the problem escalated to a point that some staff members refused to be reviewed on a quarterly basis. This was because they were aggrieved by the previous annual assessment processes and outcomes, thus making this study relevant.

1.2 Problem Statement

According to Matsie (2008) described performance management of professional nurses is viewed in different ways, mostly negatively, because of various factors affecting their environment, with the nursing staff shortage. The nurses at the selected hospital have to carry the strain of a high workload in an environment with generally poor working conditions, poor support systems and limited personal and professional growth opportunities. Along with this problem, it is clear that much work needs to be done in terms of educating employers, managers, supervisors and employees on what performance management is, how it is done and its benefits.

In South African, eThekweni district at a one of the selected hospital in public sector, the differing levels of knowledge and understanding of performance management by different levels of management led to unrealistic expectations which selected hospital nurses viewed performance management as a product instead of a process, (Department of Health, 2010). Bach (2011) elucidated that lack of management capacity appeared to be complicated by the functioning of performance among the nurses in health care systems.

The EPMDS has not been a success in the public sector, as some of the problems occur because of the nurses, and it is seen as purely a tool for measurement and evaluation rather than as a tool for improving the performance of nurses. However, the current employee performance management and development system (EPMDS) does not adequately factor in these drawbacks; instead it focuses on appraising against an “ideal performance” of a nurse with an ideal nurse-patient ratio, training and development opportunities. This has created varying attitudes and behaviours about the performance management system among nurses, (Department of local government and Traditional Affairs, 2007).

The Department of Health, (2010), (Circular No 33 of 2010) in KwaZulu-Natal emphasised that in order to retain a rating of 4% and above, written evidence must be provided to indicate that the results achieved were over and above what was required within the work plan of the employee. If a rating is below 3%, evidence must be provided to identify shortfalls, what was done to correct these shortfalls and the results of these actions.

The Senior Management System members are sometimes reluctant to enter into employee performance management development systems (EPMDS) as these are perceived as hindrances rather than enablers of developed service delivery. Once signed, EPMDS are not always utilized as a basis for on-going management of performance and the provision of feedback. Some senior managers believe that the EPMDS system is burdensome as they are expected to complete many forms during performance appraisals, (Public Service and Merit Protection Commission, 2007).

The EPMDS has led to a situation where Key Results Areas (KRAs) are aligned to departmental strategic and/or operational plans and these are also linked throughout the hierarchy of an organisation from higher to lower levels. Such an alignment ensures that all the employees in the department are focused on the achievement of the same strategic goals. The Human Resource Department (HRD) components should be capacitated to better play their role in supporting the effective implementation of the employee performance management development system (EPMDS). In this respect, they should identify aptitude challenges and address them accordingly, (Department of Health Public Service and Administration, 2005).

The quality content of the EPMDS is poor, resulting in its not being an effective management tool. In particular, it was underwritten by the Department of Health Public Service and administration, (2005), province of KwaZulu-Natal Human Resource Management Circular No 52 of 2005, that (KRAs) are not formulated properly and that this weakens the usefulness of EPMDS.

The Performance Agreement (PA) tend to be entered into only because they are a requirement and that once they have been concluded, there is no commitment either on the part of supervisors or subordinates to use them as management tools. There is a concern that there tends to be a lack of appreciation of the purpose of EPMDS in the management process. It is also evident in the tendency to use PAs for punitive rather than developmental purposes. In Kwa-Zulu-Natal, number of managers indicated that there is poor implementation as a result of the current evaluation of EPMDS requiring some simplification Department of Social Development, (2011). Therefore, the researcher would describe the perceptions of the nurses of the EPMDS in a selected hospital.

1.3 Purpose of the study

The aim of the study is to describe nurses' perception of Employee Performance Management and Development System (EPMDS) at a selected eThekweni Hospital in the District of KwaZulu-Natal (KZN).

1.4 Objectives

1. To describe nurses' perception of Employee Performance Management and Development System (EPMDS) at a selected eThekweni Hospital in District of KwaZulu-Natal (KZN).
2. To describe the factors that affects the performance of nurses, both positively and negatively, on the EPMDS, as perceived by nurses.
3. To describe the strategies that could improve the EPMDS as perceived by nurses.

1.5 Research Questions

1. What are the perceptions of nurses of the EPMDS in selected hospital in the eThekweni district?
2. What factors affect the performance of nurses both positively and negatively on the (EPMDS) as perceived by nurses?
3. What strategies could improve the EPMDS as perceived by nurses?

1.6 Significance of the study

Daniels (2004) stated that nursing staff is the biggest employee constituent in the public health sector and are positioned at all levels of the health care delivery system to promote good performance. Greg (2007) agreed that nurses are the pillar of the health care delivery system worldwide. This may, in turn, also help to appreciate the efforts of the employees and increase the flexibility in performance management systems, (Department of Health, 2006).

Nursing Management: Management will gain insight into the perceptions of nurses about performance management, e.g. possibly influence some positive changes to future reviews.

Nursing Practice: A well applied EPMDS will improve nurses' performances and yield effective and quality health care delivery, which will aid in the reduction of litigations.

Nursing research: The study might serve as baseline information for scholars to do future research on the topic of EPMDS.

1.7 Theoretical definition

A nurse is a person who has undergone specialized education and training under the Nursing Act (Act no 33 of 2012) of the South African Nursing Council, in an accredited institution. In the study, the word 'nurse' refers to an individual who is professionally registered with the South African Nursing Council as a registered nurse, (SANC, 2012).

1.8 Operational definitions

EPMDS: an employee performance management development system. In this study, an EPMDS is a set of activities or processes which ensure that the objectives and goals of an organisation are consistently being met in an effective and efficient manner by focusing on measuring and improving an individual's performance, (Olsen, 2011).

Perception: Schacter, (2011) defined perception as “the organization, identification, and interpretation of sensory information in order to represent and understand the environment.” In the research, the word ‘perception’ is used to infer the way nurses take a view about the performance management system.

Performance management: Booyens, (2012) defined performance management as an on-going, systematic approach to improve results through evidence based decision making, continuous organizational learning and a focus on accountability for performance. This study will employ the same definition.

1.9 Outline of the dissertation

The outline of the dissertation and the various aspects as discussed in each chapter are presented below:

Chapter 1: Introduction: The section above addressed the background to the study, aim and objectives, rationale as well as the typical research questions of the study, and the general outline of the thesis.

Chapter 2: Literature Review

In this chapter, an overview of the literature review pertaining to the literature on performance management system is presented. First, this chapter is introduced by providing a general overview of the definition of performance management system and nurses perception about the performance management system. This is then followed by a critical examination of the measurement tools for performance management as well as possible strategies for improving performance management system. This chapter is concluded by presenting the theoretical framework that informed the study.

Chapter 3: Research Methodology

Chapter three describes the research approach used for the study. The justification for the use of a descriptive quantitative study design is provided. The rest of the chapter describes the research setting, instruments, data collection, data analysis, and how ethical issues were addressed.

Chapter 4: Results

Chapter four describes the findings of the study. Here the demographic characteristics of the study participants are described, as well as key findings including nurse's perception, and strategies for the improvement of performance management system are also presented.

Chapter 5: Discussion, Conclusion and Recommendations

Chapter five is the last chapter of the study. Here the key findings of the study as discussed in relation to previous studies. Possible recommendations for policy and further studies are provided as well in this chapter. The last section of the study provides a conclusion of the key findings of the study.

1.10 Conclusion

This chapter included the introduction, background, problem statement, purpose of the study, objectives, significance of the study, theoretical definition, operational definitions, and outline of the dissertation, chapter 1, chapter 2, chapter 3, chapter 4, and chapter 5 were also delineated. The study dealt with (EPMDS), which outlined what an employee performance management development system, in globally, South Africa and at a selected eThekweni Hospital in District of KwaZulu-Natal (KZN). The next chapter will discuss the literature review.

CHAPTER TWO

2 LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 Introduction

The first section of this chapter focused on a review of the literature relating to the perceptions of nursing about the Employee Performance Management Development System (EPMDS) in their clinical learning environment. Two main areas of literature were reviewed. The first was the literature on nurse's perceptions which included both positive and negative aspects of (EPMDS). Although the literature was limited in this area several articles were found and reviewed. The second area of literature reviewed was Imogene King's Open Systems Model, which prepared the ground work for King's Theory of Goal Attainment.

This chapter includes the literature review and background of the study. A literature review is a prearranged, transcribed performance of what has been published on a topic being studied. An Employee Performance Management Development System Philosophy (EPMDSP) is underpinned by a belief grounded on a holistic method and contains an incentive theory on performance, the perception of administrative efficiency and philosophies about how performance is managed in the institute, (Burns and Groove ,2010).

2.2 Performance Management Philosophy

According to Burns and Groove (2010), stated that "Performance management philosophy" is the organization's belief about how people should be managed to achieve the performance that the organization needs to succeed". EPMDS is an effective performance management aligns the efforts of supervisors and employees with departmental goals, promotes consistency in performance review, performance all employees to perform at their best, and is conducted with fairness and transparency and the employee, the supervisor in the institution are critical members of a partnership that ensures performance planning, review, coaching, and development (Nielsen, 2013), agreed that employees at all levels are responsible for actively communicating with their supervisors about their performance, taking an active role in

planning their development, being accountable for their actions, and continually striving for excellence in their performance.

Nurses Perceptions on positive

According to Polit and Beck (2011), The EPMDS applied as agree that study conducted by the four themes representing nurse's perceptions about (EPMDS) were identified. These four themes were **shared perceptions or knowledge communication**, and **decision making, professional socialization**, and **staff workload** and nurses hours. The first theme focused on managers treating employees as colleagues and communicating in an open honest manner and made nurses shared their perceptions on the managers about EPMDS.

Nurses Perceptions on Negative

According to Boland and Fowler, (2013), described perception as positive qualities and behaviours impact nursing staff. The nurses' perceptions could be insignificant constructive feedback from their supervisor after the performance appraisal and nurses, discovered that inadequate feedback from a nurse mentor or managers was viewed as a negative behaviour that inhibited the EPMDS.

The institution is responsible for providing an effective and fair performance management system that encourages effective communication between employees and supervisors and ensures that supervisors have the skills and time to carry out performance management successfully, (Gray and Smith, 2011).

The researcher's literature search focused on different articles on Employee Performance Management Development System Philosophy (EPMDSP), which will update the researcher about the perceptions of nurses about (EPMDS), the factors that are affecting performance of nurses and the strategies to improve EPMDS for nurses according to the conceptual models.

The theory of enthusiasm is called performance alteration. It is founded on the concept that knowledge takes place because of performance; it supports the strengthening of decent behaviour over remuneration, admiration and acknowledgment, (Gray and Smith, 2011).

According to Swansburg (2007), incentive is a perception used to define both the extrinsic circumstances that motivate positive performance and the inherent replies that validate that performance in human beings. The (EPMDS) is seen as the most crucial worker's quality for cultivating performance and taking account of a combination of multifaceted issues, such as individual morals, professional beliefs, encouragements, working areas and vicinities.

Armstrong (2012), stated that the goals of (EPMDS) and Human Resources Management are alike; specifically, to attain continuous, better quality performance of systems of government and workers to ensure that individuals cultivate and attain their highest aptitude possible for their own advantage and that of the institute. It is essential to comprehend that performance management and development systems are only a means to attain a conclusion and not a cure for all. The performance management and development system is founded on a theory that there is an association between administrative and individual performance, (Armstrong, 2012).

2.3 The Perceptions of Nurses about (EPMDS)

2.3.1 What is perception and performance assessment?

A **perception** is a process of developing the consciousness of an object. It is one of the means of acquiring valid knowledge in the world and consists of an inseparable relationship between the perceptive consciousness and its content. The study revealed that the perceptions of nurses at the selected hospital are that they are not happy with the rating or scoring (EPMDS), (Bennett & Franco, 2011).

The **performance** or staff evaluation is a method used for many years in public services where an individual is evaluated by a manager. In many developed countries, nurses' assessments are not utilised as part of an administration's development (Martinez, 2009).

Counselling is an action in the workplace where a skilled individual, generally somebody in a managerial position, helps personnel to yield additional individual accountability for handling their jobs, and guaranteeing self-development, (Cohen & Manion, 2004).

Troskie, (2011) debated the key motives for appraising or gauging performance. The purpose of performance evaluation includes the following items:

1. Proof of identity of brilliant performers with the objective of paying individuals who are prepared for advancement.
2. Payment according to accomplishment (worth salary).
3. Identification and abolition of problematic places of work in the work setting.
4. The placement of nurses according to their skills and knowledge.
5. Proof of identity of those who provide essential services and provide them with some kind of incentive to develop and upgrade their performance at work.
6. The development of work performance by improving the production of an employee.

According to Armstrong (2012), and Price (2013), described the EPMDS organization integrates performance evaluation or assessment systems which have been developed to evaluate the performance of personalities or groups. Such assessments need the following: obviously clear administrative goals individual or group intentions or administration goals, there should be clear principles of performance, and the abilities and aptitude required to encounter them; systematic official appraisal of development, organization of feedback and suggestions for enhancement.

2.3.2 Why is performance assessment unsuccessful?

According to Torrington and Hall (2005) reviewed systems are intended to measure characters, performance or enactment through the use of qualitative or quantitative approaches. They also emphasise that quantitative evaluation has proved to be easier than qualitative evaluation to implement because of the subjective natural surroundings in qualitative evaluation method which sometimes sees significant parts sometimes not being assessed.

Several times performance assessments have failed to do what they are supposed to do. Torrington and Hall (2010) and Price (2013), have quantified the possible reasons for unsuccessful assessment systems:

1. Inadequate data collecting and using incomplete standards can generate a false image.
2. Real assessment requires time and vigour and should be in a continuous progression; it cannot be left until the last minute as is the case in some governments.
3. Another vital problem is subjectivity in the evaluator's verdict.
4. The sparkle result occurs when a decision is grounded on an overall impression and the evaluator then assesses by fundamentals.
5. The propensity for evaluators to score in the direction of the mid-point of the rating scale, due either to absence of understanding of the evaluation or trying to be too secure on the assessment.
6. The dimension principles should be clearly understood by the manager together with the worker so that they are aware of what is required from them.
7. The interests of the evaluator are served, for example when a manager's self-image causes him to assess an employee at a higher rate than is merited.

Some researchers such as Sutherland, Makin, Bright and Cox (2009) have also indicated that the significance of dimension in the performance development progression cannot be exaggerated. Sutherland et al., (2009), indicated that if you cannot realize something you cannot assess its magnitude. If you cannot quantify it you cannot regulate it but if you cannot regulate it you cannot improve it. However, Halachmi (2011) debated that performance measures have some serious dysfunctions that need to be observed closely during the appraisal of existing performance assessment systems or when innovative ideas are deliberated. If a performance assessment review curriculum is to be fruitful or positive, the institution needs to obtain the essential financial and human resources to attain the anticipated consequences and guarantee that the intentions to be measured are recognized by all concerned so that a decision can be reached on the timeframe or date for evaluation, (Halachmi, 2011).

2.4 The factors that are affecting the performance of nurses on EPMDS

These factors affected all nurses, regardless of age, gender, race, wards and their shifts. During the distribution of questionnaires, issues were identified. The employees were not receiving training or workshops on EPMDS from the Human Resource Development (HRD) and a number of nurses required further training on EPMDS. The attitudes of the human resource development managers (HRDM) who are the supervisors do not influence performance. There is no communication among the department employees and supervisors (HRDM) do not provide proper direction and guidance on the implementation of EPMDS, (Canadian Health Services Research Foundation, 2012).

According to Department of Health (2007), all nurses that scored 3% are to be given normal notch progression which is 1.5% per year, whether their performance was good or not. The policy stated that anything below 3% or above 3% should be accompanied by evidence and a strong motivation from Human Resource Development Management (HRDM) as to why people are given that rating.

Human resources workers have assertiveness to nurses; when the nurses asked about rating scoring of 1.5. % yearly, while others did not get it at all because HRDM said he or she was at their ceiling (which means he or she is at the senior top notch of his or her grade). Such a nurse can be a professional nurse, an enrolled nurse or an enrolled nursing auxiliary yet they are still filling in their papers half yearly, (DoH, 2007).

Managers and subordinates need to assimilate and review the policy of EPMDS and allow other employees to make their own decision towards it. Furthermore, the institution would show an improvement in patient care and thereby minimise litigations. This will also offer the chance for nurses to improve their own performance, (Frontline Management, 2012).

2.5 Measurement tools

The various tools for quantifying personnel and performance are accessible. There are often understated differences among these instruments, Hofer, Bernstein, Hayward, De Monner (2007), described that although there are abundant constraints that limit the helpfulness of instruments (Rafferty, Maben, West, and Robinson, 2011). The old-style methods were grounded on an upper to lower method whereby the manager or administrator notified the worker about the result of the assessment.

The manager conducted all the conversation with little response or contribution from the subordinate (Price, 2013), Nonetheless, innovative approaches for performance assessment propose that evaluations be a binary method negotiation between a supervisor and the subsidiary that offers them a chance to measure and deliberate the issues affecting performance and together agreeing on the activities to be engaged in, the significance of countless complementary issues when selecting a tool is emphasised. The eventual use of the tool, the technique and the theoretical philosophy of the tool should be measured, (Armstrong 2012).

2.5.1 General measures tools

According Greenlaw and Kohl (2013) stated that acceptance of the performance measurement process is essential to its success and involving employees in the development of the elements and standards included in the performance plan is an excellent way to clarify expectations and measurement terminology. Active employee participation in creating valid measures that accurately reflect performance decreases the possibility that employees may feel manipulated through the measurement system.

Quality: To addresses how well the employee or work unit performed the work and/or the accuracy or effectiveness of the final product. Quality refers to accuracy, appearance, usefulness, or effectiveness. Quality measures can include error rates (such as the number or percentage of errors allowable per unit of work) and customer satisfaction rates (determined through a customer survey), (Greenlaw & Kohl, 2013).

Quantity: To addresses how much work the employee or work unit produced. Quantity measures are expressed as a number of products produced or services provided, or as a general result to achieve, (Greenlaw & Kohl, 2013).

Timeless: To addresses how quickly, when, or by what date the employee or work unit produced the work, (Greenlaw & Kohl, 2013).

Cost effectiveness: To addresses dollar savings or cost control for the Government and Human resource development management (HRDM) should develop measures that address cost-effectiveness on specific resource levels (money, personnel, or time) that people can generally document and measure in agency annual fiscal year budgets. Cost-effectiveness measures may include such aspects of performance as maintaining or reducing unit costs, reducing the time it takes to produce or provide a product or service, or reducing waste, (Greenlaw & Kohl, 2013).

According to Kaplan and Norton (2006), stated that cultivate a set of measures that they refer to as “a balanced scorecard.” These measures give top managers a fast but comprehensive view of the organization’s performance and include both process and results measures. Kaplan and Norton compare the balanced scorecard to the dials and indicators in an airplane cockpit. For the complex task of flying an airplane, pilots need detailed information about fuel, air speed, altitude, bearing, and other indicators that summarize the current and predicted environment. Reliance on one instrument can be fatal. Similarly, the complexity of managing an organization requires that managers be able to view performance in several areas simultaneously.

2.6 Nursing for performance improvement

According to Swansburg (2007), described assessment of nursing performance can be used to improve enactment and production through teaching, psychotherapy and improvement. The (WCPS: 2012) Workforce Compensation and Performance Service, stated that assessing nursing performance implies measuring the performance and providing a response on a worker’s performance stage with the purpose of stating the factors workers are struggling with as well as to identify the zones (units or wards) that are doing well.

Meanwhile, all levels of public services are concerned with performance management systems, therefore an organizational duty is to certify that efficiency and nurses’ performance are held up to higher standard through proper nursing improvement strategies. Some of these activities are discussed below as follows:

2.6.1 Orientation

The aim of orientation, as it relates to individual teaching of the individual worker, is that he/she turns out to be used to the requirements of the job. In the healthcare sector, the situation focussed on the clinical units. Orientation covers aspects of the clinical ward to which the new worker is allocated, such as principles and standards for quality patient care, (Booyens, 2012).

2.6.2 The induction

Induction training refers to the presentation of new workers to their employment setting and the processes of the institution to help them to become relaxed as soon as possible and become familiar with their new job. It helps to lessen the nervousness and anxiety that results from the uncertainties of being employed in a new atmosphere. Training is typically piloted by the employee's such as managerial structures, the work situation, strategies and techniques, attitudes and tasks of the institution, (Booyens, 2012).

2.6.3 Instructing or Coaching

Instructing is an on-going work method to assist a work community to progress in their abilities, Armstrong (2012) continued that instructing is entrenched in the daily actions whereby a manager offers sustenance to the assistants regarding the responsibilities allocated to the employee.

Managing performance well is like speaking prose. Many managers have been "speaking" and practicing effective performance management naturally all their supervisory lives, but don't know it.

Some people mistakenly assume that performance management is concerned only with following regulatory requirements to appraise and rate performance. Actually, assigning ratings of record is only **one part** of the overall process and perhaps the least important part, (Armstrong, 2012).

Performance management is the systematic process of these following:

1. **Planning** work and setting expectations
2. Continually **monitoring** performance
3. **Developing** the capacity to perform
4. Periodically **rating** performance in a summary fashion
5. **Rewarding** good performance
6. **Rating** the rating should be time to time, organizations find it useful to summarize employee performance. This helps with comparing performance over time or across a set of employees, (Rafferty et al., 2011).

2.7 The health workers' improvement

According to Swansburg (2007), described workers' improvement is described as an administration programme to assist workers' improvements which is the understanding and abilities which enhance their professional objectives and at the same time upgrade their standards as workers (nurses). Additionally, Price (2013) stated that present governmental training with respect to workers' progress is confined to teaching in a limited sense as an alternative of an abundant wider Human Resources Development Programme (HRDP). Improving the programme in an institution should concentration on broader characteristics than teaching.

2.8 The strategies to improve EPMDS for nurses

According to Katz and Green (2007), it is imperative to have a pre-emptive performance development strategy in which it is critical to give a lecture on critical issues which may be associated with facility, and training. The development and improvement of the performance of workers is a significant role of an institution. The EPMDS is an upgrading improvement strategy.

2.8.1 The medical/ clinical strategies

In that situation, the strategy frequently concentrates on the client or patient and focuses on medical care to the patient in natural surroundings. The patient then puts her trust in the nurses and nurses need to give total health care to the patient, (Katz & Green, 2007).

2.8.2 The professional practice strategy

Once the material has been conveyed to the health employee, then the development strategy is focused on the doctors and nurses. Revising the EPMDS policy and upgrading the skills and knowledge of the nurses will improve quality health care, (Katz & Green, 2007).

2.8.3 The managerial act strategies

An agreement with all managers and employees on development of nurses will make nursing care to regain dignity and trust on the community, a precondition for applying fruitful EPMDS is contingent on real structural organization systems to fully grasp features such as information, workers, financial regulation and communiqués among different ranks. The public health sector in emerging nations allows for various boundaries in the managing of its organizations, (Katz & Green, 2007).

2.9 The Performance measurement

According to the Workforce Compensation and Performance Service, (WCPS) (2012), the measures are the standards used to control how well work components and workers yield or offer products or facilities. The measurement and valuation are used to underpin and improve performance training.

Firstly, it is vital that for the result of an envisioned interference to be measured and evaluated it is defined and **secondly** recognized; furthermore, that suitable approaches are used and **thirdly**, to control whether the designated actions. The performance measurement or rating also authenticates satisfactory performance as well as appraises any vicissitudes or dissimilarities in health care service delivery, (Katz & Green, 2007).

2.10 Principles or Standards

Katz and Green (2007), describe a standard as a written declaration of guidelines, circumstances and movements in patient care, or the system that is authorized by a suitable expert. The WCPS (2011) outlines standards as professionally developed expressions of the range of acceptable variations from a norm or criterion. The standards may be defined as Benchmark of achievement which is based on a desired level of excellence.

2.10.1 Professionalization of nursing standards

Professionalization is the process by which an occupation achieves professional status. The status of nursing as a profession is important because it reflects the value society places on the work of nurses and the centrality of this work to the good of society. A profession is characterized by prolonged education that takes place in a college or university. Values, beliefs, and ethics relating to the profession are an integral part of the educational preparation. By definition, a professional is autonomous in decision making and is accountable for his or her own actions, (Nursing and Midwifery Council, 2008).

Personal identification and commitment to the profession are strong, and individuals are unlikely to change professions. In contrast, an occupation is characterized by training that may occur on the job for varying lengths of time. The training does not incorporate, as a prominent feature, the values, beliefs, and ethics of the occupation. The workers are supervised, and ultimate accountability rests with the employer. Thus commitment is not always strong, and individuals often changes jobs, (Creasia & Parker, 2006).

2.10.2 Professional Values

Professional values can be particularly difficult to address, quantify and create SMART goals for. A scenario that could be encountered would be where nurses are assessed as competent at the assessment and planning of care, however, worryingly does not consistently demonstrate the implementation and evaluation of this care in accordance with the nursing process, (Alligood, 2012).

According to Mullen (2007), a standard is an effective, explicit explanation of the anticipated excellence of occupation performance and comprises **criteria** or **indicators** for measuring the excellence of nursing responsibilities. Performance standards are written statements unfolding the stages of performance anticipated for acceptable accomplishment, (Katz & Green, 2007; Armstrong, 2012).

According to Necochea and Fort (2011), described standards should be constructed on a firm underpinning of proof and should be developed with participation from relevant shareholders, administration cadres and health workers themselves. With respect to nursing, clinical principles or performance criteria are imageries of the anticipated stages of performance and are developing as a basis of assessing the excellence of nursing care. The key advantages of nursing care values are that they delineate the scope of practice and make available a yardstick for measuring the quality of care. The performance values should be quantifiable and known to both the manager and member of staff, (Swansburg, 2007).

2.11 Three types of values

2.11.1 Structural values

Structural values refer to the contract with the physical, governmental structure and lawful limits within which nurse's function, and contain the duties, values, objectives, strategies, work depiction, paraphernalia, provisions and statistics of employees who perform the duties, (Katz & Green, 2007).

2.11.2 Process values

These refer to the contract with the progression of bringing genuine health care delivery and contain of magnitudes such as nursing process apparatuses evaluation, preparation, application and appraisal which are used to control service delivery and take numerous arrangements such as practical rules, performance pointers and certification, (Katz & Green, 2007).

2.11.3 Product or outcome values

To predictable or anticipated results of involvements or outcomes that have to be attained such as the alteration inpatient health status after nursing care interference. The creation morals should have a measureable worth, (Katz & Green, 2007).

2.11.4 Clinical criteria

The nursing health care criteria or intentions are accepted as a practical quantifying scale for measuring the excellence of quality health care by implementing EPMDS. The basics of these nursing criteria are that they should be attainable through sensible accomplishment, particularly through meritorious acts, by succinct communication, and be comprehensible by signifying only one vibrant, unique statement, (Katz & Green, 2007).

2.11.5 Performance pointers or indicators

A performance pointer is an exact category of quantity that measures anticipated performance results founded on dependable, quantitative methods or outcome measures. It is linked to one or more types of performance, such as competence, efficiency, effectiveness, suitability, timeliness, obtainability, continuity, protection, admiration and consideration. Indicators that promote learning, investigation, professional values and trust have positive effects on performance, (Katz & Green, 2007).

Performance pointers are apparatuses that monitor and improve the performance of an institution in universal, counting the scientific level quantitatively measure whether inventiveness has accomplished its specified that objectives are very important, (Hornby & Forte, 2013).

According to Katz and Green (2007), stated that the pointers connected to patient care are called **clinical indicators**. A clinical indicator is a quantitative measure that can be used to measure and assess the excellence of significant patient care and support facilities. It is not a straight quantity of excellence but rather flags certain matters that need more concentrated evaluation, (Katz & Green, 2007). The human resources performance pointers alarm the progress and exploitation of workers in an institution and are intended to observe the stages of administrative and individual worker performance, (Katz & Green, 2007).

According to Hornby and Forte (2013) and Troskie (2011), performance pointers are useful for:

1. Developing an institution that studies complete measuring and management its performance.
1. Presenting administration progressions which provide important standards of the institution, such as excellence of service rendered patient health care and client admission.
2. Connecting accomplishments to obtainable capitals and functioning progressions.
3. Activating the employees to improve individual performance over the performance management procedure.
4. Quantifying performance means setting institutional objectives to be applied by administrators and their health teams (nurses); it also means emerging a set of accurate aims towards quantity improvement. It is expected that quantifying performance and emerging performance pointers for health services will be automatically crucial to performance development, nevertheless this is not always the case, (WHO 2007b).

The facts are multifaceted. There is proof that performance indicators that promote judgement may provide negative incentives and could prove counter-productive in some cases (Mullen, 2007). Approaches that involve judgement, tables of ratings, imposed performance improvement and lack of trust have negative effects on performance, (Mullen 2007).

2.12 The Conceptual Framework

2.12.1 Introduction

The conceptual frameworks are sets of general concepts and propositions that provide perspectives on the major concepts of the paradigm, such as personal health and well-being and the environment. Conceptual models also reflect sets of values and beliefs, as in philosophical statements as well as preferences for practice and research approaches, (Burns and Groove, 2010). Raj (2011), agreed described points out that direction for research must be described as part of the conceptual model in order to guide development and testing of nursing theories. Pilot and Beck (2011) described a

theoretical framework as the overall conceptual framework underpinning the study. This study was shaped around and guided by Imogene King's (2011), theory of goal attainment.

This study presented a model for continuing nursing based on Imogene King's conceptual framework. The rationale for using King's conceptual framework as the foundation underlying this model is three-fold: the concepts **social systems**, **health**, **perception**, and **interpersonal relationships** are relevant in every nursing situation; the interacting levels of operation **individuals**, **groups**, and **society depict** a reciprocal relationship between human behaviour and the environment; and the triad of elements--continuing nursing, nursing practice, and nursing research are interrelated in the nursing profession, (Imogene King's ,2011).

The Imogene King contend that this approach to continuing nursing education is beneficial to participating nurses, the health care consumer, and to the advancement of the nursing profession. It is grounded on its simplicity and flexibility. Imogene King believe that this model provides an approach for stimulating continued learning, for establishing innovative foundations for nursing practice, and for generating inquiry through research. Utilizing this approach in maintaining the standards for professional practice will promote change for the advancement of the nursing profession, (Imogene King's, 2011).

2.12.2 Nursing Theory

According to Imogene King (2011), "Many people decide to pursue a career in nursing because they want to be instrumental in helping patients get healthy". In order to do that, it's necessary to set health goals with the patient, and then take steps to achieve those goals. Imogene King's Theory of Goal Attainment focused on this process to aid nurses in the nurse-patient relationship, helping their patients meet the goals they set for their health.

2.12.3 King's theory

King's theory deals with a nurse-client dyad, a relationship to which each person brings personal perceptions of self, role, and personal levels of growth and development. The nurse and client communicate, first in interaction and then in transaction, to attain mutually set goals. This relationship takes place in a space that is identified by their behaviours and occurs in forward-moving time, (Imogene King's, 2011).

2.12.4 King's theory of goal attainment

King provides insight into the interacting dimensions of humans as personal systems, interpersonal systems and social systems. King (2011) noted that the concepts are interrelated with collaboration, perception, communication, transaction, self, role, stress, growth and development, time, and space into a theory of goal attainment.

2.12.5 Unfolding King's theory of goal attainment

The conceptual framework of this study is based on the theories of goal attainment which were proposed to provide a comprehensive view of the dynamic interacting theories that form the environments that influence **perception, self, individual's growth, development, body image, space and time**, (King, 2011). King (2011), views an interaction as a process of perception and communication between the person and environment. This study focuses on personal systems, which is the individual's perceptions, as the researcher is to describe the perceptions of nurses on the EPMDS in selected hospital in the eThekweni district of KwaZulu-Natal. Performance evaluations are then communicated to employees in a positive way to ensure that effective performance is reinforced and ineffective performance is addressed, (King, 2011).

The researcher agreed that employee performance management development system (EPMDS), could improve performance on nurses, because the main objective is to describe nurses' perception of Employee Performance Management and Development System (EPMDS) at a selected eThekweni Hospital in District of KwaZulu-Natal (KZN), not to manage employee performance but to help employees progress and, after obtaining comprehensive, reliable performance information on

nursing staff and the supervisors, use a methodical process to analyse this information.

2.12.6 The three pointer or indicators of this study

The theoretical basis on which this study is based is King's Theory (2011). The main aspects that are focused on are:

- **Individual issues** - matters of individual perception, experience of work and individual work outcomes.
- **Social issues** - anticipations from the community, societal morals and traditional philosophies.
- **Organizational issues** - matters of performance management styles, planned consistency, standards and values, communication, management and remuneration, (Imogene King's, 2011).

The researcher focused on **individual issues** on nurse's perception of Employee Performance Management and Development System (EPMDS) at a selected eThekweni Hospital in District of KwaZulu-Natal (KZN), as Imogene King's, theory elaborated above.

2.13 Personal systems (individuals)

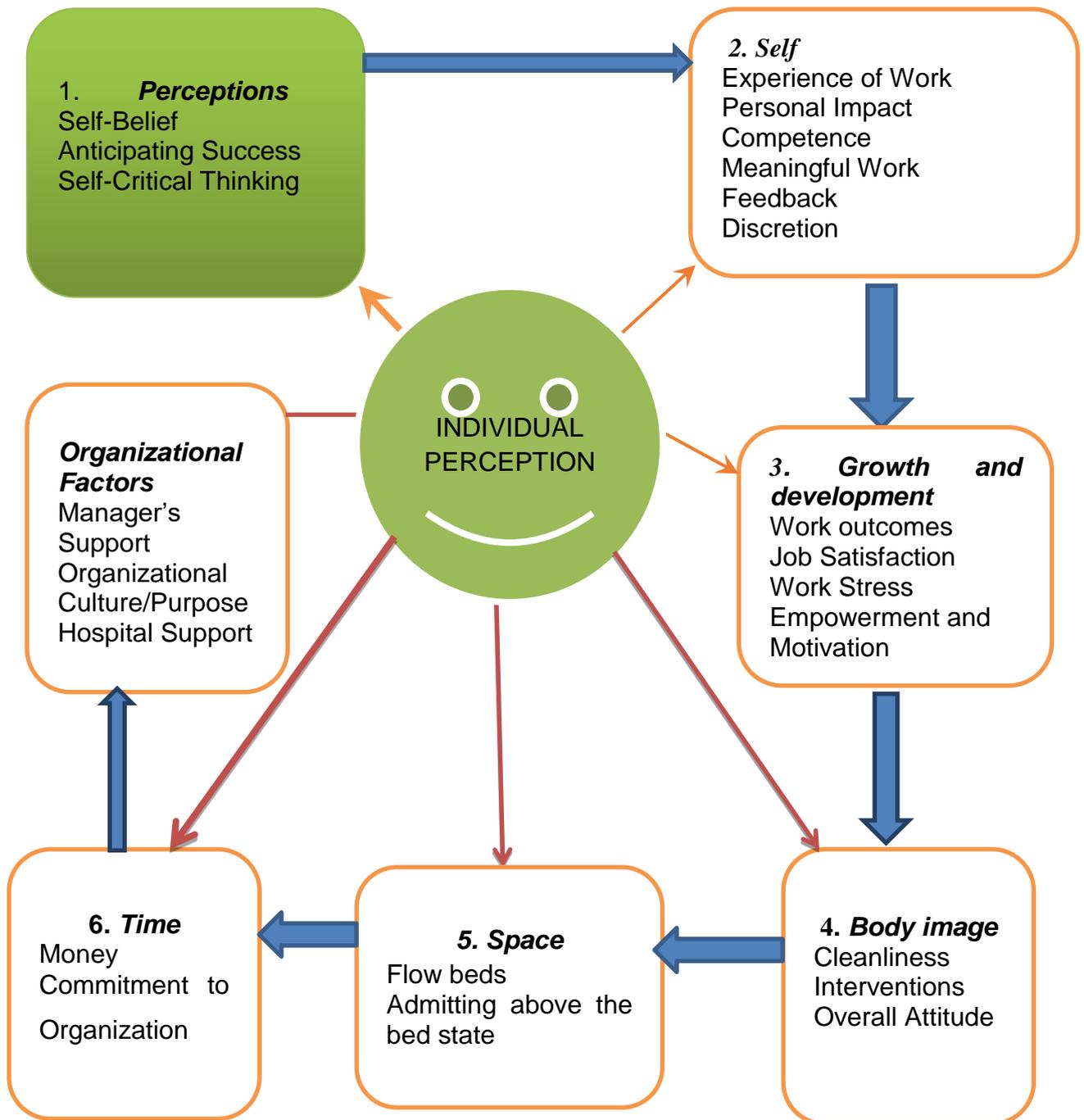


Figure 1: Conceptual Framework of nurse's perceptions about EPMDs, (King, 2011).

2.13.1 Application of Conceptual Framework of EPMDs to the study

The study focused on nurse's perceptions about (EPMDs) and performance as illustrated in figure 1. The objectives, literature review, discussion of the study and questionnaire for the study were shaped along the parameters of this framework, to help the researcher to describe nurses' perception of Employee Performance Management and Development System (EPMDs) at a selected eThekweni Hospital in District of KwaZulu-Natal (KZN).

2.13.1.1 Personal systems (individuals)

King's theory describes six major concepts i.e. **perception, self, growth and development, body image, space and time**. The interactions of these concepts lead to goal attainment.

1. **Perception** is a process in which data obtained through the senses and from memory are organised, interpreted and transformed. The nurses gave insights about the scoring on EPMDs, which represent each person's representation of reality, (King, 2011).
2. **Self** refers to the individual's thoughts and feelings related to one's awareness of being a person who is separate from others, and influences one's view of nurses and (EPMDs). The role of nurses implies a set of behaviours that are expected of persons occupying a position in a social system, and rules that define rights and obligations in a position in that system. In this regard, the stress on nurses creates a dynamic state and, according to, (King, 2011), performance on human being interacting with the environment workload that results from a shortage of nurses and resources decreases their level of performance which results in poor quality health care, (King, 2011).
3. **Growth and development** work as a process in people's lives through which they move from a potential for achievement to actualisation of self-improvement e.g. in-service training, attending workshops and short courses help individuals move towards maturity, (King, 2011).
4. **Body image** includes both the way one perceives one's body and others' reactions to one's appearance; therefore, the employees and nurses must be presentable, (King, 2011).

5. **Space** is defined by the physical area known as territory and by the behaviours of those who occupy it. It can exist in all directions and in the immediate environment (e.g. nurse and supervisor interaction), (King, 2011).
6. **Time:** refers to the sequence of events, moving onwards to the future and as an interval between the two events that are experienced differently by each person. The employee must be on time at work to take full reports from the night staff (nurses) about patients, units and nurses' challenges; communication is very important among the staff as it minimises time wastage, increases fast information from person to person, and directly and indirectly makes an information component of interaction that leads to good performance which improves quality patient care, (King, 2011).

According to King (2011), the interconnection among **individual, social and organisation** issues has been predictable as a measurement of performance. Imogene King (2011), on the other hand, suggests a theory that categorizes individual **perceptions** (self-belief, anticipating success and critical thinking), **self-experience** of work (personal impact, competency, meaningful work, feedback, and discretion) and **growth and development** work, outcomes (job satisfaction, work stress, empowerment and motivation) as changes in **body image**, (cleanliness, interventions and overall attitude), **space** ,(flow beds, admitting above the beds state), and **time** (money , commitment to the work) outcome could be job satisfaction, empowerment, motivation decrease level of stress that interrupt their knowledge at work. The researcher agreed that managers need to intervene by supporting nurses on producing good performance that could be minimise allegations to the organisation, (King, 2011).

The role of the institution or organisation is firstly to interconnect its objectives as well as the **progressions and possessions**. **The progressions** are the processes of developing gradually towards a more advanced state. good opportunities for career progression synonyms: development , progress , process , continuation , continuance , advance , advancement , movement , forward movement, onward movement, passage , career , march ; More and **possessions** is the state of having, owning, or controlling something. synonyms: ownership , proprietorship, control , hands, keeping , care , custody , charge , hold , title , guardianship, are for attaining these goals.

Secondly, it has to set in place a system of response and to improve staff understanding and abilities, i.e. quality improvement, (King ,2011).

Imogene King (2011), continued to elaborated that governmental issues, such as management provision, co-worker sustenance and managerial philosophy, are related with great performance, interferences are contingent on all the overhead stated issues as well as the **general attitude** and **obligations by the institution** which finally lead to the attainment of the administrative penalty area.

Flanagan and Henry (2011), agreed that the concept of a healthy working situation is the responsibility of an institution, which has to generate and make available environments that are favourable in the direction of good health and extraordinary performance. In addition, performance is contingent on nurses recognizing themselves as talented, whether they are enthusiastic about doing it and whether they have the means to attain said performance.

Necochea and Fort (2011), classified related issues that disturb worker performance in the place of work. These issues are: clear aims and work outlooks, appropriate selection, instant response, abilities to perform, information of the governmental arrangement; a well-designed reaction scheme, sound intellectual theory, adequate incentive through self-satisfaction and inducements, a helpful or favourable situation and unwieldy responsibilities.

Swansburg, (2007), stated that unwanted behaviour should be changed and not penalized Sirota (2009) agreed, classifying three principal performance objectives that motivate individuals at work: equity, attainment and friendship. These are in line with the content and progression theories. Sirota (2009), elaborated further on these three issues in his theory of human performance in that they stimulate nurses at the workplace which takes account of **equity**.

Workers like to be treated honestly in relation to the rudimentary conditions of service. These rudimentary circumstances contain **physical** desires, namely, safety in work situations, sensible capacity and luxury; **financial** needs of work safety, acceptable salary and remunerations, and **inner spiritual** desires of admiration, decent interpersonal relationships and a trustworthy administration. Fort and Voltero (2014),

Achievement: Workers need to acknowledge self-worth in their accomplishments, to obtain gratitude or credit for their activities and salary self-worth in the government's remuneration of their activities. **Solidarity:** Workers desire to have wholehearted, motivating, and co-operative relationships with others in the workplace, (Fort and Voltero, 2014).

2.14 The characteristics Performance Concept

The three main characteristics of performance philosophy which determine the performance are objectives, strengthening needs and anticipation.

- **Objectives:** are set in teamwork with workers, including human resource management, and should be challenging but viable. The response should provide answers as to whether the objectives have been attained.
- **Strengthening needs:** the accomplishment of objectives set and the remuneration for satisfactory attainments.
- **Anticipation:** the pressures that will cause individuals (nurses) to be encouraged to alter their self-behaviour in order to improve performance if they perceive that the altered self-behaviour will be remunerated correctly (Armstrong 2012), Van Leberghe, Adams and Ferrinho (2013), specified that it is premature to see EPMDS as a magical resolution.

There is more than modest proof that official performance management and development systems essentially enhance the quality of patient health care and nothing has revealed that the returns in productivity of the nurses overshadow the financial plan at a higher level of the system. Administrative efficiency is contingent on illustrative policies, interactive relationships and providing an educational work situation. Intentions will be attained if they are well assimilated, (Armstrong, 2012).

2.15 The World Health Report 2000: Health systems

According to Winch, Bhattacharyya, Debay, Sarriot, Bertol and Morrow, (2010), “It moreover shows that performance of health systems is contingent on the abilities, understanding and incentives of the individuals who are accountable for bringing quality health care in the services”. Armstrong (2012), and Carlyle and Ellison(2011), agreed that it is vital to guarantee that performance values are designated prudently and exactly to ensure that they enclose all the key apparatuses of what is being measured (output) and the standards upon which evaluation is built, viz, excellence, amount and timeliness.

Rafferty, Maben, West and Robinson, (2011) all agreed that the description of standards should be specified as Esu and Inyang, (2009) agreed that the responsibility of the supervisors is to determine progress towards the achievement of objectives and performance targets. Performance at the individual level must be continuously monitored to enable the identification of performance barriers. This interchange helps to develop a good basis for the performance on the **SMART principle**, which is: -
S=Simple, clear and understandable.

M= Measurable objectives: - quality, quantity, money and time dedicated.

A= Agreed between the supervisor and jobholder or employees.

R=Realistic but challenging: - takes account of the capabilities of the jobholder.

T=Time-bound: - reflecting the current priorities and assessable within the reporting cycle, (Esu & Inyang, 2009).

2.16 Conclusion

This chapter two included the introduction; background of the literature review also the theory. The literature review highlighted and discussed factors relating to the employee performance management development and system (EPMDS), of nurses and the outlines. The perceptions of nurses were also delineated. The literature review further concentrated on the evaluation of nursing performance which includes a quantity of actions that can yield evidence around the rank of efficiency or how an institution performs as an entity. The next chapter will describe the research methodology utilized in the study.

CHAPTER THREE

3 RESEARCH METHODOLOGY

3.1 Introduction

This chapter focused on the research design and methodology used by the researcher when undertaking the study. It offers particulars on the research approach, the paradigm supporting the study, population, study setting, sampling procedure and data collection. Research methodology denotes methods used to arrange a study and describes how the researcher collects and scrutinizes evidence in a methodical way, Polit and Beck, (2011). The methods used are described comprehensively, including the context in which the data collection took place, particularly the relationship between the research question and the data collected, (De Vos, Strydom, Fouche and Delpont, 2009).

3.2 Research Approach

The study used a quantitative approach, which is a formal, objective and systematic process for generating information. In line with this approach, the nurses were provided with questionnaires in order for the researcher to describe their perceptions about EPMDs. Burns and Grove (2010) defined quantitative research as a formal, objective, systematic process to describe and test relationships and examine cause and effect interactions among variables. (De Vos et al., 2009) agreed that chosen approach enables the researcher to describe the perceptions of the nurses formally and logically.

3.3 Research Design

The study used a non-experimental descriptive design. Descriptive design is used to get evidence on the present position of the phenomenon so as to designate what occurs with respect to present circumstances, classifying the problematic with present practice, Burns and Grove, (2010). Brink (2012), clarified that a descriptive survey design may be used to study characteristics in a population for the purpose of investigating probable solutions of a research problem. Brink (2012) stated that the purpose of a research design is to provide a plan for answering the research question

and are a blueprint for action. It is the overall plan that spells out the strategies that the researcher will use to develop accurate, objective and interpretative information. The specific questions addressed will generate knowledge, which, it is envisaged, will directly improve clinical practice, (Polit and Beck, 2011).

3.4 Research Paradigm

The researcher implemented a positivist research paradigm in the study. The positivist's hypothesis is that there is an immovable, logical and unprejudiced realism that can be quantitatively studied and exposed. It is often related with quantitative research and has a traditional style but a fundamental scientific approach, Polit and Beck, (2011). This paradigm is appropriate because data was collected using questionnaires which are an objective method of gauging the individual's values, personal opinions and philosophy, (Burns & Grove, 2010).

3.5 Study Setting

This study was conducted at a selected hospital in the eThekweni district of KwaZulu-Natal to nurses who had worked for more than two years in the departments.

3.6 Target Population

According to Burns and Grove (2010), described that a population is defined as all elements (individuals, objects and events) that meet the sample criteria for inclusion in a study. The study population consisted of all adult nurses. The researcher purposely was target all nurses who have an experience with the EPMDS and who had worked in the ICU, Trauma, Emergency, Surgical High Care and Medical High Care departments at the selected hospital for more than two years. Burns and Grove (2010) agreed that the target population is the entire aggregation of respondents that meet the designated set of criteria. The target population of one hundred and sixty five (N=165) nurses that met the eligibility entered, but only managed to get one hundred and nineteen (N=119) questionnaires were returned from nurses. The other questionnaires we're not answered for analysis.

3.7 Sample and Sampling Method

Polit and Beck (2012), described a sample is a portion of the target population selected to participate in the research study and the essence of sampling is a process of picking prospective participants in order to allow for generalization to be as accurate as possible with a study sample. (Creswell, 2014), clarified sampling is process depends on the type of research design and attributes of the prospection participants that the researcher want to work with, the researcher assumed that those participants need knowledge of the phenomenon under study. In the study sample was (EPMDS) on nurses who were admitted at the selected hospital as to evaluate the validity and reliability of the data collection instrument.

The non-probability convenience sampling method was used to select the respondents by ensuring that those nurses who were present and willing to be respondents at the time of the data collection were considered, Burns and Grove, (2010). A convenient sample consists of using the most readily available or most convenient group of subjects for the sample, (Cohen and Manion, 2004). Polit and Hungler, (2013), agreed that a convenient sample consists of subjects included in the study because they happen to be in the right place at the right time.

3.8 Sample size

The sample size is an important feature of any empirical study in which the goal is to make inferences about a population from a sample. In practice, the sample size used in a study is determined based on the expense of data collection, and the need to have sufficient statistical power, (Polit and Hungler, 2013).

The researcher aimed a sample size of N=165 nurses, but only N=119 nurse returned the questionnaires based on the principle of informed causing convenience and self-available on the day for data collection, this was accepted. This represents a response rate of 72.1%. The larger the sample size, the more representative is the sample thus allowing for greater generalization of the findings.

3.9 Data Collection Instruments

Data collection is a systematic way of gathering information which is relevant to the research purpose or questions, (Burns and Grove, 2010). The researcher utilised a structured questionnaire which was guided by the conceptual framework of King (2011). Burns and Grove, (2010), continued elaborated that a questionnaire is an effective tool for collecting data on a large scale. Data was collected in a selected hospital and collected by using a structured questionnaire. The questionnaire featured structured questions in the form of close-ended questions, since they were convenient when collecting data from a large number of participants, (Burns and Grove, 2010). The format used in the questionnaire is standard for all participants and is not dependent on anyone's mood. The questionnaire was an appropriate tool to use for this study since the researcher was collecting data from a large number of nurses.

The questionnaire used in this study had four main sections that (a) **accessed demographic characteristics**, (b), **nurse's perception about EPMS**, (c), **factors that affect nurse's performance on the EPMDS** and, (d), **possible strategies that could be used to improve the EPMDS**. The four sections of the questions are as follows:

3.10 The questionnaire divided into four sections (A–D)

Section A: Demographic data: covered Five (5) questions on age, gender, race, ward and shift to real personal data (individual).

Section B: Perceptions of nurses about the EPMS covered **Fourteen (14)** items (closed-ended questions) about this this system.

Section C: Factors that affect the performance of nurses on the EPMDS covered **Seven (7) questions**.

Section D: The strategies of nurses that could improve EPMDS covered **Three (3) questions**.

3.11 Validity and Reliability of the Data Collection Instrument

The validity and reliability of the research instrument used this study to perform as indicated below.

3.11.1 Validity

According to Polit and Beck (2012), described validity as to the accuracy of an assessment whether or not it measures, what it is supposed to measure and even if a test is reliable, it may not provide a valid measure.

3.11.1.1 Two aspects of validity

Internal validity: the instruments or procedures used in the research measured what they were supposed to measure. The researcher asked “what are the perceptions of nurses of the EPMDS? In this study, the pictures have good internal validity as to assess items after tool against the objectives validation stress producers, (Polit and Beck, 2012).

External validity: the results can be generalized beyond the immediate study. In order to have external validity.in the study applied after participants returned the questionnaires and analysed the data, the researcher put a lot of how to collect the most suitable data for content analysis. The strategy to ensure trustworthiness of content analysis, (Polit and Beck, 2012).

Content validity refers to how accurately an assessment or measurement tool taps into the various aspects of the specific construct in question. In other words, do the questions really assess the construct in question, or are the responses by the person answering the questions influenced by other factors, Polit and Beck, (2012).

Table 1: Content Validity table

Demographic data	Nurses real personal data (individual)	Section A: covered Five (5) questions on age, gender, race, ward and shift.1-5
Research objective	Conceptual framework	Tool (questionnaires)
To describe nurses' perception of EPMDS.	Nurses perceptions (individual issues)	Section B: questions 1-14
To describe the factors that affects the performance of nurses, both positively and negatively, on the EPMDS.	The factors that affect of nurses about the EPMDS,	Section C: questions 1-7

To describe the strategies that could improve the EPMDS as perceived by nurses.	The strategies that could improve EPMDS of nurses.	Section D: questions 1-3
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The researcher chose the best data collection method to answer the research questions EPMDS. The research concept was accurately measured in a quantitative study instrument; to describe the perception of nurses would not be considered valid (EPMDS), particularly in selected hospital.

3.11.2 Reliability

According to Polit and Hungler (2013), stated that reliability as the degree of consistency with which an instrument measures the attribute it is designed to measure, can also be ensured by minimising sources of measurement and reliability has to do with the quality of measurement. In its everyday sense, reliability is the "consistency" or "repeatability" of your measures. Grerish and Lacey (2015), agreed that reliability denotes to the repeatability of findings of the study. If more than one participant is observing behaviour or some event, all observers should agree on what is being recorded in order to claim that the data are reliable and the researcher also applies to **individual perception on EPMDS** to measures attributes on the participants showed that the test described as reliable on the section B question number two: The performance appraisal time is pleasant to me and I feel encouraged the participants responded similar. It was reliability of the data collection tool was measured through a pilot test as detailed below.

3.12 Pilot Study

The pilot study is pre-testing of the study instrument and was done to measure validity and reliability of the study instruments. The amendments were done before than main data collected, in order for the instrument to accurately measure what it was supposed to be measure and yield consistent result if used repeatedly and in another context, (Brink, 2012).

According to Polit, and Beck, (2011), defined pilot study, can be used a "small scale version or trial run in preparation for a major study." Pilot study was done by researcher

to achieve the main study, which could help a researcher to determine whether the research instruments are appropriate or too complicated.

The purpose of piloting was described, identified, refined and amend the short falls of the questionnaires. The researcher has included the identified short falls amendments made on the questionnaire after piloting the instrument in the thesis.

The researcher did pilot study, two days before the main study. As such the participants involved in the pilot study, did not take part in the main study, this was to prevent biased responses and altering of the result of the study. Re-administering the questionnaire to the participants involved in a pilot study can be predisposing the participants to changing their prior incorrect responses. (Brink, 2012), agreed that “prior exposure to test the measurement technique comes bias a particular response” therefore the researcher ensured that none of the participants in the pilot study participated in the main study.

In this study, the researcher did pre-testing questionnaires on eight (8) participants which met the set criteria at selected in Durban, eThekweni District in KwaZulu-Natal. All of them answered the questions and no one question was changed following the pretesting of data collection, pilot study was conducted and instrument was administered on (nurses) were purposively selected to participate, to describe the appropriateness of the questions in the main questionnaire, Van Teijlingen, Rennie, Hundley and Graham, (2011) agreed that those who participated in the test retest did not participate in the main study. Cochran and Cox (2011), described that the pilot instrument should invite comments about the perceived relevant of each question to the study intent of the research.

3.13 Data Collection Procedure

On the day of collecting data, the participants were approached at their workplaces with the help of the staff member at the hospital. The purpose of the study was explained to the participants, and those who agreed to participate were made to fill a written informed consent, and were informed that their participation was voluntary and they could withdraw from the study on their own without any consequences to them. Participants were informed that identity will be completely anonymous, and that the findings would be used for academic purposes only. Questionnaires were personally

distributed by the researcher to nurses to complete. Data was then collected in the form of structured questionnaire. Arrangements were made to collect the questionnaires on the same day. Participants were asked to put completed questionnaires into a box that was kept safely by managers of the hospital. It took approximately 20 minutes to complete answering the questionnaire; data collection lasted for period of 2 weeks. The researcher found that out of one hundred and sixty five (N=165) questionnaires, only one hundred and nineteen (N=119) returned, forty six (N=46) questionnaires were not return after collected data.

3.14 Data analysis

Polit and Hungler (2013), defined data analysis was the process of analysing verbal or written communications in a systematic way to measure variables quantitatively. Afterwards the data was collected it was organised and analysed. The data analysis of closed-ended questions, a computer programme called Statistical Package for Social Sciences (SPSS). The collected data was entered into Microsoft Excel 2012 spread sheet. This was then imported into SPSS software version 22, which was used to conduct data analysis.

Descriptive statistics distributions of frequency tables were used to describe the nature of the data and from these data were presented in form of pie diagrams. The data was used to describe any association between demographic data, the perception of nurses towards the EPMDS; factors influence nurse's performance on the EPMDS and what nurses perceived could improve EPMDS in your hospital/ institution and you can be comfortable to be involved in the formulation of new strategies to improve EPMDS.

The close-ended questions were analysed through quantitative content analysis by the researcher with the intention of quantifying emerging characteristics and perceptions on nurses.

All the analyses were done showed the performance of nurses in the selected hospital area was found to be work harder due to rating system results are a not true reflection of your performance, linked to their individual hospital workplace experiences. These experiences related to their physical working conditions and environment and included the following: The performance management process not adequately, managers focused on EPMDS, it just on salary increments and performance bonuses.

The performance management system not promotes their personal development as an employee. No training about EPMDs and nurses need to be involved in the formulation of new strategies to improve EPMDs, nurses perceived unsupportive on the management structures, autocratic and dehumanizing management styles, negative stereotyping of nurses and the nursing profession, lack of autonomy in the workplace, professional jealousies and fractures and shortage of staff, equipment and lack of appropriate surgical supplies, concerns regarding occupational safety.

3.15 Data Management

The data will be stored by the researcher in a locked cupboard in a secured room, with accessible only to the researcher supervisor. The data raw will be kept for five years in the secure environment after which they will be shredded as per University policy. The raw digital data is housed on the researcher's computer which is accessed and controlled through password protection. It will be backed up onto the University system for safe keeping. Dick and Steen (2014), agreed that data management strategy is vital because digital storing information that are inherently unreliable, unless they are stored appropriately, and all file formats and physical storage information will ultimately become obsolete. The accessibility of any data management depends on the quality of the information and the availability of the relevant data-reading equipment for that particular information, the information currently available for storing data files are optical (CDs and DVDs) and (hard drives and tapes).

3.16 Data Dissemination of result

According to De Vos et al. (2009), described results are disseminated in the form of a research report. The report should stimulate readers to want to study it and also determine its feasibility for implementation. The report should not expose the secrets or weaknesses of the institution to the readers, but should recommend improvements of the service.

The study findings will be published in an accredited nursing journal and the study results and recommendations also presented in nursing managers' meetings, workshops, symposia and conferences. The researcher will circulate and share the document with all the nurses who were involved, including the institution where data was collected. The hard copies and electronic copies will be kept by the University of

KwaZulu-Natal, (UKZN) library and database to enable other researchers to retrieve or access the information. Another copy will be kept by the researcher's supervisor.

Data will be disseminated through presentations at conferences, workshops symposium. The institution (selected hospital) where the data was collected will be given a copy of the thesis.

3.17 Ethical considerations

Ethical clearance for the study was granted by the Humanities and Social Sciences Research Ethics Committee of the University of KwaZulu-Natal, South Africa, and further permission was obtained from the KwaZulu-Natal Provincial Department of Health, Health Research and Knowledge Management, the Central Executive Officer (CEO) and the Senior Manager: Medical and Consultant in Family Medicine. Further permission was also obtained from the Senior Nursing Manager from the selected hospital of the study gave the researcher a letter of support for the collection of data. Participation in the study was voluntary as participants were informed of their right to withdraw from the study at any point without any harm to them. Ethical principles (informed consent, anonymity, confidentiality and voluntary participation) were completely followed.

Informed consent: Burns and Grove, (2010) defined informed consent as the prospective subject's agreement to participate voluntarily in a study, which is reached after assimilation of essential information about the study.

The participants were fully informed about the purpose and process of the study, procedures that would be used in the study to collect the data, and that a written consent had to be signed as proof and as agreement to take part in the study. Each participant was given a consent form and they were told that giving it back to the researcher would indicate their willingness to participate in the study. The age of the participants all adult and language were clear to all participants.

They were aware that they would be free to withdraw from the study at any time that they felt. The researcher informed the participant not to write their names on the questionnaires. It was explained to them that the completion of the questionnaire was required and to signing a consent form. The participants were assured that no sensitive information would be divulged during the publication of the study results.

The principle of justice: This was adhered to by ensuring all participants receive fairness 'during the data collection processes. No identifying information was entered onto the questionnaires, (Polit and Hungler, 2013)

The principle of confidentiality and anonymity: The researcher ensured that the confidentiality and anonymity of all information were maintained throughout the study. Information given was not made available to anyone except the researcher and her supervisor. To guarantee anonymity, no names were to appear of the data collection instrument. Codes and number were used instead of participants' names to ensure confidentiality.

Burns and Grove, (2010), defined anonymity as when subjects cannot be linked, even by the researcher, with his or her individual responses. In this study anonymity was ensured by not disclosing the patient's name on the questionnaire and research reports and detaching the written consent from the questionnaire. Polit and Hungler, (2013), agreed that when subjects are promised confidentiality it means that the information they provide will not be publicly reported in a way which identifies them. In this study, confidentiality was maintained by keeping the collected data confidential and not revealing the subjects' identities when reporting or publishing the study.

The principal of beneficence: The researcher ensured that the wellbeing of the respondents was maintained. The researcher also ensured that no money, rewards for involvement in the study, discomfort or inconvenience occurred during the data collection, (Polit and Hungler, 2013)

Honesty and integrity: The study was done to recognise and protect the rights of human participants and to render the study ethical, the rights to self-determination informed. Polit and Hungler (2013) agreed that conducting of research requires not only expertise and diligence, but also trustworthiness and honesty.

3.18 Conclusion

This chapter focused on the research paradigm and approaches, the research design, the research instrument, and the validity and reliability of the research instrument. This chapter explained the research setting and the study population, the sampling and the sample size. This chapter described how data will be collected; the methods used for data analysis and the ethical considerations involved in this study. The data management, the dissemination of the results, the budget to be used in this study and the time frame was also explained.

CHAPTER FOUR

4 PRESENTATION OF THE FINDINGS AND THE ANALYSIS

4.1 Introduction

This chapter presents the results of the analyzed data from this study. To reiterate the aim of this study was to describe nurses' perception of Employee Performance Management and Development System (EPMDS) at a selected eThekweni Hospital in the District of KwaZulu-Natal (KZN), and the research objectives were: (1) to describe nurses' perception of Employee Performance Management and Development System (EPMDS) at a selected eThekweni Hospital in District of KwaZulu-Natal (KZN); (2) to describe the factors that affect the performance of nurses, both positively and negatively, on the EPMDS, as perceived by nurses; (3) to describe the strategies that could improve the EPMDS as perceived by nurses.

The findings from this study are presented in tables and figures. The frequencies and percentages are used to describe the results.

4.2 The response rate

One hundred and sixty-five (N=165) questionnaires were distributed among the nurses. Only one hundred and nineteen (N= 119) questionnaires were returned, this represents a response rate of 72.1%.

4.3 The findings of the study

The findings of the study are presented in the form of tables and three pie graphs under the following sections: The questionnaire was divided into 4 sections which measured various themes, as illustrated below:

Section A –Socio-demographic Data.

Section B – Perceptions of nurses about the EPMDS.

Section C – Factors affecting performance of nurses on the EPMDS.

Section D – The strategies of nurses that improve EPMDS.

Table 2: 4.4. Socio-demographic characteristics of participants

Characteristics	Frequency	Percentage (%)
Gender		
Male	9	(8%)
Female	110	(92%)
Age groups		
21-40 years	54	(55%)
41-50 years	37	(31%)
Over 50 years	28	(24%)
Race		
African	117	(98%)
Indian	2	(2%)
Hospital wards/Units		
ICU	43	(36%)
Trauma and Emergency	29	(24%)
Surgical High Care	23	(19%)
Medical High Care	24	(21%)
Shifts		
Day	73	(61%)
Night	46	(39%)

4.4.1. Socio-demographic characteristics of participants

The socio-demographic characteristics of the participants are presented in Table 2. The majority (92.4%) of the participants were females, with the remaining 7.6% been males. About 45.4% of the participants were between the ages of 21-40 years, whilst 31.1% were found to fall within the ages of 41-50 years, and about 23.5% were 50 years and above, the veracity of age distribution is a good indicator for a skill mix. With regards to race, over 98% of the participants were Black Africans whilst the remaining 1.7% was Indians.

It can also be observed that 36.1% of the participants work at the ICU units, whilst 24.4% work at the Trauma and Emergency Units. About 19.3% and 20.2% of the participants work at the Surgical High Care and Medical High Care units respectively; there are more nurses in ICU which is in line with the researcher's type of specialization. The majority of the nurses (61.3%) who participated in this study indicated that they work on a day shift and the remaining 38.7% work on the night shift, the study showed that more nurses are deployed to working day staff because of many procedures and doctors round during the day than the night.

Table 3: 4.5: The perceptions of nurses towards the performance management system (EPMDS)

Statements	Response options	
	Yes (%)	No (%)
1. The performance level I rate myself has been roughly the level that my supervisors have rated me.	(51%)	(49%)
2. The performance appraisal time is pleasant to me and I feel encouraged.	(50%)	(50%)
3. I am not anxious of the potential poor feedback when being appraised.	(59%)	(41%)
4. I am aware that the performance management process will be recorded and kept for future reference.	(82%)	(18%)
5. Overall, I am happy with the employee performance management and development system at the selected hospital.	(40%)	(60%)
6. The supervisor rates me in accordance to the true performance I displayed.	(48%)	(52%)
7. Do you think all nurses' get the scores that when their performance is rated?	(19%)	(81%)
8. There is effective constructive feedback from my supervisor after the performance appraisal	(27%)	(73%)
9. The performance management process is important and is not a waste of working time.	(54%)	(46%)
10. There is no bias or errors by the supervisor in the performance appraisal rating.	(58%)	(42%)
11. Do you believe there has been a change in the organization since the implementation of a performance management system?	(31%)	(69%)
12. The performance management process adequately focuses on employee development, not just on salary increments and performance bonuses	(38%)	(62%)
13. The performance management system adequately promotes my personal development as an employee.	(35%)	(65%)
14. Do you think this (EPMDS) improve standard of performance among the nurses.	(22%)	(78%)

4.5.1. The perceptions of nurses towards the performance management system (EPMDS)

The perception of nurses towards the performance management system (EPMDS) was assessed using 14 items. The results which are presented in Table 3, shows that **four (4) questions** of the 14 items asked participants were concerned with supervisors' roles in performance management system. About 51.3% of the participants indicated that at the performance level they rated themselves roughly the level that their supervisors would have rated them, whilst the remaining 49% indicated otherwise.

It was found that 48% of the participants revealed that their supervisor rated them in accordance to the true performance they displayed whilst the majority (52.1%) indicated that their rating by their supervisors does not reflect the true performance, this showed that respondents are suspecting that EPMDS scoring is not a true reflection of their overall performances.

The majority of the nurses (73.1%) revealed that there was not effective constructive feedback from their supervisor after performance appraisal whilst only 26.9% indicated that they receive effective constructive feedback from their supervisor after performance appraisal, this showed that there is no constructive feedback after EPMDS.

The results further showed that 58.0% there was no bias or errors by the supervisor in the performance appraisal rating whilst 42.0% indicated otherwise, it showed that they value the credibility of the process involved in EPMDS.

As presented in Table 3, **five (5) questions** asked to nurses were concerned with performance management process. The results showed that 50% of the nurses felt that the performance appraisal time is pleasant to me and I feel encouraged with the majority 50.4% indicated otherwise, the study showed that the respondents are unhappy with the timing of the appraisal system.

It was also found that 59 % of the participants were not anxious of the potential poor feedback when being appraised whilst 41.2% were anxious of the potential poor feedback when being appraised; the study showed that the respondents are having trust in the processes. The majority (81.5%) of the participants indicated that they were aware that performance management process will be recorded and kept for future reference but only 18.5% were not

aware of this. It showed that respondents are aware about record keeping for safety and security of their documents.

The results further show that about 53.8% of the participants indicated that the performance management process is important and is not a waste of working time but the over 46.2% reveal that performance management process is not important and a waste of working time. It showed that the respondents are viewing or observing EPMDS as an important exercise and not a waste of employee's time.

The results also revealed that about 35.3% of the participants indicated that performance management system adequately promotes their personal development as an employee whilst the vast majority (64.7%) felt that the EPMDS does not promotes their personal development as an employee. The majority of respondents are refuting that it promotes personal development; this may be because central tendency where they are all rated as (3) three.

Additional in Table 3, **five (5) questions** were asked participants to assess their views on the role of performance management system in the health care setting. About 40.3% of the participants indicated they were happy with the employee performance management and development system at the selected hospital whilst 59.7% indicated otherwise, the study showed that respondents are not happy with EPMDS process at a selected hospital. About 19.3% of the participants indicated they do not think all nurses' get the scores that when their performance is rated. The results further show that 80.7% of the participants were of the view that not all nurses get the scores that when their performance is rated, this showed that respondents are negative about rating on EPMDS.

There is no bias or errors by the supervisor in the performance appraisal rating 42.0 % the participants indicated they shows that no bias or errors by the supervisor in the EPMDS, 58.0% of the participants believed that there no bias or errors by the supervisor in the EPMDS. It showed that they value the credibility of the process involved in EPMDS.

It was also revealed that about 21.8% they did not believe that (PMS) improve standard of performance whereas 78.2% of the participants believe that performance management system does not improve standard of performance among the nurses. In the study, majority of respondents are refuting this too, on the basis that education is generally offered, not specific to individuals. It was also reveal that about 37.8% they believe that performance management process adequately focuses on employee development, not just on salary

increments and performance bonuses. Furthermore, about 62.2% of the participants not believe that performance management process adequately focuses on employee development, not just on salary increments and performance bonuses.

Table 4: 4.6. The factors that are affecting performance of nurses (EPMDS)

Statements	Agree (%)	Disagree (%)
I have receive training on EPMDS	(14%)	(86%)
I require further training on EPMDS	(90%)	(10%)
My supervisor’s attitude influence my performance	(58%)	(42%)
Communication within the department is good	(60%)	(40%)
Supervisors do not provide proper direction and guidance on implementation of EPMDS	(40%)	(60%)
Do you believe that the EPMDS rating system results are a true reflection of your performance?	(19%)	(81%)
There is effective constructive feedback from my supervisor after the performance appraisal.	(83%)	(17%)

4.6.1. The factors that are affecting performance of nurses (EPMDS)

The factors that influence nurse’s performance on the EPMDS are presented in Table 4. The results showed that the majority of the nurses (85.7%) have not receive training on EPMDS with only 14.3% indicating that they have received training with regards to the performance management systems. The study showed that the majority of respondents have not received the training from the management on EPMDS thus their performance will be affected. On the basis of this, it was therefore not surprising that the majority (89.9%) indicating that they require further training on EPMDS with only 10.1% indicating otherwise, the study showed that the respondents are aware of their training needs, to improve their skills and quality health care.

The results as presented in the table below as shows that over half (58.0%) of the participants agreed that their supervisor’s attitude influence their performance on the performance

management systems with the remaining 42.0% disagreeing to the statement. It showed that the respondents are happy with their supervisor's attitude and that its influences on their performance. The results of the study also showed that 59.7% of the participants agreed that communication within the department is good whilst 40.3% disagreed with this statement, it showed that communication between the respondents and the management is more important than anything.

It was also found that over 60.5% of the participants disagreed with the statement "Supervisors do not provide proper direction and guidance on implementation of EPMDS whilst the remaining 39.5% agreed with the same statement. It showed that the respondents are glad that their supervisors provide them with the proper direction and guidance regarding EPMDS implementation. This then help to the departmental goals.

Furthermore, the result revealed that only 18.5% of the participants agree with the statement "the EPMDS rating system results are a true reflection of the performance" with the majority 81.5% of the participants disagreeing to the same statement. It showed that the respondents are not happy about EPMDS rating and they see it as false scoring. It was also found out that 83.2% of the participants agreed that there is effective constructive feedback from my supervisor after the performance appraisal whereas 16.8% disagree that there is effective constructive feedback from my supervisor after the performance appraisal. The results from this study indicated that the respondents do get or receiver feedback from their managers, Human resource development and management (HRDM) after the performance assessment.

4.7 The strategies of nurses that improve EPMDS

4.7.1 Availability of the strategies available in the institution to improve EPMDS for nurses.

Out of 119 respondents, 113 (95 %) of the respondents reported that there were no available strategies in the institution to improve EPMDS for nurses, while a small number, 6 (5 %) respondents reported that these strategies were available.

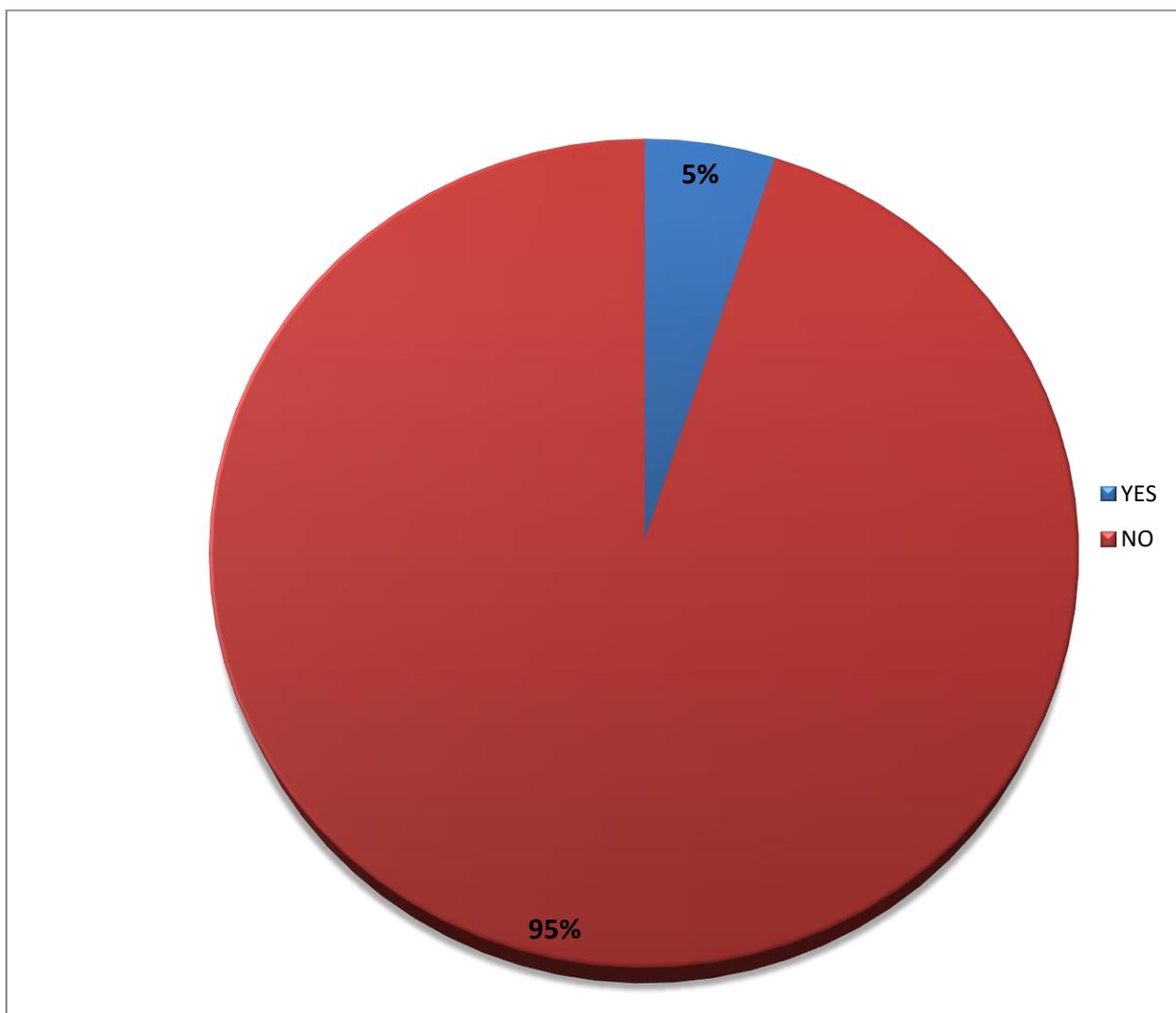


Figure 2: availability of the strategies available in the institution to improve EPMDS for nurses.

4.7.2 The need for alternative strategy to improve EPMDS to nurse

Out of 119 respondents, 110 (92 %) of the respondents reported that there is a need for alternative strategy to improve EPMDS to nurse, and 9 (8 %) answered stated that there is no need for alternative strategy to improve EPMDS to nurse.

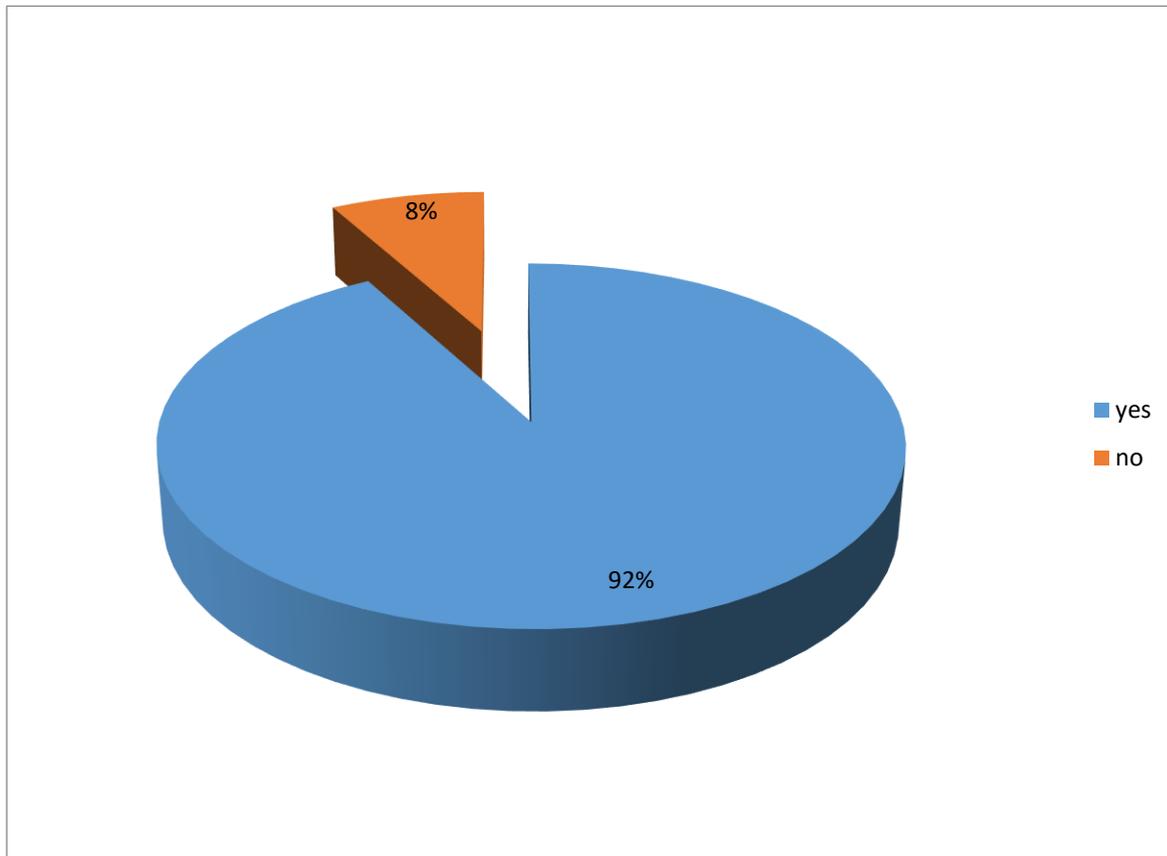


Figure 3: The needs for alternative strategy to improve EPMDS to nurse

4.7.3 The institutional comfortability in the involvement of the formulation of strategies to improve EPMDS for nurses

Out of 119 respondents, 114 (96 %) of the respondents said that there would be comfortable in the involvement of the formulation of new strategies to improve EPMDS for nurses, and 5 (4 %) reported that they would not be comfortable with this strategy.

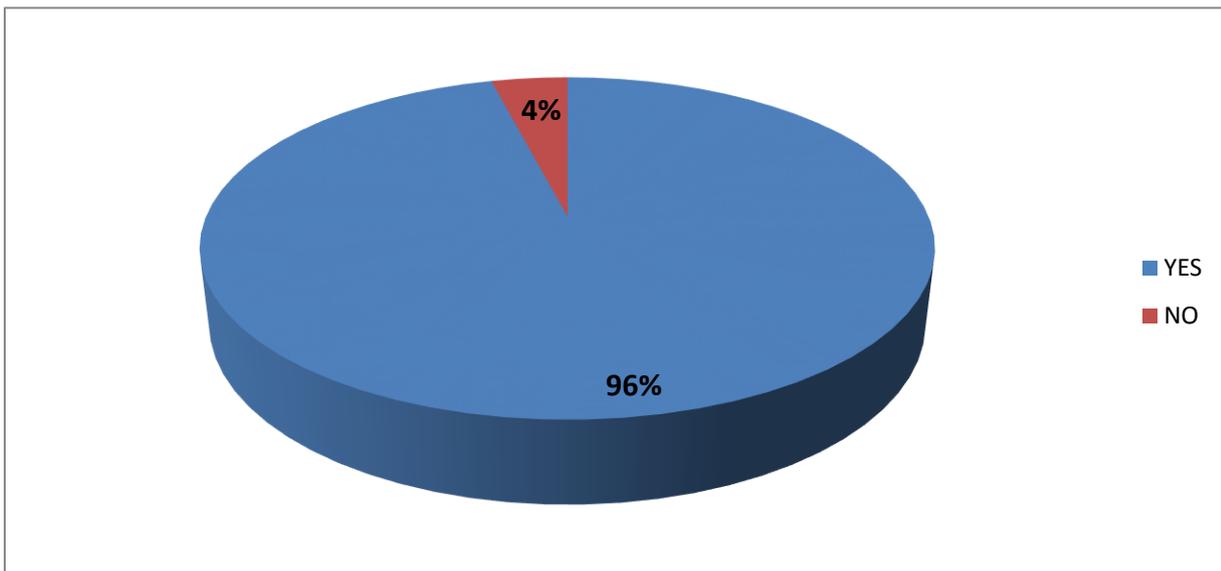


Figure 4: The comfortability in the involvement of the formulation of new strategies to improve EPMDS for nurses

4.8 Conclusion

In this chapter the results of the study were presented in chronological steps displayed on tables for better understanding of the result. The demographic characteristics of the research participants were presented, as well as nurse's perception of the EPMDS and the factors that affect performance of nurses on the EPMDS. This chapter is concluded by examining the strategies to improve nurses' involvement in EPMDS. The followings chapter presents the discussion of the findings, conclusion and recommendations.

CHAPTER FIVE

5 DISCUSSION, INTERPRETATION, LIMITATION, RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

This chapter discusses the main findings of the study. The individual characteristics that include the socio-demographic information will be discussed first. This will be followed by the views on nurse's perception of the EPMDS as well as the factors that affect performance of nurses on the EPMDS. The last section of the discussion focuses on the strategies that can help improve nurses' involvement in EPMDS. Thereafter a conclusion will be followed by recommendations.

5.2 Individual Demographical Characteristics of Nurses

The introduction of EPDMS will cautious all age groups. The socio-demographic characteristics of the participants are presented in Table 2. **Five (5) questions** The majority 55% of the participants were between the ages of 21-40 years, whilst 31% were found to fall within the ages of 41-50 years, and about 24% were 50 years and gender (92%) of the participants were females, with the remaining 8% been males, thus showed that majority of the participants was females, which are in line with that the females dominate the nursing profession. The ratio of males to females is approximately 1:12. With regards to race, over 98% of the participants were Black Africans whilst the remaining 2 % was Indians Thus, the racial composition of the sample was predominantly African, which is in line with the demographic of the eThekweni District of KwaZulu-Natal, (Department of Health, 2006).

Creswell, (2014), agreed that "it is important to realize these will have a dramatic influence on procedures of analysis and interpretation. Data collection in the field can take a long time; however, the researcher can continually reflect, analyze and then adjust the research during this time. Pieces of data ought to be carefully labeled and organized in such a way that eases ongoing analysis. This process of analysis involves making sense out of data recorded in text, image, audio and/or video formats". In this study, the majority of respondents of were females. The Statistics South Africa, (2015), agreed that the global public health sector revealed that more females than males worked in hospitals as nurses (88%). This study also found that a larger number of the respondents from the wards are female nurses. This finding

is not surprising as females within the traditional families and within Africa context, has the responsibility for caring, (Steyn & Viljoen, 2014).

The few male participants found in this study also confirm previous studies that have documented nursing profession is predominantly dominated by females with few males. It was found that the majority of the respondents were African and with the few been Indians. Thus, the racial composition of the sample was predominantly African, which was in line with the demographic of the eThekweni District of KwaZulu-Natal, (DoH, 2006).

The World Health Organization (2008), stated that the majority (94%) of people who work in public services are Africans. The large majority of Africans as found in this study also reflects the general population of South Africa where approximately 80.5% of the people are Black South Africans. Statistics South Africa, (2015) agreed that statistics also closely reflect the age distribution of registered nurses and midwives in South Africa, where 86% are less than 60 years of age, (Nursing Council of South Africa, 2015).

It can also be observed that 36 % of the participants work at the ICU units, whilst 24% work at the Trauma and Emergency Units. About surgical high care 19% and medical high care 21% of the participants work at the Surgical High Care and Medical High Care units respectively; there was more nurses in ICU, (Department of Health, 2006).

The majority of the nurses in shift (61%) interviewed indicated that they work on a day shift and the remaining 39% work on the night shift, the study showed that more nurses are deployed to working day staff than the night, (Department of Health, 2006).

5.3 Perceptions of nurses towards the performance management system (EPMDS) Interpretation

The perception of nurses towards the performance management system (EPMDS) was assessed using 14 items. The results which are presented in Table 3 shows that **fourteen (14) questions** of the 14 items asked, participants were concerned with supervisors' roles in performance management system, about yes 51% and no 49% of the participants indicated that at the performance level they rated themselves roughly the level that their supervisors would have rated them.

The performance appraisal time is pleasant to me and I feel encouraged with performance management process. The result showed that yes 50% and no 50% of nurses. It showed that managers are doing well on EPMDS which in line with the department goals.

It was also found that 59% of the participants were not anxious of the potential poor feedback when being appraised whilst 41% were anxious of the potential poor feedback when being appraised. The majority (82%) of the participants indicated that they were aware that performance management process will be recorded and kept for future reference and only (19%) were not aware of this.

Additional questions were asked participants to assess their views on the role of performance management system in the health care setting. About 40% of the participants indicated they were happy with the employee performance management and development system 60% at the selected hospital.

It was found that 48% of the participants revealed that their supervisor rated them in accordance to the true performance they displayed whilst the majority (52%) indicated that their rating by their supervisors reflect the true performance, this showed that respondents are suspecting that EPMDS scoring is not a true reflection of their overall performances.

The study showed that participants are not happy with EPMDS process at a selected hospital. Do not think all nurses' get the scores that when their performance is rated, about 19% said (yes) and 81% of the participants (no) of the participants. The results further show that was score are not same.

The majority of the nurses (73%) revealed that there was not effective constructive feedback from their supervisor after performance appraisal whilst only 27% indicated that they receive effective constructive feedback from their supervisor after performance appraisal. The results further showed that about 54% of the participants indicated that the performance management process is important and is not a waste of working time but over 46% reveal that the performance management process is not important and a waste of working time. There. is no bias or errors by the supervisor in the performance appraisal rating 42% the participants indicated they showed that no bias or errors by the supervisor in the EPMDS, but 58% of the participants were believe that there is bias or errors by the supervisor in the EPMDS.

Regarding the change in the organization since the implementation of a performance management system, the participants indicated that 69% reported that there has not been any change while 31% reported that there have been changes in the organization since the implementation of a performance management system. Furthermore, the results from this study indicated that 38% of the participants believed that performance management process adequately focused on employee development, not just on salary increments and performance bonuses but 62% of the participants did not believe that performance management process adequately focused on employee development, not just on salary increments and performance bonuses. The study showed that the participants are aware that EPMDS is not only about salary increase and performance bonuses, but holistic package. The results also revealed that about 35% of the participants indicated that performance management system adequately promote their personal development as an employee whilst the vast majority (65%) felt that the EPMDS does not promotes their personal development as an employee.

The results from this study indicated that 22% of the participants believed that performance management system (EPMDS) improve standard of performance whereas 78% of the participants did not believe that performance management system improves standard of performance among the nurses. Creswell, (2009), agree that preceding it can thus be concluded that all the respondents were of the opinion that there was a need to some and to a great extent for the specific construct needs in their schools, and accordingly all the construct needs are important.

5.4 Factors influence Nurse's performance on the EPMDS

The factors that influence nurse's performance on the EPMDS are presented in Table 4. **Seven (7) questions.** The results showed that the majority of the nurses (86%) have not received training (disagree) on EPMDS with only 14% indicating that they have received training with regards to the performance management systems. The study showed that the majority of participants have not received the training from the management on EPMDS.

On the basis of this, it was therefore not surprising that the majority (90%) indicating that they require further training on EPMDS with only 10% indicating otherwise, showed that the respondents are aware of their training needs. The results as presented in the table below as shows that over half (58%) of the participants agreed that their supervisor's attitude

influence their performance on the performance management systems with the remaining 42% disagreeing to the statement. The results of the study also showed that 60% of the participants agreed that communication within the department is good whilst 40% disagreed with this statement.

The Supervisors do not provide proper direction and guidance on implementation of EPMDS. It was also found that over 40% of the participants agreed with the statement whilst the remaining 60% disagreed with the same statement. Furthermore, the result revealed that only 19% of the participants agree with the statement “the EPMDS rating system results are a true reflection of the performance” with the majority 81% of the participants disagreed to the same statement.

There is no constructive feedback after EPMDS this showed that the results were also found that 83% of the participants agreed that there is effective constructive feedback from my supervisor after the performance appraisal whereas 17% disagree that there is effective constructive feedback from my supervisor after the performance appraisal, Zamanzadeh, Valizadeh, Negarandeh, Monadi and Azadi, (2013) agreed that factors influencing men entering the nursing profession, and understanding the challenges faced by them: Iranian and developed countries’ perspectives. (Nursing and Midwifery Council of South Africa, 2008).

Creswell, (2014) described factor analysis is a statistical method used to describe variability among observed, correlated variables in terms of a potentially lower number of unobserved variables called factors.

5.5 Strategies to improve nurses’ involvement in EPMDS

The Strategies to improve nurses’ involvement are in EPMDS presented in are figure: 1, three **(3) questions**, are there any strategies available in the institution to improve EPMDS for nurses. In study (95%) of the participants felt that they would be uncomfortable to be involved in the formulation of strategies to improve EPMDS for nurses whereas (5%) (yes) The study showed that there was need to improve EPMDS for nurses. It was also observed that as much as 92% of the participants indicted that there are needs for alternative strategy to improve EPMDS to nurse with only (8%) indicating otherwise in the study it transpired that the participants no need for an alternate or completely new strategy to improve EPMDS.

Finally, the majority participants were asked, what nurses perceived could improve EPMDS in the hospital/ institution and they could be comfortable to be involved in the formulation of new strategies to improve EPMDS. The results showed that (96%) of them wanted to be involve on formulation of new strategies to improve EPMDS for nurses whilst only (4%) EPMDS indicated that there not be comfortable to be involved in the formulation of new strategies to improve EPMDS.

This particular finding raises issues about constructive feedback within the performance management system. The development of performance management system the need to create an improved institutional health care facility that is more reasonable and more efficient. It aims to correct some of the problems that shape the individual's performance levels, (Katz & Green, 2007).

In order to do so, performance development aims to determine the extent of performance difficulties and the misuse of performance chances. It has also been suggested that to cultivate the performance of an institution, grounded public health workers are needed, Winch, Bhattacharyya, Debay, Sarriot, Bertoli and Morrow, (2010).

The Health Worker Performance Management and Development System (HWPMDS) have suggested that a performance improvement development for a health employees' management organization needs to start with quality health care. With regards to the performance management process approximately half of the participants indicated that they were comfortable with the process but at the same time a considerable large number of them were anxious about possible poor feedback when being appraised by their supervisors.

This finding is suggestive of the fact that even though some of the participants were aware of the existing and comfortable with the process, the feedback mechanism instituted within the system was not adequate enough for the performance management system to be effective. This thus raises two critical issues that have to be addressed.

The first one is concerned with how the performance management process can be tailored to ensure efficiency in the health care setting. In this regard, it is important for re-evaluation of the process to ensure that the necessary structures which hitherto were not functioning effectively are realigned to suit the system. Secondly, adequate feedback system must be improved. Studies have thus suggested that the feedback from the supervisor after the

performance appraisal might take the form of a conversation between the manager and the subordinate after the subordinate has read the assessment feedback, (Price 2013).

Additional forms of report are done through written communications and incident reports or through verbal communications, such as psychotherapy, questioning and training, Jooste (2012). These procedures that, in particular circumstances, the performance assessment result will be kept confidential and not shown to the subordinate, (Martinez, 2013) contracted that it was also observed that in assessing the role of performance management system in the health care setting, the majority of the participants were not being happy with the employee performance management and development system at their work places and as such there has not been change in the organization since the implementation of a performance management system.

This finding can be attributable to the state of health care system in South Africa. It was generally acknowledged that health workers (nurses) are not offering the anticipated productivity in health care (Sirota, 2009). A number of nations, including South Africa (Daniels, 2004) echoed this concern with the existing state of health personnel, in terms of excellence of nursing delivering and efficiency, as one main restraint to attaining the Millennium Development Goals on health sectors (High-Level-forum Health MDGs, 2012). Within this context, it will be necessary to analyze issues that negatively affect the performance of nurses in South Africa. This will eventually assist them to comprehend the stage of their performance; in what way they are responsible; and just how consistent their performance has remained. It further dealt with ways to yield counteractive procedures if the performance was less than anticipated, (Rafferty et al., 2011).

These findings underscore the need to improve their skills in providing quality health care and for self-assessment. There is also the need for strategies that will address the skills gaps in the clinical wards. The availability of quality health services and nursing care to promote health, prevent ill-health or care and rehabilitate patients and clients depends on the knowledge, skills and motivation of health personnel (High- Level Forum on Health MDGs 2012). Any staff development program in an organization is designed to ensure that staff knowledge and skills are developed, strengthened and kept up to standard to ensure excellent care of patients, (Swansburg, 2007; & Price, 2013).

This study also revealed that supervisor's attitude towards performance on the performance management systems affect nurses' performance on the EPMDS. This outcome could be attributed to the lack of "human factor" that is needed for the successful implementation of every performance management systems, (King, 2011). The non-existence of such human factors such as attitudes as found in this study should be addressed. It is also possible that other factors such individual perception, such as anticipation of success, job satisfaction through praise and recognition, and empowerment have been shown to be associated with high performance, (King, 2011).

The study also revealed that lack of fair evaluation process for performance management appraisal influenced nurse's performance on the EPMDS. In the selected hospital, it was revealed that performance appraisal was not done in an informal manner. It can be assumed that no formal appraisal was in place in most of the wards to identify skill gaps or good performance.

It can be concluded that reports with information on the level of performance of individual nurses and nurse managers do not exist. This can be related to what Sutherland et al., (2009), indicated that "if you cannot measure something, you cannot control or improve it". These findings were supported by, Swansburg (2007) who indicated that monitoring performance to enhance performance, productivity and quality of nursing care means continuously assessing performance of employees, providing support and feedback about shortcomings and strengths, and jointly agreeing on how to address any deficiency detected. Equally important is that appraisal motivates and reinforces the approaches of those who are performing well. The researcher brings to the choice of a research design assumptions about knowledge claims. In addition, operating at a more applied level are strategies of inquiry (or traditions of inquiry, (Creswell, 2014).

5.6 Interpretation of framework on (EPMDS) for developing and improving performance of nurses.

This following framework table 5 (five) would be present the outline on EPMDS of nurses, especially on Key Result Areas (KRAs) where the manager in the unit have educate and observed responsibility of the nurses and to evaluated or assess the employee skill, knowledge and development of mechanisms for improving the performance of health workers (nurses), the strategies need to be implemented to strengthening nurses by doing in-service

training programs, development of abilities in the unit by allowing any nurse to come with the relevant topic and presented to others. It could help nurses encouraged and enthused on their work and gain information.

5.6.1 Table 5: Interpretation of framework (EPMDS) for developing and improving performance of nurses

Key Result Area	Strategies
Enhancement and development of the nursing profession	<p>Advocacy and awareness campaigns for recognition of nursing profession</p> <p>Development of tools and marketing materials for advocacy and marketing of the nursing profession</p> <p>Strengthening relationships with relevant professional bodies, unions or associations</p>
Building knowledge and expertise	<p>Enhancing continuous professional development of nurses.</p> <p>Strengthening in-service training program Development of skills.</p> <p>Development program, especially clinical nursing specialties.</p> <p>Development of short courses to address the skill gap</p>
Development of mechanisms for enhancing the performance of health workers	<p>Development of nursing care indicators</p> <p>Development of nursing skills for performance appraisal</p> <p>Development of supervisory and feedback skills</p> <p>Development of performance strategy (include aspects such as recognition, incentives, career path development, working conditions)</p> <p>Advocate for increasing the number of nurses</p>
Development of leadership and management capacity	<p>Developing a plan for leadership and management capacity.</p> <p>Management competencies and skills development courses</p> <p>Improvement of communication processes</p>
Research, information and evaluation	<p>Development of a comprehensive research agenda</p> <p>Strengthening of research capacity and skills building courses</p> <p>Mobilizations of financial resources for conducting research by nurses within their hospitals and wards</p> <p>Definition of indicators for monitoring progress of nursing development in South Africa.</p>

5.7 Limitation of the study

A sample size of (N=119) participants is a limitation to this study, as it may pose challenges to generalize the findings of this study.

- The accessibility of the participants was difficult as some of the respondents were not available on time, and the researcher took a long period to access all the participants.
- The study could not be done at the large scale because of financial issues.
- The study was conducted in one hospital; therefore the finding could not be generalized across the public hospital.

Not all aspects related to the factors affecting the performance of nurses might have been dealt with during this study. However, the study results and the instruments developed may serve as a baseline for further research that can address aspects that have been overlooked by this study. Further studies should focus on developing a comprehensive research agenda for strengthening the availability of scientific knowledge for nursing services development should be developed nationally.

5.8 Recommendations

Based on the findings from this study, the following recommendations are made:

The researcher emphasizes that it is important to advocate for better and more to the participants, research to expand and consolidate the evidence on nursing, midwifery practice and community nursing.

- Enormous efforts should be made to instruct staff about EPMDS as a government strategy to improve performance and quality patient care. In South Africa, the

context of health care's delivery systems is very important.

- Health sector policy makers and health facility management must recognize the importance of work performance in reaching sector and organization goals, and they must understand the links between their current policies and worker performance.
- The results suggested that improving performance to perform well will require multiple interventions. Hence, it is very important to ensure that different performance strategies are in place and implemented correctly.
- In a hospital set-up it is important that employees are performed as their performance affects the wellbeing of patients and the community in which they operate.
- The researcher concludes that different external promoters on performance (EPMDS) should be used simultaneously to stimulate employees' performance as different employees and nurses in general are performed in different things for better and quality care to our clients.
- The (EPMDS) should give a true picture of the performance situation without money interference, which currently seems to be the main focus for the evaluations. For example, instead of evaluating the employees twice a year, as EPMDS policy requires, supervisors could evaluate employees on different aspects of their jobs on a continuous basis.
- The results of such evaluations should be communicated to the employees and, where performance is poor, corrective measures should be taken.
- Additionally, relevant training should be offered. Alternatively, the hospital could introduce peer evaluation, whereby employees working very closely with other employees in a non-competitive environment can be evaluated by their colleagues

or peers, because peers may be in a better position to evaluate a co-worker's performance.

- Based on the above mentioned recommendations, this study proposed broad areas to be addressed with possible strategies that could be implemented or adapted according to needs of the region, hospital and institution.
- The framework which is presented in the Table below consists of activities related to advocacy, strengthening of knowledge and expertise, development of leadership and management skills, development of mechanisms for enhancing and improving performance, including skills for performance management, generation of information and knowledge through information systems and research on the nursing profession.

5.9 Conclusion of the Study

In this chapter the results of the study were presented. The demographic data, perceptions of nurses towards the performance management system (EPMDS), the factors influence Nurse's performance on the EPMDS and the strategies to improve nurses' involvement in EPMDS. The findings from this study revealed that nurses perceptions towards the performance management system (EPMDS) were focused on three key areas namely nurses, supervisors and human resource management on the roles in employee performance management development system (EPMDS). Employee Performance Management and Development System (EPMDS) in a selected hospital in the EThekweni District of KwaZulu-Natal. The results from this study revealed that the majority of the respondents were females. It was also found that the majority of the participants were between the ages of 21-50 years, were Black South Africans and work predominantly at the ICU units. The majority of the nurses interviewed indicated that they work on a day shift.

The findings from this study revealed that nurses' perceptions about the performance management system (EPMDS) were focused on three key areas namely supervisors'

roles in performance management system, performance management process and the role of performance management system in the health care setting. Even though over 51.3% of the participants indicated that at the performance level they rated themselves roughly the level that their supervisors would have rated them, the majority of the nurses (73.1%) revealed that there was not effective constructive feedback from their supervisor after performance appraisal. With regards to the performance management process approximately half of the participants indicated that they were comfortable with the process but at the same time a considerable large number of them were anxious about possible poor feedback when being appraised by their supervisors.

It was also observed that in assessing the role of performance management system in the health care setting, the majority of the participants were not happy with the employee performance management and development system at their work places and as such there has not been change in the organization since the implementation of a performance management system. The findings from this study also revealed that there are several factors that influence nurse's performance on the EPMDS. These included not receiving adequate training on EPMDS, supervisor's attitude towards performance on the performance management systems, and the lack of fair evaluation process for performance management appraisal. Overall this study revealed that there is performance management process available in hospital within the study area, however factors such supervisors role, as well as the actual benefits of such system needs to be addressed to achieve the overall purpose that it is intended to achieve within the health setting.

REFERENCES

- Abbas, Q. and Yaqoob, S. (2009). Effect of Leadership Development on Employee Performance, *Pakistan, Rev.*, 42(2): 269-292.
- Adams and Ferrinho (2011). How and why public sector doctors engage in private practice in Portuguese-speaking African countries. *Health Policy and Planning* 1998, 13(3):332-338.
- Alligood, (Eds.). (2012). *Nursing theorists and their work* (7th ed.). Maryland Heights, MO: Mosby Elsevier.
- Armstrong, M. (2012). *Performance Management*. London: Kogan Page Limited.
- Awases, M, Gbary, A, Nyoni, J and Chatora, R. (2007). *Migration of health personnel in six countries: A synthesis report*. Brazzaville: World Health Organization, Regional Office for Africa.
- Bach, S. (2011). HR and new approaches to public sector management: improving HRM capacity. Geneva: WHO retrieved from: <http://www.who.int/hrh/en/Improvinghrmcapacity.pdf>.
- Bennett, S, Franco, L, (2011). The development of tools to measure the determinants and consequences of health worker motivation in developing countries. Major Applied Research and Technical Paper 1. Maryland, Partnerships for Health Reform Project, Abt Associates Inc.
- Boland, T. and Fowler A. (2013). A systems perspective of performance management in public sector organizations. *The International Journal of Public Sector Management*, 13 (5). MCB University Press.
- Booyens, SW. (2012). *Scheduling of staff in introduction to health services management*. Kenwyn: Juta: 246 – 281.
- Burns, Nancy and Grove, Susan K. (2010). *The Practice of Nursing Research: Conduct, Critique and Utilization*. St Louis: Elsevier Saunders.
- Brink, H (2012). Individual differences in learning or cognitive style. *Nursing RSA Verpleging*, 3(1):11-13.
- Canadian Health Services Research Foundation (CHSRF) (2012). Commitment and care: The benefits of healthy workplace for nurses, their patient and system. A policy synthesis. Ottawa: The Change Foundation.
- Carlyle, J.J and Ellison, T.F. (2011). *Development performance standards in the performance management sourcebook*. Human Resources Development Press.
- Cohen, L. and Manion, L. (2004). *Research Methods in Education* (5nd edition). London: Routledge.

- Cochran, W.G and Cox G.M. (2011). *Experimental Designs* 3rd Edition. New York: John Wiley and Sons.
- Creasia, J.L., and Parker B. (2006). *Conceptual Foundation the bridge to professional nursing*, 3rd ed., St Louis: Mosby, Harcourt Health Sciences co., pp. 46-64, 73-88.
- Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* (4th ed.). Thousand Oaks, CA: Sage.
- Daniels, A. (2004). *Performance Management: Changing Behavior that Drives Organizational Effectiveness* (4thed.) Retrieved from:http://www.amazon.com/Performance-Management-Changing-Organizational-Effectiveness/dp/0937100080_
- DENOSA. (2012). *Nurse-patient Ratios*. Retrieved from: [http://www.denosa.org.za/upload/position-papers/Nurse_patient_ratios_\(Revised\).pdf_](http://www.denosa.org.za/upload/position-papers/Nurse_patient_ratios_(Revised).pdf_)
- Department of Health Public Service and Administration (2005). *Implementation of an incentive policy framework linked to departmental performance management system for employees on salary level 1 to 12*.
- Department of Health (2006). *National Human Resources for Health Planning Framework*. Republic of South Africa. Pretoria.
- Department of local government and Traditional Affairs (2007). *Performance management and development system policy*. KwaZulu-Natal Provincial Government.
- Department of Health (2007). 'Human resource management and development system circular' No: 52of 2005.south Africa province of KwaZulu-Natal.
- Department of Health, (2010). 'Human resource management and development system circular' No: 33 of 2010.south Africa province of KwaZulu-Natal.
- Department of Health, (2010). *National Human Resources for Health Planning Framework*. Republic of South Africa: Pretoria.
- Department of Social Development, (2011). *Performance evaluation forms level 1-6 and level 7-12*. Johannesburg: Gauteng.
- De Vos, A.S., Strydom, H., Fouche, C. B and Delport, C.S.L. (2009). *Research at grass roots for the social sciences and human services professions*.3rd edition. Pretoria: Van Schaik Publishers.
- Dick, RS and Steen, EB (2014). *The Computer-based Patient Record: An Essential Technology for Health Care*. Washington, DC: National Academy Press.
- Esu, B.B and Inyang, B.J. (2009). *A Case for Performance Management in the Public Sector of Nigeria*, *Journal name?*Vol.4 (4).

- Flanagan, DH and Henry, and P. (2011). Healthy working and performance management. *Health Manpower Management*, 20(2): 22-32.
- Fort, AL and Voltero, L. (2014). Factors affecting the performance of maternal health care providers in Armenia. Human Resource for Health Bio Medical Central. <http://www.human-resources-health.com/content/2/1/8>.
- Frontline Management. (2012). Interpersonal skills. Principles of communication. The Institute of Working Futures. Retrieved from: <http://www.workingfutures.com.au>.
- Gray, B., and Smith, P. (2011). Emotional Labor and the clinical settings of nursing care: the perspectives of nurses in East London. *Nurse Education in Practice*.
- Greenlaw, and Kohl J. (2013). *Workforce Compensation and Performance Service and Personnel Management: Managing Human Resources*. New York: Harper and Row.
- Greg, P. (2007). *Advantages and Disadvantages of Performance Management*. Retrieved from: <http://smartchurchmanagement.com/advantages-and-disadvantages-of-performance-management>.
- Grerish and ,Lacey, (2015). Reliability analysis. Retrieved from: http://www2.chass.nsc.edu/garson/PA765_reliab.htm.
- Gupta, R. (2010). *Why do employees dislike performance appraisal?* Retrieved from: <http://www.hrsuccessmantra.com/2013/11/why-do-employees-dislike-performance.html>.
- Halachmi, A. (2011). Performance measurement: a look at some possible dysfunctions. *Work Study*, 51(5):230-239. <http://www.emeraldinsight.com/0043-8022.htm>.
- High-Level Forum on Health MDGs. (2012). Report: Addressing Africa's health workforce crisis: An avenue for Action. Geneva: High-Level-Forum on Health MDGs.
- Hofer, TP, Bernstein, SJ, Hayward, RA and De Monner, S. (2007). Validating quality indicators for hospital care. *Jt Comm Jqual Improv*, Sep; 23(9):455-467.
- Hornby, P and Forte, P. (2013). Guidelines for introducing human resources indicators for monitoring health services performance. Keele: The Centre for Health Planning and Management, University of Keele.
- Human Resource Management circular (No: 36 of 2007). Implementation of Employee Performance Management and Development System (EPMDS).
- Jooste, K. (2012). *Leadership in Introduction to health services management*, edited by SW Booyens. Kenwyn: Juta: 157-180.

- Kaplan, RS, and Norton DP. (2006) "Using the balanced scorecard as a strategic management system." *Harvard business review* 74.1: 75-85.
- Katz, MJ and Green, E. (2007). *Managing quality. A guide to system-wide performance management in health care*. 2nd edition. St. Louis: Mosby.
- King, I.M., (2011). A theory for nursing: Systems, concepts, process. In George, J. (Ed.). *Nursing theories: the base for professional nursing practice*. Norwalk, Connecticut: Appleton and Lange.
- Matlala, M.M. (2011). Employee fairness perceptions of a performance management system Unpublished. MA. Dissertation. Pretoria: University of South Africa.
- Martinez, J. (2013). *Assessing quality outcomes performance and performance management in towards a global health workforce strategy*, edited by Ferrinho, P and Dal Pox, M. Antwerpen: ITG Press: 205-238.
- Matsie , M.A.T.(2008). The impact of motivation on employee performance at level one district hospital, Metsimaholo district: North-West University. Sasolburg.
- Mullen, PM. (2007). Using performance indicators to improve performance. *Health Services Management Research*, (17):217-228.
- Necochea, E and Fort, A. (2011). Measurement and evaluation in performance in international reproductive health. *Performance Improvement*, 42(8):9-13.
- Nielsen, P. A. (2013). Performance Management, Managerial Authority, and Public Service Performance. *Journal of Public Administration Research and Theory*. June 2. doi:10.1093/jopart/mut025.
- Nursing and Midwifery Council of South Africa, (2008). Protection the public through the professional standards: Accessed on May 07, 2015 from http://www.sanc.co.za/stats_an.htm.
- Nursing strategy, (2008). Policy framework for the government-wide monitoring and evaluation: Strategic Framework for the Human Resource for Health Plan and National Department of Health. Cambridge (MA): Harvard University Press.
- Nursing Council of South Africa, (2015). South African Nursing Council Statistics: Annual Statistics. Accessed on July 11, 2016 from http://www.sanc.co.za/stats_an.htm
- Olsen, E. (2011). *Performance Management*. M3 Planning. Retrieved from: http://reference.sabinet.co.za/sa_epublication_article/imfo_v13_n1_a10_
- Polit, D.F and Beck, C.T. (2011). *Nursing research. Principles and methods*. 7th edition. Philadelphia: Lippincott Williams and Wilkins.
- Polit D. F. and Beck C. T. (2012). *Nursing research: Principles and methods*. Philadelphia, PA: Lippincott Williams and Wilkins.

- Polit, D.F. and Hungler, B.P. (2013). *Essentials of Nursing Research: Methods, Appraisal, and Utilization* (8th Edition ed.). Philadelphia: Wolters Kluwer/Lippincott Williams and Wilkins.
- Price, A. (2013). *Principles of human resources management. An active learning approach*. Oxford: Blackwell Publishers.
- Public Service and Merit Protection Commission (PSMPC). (2007). *Counseling for better work performance*. Canberra: Commonwealth of Australia.
- Rafferty, AM, Maben, J, West, E and Robinson, D. (2011). What makes a good employer? The Global Nursing Review Initiative. Issue paper 3. Geneva: International Council of Nurses.
- Raj, E. B. (2011). *Nursing theories, a practical view: Medical surgical nursing*. 2nd edition. USA, Jay pee brother's medical publishers (P) LTD.
- Republic of South Africa, (2007). Office of the Public Service Commission: Rules for Dealing with the Grievances of Employees in the Public Service. Pretoria: Government Printers.
- Roos, M. (2009). Performance Management within the Parameters of the PFMA. Unpublished. M. Comm. dissertation. Pretoria: University of South Africa.
- Sirota, D. (2009). *Human motivation in the workplace: what workers want*. Philadelphia: Sirota Consulting Corporation.
- Statistics South Africa (2015). Mid-year population estimates. STATS SA: Pretoria, South Africa.
- Steyn, A. F., and Viljoen, S. (2014). The state of family theory and research in South Africa. In R.S. Hanks and M. B. Sussman *Intercultural Variation in Family Research and Theory: Implications for Cross-National Studies* (pp. 333-365). London, UK: Routledge.
- South African Nursing Council. (2012). Regulations Relating to the Course in Clinical Nursing Science Leading to Registration of an Additional Qualification, Pretoria: South Africa.
- Sutherland, V, Makin, P, Bright, K and Cox, C. (2009). Quality behaviour for quality organizations. *Leadership and Organization Development Journal*, 16 (16):10-15.
- Schacter, D. (2011). *Psychology*. United States: Worth Publishers.
- Swansburg, RC. (2007). *Introductory management and leadership for nurses*. 2nd edition. Sudbury: Jones and Bartlett Publishers.
- Torrington, D and Hall, L. (2010). *Human resources management*. 4th edition. Berkshire: Prentice Hall Europe.

- Troskie, R. (2011). *Performance appraisal and productivity in Dimensions of nursing management*, edited by SW Booyens Kenwyn: Juta: 533-383.
- Van der Colff, J.J. and Rothmann S.(2012). Burnout of registered nurses in South Africa.*Journal of Nursing Management*. 22(5):630-42. doi: 10.1111/j.1365-2834.2012.01467.
- Van Lerberghe, W, Adams, O and Ferrinho, P. (2013). *Human resources impact assessment towards a Global Health Workforce Strategy*, edited by Ferrinho, P and Dal Poz, M. Antwerpen: ITG Press. 423 – 450.
- Van Teijlingen, E.R., Rennie, A., Hundley, V., and Graham, W. (2011). The importance of conducting and reporting pilot studies: The example of the Scottish Births Survey. *Journal of Advanced Nursing*, 34, 289-295.
- Vasset, F., Marnburg, E. and Furunes, T. (2011). Employees' Perceptions of Justice in Performance Appraisals. *Nursing Management*, 17(2), 30-4.
- WCPS. (2012). *Workforce Compensation and Performance Service Implementation of Employee Development Performance Management: Executive Resource*. United States: U.S. Washington, DC 20415-1000.
- WHO. (2000). *The world health report 2000. Health systems: Improving performance*. Geneva: World Health Organization.
- WHO. (2005c). *Regional data base: human resources for health*. Brazzaville: World Health Organization.
- WHO. (2007b). *The world health report 2005. Shaping the future*. Geneva: World Health Organization.
- WHO. (2008). *Statistical Information System*. Retrieved from 23 September 2015.
- Winch, PJ, Bhattacharyya, K, Debay, M, Sarriot, EG, Bertoli SA and Morrow, RH. (2010). *Improving the performance of facility- and community-based health workers. State-of-the-Art Series: Health Worker Performance*. Maryland: The Child Survival Technical Support (CSTS) project.
- Zamanzadeh, V., Valizadeh, L., Negarandeh, R., Monadi, M., and Azadi, A. (2013). Factors influencing men entering the nursing profession, and understanding the challenges faced by them: Iranian and developed countries' perspectives. *Nursing and Midwifery Studies*, 2(4), 49-56.

ANNEXURES

Annexure 1: Letter for permission (HSSREC) to conduct the Study



Dear: Humanities and Social Sciences Research Ethics Committee

RE: Letter Request Permission to Conduct the Study at selected Hospital

I am a registered nurse currently working at Prince Mshiyeni Memorial Hospital in Intensive Care Unit (ICU) department, completing my Masters degrees in Nursing Management (M.CUR) at the University of Kwa-Zulu Natal, the principal investigator, Mrs Matsidiso J. Mofokeng-Vezi, and co-researcher, Dr E. Z. Gumede. I am writing this letter to request permission to conduct the study at selected Hospital.

My research is titled: ***Nurses' Perceptions of Employee Performance Management and Development System (EPMDS) at a selected hospital in Durban, eThekweni District in KwaZulu-Natal.***

The organization will render her the necessary support and cooperation.

Regards

Mrs Matsidiso Janet Mofokeng-Vezi, (student number 212533394) (Principal investigator)

Cell: 0764344093

E-mail: mtsidy@yahoo.com

Signature -----

Annexure 2: Ethical clearance



31 August 2015

Ms Matsidiso Janet Mofokeng 212533394
School of Nursing and Public Health
Howard College Campus

Dear Ms Mofokeng

Protocol reference number: HSS/1048/015M

Project title: Exploring perceptions of Nurses towards Employee Performance Management Development System (EPMDS) at selected hospital in KwaZulu-Natal at eThekweni district

Full Approval – Expedited Application

In response to your application received on 4 August 2015, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have 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 faithfully

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

/pm

Cc Supervisor: DrEZ Gumede
Cc Academic Leader Research: Prof M Mars
Cc School Administrator: Ms Caroline Dhanraj

Humanities & Social Sciences Research Ethics Committee

Dr Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: ximhap@ukzn.ac.za / snwmenm@ukzn.ac.za / mohunp@ukzn.ac.za

Website: www.ukzn.ac.za

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Annexure 3: Research instrument

A description of Nurses' Perceptions of Employee Performance Management and Development System (EPMDS) at a selected hospital in Durban, eThekwini District in KwaZulu-Natal.

Section A: Demographic data Instructions: Please put an 'X' in the most appropriate box for each

1. Designate your age

21 - 40	
41 - 50	
(Over 50 and above)	

2. Designate your gender

Male	
female	

3. Designate your race

African	
White	
Indian	
Coloured	

4. Designate your ward /unit

ICU	
Trauma and Emergency	
Surgical high care	
Medical high care	

5. Designate you're working shift

Day duty	
Night duty	

Section B: Perception of nurses on the EPMDS

The perceptions of nurses towards the performance management system (EPMDS)	Yes	No
The performance level I rate myself has been roughly the level that my supervisors have rated me.		
The performance appraisal time is pleasant to me and I feel encouraged.		
I am not anxious of the potential poor feedback when being appraised.		
I am aware that the performance management process will be recorded and kept for future reference.		
Overall, I am happy with the employee performance management and development system at the selected hospital.		
The supervisor rates me in accordance to the true performance I displayed.		
Do you think all nurses' get the scores that when their performance is rated?		
There is effective constructive feedback from my supervisor after the performance appraisal		
The performance management process is important and is not a waste of working time.		
There is no bias or errors by the supervisor in the performance appraisal rating.		
Do you believe there has been a change in the organization since the implementation of a performance management system?		
The performance management process adequately focuses on employee development, not just on salary increments and performance bonuses		
The performance management system adequately promotes my personal development as an employee.		
Do you think this (PMS) improve standard of performance among the nurses?		

The following questions are related to 'personal systems' (individuals) Nurses that may contribute to their perceptions towards the employee performance management system (EPMDS)

Look the instruction below: please put "X" on (Yes or No) in most appropriate box for each statement. Related to employee performance management development system at selected hospital

Section C: Factors affecting performance of nurses on the EPMDS.

Look the instruction below: please put “X” on (Agree or Disagree) in most appropriate box for each statement. Related to employee performance management development system at the selected hospital.

The factors that are affecting performance of nurses (EPMDS)	Agree	Disagree
1. I have receive training on EPMDS		
2. I require further training on EPMDS		
3. My supervisor’s attitude influence my performance		
4. Communication within the department is good		
5. Supervisors do not provide proper direction and guidance on implementation of EPMDS		
6. Do you believe that the EPMDS rating system results are a true reflection of your performance?		
7. There is effective constructive feedback from my supervisor after the performance appraisal.		

Section D: The strategies of nurses that improve EPMDS

Look the instruction below: please put “X” on (Yes or No) in most appropriate box for each statement. Related to employee performance management development system at the selected hospital.

The strategies to improve EPMDS for nurses	Yes	No
1. Are there any strategies available in your institution to improve EPMDS for nurses?		
2. Do you think there are needs for alternative strategy to improve EPMDS to nurse?		
3. Will you be comfortable to be involved in the formulation of new strategies to improve EPMDS?		

Annexure 4: Information sheet = for the health participants (nurses)



Dear Ms/Mrs/Mr

I am Mrs Matsidiso Janet Mofokeng-Vezi as part of a research team who are completing my Master's degree in Nursing at the University of Kwa-Zulu Natal and also working in Prince Mshiyeni Memorial Hospital at Intensive Care Unit (ICU).

I currently engaged in a research project and focusing on ***Nurses' Perceptions of Employee Performance Management and Development System (EPMDS) at a selected hospital in Durban, eThekweni District in KwaZulu-Natal*** at selected Hospital. In order to fully address this topic and a way forward for you nurses, I would like to invite you to participate voluntarily, in a collaborative manner, in this close-ended forum you will be provided with an opportunity to share your philosophies to describe and reflect on Perceptions of Performance Management and Development System (PMDS).

All categories of nurses, inclusive of operational managers at selected Hospital are being invited. Groups will be run once a week for the next nine two months, for two hours (08.00 – 10.00) per session. The sessions will run every Friday. Neither your name nor the ward where you work will be documentation, or any publication that may arise from the research study, thus your feelings, interpretations, comments and suggestions will be completely anonymous. A summary report extracting the main themes will be sent to the Nursing Manager and Board of Directors (CEO), on completion of the study.

The sessions will be questionnaires. These will stay under lock and key with the researchers and on completion. The questionnaires will be stored under lock and key at UKZN according to their policy and later after five years (5) destroyed. To further increase the confidentiality, I would request that should you agree to participate in this study that you adhere to the confidentiality requirements.

All participants will be treated as equal and respect will be shown to all input, regardless of your agreement or disagreement thereof. Similar respect will be shown

to a participant who chooses not to contribute or to withdraw from the study. You will be part of the process; however, the findings will be discussed and verified with you. There is time for you to consider your participation and ask questions from either of me. You can Email: or sms (numbers below) should you choose to participate and I will make an arrangement for the signing of the consent.

For further information regarding to the study please do not hesitate to contact us Mrs Matsidiso Janet Mofokeng-Vezi (student number 212533394) **(Principal investigator)**, Cell: 0764344093.

Supervisor contact details:

Dr Z.E. Gumede

Email: gumedez@ukzn.ac.za

Contact no: 0312602901 / 0722605376

Research Officer Contact details:

Phumele Ximba

Telephone no: 0312603587

Email: ximbap@ukzn.ac.za

Thank you

Yours sincerely

Mrs Matsidiso Janet Mofokeng- Vezi

E-mail: mtsidy@yahoo.com

Annexure 5: Information sheet



RE: Request Letter to participants in research

Dear Participant

The research topic: *‘Nurses’ Perceptions of Employee Performance Management and Development System (EPMDS) at a selected hospital in Durban, eThekwini District in KwaZulu-Natal.*

My name is Matsidiso Janet Mofokeng-Vezi. I am a student at the University of KwaZulu-Natal. I am currently enrolled for the Master of Nursing Administration degree. As part of the requirements for obtaining my degree, I am required to conduct research and submit a research report. I would appreciate if you could assist me in completing the attached questionnaire.

The aim of the study: is to describe *“Nurses’ Perceptions of Employee Performance Management and Development System (PMDS) at a selected hospital in Durban, eThekwini District in KwaZulu-Natal.*

Completing the questionnaire will take between 10 and 15 minutes of your time and participation is completely voluntary. At any time and for any reason you are free to withdraw from the study. All effort will be made by the researcher to protect the identity of the participants.

Thank you in advance for the cooperation.

Yours sincerely

Mrs Matsidiso Janet Mofokeng-Vezi (student number 212533394),
0764344093.

Cell:

E-mail: mtsidy@yahoo.com.

Annexure 6: Confidentiality Agreement and consent to participants



School of Nursing and Public Health

5th Floor Desmond Clarence Build

University of Kwa-Zulu Natal

Durban

4001

DECLARATION

I (Full name of the participants)

I have read the information sheet and I understand that I am participating voluntarily.

I understand and agree that all information disclosed in the group sessions is not to be discussed outside of the group, unless there is full group permission and for the purpose of negotiation resulting in change. Failure to abide by this will constitute breach of confidentiality which will not be viewed favorably.

I agree to (sms) Mrs Matsidiso J. Mofokeng-Vezi, 24hrs prior to the scheduled session of my intention to participate.

I understand that the contents of the document and the nature of the research project, and I voluntarily consent to participate in this study and have been given an opportunity to withdraw at any point. I understand the purpose of the study. I agree to the confidentiality agreement and will not discuss any matter arising from discussion in the group, outside of the group, unless there is full group permission and the purpose is for negotiation resulting in change.

I have provided the above participant with the information sheet and an opportunity to ask questions to facilitate his /her understanding for informed consent.

..... / / / / 2015

Name of the participants, signature and date

..... / / / 2015

Name of the researcher, signature and date.

Annexure 7: Letter to (DoH) Health Research and Knowledge Management Secretariat

Amanzimtoti

4126

19 May 2015

Health Research and Knowledge Management Secretariat

330 Langalibalele Street

Natalia Building

South Tower, 10-102

Pietermaritzburg, 3200

Dear Manager: Dr Elizabeth Lutge

RE: Request to conduct a study on nurses at the selected hospital

I am a registered nurse currently working at Prince Mshiyeni Memorial Hospital, ICU department, completing my Masters degrees in Nursing Management (MN.CUR) at the University of Kwa-Zulu Natal, the principal investigator, Mrs Matsidiso J. Mofokeng-Vezi, and co-researcher, Dr E. Z. Gumede.

I will approach the Nursing Manager in my hospital with regard to the feasibility for me carrying out research in Intensive Care Unit , trauma and emergency, surgical high care and medical high care units. The target population is all categories of nurses in these units, (both day and night staff). Once I have received your permission I will request permission from the nursing manager.

My research is titled: ***Nurses' Perceptions of Employee Performance Management and Development System (EPMDS) at a selected hospital in Durban, eThekweni District in KwaZulu-Natal.*** "I have chosen to use the positivist research paradigm and a participatory action research approach". The primary objective is describing nurses' perception on Performance Management and Development System (PMDS) at selected eThekweni Hospital in District of KwaZulu-Natal (KZN), describe the factors that affects the performance of nurses, both positively and negatively, on the PMDS, as perceived by nurses and describe the strategies that could improve the EPMDS as perceived by nurses at selected hospital. The goal is the creation of an open forum, sharing knowledge, ideas, experiences and examining, exploring and validating solutions. On completion of the series of discussions participants will be invited to

complete an anonymous semi structured reflective questionnaire so that feedback can be received on their perceptions of the questionnaires. These will be analyzed and reflected in the report that we will send to you, together with the other outcomes.

I look forward to receiving your written permission and on completion giving you a written report on the identified discourses and the manner in which researchers and participants have chosen to address these. Please feel free to ask any questions you may have so that you are clear about what is expected of you. I would appreciate your support and approval in my research.

Please see attached for further details of the study.

Yours sincerely

Mrs Matsidiso J. Mofokeng-Vezi

Date/...../.....

Conduct detail of the researcher, for further information of the study related matters

Mrs Matsidiso Janet Mofokeng-Vezi, (student number 212533394) (Principal investigator)

Cell: 0764344093

E-mail :mtsidy@yahoo.com

Supervisor contact details:

Dr Z.E. Gumede

School of Nursing and Public Health (UKZN)

5thFloor Desmond Clarence Build

Durban, 4001

Email: gumede@ukzn.ac.za Contact no: 0312602901

Annexure 8: Permission to conduct the study from KZN DoH



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Health Research & Knowledge Management sub-component
10 – 103 Natalia Building, 330 Langalibalele Street
Private Bag x9051
Pietermaritzburg
3200
Tel.: 033 – 3953189
Fax: 033 – 394 3782
Email: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

Reference : HRKM177/15
NHRD Ref.: KZ_2015RP49_338
Enquiries : Ms G Khumalo
Telephone : 033 – 395 3189

Dear Ms M J Mofokeng

Subject: Approval of a Research Proposal

1. The research proposal titled 'Exploring Perceptions of Nurses towards Employee Performance Management System (EPMS) at selected hospital in KwaZulu-Natal at eThekweni district.' was reviewed by the KwaZulu-Natal Department of Health (KZN-DoH).

The proposal is hereby **approved** for research to be undertaken at Prince Mshiyeni Memorial 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 Ms G Khumalo on 033-395 3189.

Yours Sincerely

Dr E Lutge 10/09/15
Chairperson, Health Research Committee

uMnyango Wezempilo. Departement van Gesondheid

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Annexure 9: Letter to CEO/ Hospital Nursing Managers requesting Permission to Conduct the Study



The Board of Directors

Dear CEO/ Hospital Nursing Managers

RE: Letter Request Permission to Conduct the Study in your institution

I am a registered nurse (currently working at Prince Mshiyeni Memorial Hospital in ICU department), completing my Masters degrees in Nursing Management (M.CUR) at the University of Kwa-Zulu Natal, the principal investigator, Matsidiso J. Mofokeng-Vezi, and co-researcher, Dr E. Z. Gumede. I am writing this letter to request your permission to conduct the study at your institution.

My research is titled: ***Nurses' Perceptions of Employee Performance Management and Development System (PMDS) at a selected hospital in Durban, eThekweni District in KwaZulu-Natal.***

The organisation will render her the necessary support and cooperation.

Regards

Mrs Matsidiso Janet Mofokeng-Vezi (student number 212533394) (Principal investigator)

Cell: 0764344093

E-mail : mtsidy@yahoo.com

Signature -----

Annexure 10: Permission to conduct the study from Prince Mshiyeni Memorial Hospital



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

PRINCE MSHIYENI MEMORIAL HOSPITAL
SENIOR MEDICAL MANAGER OFFICE
DR. MYINT AUNG
Private Bag X07; Mobeni 4060
Mangosuthu Highway
Tel.:031-907 8317/ 8304
Fax.:031- 906 1044
Email.:myint.aung@kznhealth.gov.za
www.kznhealth.gov.za

Enquiry: Dr M AUNG
Ref No: 10/RESH/2105
Date: 26/05/2015

TO: Matsidiso Janet Mofokeng

RE: LETTER OF SUPPORT TO CONDUCT RESEARCH AT PMMH

Dear Madam;

I have pleasure to inform you that PMMH has considered your application to conduct research on "**Exploring Perceptions of Nurses towards Employee Performance Management and development System (EPMDS) at selected hospital in KwaZulu-Natal at eThekwinini district**" in our institution.

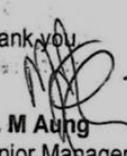
Please note the following:

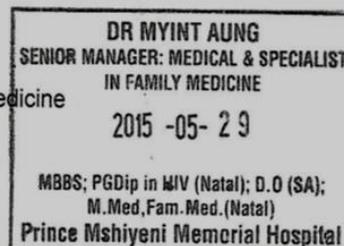
1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. The institution will not provide any resources for this research.
5. You will be expected to provide feedback on you finding to the institution.

Should the following requirements be fulfilled, a Permission/ Approval letter will follow.

- Full research protocol, including questionnaires and consent forms if applicable.
- Ethical approval from a recognized Ethic committee in South Africa

Thank you


Dr. M Aung
Senior Manager/ Medical & Consultant in Family Medicine
MBBS(Rgn), PGDip in HIV (Natal), DO(SA)
M.Med.Fam.Med (Natal)



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Annexure 11: Letter of confirmation editor

LETTER OF CONFIRMATION – EDITING

August, 2016

Matsidiso J Mofokeng - Student no: 212533394

This is to confirm that the dissertation of Matsidiso J Mofokeng has been edited by me. This process is aimed at eliminating grammatical errors and errors of expression, language and structure only. In no way was the content of the dissertation altered.

I am confident that this student has made every possible effort to ensure that all details of her dissertation are correct. The responsibility of finalising the corrections made by me rests with the student and the corrections are not rechecked by me.

I am satisfied that the editing has been thoroughly done.

A handwritten signature in cursive script, appearing to read 'B Soane'.

B Soane (Dr)