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Challenges to the implementation of the performance management system in the Mofumahadi Manapo Mopeli Regional Hospital

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CHAPTER ONE: ORIENTATION TO THE STUDY

1.1INTRODUCTION

The purpose of this study is to identify challenges with the performance development and management system (PDMS) in Mofumahadi Manapo Hospital. This chapter will define and explain the concepts of performance management and give some background to the introduction of the PDMS in the Free State Department of Health. The different phases of the implementation process will be described. A statement of the problems currently faced by management with the system will be explained and the aims and objectives of the study given.

Performance management is a new concept in the public sector and has been introduced to ensure the integration of all resources, to improve organizational processes and improve service delivery. The performance development and management system is an approach to management that harnesses the endeavors of individual managers and employees towards the strategic goals of an organization and the outputs needed to achieve those goals. However for the system to work it must have the support and the commitment of individuals and teams to achieve the intended outputs and to monitor its outcome. (Van der Walt, 2004)

1.2 Background to the performance development and management system in Free State

Performance appraisal in the Free State Department of Health was first introduced in 1999 (Free State Provincial Government, Department of Health, circular 17 of 1999) for the 1996/97, 1997/98 and 1998/99 financial years and consisted of a formal assessment and rating of employees, by their managers, at a single annual review meeting. According to Armstrong (2006) performance appraisal is generally regarded as a top down process which is managed by human resource departments rather than by line managers. The system tends to be backward looking and concentrates on what has gone wrong rather than looking forward to future development needs. The performance appraisal system was phased out in the Free State as it was not achieving its objectives as described below.

- Determine the progress made (by employees) and/or identify obstacles in achieving objectives and targets.
- Enable supervisors and jobholders to deal immediately with performance related problems.
- Identify and provide the support needed to achieve objectives and performance targets.
- Modify objectives and targets.
- Ensure continuing learning and development.

In contrast to performance appraisal, a performance development and management system is a continuous, and much more comprehensive,

management process that ensures that the expectations of managers and employees are explicit, emphasizes the supporting role of managers who are expected to act as coaches, and focuses on the future. (Free State Provincial Government policy of 2003)

The performance appraisal system was replaced by the current performance development and management system (PDMS) in line with the Free State Provincial Government policy of 2003. According to the Free State Provincial Government (2003) performance development and management aims to create a culture of high performance among employees by directing their key activity areas as identified through the strategic planning process. The

Box 1. Objectives of the Free State PDMS.

- To establish a performance and learning culture in the public sector;
- To ensure that employees know and understand what is expected of them;
- To promote contact and interaction about performance between employees and their supervisors;
- To evaluate performance fairly and objectively;
- To reward good performance;
- To improve service delivery ; and
- To manage unacceptable performance.

From: Free State Provincial Government (2003)

objectives of the PDMS according to Free State Provincial Government policy of 2003 are given in Box 1.

There are four phases to the implementation of PDMS according to the Free State Provincial Government policy (2003) namely: planning, monitoring, review and assessment. These four phases are summarized in Figure 1

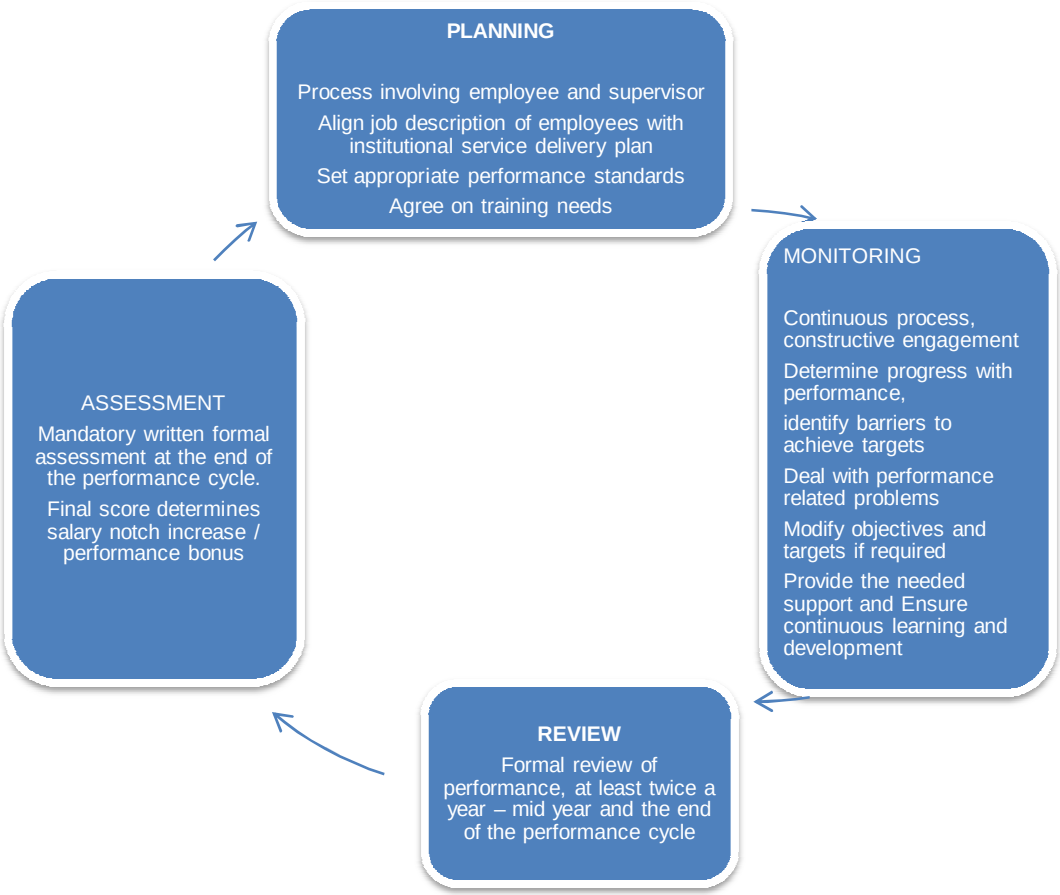


Figure 1. Four phases of the PDMS. *Adapted from Free State Provincial Government policy (2003).*

Outline of performance cycle

In the Free State, the institutional business and service delivery plans are reviewed annually, in March, in line with the priorities and mandates of the Provincial Department of Health. Each hospital unit aligns their operational plans and targets with these institutional priorities and mandates. Subsequently supervisors and job holders align their own performance plans

and standards with these unit operational plans. Monitoring of job holders performance takes place throughout the performance cycle. Supervisors and employees identify barriers to good performance and the supervisor should provide the support needed to achieve pre-determined targets. A formal review of performance should take place at the end of the second quarter and the end of performance cycle. It is the dual responsibility of the supervisor and employee to ensure that reviews are conducted according to the policy schedule. At the end of each year a formal evaluation of performance should take place. This written assessment is mandatory. Supervisors are expected to meet each employee that they manage and evaluate their performance according to what they had planned at the beginning of the year. The assessment is based on information gathered throughout the performance cycle and scores are calculated during the formal mid-year reviews. The final assessment score determines whether or not employees qualify for a salary notch increase and/or performance cash bonus. Both the supervisor and the employee are required to agree on the outcome of this final assessment and they both sign the relevant documentation. This is supposed to avoid disagreement at a later stage. However, if there is disagreement the employee may submit a grievance to the head of the institution for resolution. These grievances and disputes are managed by a Disputes Committee which has been established for this purpose. This Committee will consider the disagreement between the supervisors and the employee and make appropriate recommendations to the head of the institution. In instances where supervisors fail to provide adequate support to ensure that employees meet their performance targets, the Committee may decide in favour of the

employees as on-going supporting and mentoring are considered to be critical to the success of the PDMS .

According to the Free State Government policy the rewards are based on the outcome of the final performance assessment. Outstanding performances are rewarded with a salary notch increment and/or a cash bonus. Non monetary rewards may include increased autonomy to organize own work, explicit acknowledgement and recognition as well as public awards of various kinds. Cash bonuses are only considered for employees who have achieved a total score of 116% or higher and is dependent on affordability and the budget of the institution. Only 1.5% of the human resource budget for the institution is allocated for this purpose. The amount of the cash bonuses ranges from 5% to maximum of 18% of the salary notch of the employee.

The success of the PDMS relies on open communication between the supervisor and employees, the active participation of both parties and an open atmosphere that provides legitimate and regular opportunities for employees and supervisors to meet.

1.3 Performance development and management system in Mofumahadi Manapo Mopeli Regional Hospital

Mofumahadi Manapo Mopeli Hospital is situated in the eastern part of the Free State province. This hospital is one of two regional hospitals in the province and is situated in a rural area with previously disadvantaged

communities. The other regional hospital is within an urban area where more amenities are available. The hospital is around 350km from academic support and a level three referral service. The institution serves a community of around 650 000 people and three district hospitals refer cases to this institution.

The institution is managed by a Chief Executive Officer who is the accounting officer of the institution. The institution is sub-divided, for managerial purposes, into a number of departments – clinical, administration, nursing, and finance and supply chain management.

The institution has a staff complement of about 500. This number fluctuates throughout the year as a result of resignations and transfers. The institution is characterized by challenges in recruiting and retaining health professionals due the lack of urban amenities in the area for young health professionals.

In terms of the PDMS policy, the accounting officer is required to put in place a system to ensure that the PDMS is implemented according to the Free State Provincial policy guidelines. The accounting officer delegated responsibility for the implementation and monitoring components of the system to the different unit managers. The different unit managers have an obligation to ensure that all staff members implement the system and monitor the performance of their employees. The human resource department of the hospital does not play a major role in the implementation of the system except to ensure that individual files are updated with the information received from the unit managers.

However, the human resource department is responsible for reminding and demanding the units to meet the required deadlines for submitting performance related information, arranging for the management of disputes and consolidating institutional PDMS information and submitting this to the relevant provincial human resource department. The HR Department is also responsible for the organization of the annual PDMS trainings for staff. Performance and development management training is provided annually to all employees to ensure consistency of implementation and knowledge of the system.

The PDMS was implemented simultaneously in all provincial government departments. Performance development and management is a core function of management and in order to ensure the effectiveness and the efficiency of the system, regular monitoring and evaluation of the system is required. The Free State Provincial Government has stressed that this system is not primarily about rewards, but about managing performance. It is therefore essential to review the implementation of the PDMS at the institutional level to ensure that the department continues with an effective system that serves its intended purpose.

1.4 Problem statement

The Free State Provincial Government policy documents stress that performance management is not primarily about the rewards, but about managing performance. However five hundred and twenty six employees

were assessed in Mofumahadi Manapo Mopeli Regional Hospital at end of the performance cycle in 2007 and 85 complaints and disputes were received from employees who were unhappy with the outcome. (Table 1) Management spent essential time handling these disputes. Even when the supervisor and employees agreed (in writing) on the performance assessment, employees still complained when they did not get either a salary increase and or a cash bonus. The number of complaints and disputes annually suggesting that the system may have fallen short of its intended goals and objective, to improve performance and has become about the pursuit of the monetary incentives in the institution. The complaints and disputes are the tip of the iceberg of challenges to the implementation of the PDMS in the institution.

Table.1. Summary of complaints and disputes for 2007/08 performance cycle by salary level.

Complaints and disputes for 2007 cycle	Salary level (1-6)	Salary level (7-9)	Salary level (10-12)	**Total**
Non awarding of cash bonuses	13	8	3	**24**
No mid year review	9	6	6	**21**
No feedback to employee	5	7	3	**15**
Insufficient hospital budget available to pay bonuses	3	7	0	**10**
Reasons not provided for dispute	10	3	2	**15**
Total	**40**	**31**	**14**	**85**

1.5 AIMS AND OBJECTIVES OF THE STUDY

1.5.1 Main aim

In order to identify the root cause of the problems with the implementation of the system and in order to assist management to develop appropriate intervention strategies in the institution, this study was undertaken to determine whether the performance and development management system was implemented as prescribed by the policy in Mofumahadi Manapo Mopeli Regional Hospital in the 2007/08 financial year.

1.5.2 Specific objectives

1.5.2.1 To determine whether planning of performance took place at supervisor and employee level.

1.5.2.2 To determine whether monitoring and support of performance took place at supervisor and employee level.

1.5.2.3 To describe current practices with regard to the review and evaluation of performance.

1.5.2.4 To identify some challenges with the implementation of the system.

1.6 LITERATURE REVIEW

Concepts relevant to the implementation of a performance management system will be defined and described in detail. The purpose and principles of

performance management systems, as well as the phases of the performance management system will be discussed in detail. Common challenges to the implementation of a performance management system will be elaborated upon. There was very limited literature on the subject based in the South African public sector, or indeed in Africa, hence most of the literature will be based on other countries.

Armstrong (2006) describes performance management as a continuous and flexible process, which involves managers and those whom they manage acting as partners, within a framework that sets out how they can best work together to achieve the required findings. Performance management is based on a mutual contract and agreement between the supervisor and the employee rather than management by command and relies on the principle of consensus and co-operation rather than control or coercion.

Swan (1991) describes performance management as a process of uniting a number of related tasks such as monitoring, coaching, giving feedback, gathering information and assessing the work of employees. Fay (1990) views performance management as a much broader concept that comprises a set of techniques used by managers to plan, direct and improve the performance of employees in line with the achievement of organizational objectives. A performance management system links the objectives of institutions with the operational activities of each individual to ensure efficiency and effectiveness of services. Performance management includes performance planning,

monitoring, review and assessment, as well developing skills that improve organizational processes.

1.6.1 Strategic purpose of performance management

Performance management serves the following strategic purposes according to Spangenberg (1994) and Williams (2002):

- Serves as a vehicle for implementing organizational goals and strategy,
- Acts as a driving force for creating a participative culture among. supervisors and employees.
- Provides useful information for human resource decision making such as linking service delivery needs with human resource supply.

1.6.2 Operational purpose of a performance management system

Performance management systems serve a number of purposes. According to Lawler (2003) the main purpose of such a system is the motivation of organizational performance by helping individual to develop their skills therefore building performance culture in the organization. Performance management further assists organizations with the implementation of their business strategies.

Furnham (2004 :) highlights a number of additional advantages of performance management for an organization:

- Improving work performance,

- Administering merit pay,
- Advising employees about their work expectations,
- Counseling,
- Identifying and assessing potential training needs,
- Improving working relations,

1.6.3 Phases of performance management systems

Moretti (2007) identifies four phases of performance management that complete the performance management cycle - planning, monitoring, review and reward.

1.6.3.1 Planning

The strategic plan of any institution serves as the starting point for the development of performance management plans by giving direction and vision in terms of what must be achieved. According to Graham (2004), at the hospital level, the performance plans of employees should be linked directly to the hospital strategic plan and these individual performance management plans are crucial for the achievement of organizational vision.

Performance management planning involves the development of clear performance expectations for each employee. These expectations include the elements of outcome or findings the employee is expected to achieve and competencies that the employee is expected to demonstrate on the job.

The individual performance plan then becomes an official document that is mutually agreed to by the supervisor and the employee at the beginning of the performance cycle. Performance management plans should reflect changes in the organizational direction and /or job responsibility Moretti (2007).

Graham (2004) stresses that there should be a fairly linear path connecting the mission of the organization and the expected findings and role of each subordinate unit. He further notes that, although the organizational mission and strategies stops at the unit level, the importance of cascading plans to the individual employees is critical. It is essential that the strategic plan of the institution should be known by all personnel because they make it happen. Performance management is about directing and connecting individual contributions towards the common institutional goal. He further highlighted that gaps would occur when work activities do not connect properly with organizational goals from the outset.

1.6.3.2 Monitoring

Performance monitoring occurs throughout the performance cycle and involves supervisors providing coaching and feedback on performance to employees. Hazards (2004) suggest that it is the responsibility of the supervisor to ensure that the employee is continuously monitored and supported to maximize their performance. Latham, Almost, Mann and Moore (2005) argue that, in many instances, feedback decreases, rather than

improves performance. However they support that for negative feedback to bring positive behavior change of the employee it must:

- Focus on the behavior rather than the person,
- Be selective and focus on few critical aspects of behavior only so as not to overwhelm the person
- Focus on the desired rather than the undesired behavior
- High goals must be set and individual must be committed to meeting those goals.

Connell and Nolan (2004) suggest that the level and frequency of feedback that occurs in manager-employee relationships has been closely linked with the interpersonal skills of supervisors. They support the view that supervisors should provide ongoing performance feedback and supervisor-employee reflection. However, soft skills, such as self disclosure and acceptance, enhance the feedback process. Gill (2004) supports the notion that management needs to remain in control of the process and spearhead implementation by monitoring the process and supporting employees. However, Connell and Nolan (2004) contend that employees want encouragement and the freedom to get their work done rather than being controlled.

1.6.3.3 Review

The review phase includes progress review meetings, developmental activities, job responsibilities and other activities relevant to performance

evaluation. The review phase focuses on the evaluation of performance in relation to the expected performance as outlined in the performance plan, according to Moretti (2007). Performance review should focus on the employees' contribution towards the achievement of the institutional goals.

Graham (2004) supports the view that the review must be timely and formative reviews should be conducted to detect early deficiencies in performance. The review needs to include corrective action and/or disciplinary action within a reasonable timeframe and when ever appropriate.

A good performance measure has the following characteristics according to De Bruin (2002):

- Qualitative and quantitative performance measures. Objectives and strategies can often be directly linked to qualitative measures.
- The measures must achieve appropriate balance. The measure should be balanced to facilitate management accountability and analyses and improvement of all factors that influence performance output
- Validity, reliability and accuracy of data. The performance measure should actually measure the characteristics it intends to measure in the performance of the employee, and be reliable and accurate and timely to correct any deviation identified.
- Balancing cost against benefit. The benefit of collecting additional accurate performance data should outweigh the cost of collecting, storing and using the information. Consistency of use of performance measure to determine trends over a long time.

1.6.3.4 Rewards

According to Moretti (2007) rewards should be directly linked to the institutional strategy, business plan and critical success measures. Merit increases should be designed to reward individuals who have made a significant contribution to the institutional overall success through the year.

Lawler (2003) noted that if individuals understand that performance reviews may affect their rewards that are important to them, they will get motivated and ensure that the review sessions go well. He further argues that when rewards are tied to a discussion on performance, individuals tend to hear only the reward system part of the message. The individuals do not hear the kind of useful feedback that will improve their performance and develop their skills. According to Lawler (2003) the fear of performance measurement by the employees may findings in the manipulation of targets and the system.

1.7 General challenges with implementing performance management systems.

Phelps, Timmerman and McDonald (2003) highlighted that the measurement of performance poses a problem because it is not objective and relies primarily on the rating by the supervisor. They further suggest that the rating from the superior essentially measures the personal relationship between the manager and the employee and that does not have anything with the organizational outcome. Furnham (2004) stated that performance outcome is

a continues process and it may be difficult to have accurate information about each individuals performance. Performance standards are not always clear to the employee because of the type of service delivery and their use may be vary from one individual to another. The performance outcome of the individual may then depend upon the values of the supervisor rather than the standards that were agreed to initially. The evaluative process requires the exercise of judgment of goals by the supervisor and job holder during the process. However the job holder had much to lose than the supervisor in term of the outcome. The outcome depends on the objectivity of the supervisor. Furhnam also describes and number of sources of error that can influence the outcome of the review process: contrast effect, first impression errors, halo effect, similar to me effect, central tendency and the regency effect.

De Bruin (2002) has also highlighted two challenges with performance measurement.

- Although outstanding practices should be shared and duplicated throughout the organization this is not always done in a competitive environment as individuals want to safeguard receiving incentive awards.

Innovation in the organization may be reduced if supervisors place too much emphasis on effectiveness and efficiency. The system rewards the constant reproduction of existing expectations by blocking the exploration of other options that may be regarded as a learning experience for the organization.

1.8 Principles of good performance management system

Furnham (2004) recommended the following principles as necessary for performance management systems to operate effectively:

- Clear aims and measurable success criteria.
- The system must be designed and implemented with appropriate employee involvement.
- The system must be simple to understand and operate.
- Use of the system must be a core function for all managers.
- There must be a clear link between the performance goals of the employee and those of the organization.
- There must be a focus on role clarity and performance improvement,
- The system must be allied to a clear and adequate resourced training and development infrastructure.
- The link between performance and reward should be clear and there must be equity and transparency safeguards.

Furnham (2004) recommends regular and open review of performance management systems against their success criteria. It is essential that the institution should investigate the success and failures of the system.

CHAPTER 2

RESEARCH METHODOLOGY

INTRODUCTION

The methodology for this study was selected on the basis of the aims and objectives. In this chapter, the following are discussed: study setting, scope, and design. The research tools used to collect data are described.

2.1 Study Design

The study design is descriptive cross sectional study and based on data collected through self administered questionnaires.

2.2 Study population and setting

The study population was all personnel working in Mofumahadi Manapo Mopeli Regional Hospital at the time of data collection.

Employees' were classified according to their salary levels and Table 3 indicates the number of employees at the time of data collection.

- **Salary level 1 to 6.**

This group represents an operational group of employees that have a very limited level of authority in the institution.

- **Salary level 7 to 9**.

This group consists of employees who are mainly supervisors (middle management) or health professionals.

- **Salary level 10 to 12**.

This group comprises senior managers in the institution and senior health professionals.

- **Salary level 13.**

This level consists of senior manager who are at directors level

Table 3. Number of employees per salary level at the time of data collection

Salary level	Total number of employees at the time of data collection	Proportion of total employees
1-6	287	58.8%
7-9	157	32%
10-12	47	9.6%
Total	491	100

2.2.1 Inclusion criteria

All personnel working in the hospital that had completed at least one annual performance assessment cycle were included in the study. This meant they had been employed for at least one year at the time of data collection.

2.2.2 Exclusion criteria

The following employees were excluded from the study

- Personnel that had worked in the institution for less than one year as they are on still on probation.
- Personnel on contract.
- Senior managers on salary level 13 because their performance management system is slightly different.
- Personnel working on night duty, study leave or on annual leave at the time of data collection.

2.3 Data collection period

Data was collected between the 1st and 20th September 2009.

2.4 Distribution of questionnaires

Questionnaires to be completed by the study population were distributed to all Head of units who were requested to distribute the questionnaires to employees in their department. A research assistant was appointed and trained to assist with the distribution and collection of the questionnaires. The research assistant distributed questionnaires and followed up with the Heads of Department after one week. All employees were given the same self administered questionnaire. As the researcher is the CEO of the institution, this process removed any undue pressure on the employees that may have been caused by selecting them before hand and causing any concern amongst the employees as to why they had or had not been selected.

Taking into consideration the exclusion criteria it was estimated that approximately one hundred and ninety personnel would be excluded. Therefore, two hundred and fifty questionnaires were sent to the relevant heads of the different departments. They were asked to hand the questionnaires to all eligible employees. The employees were asked to complete the consent form and the questionnaire within a week. They were asked to deposit the completed forms (both the questionnaire and the consent form) in a locked box next to the office of the research assistant.

Only 90 responses were received after one week. The research assistant followed up telephonically with the Heads of Departments asking them to remind their employees to complete the forms. This yielded another 95

questionnaires. In all, a total of 185 completed questionnaires were received after two weeks

2.5 Study sample

All completed questionnaires that were received were included in the analysis. Questionnaires were checked for completeness. Those questionnaires that were returned without any written responses were discarded as they were of no benefit for research.

2.5 Data collection tool

A questionnaire was developed in which eighteen questions, based on the PDMS policy document, were asked (Appendix 1). The questionnaire included the following;

- Three demographic questions
- Two open ended questions
- Ten closed questions
- Ten Likert scales questions

2.6 Data processing methods and data analysis plans

Data entry and processing was done by the researcher.

Questionnaire data were then entered into an Excel program. The data entered was checked by research assistant. The individual completed data from the questionnaires were entered on an Excel spread sheet was then verified for the number of responses to prevent and duplication of responses. Data from the Excel spread sheet was then imported into EPI- Info program for analysis. Demographic data is presented as frequencies and percentages and by salary level. The frequencies of responses to the closed ended questions are presented by salary level.

The responses to the open ended questions were categorized according to common themes identified from a list of the responses given. Likert scales were coded for the purpose of establishing the most common trends of responses. The frequencies are presented.

2.8 Research pilot

Thirty questionnaires were piloted at a neighboring hospital, Dihlabeng Regional Hospital, to ensure that the questions were well understood and to ensure that reliability and validity of the questionnaire, as well as the time needed to answer all questions. The findings of the pilot study were used to improve the quality of questionnaires.

2.9 Ethical considerations

An ethical clearance certificate (M090460) was granted by the University of the Witwatersrand Human Research Ethics Committee. Appendix 2

An information letter and consent form accompanied the self administered questionnaire to reassure participants of their right not to participate as well as the confidentiality and anonymity of the participants. The questionnaire did not bear any specific information that could be traced back to the employees

As the researcher is the CEO of the institution, the following measures were undertaken in order to ensure that his position would not influence the response of the respondents.

1. Questionnaires were sent to everyone rather than selecting certain employees.
2. Heads of Department were asked to hand out the questionnaire but not to collect them.
3. Designated collection boxes were marked and placed in strategic positions for completed questionnaires to be deposited anonymously. The researcher did not get involved in the distribution and collection of the questionnaires.
4. The research assistant separated the questionnaires from the consent forms. Both were given an identical number. The researcher does not have access to the consent forms.

CHAPTER 3

FINDINGS

The findings of the study are presented in this section. There will be a brief explanation of the findings which are displayed in graphs and tables.

A total of 185 questionnaires were received. This represents a response rate of 38%.

Thirty (16%) of these questionnaires were spoilt and incomplete and were therefore excluded from analysis. One hundred and fifty five (32%) of the questionnaires were therefore analyzed as shown in **Table 4.**

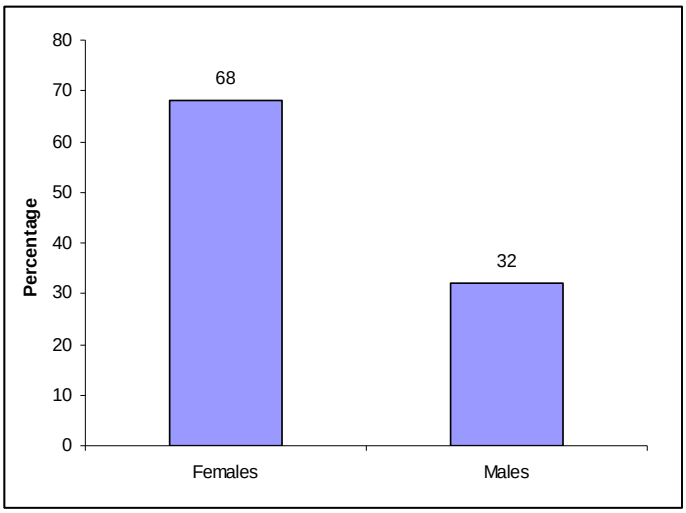
Table 4. Questionnaires analyzed

Number of personnel per salary level at the time of data collection	% staff in salary level responding to questionnaire	% of spoilt questionnaires per salary level	Number of questionnaires analyzed per salary level
Salary level 1 – 6 287	111 39%	18 16%	93 60%
Salary level 7 – 9 157	38 24%	7 18%	31 20%
Salary level 10 – 12 47	36 77%	5 14%	31 20%
Total 491	185 38%	30 16%	155 100%

3.1 Demographic profile of respondents and years of service at the institution.

Graphs 3.1.1 and Table 5 show the gender profile and years of service of the respondents. Sixty eight percent (105) of respondents were female.

Graph 3.1.1 Gender profile of respondents



Twenty five percent (32/155) of the of respondents' had been employed in the public sector for between 1 and 5 years while 8 % of the respondents had been employed in the public sector for more than 22 years. The mean duration of service was 11 years.

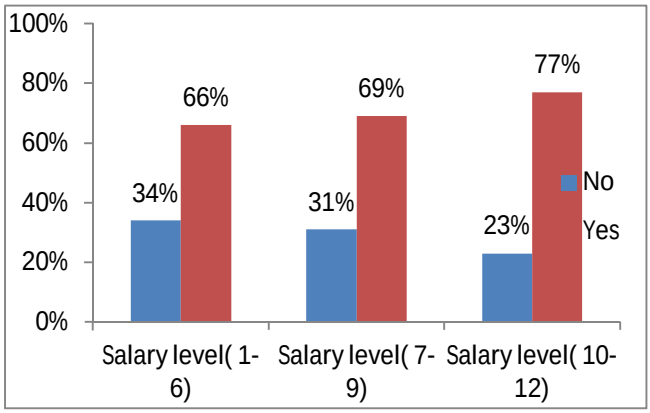
Table 5 Numbers of years of service

Number of years of service	%(N) of respondents
1-5	25 (38)
6-9	18 (28)
10-13	19 (29)
14-17	16 (25)
18-21	15 (23)
22 years and above	8 (12)
Total number of respondents =155	

3.2 Performance planning

The majority of respondents, in all three salary levels, confirmed that they planned their performance with their supervisor at the beginning of the performance cycle.

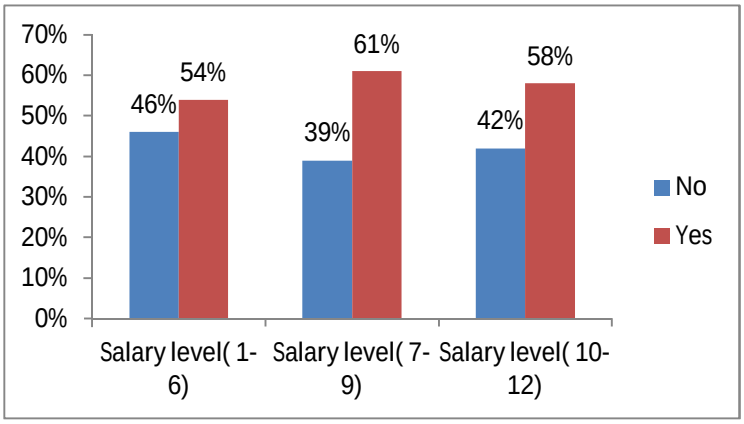
Graph 3.2.1 Collective planning of performance



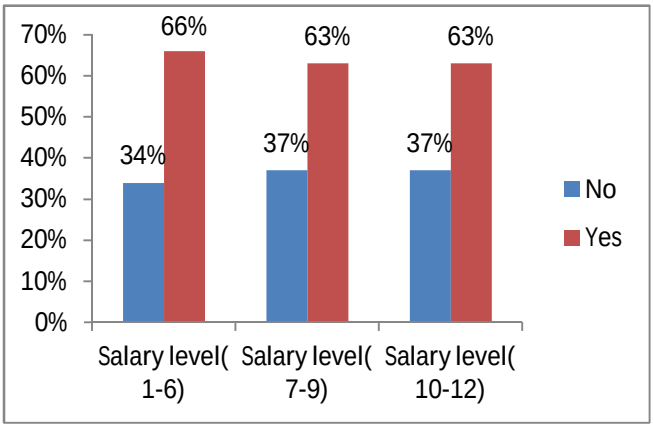
Graphs **3.2.2** and **3.2.3** show that the majority of the respondents, in each salary level, knew that there was an institutional business plan and felt that their performance targets were linked to this plan.

A lower percentage of employees in salary level 1 – 6 knew about the business plan than the other salary groups and this may reflect the production nature of this group rather than the supervisory responsibility of the other two groups.

Graph 3.2.2 Knowledge of an institutional business plan

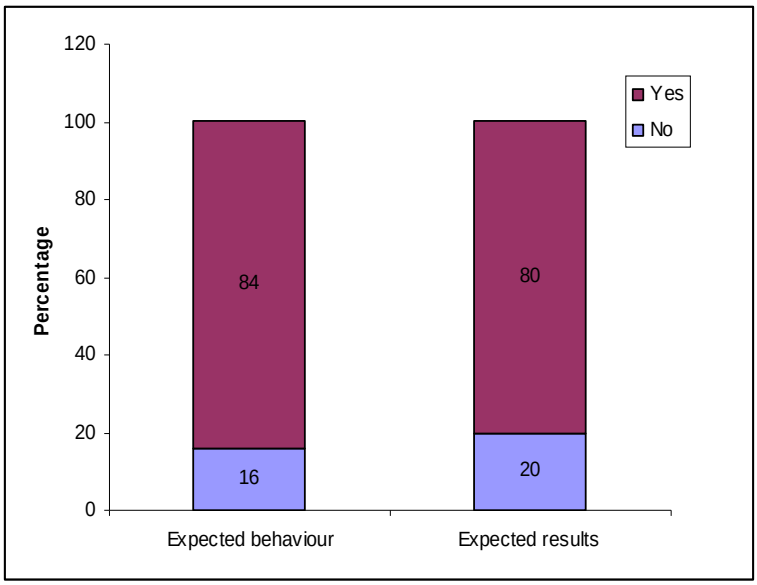


Graph 3.2.3 Expected performance linked to business plan



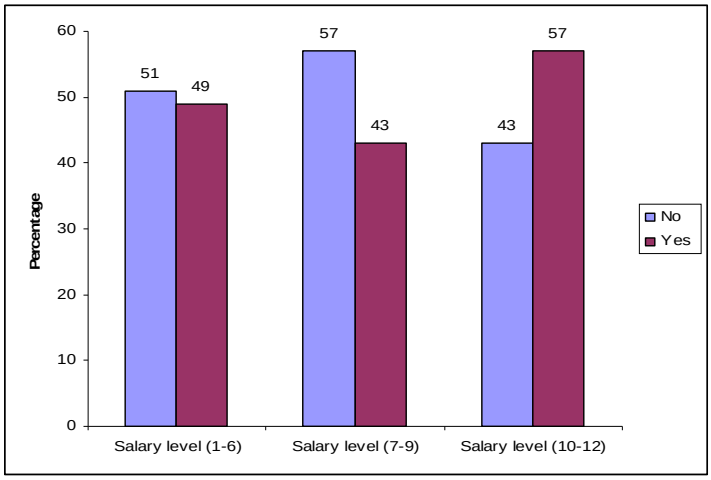
The majority of respondents stated that they understood what findings were expected of them and the behaviors they were expected to demonstrate on the job. (Graph 3.2.4)

Graph 3.2.4 Clarity on expected behaviors and findings



The majority of the employees did not attend the training on the performance management system offered between April 2008 and 30th March 2009 (Graph 3.2.5). For salary levels 1-6, only 49 % and 43 % of salary level 7-9, of the respondents attended the training. In contrast 60% of respondents from salary level (10-12) had attended training.

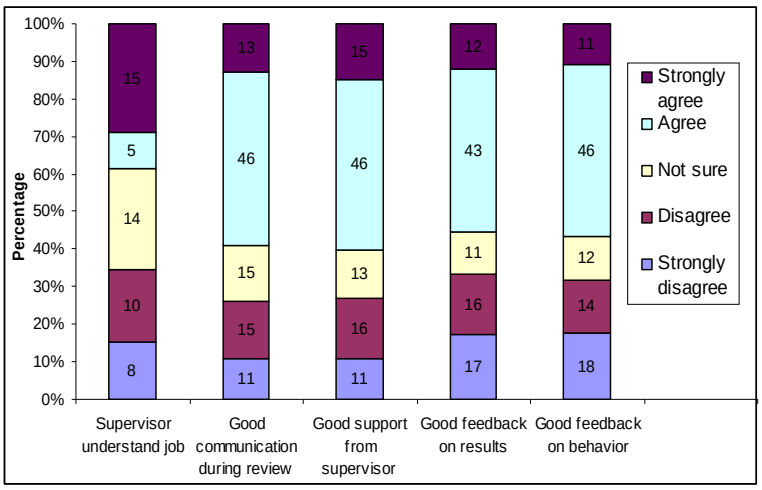
Graph 3.2.5. Attendance at performance management training.



3.3 Performance monitoring

Overall, the quality of performance monitoring and support given to the respondents was perceived to be acceptable although almost half of the respondents felt that they did not receive adequate feedback on findings. (Graph 3.3.1).

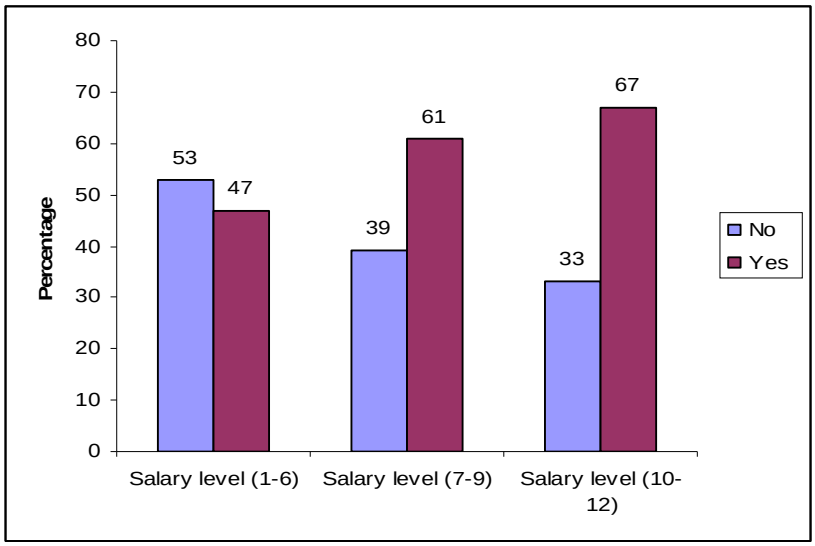
Graph 3.3.1 Quality of monitoring and support



3.4 Performance review

Fifty five percent (83/152) of employees had a performance review meeting during the performance cycle as shown in Graph 3.4.1. Forty five percent (69/152) of respondents did not have performance review at all during the performance cycle**.** Chi squared equals 7.364 with 1 degrees of freedom. The association between the salary levels considered statistically significant. There is no association with other salary level.

Graph 3.4 1 Percentage of employees that had a performance review during the performance cycle.



The respondents gave a number of reasons for the review not being done. These are put into common themes below:

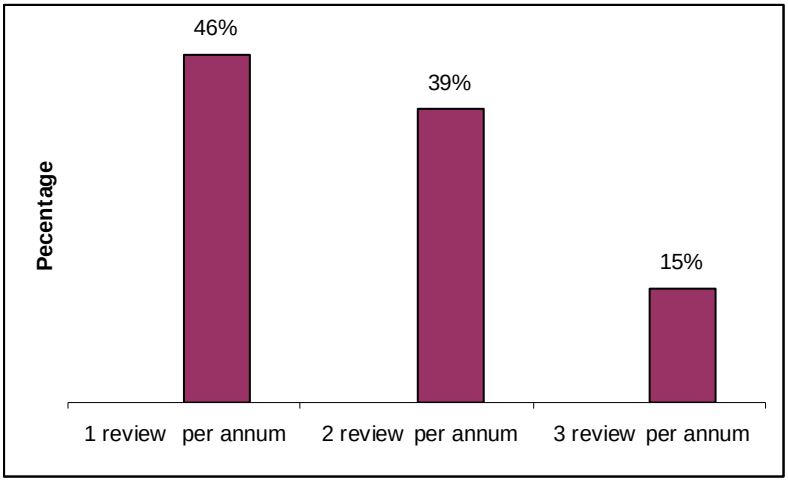
- Supervisors feel that performance management is not one of their key responsibilities and therefore never include this activity in their work schedule

"*It is an additional administrative responsibility."*

- Several respondents felt that supervisors do not know how to implement the policy and clearly blame the supervisors for the failure to have review meetings as they are key people responsible for implementation of the policy.
- Poor communication and working relations between the respondents and the supervisors.
- Movement of respondents from one unit to another during the performance cycle affects the continuity of reviews as the supervisors change.
- Respondents perceive that some supervisors have a very negative attitude towards the PDMS.

Of the 83 respondents who had a performance review, 46 %(38/83) had only one review meeting with their supervisor during the performance cycle, 39 % (32/83) had two review meeting and 15 %(13/83) had more than two review meetings. (Graph 3.4.2)

Graph 3.4.2 Number of review meetings held.



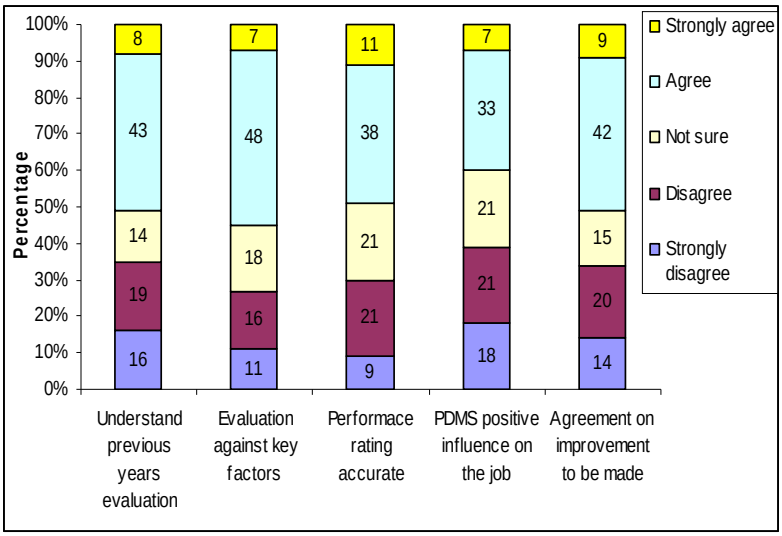
3.5 Annual assessment

3.5.1 Acceptability of annual assessment.

Respondents had mixed feelings about the quality of their annual assessment. The majority of the respondents had a positive feeling about the previous year's assessment and the key factors that were assessed in the performance. However there was a significant number of respondents that were not sure that the performance rating was accurate or that the PMDS had a positive impact on their work. (Graph 3 5.1)

Of note is that only 49% of the respondents agreed or strongly agreed that their performance rating was accurate. The level of uncertainty among the respondents about the about the relevancy of the evaluation, the key performance factors, the accuracy of their performance rating and the positive influence of PDMS on their performance ranged from 18% to 21%.

Graph 3.5.1 Acceptability of annual assessment



Influence of PDMS on the performance of employees

Although 40 % of respondents either agreed, or strongly agreed that the PDMS had a positive influence on their performance, 39 % of respondents either disagreed or strongly disagreed with this statement and 21% respondents are uncertain about the statement. Less than 42% of respondents in all salary levels felt that the PDMS had a positive influence on their performance. (Graph 3.5.2.)

Graph 3.5.2 Percentage of respondents who felt that the PDMS had a positive influence on performance.



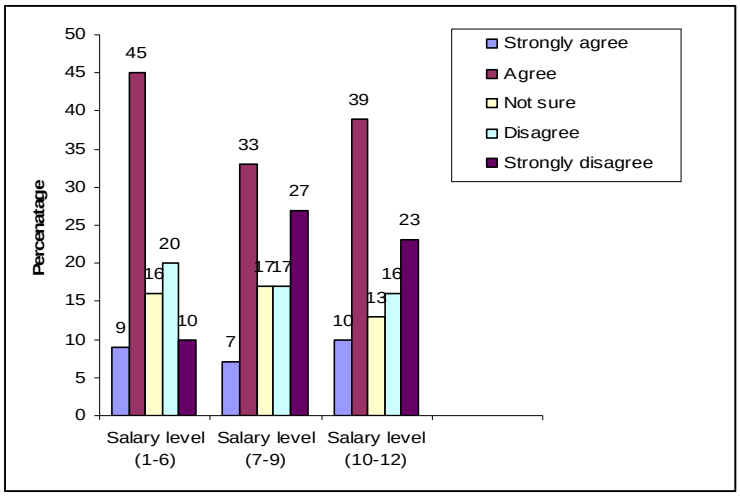
Respondents in all the salary levels felt that the implementation of PDMS in the institution does not have any positive influence in the work performance as it was expected to achieve.

3.5.3. Supervisor and employees' agreement on areas for improvement.

Respondents in salary level 1-6 felt that they reached agreement on improvements to be made in their performance with their supervisors. Fifty five percent of respondents in salary level 1 – 6 and 60% of salary level 10-12 agreed or strongly agreed with the statement that they reached consensus with their supervisors on performance areas that needed improvement.

Respondents in the other salary levels however (43% in the salary level 7 – 9) were less positive about this statement. (Graph 3.5.3)

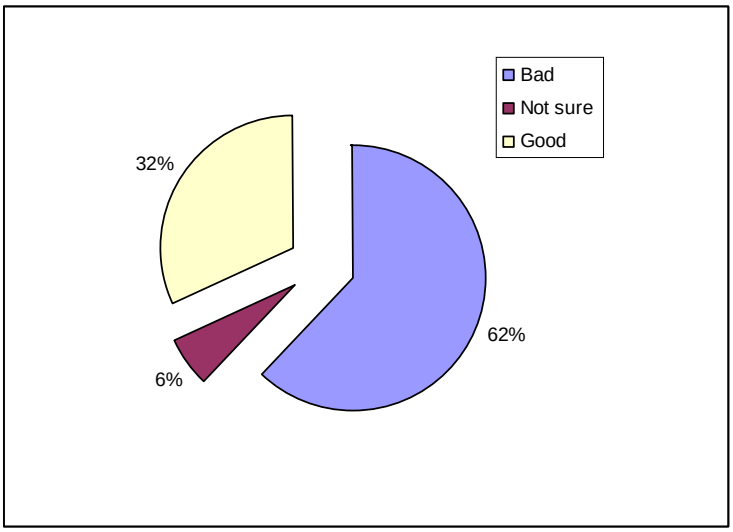
Graph 3.5.3 Number of respondents who reach agreement with their supervisor on areas for improvement per salary level.



3.5.4 Perception of PDMS implementation in the institution

Sixty two percent (96/155) of respondents have a negative perception about the implementation of the performance management system as compared to 32 % of respondents that felt that the implementation of the system was good. (Graph 3.5.4).

Graph 3.5.4 Perception of the implementation of PDMS in the institution



3.5. The reasons for unhappiness with the system are summarized below

a) Lack of participation of respondents in the implementation process

Respondents felt that the process lacked transparency and objectivity. At times the supervisor finalized the reviews on their own and requested respondents to sign the completed forms without participating in completing them.

"*Because we are only called to sign the evaluation forms whether you agree or no. Even if you don't agree with the supervisor nothing is done about the disagreement."*

Midyear performance reviews are not being done during the performance cycle and this is regarded as a major breach of the policy. The respondents feel that the supervisors fail to notice when they are not performing and therefore fail to support them. The performance reviews are done at the last minute instead of being planned and therefore not well done.

b) **Subjectivity of the performance reviews and evaluation**

Respondents feel that the system favors the supervisors and there is a perception that supervisors get cash bonuses every year regardless of their performance.

"Supervisors are always getting cash bonuses but most of them they do not deserve them."

"*Some people's performance assessment is not based on their performance but on favors by the supervisor.*"

c) Respondents do not always get cash bonuses

Outstanding performance is not always rewarded if the budget allocated for cash bonuses has been exceeded. However respondents have a high expectation that they will get financial rewards because they regard cash rewards as complementary to their incomes.

"*We earn little salaries* "

"*If staff does not receive cash bonuses – this does not encourage personnel, instead it de-motivates them."*

d) **Inadequate training in the implementation of PDMS**

Both the supervisors and respondents have a poor understanding about the system and this impedes implementation. There is a perception that the supervisors are not adequately skilled to undertake performance assessment.

There is also a perception that the employees do not understand the purpose of the system

"*I am not satisfied with the implementation of performance management because in my section I do not have a trained supervisor and I do not know whether I am performing or not"*

"More than half of the employees should be retrained to understand the difference between performance and personal financial gain."

3.6 Limitations of research.

Only 155 (32%) questionnaires were correctly completed and returned. This low return of questionnaires might possibly be due to a lack of interest in participating in research on this topic. It is also possible that those employees who responded were, in some way different to those that did not respond at all and may be have been more or less satisfied with the system.

The researcher is the CEO of the hospital which may have affected the willingness of employees to participate and their responses. However, every effort was taken to ensure the anonymity and confidentiality of the respondents.

The questionnaires were all in English. However, it was clear that some respondents did not fully understand the questions and wrote their answers in

their first language. These responses were translated into English by the researcher.

There are a number of inconsistencies in the answers and not all respondents answered all questions. Although this may reflect a lack of understanding about the system it could also reflect the fact that they did not understand the questions. One of the reasons that the questionnaires were not translated is that all PDMS training documents are in English. Respondents should have been familiar with the terms used.

CHAPTER 4

DISCUSSION

A performance development and management system was first implemented in the hospital in 1999 and the current system in 2001. Since then, there have been an increasing number of challenges in the implementation of the PDMS system. Regular review of the entire implementation process is critical to ensure that only policies that add value to the organization are implemented. An evaluation of the success and failure of the system has not previously been done to correct any gaps in the implementation of the policy in Mofumahadi Manapo Mopeli Regional Hospital. The challenges identified by the respondents in this study are only the tip of the iceberg when considering increasing complaints about the implementation of the system.

The study is the first to review the implementation of the system in the institution. The response rate was low, especially among employees in salary level 7-9. The low response rate could be attributed to a lack of interest in the research topic, a lack of understanding of the intention of the research or a lack of understanding of the questionnaires. The low literacy rate of the employees in the lower salary level could also have affected the response rate.

Overall the finding of the study is that the respondents have a negative perception about the implementation and value of the PDMS in the institution.

4.1 Demographic profile of respondents

Gender

The majority of respondents were female and this reflects the demographic profile of employees who are predominantly female (in November 2010, there were 305 female, as opposed to 143 male, employees).

This study did not establish the percentage of disputes that were initiated by men or women.

The gender profile of the respondents does not suggest any differences in the level of satisfaction between men and women with the implementation of the PDMS in the institution.

Years of experience

The majority of the respondents had been exposed to the PDMS for a number of years. The respondents with less than one year's service were excluded from the study as they would not have had sufficient experience of PDMS as they have not completed a performance cycle. Twenty five percent (25%) of the respondents had between 1 and 5 years of service. This reflects that a quarter (25%) of the respondents had between one and five years experience with the PDMS as the system was implemented several years ago. Seventy five percent (75%) of the respondents have more than six years work

experience. These findings suggest that the respondents should be knowledgeable about the implementation of the system and its objectives.

Salary level of jobholders

The study suggests that the salary level of the jobholders influences the management of the PDMS. The differences found between the salary levels could be attributed to the different levels of responsibility that they have and access to information. All provincial and institutional policies are written in English and get translated into local languages during the information sessions with the respondents. The majority of respondents in the salary level (10-12) have access to computers in the institution and probably in their homes.

Access to information for the lower salaries levels is mainly through the unions. Hence the majority of the employees that are dissatisfied with the outcome of the PDMS lodge their dissatisfaction with their union in the form of performance disputes. The shop stewards that represent members are trained, by their union, in negotiation and policy interpretation. This training benefits the shopstewards, the majority of whom are male, and enables them to negotiate with their supervisors if they are not satisfied with their performance outcomes.

4.2 Attendance of PDMS training

Although is compulsory for all jobholders to go to the PDMS training every year in the hospital, this study showed that the majority of jobholders do not attend the training. Ensuring that jobholders go for training is the dual responsibility of the supervisor and the jobholder. No one seems to monitor compliance and no one checks for compliance. The majority of the respondents in two salary levels failed to attend the training offered. Although the study did not establish why employees do not attend training, it is possible that one of the reasons that respondents in the lower salary levels do not go for training is that they do not understand the presentations which are all in English. None of the PDMS materials have been translated into any local language.

It is possible that the respondents might have undergone training about the system when it started in 2001 and felt that they did not need to attend again. However, a failure to attend training annually might affect employees understanding of the system and what it is expected to achieve. The negative perception of the implementation of the PDMS system could be attributed to a lack of understanding of the system and policy guidelines.

4.3 Performance development and management system planning

Performance management planning is taking place in the institution between the supervisors and their employees. Planning is the first step in the PDMS

cycle and is characterised by the development of organizational plans that capture the priorities of the hospital in line with provincial priorities. Seventy seven percent of the respondents in salary level (10-12) indicate that collective planning with both supervisors and respondents takes place. However over 30% of respondents in the salary levels (1-6) and (7-9) disagreed with the statement that they met with their supervisor to plan to plan. The performance planning process includes cascading institutional priorities from the unit level to individual performance plans and should be linked to the operational plans of the unit. Graham (2004) proposed that, for a performance based culture to be instilled, a comprehensive strategic performance management system is essential at both institutional and employee level. Performance standards are agreed to by both jobholders and supervisors and job descriptions are signed by both at the beginning of the performance cycle.

Although some employees and supervisors did meet to plan performance, nearly 46% of respondents in salary 1-6 did not seem to know the institutional business plan and only sixty percent of these respondents felt that their expected performance was linked to the business plan of the institution.

This finding is probably due to the fact that respondents in salary level 1-6 are mainly at an operational level as compared to respondents in higher salary levels.

Eighty two percent of the respondents have a clear understanding of the findings and behaviour in their work place that is expected of them. Graham (2004) regards it as a challenge to successfully the link the mission of the institution to the expected findings of the individual unit as well as the individual employee in the unit.

4.4 Performance development and management monitoring

Performance monitoring is the second step in the performance development cycle. This step is a continuous process and enables supervisors and employees to deal immediately with performance related issues. The respondents' perception about the quality of this monitoring process was mixed. It is the responsibility of the supervisors to have insight into and knowledge of the employees' job in order to provide objective and effective monitoring and support. The PDMS policy aims to promote communication between supervisors and employees.

Overall sixty seven percent of the of the respondents felt that their supervisors had a good understanding of their work but over 40% of respondents felt that they did not get adequate feedback on their performance. According to Graham (2004), regular communication is critical for ongoing coaching and feedback, which are both central to the implementation of the PDMS. Although eighty percent of respondents had good knowledge about their expected findings, only 55% received feedback, about their expected findings. Eighty four percent had good knowledge about

their expected behaviour. However, only 57% received feedback about their expected behaviour from their supervisors. This lack of communication between the respondents and supervisors is a challenge for the implementation of the system. Feedback is an essential tool that ensures ownership of the system and enhances the active participation of all role players. Timely feedback creates the opportunity for individuals to change their behaviour and improve performance before they get to the end of the cycle. Failure to provide adequate feedback is a breach of policy guidelines because continuous two way feedback is central to the success of the system. Employees do not respond well to surprises at the end of the performance cycle as surprises may not bring about changes in their work environment. Brown (2008) recommended that supervisors should be honest and transparent with employees to make the system work for the institution and for individuals. This view is supported by Gill (2004) who emphasized that highly strategic performance management systems often fail at the implementation/operational level.

One concern from supervisors is that they may have many employees to supervise and this will contribute to inconsistencies in the implementation of the system. Although the study did not establish a relationship between the number of employees per supervisor and the quality of the monitoring of respondents, there is no hospital standard which determines the ideal number of employees to be allocated per supervisor. Brown (2008) identified that strategic planning process overload is a barrier to implementation of the system because strategic planning at times focuses on the processes and not

performance outcome and findings. Detailed performance planning with time frames for performance monitoring and reviews is essential to serve as a guide and a reminder to the supervisors and jobholders. However, the fact that employees are rotated through the units, and that this can happen during the performance cycle, in response to service delivery needs of the institutions, makes planning very difficult for supervisors.

4.5 Performance management review

Performance reviews are expected to take place, informally or formally, at the end of each quarter. A mid year review is compulsory. According to the policy, ensuring that these reviews take place is the dual responsibility of the employee and the supervisor.

The study revealed that almost half of respondents did not have a review at all and that of the 55% that had a performance review, only a minority had a review at the end of each quarter. There are number of possible reasons for these reviews not taking place.

- Many respondents did not attend the PDMS training which would have stressed the importance of the review.
- Both the employees and supervisors expressed a negativity about the system.
- The study did find that there is poor communication between supervisors and employees.

However the reasons given for performance review not taking place suggested that the performance review meetings do not happen for two reasons:

- Firstly, supervisors see this activity as a burden and something that they do not have time for as they have many other responsibilities.
- Secondly employees feel that supervisors should ensure that these meetings take place and are not proactive in making sure that they happen.

According to Brown (2008) if supervisors do not regard performance management as an integral part of their management processes, they do not invest additional time and energy to make it successful. He recommends a phasing in approach to the implementation of a system over a number of years to make the system work.

4.6 Annual performance assessment

Assessment is the last step of the performance review process and the one that respondents are most dissatisfied with. The majority of respondents in each salary level group were dissatisfied with the implementation of the system. The majority of the respondents understood how their performance was evaluated and factors that they were used to evaluate them. De Bruin (2002) stressed the importance of performance measurement in that it brings transparency into the organization. The performance measurements are jointly

agreed to by the employee and supervisor and are used during the review or assessment.

Forty eight percent of the respondents felt that their rating was inaccurate compared to 52% that felt that their performance rating was accurate.

Although most employees planned their performance with their supervisors and the behavior and findings that were expected of them and these were agreed to at the beginning of the performance cycle, almost half of respondents felt that their rating was inaccurate. This suggests that, for employees, performance assessment is about monetary rewards and not about improving individual performance. Thirty percent of respondents disagreed that the performance assessment was accurate. However, according to Neely (2004), a common error in these systems is that supervisors measure aspects of performance that are not the key performance factor of the employee.

The supervisors complete the assessment process at the last moment which creates conflict with employees. The supervisors however, clearly feel that they do not have time to do these assessments thoroughly. These last minute assessments often punish a good performer if they are not objective and if the respondents are not given any opportunity to reflect on the assessment. Performance reviews should focus on measuring few things that have great impact on the achievement of the employee goals and target.

Neely (2004) also found that disappointing performance measures are often used by supervisors in a judgmental, intimidating way that encourages defensive behavior by the employee.

The supervisors need to put appropriate measures in place that make it easier to communicate with employees with a clear framework for review. Brown (2008) suggests that information collected on performance management should be used to improve performance of poorly performing employees. If the collected data about the performance of the unit or individual is not used for decision making it loses its value.

A high level of dissatisfaction with the PDMS has been found in other studies. Connell and Nolan (2004) cite Coens and Jenkins (2000) who maintained that, although performance appraisals are used in 80% of the work force in US, 90% of supervisors and employees are dissatisfied with the process. The authors further identified that the organizations do not understand that performance management is part of strategic planning. Brown (2008) stresses that performance management is often too hard to implement because it is complex, time consuming and requires a lot of effort to implement effectively. He suggests that organizational culture may work against the drive to support the implementation of the system.

The PDMS does not appear to have a positive influence on performance of the majority of the respondents in the institution and this means that the system is not achieving its purpose - to maintain a culture of high performance

amongst employees. In this study it seems likely that the supervisors are not up to the challenge of managing the entire PDMS process and this is exacerbated by the fact that many of them do not attend the in-service training when it is offered.

Team work is encouraged in the hospital environment because of the type of the complexity of work done. However an inherent problem with the performance management system is that individuals are rewarded for individual performance rather than recognizing team effort. Their perception is that the system does not value team effort as it does not reward the team but the individual. West (2004) has outline the rationale of team work as the ability to deliver product and service quickly, efficiency through concurrent performance and enabling the organisation to learn and retain lessons learnt. However Mendible and Macbryde (2005) argue that team performance management is difficult to measure at the individual, team level and how measurement must be done because team comprises of individuals. Rewarding teams may not always solve institutional performance.

4.7 Linkage of performance development and management system to rewards

The negative perception of the system seems to be partially based on the fact that respondents may not have received a cash bonus. Rewards are intended to provide incentives for outstanding performance, without punishing the poor performer, and create opportunities for individuals to perform better in the

future. According to Brown (2008), individual and organizational fears are barriers to the implementation of PDMS because they fear how the findings may be interpreted and individuals are reluctant to support the performance management systems if there is no clear return of investment in the form of monetary incentives.

This study clearly indicates that the respondents view the purpose of the system to be to get monetary rewards rather than improving their performance and the performance of the institution as a whole. It would appear that linking performance with financial incentives has really overtaken the intended objectives of improving individual performance. Forty seven percent of complaints in the 2007/08 financial year were from employees in salary level 1-6, the least paid jobholders in the institution, the least educated jobholders and those more likely to join the union. The union representative during the performance disputes tend to be very vocal in their support of their members, especially of any decision that ensures that their members receive a financial reward. Certainly unions are more vocal about monetary incentives than actual performance.

Verwiere and van den Berghe (2005) cite the work of Kohn (2005) when criticising rewards as part of PDMS. They believe that monetary rewards destroy relationships by focusing the system on individual success rather than team success and punishing individuals as it encourages them to be controlled by the thought of pending reward. Monetary awards also destroy innovation in the organisation as success is not guaranteed. De Bruin (2002)

however, supports the view that incentives for performance output should be used to motivate individuals and units to improve in their performance outcomes. Performance measurement rewards outputs and thus provides incentives for performance

Affordability also becomes the priority rather than the actual performance of employee in the hospital environment. Assessment of respondents becomes a trade-off between financial affordability and performance outcome. Each unit is given a budget for cash bonuses for their employees and they cannot exceed their cash bonus allocation. Brown (2008) found similar challenges whereby, requiring institutions to work within an allocated budget limits the success of the system.

The respondent's unhappiness with the system may be due to the fact that employees in the public sector generally feel underpaid. This view becomes evident by the deadlocks over salary negotiations that occur every year. The salary negotiations disputes occur because of the economic difficulties experienced by majority of public servants whose salaries do not meets their basic needs. The disputes are often resolved after long negotiations and strikes by the employees who are members of trade union.

Although the majority of respondents do agree with their supervisors on how they should improve their performance, this is only true for respondents in salary level (1–6). The study finds that salary level (1-6) is the most vulnerable group in the institution. The majority of the respondents in the salary level are

excluded in most of the PDMS process where periodical reviews are not done.

Brown (2008) highlighted that performance management should be coordinated at a senior level in the institution rather than be left to the supervisor and the employee. The hospital policy leaves this as a dual responsibility between the employee and the supervisor. It is possible that the majority of the respondents that are having negative perception of the system. The ultimate outcome of each employee performance, either positive or negative, is critical as it affects the performance of the institution as a whole.

4.8 Recommendations based on the study findings

The negative perception of the employees about the system could be among the reasons for the poor response rate in this study. The following is recommended to improve the implementation process of the system in the institution:

Performance monitoring and review should be done according to the schedule. The employees should not be surprised at the end of the performance cycle that they have not been performing when they have not been counselled to correct their performance.

The implementation of PDMS should be regarded as the sole responsibility of the supervisor rather than a dual responsibility. The implementation of the

PDMS should form part of the key responsibilities of the supervisor as they have the leadership role and authority to ensure that policies are implemented. Their performance output should include at least two midyear reviews and annual reviews of all the employees per area of responsibility of supervisor. Management should have a clear oversight function to the process.

Annual training should be made compulsory for all employees and supervisors. Supervisors should ensure that all employees provide evidence of having attended the training. The training should be conducted in languages that all employees would be able to understand. The training manual should be designed to meet the needs of the employee who are unable to read and write. The training should be conducted at the start of the performance cycle and midyear to coincide with the mid-year performance reviews. Training of all stakeholders will improve the quality of performance reviews and hence improve the overall performance of employees. Supervisors should be included in management skill training that includes induction, giving feedback, and coaching and employee development.

Team building sessions in the institution are recommended to build relationships and improve communication between employees and supervisors. Hazards (2004) recommend that institutions should build and communicate the business rational to personnel as a priority.

Individual performance outputs should complement unit performance. Implementation of the PDMS should be regarded as the core function of the institution to ensure clear priority of the policy that directly affects institutional out-comes. Achievement of institutional goals should be regarded as non negotiable to the supervisors and employees.

The provision of feedback should be the sole responsibility of the supervisor and not a shared responsibility and supervisors should be held responsible, by management, to execute this responsibility. Respondents perceive that their supervisors are not adequately skilled to rate their performance and this might improve with regular training.

Rotating employees through different work places has a negative impact on the continuity of monitoring and support of employees. Therefore rotations should be done at the beginning of the performance cycle only. Rotations during the performance cycle should be limited to those absolutely necessary. Ensuring minimum staffing levels for all categories of staff will prevent unplanned rotations.

Supporting supervisors to improve the performance of employees creates an opportunity to mend past implementation challenges. Improving the working relationship with the employees can create an opportunity to improve future policy implementation. The managers in the institutions should be role models for the supervisors with regard to the implementation of the system. Managers

should play a critical role in the implementation of the system as performance management is an integral part of their responsibilities.

The majority of staff regard the PDMS as a means to receive additional money hence 28% of complaints are about cash bonuses. Cash bonuses serve as the carrot for staff to improve service delivery. However this suggests that the system is no longer serving its purpose but only creates conflict and dissatisfaction among the staff. It is therefore recommended that the monetary incentives should not form part of system. The de-linking of cash bonuses from the system would ensure that staff focuses on issues that improve service output. A new incentive system should be explored in the future PDMS policy reviews in consultation with the employees and labour unions. The policy review on the incentive of the employee may needs to explore team performance incentive

4.9 Conclusions

The effective implementation of the PDMS system is crucial in maintaining efficiency and effectiveness of public service. Changing the PDMS policy is the competency of the provincial department of health. However, these findings will be submitted as the grassroot inputs to the policy review. The institution will implement all the recommendations that are identified as gaps in the processes of the systems. The success of the implementation of the policy lies within the willingness and commitment of all the employees and the supervisors in all units and section in the institution. The effective

management of the system will ensure that the institution improves in their performance output and the users of service become the ultimate winner.

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Appendix 1. Questionnaire

PARTICIPANTS INFORMATION SHEET AND CONSENT

Dear Respondent.

The hospital is implementing Performance Management System to motivate and reward the good performance according to the Provincial policy. The Performance Management System is a good initiative of the Public Sector to manage performance of employees. It is important to regularly review the implementation performance management system and maximize the benefit of the system by improving on any challenges and gaps of the implementation process.

Main aim of the study

To identity why there are challenges to the implementation of performance management system in the hospital

Purpose of the research

The purpose of the research is for the fulfillment of the requirement for completion of Masters in Public Health (Hospital Management) with the University of Witwatersrand. The results of the research will be used to improve management of performance management system in the institution.

Participation in the completion of question

Participation is voluntary, and refusal to participate or withdraw at any time will involve no penalty or loss of benefit which participants is entitled.

Your identity will be kept anonymous and no attempts will be made to link individuals with the response given in the questionnaires. Do not put your name or unit or section where you are working.

The research is conducted in line with Standards Research Ethics requirement of the University of Witwatersrand and the approval by the Free State, Department of health.

Expectation from the participants

Completion of the questionnaires will take approximately 15 minutes to complete.

Please read question carefully and provide answers as truthful as you can by writing or crossing or circle the best response to the question in the box provide

Please return the completed responses in closed envelopes to the designated Deposit boxes marked "**Returns of Research Questionnaires** "in the hospital.

If you have any question regarding this questionnaire please contact the following for assistant.

D.S Ntsutle: 058-7183 201 or 0833817567 or **Me Mokobocho: 058-718 3202**

Your participation will be appreciated.

1

1. Demographic information

1.1 Sex

Male	female

1.2 How long have you worked in your current hospital:

1.3 My salary level or notch lies between the following salary ranges.

1-6	7-9	10-12

2 .Performance management Planning

2.1 Are you satisfied with the implementation of Performance Management System in this hospital?

Yes	No

2.2 Mofumahadi Manapo Mopeli Regional Hospital has clear business plan.

Yes	No

2.3 My performance expectations are linked to the business plan.

Yes	No

2.4 I am clear about the results I am expected to achieve in my job

Yes	No

2.5I am clear about the behaviors that I am expected to demonstrate in my job.

Yes	No

2.6 My immediate supervisor and I worked together to plan my performance expectations.

Yes	No

2.7Have you received any training on performance management system in the previous performance cycle?

Yes	No

3 .Performance monitoring and support:

3.1 Did you have performance reviews with your supervisor within the performance cycle?

Yes	No

3.2 How often did you have performance review in the last performance cycle?

once	twice	thrice	N/A

3.3 My supervisor has a good understanding of my job.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

3.4 There is honest and clear communication with my supervisor during the performance reviews

2

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

3.5 My supervisor gives me support I need to accomplish my performance expectations.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

3.6 My supervisor gives me feedback on how I am doing toward achieving the results I am expected to accomplish during the performance reviews.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

3.7 My supervisor gives me feedback on how I am doing with regard to behaviors I am expected to demonstrate on the job.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

4. Performance Review:

4.1 I have a clear understanding of how my performance is evaluated.

Strongly disagree	Disagree	Not sure	Agree	Strongl y agree

4.2 The factors against which performance as evaluated were of real importance in performing the job.

Strongly disagree	Disagree	Not sure	Agree	Strongl y agree

4.3 The overall performance rating accurately reflected the results I have achieved.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

4.4 The way in which performance management system is being handled at present had a positive influence on my performance.

Strongly disagree	Disagree	Not sure	Agree	Strongly agree

4.5 Agreement was reached about aspects of my performance that could be further improved.

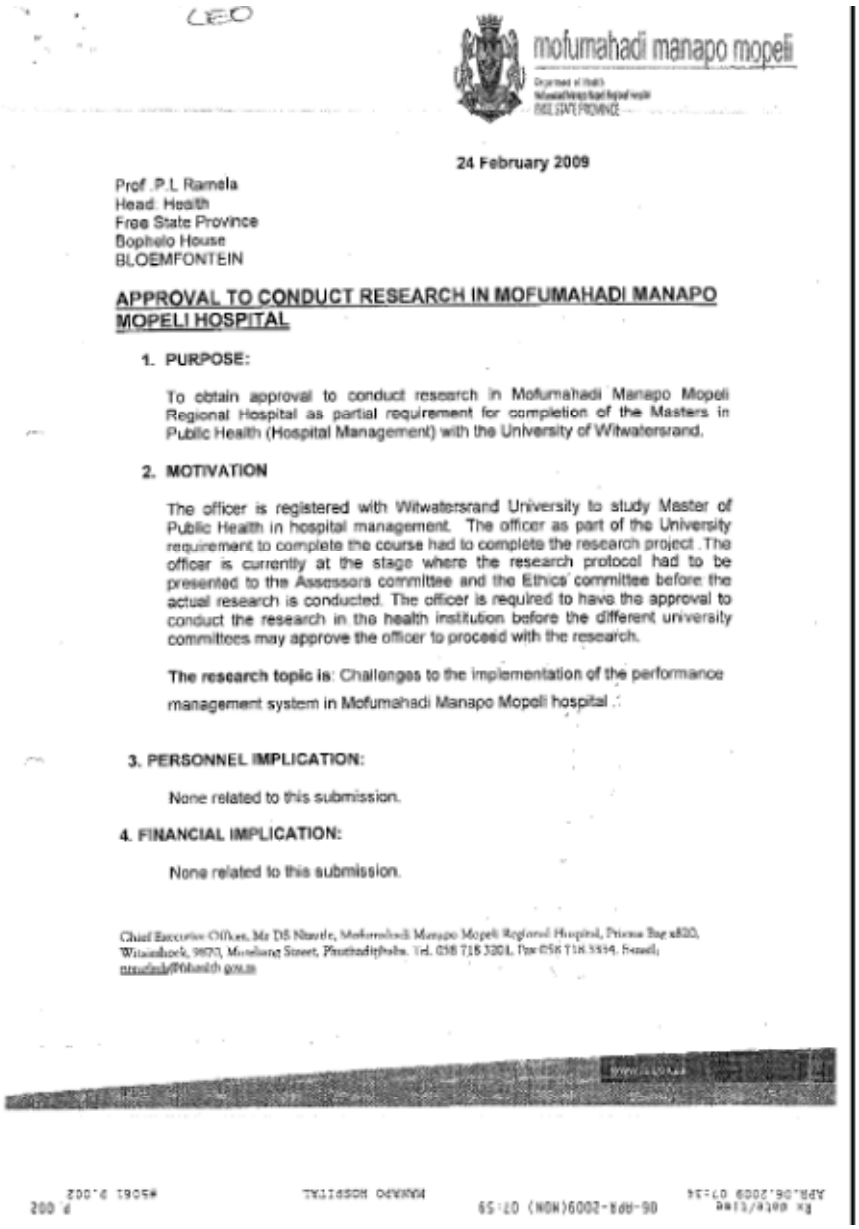
Strongly disagree	Disagree	Not sure	Agree	Strongly agree

4.6 Overall how do you rate your experience of performance management in Mofumahadi Manapo Mopeli Regional Hospital?

Very bad	Bad	Not sure	Good	Very good

Thank you for completing this questionnaire

Appendix 2. Permission to conduct research.



CEO

mofumahadi manapo mopeli

Department of Health
Mofumahadi Manapo Mopeli Regional Hospital
FREE STATE PROVINCE

24 February 2009

Prof .P.L Ramela
Head: Health
Free State Province
Bophelo House
BLOEMFONTEIN

APPROVAL TO CONDUCT RESEARCH IN MOFUMAHADI MANAPO MOPELI HOSPITAL

1. **PURPOSE:**

   To obtain approval to conduct research in Mofumahadi Manapo Mopeli Regional Hospital as partial requirement for completion of the Masters in Public Health (Hospital Management) with the University of Witwatersrand.

2. **MOTIVATION**

   The officer is registered with Witwatersrand University to study Master of Public Health in hospital management. The officer as part of the University requirement to complete the course had to complete the research project .The officer is currently at the stage where the research protocol had to be presented to the Assessors committee and the Ethics committee before the actual research is conducted. The officer is required to have the approval to conduct the research in the health institution before the different university committees may approve the officer to proceed with the research.

   The research topic is: Challenges to the implementation of the performance management system in Mofumahadi Manapo Mopeli hospital .

3. **PERSONNEL IMPLICATION:**

   None related to this submission.

4. **FINANCIAL IMPLICATION:**

   None related to this submission.

Chief Executive Officer, Mr DS Ntsele, Mofumahadi Manapo Mopeli Regional Hospital, Private Bag x820, Witsieshoek, 9870, Mooiplaas Street, Phuthaditjhaba. Tel. 058 718 3304. Fax 058 718 3559. Email, ntseleds@fshealth.gov.za

Fax date/time
APR.06.2009 07:54
06-APR-2009(MON) 07:59
MANAPO HOSPITAL
#5061 P.002
P.002

Appendix 3. Ethics Clearance Certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)
R14/49 D.S Ntsutle

CLEARANCE CERTIFICATE	**M090460**
PROJECT	Implementation Challenges of Performance Management System in Mofumahadi Manapo Mopeli Regional Hospital
INVESTIGATORS	D.S Ntsutle.
DEPARTMENT	School of Public Health
DATE CONSIDERED	09.04.29
DECISION OF THE COMMITTEE*	Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 09.07.03 **CHAIRPERSON** .....
(Professor P E Cleaton Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Dr J Moorman

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University.
I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES...