Experiences of professional nurses with regard to performance assessment at the Polokwane Mankweng Hospital Complex in the Polokwane Municipality, Capricorn District of the Limpopo Province

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DECLARATION

I declare that the dissertation hereby submitted to the University of Limpopo (Turfloop Campus) for the degree Master Curationis has not been previously been submitted by me for a degree at this or any other institution, is my own work in design and execution, and all material used has been duly acknowledged in both the text and in the list of references.

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M. O. Mbombi (Mr.) Date

DEDICATION

The study is dedicated to my parents, William Magezi Mbombi and Modjadji Sarah Baloyi; my sons, Hlulani Henry Mandlazi and Siyabonga Moses Madiba; and also to all the healthcare managers and professional nurses in the Limpopo Province of South Africa.

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DEFINITION OF CONCEPTS

Performance Assessment

Performance assessment is a process, typically performed annually, by a supervisor for a subordinate. It is designed to assist employees with understanding their roles, objectives, expectations and performance success (Snell & Bohlander, 2007). In this study, *performance assessment* refers to the process that is carried by the nurse manager to evaluate a professional nurse's performance in relation to the set objectives of the tertiary hospital campus in the Limpopo Province, South Africa.

Professional Nurse

A *professional nurse* is a person who is qualified, registered and competent to independently practise comprehensive nursing; who is capable of assuming responsibility and accountability for such practice to the level prescribed by the South Africa Nursing Council (SANC, 2008). In this study, a *professional nurse* means a nurse who is registered at the SANC, employed at a tertiary hospital campus and whose performance is assessed by nursing managers.

Implementation

Implementation refers to the carrying out, execution, or practice of a plan, a method, or any design for doing something (Heidenthal, 2003). In this study, *implementation* means the carrying out of the performance assessment process with the professional nurses by a nurse manager.

Nurse Manager

Nurse manager refers to a nurse who coordinates and manages the nursing staff members by ensuring that the staff members are performing effectively and efficiently around the clock, while following all administrative and clinical procedures and policies (Bianca, 2010). In the study, *nurse manager* means a professional nurse who is appointed to the position of area and operational nurse manager, and who has to assess professional nurses' performance while working at a tertiary hospital campus.

ABSTRACT

The implementation of a Performance Management System (PMS) and its impact on the professional nurses have never been evaluated and, therefore, the experiences of professional nurses are not known. The purpose of this study was to explore and describe the experiences of professional nurses with regard to performance assessment at the Polokwane Mankweng Hospital Complex. Upon obtaining the clearance to conduct the study from the Medunsa Reseach and Ethics Committee, permission to conduct the study was granted by the Department of Health.

A qualitative research approach was used by applying the principles of a phenomenological, exploratory, descriptive and contextual design. Data were collected from fourteen (14) professional nurses by using unstructured face-to-face interviews. Data were audio recorded and field notes were also written. Trustworthiness was ensured by applying the Lincoln and Guba's criteria. Transferability was ensured by utilizing purposive sampling to include participats. Confirmability was ensured by by collecting data from thr participants who have experience on the problem studied. Data were analysed qualitatively by using Tech's open coding method. The results indicated that there was conflict between the nurse managers and professional nurses that was arising from dissatisfaction with the assessment rating and scores allocated. Professional nurses complained about unfair ratings, stating that scores were based on personality and not performance. Those professional nurses who were obtaining high scores were perceived as the nurse managers' favourites. Professional nurses called for a change in or review of the method of performance assessment. The results indicated that nurse managers were lacking knowledge about performance assessment and, therefore, feedback about performance were not given.

It is recommended that on-going training of the nurse managers and a change in the method of assessment will remedy the situation.

LIST OF ABBREVIATIONS

DPMS	Departmental Performance Management System
H.O.D.	Head of Department
LDoH	Limpopo Department of Health
LDoHRC	Limpopo Department of Health Research Committee
LPDoHSD	Limpopo Provincial Department of Health and Social Development
MREC	Medunsa Research Ethics Committee
PMS	Performance Management System
PSR	Public Service Regulation
SANC	South African Nursing Council
WHO	World Health Organization

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CHAPTER 1
OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Performance assessment has been used in the health professions for centuries (Grote, 2002). Dozens of studies about psychometric characteristics have been reported over the past several decades. During that period, the health professions have seen a variety of performance-based assessment methods come and go, and some hard lessons have been learnt from the many studies and frequent missteps (Grote, 2002). Performance measurement is widely accepted in the public health sector as an important management tool that is supporting programme improvement and accountability. However, several challenges impede developing and implementing Performance Measurement Systems (PMSs) at the national and hospital healthcare levels, including the complexity of public health problems that reflect multiple determinants and involve outcomes that may take years to achieve (DeGroff, Schooley, Chapel & Poister, 2010). The decentralised and networked nature of public health programme implementation, lack of reliable and consistent data sources, and other issues related to measurement also impede performance measurement (DeGroff, et al., 2010).

A study conducted by Vasset (2010) in Maine and Maryland proves the effectiveness of performance assessment by changing mathematics teaching under conditions of moderate and low stakes. The effectiveness of the performance assessment process can be achieved when the professional nurses' and nurse managers' knowledge about performance assessment can be broadened by the provision of adequate training and development (Grote, 2002).

The World Health Organization (WHO) (2003), at Regional Office of Europe, launched a project in 2001 aiming at developing and disseminating a flexible and comprehensive tool for the assessment of hospital performance. The project is referred to as the performance assessment tool for quality improvement of care in hospitals. The WHO (2003) outlines that the project aims at supporting hospitals with assessing the performance, questioning the own results, and translating the results into actions for improvement, by providing hospitals with tools for performance assessment and by enabling collegial support and networking among participating hospitals. A survey, conducted by WHO (2003) in twenty European countries,

indicates a scrutiny of more than a hundred performance indicators with regard to worldwide experiences of hospital performance assessment. The scrutinised performance indicators for hospitals by the WHO have resulted in the identification of six dimensions for assessing hospital performance: clinical effectiveness, safety, patient-centrism, production efficiency, staff orientation and responsive governance. Many governments in Europe and elsewhere in the world have initiated hospital performance assessments that are based on the above dimensions; motivated by objectives, such as supporting professionals with quality management, improving accountability of hospital boards, or informing the public (WHO, 2003).

In South Africa, the Public Service Regulation (PSR) has been introduced by the National Government in 2001; the Performance Management System (PMS) is also included in this regulation. This PSR directs the development and implementation by all national government departments of their Departmental Performance Management System (DPMS). The regulation stipulates that all provincial executive authorities are to develop a PMS for the improvement of professional nurses' performance. The PSR also stipulates that the government departments are to use a single instrument to assess the performance of, for instance, professional nurses. According to the PSR, each government department has to develop an instrument that suits its particular needs for performance assessment (South African Government, 2004). The South African Government has introduced the PMS with an aim of providing a fair and equitable basis for identifying under-performance and rewarding good performance (South African Government, 2004).

The Limpopo Provincial Department of Health and Social Development (LPDoHSD) has introduced the PMS in 2002 as a result of the command by the national directives of the Public Service Regulation. The provincial department has implemented an annual PMS for assessing, monitoring and evaluating the performance of professional nurses at the healthcare institutions. This PMS is based on the Public Service Regulations of 2001 (Limpopo Provincial Government, 2004). The Limpopo Provincial Government (2004) has developed instruments, such as a work plan instrument for nurse managers and a standard framework for professional nurses that can be utilised during the performance assessment of professional nurses at all institutions.

Performance assessment has been initiated in 2002 at the Polokwane Mankweng Hospital Complex following the requirements by the Limpopo Provincial regulations for performance assessment (Limpopo Provincial Government, 2004). At the Polokwane Mankweng Hospital Complex, performance assessment of professional nurses is conducted by nurse managers in accordance with the provincial regulations. The performance assessment of professional nurses by nurse managers is conducted on a quarterly basis during the financial year during the month subsequent to the end of each quarter. A professional nurse in a specific unit is supposed to be assessed by the same nurse manager for a period of a year in order to ensure continuity of the performance assessment. Professional nurses who perform well during the assessment are rewarded financially and those nurses who perform poorly are subjected to staff development processes (Limpopo Provincial Government, 2004).

1.2 PROBLEM STATEMENT

The Limpopo Provincial Department of Health and Social Development (DoHSD) has introduced the PMS for hospital professional nurses in 2002 following the request by the national regulations of the Public Service Regulation (Limpopo Provincial Government, 2004). The department stipulates that healthcare institutions must implement the PMS for measuring professional nurses' performance. At the Polokwane Mankweng Hospital Complex, PMS has been implemented in 2002. The implementation of PMS and its impact on the professional nurses have never been evaluated and, therefore, the experiences of professional nurses are not known. It is important to understand the experiences because if these experiences are negative, the PMS will defeat the very purpose it has been introduced to address. This study, therefore, seeks to explore the experiences of professional nurses with regard to the PMS.

1.3 PURPOSE OF THE STUDY

The purpose of this study was:

- To establish the experiences of professional nurses with regard to performance assessment at the Polokwane Mankweng Hospital Complex, Polokwane Municipality.

1.4 RESEARCH QUESTIONS

The following research question guided the researcher during the study:

- What are the experiences of professional nurses with regard to performance assessment at the Polokwane Mankweng Hospital Complex in the Polokwane Municipality, Capricorn District of the Limpopo Province?

1.5 OBJECTIVES OF THE STUDY

The objectives of this study were to:

- Explore the experiences of professional nurses with regard to performance assessment at the Polokwane Mankweng Hospital Complex in the Polokwane Municipality, Capricorn District of the Limpopo Province.
- Describe the experiences of professional nurses with regard to performance assessment at the Polokwane Mankweng Hospital Complex in the Polokwane Municipality, Capricorn District of the Limpopo Province.

1.6 LITERATURE REVIEW

Inadequate preparation by managers can result in ineffective performance assessment, especially when there is no conducive environment for conducting the interviews. Insufficient time for discussion and allowing interruptions during the interviews create complications for the performance assessment (Snell & Bohlander, 2007). Performance assessment requires considerable preparation to fully explain the details of assessments to all newly employed employees during the induction process (Tyson, 2006). Formal arrangements for performing assessment should meet the needs and the objectives of the organisation (Grote, 2002). Taylor (2008) explains that the time frame of the assessment interviews should be determined before commencement of the interviews, since it will afford employees an opportunity to fully participate in the process.

Unclear objectives and standards for the performance assessment result in a poor assessment process, particularly for output-based assessments because the organisations use the

objective–setting as the basis for performance management system (Taylor, 2008). Problems can occur when the objectives and standards are not congruent to the organisational politics (Bezuidenhout, Garbers & Potgieter, 2007).

Lack of assessment skills by the managers often creates difficulties for performance assessment when managers are rating personality instead of performance; it results in inconsistence ratings (Grote, 2002). Grote (2002) further explains that poor evaluation skills often increase the manager's fear to conduct the assessments interviews. Lack of feedback giving skills is the product of no follow-ups and coaching of employees after the assessment interviews have been conducted (Bezuidenhout, Garbers & Potgieter, 2007). Taylor (2008) argues that the above-mentioned problems can be eliminated by effective assessment training and by regulating the evaluation of performance assessment in practice. Taylor (2008) explains that the training should include the basic assessment skills, the need to prepare thoroughly and the need to avoid passing judgment about any aspect of an employee`s personality that does not relate to performance. The line managers should be given training in the required skills, attitudes and site knowledge that is required for fair performance assessment (Grote, 2002 & Tyson, 2006).

Fear of losing the collegial relationship between managers and employees results in a poor rating system during the assessment process (Bezuidenhout, Garbers & Potgieter, 2007). Managers rate employees on the basis of their personal relationship rather than the objective measurement of their competencies and abilities (Stredwick, 2005). Managers find it difficult to give bad ratings to their employees while facing employees and justifying their criticism during assessment interviews; consequently, the managers simply give average ratings on a scale in the hope that employees will improve anyway (Grote, 2002 & Tyson, 2006).

Performance assessments provide employees with feedback, usually at least once a year about their performance, which lead to reduced errors and waste, increased productivity, improved quality and services for customers (Nickols, 2007).

Whiting, Kline and Sulsky (2008) outline that the employees view the performance assessments as fair when they have a chance to influence the outcomes by fully participating in the assessment process. The fairness increases when assessors appear to know the

subordinates' performance levels and job roles. Supervisors do not give clear and thorough feedback despite the fact that some employees perceive feedback as a reward (Vasset, 2010).

Performance assessments provide a means of identifying employees who are suitable for promotion and of deciding how their abilities may best be employed in the interests of the organisation and of the respective individual employees (Tyson, 2006). Performance assessment is used for identifying employees' strengths and weaknesses and determining the developmental needs of employees (Price, 2007). Morale and communication and between supervisor and subordinates are improved. Consequentially, an understanding of the objectives of the job is reached (Bezuidenhout, Jooste & Muller, 2006; Bavanthappa, 2009).

A study conducted with British managers at the UK Institute of Employment Studies (IES) indicates that performance assessment has a limited impact on the business in general because performance assessment gets conducted to pinpoint staff training requirements, identify good performance and take action for addressing poor performance (Robinson, Strebler & Bevan as quoted by Price, 2007). The human resource department and line managers have lost the aim of performance assessment by being more concerned about tweaking performance assessment forms and software rather than focusing on how the results from the assessment process can improve performance (Armstrong & Ward as quoted by Price, 2007).

Although it is difficult to achieve, effective communication between the professional nurses and nurse managers during performance assessment is a very important aspect. The existing differences between the nurse managers and professional nurses affect the productivity of the hospitals; it should be managed as such (Klopper, 2011). Klopper (2011) also explains that hospital nurse managers lack the skills for providing feedback to the professional nurses with regard to health issues that are impacting the performance of nurses. The hospitals experience a continuous challenge of implementing a fair and consistent assessment process for the employees, and it impacts the performance of the employees (Rudolph, Simon, Raemer & Eppich, 2008).

From the management perspective, the change by the government in implementing the performance management system is creating conflict between management and employees. The call for this implementation originates from a need for increasing the productivity of

hospitals and satisfying the patients. In turn, this need affects the employees who are providing the service (Melnyk, Stewart & Swink, 2004). Nurse Managers are not trained about the issues of counselling the professional nurses during performance assessment in order to assist them with developing realistic abilities and potentials, exploring the course of action to solve a problem, and supplying a source of assistance (Kavanagh & Thite, 2009). Coaching and counselling are lacking during the performance assessment process. These issues are impeding the professional nurses' knowledge with regard to ratings. Coaching and counselling will also assist nurse managers and professional nurses during the discussion of performance results (Roussel, 2012).

1.7 RESEARCH METHODOLOGY

The qualitative research approach is used in this study. Qualitative research is a research approach which describes and analyses the human experiences (Hansen, 2006). The qualitative research method has been chosen because it seeks to understand the meaning and interpretation of human experience while interacting with situations or events.

1.7.1 Research Design

A phenomenological, exploratory, descriptive, contextual design is used in this research study. Phenomenology is a methodological approach that is interested in people's experiences with regard to the phenomenon under study and how they interpret their experiences (Hansen, 2006). In this study, the researcher explored the experiences of professional nurses with regard to performance assessment, this was achieved through providing an opportunity to participants to explain their experience during performance assessment is carried out.

An exploratory research design aims at moving beyond description by identifying the ideas and assumptions behind the phenomenon which have been previously described. The design explores the concept in depth and in as loose and unstructured way as possible with the purpose of arriving at a description of an experience (Gerrish & Lacey, 2006). The researcher asks a central question which is followed by probing in order to get in-depth information about the phenomenon that is being studied.

Descriptive designs aim at gaining new facts about the situations, people, activities or frequency of certain events. The purpose is to provide a picture of situations as they naturally happen without the researcher making any attempts to influence the participants' responses (Gerrish & Lacey, 2006). The participants are given an opportunity to describe performance assessment as it is implemented at Polokwane Mankweng hospital complex. The descriptive design assists the researcher to gain a full view of the phenomenon by allowing the participants to describe the process of performance assessment during unstructured interview sessions.

The data are collected in a particular context (Gerrish & Lacey, 2006). For the support and comfort of the participants, this study took place in a naturally, uncontrolled and real life environment. The study was conducted at a Polokwane Mankweng hospital complex of the Polokwane Municipality, Capricorn District of the Limpopo Province in South Africa.

1.7.2 Population and Sampling

The population of this study were all professional nurses who were working at a Polokwane Mankweng Hospital Complex. This study used non-probability, purposive and convenience sampling method to select the participants. The researcher sampled the professional nurses who have been assessed by nurse managers during performance assessment. The professional nurses were purposively selected from the following nursing care units: Theatre, ICU, Surgical, Orthopaedic, Medical, Labour, Gyanecology, Neonatal and Postnatal, where two participant(s) from each unit is/are included with the purpose of reaching data saturation.

1.7.3 The inclusion criteria are:

Professional nurses; with more than four years' experience in the hospital setting and working in the Theatre, ICU, Surgical, Orthopaedic, Medical, Labour, Gyanecology, Neonatal and Postnatal units were included in the study, because these professional nurses have been assessed more than twice.

1.7.4 Data Collection

Unstructured face-to-face interviews are conducted because it resembles a normal conversation with the interest of understanding the experiences of professional nurses.

Unstructured face-to-face interviews are interviews that are conducted without any set research questions (Hansen, 2006). Unstructured interviews allow the researcher and the participants to explore issues (De Vos, et al., 2005). One central question: “Describe your experience of performance assessment?” was asked to all the participants during one-on-one interviews.

1.7.5 Measures to ensure trustworthiness

The four criteria for trustworthiness as outlined by Lincoln and Guba (as quoted by De Vos, et al., 2005) are used to establish the trustworthiness of the study.

Credibility

Credibility was ensured by prolonged engagement in the study, the use of audio recordings to record the data and taking of field notes during unstructured interviews (Babbie & Mouton, 2009).

Dependability

Dependability was ensured by the use of an inquiry audit since the researcher kept field notes after data collection for auditing purposes (Babbie & Mouton, 2009). A detailed description of the research method is provided in Chapter 2 of this study.

Transferability

Transferability was ensured by providing a thick, full description of the research method and design of the study. Purposive sampling was used to select the sample with an aim of seeking a maximised range of specific information for ensuring transferability (Babbie & Mouton, 2009).

Confirmability

Confirmability was ensured by the use of a confirmability audit during which the researcher examined the interpretations, conclusions and recommendations of the findings from raw

data. The raw data are available in the form of field notes and audio recordings that are gathered during data collection (Babbie & Mouton, 2009).

1.7.6 Data Analysis

Techs' open coding method of qualitative data analysis is used in this study. Open coding is the part of analysis that pertains specifically to the naming and categorising the themes of a phenomenon by closely examining the collected data. During open coding, the data are condensed into discrete parts; closely examined, and compared for similarities and differences; and questions are asked about the phenomenon as reflected in the data (De Vos et al., 2005).

Audio recorded data were transcribed verbatim on paper. The transcripts were organised into files and clearly marked or labelled by numbers and markers. A careful line-by-line, paragraph-by-paragraph and an entire text reading of all the relevant transcripts was conducted for becoming familiar with the data. The researcher seeks to understand the content of data and language characteristics of the participants. The phrases, lines, sentences or paragraphs were coded with different colours and numbers with the purpose of searching for similarities, differences, categories, themes, concepts and ideas. General themes or sub-themes were identified with the aim of reducing data into small and manageable sets of themes that facilitated interpretation and writing up of the final report (De Vos et al., 2005). The researcher then summarized data in a written form, and integrated data within each category and themes by using charts and diagrams. Interpretation was conducted to identify the ways in which emerging themes and sub-themes and connections in relation to one another. The themes were discussed and argued to substantiate a particular point of view, and the point of view was established according to the research questions (De Vos et al., 2005).

1.7.7 Reporting and utilisation of results

Reporting includes preparation of a written report, which contains all the units of successfully completed research. The format of reporting the research results depends on the nature of the study and the type of data collected (Gerrish & Lacey, 2006). The research results were reported in textual format with categories and themes. Meetings have been arranged with the

Department of Health and Social Development, as well as the relevant healthcare institutions with the purpose of presenting the findings and the recommendations of the study.

1.8 SIGNIFICANCE OF THE STUDY

Performance assessment is important in any activity, especially one that deals with improving the lives of people. Hospitals and clinics are important places where people go to seek both physical and mental healing. It is, therefore, crucially important that those employees who provide services to people are assessed for quality, as well as quantity of services that are being supplied to the public. The study suggests ways of implementing PMS in a way that satisfies the professional nurses.

The findings of the study will assist the healthcare institution managers to follow the regulations and to be consistent when conducting the performance assessments of professional nurses. The study also contains recommendations for the improvement of the national regulations of performance assessments.

1.9 ETHICAL CONSIDERATIONS

The following ethical standards were adhered to while conducting the study:

Permission to conduct the study

The research proposal was sent to the Medunsa Research and Ethics Committee (Appendix C). Permission to conduct the study was requested from the Limpopo Department of Health and Social Development Research Committee (Appendix D), the CEO and the clinical manager of the tertiary hospital complex (Appendix E).

Informed consent

Informed consent was obtained from the respondents before they took part in the study. Emphasis was placed on giving accurate and complete information for enabling participants to fully comprehend the investigation and, consequently, to make a voluntary decision about their possible participation in the study (De Vos et al., 2005). The informed consent forms

were signed by the participants after the researcher had explained the goal of the research study; the procedures during the study; and the possible advantages, disadvantages and dangers to which participants might be exposed to. Participants were informed that they were not forced to participate and they could withdraw from participating from the study at anytime.

Privacy and confidentiality

The participants were assured that all collected data would not be disclosed to any unauthorised person without their permission. However, the data were made available to the study supervisors and the independent coder (De Vos et al., 2005). All information collected would be stored for five years in a safe area (locked in a university office and in password protected computer files) after data analysis and interpretation had been completed to maintain confidentiality. The participants were interviewed in a private room. The researcher was ensuring that participants did not mention their names during the interviews by allocating a different number to each participant.

Principle of autonomy

The right to self-determination implied that individuals had the right and competence to evaluate available information, weigh alternatives against one another and make their own decisions. The researcher did not withhold information or offer incorrect information to the participants when recruiting them to participate in the study (De Vos, et al., 2005).

Justice and avoidance of harm

Participants were assured that they would not be subjected to either physical or emotional harm. The researcher protected the participants from any form of physical and emotional discomfort that might have emerged from the research study by giving the participants thorough information about the impact of the study (De Vos, et al., 2005).

The researcher ensured that all participants are treated equally. The same information was disseminated to all the participants.

CHAPTER 2
RESEARCH METHODOLOGY

2.1 INTRODUCTION

This chapter explains the research methodology used in the study. A qualitative research method is discussed, as well as the comprehensive phenomenological, exploratory, and descriptive research design chosen for the study. This chapter discusses the required nature of participants for the study, as well as the method used to select the participants. The measures to ensure trustworthiness of data and the way in which the rights of participants have been protected are discussed.

2.2 QUALITATIVE RESEARCH METHOD

A qualitative research approach was used in this study. Qualitative research is an approach which describes and analyses the human experiences (Hansen, 2006). The qualitative research method has been chosen because it seeks to understand the meaning and interpretation of human experience that is given to the situations or events (Welman, Kruger & Mitchell, 2005). Welman, Kruger and Mitchell (2005) further describe a qualitative research method as an approach aimed at establishing the socially constructed nature of reality, at stressing what relationship the researcher and the object of study has, and at emphasising the subjectivity nature of the enquiry. The qualitative research approach had been used to understand the experiences of professional nurses with regard to performance assessment. The researcher used unstructured interviews with the purpose of enhancing the relationship with the professional nurses while collecting data about performance assessments.

2.3 RESEARCH DESIGN

A phenomenological, exploratory, and descriptive design was used in this study in order to explore the experiences of professional nurses with regard to the performance assessment process at the Polokwane Mankweng Hospital Complex. Participants were given the opportunity to describe how the process of performance assessment was conducted by the nurse managers at the Polokwane Mankweng Hospital Complex in the Limpopo Province.

Phenomenological research design

Phenomenology is a methodological design that is interested in people's experiences with regard to the phenomenon under study and how they interpret their experiences (Hansen, 2006). Welman et al., (2005) further describe the aim of a phenomenological research design to focus on the understanding of the social and psychological phenomena from the perspective of the people who are intimately part of the phenomena. In this study, the researcher aimed at exploring and describing the experiences of professional nurses with regard to performance assessment process at the tertiary hospital complex. The researcher also wanted the professional nurses to interpret their experiences with regard to performance assessment.

Explorative research design

An exploratory research design aims at identifying the ideas and assumptions behind the phenomenon that have been previously described. The design explores the concept in-depth in as loose and unstructured way as possible to arrive at a description of an experience (Gerrish & Lacey, 2006). The researcher asked a central question in order to be able to explore in-depth ideas that professional nurses held about the process of performance assessment. The researcher used listening, reflecting and probing skills after each response from the professional nurse in order to explore the concept in detail. By using listening skills, the researcher was able to maintain continuous interaction with the participants and obtained clarity and meaning about phenomena under study. The researcher followed up with questions about the participants' comments in order to gain more clarity and meaning. The researcher repeated some key words used by the participants with the purpose of stimulating them to supply more information.

Descriptive research design

A descriptive design aims at gaining new facts about the situations, people's activities or frequency with which certain events occur. The purpose is to provide a picture of situations as they naturally happen without the researcher making any attempts to influence the responses of participants (Gerrish & Lacey, 2006). The participants were given an

opportunity to describe their experiences with regard to the performance assessment process as implemented by the nurse managers at the Polokwane Mankweng Hospital Complex.

2.4 POPULATION AND SAMPLING

A population is the total number of entities sharing the same characteristics and consists of individuals, groups, organisations, human products and events or the conditions to which they are exposed (Welman et al., 2005). The population is chosen in close relation to the study problem. The population of this study was all professional nurses who were working at the Polokwane Mankweng Hospital Complex and who were assessed during the performance assessments process.

Sampling is defined as the method of selecting a minor section of the population (De Vos, Strydom, Fouché & Delport, 2005). This study used non-probability, purposive and convenience sampling method to select the participants. Non-probability refers to the odds of selecting a particular individual that are not known, since the researcher does not know either the population size or the members of the population (De Vos et al., 2005). Purposive sampling is based on the judgment of the researcher, since the sample is composed of elements that contain characteristics that are of interest for the phenomenon studied (De Vos et al., 2005).

Convenience sampling involves the choice of readily available participants for the study (Brink, Van der Walt & Van Rensburg, 2012). While selecting the sample, the researcher held a meeting with the professional nurses in the different units at one campus of the Polokwane Mankweng Hospital Complex. The researcher explained the aim of the study to the unit nurse managers and asked for the staff establishment of the different units. The staff establishment was then studied to check who were meeting the selection criteria of the study. The professional nurses who met the selection criteria were then selected based on their availability. The researcher used the maximum of two professional nurses in a particular unit because the hospital complex had many units. Furthermore, it gave all the other units an equal chance of participating in the study. The professional nurses who were purposively and conveniently selected from the staff establishment were interviewed in private cubicles and they represented the following nursing care units: Theatre, Intensive Care, Surgical,

Orthopaedics, Labour, Gyanecological, and Neonatal, where two or more from the units were included until data saturation was reached.

Inclusion criteria

All professional nurses who had been assessed more than twice and with knowledge about the performance assessment process, and who had been working at the hospital for more than four years were included in the study.

2.5 STUDY SITE

The study was conducted in a naturally, uncontrolled, real life environment. The study was conducted at the Polokwane Mankweng Hospital Complex of the Polokwane Municipality, Capricorn District of the Limpopo Province in South Africa. The Polokwane Mankweng Hospital Complex is a tertiary hospital that is catering for all patients who are transferred from various clinics, primary and secondary hospitals in the Limpopo Province. The hospital complex has two hospital campuses which are Mankweng and Polokwane. The study took place at the Mankweng Hospital Campus. Mankweng Hospital is situated 30 kilometres from the Polokwane city centre.

2.6 PILOT STUDY

A pilot study is a minor study which entails administering the instrument to a limited number of participants from the same population for which the eventual project is intended (Welman et al., 2005). A minor study is conducted prior to a major piece of research to determine whether the methodology, sampling, instruments and analysis are adequate and appropriate (De Vos et al., 2005). Welman et al. (2005) and De Vos et al. (2005) explain that a pilot study is more rigorous because it aims at detecting possible flaws in the measurement procedures, such as inadequate time allocation; identifying unclearly formulated items; and providing an opportunity for the researchers and assistants to observe non-verbal behaviour.

The Polokwane Mankweng Hospital Complex was used to conduct a pilot study in order to investigate the feasibility of the main study and to detect the possible flaws of data collection instruments (Brink, et al., 2012). Sections involved in the pilot study included the eye clinic,

eye theatre and eye ward. Seven professional nurses with more than four years experience and who had been assessed at least twice were used to test the data collection tool. These professional nurses were excluded from the main study. The results of the pilot study indicated a need for probing while collecting data. The results also indicated the need for time management during data collection. No challenges were observed with regard to the methodology and sampling method. The identified shortcomings were attended to while conducting the main study.

2.7 PREPARATION FOR DATA COLLECTION

Medunsa Research Ethics Committee (MREC) gave clearance for the study to be conducted. The Limpopo Department of Health Research Ethical Committee gave permission for the study to be conducted at the Polokwane Mankweng Hospital Complex. The researcher first contacted the hospital manager with the aim of building rapport, to discuss the involvement of the participants in the study and to inform the manager about planned dates for collection of data. The researcher also defined the purpose of the study and supplied them with the approval letter from the MREC and the permission letter to collect data from the Limpopo Department of Health and Social Development Research Ethics Committee. Permission to approach the units and the professional nurses was granted by the senior manager. The researcher introduced himself to the nurse managers and requested the unit staff establishment that was studied, to identify the professional nurses who met the selection criteria. A private cubicle with minimum noise in different units was then arranged for the interviews to take place.

2.8 DATA COLLECTION

Data were collected using the unstructured face-to-face interviews with all the participants who met the inclusion criteria. Unstructured face-to-face interviews are interviews that are conducted without any set research questions but only the central question (Hansen, 2006). Unstructured face-to-face interviews were chosen because the interest required an understanding of the experiences of professional nurses about the process of performance assessment by exploring one central question more thoroughly. Unstructured interviews allow a researcher to explore, and the participants to describe issues pertaining to the phenomenon under study (De Vos et al., 2005).

During the unstructured face-to-face interviews, the researcher avoided asking leading questions. The central question was asked to all the participants during the unstructured face-to-face interviews: "How can you describe your experiences with regard to the performance assessment process?

The researcher confirmed the quality of data by using listening, reflecting and probing skills after each response of the professional nurse. A researcher is expected to have good listening skills for obtaining quality information and for gaining a thorough understanding during an interview (Brink et al., 2012). The researcher showed interest in the participants by using responses, such as "mmm" and "okay", to maintain interaction. The researcher repeated some key words from the participants with the purpose of stimulating them to give more information (Brink et al., 2012). For example: *"You said nurse managers are not fair when conducting the performance assessment, could you kindly elaborate?"* Probing persuades participants to supply more information about the phenomenon under study (Brink et al., 2012). The researcher probed with questions about the participants' comments in order to gain more clarity and meaning.

Interviews continued until data saturation was reached. The interviews were conducted on different days for a period of two months during which fourteen professional nurses took part: thirteen female nurses and one male nurse were interviewed (the other male nurses did not meet the selection criteria). Data were audio recorded and field notes were captured in a notebook.

2.9 MEASURES TO ENSURE TRUSTWORTHINESS

The four criteria to ensure trustworthiness as outlined by Lincoln and Guba (as quoted by De Vos et al., 2005) were used to establish the trustworthiness of the study.

Credibility

Credibility deals with the focus of the research that accurately ensures the identification and description of participants, and how well data and the processes of data collection address the focus of the study (Emmelin, quoted by Mothiba, 2005). Credibility was ensured by

prolonged engagement in the study for a period of two months in order to capture the realities of the phenomenon. Triangulation was used to ensure credibility, i.e. an audio recorder was used to record the data and field notes were written during the unstructured interviews (Babbie & Mouton, 2009). Referential adequacy was also used to ensure credibility; collected data were stored for future reference and comparison.

The researcher sent the transcribed data, field notes and audio recordings to the independent coder who specialised in qualitative research to ensure credibility. A meeting was arranged to reach consensus about the themes and sub-themes that had emerged independently (De Vos et al., 2005).

Dependability

Dependability occurs when the researcher attempts to account for changing conditions in the phenomenon chosen for the study, since an increasingly refined understanding of the setting creates corresponding changes in the design (De Vos et al., 2005). Dependability was ensured by the use of an inquiry audit when the researcher was using field notes and audio recordings that were kept after data collection for the purpose of conducting an audit (Babbie & Mouton, 2009). The researcher coded and recoded collected data according to the stepwise replication of Tech's approach to ensure dependability. The supervisor examined the research product of the raw data, recorded interviews, interpretations, findings and recommendations for amendments to the study.

Transferability

Transferability is an extent to which the findings of a study can be transferred to other settings or groups (Babbie & Mouton, 2009). Transferability was ensured by providing a detailed description in Chapter 2 of the research method, research design and of the results of the study for future references by other researchers. Purposive sampling was used to select the sample with the aim of collecting relevant data (Babbie & Mouton, 2009).

Confirmability

Confirmability occurs when the findings of the research are the product of inquiry and not of the researcher's bias (Babbie & Mouton, 2009). Confirmability was ensured by the involvement of an experienced independent coder (Appendix G); the use of an audit trail during which the field notes and transcribed data, findings and recommendations were examined; and submission of the project to the supervisor for amendments (Babbie & Mouton, 2009).

2.10 DATA ANALYSIS

Techs' open coding method of qualitative data analysis was used in this study. Open coding is the part of analysis that pertains specifically to the naming and categorising of a phenomenon by close examination of the collected data (Creswell, 2011). During open coding, data were condensed into discrete parts, closely examined, and compared for similarities and differences. Questions were asked about the phenomenon as it had been reflected in the data. Audio recorded data were transcribed verbatim on paper. The transcripts were organised into files and clearly labelled by numbers and markers (Creswell, 2011). Tesch's open coding technique was used by following these steps during data analysis:

- The researcher obtained a sense of the comprehensive study by reading through the transcripts carefully. Ideas that came to mind were jotted down;
- The researcher selected one interview, for example the shortest, the one at the top of the pile or the most interesting one and examined it while asking: "What is this about?" and thinking about the underlying meaning of the information. Again, any thoughts that were coming to mind were jotted down in the margin;
- When the researcher had completed this task for several participants, a list of all the topics was compiled. Similar topics were clustered together and formed into columns that were arranged into major topics, unique topics and irrelevant issues;
- The researcher took the list and returned to the data. The topics were abbreviated as codes and the codes were written next to the appropriate segments of the text. The researcher assessed this preliminary organising scheme to establish whether new categories and codes were emerging;

- The researcher found the most descriptive wording for the topics and turned them into categories. The researcher endeavoured to reduce the composite list of categories by grouping together topics that had a specific focus in common. Lines were drawn between categories to show interrelationships;
- The researcher made a final decision about the abbreviations for each category and presented the codes alphabetically; and
- The data belonging to each category were assembled in one place and a preliminary analysis was performed.
- Existing data will be recorded at the end of the steps.

The researcher made a summary of the themes and sub-themes identified before sending the data to an independent coder. Once the co-coder had completed the independent coding, common themes and sub-themes of the independent coder and the researcher were identified and summarised. These themes were:

Theme 1: Participants shared paradoxical experiences related to the PMS, something that created tension at multiple levels;
Theme 2: Performance Management Process;
Theme 3: Challenges experienced during the PMS process; and
Theme 4: Suggestions for an improved PMS process.

2.11 REPORTING AND UTILIZATION OF RESULTS

Reporting includes preparation of a written report that contains all portions of a successfully completed research. The format of reporting the research results depends on the nature of the study and the type of data collected (Gerrish & Lacey, 2006). The research results were reported in textual format, with the summary of themes and sub-themes explained in a table format (Table 3.2). Meetings were arranged with the Department of Health and Social Development, as well as the nurse manager of the Polokwane Mankweng Hospital Complex, to present the findings and the recommendations of the study.

2.12 ETHICAL CONSIDERATIONS

The following ethical standards were followed while conducting the study as outlined by Creswell (2011):

Permission to conduct the study

Ethical clearance to conduct the study was obtained from the Medunsa Research and Ethics Committee (Appendix C). Permission to conduct the study was obtained from the Limpopo Department of Health and Social Development (Appendix D), and from the CEO and the nurse manager of the tertiary hospital campus (Appendix E).

Informed consent

Consent means to give approval, to agree in participating to a study or procedure (Heidenthal, 2003; De Vos et al., 2005). Informed consent was obtained from all the participants. Emphasis was placed on giving accurate and complete information in order for the participants to fully comprehend the investigation and, consequently, to be able to make a voluntary decision about their possible participation in the study (De Vos et al., 2005). The duration of the interview sessions, and the possible advantages and disadvantages to which participants might be exposed to, such as the improvement of the performance assessment process were explained. Participants were informed that they were not under duress to participate and they could withdraw from participating in the study at any time.

Privacy and confidentiality

Confidentiality is the right to rely on the trust of an individual and to control access to and disclosure of private information entrusted to that individual (Ascension Health, 2012). Confidentiality stems from a relationship when an individual gives private information to another individual, on condition or with the understanding that the receiving person will not disclose it, or will disclose it to the extent that the individual directs beforehand (Gerrish & Lacey, 2006). The participants were assured that all collected data would not be disclosed to any unauthorised person without their permission (De Vos et al., 2005).

All collected information is to be stored in a safe place and kept for a period of five years after data analysis and interpretation is completed to maintain confidentiality. Privacy originates from the concepts of individual freedom, autonomy and it involves the ability of an individual to control the release of information that relates to him or herself (Gerrish & Lacey, 2006). The researcher ensured that participants did not mention their names during the interviews by allocating identification numbers to each participant. All the professional nurses were entitled to describe the experiences by expressing their own thoughts after they had signed a consent form.

Principle of autonomy

Autonomy is the capacity for self-determination (Gerrish & Lacey, 2006). The right to self-determination implies that individuals have the right and competence to evaluate available information, to weigh alternatives against one another, and to make their own decisions (Gerrish & Lacey, 2006). Being autonomous, however, is not the same as being respected as an autonomous agent. To respect an autonomous agent is to acknowledge that person's right to make choices and take action based on that person's own values and belief system (Ascension Health, 2012). The researcher neither withheld information nor offered incorrect information to the participants while recruiting them to participate in the study (De Vos et al., 2005).

Principle of justice

Justice refers to what society owes its individual members in proportion to an individual's needs, contribution and responsibility; the resources available to the society; and the responsibility for the common good of society (Ascension Health, 2012). The justice ethical principle states that ethical theories should prescribe actions that are fair to the people involved. Gerrish and Lacey (2006) declares that an ethical decision that contains justice within it has a consistent logical basis that supports the decision, which is everyone is entitled to equal access to basic care necessary for living in a human way. The researcher ensured that all participants were treated equally and that the same information was disseminated to all of them.

Principle of beneficence

This principle is also related to the principle of utility, which states that we should attempt to generate the largest ratio of good over evil possible in the world (Gerrish & Lacey, 2006). The principle of beneficence guides the ethical theory to do what is good. The principle of beneficence is a "middle principle" insofar as it is partially dependent for its content on how one defines the concepts of the good and goodness. Participants were assured that they will not be harmed physically and emotionally. The researcher protected the participants from any form of physical and emotional discomfort that emerged from the research study by giving the participants thorough information about the impact of the study (De Vos et al., 2005).

2.13 SUMMARY

The qualitative research method; and the phenomenological, explorative and descriptive research design were explained. The individual unstructured face-to-face interviews as a data collecting tool were also explained in detail. Field notes were written during the interviews and these interviews were also audio recorded. Data were analysed according to Tech's method of data analysis as outlined by De Vos, et al. (2005:341). The geographical site where the study took place was explained, as well as the processes/steps that were taken for the preparation of data collection. The chapter discussed the elements that ensured trustworthiness, as well as the ethical standards followed while conducting this study.

CHAPTER 3
DISCUSSION OF RESULTS AND LITERATURE CONTROL

3.1 INTRODUCTION

This chapter describes the findings of data collected on professional nurse`s experience of performance assessment at the Polokwane Mankweng Hospital Complex. Four themes emerged from unstructured face-to-face interviews which lasted between 10min to 30min, and these themes are explained in this chapter.

3.2 PARTICIPANTS OF THE STUDY

Table 0.1: Characteristics of participants

Characteristics	Number
Gender	
Female	13
Male	1
Years of experience in the unit	
Two years' experience in the unit	4
Ten years' experience in the unit	5
More than ten years' experience in the unit	5
Years of assessment	
Assessed twice on an annual basis	5
Assessed more than twice on an annual basis.	9
Professional nurses were working in:	
Intensive care unit	3
Operating theatre	3
Obstetric unit	3
Neonatal unit	2
Gyanecologycological unit	2
Surgical unit	1
Orthopaedic unit	0

Gender

Gender in the study was dominated by the females nurses. It was due to the hospital units that only had one (1) male and thirteen (13) females nurses who had consented to participating in the study.

Years of experience in the unit

The years of experience were important in the study because the duration of experience determined the exposure to the performance assessment process at the hospital. Ten (10) professional nurses who were participating had more than ten years' (10) experience in the unit, which strengthened the credibility of the study.

Years of assessment

Years of experience were categorised into two sub-headings, namely those nurses who were assessed biannually and the ones who were assessed more frequently than twice a year. Nine (9) of the professional nurses were assessed more frequently than twice a year. It assisted them with gaining more knowledge and experience with regard to the performance assessment process. Five (5) professional nurses were assessed biannually and they had less information about performance assessment process in comparison with the abovementioned group.

Professional nurses were working in:

Professional nurses were selected from all the units at the hospital. The researcher purposively selected professional nurses from the units and interviewed those nurses who were conveniently available or who had consented to participate in the study.

3.3 DISCUSSION OF THE CENTRAL STORYLINE, REFLECTING PARTICIPANTS' EXPERIENCES WITH REGARD TO PERFORMANCE ASSESSMENT

On the one hand, some participants shared the same experience related to PMS, namely, due to perceiving it as an unfair process in relation to the allocation of ratings which was creating tension at multiple levels. Since it was resulting in conflict amongst professional nurses, it needed to be subjected to re-evaluation (Posthuma & Campion, 2008). Experiences surfaced that reflected a tale of perceived challenges in relation to the performance assessment, which

determined the allocation of performance bonuses. Consequently, it resulted in professional nurses being stressed and erupting conflicts amongst them (Ghana Health Service, 2005).

On the other hand, participants shared the positive aspects related to PMS, since high ratings of 4 to 5 resulted in high performance bonuses (Robbins, Judge, Odendaal & Roodt, 2009). Annually conducted pre-implementation PMS workshops for nurse managers and staff members were suggested by the participants in order to address challenges related to the PMS at a tertiary hospital complex.

3.4 DISCUSSION OF FINDINGS

Table 0.2: An overview of the main themes and sub-themes, reflecting the experiences of professional nurses with regard to the performance assessment process

Main themes	Sub-themes
1. Participants' shared same experiences related to PMS which created tension on multiple levels.	1.1 Tales of perceived challenges in respect of performance assessment which determined allocation of performance bonuses. 1.2 PMS, an unfair process that resulted in unfair ratings during assessment. 1.3 Conflict experienced as a result of the PMS process. 1.4 Lack of transparency led to a lack of knowledge by professional nurses about the existence of PMS regulations.
2. Performance Management Process	2.1 The absence of discussion of assessment ratings between the assessor and the assessed caused dissatisfaction of the individuals assessed. 2.2 Lack of knowledge about the PMS process led to unfair practice and inconsistent reporting of complaints. 2.3 Inconsistent ratings led to non-performing staff scoring high marks which resulted in the

	receiving of unduly high performance bonuses.
3. Challenges experienced during the PMS process.	3.1 Absence of evidence to support performance ratings of professional nurses 3.2Outstanding performance measured beyond one's scope of practice. 3.3 Either attendance or non-attendance of performance improvement workshops. 3.4 Self professional development encouraged for better performance.
4. Suggestions for an improved PMS process.	4.1 Pre-implementation training workshop for nurse managers and professional nurses to improve PMS process (should be conducted yearly before the beginning of each new assessment cycle). 4.2 Replacement of the PMS with other assessment methods of professional nurses.

Theme 1: Participants shared same experiences related to PMS which created tension on multiple levels

Four sub-themes emerged from the theme: Tales of perceived challenges in respect of performance assessment which determined allocation of performance bonuses, PMS an unfair process that resulted in unfair ratings during assessment, conflict experienced as a result of the PMS process and lack of transparency led to a lack of knowledge by professional nurses about the existence of PMS regulations.

Sub-theme 1.1: Tales of perceived challenges in respect of performance assessment which determined allocation of performance bonuses

The study findings revealed that there were perceived stories and challenges by professional nurses in relation to performance assessment which affected the allocation of performance bonuses. One of the mentioned challenges referred to the nurse managers who were rating the performance of the professional inconstently.

It is evident from the following quotations:

Participant 21: *"The way it is done is not fairly done and at the end of the quarter the person gets low money."*

Participant 24: *"According to me, it is a challenge because rated between 2 and 3 is not fair because we work in a hectic environment throughout the day, week and month."*

Participant 25: *"My experience is that it is not done properly and is unfair, because the nurse manager just checks how related or good you are to her, they use favouritism."*

Performance assessment will continue to pose serious challenges on the professional nurse as long as the nurse managers create conflict for his or her professional nurses (Ghana Health Service, 2005:15). The Ghana Health Service (2005) further states that professional nurses also feel frustrated because the bonus amount they are receiving is not comparable to their performance. Nurse managers cannot meet with the professional nurses to discuss the job performance, and the absence of such a meeting creates a dilemma because nurse managers need to give constructive criticism on order for the professional nurses to improve their performance (Posthuma & Campion, 2008).

Sub-theme 1.2: PMS, an unfair process that resulted in unfair ratings during assessment

The implementation of the performance assessment process was an important aspect in increasing productivity, however, the study findings indicated that it was unfairly executed in this context. The experience of professional nurses showed that the process of performance assessment was unfair and, as such, the professional nurses received unfair ratings for their performance.

Participant 28: *"The rating is not fair, there are these people who always score 5 and even if you are productive they cannot give you 5 because you are not*

the nurse manager's favourite, so it lowers our morale because these people end up getting more money unfairly so."

Participant 30: *"I am not satisfied about the rating, they give us low marks even when we work hard."*

Whiting, Kline and Sulsky (2008) conclude that professional nurses view performance assessments as fair when they have a chance to influence the outcomes by fully participating in the assessment process. The fairness increases when assessors appear to know the professional nurses' performance levels and job roles. Posthuma and Campion (2008) explain that the solution to a lack of fairness can be addressed by accurate implementation of the performance assessment process by nurse managers. A regular survey of the Xerox system indicates that employees are dissatisfied with the lack of a fair rating distribution (Roussel, 2012). Swanepoel, Erasmus and Schenk (2008) outline that the use of multi ratters can reduce the impact of an unfair rating system.

Sub-theme 1.3: Conflict experienced as a result of the PMS process

The findings of this study pointed out that conflict was arising between the nurse managers and the professional nurses as a result of the performance assessment process. The mentioned conflict included the exchange of words after assessment and / or a breakdown of communication after the assessment process, since the assessed nurses were not provided with assessment reports.

Participant 31: *"After she showed me the score of 3, I just kept quiet because I have told them I can't use the computer."*

Participant 24: *"They told me I don't understand PMS after enquiring about the low rate of 3 they gave me but they were not prepared to make me understand it."*

The assessment process should be formulated with consistency, both across different nurse managers and professional nurses, as well as from one assessment period to the next in order to avoid conflict that can arise between the nurse manager and the professional nurse (Patti,

2009). Nurse managers do not want to create conflict for their professional nurses and, therefore, professional nurses are always rated highly (Ghana Health Service, 2005).

The interaction between the nurse managers and professional nurses is always an issue during the performance assessment process (Swanepoel, Erasmus & Schenk, 2008). Swanepoel, Erasmus and Schenk (2008) further state that conflict will arise when nurse managers prejudice the professional nurses during the rating process. Taylor (2008) states that performance assessment creates conflict in hierarchal authority and therefor disturb nurse manager in providing direction to the professional nurse.

Sub-theme 1.4: Lack of transparency led to a lack of knowledge by professional nurses about the existence of PMS regulations

Most of the professional nurses experienced a problem with knowing what to write on the incident report. Professional nurses indicated that there was no clear information about one's rated score of three and the meaning of all the scores from 1 – 5 was not explained.

Participant 22: *"I had an argument with the nurse manager saying that, whatever I wrote is not my extra mile job but scope of practice but she couldn't tell me what I must write."*

Participant 24: *"Nurse managers use to ask for incidence from me while they fail to explain what an incidence is. They don't even understand what is needed in the incidence report by themselves hence we don't know what to write."*

Participant 21: *"I don't know what to write on the incident report that is why even today, I didn't submit."*

Nurse managers do not give clear and thorough information and feedback to the professional nurses (Vasset, 2010:31). Nel, Van Dyk, Haarsbroek, Schultz, Sono and Werner (2004:286) argue that professional nurses must be given clear standards, information and expectations about performance assessment for them to respond appropriately to any negative feedback.

There should be a structured system to communicate clear expectations and feedback of performance to the professional nurses (Roussel, 2012).

Tyson (2006) emphasises that, in order to enhance transparency when conducting performance assessment, considerable preparation is needed with details of assessments fully explained to all newly employed professional nurses during the induction process.

Theme 2: Performance Management Process

Three sub-themes emerged from the theme: The absence of discussion of assessment ratings between the assessor and the assessed caused dissatisfaction of the individuals assessed, lack of knowledge about the PMS process led to unfair practice and inconsistent reporting of complaints, and inconsistent ratings led to non-performing staff scoring high marks which resulted in the receiving of unduly high performance bonuses.

Sub-theme 2.1: The absence of discussion of assessment ratings between the assessor and the assessed caused dissatisfaction of the individuals assessed

Nurse managers did not discuss the results of the assessment ratings with the professional nurses. It is evident from the following statements:

Participant 22: "*They have assessed me while I was on leave and allocated the ratings and this is not fair because the process requires discussion of ratings.*"

Participant 31: "*Then nowadays, when they rate us, we don't participate in the ratings, if is 2 is 2, no agreement and no discussion where one should improve."*

Suliman (2011) explains that the interaction between nurse managers and professional nurses can influence the effectiveness of the performance assessment process. The nurse manager and the professional nurses should have enough time to prepare for the assessment prior to the formal assessment, and the context for the assessment must be a positive working relationship in order for the nurse manager to discuss the assessment procedure in advance

(Patti, 2009). Glueckert (2011) outlines that the nurse managers (assessors) shall discuss the assessment with the professional nurses prior to asking them to sign the assessment document. Sufficient time for the discussion and interviews without any interruptions can help with reducing problems during performance assessment (Snell & Bohlander, 2007; Taylor, 2008). It is of utmost importance to provide undivided attention during the interview and to reserve adequate time for a full discussion of the performance assessment issues (Farahmand, 2011).

The lack of continual communication between the nurse managers and professional nurse about performance assessment contributes to the failure of the performance process because there is no time to share information about work progress, potential barriers, and possible solutions to the problems encountered (Boninelli & Meyer, 2011). Boninelli and Meyer (2011) further state that a formal performance assessment is characterised by enough time/opportunity to discuss the present performance and the future plans. Dowling, Festing and Engle (2008) state that one of the problems of an annual performance assessment is that professional nurses do not receive consistent discussion and feedback considered critical for the maintenance of good performance. Taylor (2008) mentions common problems of performance assessment, i.e. insufficient preparation by the nurse managers, and consequently no time is allowed for proper discussions to take place.

Sub-theme 2.2: Lack of knowledge about the PMS process led to unfair practice and inconsistent reporting of complaints

The experience of professional nurses indicated that nurse managers did not have sufficient knowledge of the PMS. The lack of sufficient knowledge was proved by inconsistent ratings during the performance assessment process. It was supported by participants:

Participant 25: *"It seems like even the nurse managers don't understand the process. How is it possible for a person to drop from 5 to 4, and the nurse managers didn't even call me to discuss the results and improvements?"*

Lack of assessment skills by the nurse managers often creates problems for performance assessment. Nurse managers end up rating personality rather than performance (Grote 2002).

Grote (2002) further outlines that poor evaluation skills often increase the nurse manager's fear to conduct the assessment interviews. Nurse managers who do not give feedback to their professional nurses are subjected to solving more problems with regard to the PMS (Bezuidenhout, Garbers & Potgieter, 2007). Taylor (2008) states that proper training can be highly effective in reducing the extent to which nurse manager's fall into common traps. William (2002) emphasises that the nurse managers who are conducting performance assessments are insufficiently familiar with the professional nurses' performance and with the execution of the performance assessment process. Therefore, there are always lots of complaints about the process.

Sub-theme 2.3: Inconsistent ratings led to non-performing staff scoring high marks which resulted in the receiving of unduly high performance bonuses

The study reveals that nurse managers were not consistent during the performance assessment process. The inconsistency of the nurse managers during assessment had led to professional nurses who were scoring high assessment ratings despite poor work performance that resulted in an unfair allocation of performance bonuses. The following quotations supported the findings:

Participant 21: *"I was shocked to see a person who I know she is doing nothing in the ward, is the one who scores high. When they rate me, they don't consider my performance, they just rate me according to physical appearance."*

Participant 24: *"Sometimes, they just look at me and decide to rate me whatever number they want. They rated me according to my appearance, they looked at me and gave me a particular score, so am not happy about this and I hate them all."*

Participant 28: *"If you are trained, they normally score you 5, never mind your productivity but based on that you are trained and it's been long that you were working in the unit."*

Wilkinson, Bacon, Redman and Snell (2010) mention that the reason for the inconsistency of nurse managers results from the fact that there is nobody to hold them accountable for the ratings they give. Wilkinson et al. (2010) add that having a PMS team to monitor the rating system decreases the inconsistent ratings of professional nurses because a nurse manager will want to appear competent to them.

Nurse managers rate professional nurses on the basis of their personal relationship rather than in an objective manner based on their competencies and abilities (Stredwick, 2005). The fear of losing the collegial relationship between the nurse managers and professional nurses results in inconsistent ratings. (Bezuidenhout et al., 2007). It is contrary to what Swanepoel et al. (2008) state, namely, that the fundamental requirement of performance assessment is producing consistent ratings to the professional nurses. Nel, et al. (2004), and Boninelli and Meyer (2011) postulate that nurse managers must be guided by striving for internal consistency during ratings.

Theme 3: Challenges experienced during the PMS process

Four sub-themes emerged from the theme: Absence of evidence to support performance ratings of professional nurses, outstanding performance measured beyond one's scope of practice, either attendance or non-attendance of performance improvement, and self professional development encouraged for better performance.

Sub-theme 3.1: Absence of evidence to support performance ratings of professional nurses

Professional nurses were expected to submit incident reports prior to their assessment. During the assessment period, it was expected that the nurse managers needed to rate the professional nurses based on incident reports submitted. The results of the study indicated lack of evidence to support the performance rating. This was reflected in these statements:

Participant 26: *"I wouldn't encourage the issue of writing the incidence or somebody to be rated based on incidences. But the issue of saying this is an incidence, it takes time to occur sometimes."*

Participant 28: *"Writing incident reports is time wasting and they must get rid of it. It doesn't motivate me because I only write about the same thing and they don't read. It looks like even in the panel they don't check the incidence because they are supposed to check on the issues you wrote against the incidences provided. I can write incidences about the same patient and issues for the whole year but they will never approach me to say that I wrote about the same patient, is the patient not discharged? I can duplicate as much as I can because it is tiring."*

Participant 29: *"To me you can spend more or three months without having an incidence, like if you were to write an incidence saying that I did write a delegation on your performance indicators, this is not an incidence but evidence"*.

The nurse managers are supposed to document a full report of each professional nurse's performance; including strengths and weaknesses, and providing motivation. The format of the report can be left to the discretion of the nurse manager (Swanepoel et al., 2008). Nel et al. (2004) outline that written evidence must be provided by the nurse managers that is indicating all the strengths and weaknesses of the professional nurses in the unit. The nurse managers are to compile and document needed information to support professional nurses' performance (Roussel, 2012). Roussel (2012) indicates that nurse managers should be taught how to write an evaluation report, which includes evidence supporting the ratings of the professional nurses.

Sub-theme 3.2: Outstanding performance measured beyond one's scope of practice

The nurse managers were not implementing the performance assessment process as expected because professional nurses' performance was measured beyond their scope of practice. Experiences of professional nurses indicated that some of professional nurses were rated high, which was often not based on their actual performance.

Participant 25: *"PMS is not done properly, because my nurse manager just checks how related or good I am to her, she uses favouritism. At times, she*

gives junior nurse high scores and the professional nurse gets a low score."

Participant 26: *"If it happens that the nurse manager has a negative attitude or natural hatred to you, she ends up rating you according to that attitude even though your performance is good."*

Participant 28: *"Every time and every year, especially at the first term, they normally give the lower rate because they say it is a first term. There are these people who always score 5 and even if you are productive they cannot give you 5 because you are not the nurse manager's favourites."*

Robbins et al. (2009) outline that individual performances tend to suffer from overinflated assessment ratings and self-serving biases. Fear to lose the collegial relationship between the nurse managers and professional nurses' results in a poor rating system during the assessment process (Bezuidenhout et al., 2007). Professional nurses who have performed well historically are receiving high ratings from the nurse managers, even though the current performance is poor (Taylor, 2008; Nel, et al., 2004). Nurse managers have a tendency of giving high rates, especially when a particular aspect has been accomplished well (Taylor, 2008). Nurse managers avoid giving low ratings even when deserved owing to the fear of upsetting weak performers (Taylor, 2008; Nel, et al., 2004)

Sub-theme 3.3: Either attendance or non- attendance of performance improvement workshops

The study results indicated that professional nurses had challenges with regard to the performance assessment process, because some of the professional nurses indicated that they were neither trained nor attended workshops in order to improve their performance at the hospital.

Participant 25: *"PMS was used for improving someone's performance. There used to be some session in between for discussion about improvement and workshops. But there is nothing done to improve or correct poor*

performance and, at the end, people have some negative feeling about it."

Participant 28: *"The management must train the staff and give them a chance to attend the workshop in computer and VCT, especially those that receive rates of 1 and 2."*

Participant 31: *"Nowadays, there are no nurses send to attend workshops."*

Glueckert (2011) explains that all nurse managers who are required to assess professional nurses shall be trained in the administration of the performance assessment process. The Ghana Health Service (2005) states that professional nurses also feel frustrated because the recommendations for training or promotion that are indicated in their performance assessments do not bear any fruit. Most often, forms are filed away in personal files, without adding training lists or plans to address the staff members' training needs.

Sub-theme 3.4: Self professional development encouraged for better performance

Experiences of professional nurses showed that, instead of being taken for in-service training even when they either scored below three or were underperforming, they were informed that they should not rely on the hospital for workshops but to educate themselves at times.

Participant 34: *"There is no in-service training; I was told not to wait for the hospital to take me for further training but I should register myself with institutions of higher learning."*

Participant 32: *"I was told to train myself for things like computer literacy because the queue is long for staff development."*

Self-development is in stark contrast with Farahmand (2011) who believes that organisations should provide opportunities for training and increase productivity (Farahmand, 2011). Talent and skills development can benefit both the professional nurses and the hospital. The performance assessment results support future options and paths for growth and development of the professional nurses (Roussel, 2012).

Theme 4: Suggestions for an improved PMS process

Two sub-themes emerged from the theme: Pre-implementation training workshop for nurse managers and professional nurses to improve PMS process (should be conducted yearly before each new assessment cycle), and replacement of the PMS with other assessment methods of professional nurses.

Sub-theme 4.1: Pre-implementation training workshop for nurse managers and professional nurses to improve PMS process (should be conducted yearly before the beginning of each new assessment cycle)

Most professional nurses' experience indicated that nurse managers and professional nurses lacked skills with regard to the whole process of performance assessment. Both the nurse managers and professional nurses should be subjected to training workshops before the assessment period commenced in order to improve the way nurse managers administer the tool and to enhance cooperation by professional nurses.

Participant 21: *"Nurse managers may be trained on changing the method of assessing professional nurses."*

Participant 28: *"I think the management must involve the staff and/or do in-service training on the process of assessment, seemingly our nurse managers do not know the tool, and they only target the areas that they understand. I think they need in-service training."*

Taylor (2008) argues that problems with a PMS can be eliminated by providing assessment training and by regulating the evaluation of performance assessment in practice. Taylor (2008) explains that the training should include basic assessment skills, the need to prepare thoroughly and to avoid passing judgment based on the professional nurses' personality, since it does not relate to performance. The line nurse managers should be given training in the required skills, attitudes and site knowledge that is required for fair performance assessment throughout the year (Grote, 2002; Tyson, 2006). Nel et al. (2004) strongly motivates that nurse managers and professional nurses must attend workshops about conducting pre-, intra- and post-assessments interviews.

Sub-theme 4.2: Replacement of the PMS with other assessment methods of professional nurses

The study revealed suggestions that were provided by the professional nurses based on the challenges and conflicts that arose from their performance assessments. Professional nurses felt that PMS should be replaced by another performance assessment process. It was supported by the following quotations:

Participants 21: *"This PMS to me, it was a good thing when it was started because it encourages people to perform. I think it must be replaced or rechecked because it is not done correctly."*

Participants 22: *"I think the people who started the process must review it or recheck it because there is a lot of unfairness in it."*

Robbins, Judge, Odendaal and Roodt (2009) suggest the use of multiple assessors in order to remedy the deficiency of performance assessment. The increase in the number of assessors may result in attaining more accurate ratings. Currently, the performance assessment process faces too many constraints to be expanded and should be revised and more successfully applied before upgrading can be considered (Ghana Health Service, 2005). Swanepoel et al. (2008) outline that one of the reasons for opting for the replacement of an assessment method is related to technical issues, such as losing the purpose of assessment and also administrative issues. Swanepoel et al. (2008) further state that the development of a new assessment tool is better than relying on a tool that does little to establish the credibility of the assessment process.

3.5 SUMMARY

The process of performance assessment is regarded as unfair by the professional nurses because of inconsistent ratings that were given by nurse managers. Therefore, they supported the need for its revision or replacement with another assessment method. There were much conflict that arose between the nurse managers and professional nurses with regard to the assessment process. It emphasises a serious need for thorough training of the nurse managers

in order to reduce the occurrence of conflict. Various reasons were given to explain why the performance assessment process was regarded as being an unfair method of rating professional nurses.

CHAPTER 4
SUMMARY, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

4.1 INTRODUCTION

This chapter provides a summary of the research report, and a description of the recommendations of the study. The recommendations are based on the identified themes. The limitations of the study are also discussed.

4.2 SUMMARY OF THE FINDINGS OF THE STUDY

Aim of the study

The study aimed at establishing the experiences of professional nurses with regard to performance assessment at the Polokwane Mankweng Hospital Complex, Polokwane Municipality.

Research Question

What were the experiences of professional nurses with regard to performance assessment at the Polokwane Mankweng Hospital Complex of the Polokwane Municipality, Capricorn District of the Limpopo Province?

Objective of the study

The objective of the study was to explore and describe experiences of professional nurses with regard to performance assessment at the Polokwane Mankweng Hospital Complex of the Polokwane Municipality, Capricorn District of the Limpopo Province.

Research Methodology

- The qualitative research approach was used in this study. Qualitative research is a research approach that describes and analyses human experiences (Hansen, 2006).

- A phenomenological, exploratory and descriptive design was used in this research study in order to explore the performance assessment process of professional nurses at the Polokwane Mankweng Hospital Complex.
- The study was conducted at the Polokwane Mankweng Hospital Complex of the Polokwane Municipality, Capricorn District of the Limpopo Province in South Africa.

Findings of the Study

The findings of the study indicated the following themes as already discussed in the previous chapter:

Theme 1: Participants shared same experiences related to the PMS that created tension at multiple levels. Professional nurses' experiences indicated that the PMS was an unfair process that resulted in much conflict amongst the members of staff. It was based on the inconsistent rating system and lack of transparency in the process.

Theme 2: Performance Management Process:
Professional nurses' experience indicated that the PMS was an unfair process due to the nurse managers lacking knowledge, and failing to give feedback about performance to the professional nurses assessed.

Theme 3: Challenges experienced during PMS process:
Experiences of professional nurses showed that there were many challenges experienced during the PMS process. Such challenges included not being afforded the opportunity of in-service training despite recorded scores below three or identified underperformance, unfair rating of those professional nurses who performed well, and recording evidence to support the rating scores.

Theme 4: Suggestions for an improved PMS process:
Due to the unfairness of the PMS process, professional nurses suggested various methods to improve the process, such as pre-implementation training

and workshops for nurse managers and the replacement of the present PMS with another method of assessment.

4.3 RECOMMENDATIONS

The recommendations are based on the themes which have emerged during the interviews with the professional nurses: Training and workshops for the nurse managers, evaluation and monitoring by nurse managers, coaching and mentoring, workshops for both professional nurses and nurse managers, reviewing the purpose of performance assessment, and the legal and ethical frameworks for the performance assessment process.

Training of the nurse managers

- The pre-implementation training should include an aspect of motivating the professional nurses to perform effectively (Van der Wagen, 2007). Van der Wagen (2007) further states that the purpose of performance assessment should be emphasised during training because other nurse managers use the process for punishing professional nurses. The nurse managers should be trained to capture all the components of an individual's contribution to the hospital and the training programme should be designed to increase an awareness of rating errors and the correction thereof (Kavanagh & Thite, 2009). Taylor (2008), and Kavanagh and Thite (2009) suggest that the training of the nurse managers may include the need for thorough preparation before conducting PMSs, the importance of objectivity and consistency during assessment, the implementation process, and the need to avoid passing judgment on any aspect of a professional nurse's personality that does not relate to his/her performance. The training could also take place in the form of role playing, when professional nurses play the role of nurse managers to enhance discussion about the PMS process (Swanepoel et al., 2008). It is based on sub-theme 2.1: The absence of discussion of assessment ratings between the assessor and the assessed causes dissatisfaction of the individuals assessed.
- The nurse managers should be trained before conducting an assessment. It will lead to reducing inconsistent and unfair ratings and improve the assessment skills of the nurse managers. Glueckert (2011) states that it is important that the in-service training should be done continuously in order to revise every aspect that pertains to the

performance assessment process. It is based on sub-theme 4.1: Pre-implementation training workshop for nurse managers and professional nurses to improve PMS process (should be conducted yearly before the beginning of each new assessment cycle).

- Nurse Managers should be trained how to counsel the professional nurses in order to assist them with developing realistic abilities and potentials, and to explore the cause of action to solve a problem, as well as to supply a source of assistance (Kavanagh & Thite, 2009). Coaching and counselling is encouraged with the purpose of enriching the professional nurses' knowledge with regard to ratings. Coaching and counselling will also help nurse managers and professional nurses during the discussion of performance results. Remedial action should be conducted based on the need (Roussel, 2012). It is based on sub-theme 1.3: Conflict experienced as a result of the PMS process.
- Training forms the foundation of the effective implementation of the performance assessment process (Roussel, 2012). Therefore, it is recommended that nurse managers are trained how to rate performance and to apply the set protocols. Roussel (2012) further states that the training of nurse managers should cover aspects, such as the establishment of a conducive environment, proper supervision, inter-personal relationships, provision of feedback, interviewing, coaching, counselling, and performance assessment methods. Swanepoel, et al. (2008) outline that the training about implementation of the assessment tool should aim at eliminating rating errors and biases, to promote better observational skills among ratters; and to improve interpersonal communication skills during assessment interviews. It is based on sub-theme 3.2: Outstanding performance gets measured beyond one's scope of practice.
- The nurse managers should be engaged in an in-service training that will assist them to manage conflict. The in-service training should focus on the way in which feedback about the ratings is supplied to afford professional nurses an opportunity to ask questions and to understand why they get certain ratings (Wilkinson, et al., 2010). Swanepoel et al. (2008) outline that the training of feedback skills before conducting a performance assessment is recommended because feedback is one of the developmental purposes of performance assessment for professional nurses that provides an opportunity for discussion and it can minimise conflict related to the PMS. It is based on sub-theme 2.1: The absence of discussion of assessment ratings

between the assessor and the assessed causes dissatisfaction of the individuals assessed.

- The nurse managers should be trained thoroughly to implement the PMS process to enhance consistent process and to increase the productivity of professional nurses (Roussel, 2012). It is based on sub-theme 2.2: Lack of knowledge about the PMS process leads to unfair practice and inconsistent reporting of complaints.
- The Polokwane Mankweng Hospital Complex management and the assessment panel must set selection criteria for one to be compelled to attend a training workshop. The criteria can compel any professional nurse who obtains a rating of one during an assessment to attend a training workshop. It is based on sub-theme 4.2**:** Replacement of the PMS with other assessment methods of professional nurses

Evaluation and monitoring

- The Department of Health and the performance assessment team of the Polokwane Mankweng Hospital complex should set the ethical standards to be followed during the implementation of the performance assessment process.
- The performance assessment team of the Polokwane Mankweng Hospital Complex should set the regulations/protocols to evaluate the implementation of the assessment process.
- Taylor (2008) describes the serious need to evaluate and monitor the PMS. The Polokwane-Hospital Complex performance assessment team should establish standards that should be used to monitor the implementation of performance assessment by nurse managers.
- An evaluation tool that will be used by the performance assessment team should be developed to ensure successful elimination of inconsistences which may arise during the PMS. The evaluation and monitoring tool will show the changes from the internal and external environment which may necessitate a comprehension of a system review, auditing, and the evaluation of its effectiveness (Swanepoel et al., 2008).
- According to Wilkinson et al. (2010), the hospital management and the performance assessment team should hold nurse managers accountable for being inconsistent in respect of determining assessment ratings. It is based on sub-theme 2.3: Inconsistent

ratings lead to non-performing staff scoring high marks which result in the receiving of unduly high performance bonuses.

Ethical and legal framework

- The ethical and legal standards should be developed and followed when a dispute about the assessment ratings arises. It is in accordance with the Labour Act (2002) and Public Service Act (2007). A procedure for disciplining nurse managers and professional nurses should be available. Only then ethical standards will enhance the perception of professional nurses as fair assessment process (Taylor, 2008).
- Furthermore, Taylor (2008) recommends that the ethical standards should include elements, such as preparation for performance assessment, conducting of the interviews, the rating system, the grievance procedure, and the documentation and recording of findings.
- The distributive practice should be used in the performance assessment process to enhance fairness of the process for the professional nurses. Distributive justice simply means that professional nurses receive what they deserve in terms of ratings and performance bonus remuneration (Nickols, 2007).
- An appeal mechanism that enables dissatisfied professional nurses to lodge complaints about the rating scores they are receiving should be initiated (Ghana Health Service, 2005).
- The legal and ethical expectations, human resource policies and procedures should be operational and should be communicated for the effective implementation of a performance assessment process (Roussel, 2012). It is based on sub-theme 2.3: Inconsistent ratings lead to non-performing staff scoring high marks which result in the receiving of unduly high performance bonuses.

Self development

- Self development is good and encouraged, but the professional nurses cannot train themselves about all issues in the healthcare sector. For example, encouraging self development gives an impression that the hospital management does not care about the knowledge that the professional nurses have in relation to their job. The hospital

management must be the initiator of professional nurse training and the professional nurses could then supplement the training that the hospital has provided.

- The professional nurses should attend workshops that inform them about what to expect, how the assessment process works, and the meaning of low or high ratings with regard to bonus allocation. It is based on sub-theme 3.4: Encourage self professional development for better performance.

The purpose of PMS

Roussel, (2012) has identified two purposes for conducting PMS in an institution, namely staff development and administrative purposes, such as paying performance bonuses. It is upon the institution to decide whether to use both the purposes or select one. The results of the study highlight a need to review the purpose of the PMS, based on the reported problems by professional nurses. Roussel (2012) states that the developmental purpose aims at enhancing the skills and knowledge of professional nurses in the hospital setting, while administrative purposes aim at rewarding good performance of the professional nurses. Roussel (2012) recommends the use of both purposes at the hospital to enhance creativity and productivity in the nursing care. It is based on sub-theme 4.2: Replacement of the PMS with other assessment methods of professional nurses.

New assessment method

The following method of assessment is recommended to replace the existing assessment method. It is believed that this method will reduce biases and errors encountered during the performance assessment period:

- The 360 degree assessment method is recommended based on the problems encountered by the professional nurses. The 360 degree assessment is performance feedback from all different directions in the hospital, namely from the top (nurse managers), the sides (peers/colleagues), the bottom (customers), and self-rating. The nurse manager will receive feedback from these sources of assessors in order to determine a final rating for the professional nurse. The nurse manager can select one colleague and one representative of the regular customers to rate the professional

nurse according to her scope of practice. The assessment tools will then be submitted to the nurse manager (George & Jones, 2002).

- The professional nurse rates herself/himself according to her/his goals and scope of practice on a self-assessment form, while other professional nurses are rating the same nurse, as well as the nurse manager. The professional nurse and nurse manager collaboratively determine the final score.
- The recommended form for self-assessment should include elements, such as job knowledge and comprehension, work quality, contribution to the workplace environment, work relationship, initiative or problem solving skills, safety, attendance and punctuality, and specific requirements of the unit (Appendix H contains more information).
- Swanepoel et al. (2008) recommends this method based on the fact that biases and halo effects are reduced while fairness and communication are improved when using this approach. On the other hand, George and Jones (2002) believe that the combination of many ratters offers a more balanced point of view of the professional nurses' comprehensive performance.
- The multi-ratters system offers an opportunity for coaching and counselling because all the colleagues who have evaluated the professional nurse will give feedback about the performance growth (Nel et al., 2004).
- According to Nelson and Quick (2002), the use of self-rating during 360 degree assessment is associated with more constructive assessment interviews, less defensiveness during the assessment process, and a high level of commitment to organisational goals. It is based on sub-theme 4.2: Replacement of the PMS with other assessment methods of professional nurses.

4.4 LIMITATIONS OF THE STUDY

The study was conducted in one hospital of the Polokwane Municipality in the Capricorn District of the Limpopo Province in South Africa**.** Therefore, the study cannot be generalised to other hospitals in other provinces.

4.5 CONCLUSION

In order to solve the problems associated with performance assessment, the training of both the nurse managers and professional nurses is regarded as the fundamental principle of the effective implementation of a PMS. The hospital management and nurse mangers are urged to arrange workshops about the whole process of the PMS. It is important to emphasise the need for supplying feedback and counselling during the assessment period since it assists with the elimination of unfairness. The ethical and legal regulations are also recommended to correct and direct nurse mangers and professional nurses about issues of the PMS.

The performance assessment team and nurse managers are always urged to regard the process of performance assessment as a step towards the productivity of the hospital complex. As such, the performance assessment team, in collaboration with human development training, must implement in-service training programmes for the nurse managers. Evaluation and monitoring of the implementation of the PMS is recommended to reduce unfairness and biases during the assessment period.

LIST OF REFERENCES

Ascension Health. 2012. *Key Ethical principles*. International Journal of Nursing Studies, 38(3). 222. Accessed on the 31st of August 2012 from world web site: www.ascensionhealth.org

Babbie, E., & Mouton, J. 2009. *The Practice of Social Research*. 9thedition. South Africa: Oxford University press

Bavanthappa, B.T. 2009. *Nursing Administration*. Panama: Jaypee brothers' medical publishers' LTD.

Bezuidenhout, M., Jooste K. & Muller, M. 2006. *Healthcare Services Management.* South Africa: Juta & Co Ltd

Bezuidenhout, M.C., Garbers, G.S. & Potgieter, S. 2007. *Managing for Healthy Labour Relations. A practical regulations for health services in Southern Africa*. 2nd edition. South Africa: Stellenbosch University

Bianca, B. 2010. *Nursing Management*. Accessed on the 23rd of October 2010. www.ehow.co./about

Boninelli, I., & Meyer, T. 2011. *Human Capital Trends- Building a sustainable organization*. 1st edition. South Africa: Knowles publishing (Pty) Ltd

Brink, H., van der Walt, C. &, van Rensburg, G. *Fundamentals of Research Methodology for Health-Care Professional.*3rd edition. South Africa*:* Juta and Company Ltd

Creswell, J. W. 2011. *Qualitative inquiry & research design: choosing among five approaches.* Los Angeles: Sage Publications

DeGroff, A., Schooley, M., Chapel, T., & Poister, T.H. 2010. Evaluation and Program. Planning Challenges and strategies in applying performance measurement to federal public

health programs. *Elsevier Journal*. 33(4):356-364. UK. Accessed on the 20 April 2011. www.elsevier.com/locate/evalprogplan

De Vos, A.S., Fouché., S.H. & Delport, C.S.L. 2005. *Research at Grass Roots .For the Social Sciences and Human Service Professions.* 3rd edition. Pretoria: Van Schaik.

Dowling, P.J., Festing, M. & Engle, A.D. 2008. *International Human Resource Management: Managing people in a multinational context.* 5th edition. USA: Thomson

Farahmand, N.F. 2011. *Organizational permanent by Human Empowerment*.. Iran: Society for Business Research Promotion. *Asian Journal of Business and Management Sciences*. 1 (6):2-8. http://www.ajbms.org

Ghana Health Service. 2005. *Health service report on performance assessment system.* Accessed on 17 March 2010:http://www.ghsmail.org/

George, J.M. & Jones, G.R. 2002. *Understanding and managing organization behavior*.3rd edition. USA: Prentice Hall International

Gerrish, K. & Lacey, A. 2006. *The Research Process in Nursing*.1st edition. South Africa: Blackwell Publishing Ltd.

Glueckert, J.W. 2011. *Performance planning and evaluation. Policy and Procedure of Montana State Hospital.* United State of Montana: Montana Hospital Communication

Grote, D. 2002. *The performance Assessment: Questions & Answer Book. A survival Guide for Nurse managers.* United States of America. AMACOM

Hansen, E.C. 2006. *Successful Qualitative Health Research*. 1st edition. Australia: South Wind Production.

Heidenthal, P.K. 2003. *Nursing Leadership and Management.*1st edition. Canada: Thomson Learning.

Kavanagh, M.J, & Thite, M. 2009. *Human Resource Information System: Basic application and future directions*. United States of America: SAGE publications

Klopper, A.H.J. 2011. *Assessing cooperation between physicians and managers and its association with hospital performance.* Netherlands.

Limpopo Provincial Government, 2004. *Performance Management System.* 2nd edition. South Africa: IPSP compilation.

Melnyk, S.A., Stewart, D.M. & Swink, M. 2004. Metrics and performance measurement in operations management: dealing with the metrics maze. *Journal of Operations Management.* 22 (3): 209–218

Mothiba, T.M. 2005. *The interdepartmental communication of selected departments at tertiary hospital campus in the Limpopo province of the Republic of South Africa.* Unpublished master`s dissertation. South Africa: University of Limpopo library

Nel, P.S., Van Dyk, P.S., Haarsbroek, G.D., Schultz, H.B., Sono, T.J. & Werner, A. 2004. *Human Resource Management.* 6th edition. South Africa: Oxford University press

Nelson, D.L., & Quick, J.B. 2002.*Understanding Organizational Behavior: A multimedia approac*h. Cincinnati: South-Western Newstrom.

Nickols, F. 2007. Performance Assessment. *International Journal of productivity and performance*, 30(1): 252-255.

Patti, R.J. 2009. *The handbook of human service management*. Los Angeles: SAGE Publications.

Posthuma, R.A., & Campion, M.A. 2008. *Twenty best practices for just professional nurse performance review*. El Paso: Purdue University

Price, A. 2007. *Human Resource Management in Business Context*. 3rd edition. London: Seng Lee Press.

Republic of South Africa. Government Gazette. 2008. *Nursing Act No 33 of 2005.* South Africa: Government Printers.

Robbins, S.P., Judge, T.A., Odendaal, A. & Roodt, G. 2009. *Organizational Behavior. Global and Southern African Perspective*. 2nd edition. South Africa: Pearson Prentice Hall

Roussel, L. 2012. *Management and leadership for nurse managers.* Sudbury, Mass: Jones and Bartlett Publishers,

Rudolph, J.W., Simon, R., Raemer, D.B & Eppich, W.J. 2008. Closing performance gaps in medical education. *Academic Emergency Medicine. Official journal of the Society for Academic Emergency Medicine,* 15(11): 1010-1016.

Snell, S. & Bohlander, G. 2007. *Human Resource Management*. International Student Edition. China: Thompson Corporation.

South African Government. 2004. *Public Service Regulation*. Accessed on 17 March 2010. http//:www.dpsa.gov.za/regulations/regulations1999/PSRegulations/2003.pdf

South Africa, Labour Relation Act. 2002. *Know your labour relation act*. Pretoria: Government Printers.

South African Nursing Council (SANC). 2008. *Nursing Strategy for South Africa*. Accessed on 17 March, 2010. http://www.sanc.co.za/pdf/nursing-strategy.pdf.

Stredwick, J. 2005. *Introduction to Human Resource Management*. 2nd edition. Britain: Elsevier Ltd.

Suliman, H.S. 2011. Effect of Performance Evaluation at Human Resource Department: A Case Study of Aleman Public Hospital at Ajlune Province in Jordan. *International Journal of Business and Social Science,* 2(16):253-268.

Swanepoel, B.J., Erasmus, B.J, & Schenk, H.W. 2008. *South African Human Resource Management: Theory & practice*. 4th edition. South Africa: Juta & Co Ltd.

Taylor, S. 2008. *People Resourcing*. 4th edition. Spain: Graphycems

Tyson, S. 2006. *Essentials of Human Resource Management.* 5thedition. Netherlands: Elsevier Ltd.

van de Wagen, L. 2007. *Human Resource Management for Events*.1st edition. Great Britain: Elsevier

Vasset, F. 2010. Nursing Management. Professional nurses: *Perception of Justice in Performance Assessment*, 17(2):155-158.

Welman, C., Kruger, F., & Mitchell B. 2005. *Research Methodology*. South Africa: Oxford University Press

Whiting, H. J., Kline, T.J.B., & Sulsky, L.M. 2008. The Performance assessment congruency scale: an assessment of person-environment fit. *International Journal of productivity and performance Management*, 57(3):334-336.

Wilkinson, A., Bacon, N, Redman, T., & Snell, S. 2010. *The SAGE handbook of Human Resource Management*. 2nd edition. London: SAGE publications Ltd

William, H. 2002. *Strategic Planning for Human Resource: human resource in organizational.*1st edition. London: Prentice Hall

World Health Organization Regional Office for Europe. 2006. Performance assessment and quality improvement. *Regional Report of Performance Assessment*, 1(1):556-570.

World Health Organization Regional Office. 2003. *A performance assessment framework for hospitals*: *the WHO regional office for Europe PATH project.* Europe: University of Amsterdam Academic Medical Centre. Accessed on the 14 July 2011 from: www.who.int/whr/2003/en/

APPENDIX: A

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT POLOKWANE MANKWENG HOSPITAL COMPLEX

Private Bag x1106
SOVENGA
0727

17 February 2010

Polokwane Mankweng Hospital Complex
Chief Executive Officer
Private Bag X1117
SOVENGA
0727

Dear Mrs E.M. Legodi

Request for permission to conduct research at the Polokwane Mankweng Hospital Complex

I am a student at the University of Limpopo Turfloop Campus, studying towards a Master's degree in nursing. I hereby request permission to conduct a research study at the Polokwane Mankweng Hospital Complex.

The purpose of the study is to assess the experiences of professional nurses with regard to performance assessment at the Polokwane Mankweng Hospital Complex.

Participation in the study is voluntary and consent to participate in the study will be signed by all those professional nurses who agree to participate.

The study is a requirement for the degree I am doing.

Contact number of the project leader:
Cell No: 0711078116 / 0825225754

Yours Sincerely

_____

MR M.O. MBOMBI

APPENDIX B:
CONSENT FORM

PROJECT TITLE: Experiences of professional nurses with regard to performance assessment at the Polokwane Mankweng Hospital Complex of the Polokwane Municipality, Capricorn District, Limpopo Province in South Africa.

PROJECT LEADER: MR M.O. MBOMBI

I, _____, hereby voluntarily consent to participate in the following research project: Experiences of professional nurses with regard to performance assessment at the Polokwane Mankweng Hospital Complex of Polokwane Municipality, Capricorn District, Limpopo Province in South Africa. I also agree that the interview can be audio recorded and the information will only be used for research purposes.

I realise that:

1. The study deals with the importance of professional nurses' performance in the working environment.
2. The Polokwane Mankweng Hospital Complex CEO has approved that the individual may be approached to participate in the study.
3. The experimental protocol, that is the extent, purpose and the method of the study, has been explained to me.
4. Access to the records that pertain to my participation in the study will be restricted to the persons directly involved in the research.
5. Any questions that I may have about the research or related matters will be answered by the researcher.
6. If I have any questions about or problems with the study, or experience undesirable effects, I may contact the researcher.

Participation in the study is voluntary and I can withdraw my participation at any stage.

I indemnify the University of Limpopo and all persons involved with the above project from any liability that may arise from my participation in the above project or that may be related to it, for whatever reasons, including negligence on the part of the mentioned parties.

SIGNATURE OF PARTICIPANT _____

SIGNATURE OF WITNESS _____

SIGNATURE OF THE RESEARCHER _____

Signed at _____ on this _____ day of _____ 2011.

APPENDIX C:

APPROVAL LETTER (MEDUNSA RESEARCH ETHICS COMMITTEE)

UNIVERSITY OF LIMPOPO

Medunsa Campus

P O Medunsa
Medunsa
0204
SOUTH AFRICA

Tel: 012 - 521 4000
Fax: 012 - 560 0086

MEDUNSA RESEARCH & ETHICS COMMITTEE

CLEARANCE CERTIFICATE

MEETING: 07/2011

PROJECT NUMBER: MREC/HS/150/2011: PG

PROJECT :

Title: Experiences of professional nurses with regard to performance assessment in Polokwane-Mankweng hospital complex of the Polokwane Municipality, Capricorn District of Limpopo Province.

Researcher: Mr MO Mbombi
Supervisor: RN Malema
Co-supervisor: TM Mothiba
Department: Nursing Sciences
School: Health Sciences
Degree: Masters of Curationis

DECISION OF THE COMMITTEE:

MREC approved the project.

DATE: 13 September 2011

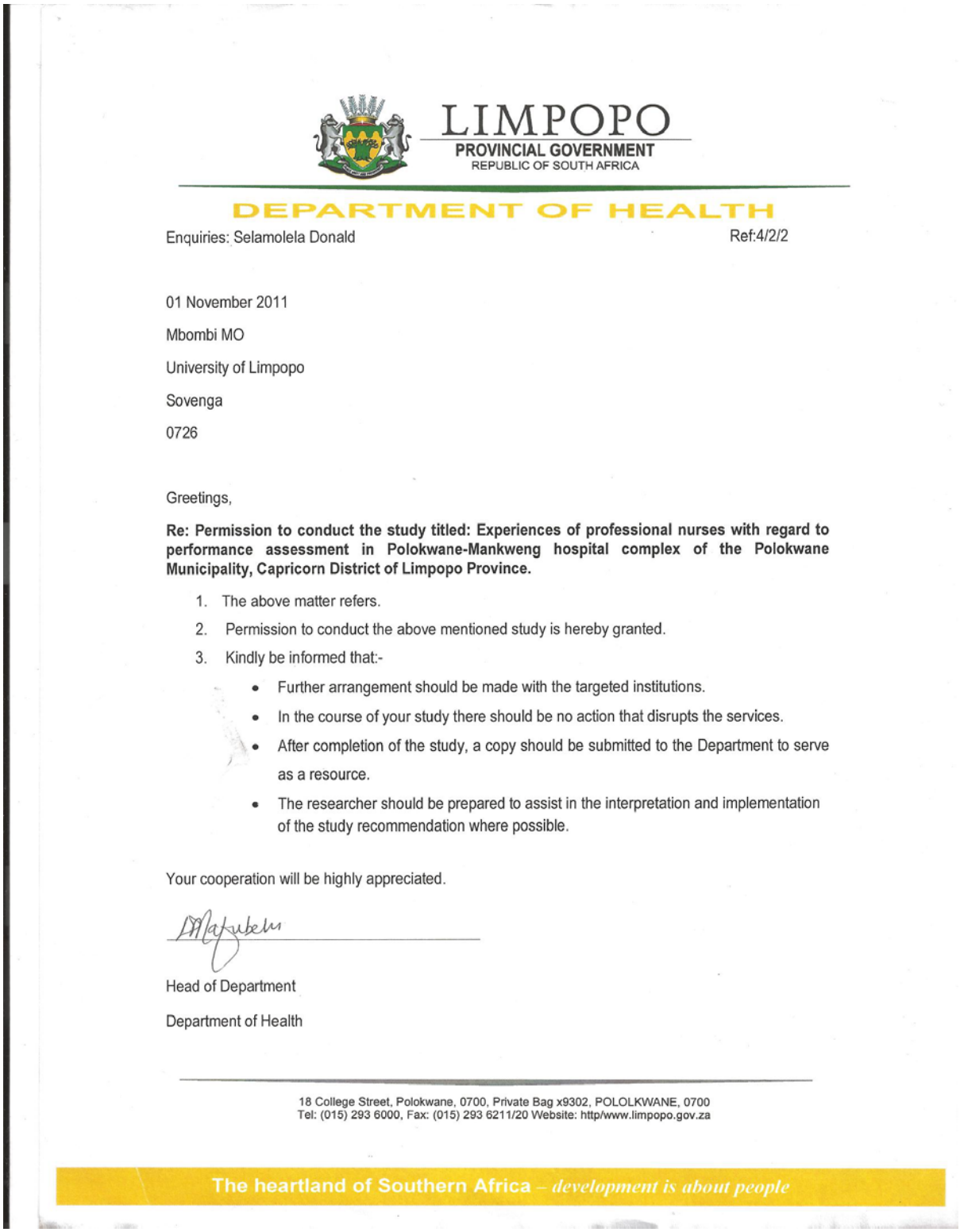
PROF GA OGUNBANJO
CHAIRPERSON MREC

Note:
i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
ii) The budget for the research will be considered separately from the protocol.
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

African Excellence - Global Leadership

APPENDIX D:

APPROVAL LETTER (LIMPOPO DEPARTMENT OF HEALTH)



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Selamolela Donald Ref:4/2/2

01 November 2011

Mbombi MO

University of Limpopo

Sovenga

0726

Greetings,

Re: Permission to conduct the study titled: Experiences of professional nurses with regard to performance assessment in Polokwane-Mankweng hospital complex of the Polokwane Municipality, Capricorn District of Limpopo Province.

1. The above matter refers.
2. Permission to conduct the above mentioned study is hereby granted.
3. Kindly be informed that:-
   - Further arrangement should be made with the targeted institutions.
   - In the course of your study there should be no action that disrupts the services.
   - After completion of the study, a copy should be submitted to the Department to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.

Your cooperation will be highly appreciated.

Head of Department

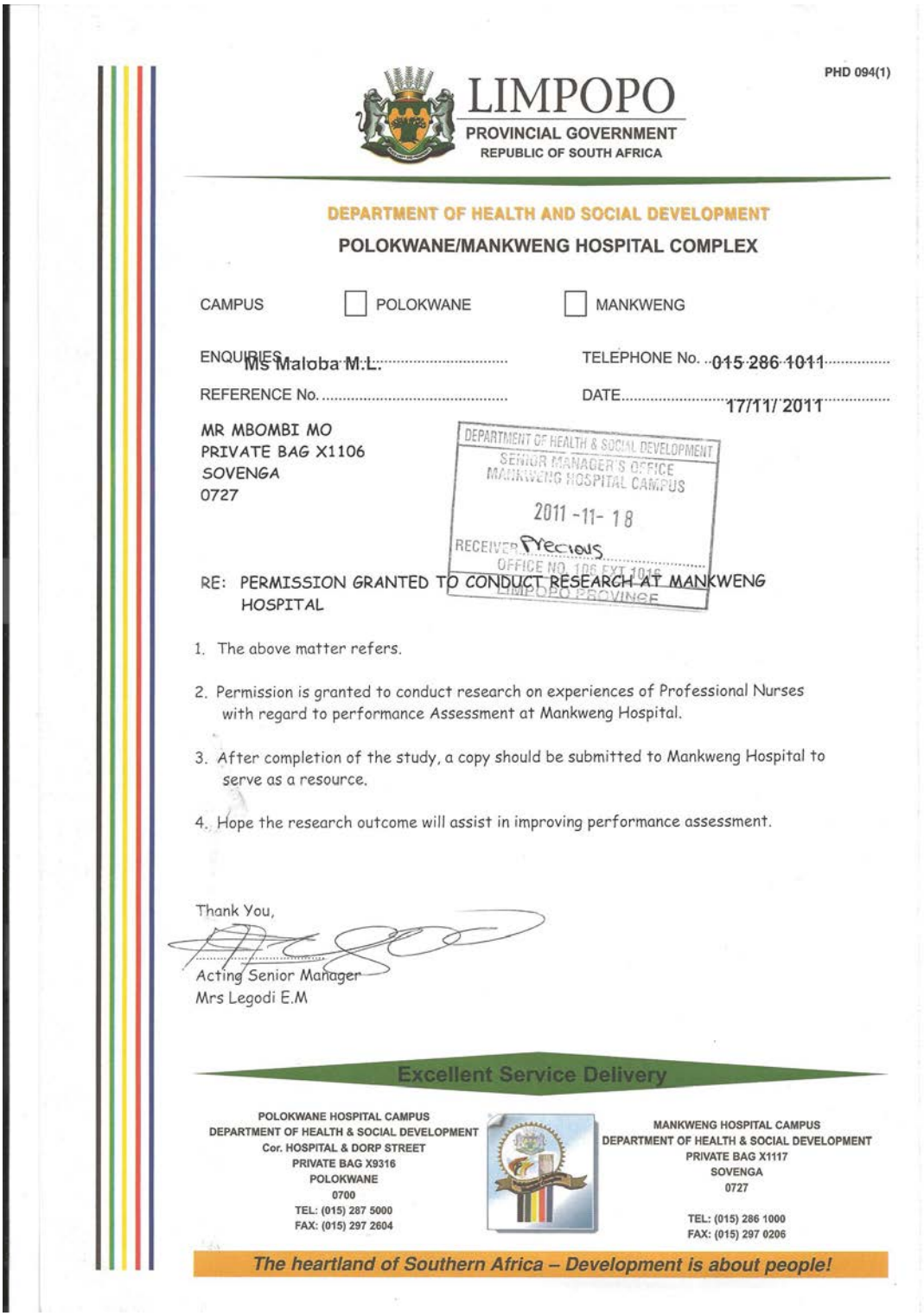
Department of Health

18 College Street, Polokwane, 0700, Private Bag x9302, POLOLKWANE, 0700
Tel: (015) 293 6000, Fax: (015) 293 6211/20 Website: http/www.limpopo.gov.za

The heartland of Southern Africa – *development is about people*

APPENDIX E:

APPROVAL LETTER (POLOKWANE MANKWENG HOSPITAL COMPLEX)



PHD 094(1)

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT
POLOKWANE/MANKWENG HOSPITAL COMPLEX

CAMPUS ☐ POLOKWANE ☐ MANKWENG

ENQUIRIES Ms Maloba M.L. TELEPHONE No. 015 286 1011

REFERENCE No. ..... DATE 17/11/ 2011

MR MBOMBI MO
PRIVATE BAG X1106
SOVENGA
0727

DEPARTMENT OF HEALTH & SOCIAL DEVELOPMENT
SENIOR MANAGER'S OFFICE
MANKWENG HOSPITAL CAMPUS
2011 -11- 18
RECEIVED Precious
OFFICE NO. 106 EXT 1016
LIMPOPO PROVINCE

RE: PERMISSION GRANTED TO CONDUCT RESEARCH AT MANKWENG HOSPITAL

1. The above matter refers.
2. Permission is granted to conduct research on experiences of Professional Nurses with regard to performance Assessment at Mankweng Hospital.
3. After completion of the study, a copy should be submitted to Mankweng Hospital to serve as a resource.
4. Hope the research outcome will assist in improving performance assessment.

Thank You,

Acting Senior Manager
Mrs Legodi E.M

Excellent Service Delivery

POLOKWANE HOSPITAL CAMPUS
DEPARTMENT OF HEALTH & SOCIAL DEVELOPMENT
Cor. HOSPITAL & DORP STREET
PRIVATE BAG X9316
POLOKWANE
0700
TEL: (015) 287 5000
FAX: (015) 297 2604

MANKWENG HOSPITAL CAMPUS
DEPARTMENT OF HEALTH & SOCIAL DEVELOPMENT
PRIVATE BAG X1117
SOVENGA
0727
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FAX: (015) 297 0206

The heartland of Southern Africa – Development is about people!

APPENDIX F:
UNSTRUCTURED INTERVIEW TAKEN FROM FOURTEEN INTERVIEWS CONDUCTED FOR THE MAIN STUDY

Participant 28

"My name is Oupa Mbombi, student from University of Limpopo, Turfloop Campus" (The procedure of obtaining consent continued).

"How can you describe your experience with regard to performance assessment?"

"According to my knowledge and how I see this, I think management want to see how the professional nurses perform and are a way of encouraging them to improve their production. On the negative side is time wasting and somewhere we are not involved in the issues like business plan, and when it comes to rating they will point out that you didn`t do that and they score you low while you not involved at first. Every time and every year especial at the first term, they normally give the lower rate because they say is a first term. No improvement and this makes the professional nurses to be demotivated, because instead of getting the points like 4-5, they normally give us 3 because is the first quarter and it doesn't give us courage. The nurse managers usually target you mistakes instead of correcting the problem, they punish your mistakes by giving you low scores, while they were supposed to have corrected me before. The rating is not… hmm… there are these people who always score 5 and even if you are productive they cannot give you 5 because you are not the nurse managers favourites, so it lowers our moral. I think the management must involve the staff and or do in-service training on the process of assessment, seemingly our nurse managers doesn't know the tool, they only target the areas that they understand but the whole tool they are not sure of, I think they need in-service training together with the staff. ***Ok…*** *The nurse managers must stop giving us 3 every time and also the thing of saying we don't have computer literacy every year almost 10 years, they don`t take us to school while we are always scoring 1-1, why can`t the management train the staff, so they must give us a chance to attend the workshop in computer and VCT based on the scores of 1. If you don't know VCT its delay patient care because we have to wait for that one person who was trained for VCT, and if you don't know computer is time wasting for the record keeping because we can`t use the computer."*

"You said you are not involved on some process/duties in the unit but when it comes to assessment time they quote it that you were supposed to have done this, ***actually what are the things that you are assessed on?*** *I need to know the budget of our unit because we order stock and equipment always, we need to know how much something cost so that we plan well, but we are not involved. When I say the nurse managers don't know how the tool work is because, when they assess us they need incidences which they specifically target patient care but things like education are not checked. When you wrote the incidence, they don't even read them as long as you have produce the incidence, they can give you 5 without considering which areas did you touch such as patient care, education and care of equipment's since they are all in the tool. They always give us 3-4 every first quarter and you can only get 5 at the last quarter, so is like you don't improve while they don't tell you your weak points, so that you can improve rather than giving 3 every time."*

"What can you say about your rating system?"

"They don't rate me well, hmm… ***based on what?*** *Based on the fact that they don't know the tool, and also based on my production that I know myself, so they make me to be less productive."*

"You said at first quarter they give you low scores, can you describe the levels of score?"

"It is from 1 to 5. Normally 1 to 3 score, is for the newly employed in the unit, 4 is average performance and 5 is high performance. To the experienced and trained, instead of saying that you have a problem on this duty, they will say is because it's a first quarter and if they know that I have the problem, they need to tackle it rather than giving 3 for ten years, so the tool doesn't show improvement."

"So, which score was high for you?"

"Three was the lowest score for me, and 5 was high score I ever obtained. If you are trained, they normally score you 5, never mind your productivity or how much you are delivering, they give you 5 based on that you are trained and it's been long that you were working in the unit. That's why I say they don`t know much about the tool and they don`t give them time to assess the professional nurses and they are not much involved in the duties of the unit. There

was a time where they were giving an individual 20% bonus for performance, but according to me that assessment was not good, because they only check the organ gram and select the high and low category, so it was not fair this assessment. It was not fair because the most productive people were not given."

"Then you said they use the process as a target for your mistakes instead of correcting you?"

"Yes, they will even point that here you remember what you have done, then they give low scores, instead of doing an immediate action or correction rather than to limit points based on previous mistakes which were supposed to have corrected."

"What are the measures that they take when you scored low?"

"That's why I said they only wait for the assessment. There is nothing done, there is no follow up on what have you improve after we scored you low, hence there are corrections done."

"You said there people who will always get 5-5, who are these people and the motive behind?"

"You know in our profession there is lot of friendship, there is biasness, and if you are close to the nurse manager you will always get lower marks irrespective of your productivity, so it lowers our moral because we can`t always be close to the nurse manager. This affects the patient care, because of moral and less productivity."

"How do you end up knowing that so and so got a score of 5?"

"They talk, when we are together, they say they were given 5, while you can see that, the person doesn't really deserve 5. There are people who are punctual and delivering, always on duty but they get low score,"

"Ok, so you believe them when they talk?"

"Yes, and is a problem to us, because there are productive people who are not getting what they deserve."

"You said nurse managers don`t involve staff, specifically which areas do you want to be involved?"

"We want to be involved on business plan, and policy making. ***Did you ask why are you not involve in issues of budget but you are assessed on such duties?*** *Yes, I was surprised because previous we used to be involved in things like policy making and budgeting, but now it's only nurse managers who are doing such things, they are always going in the meeting for drafting standards but surprisingly in the units there are no standards/policies, so how can they assess me in things that are not in the unit."*

"You said nurse managers need training as well as staff, what kind of training?"

"The training concerning the tool."

"About what?"

"The whole tool, how does it work, involve us and study the tool on how to correct one another."

"Then, not being taken to school while always scored 1, like VCT and computer literacy, were you given motivations behind this issue? There are no motivations, seemingly is like there are other units that are taking their staff for computer and VCT but in our units we don't get that chance."

"You talked of writing incidences, what do you write on incidence?"

"You are supposed to write when you score 5 but with them you write even if they gave 3. They will say in the panel for assessment they need incidences, but it look like even in the panel they don't check the incidence because they are supposed to check on the issues you wrote against the incidences provided."

"Then what makes you say that the panel doesn't read the incidences?"

"Because you can write incidences about the same patient and issues for the whole year but they will never approach you to say that you wrote about the same patient, ***is the patient not discharged?*** *You can duplicate as much as you can because they are tiring."*

"You said writing incidences is tiring, can you elaborate on that?"

"Because they don't give you a courage though you write the incidences."

"What are the contents of these incidences?"

"We are supposed to write about the headings on the tool which is patient care, human resource usage, Batho Pele, education but you find that you even teach the professional nurses, clients and patients relatives, but on the incidence you will write about the patient care only. They won't check after rating that on the issues of Batho Pele or education you wrote a point, but they will give you 5."

"How do you feel about writing of the incidences*?"*

"It's time wasting and they must get rid of it."

"So, you don't need to motivate your performance now?"

"It doesn't motivate me because we only write about the same thing and they don't read, they were supposed to come with corrections saying that no; you must improve on this issue."

"Why do you write about the same thing?"

"Because is time consuming and since the assessment process is hard for me to think that on this date I did something that is an incident, and they don't give us time to prepare."

"How was your previous assessment?*"*

"No it was not fair, hmm……. because they didn`t sit down with me and go through the tool, as I have said, they only targeted my mistakes and scored me, though we did sit down but we didn't go point by point and say how I feel about it. ***How did you score?*** *I don't remember.*

*"****How was the process?"***

"It was the time when they said because we know you, I will give you point here. ***So the other people that they don't know?*** *No even on this issue of saying I know, it can have side effect on me, she can give me 3 or 2."*

"How many people assessed you?"

"It was two people."

"What is your suggestion to the process?"

"I think we need to be 'workshopped' about this tool, starting from the nurse managers to the panel and us professional nurses; the nurse managers need to come up with some information if they know about the assessment and the panel is always on hurry, they must give us enough time."

"What is the purpose of the panel?"

"Is to ensure that the nurse managers assess professional nurses with fairness, but it looks like they don't even go through the assessment tool so as to provide us with feedback. The nurse managers must not look at our face and score us because it demoralises us. They must have us time frame for the assessment, the time that will enable us to prepare thoroughly."

"Anything you would like to suggest?"

"No, I have nothing to suggest."

"Thanks for your participation."

APPENDIX G:

CERTIFICATE FROM INDEPENDENT CODER

CERTIFICATE FROM INDEPENDENT CODER

INDEPENDENT CODER CERTIFICATE

Qualitative data analysis

Masters degree in Nursing Science

M.O. MBOMBI

THIS IS TO CERTIFY THAT:

Prof M.S. Maputle has co-coded the following qualitative data:

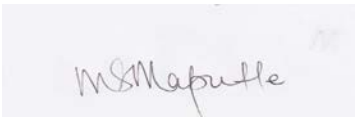
14 Individual interviews and field notes

For the study:

Experiences of professional nurses with regard to performance assessment at the Polokwane Mankweng Hospital Complex, Polokwane Municipality

I declare that adequate data saturation was achieved as evidenced by repeating themes.

PROF MS MAPUTLE



APPENDIX H:

POLOKWANE MANKWENG HOSPITAL COMPLEX – PROFESSIONAL NURSE PERFORMANCE EVALUATION

Name: _____ Title _____

Evaluation Period _____ To _____

Date Assessment Conducted: _____

RATE EACH CATEGORY SEPARATELY – May include supporting comment and/or demonstrated example to support each rating given.

JOB KNOWLEDGE & COMPREHENSION: Understands and is knowledgeable of duties, methods, and procedures required by the job.

Satisfactory **Needs Improvement**

_____

_____

WORK QUALITY: Completes work assignments thoroughly and completely in an accurate, prompt, and neat manner.

Satisfactory **Needs Improvement**

_____

_____

CONTRIBUTION TO WORKPLACE ENVIRONMENT: Demonstrates and promotes cooperation and positive behaviour in the workplace. Takes accountability for job responsibilities. Promotes and supports the organisation and its patients.

Satisfactory **Needs Improvement**

_____

_____

WORK RELATIONSHIPS: Gets along well with co-workers and patients. Treats everyone with courtesy and respect. Willingly, accepts supervision. Follows up promptly on requests, complaints, and concerns. Responds appropriately in confrontational situations

Satisfactory **Needs Improvement**

_____

_____

INITIATIVE/PROBLEM SOLVING/ DECISION MAKING: Performs with minimal supervision, acts promptly, and seeks solutions to resolve unexpected problems that arise on the job, and makes practical routine decisions. Appropriately seeks nurse manager guidance.

Satisfactory **Needs Improvement**

_____

_____

SAFETY: Notifies nurse manager of potential and actual safety issues.

Prevents and takes corrective action for physical safety, sanitation, and infection control within work area. Considers safety of self and others while working.

Satisfactory **Needs Improvement**

_____

_____

ATTENDANCE & PUNCTUALITY: Dependable, arrives at work on time, reports on all scheduled days, and adheres to break and meal schedules. Reports off and on and requests leave according to hospital policy and service level expectations.

Satisfactory **Needs improvement**

_____

_____

SPECIFIC FOR THE UNITS, SUCH AS NURSING A VENTILATED PATIENT: Demonstrates and promotes cooperation and positive behaviour in the workplace. Takes accountability for job responsibilities. Promotes and supports the organization and its patients.

Satisfactory **Needs Improvement**

_____

_____

CONTINUING EDUCATION: Professional nurse has completed the minimum required number of continuing education hours, and actively and willingly participates in training activities.

Yes **No**

_____

_____

GENERAL NURSE MANAGER'S COMMENTS:

_____

_____

_____

_____

_____

_____

_____

My signature below indicates that I am aware of the duties and responsibilities of my position, and that I have had an opportunity to review and comment on this evaluation.

Professional nurse's Signature: _____ Date: _____

APPENDIX I: Letter from the editor

* The stars that tell the spade when to dig and the seeds when to grow *
* Isilimela – iinkwenkwezi ezixelela umhlakulo ukuba mawembe nembewu ukuba mayikhule*

P O Box 65251
Erasmusrand
0165

04 January 2013

Dear Mr Mbombi

CONFIRMATION OF EDITING YOUR DISSERTATION AND WITH THE TITLE EXPERIENCES OF PROFESSIONAL NURSES WITH REGARD TO PERFORMANCE ASSESSMENT AT THE POLOKWANE MANKWENG HOSPITAL COMPLEX IN THE POLOKWANE MUNICIPALITY, CAPRICORN DISTRICT OF THE LIMPOPO PROVINCE

I hereby confirm that I have edited the abovementioned dissertation as requested.

Please pay particular attention to the editing notes AH01 to AH38 for your revision.

The tracks copy of the document contains all the changes I have effected while the edited copy is a clean copy with the changes removed. Kindly make any further changes to the edited copy since I have effected minor editing changes after removing the changes from the tracks copy. The tracks copy should only be used for reference purposes.

Please note that it remains your responsibility to supply references according to the convention that is used at your institution of learning.

You are more than welcome to send me the document again to perform final editing should it be necessary.

Kind regards

André Hills
083 501 4124