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THE UTILISATION OF PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM FOR CONTINUOUS PROFESSIONAL DEVELOPMENT OF NURSE EDUCATORS IN GAUTENG NURSING COLLEGES

FULL RESEARCH DISSERTATION FOR THE DEGREE M CUR

IN ADVANCED NURSING MANAGEMENT

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DECLARATION

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I declare that the thesis "**The utilisation of performance management and development system for continuous professional development of nurse educators in Gauteng nursing colleges"** is my original work and that it has not been submitted for any degree or examination at any other institution. All sources that have been acknowledged by means of complete references in the text and the reference list.

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MATSHEDISO PATRICIA TJALE   **DATE**

DEDICATION

In loving memory of

My late parents Kealeboga Derrick and Lulu Doris Moletsane. You were my best parents ever.

My late father in-law Abram Lesetja Tjale and brother Kgosiekoma Edwin Moletsane. I will always value your memories

This work is also dedicated to the many people who inspired me throughout my academic journey.

My husband Malesela Timothy, for his love, patience, unconditional support and encouragement may the almighty God bless and give you more fulfilled days.

My mother-in law Ramasela Lydia Tjale for support and word of encouragement.

My children Nkagiseng Bradley, Modiegi Hilda, Kealeboga Abram and Letlhogonolo Lydia Tjale. Thank you for the love, support, encouragement to complete my studies and believing in me.

My grandchildren Amogelang, Reamogetswe, Kamogelo and Koketso who was assisting me with technology.

My aunt Kgomotso Joyce Moiloa, sisters and brothers for your motivation and support.

My nephews and nieces hope this will be an inspiration to all of you.

I thank you for your unconditional support and embracing me with your love, I love you all.

ACKNOWLEDGEMENTS

To all the library staff of the University of Pretoria and SG Lourens Nursing College for your guidance during the searching of relevant literature, it has assisted me in further developing the skills.

To Mrs A.N. Xaba, for assisting in data collection, for inspiring and believing in me when I was doubting myself, your assuring words pushed me to keep on going.

My colleagues and study companions Mrs G.T.M Motswasele, Mrs M.L. Mosetlhe. I am blessed to have shared study challenges with you.

My friends, Mrs M.A Mnguni, Ms M.T Mosupyoe, Mrs F.M. Mathibe, Mr P.J and Mrs K.C Sambo for being a support system during this journey.

To this study participants, nurse educators who unselfishly shared personal experiences to further strengthen the development of nurse educators in Gauteng nursing colleges.

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LIST OF ABBREVIATIONS / ACRONYMS

Abbreviation / acronym	Meaning
CPD	Continuous professional development
DoH	Department of Health
DPSA	Department of Public Service and Administration
FGI	Focus group interview
GAF	Generic assessment factor
KRA	Key result area
NSPNETP	National Strategic Plan for Nurse Education Training and Practice
PDP	Personal development plan
PMDS	Performance management and development system
SANC	South African Nursing Council

ABSTRACT

THE UTILISATION OF PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM FOR CONTINUOUS PROFESSIONAL DEVELOPMENT OF NURSE EDUCATORS IN GAUTENG NURSING COLLEGES

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Introduction and Background

A performance management and development system (PMDS) policy acknowledges the right of every employee to be exposed to continuous professional development (CPD), and states that it is the duty of every manager to assure the CPD of nurse educators**.** As a significant part of the academic staff in nursing education institutions, nurse educators are also subjected to the PMDS as academic career progression is dependent on the PMDS. In-service education and CPD are mandatory and are supported by the National Skills Development Act 37of 2008. However, CPD remains a challenge in nursing, as the South African Nursing Council has not yet made CPD compulsory for re-registration of professional nurses.

Purpose

To explore and describe the utilisation of PMDS for continuous professional development of nurse educators in Gauteng nursing colleges.
To recommend strategies for continuous professional development for nurse educators in Gauteng nursing colleges.

Methodology

A qualitative, explorative, descriptive and contextual approach was used to obtain information from ten focus groups in Gauteng nursing colleges. Purposive sampling methods was used to select participants from the nurse educators currently working in three nursing colleges in Gauteng. Data was collected by means of interviews followed by data analysis using Tesch's method of data analysis.

Findings

The following six main themes emerged as: PMDS as a cyclic approach, inadequate development, inadequate support, psychological impacts, policy related factors and suggested improvements.

Conclusion

The study concluded that some of the nurse educators emphasised that the utilisation of PMDS for continuous professional development of nurse educators in Gauteng nursing colleges brought positive reinforcement for their professional development, while other nurse educators highlighted that PMDS was not properly utilised and had negative implications on their development. Recommendations for nursing education and Department of Health have been clearly described.

Key words: Utilisation, continuous professional development, performance management and development system, nurse educator

CHAPTER 1
ORIENTATION TO THE STUDY

1.1   INTRODUCTION

A performance management and development system can be defined as the collective range of future-oriented activities that focus on how individuals and groups within the organisation can continuously develop and improve their academic performances, with the overarching purpose of improving the organisation's performance (Hartel & Fujimoto, 2010:263). In South Africa, the strategy for a performance management and development system (PMDS) was adopted in 2003 and was followed by the Department of Public Service and Administration's (DPSA) Employee Performance Management and Development System (DPSA, 2007:11). Thus, policies and guidelines specific to the PMDS guide the effective application of the PMDS.

According to the DPSA (2003:6), development of staff is specifically addressed by PMDS. Performance is achieved on a continuous and reliable basis to identify and recognise staff rendering an exceptional service and create an environment where all persons are advanced, encouraged and inspired to deliver an excellent service based on effective performance. The PMDS also assists in identifying learning needs for continuous professional development (Letsoalo, 2007:6; Gauteng Provincial Government Performance Management & Development Policy, 2001:4).

Performance management has three key purposes namely, i) organisation; ii) management; and iii) development. The organisation role compares employees' performance to the general administrative planning. Performance management provides guidelines to assist supervisors to make vital conclusions. The development function is recognised through the providing of evidence on the strengths as well as learning needs of employees and the need to have knowledge of the job and organisation mission (Lutwana, Roos & Dolamo, 2013:4).

An effective developmental and training system is strongly recommended to motivate the employees to work optimally (Daoanis, 2012:60). Within the PMDS there is a personal development plan. The objective of a personal development plan stands to identify any performance productivity deficit in the effort of the worker and include ways for constructive

feedback. The personal development plan identifies the required competencies and the development needs to be met by each employee. The policy guidelines on PMDS give a clear sense of direction to providing honest and constructive feedback to employees so that the optimal performance can be achieved (Daoanis, 2012:60). However, according to Letsoalo (2007:6), Paile (2012:9) and du-Plessis (2015:5), most of the PMDS recommendations from researchers are based on the benefits such as the scoring and the incentive, but less attention is given to the development of professional nurses including the academic staff in the nursing colleges. This is further aggravated by the inadequate of a national continuous professional development point system for the nursing profession.

Every employee has the right to be exposed to the PMDS and every manager in the organisation has the duty and responsibility to execute this system. A personal development plan assists in identifying developmental needs of the employee, as well as methods to improve identified needs (DPSA, 2007:11). Nurse educators are also subjected to PMDS, as academic career progression is dependent on a PMDS. Nurse educators' main functions include facilitating teaching and learning, accompaniment of students for correlation of theory and practice, support and guidance of students, mentoring of newly appointed nurse educators, and implementation of research. Promoting the mission and maintaining the positive image and standards of the college, and providing and maintaining information on all training matters regarding students are additional essential functions (Tanner, 2010:347; SANC, 2014:2; Nursing Act 33 of 2005, Section 31). Continuous professional development is necessary to keep nursing educators up to date with changes taking place in nursing education and higher education at large.

The Higher Education Act 101 of 1997 as amended, requires that all professional degree courses be offered at Universities. In response, the National Strategic Plan for Nurse Education, Training and Practice recommended that a basic four-year diploma in nursing be offered at Degree level. (Department of Health [DoH], 2012/13-2016/17:21-33). The same views are echoed in the South African Nursing Council framework. These recommendations will bring changes in terms of how the nursing colleges are managed as nurse educators will have to hold a qualification themselves that is more advanced than the course that he or she is presenting. This implies that teaching a bachelor's degree will require the nurse educator to have a Master's degree or higher qualification (Nursing Act 33 of 2005). Therefore, there is a need for the development and improved career pathing for nurse

educators in their academic careers. This development can be augmented through a PMDS. In this study, the utilisation of PMDS for continuous professional development of nurse educators in Gauteng nursing colleges will be explored.

1.2   BACKGROUND AND RATIONALE

The idea of performance management is far from new and it has long been accepted that performance needs to be successful. Before 1994, different appraisal systems were used and automatic rank promotion and notch increments were implemented differently by the provinces. Between 1994 and 2003, there was a PMDS policy void as no strategy was presented to substitute the longstanding policy directives and, as a result there was uncertainty amongst public servants (Paile, 2012:1). The Public Service Regulations of 2001 was revised to include performance management and coach national and provincial government institutions to progress rules on the PMDS. The Gauteng Provincial Government introduced a uniform policy on the PMDS on 1 April 2003 and this policy has been implemented since July 2004 (du-Plessis, 2015:6).

The PMDS is an intentional, on-going process with the purpose of managing and developing the worker for the attainment of the institute's strategic goals and awareness of carrying out duties and improving outcomes of the organisations. The personal development plan is a prerequisite of the performance agreement, whereby the significant capability and other developing essentials of the employee is recognised. (DPSA, 2007:11). The PMDS highlights that employees should be armed with skills, information and capabilities and be managed consistently to meet the developmental needs as stated in the personal development plan with agreed key performance areas (Letsoalo, 2007:6; Mosoge & Pilane, 2014:13).

However, Letsoalo (2007:6) further states that supervisors use PMDS as an instrument to promote and punish a subordinate, instead of using it as method of developing staff, and further states managers are not mentoring and coaching subordinates on performance and no formal training programme is in place. Furthermore, Paile (2012:86) recommends that the development and training of staff about the correct understanding and knowledge on the implementation process of PMDS is necessary.

Organisations must focus on attracting and retaining quality talented individuals. The continuous professional development of employees is needed to improve standards of service delivery and improve compliance with the PMDS policy and implementation of personal development plans. Furthermore, effective communication and associations between juniors and supervisor should be enabled (Sedumedi, 2012:138). Development is the key to organisational investment in employees and yields greater results such as improved self-esteem and morale. (Lutwana, Roos & Dolamo, 2013:6).

According to Brown and Sitzmann (2011:469), continuous training influences individual performance through changes in employees' knowledge, skills, attitude and motivation. Letsoalo (2007:4) identifies the importance of continuous training of supervisors and employees as a prerogative of organisations as it increases the probability of retraining, and will therefore motivate and promote an improved service delivery. Furthermore, Letsoalo (2007:20) identified that a inadequate of development of staff may lead to a high turnover, low morale, low motivation and disgruntlement. In-service education and continuous professional development (CPD) are mandatory to be implemented for the development of employees and are supported by the National Skills Development Act (37of 2008). However in South Africa, CPD remains a challenge in nursing as the South African Nursing Council (SANC) has not yet made CPD compulsory for registration and re-registration (Nursing Act 33 of 2005, Section 39).

The transformation of nursing colleges to higher education has led to a rising awareness in development of nurse educators towards higher education. The objectives of higher education are to provide in-depth information and implement education expansion (NSPNETP, 2012/13-2016/17:34). Therefore, it is important that nurse educators be continuously prepared in new endeavours occurring in the higher education milieu such as modern technologies, research methodologies and new teaching strategies. Learners will gain more knowledge and skills from nurse educators who are keeping themselves abreast with new knowledge. Boyd (2010:156-162) states that nurse educators need to be encouraged to develop and participate in non-formal research systems. In-service, official training as part of the educational training will support workplace learning. Toker (2011:157) states that employee development can expand efficiency, reduce staff turnover and improve inspiration and obligation. The National Strategic Plan for Nurse Education, Training and Practice (NSPNETP, 2012/13-2016/17:32-33) also supports continuous education of all

nurses by endorsing the clinical model and the re-establishment of clinical departments in healthcare settings. The strategic plan further states that there is inadequate CPD which influences the quality of teaching, clinical accompaniment and supervision of learners despite PMDS emphasising professional development as part of its core elements. (NSPNETP, 2012/13-2016/17:32-33).

In the light of the studies referred to in this literature review, the researcher decided to conduct research on exploring the utilisation of PMDS for continuous professional development of nurse educators in Gauteng nursing colleges

1.3   PROBLEM STATEMENT

In South Africa, different government departments have done numerous studies on PMDS concerning ineffective implementation of performance policy, perceptions and attitudes of staff, lack of knowledge and on development of employees (Letsoalo, 2007:6; Paile, 2012:9; & du-Plessis, 2015:5). The problem is not only experienced nationally in South Africa but also in other countries. A study on assessing implementation of performance management in Uganda (Lutwana et al., 2013:11) found that the performance indicators and principles remained unclear to all employees as well as supervisors. The study also revealed the lack of constructive performance feedback, which is part of continuous professional development, to improve identified learning needs. According to the objectives of PMDS, if constructive feedback is not given, employees will never know shortcomings thus hindering the improvement of performance (Paile, 2012:86; du-Plessis, 2015:5). The number of performance management and development system complaints/ dissatisfaction, are increasing amongst the lecturers at the nursing colleges with regards to the final performance outcome. Despite in-service training and several workshops that have been done, tensions and conflicts are still observed, especially on the final performance assessment. In November 2014, college management received a memorandum of concern from the lecturers about the outcomes of performance management and development system.

Despite having the guidelines and policies in place to develop academic staff, it seems there are challenges which range from lack of knowledge, negative perceptions and attitudes

towards the implementation of PMDS to improve development of employees, as proved by the above literature. As nursing colleges are in the process of moving to higher education, there is a need to upgrade qualifications and strengthen the research component among nurse educators in line with the requirements of the Higher Education Qualifications Framework. It is therefore critical that the employers view the development needs of nurse educators as priority in the performance management and development system. This study will therefore focus on exploring the utilisation of PMDS for continuous professional development of nurse educators in Gauteng nursing colleges.

1.4   SIGNIFICANCE OF STUDY

Nursing colleges in Gauteng may become part of higher education in future. It is therefore necessary that the nurse educators be developed academically to prepare them to qualify and meet the requirements of teaching in higher education institutions. The findings of the study may identify the gap in the development of nursing educators through PMDS. The findings of this study may benefit the Department of Health (DoH) in that it will be encouraged to review PMDS policies to improve the utilisation of PMDS to address personal development needs of nurse educators. The findings of the study and the recommended strategies for CPD for nurse educators may increase academic development in Nursing Education and increase the quality of education and training. This in turn may result in the improvement of the overall health service delivery to the South African population.

1.5   RESEARCH QUESTION

How is PMDS utilised for continuous professional development of nurse educators in Gauteng nursing colleges?

1.6 PURPOSE OF THE STUDY

- To explore and describe how PMDS is utilised for continuous professional development of nurse educators in Gauteng nursing colleges.
- To recommend strategies for continuous professional development for nurse educators in Gauteng nursing colleges.

1.7 CONCEPT CLARIFICATION

The following concepts are applicable in this study:

1.7.1 Performance management and development system

The PMDS is an intentional, on-going, process with the purpose of managing and developing employees for the attainment of the organisation's strategic goals, assessment and awareness of carrying out duties and improving outcomes from the organisations, groups and individuals by regulating performance within an approved framework of planned goals, objectives, standard and incentives (DPSA, 2007:6). In this study, the PMDS was used to explore and describe the continuous professional development of nurse educators in Gauteng nursing colleges.

1.7.2 Nurse Educator

A nurse educator is a registered nurse who has progressive teaching experience with innovative scientific teaching as a healthcare speciality. In the teaching role, responsibilities include the designing of curricula, development of study programmes and evaluating learning (Bartels, 2005:42). A nurse educator fulfils many roles and functions; the core competence is to educate and train novice nurses within their own primary area of interest, competence, and professional practice. The nurse educator prepares licensed nurses for a practice position (SANC, 2013:76). A nurse educator is a critical player in declaring excellence in professional practices that formulate the nurturing of staff aimed at different experiences. In this study, a 'nurse educator' was referred to an academic staff member that has teaching qualifications and is actively involved in teaching at a nursing college and registered with SANC.

1.7.3 Utilisation

Utilisation refers to the "act of bringing something to bear, using it for a particular purpose, especially to make profitable or effective use of an approach" (Collins Dictionary, 2009:1293). In this study, the researcher explored the effective use of PMDS for continuous professional development of nurse educators in Gauteng nursing colleges.

1.7.4 Continuous professional development

According to Kemp and Baker (2013: 542), CPD is a term which represents the process of the ongoing education and development of education or healthcare professionals, from initial qualifying education and for the duration of professional life, in order to maintain competence to practice and increase professional proficiency and expertise. CPD is referred to as a framework of learning and development activities which are intended to contribute to continued lifelong effectiveness and competence as a practitioner (Nursing Act 33 of 2005, Section 39). In this study, CPD encompasses a broad range of terms related to ongoing learning which describe the knowledge and skills transfer undertaken by nurse educators with the aim of maintaining competence to practice.

1.8 PARADIGM

A paradigm is viewed as a set of basic beliefs about the nature of knowledge and social world, a general perspective on the complexities of the world that influences thinking and research (Polit & Beck, 2012:11). The researcher will be using a qualitative approach that is explorative and descriptive; the qualitative paradigm which is called constructivism will guide the study. Constructivism is ideal, natural and holistic. Constructivism is based on subjectivity, interpretation, understanding and engages the participants in acquiring first-hand knowledge about the meaning that people attach to everyday life (De Vos, Strydom, Fouché & Delport, 2011:74). In the study, data collection and data analysis will be done simultaneously; the uniqueness of each person will be recognised, although universal meaning is also sought. The authenticity is essential to the work and the voices of both the researcher and the participants will be reflected in writing the findings (Polit & Beck, 2012:15).

1.9 PHILOSOPHICAL ASSUMPTIONS

The assumption is a realistic expectation; it is something we believe to be true (Burns & Grove, 2011:38) even if no adequate evidence exits to support this belief, in other words, an assumption is an act of faith which is not supported by empirical evidence (Botma et al., 2010:106). The constructivist paradigm assumptions will be discussed:

1.9.1 Ontological assumption

Polit and Beck (2012:13) explain that 'ontology' refers to the multiple and subjective nature of reality. Within the ontological worldview, it is assumed that the reality we know is constructed intersubjective because the meanings and understandings we ascribe to this reality are socially and experientially based. In research, it is the participants themselves who directly provide their lived experiences (Botma, Greeff, Mulaudzi & Wright, 2010:44). According to Denzin and Lincoln (2011:103), this subjective reality is important in research as every participant experiences it in different ways. People construct meaning in social interactions and the researcher is part of reality. The researcher further interprets how the participants interpret reality. In this study, the researcher will explore the utilisation of PMDS for continuous professional development of nurse educators in Gauteng nursing colleges as it happens in a real situation.

1.9.2 Epistemological assumption

Epistemology is transactional and subjective and the investigator and the object of investigation are presumed through interaction with participants so that the findings are literally created as the investigation proceeds. To understand the participants' experiences in more detail, the researcher must be available for the participants as far as possible by either conducting the study where the participants work or live, or then at a neutral place (Creswell, 2014:18; Polit & Beck, 2012:13). The findings of a study should be a creation of the interactive process, as the process explains the actual developments during the data collection and analysis processes of the study. The researcher hopes to develop new knowledge regarding the utilisation of PMDS for continuous professional development of nurse educators in Gauteng nursing colleges, through interaction with participants.

1.9.3   Methodological assumption

Methodology is an inductive process and seeks in-depth understanding through the logic followed in qualitative research (Creswell, 2014:22). Different interpretations may be refined through interaction between researcher and participants. To explore the utilisation of PMDS for the continuous professional development of nurse educators in Gauteng nursing colleges, the researcher will gain trust and use focus groups to interact with participants for acquiring information until saturation has been achieved (Polit & Beck, 2012:1).

1.10   RESEARCH DESIGN AND METHODS

The researcher followed a qualitative approach, contextual, exploratory and descriptive design. The objective was to explore and describe how PMDS is utilised for continuous professional development of nurse educators in Gauteng nursing colleges. The study population consisted of the nurse educators currently working at three specific nursing colleges in one province, namely Gauteng, with a population of 385 nurse educators in all nursing colleges. The researcher purposively selected participants who were legible to provide relevant, quality information to achieve the objectives of the study. The focus group interviews were conducted until data was saturated. Data was qualitatively analysed. Data analysis was done simultaneously with data collection after each focus group was conducted. Field notes and the transcripts were analysed. Themes and sub-themes were identified and controlled with literature. More information on research methods and design followed in this study will be discussed in Chapter 2.

1.11   MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness is defined as the degree of confidence qualitative researchers has in their data; assessed using the criteria of credibility, transferability, dependability, confirmability and authenticity (Polit & Beck, 2012: 745). More details on trustworthiness will be discussed in Chapter 2.

1.12 ETHICAL CONSIDERATIONS

Burns and Grove (2011:111) explain the ethical consideration as the protection of the rights of participant and a principle to ensure participants are not harmed in a research study. The researcher observed five ethical principles specifically beneficence, respect for human dignity, justice, informed consent and confidentiality. In this study, the principles were observed as follows: (Botma et al., 2010:277; Polit & Beck, 2012:152).

1.12.1 *Beneficence*

Beneficence was based on the principle that the individual has the right to be protected against exploitation and the right to freedom from harm and discomfort. Ethical researchers must be ready to terminate a study if they suspect that continuation would result in injury or undue stress. The researchers provided a conducive setting that was stress free and treated participants with esteem, equality and adhere to questions relevant to the study. Permission from college principals and nurse educators was obtained before the study was conducted. Furthermore, the researcher informed the participants about their right to withdraw from the study if they experienced any physical or psychological harm during the study. (Botma et al., 2010:20; Polit & Beck, 2012:153).

1.12.2 *Respect for human dignity*

In this study, participants were given information on the right to be treated with respect and dignity, participants were given sufficient information so that they could make an informed decision on whether to participate or not (Polit & Beck, 2012:154). A written consent was obtained from the participants and they were reassured that they have a choice to take part in this study. Participants were informed about their rights to withdraw from the study, they were given chance to read through the covering letter and the purpose of the study, as well as the risks and benefits of participation

1.12.3   Justice

This criterion covers the participants' right to fair treatment and privacy, reasonable sharing of welfares and the weights of research. In this study, the researcher did not discriminate against any participants, the right to fair treatment and right to privacy was observed as the discussion took place in a private room, and the participants were assured that their identity will be kept anonymous from those who were not participating in the focus group (Speziale, Streubert & Carpenter, 2011:65). Permission to conduct the research was obtained from the Faculty of Health Science Research Ethics Committee of the University of Pretoria, the Regional Director of Gauteng Health Research Department and the Principals and vice-principal of the specific nursing colleges (Polit & Beck, 2012:155).

1.12.4   Informed consent

This ethical principle emphasises the participants' right to know what the research was all about and how the study will affect them, as well as the risks and benefits of the study. The participants were given enough information about the study to be able to decide on whether to participate in the study or not and to have participants sign informed consent. In this study, all participants were informed on the purpose of the study and informed consent obtained from all participants. The researcher visited three nursing colleges to briefly explain this study to the academic staff (Creswell, 2014:96; Polit & Beck, 2012:155)

1.12.5   Confidentiality

To confirm confidentiality, no names of the participants were attached to any data collected. Identification numbers, for examples number "C" were assigned to each participant but not their real names.

1.13 ORGANISATION OF THE STUDY

The structure of the study will be as follows:

CHAPTER 1:   Orientation to the study

CHAPTER 2:   Research design and methods

CHAPTER 3:   Presentation of findings of the study

CHAPTER 4:   Discussion of results and literature control

CHAPTER 5:   Summary of findings, Recommendations, Implications, Limitations and Conclusions

1.14 CONCLUSION

In this chapter, the introduction of the study was reported. A review on background of problem, the problem statement, aim, objectives and the paradigms that informed the study were discussed in detail. The summary of the research design and methods, measures to ensure trustworthiness and the ethical considerations followed in the study were highlighted. In Chapter 2, an in- depth discussion of research design and methods will be discussed in detail.

CHAPTER 2
RESEARCH DESIGN AND METHODS

2.1   INTRODUCTION

The chapter one focused on the introduction to the study. In this chapter, the research design and methods of the study are discussed through elaborating on the design, population, sampling, data collection methods, the measures used to ensure trustworthiness and the data analysis. A qualitative approach was followed to answer the research question and was appropriate to explore and describe the utilisation of the PMDS for continuous professional development of nurse educators in Gauteng nursing colleges. The researcher aimed to focus on gaining insight from the participants on the meaning regarding the utilisation of PMDS for continuous professional development of nurse educators in nursing colleges in Gauteng province (Botma et al., 2010:190)

2.2   RESEARCH DESIGN

Research design is the plan or blueprint that the researcher undertakes for carrying out the study (Bruce, Klopper & Mellish, 2011:384). A qualitative design that is explorative, descriptive and contextual was conducted based on the purpose of this study (Burns & Grove, 2011:545). The researcher used the constructivism approach to explore the phenomenon of which little knowledge exists – to plan the study and execute the collecting and analysing of the data (Denzin & Lincoln, 2011:100). This method of enquiry allowed the researcher to socially construct the meaning and interpretations of the factors that affect the development of nurse educators in nursing colleges (Botma et al., 2010:185). Furthermore, the qualitative design is an emergent design (Polit & Beck, 2012:487). In this study, the researcher made decisions reflecting on the data that emerged.

A qualitative approach was followed as it was appropriate to exploration and description of the utilisation of the PMDS for continuous professional development of nurse educators in Gauteng nursing colleges. The researcher aimed to focus on gaining insight from the participants on the meaning of their lived experiences regarding the utilisation of PMDS to

address continuous professional development of nurse educators in nursing colleges in Gauteng province (Botma et al., 2010:190)

2.2.1 Contextual design

Qualitative studies are always contextual, as the collected data are only valid in a specific context. Themes and categories emerged from the data leading to context-bound information explaining the phenomenon under study, resulting in a more subjective data analysis (Fouché & Delport in De Vos et al., 2011:65). Contextualised research focus on the setting where research was conducted and where participants experience the issue or problem under study (Botma et al., 2010:195). In this study, the research was conducted in the three nursing colleges in Gauteng Province.

2.2.2 Exploratory design

Explorative research develops an initial understanding of phenomena (Botma et al., 2010:50). The explorative research design is appropriate in this study, as it provides in-depth information regarding the continuous professional development of nurse educators in Gauteng nursing colleges. The researcher explored the utilisation of PMDS for continuous professional development of nurse educators in Gauteng nursing colleges. This helped to develop understanding of the utilisation of PMDS for continuous professional development of nurse educator in Gauteng nursing colleges.

2.2.3 Descriptive design

Descriptive research produced data in the participant's own written or spoken words. It refers to a more intensive examination of phenomena and their deeper meanings, thus leading to thicker description (De Vos et al., 2011:65). Descriptive research describes and examines characteristics of a single sample. Data in the descriptive study was obtained systematically and in a standardised manner (De Vos et al., 2011:66). In this study, the descriptive design helped to obtain complete and accurate information about a phenomenon through discussion and observations during the FGI. The descriptive design provided the researcher with perceptions, fears and assumptions as described by nurse educators regarding the

continuous professional development of nurse educator in the nursing colleges in Gauteng Province as the situation occurs (Botma et al., 2010:111, Burns et al., 2013:66)

2.3   RESEARCH METHODS

Research methods refer to the techniques the researcher use to organise and structure the study in a systematic manner (Polit & Beck, 2012:12). According to Botma et al. (2010:199), research method refers to data gathering, data analysis and ensuring rigour in research. The method used in this study included the following elements: decisions regarding the research setting, the study population, the sampling process and the method for data collection and data analysis.

2.3.1   Research setting

The research setting is the area where a study is conducted in a normal, partially controlled or highly controlled situation (Burns & Grove, 2011:40, Polit & Beck, 2012:49). The research setting for this study was the three selected nursing colleges in Gauteng affiliated with specific universities. The lecturer profile of the colleges differs according to the infrastructure and number of student intakes. Currently there are between 79 and 145 lecturers at the three colleges. The programmes offered at the nursing colleges are: Diploma in Nursing (General, Psychiatric and Community) and Midwifery (R425) (which is a 4-year programme); a one-year Diploma in Midwifery; and one-year Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care.

2.4   POPULATION

A population refers to an entire group of people or individuals who have similar characteristics (Polit & Beck, 2012:738). Burns and Grove (2011:290) refer to the research (study) population as "all the elements (individuals, objects or substances) that meet certain criteria for inclusion in each universe". The study population for the proposed study was individuals about whom information was gathered and conclusions drawn that was evidently well-defined in respect of person, place and time as well as other factors relevant to the study (Polit & Beck, 2012:273). In this study, the population was the nurse educators

currently working at three specific nursing colleges in one province, namely Gauteng, with the population of 385 nurse educators in all nursing colleges.

2.4.1 Sampling

Sampling is the method of choosing a portion of the population to represent the entire population so that conclusions about the population can be made (Polit & Beck, 2012:515). A purposive sampling method was used. The researcher identified participants who have the criteria that provided relevant, quality information to achieve the objectives of the study (Polit & Beck, 2012:517). Burns and Grove (2011:317) stated that a small sample size can lead to inadequate depth or richness, which may reduce the quality of the findings. Dahlberg, Dahlberg and Nyström (2011:175) state that in qualitative research, the decision on the number of participants cannot be decided in exact numbers before the commencement or completion of a research project. Furthermore, De Vos et al. (2011:23) explain that the sample size will be controlled by the saturation of data and verification of information. In this study, saturation was reached at the seventh focus group. Thereafter, three additional focus groups were conducted to determine whether there was any new information emerging. The following inclusion and exclusion criteria guided the selection of participants in this study

2.4.1.1 Inclusion criteria:

- All nurse educators employed on a fulltime basis at the nursing colleges.
- All nurse educators who have two years' or more experience in nursing education.
- Willingness to participate and sign the consent form.

2.4.1.2 Exclusion criteria

- Nurse educators who are newly appointed and are still or probation and those who have less than two years' experience of nursing education.
- All nurse educators who did not want to participate in the research were excluded.

2.5 DATA COLLECTION

Data collection consists of a series of interrelated events intended at collecting information that is needed to answer research questions. In the proposed study data was collected through focus group interviews (FGIs) with consenting participants (Leedy & Ormrod, 2010:151). A focus group is defined by De Vos et al. *(2011:300)* as a carefully planned group interaction of about five to seven people, to obtain perceptions of a defined area. The method is highly interactive and gives the participants a chance for full disclosure. The researcher can obtain more information from the participants in a relaxed and participative way (Rossouw, 2003:143).

Ten focus groups comprising of five to seven participants were conducted. Three to four FGIs were conducted at each of the three nursing colleges. The FGIs were conducted in a setting easily accessible to all participants where they had privacy, were not disturbed and could concentrate on providing thorough and relevant information (Burns & Grove, 2011:695). The participants were informed that the FGIs will be audio recorded and their approval for this was requested. An interview schedule was used to guide the focus group discussions and one central question was asked: "How is PMDS utilised for continuous professional development of nurse educators in nursing colleges". Follow up questions to facilitate clarifications of experiences, thoughts and ideas thereby assisting the participants to reveal their experiences were also asked. In addition to the data collected through FGI's, field notes were also taken. Data collection continued until no new themes emerged from the participant thus saturation was achieved. The interview lasted for 60 minutes. The research followed phases namely, the preparatory phase and pilot testing, interview phase and post interview phase during data collection.

2.6 PILOT STUDY

A pilot study is a small measure trial run done in preparation for the major study (Polit & Beck, 2012: 737). According to De Vos et al. (2011:241), the purpose of pilot study is to improve the success, effectiveness of the study and refine data collection instruments. Pilot testing was conducted during third week of August 2016, three weeks before the actual data collection in the second week of September 2016. Four nurse educators from one nursing

college were selected to participate the pilot FGI's. During the pilot testing, the main question was piloted and some probing questions were utilised.

The researcher identified some complexities that were corrected and some communication problems were also rectified. De Vos et al. (2011:331) state that pilot testing is usually informal and a few participants who hold the same characteristics as the sample can be involved. The purpose of pilot testing is to correct whether relevant information can be obtained from the participants. Furthermore, the pilot test allows the researcher to focus on specific areas that are not clear. No challenges were met with regards to the research question during the pilot study.

2.7 PREPARATORY PHASE

The efficient recruitment of participants played a key role for the success of this study. According to Grove et al. (2013:374), recruitment involves identifying, accessing and communicating with potential study participants who are representative of the target population. In this study, the researcher communicated the process of the research topic to the prospective participants so that they could make informed choices of whether or not to take part in the study. These potential participants were representative of nurse educators employed in Gauteng nursing colleges. The aim was also to deliberate the involvement of the participants in the study and plan a date for the information session. The researcher also defined the purpose of the study, and discussed the permission obtain to conduct the research from Ethics, Gauteng Health and the nursing colleges.

The date, time and venue of the information session were communicated to the college principals, as both the information session and the focus group interviews were to be conducted at the nursing colleges (De Vos et al., 2011:303). The researcher also prepared introductory information regarding the study for the information session that was held with the participants prior to the focus group interviews. The researcher asked one main question to guide the discussion (De Vos et al., 2011:293) and asked further probing questions for clarity and confirmation. The main question for discussion in all the group interviews was: "How is PMDS utilised for continuous professional development of nurse educators in Gauteng nursing colleges?"

2.7.1 Information session

The information session was conducted two weeks before the focus group interviews. During the information session, the researcher discussed issues related to the expectations from the participants, the purpose of the research and the research question.

The consent form was clarified to the participants (Polit & Beck, 2012:159). The researcher also explained the use of the tape recorder and the presence of the second researcher. The participants were told about their right to withdraw from the study at any time without experiencing any negative outcomes. The researcher also discussed the possibility of further contact sessions with the participants and gave her contact details to the participants. Participants were asked to give written consent for the interview to be recorded.

Conducting a focus group interview involves building relationships with the participants and obtaining permission from the relevant authorities. The researcher was known to most of the participants as a colleague, which ensured a relaxed and supportive atmosphere.

2.8   INTERVIEW PHASE

2.8.1   Conducting the focus group interview

During the interview, the participants were warmly welcomed and shown appreciation for their willingness to participate in the study. The researcher started by introducing herself to the participants and indicated that permission for the interview had been obtained. The participants were allowed to introduce themselves to one another. The researcher then stated the purpose and objectives of the study and clarified the role of the interview in meeting the purpose of the study. The interview process was explained to the participants in order to dispel anxiety. The duration of the interview, which is 60 minutes, as well as confidentiality of the information was emphasised. A tape recorder was used so that data collected could be captured as accurately as possible. Permission to use the tape recorder was confirmed with participants before beginning the interview. In order to ensure mutual respect between participants and the researcher, ground rules were laid together with the participants.

The researcher identified a colleague to be a second researcher and communicated the date of the information session and other plans to her. The selected second researcher has a background in research and her role was the operation of the tape recorder and writing of field notes. A tape recorder was prepared with new batteries to tape the focus group interviews (Burns & Grove, 2011:357).

The interview commenced after the participants had signed a consent form. The central question, being "How is PMDS utilised for continuous professional development of nurse educators in Gauteng nursing colleges?" was used during interviews.

The participants were given time to think before they responded. The response was spontaneous and the researcher maintained the focus of the discussion. The participants' responses to the question were a narrative way of expressing their perceptions regarding the utilisation of PMDS. The participants were very eager to respond, and sufficient information and clarity could be obtained. The researcher's non-verbal communication, such as eye contact and listening skills, made the participants feel less threatened. The following facilitation skills were used during the focus group interview: probing, reflection, clarification, listening skills and paraphrasing.

- **PROBING**

Probing was applied in a friendly and non-threatening and reassuring manner, with the aim of obtaining more information (Polit & Beck, 2012:537). The purpose of probing was to deepen the response to a question to increase the richness of the data obtained.

In the study, the researcher developed an interview guide that contained probing questions to guide the facilitation of the FGIs (Refer Annexure E: Interview Guide). In addition, the pre-determined probing questions where appropriate. The researcher followed up with questions about the participants' comments to gain more clarity and meaning. An example of a probing question that was used is: "You talked about punitive measures – can you clarify what you mean by punitive measures?" Probing was found to persuade participants to give more information about the issue under study (De Vos et al., 2011:290).

- **REFLECTION**

Reflection as a communication technique involves conveying to the sender his/her expressed thoughts and related feelings (Uys & Middleton, 2014:178). In this study, the researcher conveyed to the participants some of their ideas, as they are related to their experiences on the utilisation of PMDS for the continuous professional development of nurse educators in Gauteng nursing colleges. The researcher attempted to assist the participants in recognising feelings that are expressed indirectly, thus reinforcing direct statement of emotions and confrontation of them (Uys & Middleton, 2014:178). The researcher reflected on their feelings and on aspects that needed emphasis. Participants were given an opportunity to verbalise their own experiences without interference from the researcher. For example, in one of the interviews, the participant said that development goes according to delegation, and the researcher reflected by saying: "do you mean you do not have choice on your developmental needs". The researcher repeated some key words with the purpose of stimulating the participants to give more information. The researcher also reflected on the feelings that participants experienced in their working environment to gain more understanding.

- **CLARIFICATION**

Clarifying refers to looking for significance or making sense of the communicated message (Uys & Middleton, 2014:180). Clarifying the meaning of what has been said facilitates and increases understanding for both the sender and the receiver of the message (Townsend, 2012:155). In this study, clarification helped to link the perceptions and factors identified in the ten different interviews, which gave a better understanding of the utilisation of PMDS, for example: "Can you clarify the process of contracting with your supervisor?" The researcher also sought clarity if participants gave a lot of information to be sure that she has heard the information correctly, by saying: "If I heard you well, you said..." The researcher allowed the participants the opportunity to restate their thoughts and feelings to identify common meanings associated with phrases (Townsend, 2012:154).

- **LISTENING SKILLS**

A researcher is expected to have good listening skills to be able to acquire quality information during an interview. Listening skills enable the researcher to have more understanding and encourages the participants to talk more when they are given a hearing

(De Vos et al., 2011:301). The researcher showed interest in the participants by using responses, such as "mmm" or "okay", and nodding her head. By using these listening skills, the researcher could maintain constant interaction with the participants and gained clarity and meaning concerning the factors identified by the participants.

- **PARAPHRASING**

Paraphrasing is a process in which the researcher enhances meaning by stating the participants' words in a different form, but with the same meaning (De Vos et al., 2011:301). The participants used words, such as *"favouritism"*, this had different meanings to different participants. For example, the researcher asked questions, such as "You mentioned that even if they do nothing, then they are rated better because they are the favoured ones of the supervisor. What do you mean by loved ones and favouritism?" The researcher could obtain more information from the participants by asking such follow-up questions.

2.9   POST INTERVIEW PHASES

The focus group interviews lasted for 60 minutes, as agreed with the participants. The sessions ended with the researcher thanking the participants. All the information recorded on the audio-tape was listened to carefully to verify audibility and completeness (Botma et al., 2010:213). Participants were informed of the possibility of further contact, should the need for clarity arise, and the contact numbers of the participants were again verified. After the participants left, the researcher immediately sat down to write field notes related to the session to minimise the loss of information (De Vos et al., 2011: 298). As elaborated on, the process followed during data collection allowed the researcher to collect rich, descriptive information from the participants. As data was collected the analysis of that data commenced. The data analysis will now be discussed.

2.10   DATA ANALYSIS

Data collection and analysis was done concurrently, with analysis occurring after each focus group interview. Fields notes and the transcripts were analysed, and categories, subcategories and themes were recognised. Thematic coding was used for data analysis as the ultimate goal of qualitative data analysis is to make sense of the information. Botma et al. (2010:220) and Polit and Beck (2012:725) define data analysis as a logical organisation

and synthesis of research data. Qualitative data analysis entails organising and preparing the data, coding the data, and developing a description and thematic analysis from the codes (Creswell, 2014:212). Data is categorised, summarised and described in more meaningful terms. The organising, transcribing and coding of the data within the study will now be discussed.

2.10.1 Organising and transcribing of the data

In the current study, the data collection methods included FGIs and field notes. The researcher then read through all the other transcripts and identified topics. Attention was given to the meaning of the data (Nieuwenhuis in Maree, 2013:104). The researcher started by listening to the tape repeatedly and transcribing all the information verbatim onto a script. The researcher then read through all the transcripts and the field notes to get some sense of the data and to gain background information. Some ideas that came up, were written down.

The researcher then compiled a list of all the topics and organised them in a column. Similar topics were identified and clustered together into major topics. The best fitting name was selected for the clusters of major topics. The researcher then created columns for the unique cluster topics and the topics that could not be clustered or fit into other columns were listed in a separate column for leftovers. The topics were interpreted, and the clustered topics and unique topics were abbreviated as codes. The codes were written next to the relevant segments (Creswell, 2014:197, Polit & Beck, 2012:562). The organised data were now ready for refinement and descriptive wording of the topics.

These topics then became themes, which were matched with other similar topics to reduce the number of themes. The final abbreviation of the themes' names was chosen and each code was alphabetised. When the coding with the independent co-coder was complete, the content of each category was summarised. The researcher also identified similarities, uniqueness, contradictions and missing information from the categories and parts were discarded as irrelevant. The researcher met with an expert in qualitative studies to discuss the verbatim transcripts, field notes and the protocol, and reached a consensus. All data, including interview transcripts and field notes, were analysed using the descriptive analysis technique by Tesch (in Creswell, 2014:198).

The researcher referred the coding method and transcripts to an independent coder for analysis. When an independent coder had completed analysing the data, the researcher met with the coder to have a consensus discussion to compare and agree on recognised themes and categories (Creswell, 2014:198). The findings, as agreed by both the researcher and the independent coder, are fully disclosed in Chapter 3 of this research study.

2.11 MEASURE TO ENSURE TRUSTWORTHINESS

Polit and Beck (2012:745) define trustworthiness as the degrees of assurance qualitative researchers have in their data. Lincoln and Guba's model for measuring the trustworthiness of data was used as dependability, confirmability, credibility, transferability, and authenticity.

2.11.1 Credibility

Credibility means confidence in the truth of the data and in the researcher's interpretation of the data (Polit & Beck, 2012:585). In the study, the researcher had enough time with the participants to explain and gain in-depth understanding of the study and confirm information with the participants. During the FGIs, through prolonged engagement during collection of data and through the verification of the accuracy of data collected through methods such as clarification and paraphrasing during the interviews, the researcher ensured credibility. According to De Vos et al. (2011:420) and Lincoln and Guba (1999:245), outline various strategies for increasing the credibility of qualitative research.

2.11.1.1 Prolonged engagement

Prolonged engagement refers to dedicating sufficient time to the data collection to have adequate, quality time to understand the phenomena (De Vos et al., 2011:350; Polit & Beck, 2012: 739). In order to ensure the credibility of the study, the researcher spent more time with the participants during focus group interviews that lasted 60 minutes per session (Creswell, 2014: 202).

2.11.1.2   Persistent observation

Persistent observation refers to the researcher's focus on the characteristics of a situation or a conversation that are relevant to the phenomena under study (Lincoln & Guba, 1985:305, Polit & Beck, 2012: 737). The researcher spent 60 minutes per focus group interviews conducted, and listened to their challenges in order to understand the phenomena under study.

2.11.1.3   Member checking

Member checking refers to a method of validating the credibility of data through debriefing and discussions with participants (Polit & Beck, 2012:733). The findings were also provided to an expert in qualitative studies and a supervisor in research studies.

2.11.1.4   Triangulation

Triangulation is the use of more than one method to collect and interpret data about a phenomenon and draws conclusions about what constitutes the truth. Multiple data collection methods provide an opportunity to assess the extent to which a consistent and coherent picture of the phenomenon emerges (Polit & Beck, 2012:590). The researcher in this study used three different nursing colleges that provided triangulation of place (Babbie & Mouton, 2015:277).

2.11.2   Dependability

Dependability is the stability of data over time and over conditions and there were identifiable participants. The researcher organised a meeting with an independent coder to match and reach consensus on identified themes and categories (Polit & Beck, 2012:585). Variety is expected in qualitative research, as the emphasis is on the uniqueness of human experiences (Norwood, 2009:264). To enhance dependability, the research was audited by checking the accuracy of transcriptions and the relationship between the research questions as well as the data by an independent expert in qualitative research (Creswell, 2014:203). Thick, rich descriptions of the methodology were provided to allow for replication of the study.

2.11.3   Confirmability

Confirmability refers to the objectivity of the researcher, in other words the researcher put away what she knows about the topic and bracketed her own assumptions on PMDS to allow the data to convey the undisturbed truth during the data collection and analysis processes (Burns & Grove, 2011:96). Non-biased data was further ensured by the assistance of the independent coder who was given the transcribed verbatim data, the original data as well as the themes, categories and subcategories from the research study to compare them with her or his own (Polit & Beck, 2012:585). The researcher kept the audio recordings and field notes as a supportive evidence of the study.

2.11.4   Transferability

Transferability refers to the extent to which findings of a qualitative study was applicable to a different group or used in a different setting (Polit & Beck, 2012:585). In this study, the researcher offered adequate descriptive information of both the methodology and findings in order to allow for evaluation, should the reader be interested in applying the findings to new circumstances (Polit & Beck, 2012:525).

2.11.5   Authenticity

A researcher's data was authentic if it fairly and faithfully shows a range of different realities (Polit & Beck, 2012:585). By using an audit trail, which was a recording of activities over time that another individual can follow (Speziale, et al, 2011:49), the researcher provided the readers with essential information to authenticate the findings of the study. Authenticity was also obtained using direct quotations from the participants as well as field notes to support the findings.

Data was organised manually. Each written transcript had a copy for safe keeping in case the other copy gets destroyed or accidentally misplaced. A file was created to keep the extra copies safely and another file created to keep the copies for usage. This involves transcribing interviews, taking fields notes, sorting and arranging the data into several types

depending on the source of information and start coding all the data. Each audio tape was identified the same way as the script for easy identification (Creswell, 2014:197).

2.12   CONCLUSION

In this chapter, the research design and methodology were discussed in depth. The benefits and relevance of the chosen research design and method were clarified. With regards to the participants of the study, the setting and population from which they are drawn was discussed and the sampling method used was supported. Focus group interviews as a method of data collection was discussed by describing the interview process followed in the focus group interviews. The focus group interviews were further supported by the taking of field notes. A detailed description of data analysis then followed. The chapter concluded with the measures used to ensure trustworthiness. The next chapter will enlighten the reader through the presentation of the findings of the study.

3.1   INTRODUCTION

The previous chapter discussed the methodology of the study. This chapter presents the findings of the study on the utilisation of PMDS for the continuous professional development of nurse educators in Gauteng nursing colleges. This chapter includes the data collected during the focus group interviews and that were audio-taped with participants consent. It also describes how the results were obtained from the analysis of transcripts. Analysis of data was directed towards exploring and describing the utilisation of PMDS for the continuous professional development of nurse educators in Gauteng nursing colleges (Polit & Beck, 2012:725).

3.2   DESCRIPTION OF THE DEMOGRAPHIC PROFILE

Data collection was done during September 2016 from a total of fifty-eight (58) participants of the ten focus group interviews conducted. Each focus group consisted of five to seven participants who were selected purposively from three nursing colleges. Purposive sampling was used to ensure that participants who had the best experience of the utilisation of PMDS for the continuous professional development of nurse educators in Gauteng nursing colleges, were included. The sample consisted of 58 nurse educators, whose ages ranged between 40 and 65 years, including 56 females, one white female and one male. They were all able to communicate in English and gave informed consent for participation.

TABLE 3.1 PARTICIPANT'S DEMOGRAPHIC PROFILE (N=58)

Criterion	Characteristics	Frequency	Percentage
Gender	Males	1	1.7%
	Females	57	98.3%
Years of experience in nursing education	3-10 years	12	20.7%
	11-15 years	10	17.2%
	16- 20 years	8	13.8%
	21-25 years	15	25.9%
	26 -30 years	13	22.4%

Criterion	Characteristics	Frequency	Percentage
Age breakdown	40-49	20	34.5%
	50-59	25	43.1%
	60-65	13	22.4%
Date of interviews	August- September 2016		

3.3 PROCESS OF DATA ANALYSIS

The data analysis was guided by Tesch's descriptive method of open coding (Creswell, 2014:198). Direct quotations from the data were used as supporting evidence for the theme and subthemes, and are indicated in italics. Each quotation is followed by a focus group number and participant number in brackets, for example (FG1A, P 3).

The researcher listened and performed verbatim transcription of the recorded interviews from the audio tapes. The verbatim transcripts were read and re-read to get a full understanding of the interviews and to familiarise themselves with the data. The co-coder was given unmarked copies of the transcripts, as well as the field notes. Consensus was reached regarding the findings and the method of analysis of data. The researcher and the co-coder agreed on the themes and subthemes identified in the transcripts. A summary of the themes and subthemes can be found in Table 3.2. The following six main themes emerged:

- PMDS as cyclic approach
- Inadequate development
- Inadequate support
- Psychological impact
- Policy related factors
- Suggested improvement

TABLE 3.2 REPRESENT THEMES AND SUB-THEMES

THEME	SUB THEMES
3.4.1 PMDS as a cyclic approach	Supportive and beneficial method Contracting
3.4.2. Inadequate development	Identified training needs not all covered Inadequate supervisory skills
3.4.3 Inadequate support	No continuity in assessment Inadequate proper feedback No acknowledgement of performance
3.4.4 Psychological impacts	Demotivating and depressing Monetary association than development Favouritism Punitive measure
3.4.5 Policy related factors	Not reviewed Generalised not specific to nurse educators Inconsistency
3.4.6 Suggested improvements	Review the PMDS Policy Strengthening support Rotation on attendance of courses Workshop with managers for standardisation

3.4   FINDINGS OF THE STUDY

The findings and its interpretations were grouped into themes and sub-themes. Six themes and 18 sub-themes emerged from the transcribed texts. The findings were based on the experiences of participants as shared in their own voices. In the following section, researcher will address the information on Table 3.2; themes and sub themes that emerged.

3.4.1   PMDS as a cyclic approach

PMDS was intended to ensure that people are equipped with the required skills, knowledge and competence needed to meet the ever-changing roles and tasks within an organisation. It is a purposeful, continuous process aimed at managing and developing employee behaviour for the achievement of the organisation's strategic goals; the determination of the

correct activities as well as the evaluation and recognition of the execution of tasks/duties with the aim of enhancing their efficiency and effectiveness.

In this study, Performance Management Development System is seen as a cyclic approach and a process of planned actions by means of contracting between the Head of Departments and educators. Furthermore, job description, key performance areas, performance dimensions, weighting and rating are discussed and agreed upon. Learning and developmental needs are identified and documented. PMDS is seen by some as positive, leading to effective professional development. This was illustrated through the two sub-themes, Supportive and beneficial method and Contracting, which emerged, and will now be discussed, as indicated in Table 3.3.

TABLE 3.3 PMDS AS A CYCLIC APPROACH

THEME	SUB THEMES
3.4.1 PMDS as a cyclic approach	Supportive and beneficial method Contracting

- **Supportive and beneficial method**

The role of supervisors in nursing colleges is to support nurse educators toward their development and upgrading of their qualifications as they are preparing for accreditation to higher education. This is also supported by the continuous professional development of nurse educators to better the standard and quality of learning and teaching in colleges.

In this sub-theme, some of participants felt that there was support and benefits from this process of PMDS. Participants indicated that they were exposed to managerial roles and responsibilities during the time when acting as HOD's. Nurse educators are given opportunities to attend in-service education, seminars, conference and workshops. This was supported by the following:

"I think management do care for us because they look at our developmental needs generally for all us and then they will…they plan for our developments thereafter. I think it's beneficial, there *have been management courses that they've been offered by the*

college and I believe, when one has that…has acquired that qualification, one stands a chance of applying for a higher position." (FG2B, P1)[1]

Another participant said:

"I think they are giving us those developmental opportunities because there are times where some of the HODs, for example, they are not available. So, they will have one lecturer from that department who will be acting as an HOD. The opportunity of succession planning, to be fair, I think we are given." (FG2B, P3)

Another participant said:

"I think there is a support. For example, this year, we have got some of our colleagues who are doing research which is part of moving to higher education …they are doing research design and methods towards doing their master's and they are given those days. I think they are attending on Thursdays with the relevant university. So, there is support." (FG2A, P5)

Another participant also commented*:*

"We've got this skills development department which usually organises in-service training." (FG2C, P3)

Some of the participants felt that they were equipped with the necessary knowledge and skills, have gained much experience over their stay at nursing colleges and were given study leave to upgrade their qualifications. There is exposure to other roles and responsibilities of supervisors and succession planning.

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1 In the interest of authenticity, all quotes are listed verbatim and no changes were made to grammar.

- **Contracting**

The participants stated that contracting is a performance agreement document signed by an employee and her or his supervisor, which includes a job description of the selected Key result area (KRA) and Generic assessment factor (GAF), a work plan and the employee's personal development plan.

The participants indicated that the current process of PMDS is planned actions, and the cycle starts in April of each year and ends in March of following year. The performance agreement is between the Head of Department and the nurse educators. Contracting is whereby developmental needs are identified and job description discussed. This was expressed as follows:

"The contracting it has your job description as a lecturer, what things are you supposed to do, and then those are the things that you'll be rated at when you are with your supervisor and the development part it's also the part of the form but usually there are key performance areas and the outcome, the things that you are expected to do. Then you'll be rating yourself from the beginning of the year, as she mentioned, that it will be from first of April and until the end of March." (FG2B, P4)

Furthermore, contracting is a one-on-one, confidential discussion with your supervisor, another participant said:

"Usually, at the beginning of the year…financial year, we will be called by our supervisors to contract and, during contracting, that's whereby eeeeh…the learning needs of an individual is being identified and then you agree with your supervisor where you inadequate…where you need training. That's whereby it will be jotted down." (FG3A, P6)

The participants also indicated that they were contracting very late, the process is completed retrospectively. This was expressed as follows:

"The unfortunate part is that sometimes the contracting is not done at the beginning of the cycle where it was expected to be done. Instead, it is being backdated. When you

have already functioned and then you discover that there are things that you have missed along the way." (FG1A, P1)

Learning and developmental needs are identified during the period of contracting. Although one college was not implementing it on time, therefore affecting the identification of learning and developmental needs that results in a delay in the implementation of proper training according to the developmental needs.

3.4.2 Inadequate development

Nurse educators need to be trained and developed to enhance the employee's competencies, skills and to improve performance in their learning and teaching activities. The participants raised the concern that there was inadequate development. In this theme, the following subthemes emerged: Identified needs not all covered and Inadequate of supervisory skills, as indicated in Table 3.4.

TABLE 3.4 INADEQUATE DEVELOPMENT

THEME	SUB THEMES
3.4.2. Inadequate development	Identified training needs not all covered
	Inadequate supervisory skills

- **Identified training needs not all covered**

The participants indicated that some of the developmental needs identified during the signing of a contract were not all covered due to learning and teaching responsibilities. This was expressed as follows:

"*It doesn't work for us. You will write topics that are relevant maybe to your special need or to your needs. Eventually you find that, at the end of the day, for the past three years you find that you are…even your topic is not being chosen as the one that you want to be taught upon. You'll find that, for an example, several people chose labour relation."* (FG1B, P6)

Another participant said:

"Although the form says there should be development but, in reality, it clashes with the block and the accompaniment system and the whole thing reflects on one not taking initiative on developing herself more than the supervisor developing the employee." (FG4B, P4)

Another factor raised by the participants that contributes to training needs not all being covered was budgetary constraint and was expressed as follows:

"Given the fact that previously there was the staff development fund or some money allocated for staff development from the government but it looks like that has been withdrawn and that, I think, also had a negative impact on staff development despite the learning needs that are brought forward because of the financial implications and sometimes you will be told that, if you…maybe you are interested to attend a conference or something, it's said that you pay for yourself, you'll be reimbursed. So, the finances it's not usual…it's not something simple. It's not like you can always be having a demand of money at hand." (FG1B, P5)

Another participant said:

"Regarding this issue of professional development and she said it is not possible sometimes to look at the specific needs of an individual lecturer because of the budget constraint. So, what they usually do they look at the request of the majority. There was one time where we requested to be developed on Excel then they did invite people to…but they don't look at our specific needs. They said, because of the budget constraints, they cannot cater for individual needs. It becomes impossible sometimes." (FG1A, P4)

According to another participant:

"It will also depend on the availability maybe of resources. If ever there are resources available, then you'll be able to go for the training and, if ever there are any changes, with the changes usually they will let you…they will inform you." (FG2A, P5)

Participants further expressed that identified needs are not all covered due institutional priorities:

"I think our developmental needs will be different. So, it will also go according to the departmental needs and also the institution needs and so I find it very difficult and confused that how must we develop now yourself when you are told it is not a priority." (FG2A, P1)

Another participant said:

"We all know that, for higher…preparing for higher education, we must have Master's but that course was not a master's course. So, we cannot all go and study master's when now it's been announced that whatever course you apply we'll have to see or we'll have to look into it whether it's a priority or not. So, it means the priority its master's and when all we cannot do it at the same time. So, there's no fairness." (FG2A, P1)

The identified developmental needs were not covered due to learning and teaching responsibilities, budgetary constraint and institutional priorities. These factors impact on the effective continuous professional development of nurse educators.

- **Inadequate supervisory skills**

The academic head of the department are the person supervising nurse educators in their job description, quarterly reviewing and rating of their performances, who identify their gaps and who assist with the intervention of identified gaps. The participants experienced that supervisors have inadequate skills in PMDS, communication and objectivity. This was expressed as follows:

"Supervisors, they need training, all of them, for PMDS because they don't rate us the same. This supervisor will do it like this and this one will do it like this. Hence, there are so many dissatisfactions. If they can be trained on one thing and they rate us the same, I think that will be better." (FG3A, P6)

Another participant said:

"If you happen to change from supervisor A to supervisor B, supervisor B, if you had four, she's going to say you are new with me, you are going to start now building new, and you don't even see what is she building you on because you are even helping with your ideas and this and this and that on the team." (FG3A, P5)

According to another participant:

"They are predominantly subjective because they will say you…if you require a three it means you are effective but, when you have rated yourself four, they want more evidence and, when you are coming with those evidence, they always say that is a norm. It causes a lot of confusion to us because we don't know exactly what is required during contracting and during the review." (FG1C, P6)

The supervisors have inadequate skills as they do not understand and implement the policy of PMDS consistently, there is no proper communication with their subordinates and they lack objectivity as they are not sure of the appropriate ratings.

3.4.3 Inadequate support

Nurse educators required a continuous support from their supervisors that will lead to a better relationship, and complementing each other's knowledge and skills to the benefit of students. Several participants experienced inadequate support during the implementation of PMDS. The following subthemes emerged: No continuity in assessment, inadequate proper feedback and No acknowledgement of performance. These sub-themes can be found in Table 3.5.

TABLE 3.5 INADEQUATE SUPPORT

THEME	SUB THEMES
3.4.3 Inadequate support	No continuity in assessment
	Inadequate proper feedback
	No acknowledgement of performance

- **No continuity in assessment**

The participants raised the concern that identified developmental needs during contracting at the beginning of the year are not followed up during quarterly reviews, resulting in no continuity in assessment. It was stated as:

"Even the continuous three months' interval it's not done properly. Hence, how are you going to develop people if you don't do a follow-up on what you have agreed on? So, in general, it's supposed that really the PMDS in our…I don't know…I can say institution it's not really done properly and then it doesn't seem as if it's taken seriously as a developing…eeeeh, a continuous developing process tool for the personnel." (FG1A, P3)

"So, it sits there in the document and, at the end, nothing …was done about that developmental aspect that you have indicated and then, next year, you carry them over to the next year the very thing that you indicated." (FG1C, P3)

This was reiterated by other participants who mentioned the following:

"With the quarterly review, there's no follow-up that is being done on our developmental needs. The quarterly review is mostly about the ratings. That's the only thing that is happening." (FG3B, P5)

"According to my understanding ever since I've been here, you just list your needs with your supervisor. After that, there is no follow-up whether you managed to get that done." (FG3A, P2)

Another participant said:

"Nothing is happening about my professional development. It's only ratings which are aligned to monetary value." (FG3A, P5)

The identified developmental needs are not followed up on during quarterly reviews. The supervisors only concentrated on the performance and rating. This had an impact on the development of nurse educators.

- **Inadequate proper feedback**

Positive and constructive feedback is needed to motivate nurse educator to better their performances, to correct their mistakes and identify gaps in order to achieve service excellence. The participants felt that there was inadequate proper feedback from their supervisors. This finding was echoed in the following statements made by participants:

"Now, with the next sitting PMDS, I said everything I know about budgeting and I was still told," no," I can't be given four. "Even myself, I don't get four there". That's the manager. Now I said how will I get four? Because I want to develop myself, collect information, give you the right thing next time when I'm here for PMDS and, when you rate yourself, you rate yourself according to how you know yourself and according to how you work and even according to your recording because you've got evidence." (FG1A, P4)

One participant stated:

"So, it shouldn't only focus on the negative aspects. The positive aspects should also be considered. It should be comprehensive, not just be fragmented to that particular negative sphere." (FG3B, P2)

Other participants shared the same sentiments and claimed:

"Nobody explains to you and there's somewhere where somebody must develop you where you are lacking but nobody comes to you but, for the next time when you need to go for the PMDS, it…they just say it's normal. So, meaning that you are not growing, you are just moving around, going home, coming here, and delivering whatever you are delivering that is…falls under the job description which doesn't motivate us." (FG4A, P3)

"If we are not doing well, we must also be shown the right thing to be done. So, I think continuous feedback will also help us." (FG1B, P4)

"There's nothing happening. I once had a question on a certain PD and then I asked my supervisor…said I don't want to remain on a three on this, I want to reach a four. If possible, a five. So how can you help me? Then the answer was you need to develop yourself." (FG4A, P1)

The participants felt that they need to be motivated through proper feedback. They must be shown their mistakes in a positive manner and encouraged to work hard.

- **No acknowledgement of performance**

The participants appreciated being acknowledged for their inputs and challenging work. The participants experienced that there was no acknowledgement from their supervisors. This concern was expressed by participants as follows:

"Some things that you have done wrong they are being used against you and, yet, what I've done right is never picked up to say but, during this period, I saw you doing one, two, three, four, which is good. It's like they capitalise on the bad things that you have done and, at the same time, you'll find that, during that very evaluation, the evaluator can tell you about somebody else whom you have mentored, that this somebody is doing one, two, three, is doing it good, and, when you ask to say I hear what you are saying that this somebody whom you have mentored is doing something good, don't you think that this person is doing something good because I've been mentoring her or him? So…which means this warrant me to have a better rating instead but you'll be told about that very person but you are rated low." (FG4B, P1)

"Acknowledge people by saying positive things about things they are doing, it will also assist as a way of acknowledging people who are working." (FG1C, P6)

One participant stated:

"Let them come and see how do we conduct these assessments, and then let them come and see our interaction because sometimes the HOD will tell you don't have this what-what-what skills yet she's never spent time with me when I interact with student." (FG2C, P2)

Another participant stated:

"We end up not knowing what is expected of us and it's discouraging. You are teaching the student and the student is passing. You are doing the lesson plan according to how they want it but, when it comes to this PMDS, it's something different." (FG4A, P2)

The participants needed to be appreciated and encouraged for their hard work. The participants strived to provide optimal learning and teaching to students and advocacy needed for interventions.

3.4.4   Psychological impacts

The participants experienced mixed feeling about the utilisation of PMDS for continuous professional development for nurse educators in Gauteng nursing colleges. In this study, the participants suffered extensive psychological setbacks during their assessment and development. The psychological challenges experienced include the following: Demotivating and depression**,** monetary association than development**,** Favouritism and Punitive measures. These sub-themes can be found in Table3.6.

TABLE 3.6 PSYCHOLOGICAL IMPACTS

THEME	SUB THEMES
3.4.4. Psychological impacts	Demotivating and depressing
	Monetary association than development
	Favouritism
	Punitive measures

- **Demotivating and depression**

According to participants, creating a conducive working environment will ensure that optimal learning and teaching can be delivered. This will also promote a stress-free work place and self-motivated staff. The participants mentioned that PMDS was not utilised well, resulting in demotivation and unhappiness, as expressed in the following:

"So as if now, because you are new, you qualify for three and this thing it demotivates us because, at the end of the day, like with me, I put myself three in everything and then, at the end of it, they say how…why did you three…put yourself three? And I say, no, because I'm new and then I am not yet used to the place so I feel I'm good…I put myself three." (FG1A, P3)

"You find that the hard workers they are not even rated high and yet there are not hard workers who will rub shoulders with maybe the supervisors who will get the…who will be rated high and get the incentive. So, it demotivates the hard workers." (FG2C, P1)

Other participants commented as follows:

"Like a person who's experienced not receiving any incentive from PMDS but all the people that are junior to her they are receiving it. What are you doing to that experienced person? You are demotivating that person and then, once she's demotivated, she gives up." (FG3A, P5)

"When it's PMDS time I used never to sleep well at night." (FG2A, P2)

The participants stated that individuals at some stage need psychological support that will enhance effective learning and development. The environment needs to be conducive for people to be able to achieve their developmental needs. The working environment plays a significant role to enable nurse educators to render quality care.

- **Monetary association than development**

The participants indicated their concern that development was not taken as priority, yet the focus was more on performance rating, which was associated with monetary value. This was expressed as follows:

"So, I'd like to align myself with what was said that PMDS at this college it's about incentive, number two, punishment as well but there's no development." (FG1C, P2)

"It is difficult of me to say how is PMDS used for continuous professional development unless the person who formulated it could remove the monetary value towards it because, when you are sitting with your supervisor, you'll tend to say I want to get four which they will say it's the one that will make you to get money right and the problem is…the monetary value of PMDS causes problem." (FG3A, P5)

Other participants shared their feelings as:

"I think PMDS, most of the time, we…when they do the PMDS, they assess you, and they think maybe it's for the monetary than the development." (FG3B, P7)

"So maybe if professional development it's not linked to monetary incentive it will be better because it will be about developing an individual. If there is incentive towards you, as a person, should not be linked to being developed. Development should be outside." (FG4A, P5)

The participants in the above quotes are concerned about the balance between monetary value and development. It was also indicated that, if possible, monetary value or incentive and development should be separated. The developmental needs are not given full attention, as supervisors concentrate mostly on performances and rating.

- **Favouritism**

The participants mentioned that fairness, justice and equity need to be applied to all. Favouritism must not be practiced, as it disadvantages other staff members and discourages others to perform according to their expectations. The participants responded as follows:

"There's a lot of favouritism because we know people who are working…we know ourselves and we see ourselves and we observe ourselves …I mean our colleagues and you'll find that people are not doing their job…as we share even offices. People who jabber who do not do their work are seen and observed but they're rated five/four. You can't get that four even if you can strangulate yourself, work yourself you know, to the pillar. That's how I can explain rating." (FG1A, P4)

"Favouritism is prevailing a lot and then you'll find that even if, during the incentive…we are lecturers, all of us. We are doing the same thing but, coming to monetary issues, you'll find that you are receiving the fewer amounts than the most junior lecturer who was given enough sufficient exposure through all the activities as a manager." (FG1C, P1)

Other participants shared the same sentiments and claimed:

"Instead of doing PMDS, there's laughter's, there's everything, but with other people it's checking their mistakes, everything. PMDS, according to my understanding, it's for identification of the gaps, it's for development, but it seems to be going one-sided." (FG2A, P4)

"Somebody whom you know that this one does not work, she comes late, she doesn't finish her job, she does not submit the documents on time, she gets a five. So that is why the thing of favouritism is coming repeatedly. I'm sorry. It looks like I'm becoming emotional." (FG2A, P3)

The participants emphasised that all staff should be given equal opportunities for their developmental needs. Furthermore, participant's challenging work should be recognised to

boost their morale and self-esteem. Performance management must not be used as tool to unfairly favour or prejudice any staff member.

- **Punitive measures**

The participants felt that supervisors must be assertive, professional and care for their staff, which will further create a people-centred, conducive environment. Also, they must treat everybody equally and fairly. Additionally, they must provide sound interpersonal relationships to minimise conflict. The implementation of punitive measures was expressed as follows:

"Mmmtsc and the other thing is thi…. s Performance Management…Development System; eeeeeh……it's used as a punitive measure. You'll find that a manager tells you that "I will get you during PMDS". A manager saying that to the subordinate. "I will get you during PMDS". And, really and truly, during the PMDS evaluation, when yo…u isn't it you rate yourself. You rate yourself according to your performa…. nce your job performance and then you will hear this manager say, "no…, this…that is your…that is a norm", not even giving you reasons why she says it's a norm, not even looking at you, that is a norm, and actually giving you a three, having the intention to make it a point that you are a three." (FG1A, P1)

"So, to my observation, this is what I've seen that people are being punished because of the…I know I have this grudge against so-and-so and then I will get this person on this PMDS. So, henceforth, you'll find that…even here you'll find that people are really…people are not happy in this place. Most of the people are not happy because of these things of being punished by the supervisors." (FG1A, P2)

Other participants expressed their feeling as:

"The HOD will come and bully you and say you are going to do this and she doesn't even want to listen or he doesn't want to listen, then, during PMDS, they will remind you remember you didn't want to go and join the focus group therefore…which means you still have to improve in what-what-what. That is part of punishment." (FG2C, P2)

"Now it is as if it is used to punish the staff more than to develop the staff. So, we wish managers could also try. And, another thing, it's according to the explanation, they said there's an agreement between the manager and the officer but, when it is being implemented, it is the manager who has an upper say. If she says you are a two, you are a two, that's it, irrespective of what you are trying to explain to him what you think you are four. She'll never take it. She'll always take…her word will be final because she has the authority." (FG3B, P4)

The participants need to be treated fairly and equally as individuals. Supervisors should not abuse their authority. It is important to create a non-judgmental environment for all for the promotion of effective learning and development. Furthermore, communication and interpersonal relationship should be strengthened to enhance good teamwork.

3.4.5 Policy related factors

The policy for PMDS shall be directly linked to the organisation's strategic plans. The participants indicated that PMDS is the responsibility of every supervisor, and should be implemented in a consultative, supportive and non-discriminatory manner. The policy and guidelines need to be implemented accordingly and be reviewed at a specified time. In this theme, the following sub-themes emerged: Not reviewed, Generalised not specific to nurse educators and Inconsistency. These sub-themes can be found in Table 3.7.

TABLE 3.7 POLICY RELATED FACTORS

THEME	SUB THEMES
3.4.5. Policy related factors	Not reviewed
	Generalised not specific to nurse educators
	Inconsistency

- **Not reviewed**

The participants shared that the PMDS policy was long overdue for review, which has not been done since being implemented in 2007.This was commented on as follows:

"The PD itself because it's not actually talking to the things that we are doing on day-to-day basis. So, I think it needed some revision or some review so that it should take people's opinion." (FG1C, P4)

"Therefore, I feel that PMDS has got no link to continuous…to CPD, we need to revisit the purpose of PMDS. Does it have any inclination to it to say it also looks at CPD, or continuing professional development? And, really, we cannot have a document that is never revised. There should be loopholes. Let it be revised. Let it be relevant to today." (FG3A, P3)

Other participants expressed their feelings as follows:

"I'm also having a very concern with this issue of the PD…PMDS because, really, it doesn't address what it's supposed to be addressing." (FG3B, P1)

Another participant stated:

'But everything it's stagnant. Maybe the system itself needs to do some introspection and check whether it really has the interests of their employee or not because, even as employees, we may feel that our employer doesn't take care of us and that we'll end up having people that are unhappy and resigning and so on. Now, for us to have stability as an institution, we feel that we need to see to be taken care of." (FG4A, P5)

The participants are concerned about the PMDS policy that was never reviewed. There are some loopholes not attended to that cause a lot of dissatisfaction and confusion among nurse educators and their supervisors. Some performance dimensions are not linked to CPD, thus affecting their developmental needs.

- **Generalised not specific to nurse educators**

The participants felt that the PMDS policy was very general to all public servants and not specific to nurse educator core functions, specifically the performance dimensions. This was expressed as follows:

"When PMDS started, most of the examples which were given were general things, like the first one where they say you must locate work at the public service. I think they should include things which are more to the core function of an educator." (FG1C, P6)

Other participants shared the same sentiments and claimed:

"Even though we've got the planned in-service training, my concern it's mostly some of them it's just for info, it's not for the development, and then it's just a generalised for everybody, not for specifics." (FG3B, P1)

"I think we should perhaps develop a new tool altogether. I think the directors, or whoever came with an idea of this tool, must first start by consulting us, the officers, because sometimes you look at that tool, I identify some loopholes, like the educator's job description was not taken into consideration." (FG3B, P5)

The participants indicated that when policy is formulated, the concerned parties are not consulted. They should also be given a chance to peruse the document and give inputs before implementation. The current PMDS policy needs to be reviewed, and consideration should be given to the job description of the nurse educator to be relevant to the policy.

- **Inconsistency**

Several participants experienced inconsistency as negatively affecting their learning and developmental needs. These participants felt that their supervisors are implementing the process of PMDS differently within a department, and among other departments in the same college. The participants felt it was unfair and difficult for them to compare themselves with other colleagues. This was expressed as follows:

"I just want to say it is as if there are many colleges in one because these managers don't practice the same way. You'll find that in manager number one four doesn't need evidence or a motivation but manager number two wants a motivation." (FG1A, P5)

Another participant stated:

"This is one college with many departments. We do things differently. In the other department, like she says, they go there, two minutes they are out with their fours. You go in there, you sit for an hour, and you come out with a three. It is very much unfair because you shall have not slept for the previous night trying to collect incidents and, when you get there, your supervisor tells you this is not an incidence, and it's a norm." (FG2A, P3)

Another participant added:

"I must be honest; rating does differ in our department. There's this department where you'll go to your supervisor and having evidences and you'll have to rate yourself. There are some departments where, when you go there, the supervisor will tell you weighing this and it means…even if you rated yourself as four because the ratings are not the same. So, they do differ, our supervisors. They are not rating us the same." (FG2B, P2)

Other participants expressed their feelings as follows:

"We need to get together as colleges…Gauteng colleges with our managers under the same roof so that we discuss this because there isn't any consistency regarding this." (FG3B, P3)

"We have experienced is that people don't assess us the same way, there's no uniformity in this, and if they can just sit down and come to one agreement and say this is how we are going to do things and they stick to that because, like we say, majority is three but, still, there are people who are getting a four but did they meet the requirements." (FG4A, P1)

The participants observed that supervisors are not assessing in the same way, and there was no uniformity among different departments in one college. Nurse educators felt that consistency needs to be practiced, their capabilities and competences be recognised as

individuals. Participants indicated that they required to be given the same opportunities and benefits.

3.4.6   Suggested improvements

The participants mentioned some recommendations and strategies that may improve the utilisation of PMDS for continuous professional development in Gauteng nursing colleges. In this theme for suggested improvement, four sub-themes emerged as follows: Review of policy, Strengthening support, Rotation on attendance of courses and Workshop with mangers for standardisation. This is indicated in Table 3.8.

TABLE 3.8 SUGGESTED IMPROVEMENTS

THEME	SUB THEMES
3.4.6. Suggested improvements	Review the PMDS Policy
	Strengthening support
	Rotation on attendance of courses
	Workshop with managers for standardisation

- **Review of policy**

The participants acknowledge the presence of the PMDS policy as a guide for proper implementation, but the policy is long overdue for review to check whether its intention still stands as when it was approved for implementation. The participant's recommendations were expressed as follows:

"On the review of the whole document of PMDS, I think it's due because, as she was saying, there are a lot of PDs that, when you are being evaluated, they will keep on saying this one we'll just give you two or three because it's not exactly your job description. So why should it be there if it is not our job description." (FG1C, P4)

Other participants shared the same sentiments and claimed:

"I suggest that the whole tool mustn't be changed but modified. There is an item within the tool where you are told you cannot get a four. I forgot what that is about. Is it about the organisation of the structure?" (FG3B, P3)

"I think generally the policy need some inputs from…basically; it's a review, policy review, so that people may come up with the inputs that the people would think it would do them good in as far as the implementation of the policy is concerned." (FG4A, P6)

The participants felt that they to need to be actively involved when policies are formulated and reviewed. The current policy or tool need to be reviewed or modified and this is long overdue. There are performance dimensions that really need to be modified.

- **Strengthening support**

The participants mentioned that supervisors must be role models, mentors and provide continuous effective support and guidance to all. The identified developmental needs must be followed up during quarterly reviews. All nurse educators should be treated with fairness and be given equal opportunities for their development. This was expressed as follows:

*"I also believe positive feedback builds an individual and will promote the self-esteem and the willingness to learn and proceed further as well as succession planning measures put in place so that you have a plan of what you…where you want to be after a certain period. That would stimulate one to take measures to improve towards achieving that goal or that vision." (*FG1B, P5)

Another participant stated that:

"I think, on-the-spot correction can remedy the situation. For example, as participant number one have said, you have done something wrong, let's say on the fifth of January, and, during March reviewing, they will tell you that, in January, you have done something like this…something wrong. You were not corrected immediately." (FG4B, P4)

Another participant added:

"My supervisor should tell me continuously. If I'm l, there and then on the spot, then we correct it." (FG3A, P3)

Another participant mentioned that strengthening support can be done through succession planning and stated that:

*"Succession planning that you'll volunteer to go to their meetings and attend. I think that is the thing that also will help the lecturers to develop, but the opportunity of succession planning, to be fair, I think we are given." (*FG2B, P2)

This was reiterated by other participants who mentioned strengthening support by offering study leave; the following three transcribed quotes support this finding:

"I think the most important thing it's to have a policy, the study leaves policy, because things are like this because there's no policy. There are quite a lot of things that are just said verbally and there is nothing supporting that." (FG2A, P4)

"I think they must give them enough time. If necessary, even look at the block…the structures of the block programmes so that it can allow them time to attend and, where necessary, like where a person needs to do an extensive research, a sabbatical leave can be arranged." (FG2A, P3)

"I think the institution should allow the nurse educators to have an access of leaves, like sabbatical leaves, whereby you'll be able to do your PhD if you are interested to study further because it's not easy for you to do a PhD at the same time working, going to class, and preparing." (FG2C, P2)

Another participant further commented on strengthening support through funding and stated that:

"My view it's I think they need to introduce these bursaries as we are now going to the higher education. Not all the people will be able to pay for themselves for their studies. So, if they introduce that, then it will be able to help the lecturers to meet the needs when this new curriculum is being introduced." (FG2B, P2)

The participants emphasised that positive continuous feedback is needed to boost their self-esteem. Proper follow-up of identified needs during a quarterly review should be maintained and corrections should be implemented immediately. The following factors were indicated by participants for strengthening support by approving more study leave, starting to offer sabbatical leave at the colleges and increasing the bursary system. The participants raised the concern that supervisors need to improve the implementation of succession planning.

- **Rotation on attendance of courses**

The participants expressed their concern that they need to be given equal opportunities for development. There should be a structured schedule for rotation of the attendance of workshop, conferences, in-service training and symposiums. This concern was expressed by participants as follows:

"There should be fairness because you'll find that most of the time, when there's something to…course and conferences for whatever development they want to develop the staff. So some of the allocations are unfair because you'll find that most of the time it's these people who are given the opportunities. So, I think fairness also here must be practiced." (FG2A, P1)

"At times, we are not given equal chances to maybe be exposed to management area whereby you are given a chance if maybe there are posts that are advertised you'll be told that you have never been exposed to management." (FG1C, P1)

Other participants commented on the importance of relevant in-service and stated that:

"Think in-service education also is very important, especially after identifying the needs of most of the employees." (FG1A, P2)

"Let's get relevant in-service training. We've got new personnel. People are lost. Our in-service training is not according to the needs of the institution. Let it be planned according to our needs." (FG3A, P1)

The participants indicated that they must attend workshops that are relevant and beneficial to their level and that courses should be structured according to their needs. A fair equal chance of attendance of courses needs to be given to all.

- **Workshop with managers for standardisation**

The participants indicated that their supervisors should be empowered with relevant knowledge and skills. All supervisors at the nursing colleges should attend a workshop on PMDS so that they can interpret, understand and implement the system. This was expressed as follows:

"Use of self-awareness workshop for the managers. They need to be taught how to be aware of themselves so that they can do some introspection and they do their job with honesty. We have I-care-for-you values but they are not implemented. If people work…eeeeh. Do their job with honesty and avoiding favouritism and all, I think we'll be happy and the lecturers would always be active to do their work to their level best every day and not be demotivated." (FG1A, P1)

Other participants shared the same sentiments and claimed:

"I think all the supervisors must have a workshop on this system so that they can have the same understanding because, as it is now, they are interpreting it differently and they must…so that people can be developed, they must evaluate individuals objectively, not subjectively, for the performance, not for favouritism." (FG1C, P4)

"I think the institution must sort of hold workshops with the managers so that they implement one thing. It must be a standard thing because you go to another department; you find there's quite a lot of support from their manager." (FG2A, P4)

Another participant added:

"Supervisors, they need training, all of them, for PMDS because they don't rate us the same. This supervisor will do it like this; one will do it like this. Hence, there's so many dissatisfactions. If they can be trained on one thing and they rate us the same, I think that will be better." (FG3A, P6)

The participants further emphasised that they need well-trained and knowledgeable supervisors that are objective, fair and honest when implementing policies relating to PMDS. Supervisors should always available to guide, support and develop their subordinates.

3.5   CONCLUSION

In this chapter, the utilisation of PMDS for continuous professional development of nurse educators in Gauteng nursing colleges was outlined. The findings were presented, interpreted and supported by verbatim quotes. The chapter analysed data collected from ten focus groups interviews. Six themes emerged and sub-themes were identified. In Chapter 4, the discussion of the findings will be presented.

CHAPTER 4
DISCUSSIONS OF FINDINGS AND LITERATURE CONTROL

4.1 INTRODUCTION

In Chapter 3, the findings of the study were presented and described. Themes and sub-themes that gave meaning to and interpreted the utilisation of PMDS for the developmental needs of nurse educators in Gauteng nursing colleges and its implications on nurse educators' development, were interpreted. The literature support is used to validate the findings of the study. The purpose of this study was to explore and describe how PMDS is utilised for continuous professional development of nurse educators in Gauteng nursing colleges.

According to Dahlberg, Dahlberg and Nystrőm (2008:272) the findings are presented using a theoretical discussion to create an improved understanding of meaning and themes. The appropriate literature was extensively reviewed to serve as literature control for the findings and to link the findings to the existing body of research knowledge (De Vos, et al., 2011:305).

4.2 DISCUSSION OF FINDINGS

Through the process of data analysis, meaning and understanding were found in data that was collected. Six main themes were identified, namely PMDS as a cyclic approach, inadequate of development, inadequate of support, psychological impact, policy related factors and suggested improvement. From these six themes, 18 sub-themes emerged. The themes and sub-themes were presented in Chapter 3 in Table 3.2. The findings of the study will now be discussed in more depth with each theme.

4.2.1 Theme 1: PMDS as a cyclic approach

The study findings revealed that a performance cycle is a period for which performance is planned, executed and assessed. The 12-month cycle is also linked to the financial year for the purpose of planning. It must be aligned to the same period as the Department's annual business plan i.e. 1st April to 31st March of the following year. Furthermore, the Department shall manage performance in a consultative, supportive and non-discriminatory manner to

enhance organisational efficiency and effectiveness. Manamela (2016:25) concurred with Paile (2012:2) that performance management processes should link to broad and consistent plans for staff development and align with the department's strategic goals. The primary orientation of performance management must be developmental, but should allow for an effective response to consistent inadequate performance and for recognising outstanding performance (DPSA, 2007:11). Performance management procedures should minimise the administrative burden on supervisors while maintaining transparency and administrative justice (Public Service Regulation RSA, 2013:22). Some participants stated that PMDS was seen as a positive tool that leads to effective professional development as supported by two sub-themes (supportive and beneficial method and contracting) as summarised in Table 4.2.1.

TABLE 4.2.1 PMDS AS A CYCLIC APPROACH

THEME	SUB THEMES
PMDS as a cyclic approach	Supportive and beneficial method Contracting

- **Supportive and beneficial method**

Support means to give encouragement and approval to someone because you want the person to succeed (Collins Dictionary, 2009:1172). Nurse educators appreciate the support and opportunities given to them for their development. Tuckett, Winters-Chang, Bogossian and Wood (2015:2) identified that a strong predictor of job satisfaction is social support from supervisors, to which can also be added organisational support.

Some participants felt that supervisors in nursing colleges support nurse educators toward their development and upgrading of their qualifications as they are preparing for accreditation to higher education. This is also reinforced by the continuous professional development of nurse educators to enhance the standard and quality of learning and teaching in colleges. Tuckett et al. (2015:5) further agrees that support is about receiving guidance, assistance and collegiality by various groups within the health care context.

Newman, Thanacoodi and Hui (2011:170) assert that a growing body of research has demonstrated that support in the workplace has vital implications for the proper functioning

of the organisation. Furthermore, studies have shown that social support increases job satisfaction and commitment, and decreases turnover and absenteeism (Newman et al., 2011:170). The current study findings revealed that some participants felt that there was enough support and opportunities given to them for development and upgrading their qualifications, thus managers are supporting them. In support of this finding, Adejoka and Bayat (2014:9) state that the PMDS serve as a support tool that enables managers to better facilitate the work of the people reporting to them.

The study findings further highlighted that the identified developmental needs are recognised by their supervisors, and some are equipped with the necessary knowledge and skills. This finding is similar to that of du-Plessis (2015:2), who stated that PMDS also ensures that employees are equipped with the necessary skills, knowledge and competencies in order to respond to the ever-changing roles and activities within the institution. In support of this finding, Price (2013:42) asserts that performance management are designed to motivate, develop and support employees in performing their roles to the highest possible standards. The findings revealed that some nurse educators are being developed through attending seminars, conferences, in-service education and workshops and given 50/50 study leave for career pathing.

In support of the above findings, the World Health Organisation (2016:6) reported that quality education is the foundation for developing competent health workers who are equipped with the knowledge, attitudes and skills necessary to deliver quality care.

- **Contracting**

In this study, participants alluded that contracting is a performance agreement document signed by an employee and her or his supervisor, which includes a job description of the selected KRAs and GAFs, a work plan and the employee's personal development plan with identified learning and developmental needs. Manamela (2016:24) concurs that PMDS helps managers and employees to understand the need to work together to achieve the organisation's goals. Rakgoale (2011:26) further supported the findings and stated that the performance agreements, which are also known as performance contracts, include: objectives and standards of performance. Objectives should be "SMART" and the aim is to direct the people objectives towards organisational objectives.

Furthermore, the DPSA (2007:11), du-Plessis (2015:2) and Rakgoale (2011:16-17) support performance agreement (PA) as the cornerstone of performance management at the individual level. All employees must enter into and sign performance agreements before the end of the first quarter of the new cycle. Departmental and component performance measures should inform the development of the individual employee's PA.

The current study revealed that some of participants indicated that they were contracted very late, thus affecting their identified learning and developmental needs being not implemented on time. Most participants cited that signing a performance contract is crucial because evaluation cannot be done without it. Nzume (2016:49) concurs with the finding that performance agreement must be done on time, as it enables the supervisor and job holder to identify performance barriers and address development and improvement needs as they arise These findings are in line with Cameron (2015:1), who affirms that inadequate of compliance in the signing and evaluation of individual performance agreements by senior officials also affects individual performance and development. The PA format applies to all levels in the department and the contents must reflect the department's strategic and annual operational plan, component business plans and the employee's job description, job role and actual activities and responsibilities.

4.2.2   Theme 2: Inadequate development

The DPSA (2007:5) describes development as general and future orientated and enhances the employee's competencies to improve performance. Nurse educators are expected to be trained and developed to improve their competencies, skills and knowledge to deliver quality learning and teaching. The participants voiced inadequate development from their supervisors as supported by two sub-themes: Identified training needs not all covered and Inadequate supervisory skills, as summarised in Table 4.2.2.

TABLE 4.2.2 INADEQUATE DEVELOPMENT

THEME	SUB THEMES
Inadequate development	Identified training needs not all covered
	Inadequate supervisory skills

- **Identified training needs not all covered**

Cascio and Aguinis (2011:353) stated that the specification of training becomes possible once training and development needs have been identified. Netshikhiphani (2012:43) further confirmed that the primary aim of training and development is to capacitate the employee with the current job-related skills requirements and acquire knowledge that would ultimately assist them to perform better, effectively and efficiently, even in future positions.

The identified training needs not all being covered were expressed in various ways by the participants. The current study finding revealed that some of the developmental needs identified during signing of a contract were not all covered due to learning and teaching responsibilities such as theoretical block and clinical accompaniment programmes, which are the core functions of nurse educators, therefore clashing with developmental programmes. It is crucial that nurse educators be trained and developed to improve their competencies. The Department of Health (2015:4) conducted an audit of the capacity of nurse educators in the public nursing education institutions and found that capacity related challenges faced nurse educators, including; large work-loads in the face of increasing student numbers, inadequate continuing professional development which influences the quality of teaching and clinical accompaniment and supervision of students. In a similar study conducted in Turkey, Turk, Davas, Tanik and Montgomery (2014:6) support these findings by asserting the inadequate of time for professional development as a stressor. Most of them complained of clinical workload and reported decreased academic and research time.

Furthermore, Armstrong and Rispel (2015:13), in their study on social accountability nursing education in South Africa, support the findings of the study, stating that nurse educators are not developed due to heavy workloads, inadequate continuing professional development, out-dated knowledge and skills. Armstrong and Rispel (2015:12) further state that nurse

educators are busy trying to cope with large groups of students and they themselves do not keep up to date.

The study further revealed that identified training needs were not covered due to budgetary constraints, and sometimes one is requested to pay for yourself, this has a negative impact on the staff development. It is not possible for some educators to pay for their developmental needs, as they have other financial commitments, and only a few will be developed. The participants further indicated that individual needs are not covered, only majority needs are concentrated on due to budget cuts. Public Nursing Education Institutions (NEIs) are the most affected as they are offering nursing education programmes under the Provincial Department of Health platform. They are also governed and financed by the Provincial DoH, which is an anomaly according to the Higher Education Act (1997) as amended and there are no additional to fund development. Armstrong and Rispel (2015:12) confirmed the resource constraint in nursing education institutions particularly inadequate of budget affects learning and development of nurse educators.

A study conducted on the strategies for evaluating training and development initiatives revealed that several elements that consequently may affect the training and development of subordinates include insufficient budgetary allocation (Tshukudu & Nel, 2015:191) Another study conducted by Price (2013:42) confirmed that budgets for staff development are often cut, therefore, it is necessary to think resourcefully about what development needs exist and how these can be met. This is an indication that the budget in training institutions is the most important aspect of service delivery and quality education.

The findings of the current study also indicated that some of the identified needs were not covered due to institutional priorities. As nursing colleges are in the process of moving to higher education, there is a need to upgrade qualifications and strengthen the research component among nurse educators in line with the requirements of the Higher Education Qualifications Framework. The participants further alluded that their needs are different and they cannot all study masters, other post basic courses need to be considered. This finding reaffirms the Department of Health (2015:22) discovery that there is progress regarding the quality of nurse educators in public nursing education institutions in terms of the highest qualifications they hold. Short courses that are credit bearing may strengthen their capacity while waiting to pursue full academic programmes.

- **Inadequate supervisory skills**

The findings of the current study also indicated that supervisors have inadequate skills, as they do not understand and implement the policy of PMDS consistently. The findings in the study revealed that if you change from one department to another, they observe different implementation of ratings. Cameron (2015:14) confirms that managers are not making objective decisions in performance rating. Manamela (2016:26) concurs with the findings that a problem can arise if those rating (supervisors) are not co-operative and well-trained. Furthermore, the author indicated that supervisors are afraid of the unions and the employees, which result in a higher rating not tallying with employee performance. In a study conducted by Paile (2012:32), the supervisor's roles are rating of the other include development quarterly and at the end of assessment term. Another role of managers is to counsel, mentor, coach, guide, support and remediate factors that have hampered with the employee's performance. Further emphasis was placed on communication skills, listening, commitment and understanding the process of PMDS.

The study further revealed that there is ineffective communication with their subordinates during performance reviews and inadequate of objectivity as they are not sure of their rating when assessing the nurse educators. Manamela (2016:26) affirms that giving feedback is never easy, as individuals do not want either to give or receive negative feedback and most managers or leaders do not understand what PMDS entails, consequently, it becomes tough for them to evaluate. Inexperienced managers are therefore afraid to account and become subjective.

4.2.3 Theme 3: Inadequate support

Nurse educators required constant support from their supervisors that will lead to a better relationship, complement each other's knowledge and skills to the advantage of the students and the institution. Nurse educators perceive that the manager's inadequate of support results in staff moving out of the profession

Several participants experienced inadequate support during the implementation of PMDS, as supported by the following subthemes: No continuity in assessment, inadequate proper

feedback and No acknowledgement of performance. These sub-themes can be found in Table 4.2.3.

TABLE 4.2.3 INADEQUATE SUPPORT

THEME	SUB THEMES
Inadequate support	No continuity in assessment
	Inadequate proper feedback
	No acknowledgement of performance

- **No continuity in assessment**

Snyman (2013:93) define 'assessment' as a structured continuous process for gathering evidence and making judgements about performance. The findings of the current study showed that identified developmental needs during contracting are not followed up during quarterly reviews. Letsaolo (2007:5) reported that inadequate of follow-up on performance reviews and overemphasis on the appraisal aspect at the expense of development has been raised as a concern during PMDS. The participants indicated that during review, the supervisor only concentrated on how they perform and rate, and do not follow up on how far they are with their developmental needs. Paile (2012:84), in his study on staff perceptions in the implementation of PMDS, concur with the findings that performance management requires ongoing communication between the supervisor and the subordinate about work progress, probable obstacles and problems, possible resolutions and how supervisor can support the subordinate.

In support of this finding, Paile (2012:84) further stated that reviewing past performance without taking measures to address deficiencies and training needs to improve future performance shows no continuity in assessment. Rogers (2011:36), who conducted a study in Atlanta USA, affirms that evaluations of previous reviews need to recognise like, are things better, worse, or the same. Furthermore, du-Plessis (2015:2) asserts that if an employee only hears something about their work performance once a year, they are being left in the dark about how they are doing on a daily basis.

- **Inadequate proper feedback**

Murray, Rosen and Staniland (2010) (cited in Duffy, 2013:51) described feedback 'as the situation when output from (or information about the result of) an event in the past will influence the same event in the present or the future'. This definition emphasises the development opportunities afforded in providing feedback. The study findings highlighted that some participants experienced inadequate proper feedback from their supervisor as they are not corrected in a proper way. Malone (2014:13) conducted a study in South Africa and asserts that feedback at appropriate intervals and learning from feedback gives a person a sense of achievement and personal growth.

Furthermore, the study findings revealed that supervisors only focus on the negative rather than the positive, and emphasised that feedback need to be comprehensive, not fragmented. In the study conducted by Rogers (2011:36) on addressing management issues, it was found that managers should offer feedback all year to give employee the opportunity to correct problems, improve performance and increase efficiency. Manamela (2016:25) asserts feedback on previous performance in consideration of current role and responsibilities will improve future development.

The findings of the current study participants said they need to be corrected when doing wrong and be given positive continuous feedback. Duffy (2013:51) supports the findings and stated that constructive feedback aims to promote improvement or development of the person receiving feedback. Regular constructive feedback has many benefits as it can help promote personal development, develop teamwork and increase competence. Sommer and Kulkarni (2012:18) states that constructive feedback or feedback that promotes the ability for change through reference to specific, problematic behaviours and acceptable standards for behaviours necessary to ensure that employees remain receptive to feedback and confident in their long-term prospects for success within the organisation.

Duffy (20013:51) further points to an improvement in the employee's performance through superior level of motivation and commitment. When employees recognise their organisation's interest in them through the offering of training programs, they in turn apply their best efforts to achieve organisational goals, and show high performance on job.

- **No acknowledgement of performance**

The acknowledgement of the capabilities of nurse educators by their supervisors contribute to the process of training and development. The participants in this study experienced no acknowledgement of their capabilities to different extents. The participants wanted to be appreciated for their contributions as well as acknowledged for their capabilities. Gallagher, Zaboli and Ventura (2012:55) stated that every person needs to be acknowledged by others to develop and enhance their capabilities. The same applies for the recognition of their professional competencies

The current study further revealed that participants need to be acknowledged by saying positive things about things they are doing, and not capitalise on the negative things that one has done, this will also assist as a way of acknowledging people who are working. Jessen (2010:14) agrees that acknowledgement influences many people with regards to how a person sees themselves and experiences their professional and social identity. Furthermore, in the study conducted by Keegal (2013: 32) on poor performance and managing the first informal stages in the United Kingdom, concurs that by reporting on inability to acknowledge the contribution of others, poor teamwork, inadequate of commitment and drive may result in poor performance.

The findings of the current study also indicated that some of the participants are mentoring junior educators and doing well, but when it comes to performance reviews, the junior educator is rated higher than the senior educator, thus their challenging work is not recognised, and ends up being discouraged. This finding reaffirms Badar's (2011:14) discovery that a inadequate of acknowledgement in the working environment is a factor that leads to a stressful work environment. These findings are in line with Roger's (2011:36) pronouncement that if an employee has had problems all year, but improved recently, be sure to note this so that she does not feel her improvement have gone unnoticed.

4.2.4 Theme 4: Psychological impacts

Psychological impact is defined as affecting, or arising in the mind; related to the mental and emotional state of a person caused by environmental or biological factors on individual's social and psychological aspect. (Gellman & Turner, 2013: 1583-1584).

In the current study, the participants experienced psychological effects during their assessment and development. The psychological challenges experienced include the following: demotivating and depression, monetary association than development, favouritism and punitive measure. These sub-themes can be found in Table 4.2.4.

TABLE 4.2.4 PSYCHOLOGICAL IMPACTS

THEME	SUB THEMES
Psychological impacts	Demotivating and depressing
	Monetary association than development
	Favouritism
	Punitive measures

- **Demotivating and depression**

Dörnyei (2001b) (cited in Huang, 2012:63) define demotivation as "specific external forces that reduce or diminish the motivational basis of a behavioural intention or an ongoing action". When you think of staff motivation, many things may come to mind: more money, a bigger office, a promotion, or a better quality of life. The current study indicated that hard workers are not rated high or receive incentives, thereby demotivating them. Manamela (2016:25) concurs with the findings and reported that PMDS in most cases is done unsystematically, depressing and distressing even employees who go the extra mile in their day to day encounters at workplace. The participants felt that creating a conducive working environment will warrant that the best learning and teaching can be provided. This also supports a stress-free work place and passionate staff.

The findings of this research further showed that newly employed nurse educators cannot be rated high, as they are still new and not yet used to the place, even if they can perform better than others. Participants also mentioned that experienced nurse educators are not recognised for their contributions in the institution and are rated low, whilst juniors are rated high, this demotivates them. Another participant commented that, when it is time for PMDS, she ends up having sleepless nights. In the view of Kruger (2009:611), managers are expected to show a high degree of motivation, energy and personal drive. The author further indicated that the competencies needed are high personal productivity, motivating

subordinates, time and stress management, effective communication and conflict management.

The Department of Health (NSPNETP2012/13-2016/17:25) supports the finding as the current Minister of Health, Dr Motsoaledi, emphasised Positive Practice Environment (PPE) on ensuring staff health, safety and wellbeing, supporting quality patient care, as well as improving the motivation and productivity and performance of individuals. The working environment plays a significant role to empower nurse educators to render excellence care. Tlhabye (2017:3) in the Pretoria News also agrees with the findings as stated by the clinical manager, that a little gratitude is all nurses need to keep on caring, a simple "thank you" was all a nurse needed.

- **Monetary association than development**

According to the Gauteng Provincial Government (GPG) Policy Framework: PMDS for levels 1-12 (2014:6-8), the instrument shall be used to inform on rewards (pay progression and cash bonuses) and skills development of jobholders, it is important to note that performance management is not primarily about rewards, but about managing performance, and to develop jobholders. Fourie (2012:136) concurs with the findings and states that people, capacity and skills enhancement are vital, and effective performance in any public sector can be accomplished by skilled and dedicated employees who can deliver quality service.

The participants indicated their concern that development was not considered to be as important, yet the emphasis was more on performance ratings, which was associated with monetary value. Furthermore, the study revealed that supervisors, when doing an assessment, are making sure that one must not get a rating of four as this will result in being paid more money and the problem is the monetary value of PMDS. Nzimakwe and Ntshakala (2016:117) assert that PMDS is concerned with the development of potential so that employees can take on more responsibility and thus earn even higher rewards.

The current study findings further highlighted that it will be better if the incentive or monetary value is removed from development, or not be linked to being developed. The developmental needs are not given complete consideration as managers pay attention to performances and scores. Paile (2012 87) further confirmed that the focus should shift from money to

performance. Currently, the only benefit that employees realise is financial gain, and there is a need to put more emphasis on development. The author also reported that employees should realise that performance management is not about getting bonuses, but to improve institutional effectiveness and excellent service delivery through human resource development programmes

- **Favouritism**

Safina (2015:631) explains that favouritism (from the Latin word «*favour*» meaning «*mercy*») creates a sense of unfair and harmful patronage of followers in office to the prejudice of common cause. Therefore, a favourite is a person being in confidence of his chief and affecting his\her solutions to move up the career ladder thanks to a sense of having been chosen. Participants in this study expressed that there is a lot of favouritism practiced during the implementation of PMDS in different departments at the colleges. Nurse educators who are friends to supervisors are always rated high and given more chances to attend courses than others. Munzhedzi and Phago (2014:12) reaffirm that subjective assessments are not fair and that supervisors must assess the performance of their subordinates and consider no other factors such as friendship or relationships. The author further stated that it is also discouraging for performing employees to be rated the same as underperforming employees.

Participants further alluded that their colleagues whom they are sharing offices with, who are not doing their work, who submit their work late and who are not punctual at work, are rated high by supervisors regardless, while the hard workers cannot even achieve a rating of four. According to Munzhedzi and Phago (2014:12), a biased rating by supervisors of their subordinates is based on reasons such as favouritism. In a study conducted by Leonard and Hilgert (2007:399), the employee who has performed satisfactory deserves a normal pay increase, and tangible rewards will encourage the outstanding performers to continue striving for excellence. Paile (2012:84) attested that supervisors show favouritism to certain subordinates who receive bonuses each year, even though they do not qualify for performance bonuses, and lead to a high level of conflict during assessment periods between supervisors and subordinates.

The study findings further highlighted that nurse educators are performing the same duties, but when it comes to incentives and development, some are rated high and given enough exposure through activities as managers. Participants further commented that during assessment, some of their colleagues are not asked to bring evidence, it will be just laughter in office, but with others the supervisor requires tangible evidence, which is very unfair. According to Sekgala and Holtzhausen (2016:55), managers tend to deny some employees an opportunity to attend training citing the workloads, and replace targeted employees on day of the course and training.

The participants cited that fairness, justice and equity need to be applied to all. Favouritism must not be practiced as it disadvantages other staff members and discourages others to perform according to their potential. Akhtar and Khattak (2013:514) concurred with the findings and said that the appraisal purpose should shift from witch hunting, judging and measurements towards development and motivation employees.

- **Punitive measures**

The Collins Dictionary (2009:923) describes "punitive" as relating to, or involving or with the intension of inflicting punishment. The participants indicated that PMDS is used as a punitive measure, a supervisor will tell the subordinate that "I will get you during PMDS", and during evaluation there will be tension, no eye contact and disagreeing on rating even if you can provide evidence that you have performed. In the end, the supervisor will ensure that you are rated a three. Participants further revealed that nurse educators are being punished during performance reviews because they hold grudges against their supervisors, and most the people are not happy because of a strained working relationship with their supervisors.

In a study conducted by Akhtar and Khattak (2013:507), it was reported that a performance appraisal is the most emotionally charged activity in an employee's life, that is, the judgement of an employee's contribution and ability. Stone, Traynor, Gould and Maben (2011:808) support the finding that managers should refrain from adopting punitive forms of performance appraisal.

The participants felt that supervisors must be self-assured, proficient and be thoughtful towards their staff, which will further generate a conducive environment. Also, supervisors

should treat everyone equally and fairly in addition to providing a comprehensive interpersonal relationship to reduce conflict.

The current study further revealed that participants are being bullied by their supervisors, who instructed them to perform a task not checking their schedule, and during evaluation will be reminded about the incident and rated low. This is considered to be part of their punishment. Furthermore, the participant alluded that supervisors are abusing their powers during assessment, arguing on rating irrespective of your evidence, and telling you that her word is final. PMDS was being unfairly implemented by certain managers who used it to punish those they supervised (Van Dijk & Legalatladi, 2015:68). In support, Stone et al. (2011:806) assert that bullying and harassment and disagreeing interactions with subordinates and managers increased the likelihood of complaints during performance evaluation.

The participants need to be treated fairly and equally as individuals. Supervisors should not abuse their authority. It is important to create a non- judgmental environment to all for the promotion of effective learning and development. Furthermore, communication and interpersonal relationships to enhance good teamwork should be strengthened.

4.2.5 Theme 5: Policy related factors

Performance management in the public service does not exist in a vacuum but are governed by legislation (Public Service Act 103 of 1994, Public Service Regulations, 2001) and policy frameworks (National Employee Performance Management and Development System Policy; Incentive Policy Framework linked to the Departmental Performance Management System for employees on salary level 1 to 12). This is supported by Erasmus, Swanepoel, Schenk, Van der Westhuizen and Wessels (2005:34) who claim that human resources management in the South African Public Service occurs within the definite legislative and policy frameworks.

The participants indicated that PMDS is the responsibility of every manager, which should be done in consultative, supportive and non-discriminatory manner. The policy and guidelines need to be applied accordingly and be reviewed at a specified time. In this theme,

the following sub-theme emerged: Not reviewed, Generalised not specific to nurse educators and Inconsistency. These sub-themes can be found in Table 4.2.5.

TABLE 4.2.5 POLICY RELATED FACTORS

THEME	SUB THEMES
4.5. Policy related factors	Not reviewed
	Generalised not specific to nurse educators
	Inconsistency

- **Not reviewed**

According to DPSA (2007:29), evaluation of the employee PMDS should help determine whether the system is functioning effectively and should be reviewed after every three years to regulate whether the system still contributes to the achievement of the overall objectives of the organisation. The participants raised the concern that the PMDS policy was long overdue for review since being implemented in 2007. There are some loopholes not attended to that are causing a lot of unhappiness and misunderstanding among nurse educators and their supervisors. In their study, Nzimakwe and Ntshakala (2016:115) reported that performance assessment is vital for government to determine whether it is meeting the previously established goals and objectives of specific programmes at a specific time.

The participants further mentioned that some performance dimensions are not linked to CPD, and this affects their developmental needs, and that one cannot have a document that was never revised and not relevant to the current situations. Kruger (2009:613) concurred that to send an employee for training without clearly defining essential and projected outcomes of the training constitutes wasteful expenditure. Training design should thus be aimed at identifying and developing significant competencies. The effective application of the PMDS requires that an organised training strategy be designed to address the gaps in the system (Van Dijk & Legalatladi, 2015:72).

- **Generalised not specific to nurse educators**

The DPSA (2007:8) provides a standardised framework for employee performance on salary levels 1 to 12 for departments and provinces that may choose to adopt the system. Nurse educators are starting from salary level 9 to 10, their performance dimensions are general and only the key responsibility areas are specific to their core functions. During assessment, their weighting are the same out of a hundred each. The participants felt that the PMDS policy is very general to all public servants and not specific to nurse educator core functions, especially the performance dimensions. Even if in-service assessment is done on PMDS, examples given will be more general and not relevant to nurse educators. In a study conducted in North West, Sedumedi (2012:140) stated that the PMDS policy and procedures need to be reviewed and revised to confirm currency, relevancy and applicability. The PMDS should continuously improve specific components of performance plan, which are specific job description, specific performance objective and rating against each other (Manamela, 2016:25).

The participants further revealed that when policy is established, the concern parties are not consulted. They should also be given a chance to peruse the document and give inputs before implementation. The current PMDS policy needs to be reviewed, and should consider the job description of the nurse educator so as to be relevant to their industry. PMDS has been perceived as a top-down transformation, creating an atmosphere of pressure, fear and demotivation (Marobela & Andrae-Marobela, 2013:182).

- **Inconsistency**

In the current study, some participants revealed that their supervisors are implementing PMDS differently in various departments in the same college. This inconsistency affects their learning and developmental needs. The participants further indicated that it was unfair and difficult for them to compare themselves with other colleagues, who are rated high with no evidence required, but who are executing the same duties in the same department. In support, a study conducted in Botswana by Marobela and Andrae-Marobela (2013:180) affirm that performance evaluation is "highly subjective", which is based on top-down

decisions, where supervisors have too much power. The employees feel frustrated as there is no consistency in the implementation of PMDS (Van Dijk & Legalatladi, 2015:68).

The study further highlighted that supervisors are not assessing and rating in the same way, and there was no uniformity among different departments in one college. Nurse educators felt that consistency need to be practiced, their capabilities and competences be recognised as individuals. Participants indicated that they are entitled to the same opportunities and benefits. Grund and Przemeck (2012: 2153) concurred with the findings and state that subjective performance ratings of supervisors are subject to the significance and leniency bias, supervisors tend to differentiate only slightly between their subordinates so that ratings are compressed. The authors further support this, and said that if supervisors care for the value of their inequality opposed subordinates, ratings may be distorted in both ways.

Furthermore, the current study indicated that there is a need for all colleges to get together to discuss assessment and rating, so that inconsistency isn't practiced and to reduce a lot of dissatisfaction among nurse educators. In support, Breuer, Nieken and Sliwka (2013:153) reported that employees, who have been evaluated by the same supervisor before receiving better ratings, receive lower ratings when moving to a larger team or when getting a new supervisor. The authors further commented that it is important to note that such distortions in subjective evaluations may have extensive consequences on performance.

4.2.6   Theme 6: Suggested improvements

The findings in this study revealed some recommendations and strategies that may improve the utilisation of PMDS for continuous professional development in Gauteng nursing colleges. In this theme for recommended improvement, four sub-themes emerged as follows: Review of policy, Strengthening support, Rotation on attendance of courses and Workshop with mangers for standardisation, as shown in Table 4.2.6.

TABLE 4.2.6 SUGGESTED IMPROVEMNTS

THEME	SUB THEMES
4.6. Suggested improvements	Review the PMDS Policy
	Strengthening support
	Rotation on attendance of courses
	Workshop with managers for standardisation

- **Review of policy**

The participants revealed that there is a need for the PMDS policy to be reviewed as a guide for proper implementation, to check whether the system still contributes to the achievement of the overall objectives of the organisation. Currently there are a lot of inconsistencies and complaints raised by the way it is interpreted. In support, the DPSA (2007:29) reported that evaluation of the policy should assist to determine whether the system is functioning effectively. The author further elaborates that the process to amend and review the policy must be submitted to the Forum of Heads of Departments (FOHOD) of the Gauteng Provincial Government, followed by necessary consultations with relevant stakeholders, recommendations by the FOHOD and approval by the Executive Council. In a study conducted by Mthethwa (2012:42), effective policy procedures require democratic public participation, where policy makers and the public constantly participate in discussion, examine the consequences for fundamental values, as well as sharing burdens and benefits.

The participants further stated that if the PMDS policy is not reviewed, it will affect their assessment scores, as other performance dimensions are irrelevant to their job descriptions and they cannot be rated more than a four based on them. Letsoalo (2007:4) concurs with the findings and stated that there have been vocal and written complaints as well as dissatisfaction from the employees regarding the PMDS within the Gauteng Department of Health, leading to labour relations grievances. A comprehensive planned and well executed PMDS increases the possibility of retaining, inspiring, and encouraging productive people.

- **Strengthening support**

The findings of this study highlighted that nurse educators need continuous effective support, and stated that supervisors must be role models, mentors and provide guidance to

all. Proper follow-up of identified developmental needs during quarterly reviews should be maintained, corrections should be done immediately and should be recorded. In support of this finding, du-Plessis (2015:6) stated that a quarterly performance review could improve smooth organised work practices, and fair and supportive leadership for employees to feel confident enough in carrying out their job.

The participants stressed that constructive continuous feedback is needed to enhance their self-esteem. Manamela (2016:26) asserts that PMDS is an ongoing process, continually communicating strategy to staff the measuring progress. The participants further mentioned that for strengthening support, there is a need to approve more study leave, recommended sabbatical leave at the colleges and an increase in the bursary system. In a study conducted by Armstrong and Rispel (2015:11) it was reported that nursing education in South Africa is about to embark on profound changes with the move to the higher education sector. More emphasis will be placed on nurse educator preparedness by an increase in the budget for development.

Some participants alluded that supervisors are giving them the opportunity to attend managers meeting, thus succession planning is practiced. This is supported by Rogers (2011:36) who emphasised facilitating career growth by inspiring and providing succession planning of employees.

- **Rotation on attendance of courses**

The participants articulated their unease, and stated that they should be given equivalent opportunities for development. There must be a planned list for rotation of the attendance of workshop, conferences, in-service training and symposiums. Sedumedi (2012:138) reported that nursing personnel should attend regular, relevant in-service education and develop knowledge, communication skills and values to effectively deal with situations related to performance management.

The participants further specified that they must attend workshops that are fruitful, to their level and structure developments that are according to their needs. A fair, equal chance to attend courses should be given to all. In a study conducted in Namibia, Awases, Bezuidenhout and Roos (2013:6) highlighted building knowledge and competencies through

continued professional development, in-service training programmes and clinical specialisation. In support of the findings, Satgoor (2011:8) attested that staff development happens variously and staff is given the choice to contribute in development opportunities, select the programme based on the appropriateness and relevance to the person's development need.

- **Workshop with managers for standardisation**

The participants in this study found that managers need to be empowered with relevant knowledge and skills about the implementation of PMDS. Participants further stated that all managers in the nursing colleges should attend workshops on the PMDS so that they can understand, comprehend and implement the PMDS policy consistently. Keegal (2013:38) elaborated that there is a need for upgraded training and support, and that team leaders inadequate the skills and knowledge to offer an organised system to support and develop nurses. This must be raised to the training department. In a study conducted by Van Dijk and Legalatladi (2015:69), it was confirmed that efficient training model needs to be established to create a shared, mutual understanding of the purpose, process and value of the PMDS amongst managers and employees.

Another compelling finding of this study was that participants experienced that they need supervisors that are objective, fair and honest when implementing policies relating to PMDS. They require supervisors that are always available to guide, support and develop their subordinates. In support of these findings, Awases et al. (2013:7) assert that organisations should address aspects of human resources in nursing, motivation, remuneration, incentives, recognition and rewarding of professional nurses. The authors further reported on the development of leadership and management capacity programmes, courses in interpersonal relations, communications and supportive supervision. The implication of the study findings is that nurse educators need to be developed by supervisors that are knowledgeable and understand how to implement PMDS policy properly without being subjective and who are not practicing favouritism, as this will reduce a lot of complaints amongst nurse educators.

4.3 FIELD NOTES

Field notes are well-defined as a transcribed explanation of what the researcher sees, experiences and thinks during the interviews. Through field notes, the researcher can attain evidences and realities, such as the values, preferences, interests, attitudes and experiences of the participants, which can be valuable to the study. In this study, field notes included the empirical, observational and interpersonal collected in both sessions (De Vos et al., 2011:372; Polit & Beck, 2012:724). The researcher facilitated and made observations during the sessions. The researcher made field notes after each direct encounter with the participants. The researcher also used a tape recorder to capture the communication, which helped with the compilation of field notes.

The second researcher also made notes on her personal experiences and observations, including the participants' comments and responses. The following field notes were made during and immediately after the 10 focus interview sessions.

4.3.1 Observational notes

Observational notes refer to an in-depth description about events and personal experiences by the researcher during the sessions. The notes include any non-verbal clues that were observed during the sessions (Polit & Beck, 2012:736). The researcher made notes of the events and experiences that were obtained through watching and listening. A conducive atmosphere was observed and participants showed an interest and willingness to participate. The warm welcome and relaxed environment allowed participants to release their tension and stress. The participants spontaneously responded to the questions, indicating their interest. The participants felt grateful to be selected to participate in the research study and indicated that they would like to be involved again in such studies. The participants did not feel threatened at all, but were very relaxed and displayed various emotions during the interview. The expressions of the participants displayed a clear understanding of the topic wherein they gave their real experiences.

4.3.2 Theoretical notes

Theoretical notes consist of both the observational notes and their interpretation (Polit & Beck, 2012:744). The theoretical notes were derived from the meaning that was attached to the observational notes and formed part of the data analysis. The researcher took observational notes and then interpreted them. The non-verbal clues and responses of the participants helped the researcher to attach meaning to what was said while transcribing and analysing the focus group interviews.

4.3.3 Personal notes

Personal notes are comments about the researcher's own responses, thoughts and experiences during the interview sessions (Polit & Beck, 2012:563). Personal notes help the researcher to communicate and review herself and her strategies and deal with approaches taken to the interview. In this study, the personal notes were more analytical and were written immediately after each session. They provided a way of coping with the stress of the interview process. At the commencement of the first session, the researcher experienced feelings of unease and nervousness, but this improved during that session and the next session. The researcher made notes on listening skills, which helped make the group more manageable. The researcher and research assistant were very strained, both mentally and physically, after the sessions, as listening skills had to be exercised and probing questions carefully asked.

4.4 CONCLUSION

The findings were discussed and supported together with relevant literature. The related literature assisted with revealing valuable information on the utilisation of PMDS for continuous professional development of nurse educators in Gauteng nursing colleges was outlined. It was mentioned that nurse educators are faced with many challenges during performance and development. The six themes identified were: PMDS as a cyclic approach, inadequate development, inadequate support, Psychological impacts, Policy related factors and Suggested improvements. The summary of findings, conclusion, recommendation and limitations will be discussed in Chapter 5.

5.1   INTRODUCTION

In the previous four chapters, the utilisation of PMDS for the continuous professional development of nurse educators in Gauteng nursing colleges was explored. The first chapter comprised of the introduction, background and rationale, and the problem statement with the significance of the study. Chapter 2 presented the research design and methods that underpinned the study. Chapter 3 holds a presentation of the findings of the study. Chapter 4 presents the discussion of the findings of the study and literature review. In Chapter 5, a summary of the findings, limitations, recommendations, implications and conclusions drawn from the study findings are described.

5.2   Aims and objective of the study

The aim was to explore the utilisation of the PMDS for continuous professional development of nurse educators in Gauteng nursing colleges.

The objectives of the study were as follows:

- To explore and describe how PMDS is utilised for continuous professional development of nurse educators in Gauteng nursing colleges.
- To recommend strategies for continuous professional development for nurse educators in Gauteng nursing colleges.

Qualitative research was conducted using contextual, exploratory and descriptive designs. The following six themes emerged from the focus group interviews held with the nurse educators: PMDS as a cyclic approach, Inadequate of development, Inadequate of support, Psychological impacts, Policy related factors and Suggested improvements.

5.3   SUMMARY OF MAIN FINDINGS

This section contains the summary of the research findings that led to answering the research questions which articulated into the following:

5.3.1   PMDS as a cyclic approach

The PMDS cycle is a period during which performance is assessed and implemented. It must be associated to the same period as the Department's annual business plan i.e. 1st April to 31st March of the following year. The 12 months cycle is also related to the financial year for planning. The Department's aim is to manage performance in a review, in a supportive and non-discriminatory way to enhance organisational efficiency and effectiveness, accountability for the use of resources and the achievement of results. Some participants mentioned that the PMDS was a constructive tool that leads to effective professional development.

It is evident from some of nurse educators that they valued the provision of and opportunities given to them by the supervisors for their development and progression of their qualifications. The study findings revealed that the identified developmental needs are acknowledged by supervisors, and some nurses are provided with necessary information by attending seminars, conferences, in-service education, workshops and through approved 50/50 study leave for future development.

In this study, participants mentioned that contracting is a performance agreement document signed between an employee and her or his supervisor, which includes a job description of the selected KRAs and GAFs, a work plan and the employee's personal development plan with recognised learning and developmental needs. Nurse educators are mandated to sign performance measures before the end of the first quarter of the new cycle.

Some of participants alluded that they were not contracted according to the set month, consequently their acknowledged learning and developmental needs are not implemented on time. Most participants mentioned that signing a performance contract is very vital because assessment cannot be done without it.

5.3.2   Inadequate development

Nurse educators are required to be skilled and to advance to expand their competencies, skills and knowledge to deliver excellence in education and training. The participants voiced inadequate development from their supervisors. The current study finding discovered that some of the requests for progression, recognised during signing of a contract, were not all covered due to learning and teaching responsibilities such as academic timetables and clinical accompaniment programmes, which are the main roles of nurse educators, clashing with training programmes. A nurse educator's role is very important, there is a need for training and development to progress their capabilities.

The participants further alluded that a limited budget and shortage of resources have an influence on the nurse educators' development. The finances for staff development are often cut, therefore it is essential to reason resourcefully about what development needs occur and how these can be achieved. This is a sign that the budget in training organisations is the most significant feature of service delivery and excellence education.

As nursing education institutions are in the progression of moving to higher education, there is a requirement to improve qualifications and reinforcing the research module among nurse educators in line with the demands of the Higher Education Qualifications Framework. The participants further mentioned that their needs are diverse, they cannot all study for a Master's degree and therefore need to be on study leave to consider other courses. Study leave may be given for other courses to support their capacity while waiting to follow full academic programmes on a Master's degree. The study findings further highlighted that supervisors are deficient in certain skills for example supervisory, communications, PMDS process and objectivity. This affects the implementation of the PMDS policy, as it is not interpreted consistently.

5.3.3   Inadequate support

The participants mentioned that it is essential to have continuous support from their supervisors, which will improve their relationship, supplement each other's understanding and talents to benefit the students and the institution. The participants further remarked that the manager's inadequate support results in a high employee turnover. The participants

showed that during review, the supervisor only focused on how they performed and scored, and that there was no monitoring on the previous recognised developmental needs. The findings further discovered that supervisors focused on performance rating and shows that there was no continuity in evaluations.

The study findings emphasised that some participants indicated the inadequate proper feedback from their supervisor as they are not corrected in a constructive way. Constructive feedback at suitable intermissions provides an individual with a sense of attainment and personal development. The participants require to be improved whenever a gap has been identified and should be given encouraging responses. Consistent positive comments have various positive outcomes by stimulating individual growth, develop collaboration and escalate capability. Based on the results of the study, it was revealed that a inadequate of acknowledgement was experienced by participants to a diverse level. The participants required to be valued for their contributions as well as recognised for their competencies. The participants felt that they need to be acknowledged by receiving encouraging words about their efforts, and not focus on the mistakes that one has made. This will offer support by way of recognising persons who are performing well.

5.3.4 Psychological impacts

The participants expressed the concern that they are experiencing psychological impacts during their evaluation and development processes. The participants indicated that providing a favourable work environment will enhance learning and teaching, and support a stress free work place and caring personnel. The participants further alluded that experienced nurse educators are not recognised for their contributions in the institution and rated low, and juniors rated high with less experience and this practice further demotivate and depress them.

The participants indicated their concern that development was not considered to be important, yet the focus was more on performance scores, which was related to financial cost. Furthermore, the study discovered that managers, when evaluating, ensure that no one receives a final score of four as this will result in an incentive bonus. The current study findings further emphasised that the rewards or financial worth should be detached from

development. Presently, the only value that personnel understand is a monetary increase, and it is essential to place extra importance on growth and development.

The participants in this study articulated that preferences are experienced throughout the application of PMDS in diverse sections at the colleges. The objectivity needs to be practiced during evaluations by supervisors. Participants further mentioned that some co-workers are not responsible with their work, not meeting deadlines, not on time at work, but regarded as being great by managers, while the dedicated employees are not recognised and scored low. The participants mentioned that justice, honesty and impartiality need to be accomplished completely. Favouritism must not be exercised as it harms other personnel members and weakens others to achieve according to their capabilities.

The participants alluded that PMDS is utilised as a disciplinary tool by managers. The findings further shown that nurse educators are being penalised for disagreements with their superiors and they will be disciplined during performance appraisals. Most individuals are not pleased as there is tension at the workplace with their managers. The supervisors should abstain from implementing disciplinary procedures during performance evaluation. The current study further discovered that participants are being intimidated by their managers. Furthermore, the participants indicated that managers are misusing their authority during evaluation.

5.3.5 Policy related factors

It was evident from the findings that the PMDS policy was overdue for revision since being effected in 2007. There are gaps not attended to, triggering a lot of unhappiness and confusion among nurse educators and their supervisors. The findings further revealed that some of performance dimensions are not related to CPD, and this disturbs their progressive requirements.

The participants expressed that PMDS policy is very common to all public servants and not specific to nurse educator essential jobs, particularly the performance dimensions. It is vital that the PMDS policy and procedures are revised to endorse currency, relevancy and applicability.

Most participants expressed a concern regarding inconsistency practiced by managers in various sections in the same college during the application of PMDS. Nurse educators felt that uniformity must be accomplished, and that their competences and abilities be acknowledged as persons. Participants specified that it is essential to have similar opportunities and rewards.

5.3.6 Suggested improvements

The participants suggested the following improvements to the utilisation of PMDS for continuous professional development of nurse educators. The participants felt that the PMDS policy should be revised as criteria for appropriate performances. The PMDS policy should contribute to regulate the structure if it is working efficiently.

The findings of this study revealed that nurse educators required constant operative provision, and specified that managers be role models, advisors and offer direction to all. The participants mentioned that positive, non-patronising comments are required to improve their morale. Some participants indicated that managers are offering them the chance to attend executive gatherings and progression development is experienced. Rotation on attendance of courses must be practiced. A workshop with managers for standardisation should be planned and attended by all supervisors, so as to have same understanding on the implementation on PMDS policy. Training on leadership, communication, good interpersonal relationship and practicing objectivity at all times should be implemented.

5.4   RECOMMENDATIONS

It is clear from the findings of this study that factors that affect the utilisation of PMDS for continuous professional development of nurses are interrelated and for the most part have a negative impact on teaching and learning in nursing education. The following recommendations are based on the findings of this study.

5.4.1 Nursing education

- Signing of contracts in all colleges to be done according to the stipulated time frame.

- Proper planning of training and developmental programmes to cover all theoretical and clinical nurse educators.

- An increase of budget and bursaries for continuous professional development of nurse educators.

- An increase in the numbers of studies on masters, doctoral and other courses as the preparedness to higher education.

- Continuous upgrading of managers specifically on feedback, reviewing identified developmental needs and strengthening support.

- Quarterly review form to have a space to record reviewing of identified developmental needs.

- Focusing on making the environment less stressful, caring, fairness, objectivity be practiced to enhance continuous professional development of nurse educators.

5.4.2 Department of Health

- Review of the PMDS policy and involvement of nurse educators to give inputs.
- Intense training of nurse educators and managers on the understanding and implementation of PMDS.
- Supervisory and leadership skills to be strengthened to all managers.

5.4.3 Suggestions for further research

The findings of this study indicated that there was a relationship between late contracting, inadequate development, inadequate support, psychological impacts, and policy related factors, which all led to a compromised quality education. It is recommended that further investigation on the views of managers on PMDS be conducted. The same study should be conducted across South African Nursing Education Institutions on the PMDS of nurse educators.

5.5   IMPLICATIONS OF THE STUDY

This study will contribute towards both the improvement of the utilisation of PMDS for continuous professional development of nurse educators in the colleges, and the review of

the PMDS policy, and may lead to the improvement of academic performance and enhance quality education. Strengthening support on communications and supervisory skills may improve interpersonal relationships between supervisors and subordinates, and create a conducive learning environment.

5.6   LIMITATIONS OF THE STUDY

The findings of the study were obtained from a qualitative approach, of ten (10) focus group interviews of fifty-eight (58) nurse educators within three government Nursing Education Institutions in Gauteng. However, in the current study, the participants were mainly female nurse educators, being higher than the male representation. There was also inequality in racial groups, mostly females and one white female, other racial groups were not represented.

5.7   FINAL CONCLUSION

The purpose of this study was to explore and describe how PMDS was utilised for the continuous professional development of nurse educators in Gauteng nursing colleges. Also, to recommend strategies for continuous professional development for nurse educators in Gauteng nursing colleges. A qualitative approach was used to answer the research question. Based on the findings of the study, it can be concluded that the objective of the study has been achieved. The researcher has made recommendations based on the study to the appropriate bodies and a report will also be disseminated to them.

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LIST OF ANNEXURES

ANNEXURE A: APPROVAL CERTIFICATE FROM ETHICS COMMITTEE

The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.
- FWA 00002567, Approved dd 22 May 2002 and Expires 20 Oct 2016.
- IRB 0000 2235 IORG0001762 Approved dd 22/04/2014 and Expires 22/04/2017.

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences Research Ethics Committee

21/04/2016

Approval Certificate
New Application

Ethics Reference No.: 129/2016

Title: THE UTILISATION OF PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM FOR CONTINUOUS PROFESSIONAL DEVELOPMENT OF NURSE EDUCATORS IN Gauteng NURSING COLLEGE

Dear Matshediso Tjale

The **New Application** as supported by documents specified in your cover letter dated 18/04/2016 for your research received on the 18/04/2016, was approved by the Faculty of Health Sciences Research Ethics Committee on its quorate meeting of 20/04/2016.

Please note the following about your ethics approval:
- Ethics Approval is valid for 1 year
- Please remember to use your protocol number (**129/2016**) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, or monitor the conduct of your research.

Ethics approval is subject to the following:
- The ethics approval is conditional on the receipt of 6 monthly written Progress Reports, and
- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

Professor Werdie (CW) Van Staden
MBChB MMed(Psych) MD FCPsych FTCL UPLM
Chairperson: Faculty of Health Sciences Research Ethics Committee

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

☎ 012 354 1677   📠 0866516047   ✉ deepeka.behari@up.ac.za   🖥 http://www.up.ac.za/healthethics
✉ Private Bag X323, Arcadia, 0007 - 31 Bophelo Road, HW Snyman South Building, Level 2, Room 2.33, Gezina, Pretoria

ANNEXURE B: PERMISSION TO CONDUCT RESEARCH AT GAUTENG COLLEGES

Permission to access information from nurse educators at Ga-Rankuwa Nursing College

TO: Mr SW Seabelo [Name]
Chief Executive Officer/Information Officer

Ga-Rankuwa Nursing College
College

FROM: Ms MP Tjale [Name]
Investigator

SG Lourens Nursing College
College

Re: Permission to do research at Ga-Rankuwa Nursing College

TITLE OF STUDY: The Utilization of Performance Management and Development System for Continuous Professional Development of Nurse Educators in Gauteng Nursing Colleges.

This request is lodged with you in terms of the requirements of the Promotion of Access to Information Act. No. 2 of 2000.

I am a researcher / student at the Department of Nursing at the University of Pretoria

I am working with Ms V Bhana.
I herewith request permission on behalf of all of us to conduct a study on the above topic on the College grounds.

We intend to publish the findings of the study in a professional journal and/ or to present them at professional meetings like symposia, congresses, or other meetings of such a nature.

We intend to protect the personal identity of the nurse educators by assigning each individual a random code number.

We undertake not to proceed with the study until we have received approval from the Faculty of Health Sciences Research Ethics Committee, University of Pretoria.

Yours sincerely

Signature of the Principal Investigator

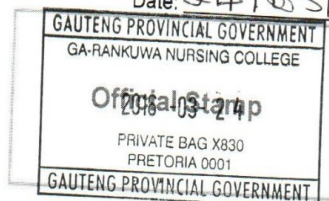
Permission to do the research study at this College and to access the information as requested, is hereby approved.

Title and name of Chief Executive Officer: Seabelo, S.W

Name of College: GaRankuwa Nursing College

Signature:

Date: 24/03/2016

GAUTENG PROVINCIAL GOVERNMENT
GA-RANKUWA NURSING COLLEGE
Official Stamp
2016-03-24
PRIVATE BAG X830
PRETORIA 0001
GAUTENG PROVINCIAL GOVERNMENT

Permission to access information from nurse educators at Ann Latsky Nursing College

TO: Ms R Ramahlafi [Name]
Chief Executive Officer/Information Officer

Ann Latsky Nursing College
College

FROM: Ms MP Tjale [Name]
Investigator

SG Lourens Nursing College
College

Re: Permission to do research at Ann Latsky Nursing College

TITLE OF STUDY: The Utilization of Performance Management and Development System for Continuous Professional Development of Nurse Educators in Gauteng Nursing Colleges.

This request is lodged with you in terms of the requirements of the Promotion of Access to Information Act. No. 2 of 2000.

I am a researcher / student at the Department of Nursing at the University of Pretoria

I am working with Ms V Bhana.
I herewith request permission on behalf of all of us to conduct a study on the above topic on the College grounds.

We intend to publish the findings of the study in a professional journal and/ or to present them at professional meetings like symposia, congresses, or other meetings of such a nature.

We intend to protect the personal identity of the nurse educators by assigning each individual a random code number.

We undertake not to proceed with the study until we have received approval from the Faculty of Health Sciences Research Ethics Committee, University of Pretoria.

Yours sincerely

Signature of the Principal Investigator

Permission to do the research study at this College and to access the information as requested, is hereby approved.

Title and name of Chief Executive Officer: _MRS R.M. Ramahlafi (PRINCIPAL)_

Name of College: _ANN LATSKY NURSING COLLEGE_

Signature: _____

Date: _2016. 03. 24_

Official Stamp

(stamp:) DEPARTMENT OF HEALTH
ANN LATSKY NURSING COLLEGE
Principal
2016 -03- 2 4
PRIVATE BAG 40
AUCKLAND PARK 2006

Permission to access information from nurse educators at
SG Lourens Nursing College

TO: Ms MLC Digangoane [Name]
Chief Executive Officer/Information Officer

FROM: Ms MP Tjale [Name]
Investigator

SG Lourens Nursing College
College

SG Lourens Nursing College
College

Re: Permission to do research at SG Lourens Nursing College

TITLE OF STUDY: The Utilization of Performance Management and Development System for Continuous Professional Development of Nurse Educators in Gauteng Nursing Colleges.

This request is lodged with you in terms of the requirements of the Promotion of Access to Information Act. No. 2 of 2000.

I am a researcher / student at the Department of Nursing at the University of Pretoria

I am working with Ms V Bhana.
I herewith request permission on behalf of all of us to conduct a study on the above topic on the College grounds.

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We intend to protect the personal identity of the nurse educators by assigning each individual a random code number.

We undertake not to proceed with the study until we have received approval from the Faculty of Health Sciences Research Ethics Committee, University of Pretoria.
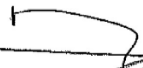
Yours sincerely

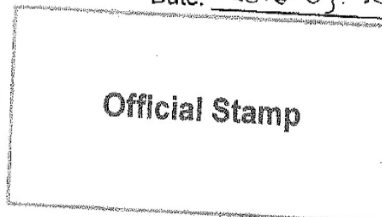Signature of the Principal Investigator

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Permission to do the research study at this College and to access the information as requested, is hereby approved.

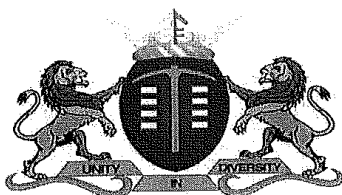Title and name of Chief Executive Officer: _Vice Principal : Ms MLC Digangoane_

Name of College: _SG. Lourens Nursing College_

Signature: _____

Date: _24/03/2016_

ANNEXURE C: APPROVAL LETTER FROM THE DEPARTMENT OF HEALTH

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

OUTCOME OF PROVINCIAL PROTOCOL REVIEW COMMITTEE (PPRC)

Researcher's Name (Principal Investigator)	Mrs Matshediso Tjale
Organization / Institution	UP
Research Title	The Utilisation of Performance Management and Development System for Continuous Professional Development of Nurse Educators in Gauteng Nursing Colleges.
Contact number	Contact no: 0123195618 Cell: 0826614255 Email: Patricia.Tjale@gauteng.gov.za
Protocol number	GP_2016RP0_229/GP_2016RP26_75
Date submitted	2016/04/28
Date reviewed	2016/06/30
Outcome	Approved

It is a pleasure to inform that the Gauteng Health Department has approved your research on The Utilisation of Performance Management and Development System for Continuous Professional Development of Nurse Educators in Gauteng Nursing Colleges.

Study sites: GDoH Provincial Offices

The Provincial Protocol Review Committee kindly requests that you to submit a report after completion of your study and present your findings to the Gauteng Health Department.

Recommended/Not Recommended

Dr. Bridget Ikalafeng
(on behalf of PPRC)

Date: 15/07/2016

Approved/Not Approved

Dr LRR Lebethe
DDG: Clinical Services

Date: 28 07 2016

ANNEXURE D: PARTICIPANT INFORMATION LEAFLET AND INFORMED CONSENT

PARTICIPANT'S INFORMATION LEAFLET & INFORMED CONSENT FORM
TITLE OF THE STUDY:
THE UTILISATION OF PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM FOR CONTINUOUS PROFESSIONAL DEVELOPMENT OF NURSE EDUCATORS IN GAUTENG NURSING COLLEGES.

Dear participant,

1. INTRODUCTION

You are invited to volunteer to participate in my research project on exploring utilisation of performance management and development system for continuous professional development of nurse educators in nursing colleges in Gauteng.

This letter is to help you to decide if you would like to participate. Before you agree to take part in this study you should fully understand what is involved. If you have any questions, which are not fully answered in this leaflet, do not hesitate to ask the researcher. You should not agree to take part unless you are completely happy about what is expected of you.

2. THE NATURE AND PURPOSE OF THIS STUDY

The purpose of the study is to explore the utilisation of performance management system for continuous professional development of nurse educators in nursing colleges in Gauteng. You are considered as very important source of information and are thus approached to take part in this study.

3. Explanation of procedures to be followed

The participant in this study will be requested to participate in a focus group interview on dates that are going to be arranged by the researcher. During the interview, questions pertaining to the utilisation of performance management system for continuous professional development of nurse educators in nursing colleges in Gauteng Province will be asked; the interviews will last for approximately 45-60 minutes. The interviews will be conducted in English, and be voice recorded.

If, after reading the information leaflet you are happy to participate in the study, you will be asked to sign the consent form and return it to the researcher.

4. Possible risk and discomfort involved

Should you experience emotional distress while sharing your experiences; the researcher will schedule an individual supportive interview with you, to explore your feelings. If a need arise the researcher will make appropriate referrals to the institution's employee wellness programme in order to enhance your well-being.

5. Possible benefits of taking part.

Participating in this study will give you the opportunity to better the utilisation of PMDS for continuous professional development of nurse educators, and this could result in the improvement of service delivery. Whilst there may be no personal benefit to your participation to the study, the information you provide may contribute to the benefit for Department of Health to review PMDS policies

6. Your rights as a participant

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you do not wish to participate you do not have to do anything in response to the request. The choice that you make will have no bearing on your job or any work-related evaluations or reports. You may change your mind later and stop participating even if you agreed earlier.

7. Ethical approval of the study

This proposal will be reviewed and approved by the Research Ethics Committee of the Faculty of Health Sciences of the University of Pretoria and Gauteng Health, which are the authorities whose task is to make sure that research participants are protected from harm. A copy of approval letter is available if you wish to have one.

8. Information and contact person

If you have any questions about the study, you can ask them now or later. If you wish to ask questions later, you may contact any of the following persons:
- The researcher: Mrs. Matshediso Patricia Tjale: 0826614255
- The supervisor: Dr V Bhana: 012 354 1773

9. Compensation
Your participation is voluntary. No compensation will be given for your participation.

10. Confidentiality

All information you provide will be kept confidential. Only members of the research team will have access to it. Data which may be reported in research reports will not include any information that will be attributed to you by your name. Additionally, the independent coder will sign a confidentiality agreement to ensure that information remains strictly confidential. Data that may be reported in scientific journals will not include any information that identifies you as a participant in this study

CONSENT TO PARTICIPATE IN THIS STUDY

I confirm that the researcher has explained to me of the nature, process, risks, discomforts and benefit of the study. I have also received, read and understood the above written information (Participation Information Leaflet) regarding the study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports. I consent voluntarily to participate in this research. I have been given an opportunity to ask question and have no objection to participate in this study. I understand that there is no penalty should I wish to discontinue with the study and my withdrawal will have no bearing on my job or any work-related evaluations or reports. I have received a signed copy of this informed consent agreement.

Participant's name... (Please print)

Participant's signature.. Date...........................

Researcher's name... (Please print)

Researcher's signature... Date.........................

Witness' name.. (Please print)

Witness' signature.. Date.........................

ANNEXURE E: INTERVIEW GUIDE

Main question

How is PMDS utilised for continuous professional development of nurse educators in Gauteng nursing colleges?

Probing questions

In addition, the following guiding questions have been formulated in order to guide the data collection process:

1. How is the performance management system utilised to enhance on your professional development?

2. What are your professional developmental needs?

3. How does the personal development plan support your intension to upgrade your qualifications?

4. What else should institutions do to promote effective professional development activities?

5. If you could suggest any aspect/strategy to promote professional development what would it be?

TRANSCRIPT FOR FOCUS GROUP INTERVIEW (2016)
SESSION 2(A)

Researcher   : Good morning, ladies

Group : Morning, ma'am.

Researcher   : I'm Mrs. MP Tjale, a researcher from the University of Pretoria. I'm with Mrs. AN Xaba she will be my co-coder and she'll be taking field notes. Are we okay with that one?

Group : Yes, ma'am.

Researcher   : My main title on my study is the utilisation of Performance Management and Development System for the continuous professional development of nurse educators in Gauteng colleges. We are going to use this room for our interview and we are going to use a tape recorder. Are we okay with that one?

Group : Yes, ma'am.

Researcher   : We are not going to use your names for confidentiality and to protect your rights. We are going to use participant one. Let's say we start with my right hand to say she'll be participant one, participant two, participant three, four, and five, and, when we are answering questions, you'll have to raise your hand so that we talk…and our voices need to be audible and we don't talk all of us. Are we still okay?

Group : Yes, ma'am.

Researcher   : We've got water in front of us. When you feel thirsty, you are free to have a glass. Thank you for signing the consent to participate in my study. Did you encounter any problems when you were reading the information leaflets where it needs clarity?

Group : No.

Researcher   : **Ok**………….. Can we continue?

Group : Yes.

Researcher   : I want you to feel free. Relax. Whatever we have discussed in this room remains in this room. The information that I will collect from you will only be available to my supervisor, my assistant, and me. That's why I say we are not going to use names. You'll be protected and feel free to participate. Are we okay?

Group : Yes, ma'am.

Researcher : May we start with our main question? Eeh! How is Performance Management and Development System utilised for continuous professional development for… nurse educators in Gauteng nursing colleges? It's a long name. Can I abbreviate it so that we all talk about PMDS? How is PMDS utilised for continuous professional development of nurse educators in Gauteng nursing colleges?   **Silence**…………
            We raise our hands if you are ready to answer. Participant three.

Participant 3 : Ok……… Eeh! my supervisor would call me to the office for PMDS and we'll have a discussion around the table about issues related to my job and, after everything had been discussed, she will always ask me if there's anything that I…any area that I feel that I need to be developed on and I am the one who must come up with whatever I need…I feel I need to be developed on and then, from there, she will tell me if there is any courses available at…during the current year and, if there's an opportunity for me, she will put my name there and that's it.

Researcher   : Thank you. **Eeh**…You talked about you and your supervisor has a discussion related to your job. Can you take us through your job description?

Participant 3 : As a lecturer, I am expected to do…to teach students in class and also do clinical accompaniment and also follow up on student absenteeism and report on any irregularities and…sorry, can I continue?

Researcher : Continue.

Participant 3 : And, for class…teaching in class, I'm also expected to set tests for my…after giving for my lecture, I set tests, mark tests, set assignments and mark them, and also for clinical I'm expected to do clinical teaching and also set clinical assessment procedures and mark them and compile the marks and write the report.

Researcher : Thank you. The follow-up question will be…anyone can answer that one. The area of development. She talked about the area of development. How do you go about with the process to identify your area of development? Can you take us further on how it's done for you to identify your area of development? Participant four.

Participant 4 : Thank you. I think that will differ from department to department because of departmental needs. How it's done in my department is you look at the subject that you are teaching. Do you feel you still need to learn more? For example, in my department I teach general nursing science hundred and part of it we have community nursing which entails IMCI. So, it's easier to say I think I need development on IMCI even though it's basic with them but you…as a teacher, you need to have vast knowledge about that and also we also teach conditions like pulmonary TB, there's also HIV/AIDS. So, you look into those issues because there are dynamics that change every year. The government has got their objectives, their targets, and all that. So, one would need to be abreast with the latest developments of whatever is happening. So that's how we come about choosing as to where we need developments. Thank you.

Researcher : Thank you. Anyone with follow-up on this area of development? How is the process done? Participant…tells us how is it done? Participant two.

Participant 2 : Well as a clinical lecturer…I'm a clinical lecturer also and also do some…one system in class but, at the clinical area, because we do formative assessments for our learners and also we do OSCE, which is Objective Structured Clinical Evaluations, so, what I have done, I had to go for assessors' course because, if you have done assessors' course, it will be easier for you to do assessments when you do these evaluations. So, what I've done, I just told my supervisor that, seeing that I am doing clinical area and we are doing assessments, I need to go for the assessors' course and what that supervisor did, she

took…she brings a list where we write in our names on the list if you want to do a course like assessors' course. So, after writing your name in, the supervisor herself she'll take…she takes it to our staff development officer.   Then staff development officer will arrange the dates for you to do the course and, afterwards, we will get the feedback from the supervisor that on such-and-such a date you'll be attending the assessors' course. That is the process of doing the course.

Researcher   : Thank you. Is there anyone who can tell us on continuation on the area of development? How do we do it? Participant five.

Participant 5 : **Mmm**….Area of development usually depends on the individual's needs and also on the students' needs, it is based on those focused, and Eeh….every year I think there is a list which is being offered by the staff development department and then, amongst those lists of the trainings, the workshops, it also directs us of any training or any developments which are there for the whole year, it's a schedule actually, and then, during the assessment, which is PMDS, on the form there it has a got a portion whereby it asks you of any development or wherever you are still inadequateing and, based on that list, if ever there is a course available then you'll arrange with the HOD if ever you'll be available. Remember, we also…our focus is the students. So, if ever maybe, let's say, the course will be during Eeh…maybe early and then you can be able to attend the course, then you have to book yourself through the staff development and, once more, with the training also silence……… and, again once more, it will also depend on the availability maybe of resources. If ever there is resources available, then you'll be able to go for the training and, if ever there are any changes, with the changes usually they will let you…they will inform you earlier that there are some changes whereby maybe the course will be on the other day. That's how we are being trained Eeh…..or we are being offered the training.

Researcher   : You…if I may make a follow-up. You talk about forms in the PMDS. Can you clarify more on the forms that you do? Anyone can answer that one. Participant five. The forms.

Participant 5 : Actually, I'm referring to the PMDS form…the actual PMDS form. It has got a portion whereby, after you have been assessed, there is an area which is written area of development and what-what. That's the actual form.

Researcher   : The follow-up on area of development. When do you do this, that area of development? That form in the PMDS. I need clarity on that. We talked about the form in the PMDS where there is an area of development. How do you do that? How do get into that form? I need the process. And when is it done?

Participant 1 : **Ok**……… During PMDS evaluation, the HOD will give you your form. In fact, that form, it's been given to you

Researcher   : The process?

Participant 1 : No, the first…before first cycle.

Participant 1 : Yes, thank you. I wanted the word. It is given to you during contracting. So, you stay with it. Whenever you go for quarterly reviews, you take it along to discuss with your HOD. That is the form that you…she is talking about.

Researcher   : Thank you. You talked about contracting. Can you give us clarity on how contracting is done? Anyone. Participant one.

Participant 1 : How is contracting done? During contracting, Eeh…the HOD will give you the evaluation form and she'll be having hers also. They will discuss each and every PD, performance dimensions…every performance dimensions, what is expected of you, how do you understand, and then clarifies everything and then there's also outputs. There's about twelve or ten…twelve neh……? Performance dimensions and then you also discuss the outputs. The outputs are also more related to your job description also. And then you come into agreement and then, before you can even sign, she must allow you to ask questions where you don't understand or where you need any clarity and, if you both agree on the outputs and the performance dimensions, you sign the contracting because now you know what is expected of you, you know what is your job description, you know whether are you average and when you'll be effective…excellent neh…, when are you a three or four.

Researcher   : Can we further clarify on…you talked about the dimensions and the outputs. How they are…how is their weight…weighting? Because you said you agreed on the

performance dimension, you agreed on the outputs that are related to your job description, but how are you agreeing about your weighting?

Participant 1 : Let me clarify that.

Researcher   : Clarify it for me.

Participant 1 : Yes, concerning the weighting, the weighting because the weighting you find there it means they were being discussed before by a team or a group because the form already has got…it's been weighted already. So, it means it was discussed before by a certain team, their PMDs, and then communicated to other stakeholders and then it was agreed upon.

Researcher : Thank you. **Eeh**….. What are your professional development needs? **Silence**………….   Participant one.

Group   : Laughing………………..

Participant 1 : Let me ask you this question. Since you are seated here, I think our developmental needs will be different. So, it will also go according to the departmental needs and also the institution needs.

Researcher   : Participant three.

Participant 3 : I'm talking for myself but it could affect most of us and the college as a whole. Number one, my developmental need, I think I do not clearly understand this PMDS. The first time when I was called to the office…I will take you back from the time I came to this college. I was coming from the private institution where these things were not done. There they just call you to the office and look at you and they rate you but now, here, I found things were done different. I was told now its PMDS and, when I was asking my colleagues, I couldn't get a clear explanation. They told me it's about money but, when I got there, it was something else but there is money involved but, up until two weeks ago, there was a gentleman coming from head office to give in-service about the PMDS. All these years I've been going for PMDS not being clear. I'm still not clear even after that gentleman gave an

in-service. So, I think, number one, I need to be developed more on this PMDS because, when I look at all those performance dimensions and the output, it's all about my job but I think I need somebody to take me through it to understand it well and the monetary value attached to it is something else now. That is number one. Number two, I still need to further my studies now because I think there are so many things that are happening in my life socially and academically and it's all about time and focus. If I could get a chance of doing my PhD, I will like to do it. Thank you.

Researcher   : Thank you. Participant two and then we will follow with participant three.

Participant 2 : I think I just have the same feeling as participant number three about PMDS. When I came here, really, I didn't know anything about PMDS because I was from UK for eight months, I mean …for eight years then I worked in a private sector for one and a half years but, in that private…that hospital in particular, they used to do PMDS but it was different from here and, really, I didn't know. I was just following people. I was just writing, didn't know, just hearing from other colleagues, no, write this, write this, but I was never sure about it until I came to this college …sorry, I'm not supposed to mention. Until I came to this college, the institution, then I was told to go for a PMDS but I was still blank. I didn't know. I used to very, very, very disturb and I couldn't sleep. When it was the morning of my coming for PMDS, I felt like saying I'm sick or what. I used to be very worried about PMDS, having to do all these writings and I was not even sure what are the outputs, what the PD threes are and things. I used to…but my supervisor was very good. She started…she used to give us some in-service, our supervisor in the department. She used to call us and showed us how to do it and then she was approaching it like…when I remember in the private hospital where I used to work, it was like STAR, that is the situation, the task, the action, and the results. Then, after…I think last year it's only that now I can see though I'm still not sure about going about with the PMDS and the outputs but it…there was a little light there though I used to be very worried. When it's PMDS time I used never to sleep well at night.

Researcher   : Thank you. Participant one
.

Participant 1 **: Ok**….According to me, I still find it…I'm still confused about how is this PMDS utilised? When we look…as I've mentioned about the PDs, when you look into these PDS, there's PD, I think, five or six that talks about managing your performance development. So

you discuss with you HOD where you are lacking and you say I think I want to go for a course of this, whatever course you want to, and then, when you make a follow-up, then you'll be told that that is not a priority in the institution. So I find it very difficult and confused that how must we develop now yourself when you are told it is not a priority? Or the other thing is that this PMDS, because also there's money attached to it, it's really demoralises and it makes us not to feel happy. It looks like there's favouritism of some kind that is going on. Other people are being recognised when every…others are not recognised. That's where I'm a bit confused.

Researcher   : **Ok**….. Let's make a follow-up to participant one. She said she feels confused and she's demoralised. Can you further clarify that to say, even when the PMDS is implemented, you said you still feel confused and demoralised? Can you take us through that one?

Participant 1 : **Ok**……There's a course…I wanted to develop myself but I asked to do a course then I was told that it's not a priority. Ok……. We all know that, for higher…preparing for higher education, we must have Master's but that course was not a master's course. So, we cannot all go and study master's when now it's been announced that whatever course you apply we'll have to see or we'll have to look into it whether it's a priority or not. So, it means the priority its master's and when all we cannot at the same time. So, there's no fairness.

Researcher   : It is a follow-up. Participant four.

Participant 4 : I just want to concur with participant one. It's a feeling of most of us where you find that other people can request to do certain course and they get what they want based on this PMDS. So, people really feel demoralised to say why I am going…why…is it important? Because you will hear some of your colleagues telling you that today I came late. Next time when I go for PMDS it's the same thing. You go there and then you'll find there is a hardcover book or a diary. You are told you are since…what you did on which day and all those things. So, there's quite a lot of favouritism but some…when you ask these people about the other people, others can get away with murder. It's not a problem. They go for PMDS. Instead of doing PMDS, there's laughter's, there's everything, but with other people it's checking their mistakes, everything. PMDS, according to my

understanding, it's for identification of the gaps, it's for development, but it seems to be going one-sided. It's like the money that you are getting will…it's coming from somebody's pockets yet it is coming from the government. A person will try to pin you down. You wonder all along you were getting four/four and now all of a sudden you get three. How do you get three and go down? When a person goes down then it means yourself, as a manager, you're supposed to develop and say, I'm concerned about your work, it's like you are going down. So how do you get a four throughout, mentor people, a mentor gets three, a mentee gets four? Something's not right somewhere. You can't mentor and get less than the mentee. So, it's just to add on what the first participant said that there seemed to be quite a lot of favouritism because that's what the rumour around the institution is. Thank you.

Researcher : May we further…before we continue may we further clarify the favouritism? You talked about favouritism. Can you clarify that one? Or anyone.

Participant 4 : Yes, on that I was just adding on what the first participant once said that let's say you want to further your studies in another angle either than doing the master's degree, let's say a simple diploma, you want to just do advanced management, let's just argue on that, and then you can't get that one but somebody can get another diploma that is not even relevant to what you are doing. Management here is more important. **Mmm**…………

Researcher : Participant three, are you giving the follow-up on that one?

Participant 3 : Yes. I also want to say something about the favouritism. The monetary value attached to the PMDS it's really a problem because all those performance dimensions that…and the outputs that appear on the forms, when you read what is expected of you to qualify and you give your supervisor exactly that which is wanted, she tells you it's a norm and you find, if you look at all those bullets that are written, you did them spot-on but she'll tell you it's a norm and she will tell you, for you to get a four or a five, you must turn the college upside down so that the whole world can see but you'll find somebody…we know each other and we talk in the corridors. Somebody whom you know that this one does not work, she comes late, she doesn't finish her job, she does not submit the documents on time, she gets a five. So that is why the thing of favouritism is coming repeatedly. I'm sorry. It looks like I'm becoming emotional.

Researcher : Thank you. Can we give participant five…but, before I go to you, I want to have the clarity. You talked about a norm. You say, even if you do your best, it's still valued as a norm. Is there anyone who can clarify then we'll give you…participant five. Participant one, for the norm. I'm concerned about that norm.

Participant 1 : **Eeh**…..The norm that my colleague is talking about here it's what is your…what is in your job description.

Researcher : Thank you. Participant five, you had your hands up.

Participant 5 : **Mmm**…..Actually, I'm also adding on this monetary value attached to the PMDS. It seems to be a serious problem. Wherever I came…I was coming from before I come here, the manager there used to be very unfair. Remember, as she has already said, the PMDS is based on your job description. You'll be delivering, even excelling, and wherever…whoever was working, even the patient, there was a change immediately of joining that area and, again, even I mean the…our customers, if they are happy…remember, we are there to deliver to the customers, it shows that you are doing your work but, again, the favouritism. She could even make you that, maybe with a small mistake, small thing. Remember, you cannot always…let's say at work, somebody will complain of a small thing and which was not even a valid thing, she could even pin you down so that you may not get that money. I think the money thing is a serious problem and, once more again, based on the scoring what-what, I think if ever maybe we were not performing…remember, every month…and then there is continuous assessment. If ever maybe you were failing, I think your supervisor must even make you aware from there, just like when we are monitoring the students. Remember, there is spot teaching…spot-on teaching and what-what. I think she could even call you and then tell you here you are not doing well or what-what. Not only with PMDS but I'm talking about from previous when we were talking about the monetary value. So, meaning that, at the end, you are not going to get that small amount whereas you are delivering and you are even happy. You can see that you are doing your work and there is a proof on that. So, as she…somebody has already said, it is as if the money's coming from somebody's pocket there whereas other people who…other areas…provinces you'll hear people getting five and getting how much
.
Researcher   Thank you.

Laughing………………..

Researcher   : Participant two.

Participant 2 : Yes, I agree with the participant…the other three participants who just spoke now. The thing is this is very unfair. I remember one time I was busy trying to get some incidents, doing everything by the book and…in our department and this lady was from the other department. What are you doing there? And I said, no, I'm preparing for my PMDS. With us, we don't have to do such things, my dear. You just take yourself to the office and talk to the supervisor and then you get your fours. So, you are busy writing and getting all these incidences and what. And another thing is the monetary unfairness because, as the participant five mentioned, something like in other provinces I understand they are getting up to fifteen thousand or even thirty thousand for PMDS whereas here, in our institution, we only getting maybe three thousand or four thousand. So, I think it is really unfair if you hear other provinces they go to about thirty thousand just for PMDS whereas, in our institution, this is the biggest and we've got the…a large number of students. How come that people in small provinces, where they have…in small institutions, let me…because we are doing the institutional PMDS, where they've got about eighty students, they go home with PMDS of thirty thousand whereas here we've got about…how many students? Eight hundred, close to a thousand, and you go home with a PMDS of four thousand. That is grossly unfair.

Researcher   : Thank you, participant two. You mention incidents to say, for you to get something, you need to collect and convince the supervisor with the incidence. Can you further clarify that? Incidence.

Participant 2 : **Eeh**…….This incidence is what, say, you have done or it's something which has happened in your workplace like, for instance…I'll give an example. As a clinical lecturer, something happens in the clinical area and you go an extra mile to correct that or do something about that. That will be an incidence. If I can give an example of one incident which I had in a particular clinical area where I'm based, there was a…it was a very new student. I think she was five months on training. She was doing her R two one seven five level two training, and, as a clinical lecturer, I was just going around to check the students how are they doing in the wards? Because we have to follow them up. So I went to this particular unit, it was in casualty, and this little one was there, it was in a resuscitation unit,

and, when I was just there with her, there was this registered nurse who instructed her to give Pethidine intravenously to a patient and I was there. I said come again? Yes, ma'am, she needs to give this patient. Here is the syringe with Pethidine. I said, in the first place, you didn't even check with this student how do we know that it's Pethidine or water? And, secondly, this is a PEN student. She's not even allowed to give intravenous injections. Now, giving Pethidine, do you know the side effects of Pethidine and especially if it's given intravenously? So, I talked to him and he insisted and I said you are not going to do it and he ended up giving it. So, I went to report to the sister in charge that you must look at these things because, one day, a student is going to argue, because if I wasn't there she was going to give it, and, if the patient dies, who is going to be accountable? So that was an incident which I wrote. At least my supervisor approved it. So, you have to have incidences which you went an extra mile. What did you do about it?

Researcher : You further said there is grossly unfairness. Anyone who wants to talk about that? The grossly unfairness concerning the PMDS and the monetary value attached. Participant three.

Participant 3 : You know….This is one college with many departments. We do things differently. In the other department, like she says, they go there, two minutes they are out with their fours. You go in there, you sit for an hour, and you come out with a three. It is very much unfair because you shall have not slept for the previous night trying to collect incidents and, when you get there, your supervisor tells you this is not an incidence, and it's a norm. The incidence that she is now mentioning, any person would have said, but you are a lecturer, it's your job to see that things are done correctly. So, the corrective measures that you applied are within your job description. So, you are a three.

Researcher : **Ok**…Thank you. Participant one, I see that your hands up.

Participant 1 : Yes, I just wanted to add on what the…my colleagues just said now that, yes…and, until today, it still confuses me to know what is the difference between a norm and an extra mile because what I think was an extra mile the supervisor will tell you it's a norm. What you think was a norm she tends to say but it was an extra mile. Don't you remember you did this and this? You went out of your way or you were supposed to do this but you went out of your way together with that adding what you did. That is an extra mile.

Not that you were not aware. You saw it but you took it as a norm because of being always being told that thing's a norm. You know so there's a inadequate of…some difference that I don't understand.

Researcher   : You mean inconsistency. Thank you. Is there anyone who wants a follow-up on the question that we were dealing with or can we maybe continue with the other one? How does the personal development plan support your intention to upgrade your qualification? How does the personal development plan…in that contracting where you write your needs, how does it really support your intention to upgrade your qualifications?

Silence…………….

Researcher   : Can I simplify it?

Group : Yes, please.

Researcher   : Previously, she said it about her intention to study…your intention to study. So how does this PMDS support your intention to upgrade your qualification? Participant three.

Participant 3 : It all depends on what you want to study. Like she said, sometimes you are told that it's not a priority. Like, for an example, you have so many things. You are faced with your core function. At some stage, if you have registered for a course that needs you to be there in person, you will have to get some days to go and attend. Like, for an example, if I'm intending to do a PhD, if I have to go out there and do research, I really need time. So, if it's not a priority in the college, I don't know if they will give me time to do that.

Researcher   : **Eeh**….I don't know but explaining more on the priority. As nursing colleges are moving towards higher education, there is a need to upgrade your qualification. Do you get any support to do…to upgrade those qualifications, as a follow-up question. Participant five.

Participant 5 : Yes, I think there is a support. For example, this year, we have got some of our colleagues who are doing research which is part of moving to…they are doing research

design and methods towards doing their master's and they are given those days. I think they are attending on Thursdays with the relevant university. So there is support.

Researcher   : Participant four.

Participant 4 : A follow-up on that, they are paying back the hours, in case you didn't know. They stay behind on Fridays. So, it's not support as such. It is paying back the hours

Researcher   : Are you not given fifty/fifty study leave?   Can we follow up on that one? Participant one, are you…participant five,

Participant 5 : Yes, I understand they are getting fifty/fifty support meaning I think they take some of their annual leave I not sure and what, what

Participant 5 : They will take…I'm not quite sure, a little bit of their annual leave and then what-what.

Researcher   : Can somebody clarify that for us. Participant one, can you clarify for us on the fifty/fifty study leave?

Participant 1 : The fifty/fifty study leave is that on the…you are being given study day during your examination and the exam day and that does not affect your annual leave.

Researcher   : But their attendance –

Participant 1 : Their attendance

Researcher   : …of classes.

Participant 1 : No, I'm not sure about it because my attendance was on Saturdays.

Researcher   : Anyone with the attendance because you said there is a payback of hours.

Researcher   : Participant four.

Participant 4 : Thank you. I'm not one of those people who are studying but I heard from people who are studying that they pay back their hours. On Friday, they stay behind. So, it's a hearsay but from concerned people

Researcher   : Thank you. **Eeh**……….. Let's continue. What else should the institution do to promote effective professional development activities?   **Silence**……………. May I repeat it?

Group : **Mmm**…………………..

Researcher   : What else should now the institution do to promote effective professional development activities? What must it…what must be done? Participant three.

Participant 3 : I think they must give them enough time. If necessary, even look at the block…the structures of the block programmes so that it can allow them time to attend and, where necessary, like where a person needs to do an extensive research, a sabbatical leave can be arranged. That's my suggestion.

Researcher   : **Ok…**..Participant five.

Participant 5 I think, again, the number of students which are being recruited yearly could be reduced so that, for example, if somebody would like to go and attend there could be…let's say maybe you are attending training for a month or whatever, there could be somebody available to take over. For example, with us, some of us, we are doing the theory as well as the practical. So even if you want to go…maybe let's say training it's in…let's say for example, it's in…when you are supposed to do the clinical. There is no any other lecturer who'll go and attend to your students there. We have got a lot of students and it means your students maybe it will end up being…maybe they can even suffer because you don't have only one area. You are running around a lot of areas with other departments. So, the number of students should be reduced, truly speaking here.

Researcher   : Thank you. Are we done with that one? Still on the recommendations

Participant 4 : I think what must happen is…similarly it's like things are done differently from one department to the other. I think the institution must sort of hold workshops with the managers so that they implement one thing. It must be a standard thing because you go to another department, you find there's quite a lot of support from their manager and query not paying back their hours.

Researcher : Thank you. If you could suggest any strategy to promote professional development, what could it be? A strategy to promote this professional development. What could it be? Participant three.

Participant 3 : I should think funding and time and, number three

Researcher : Funding?
Participant 3 : Yes. Funding. And another thing that I would suggest. We have three big colleges in Gauteng. I don't know what the dynamics are but I think…I'm sure we all know that this is the biggest with the biggest numbers. So, if it could be possible that the number of students be spread equally to…in the three colleges. I don't know what the problem is but if they could look into such then…so that we can all have equal opportunities as lecturers. **Mmm**………………..………

Researcher Participant one

Participant 1 : And there should be fairness because you'll find that most of the time, when there's something to…course and conferences for whatever development they want to develop the staff. So, some of the allocations are unfair because you'll find that most of the time it's these people who are given the opportunities. So, I think fairness also here must be practiced.

Researcher : Participant four. We are on the strategies.

Participant 4 : Thank you, ma'am. I think now the thing's running away –
        Laughing…………………

Participant 4 : I think the most important thing it's to have a policy, the study leave policy, because things are like this because there's no policy. There are quite a lot of things that are just said verbally and there is nothing supporting that. I'll give an example. A person is not encouraged, you are not allowed to study, let's say, like masters at an institution where you are supposed to attend. Let's say, for example, my preference is Wits…sorry, it's a university. Let's say Wits or Pretoria University where you are supposed to attend as a…we are not gifted the same. Other people would prefer to go to UNISA and then they can study on their own but the example that I gave of the two universities is you have a chance of somebody teaching you face-to-face. So, if people can be allowed to go to whatever institution they feel like…there's quite a lot…the number of people with master's here it's far less, it's not even thirty, and in two years' time we are expected to go to higher education and it's not all of us that can do it studying privately, not attending classes, but if I'm given an opportunity…instead of me taking two years to do that master's I'll do it in one year because it's only one year but now it's more time, waste of money, waste labour, and all those things instead of doing that in a year only.

Researcher : Thank you.   Anyone with a strategy that will improve or promote the professional development? Silence………..
Researcher   : Are we fine?

Group : Yes.

Researcher   : Participant two.

Participant 2 : Maybe equity. There should be equity in the institution as far as giving the lecturers the opportunity to study further. Let it be…equity must be there so that everybody must get a chance.

Researcher   : I'm doing follow-up questions on policy, leave policy. The study leave policy. I think Gauteng has that policy. How are you implementing it? Because there is a policy on study leave. Policy on study leave. As you have identified this.

Participant 4 : As far as I'm concerned, I'm not aware of that policy and most of people at this institution they don't know.   **Laughing**…………………..

Researcher : Thank you. Any questions to me or any clarity that you still need to give inputs? Are you okay? Participant three. We still have five minutes to go. Are we okay? Or give it to four.

Participant 4 : **Eeh…Mmm**..........I like to sum it all, we can have all these funding and all this but, if the environment is not conducive where you are working, it's not about money mostly. We stay because we have people who support us but, if you don't have somebody supporting you, then you take short lefts. I can just give a simple example to say let's say one didn't report on duty because they are not feeling well. When this person reports for work the following day I think, even though there is pressure of work, my job as a supervisor is to say how are you feeling? Instead of wanting sick leave note first before you ask me. You even forget that where is the sick leave? The environment needs to be conducive for people to be able to achieve whatever they need.

Researcher : Are you done?
　　　　　　Laughing…………………..

 Researcher　　: Are we all done?

Group : Yes.

Researcher : I would like to thank you for participating in this focus group and whatever we discussed will remain confidential. Only when you'll be seeing the information is when the findings and the recommendations will be out. Then you'll get the information but no way will your names appear in the findings and the recommendation of my thesis and, if I need any clarity or if you have something that you think that you forgot, my contact numbers are with your chairperson. Then we can still follow up on that one but I appreciate your participation and thank you very much. Have a nice day.

Group : Thank you.

Participant 1 : It was interesting. For the first time.