

**KNOWLEDGE AND PRACTICES OF SUPERVISORS ON THE PERFORMANCE
MANAGEMENT AND DEVELOPMENT SYSTEM AT PRIMARY HEALTH CARE
FACILITIES IN THE GREATER TZANEEN SUB- DISTRICT, LIMPOPO PROVINCE**

By

ROSEMARY HLULEKLE MASHEGO

(MINI) DISSERTATION

Submitted in fulfilment of the requirements for the degree of

MASTER OF PUBLIC HEALTH

In the

FACULTY OF HEALTH SCIENCES

(School of Public Health)

at the

UNIVERSITY OF LIMPOPO

SUPERVISOR: Prof Linda Skaal

2016

DECLARATION

I declare that the Knowledge and Practices of Supervisors on the Performance Management and Development System at Primary Health Care Facilities in the Greater Tzaneen Sub-District, Limpopo Province (mini-dissertation) hereby submitted to the University of Limpopo, for the degree of Master of Public Health has not previously been submitted by me for a degree at this or any other university; that it is my work in design and in execution, and that all material contained herein has been duly acknowledged.



.....
Mashego Rosemary

07 March 2016

DEDICATION

This work is dedicated to my 79-year-old mother, Bikwaphi Rachel Nkosi Mashabane, who always believed in me.

ACKNOWLEDGEMENTS

I would like to acknowledge and thank all the people who assisted me in making this research possible.

- First, I give glory to God Almighty for giving me the wisdom and strength through the tough journey, without whom nothing would have been possible.
- To my supervisor, Professor Linda Skaal for her assistance, valuable guidance, inspiration, support and encouragement in this study.
- Mr. M. Netshidzvhani , statistician, who assisted me with the development and shaping of the questionnaire.
- To my children, Nikiwe, Charlotte, Victor and my grandson Melusi for their support and encouragement.
- Special acknowledgement goes to my last born daughter, Zanele, for her motivation and continuous support, even when it seemed so dark; she believed in me.
- To my sister Fuzile Mashabane, for showing interest in my success. Your support has brought me this far.

ABSTRACT

Background

The South African government has introduced PMDS as a tool to monitor and manage the performances of departments, institutions, teams and individuals in order to improve service delivery, and to counteract the legacy of poor performance. In order for the government to achieve this goal, PMDS implementers must be equipped with adequate knowledge and skills which will enable them to implement the system correctly, in compliance with the standards and procedures laid down in the government PMDS policy. The aim of the study was to determine the knowledge and practices of PMDS of supervisors who are tasked with the responsibility to supervise their subordinates.

Methods

A cross sectional descriptive quantitative study was carried out in the Greater Tzaneen Primary Health Care facilities. A total of 117 participants comprising of professional nurses, operational managers and assistant managers completed the questionnaires. These comprised largely of close-ended questions and some open-ended questions. Analysis of data was done using statistical software, SPSS 22.0 version and results were interpreted.

Results

Generally all the respondents had average (65.8%) understanding of the PMDS processes including the purpose and their roles as supervisors. However, a gap exists between the theoretical knowledge and the actual ability to practise PMDS which was found to be around 52%. There are areas of weakness that still need attention: unavailability of PMDS guidelines, lack of training of both supervisors and employees. Lastly, the nature of challenges which the respondents reported regarding PMDS implementation signifies that there might be underlying problems with PMDS which were not covered by this study, and these challenges, by far outweigh their confident knowledge and ability to practise PMDS.

Conclusion

To improve the knowledge and ability to supervise PMDS, the following recommendations were brought forth: proper induction of all PMDS supervisors and periodic in-service training, PMDS policy manuals as a source of reference to be made available in the facility and all supervisors to be orientated how to use them.

TABLE OF CONTENTS

Declaration.....	i
Dedication.....	ii
Acknowledgements.....	iii
Abstract.....	iv
Table of contents.....	vi
Definition of terms.....	x
List of figures.....	xi
List of tables.....	xii
Acronyms/ Abbreviations.....	xiii
CHAPTER 1: INTRODUCTION.....	1
1.1 Background.....	1
1.2 Problem statement.....	3
1.3 Aim of the study.....	3
1.4 Research question.....	3
1.5 Objectives.....	3
1.6 Importance of the study.....	4
1.7 Conclusion.....	4
CHAPTER 2: LITTERATURE REVIEW.....	5
2.1 Introduction.....	5
2.2 The concept Performance Management and Development System.....	6
2.3 Principles of Performance Management and Development System.....	7
2.4 Key requirements for successful implementation of Performance Management and Development System.....	8
2.5 Performance management process.....	8

2.6 Role players in performance management.....	12
2.7 Linking Performance Management and Development System to training.....	12
2.8 Challenges of PMDS implementation.....	13
2.9 Conclusion.....	13
CHAPTER 3: RESEARCH METHODOLOGY	15
3.1 Introduction.....	15
3.2 Study design and approach.....	15
3.3 Study site.....	15
3.4 Study population.....	16
3.5 Inclusion criteria.....	16
3.6 Exclusion criteria.....	16
3.7 Sampling and sampling techniques.....	16
3.8 Data collection.....	17
3.9 Data analysis.....	17
3.10 Validity	18
3.11 Reliability.....	18
3.12 Bias.....	18
3.13 Ethical considerations.....	19
3.13 Significance of the study.....	20
CHAPTER 4 : RESULTS	21
4.1 Introduction.....	21
4.2 Socio-demographic data of respondents.....	22
4.3 Knowledge of PMDS processes.....	23
4.4 The PMDS practice.....	37
4.5 Challenges of PMDS implementation.....	42
4.6 Summary.....	42

CHAPTER 5: DISCUSSION, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION	43
5.1 Discussion.....	43
5.2 Objective 1: Socio-demographic profile of respondents.....	43
5.3 Objective 2: To assess the knowledge and understanding of PMDS by supervisors.....	45
5.4 Objective 3:To describe the practices with regard to PMDS implementation..	50
5.5 Challenges of PMDS	55
5.6 Conclusion.....	57
5.7 Limitations of the study.....	58
5.8 Recommendations.....	58
REFERENCES.....	59
APPENDICES.....	64
Appendix A: MREC clearance.....	64
Appendix B:Permission to conduct research.....	65
Appendix: C Permission letter Provincial.....	66
Appendix: D Permission letter Mopani district.....	67
Appendix: E Consent form.....	68
Appendix: F Questionnaire.....	70

DEFINITION OF CONCEPTS

Assistant manager: An individual who is in charge of a certain group of tasks, or a certain subset of a company. A manager often has a staff of people who report to him or her (www.businessdictionary.com, 02.06.2014). In the context of Primary Health Care, assistant manager is a professional nurse at the rank of manager who is an overseer of a cluster of clinics and health centres.

Health care facility: any location at which medicine is practised regularly, ranging from a small clinic, doctor's room to a large hospital (<http://en.wikipedia.org>, 14.07.2014).

Skills development: a planned learning and development of employees in the workplace and outside the work environment to improve skills of workers or to assist job seekers to find work (Nel, Werner, Hassbroek, Poisat, SonoT, & Schultz, 2008)

Knowledge: the information, understanding and skills that one gains through education or experience (Oxford Advanced Learner's Dictionary, 2006).

Operational manager: an officer who **designs**, executes, and controls the operations that convert resources into desired goods and services (www.google.co.za, 20 May 2013). In the context of Primary Health Care an operational manager is a professional nurse in charge of a clinic or health centre including supervision of Performance Management and Development System of other staff members lower in rank.

Performance: it is the art of functioning or carrying out of an act, the process of doing an activity or conduct (Oxford Advanced Learner's Dictionary, 2006).

Performance appraisal: performance appraisal is defined as the process of identifying, measuring and developing human performance (Baird, 1992)

Performance management system: a holistic approach, strategy and process of management of the performance of individuals and groups to ensure that shared goals and objectives of the organization are met (Nel, Werner, Hassbroek, Poisat, Sono and Schultz, 2008).

Practice: an expected procedure, or a way of doing something; it may be customary or habitual (www.businessdictionary.com, 02.06.2014)

Primary health care: it is essential, community based health care service, which uses scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community (Dennill & Swannepoel, 1999).

Professional nurse: a person who is qualified and competent to independently practise nursing according to the level prescribed by the Nursing Council, who is able to assume responsibility and accountability for such practice (South African Nursing Act, 2005). In a primary health care setting, professional nurses are charged with the responsibility to supervise other staff members lower in rank including Performance Management and Development System.

Supervisor: a person in the first line management who monitors and regulates employees in their performance of assigned or delegated duties (www.businessdictionary.com, 14.07.2014). Professional nurses fall under this category.

LIST OF FIGURES

Figure 4.1: Gender distribution of respondents.....	23
Figure 4.2: Frequency of PDMS training received by respondents.....	25
Figure 4.3: Knowledge of respondents about PDMS processes.....	27
Figure 4.4: Knowledge of respondents according to professional position.....	28
Figure 4.5: PMDS implementation practices scores.....	37

LIST OF TABLES

Table 4.1: Socio-demographic profile of the participants.....	22
Table 4.2: Availability of PMDS documents	23
Table 4.3: PMDS information for those who did not have PMDS manual	24
Table 4.4: Staff training on PMDS	24
Table 4.5: Knowledge of PMDS processes.....	26
Table 4.6: Self-reported purpose of PMDS.....	29
Table 4.7: Self-reported roles and responsibilities of PMDS.....	30
Table 4.8: Association between the socio-demographic profile and the ability to apply the mission and vision	31
Table 4.9: Association between the socio-demographic profile and the attendance of PMDS workshop.....	32
Table 4.10: Association between the respondents' professional position and their ability to conduct quarterly reviews.....	33
Table 4.11: Association between the socio-demographic profile and ability to identify skills gaps	33
Table 4.12: Cross tabulation between the respondents' positions and knowledge of purpose of PMDS.....	34
Table 4.13: Cross tabulation between the respondents' years of experience and the purpose of PMDS.....	35
Table 4.14: Association between the socio-demographic profiles and the understanding of the roles and responsibilities of PMDS.....	36
Table 4.15a: PMDS practices: Planning	38
Table 4.15b PMDS practices: Progress review phase.....	39
Table 4.15c PMDS practice: Annual evaluation.....	40
Table 4.16 Association between the respondents' position and ability to implement PMDS.....	40

Table 4.17 Association between years of experience and ability to implement PMDS.....	41
Table 4.18 Association between training and ability to implement PMDS.....	41
Table 4.19: Self-reported challenges of PMDS implementation.....	42

ACRONYMS

PMDS Performance management and development system

PHC Primary health care

PA Performance appraisal

KPA Key performance areas

KRA Key result areas

SANC South African nursing council

PFMA Public finance management act

PI Performance instrument

CHAPTER 1

INTRODUCTION

1.1 Background

Performance Management and Development System (PMDS) is a strategy used for tracking and evaluating the performance of employees in an organization (Limpopo Provincial Government, 2004).

Globally, PMDS is a widely used system for managing performance. The system was traditionally known as Performance Appraisal (PA) and it was mostly used by private companies in the United States of America and Norway for decisions on merit awards, promotions and salary increases. However, PA had its shortcomings such as subjectivity and that it focussed only on the individual, and it had no provision to monitor and evaluate the performance of the entire organization (Williams, 2002)

There are several factors such as global competition for excellence, increased customer expectation for quality products and more, that influenced the global markets to re- think a more comprehensive and holistic strategy to manage performance. The introduction of PMDS in the US and Norway was seen as a transformational strategy from Performance Appraisal (Williams, 2002; Vasset,et al., 2011). Research has revealed success in the use of PMDS in a wide range of international private companies in the US, Europe and Australia; such include improved employee productivity, increased sales, quality of products and services as well as improvement of skills, since PMDS is linked with skills development (Berthal, Rogers, & Smith, 2003).

In South Africa, since the dawn of democracy in 1994, the public became aware of their rights, and this has increased their expectations and demand for quality services. The government in turn requires a public service that performs effectively to meet these demands and also to create and sustain a better life for its citizens (Kanyane & Mabelane, 2009). The White paper on transformation in South

Africa(1997), states that public services are not a privilege in a civilized democratic society, but a legitimate expectation. These have motivated the need to transform the South African Public service to a level that performs according to the public expectations and counteract the legacy of poor service delivery (Limpopo Department of Health, 2004).

Several policies were put in place, such as the Public Service Regulation, Chapter 1, Part VIII (2001) that mandated each province to develop its own performance management system, the White Paper on Transformation of Public Service, 1995, which gives the mandate for the establishment of mechanisms for performance auditing and appraisal, and the Skills development Act,1998, which provides for training and development of workers.

In Limpopo Province, PMDS Policy Manual was developed to provide principles, guidelines and framework for PMDS implementation. All levels of employees were introduced to PMDS in 2002. PMDS is designed such that it allows room for continuous assessment and timely identification of performance gaps, and institution of corrective measures. Knowledge and skills, as well as active participation by both the supervisor and employee play a major role in the effectiveness of the system (Limpopo Department of Health, 2004). The benefits of PMDS include monetary and non-monetary rewards and improved employees skills through institutional skills development training, coaching and mentoring. On the other hand, the employer is able to fulfil the service delivery mandate through the performance of employees (Malefane, 2010).

Despite the fact that PMDS is believed to be a better tool for performance management, major challenges in its implementation exist. Most of these challenges were ascribed to inadequate knowledge and skills of both the supervisor and supervisee. This is supported by previous studies conducted around South Africa (Maluleke, 2011 & Davashe, 2008). The researcher became interested in determining the knowledge and practices of supervisors regarding PMDS in the Greater Tzaneen sub-District.

1.2 Problem statement

Despite all attempts to orientate and equip the employees through workshops on the planning and execution of PMDS since 2002, the employees, particularly professional nurses, operational and assistant managers who are supervising PMDS in the Greater Tzaneen sub-District, still express frustrations during the signing of performance contracts and during quarterly assessments. The trend of poor implementation of PMDS is a major challenge, as has been mentioned earlier, not only in Mopani District, but also nationally, as was revealed in the studies which were conducted in various provinces in South Africa, including Limpopo Province. So far, it is not known why these challenges persist. This study will focus on investigating the knowledge and practices of PMDS among supervisors in primary health care, in the Greater Tzaneen Sub-district, Limpopo Province.

1.4 Aim of the study

The aim of the study was to determine the knowledge and practices of PMDS implementation by supervisors at the PHC facilities in the Greater Tzaneen Sub-district.

1.5 Research question

What is the level of knowledge of supervisors; and what are the supervisors' PMDS practices in the Greater Tzaneen Sub-district?

1.6 Objectives

- To determine the socio-demographic profile of respondents.
- To assess the knowledge and understanding of PMDS by supervisors at the PHC facilities in the Greater Tzaneen Sub-district, in Limpopo Province.
- To describe the practices with regard to PMDS implementation by supervisors at the PHC facilities in the Greater Tzaneen Sub-district.

1.7 Importance of the study

The South African government has adopted the PMDS as a single strategy and mandatory tool in the country that would be used by all the departments to gauge the performance of individuals, institutions and departments (Department of Public service and Administration (DPSA), 2007). The main aim of PMDS is to improve service delivery, enforce accountability of all employees and improve the competency of the employees. PMDS is structured in a way that allows for all individuals and teams to share the mission and vision and the strategic plan of the department

Literature supports that it is a good and effective tool to manage performance and beneficial to the company. It can also have a great impact on employee morale, performance and attitude. However, its effectiveness depends on the skills of the manager. Therefore, training plays an important role to improve the skills of both the supervisor and employee, thereby ensuring that organizational goals are achieved (Williams, 2002). The study will enable the researcher to assess whether or not the PMDS practitioners are knowledgeable enough to bring about the anticipated results from the implementation of the PMDS strategy. The study will also reveal whether the current PMDS practice is in line with the PMDS policy and standards and make recommendations for improvement and/ or further research.

1.7 Conclusion

This chapter gives the background of the study and the problem statement. It also outlined the purpose and objectives of this study. The next chapter will focus on literature review.

CHAPTER 2

LITTERATURE REVIEW

2.1 Introduction

PMDS is no longer a new concept; it is widely used in many countries nationally and internationally. There is worldwide dramatic growth in the scope and nature of health system performance measurement and reporting systems, therefore there is a need for a comprehensive system for performance management and monitoring. Research still reveals that there are successes and failures in the use of the system, some countries have not yet fully mastered the concept. Veillard (2012, in his study which was conducted in Europe, University of Amsterdam, cited factors that aroused the European health ministry's interest in performance management paradigm, such as accountability, transparency and cost containment . Veillard (2012) examined the issues relating to the knowledge field of Performance management and how the European health ministry can use PMDS to evaluate of the effectiveness of stewardship of World Health Organization in management and improving health system performance for the countries which it is supporting. The results shows that PMDS was a recommended tool and beneficial, and cited the following recommendations:

- Linkage of performance management system, health system strategy, resource allocation and accountability is a powerful lever to achieve better health outcomes.
- Furthermore the researcher added that it is important to embed performance management into policy function and operational activities.
- Lastly, international hospital projects should consider elements of context leadership in the design, development and implementation of PMDS.

A study conducted by Gotore, (2011) in Namibia on evaluation of PMDS in XYZ company to assess whether technical knowledge of Balanced Score Card in performance management, and change management process that fosters participation of both management and employees in goal setting can aid in

successful implementation of PMDS. Several attempts were made to implement PMDS in this company, including involvement of managers and employees in the planning and development of PMDS tools. The results showed that there was lack of commitment on the part of employees while the managers were committed to the successful implementation of the system. Employees were also reluctant to attend training, the general perception was that PMDS was not done fairly and equitably, as a result it was identified as a source of stress.

Nationally, a study conducted by Letsoalo (2007) to evaluate PMDS in the Public service in the Gauteng Province, findings were that PMDS is not effective and it is not properly implemented. It is not procedurally implemented in the public service irrespective of the availability of policies that regulates it. There is a need for continuous monitoring and evaluation of policies and systems that are already in place. The study further revealed that there was also a correlation between the way in which PMDS was implemented and the attitude of employees. The researcher deduced that the more PMDS is implemented properly and fairly, the greater the impact will be on service delivery (Letsoalo, 2007)

Studies conducted around Limpopo province on PMDS by Tlolwane, (2009) in Sekhukhune district Department of Agriculture and Maluleke B, (2011) in Mopani district hospitals revealed that there was minimal employee involvement and lack of knowledge and understanding of the essence PMDS.

2.2 The concept PMDS

Performance management and development system is a framework and a tool for managing employee performance; it cuts across all levels of government employees, (except for senior managers) who were appointed in terms of the Public Service Act, 1994. The government has resolved to make it a compulsory tool by which performance of individuals, teams, institutions and departments can be monitored; PMDS is linked to employee skills development (DPSA,2007).

O' Callaghan (2007) defines performance management as a process of defining clear objectives and targets for individuals and teams, reviewing employees'

performance and rewarding those who have achieved their targets. PMDS implementation process must be structured such that individual and team effort support organizational objectives and ensure that stakeholders realise their expectations. O' Callaghan (2007) also identified four key value drivers which are paramount for PMDS: planning, linking objectives and targets to corporate strategy, meeting stakeholders' expectations and lastly buy-in of management and employees (O' Callaghan, 2007).

Performance management is further described as a process set by an organization to ensure that all employees are aware of the level of performance which is expected of them in that role, as well as any individual objectives they will need in order to achieve overall organizational objectives. The sole purpose of PMDS is to assess and ensure that employees are carrying out their duties, which they are employed to do in an effective and satisfactory manner, efforts which contribute to the overall business objectives (Human resource institute of New Zealand, 2011). In the main, PMDS defines the job, job duties, job responsibilities, and the priorities thereof. It also defines performance goals with measurable outcomes and performance standards and targets to be achieved. These objectives cannot not be achieved unless employees are monitored, coached and feedback given on their performance. This is followed by implementation of a coaching and development plan for employees who fail to meet their targets (Heathfield, 2015).

From the above definitions, PMDS is seen as an important management tool to manage human resources, employee performance, and achievement of organization's goals through linking individual plan to organizational objectives, early identification of deviations to performance and implementation of corrective measures.

2.3 Principles of PMDS

PMDS is based on the following principles:

- It shall provide clear and detailed framework for performance agreement.
- It shall also provide clear measures, agreed upon performance standards and be managed in a consultative manner.

- It allows for joint responsibility and accountability based on mutual trust and respect between the supervisor and employee.
- PMDS shall be developmental rather than punitive; the design of the system is in such a way that it cannot be separated from skills development (Limpopo Provincial Government, 2004)

2.4 Key requirements for successful implementation of PMDS

The DPSA, 2007 has identified key requirements to successful implementation of PMDS. Using the strategic plan, institutions and departments must identify high-level priorities and specific objectives to be achieved by the business units. However, it is appreciated that not all work to be done in the department is captured in the strategic and operational plans. This means that the performance agreements of those employees whose activities and responsibilities are not captured in the strategic plan must be reflected in their own Key Result Areas. This will enable the department to assign specific performance objectives and targets to employees, thus contributing to the overall success of the department.

Another key requirement for successful implementation of PMDS is training on the system. Managers, supervisors and employees must be trained in the technicalities of PMDS, communication, problem solving and conflict resolution in order to manage the system more effectively. Training of supervisors in particular, is of utmost importance, such training should result in them knowing how to implement the system and ensuring that employees receive adequate training and possess sufficient information to be able to fully participate in the processes (DPSA, 2007).

In support of this, Kanyane & Mabelane, (2009) outlined six elements that make PMDS to be successful: good leadership, motivation, communication, positive attitude, skills acquisition through training and rewards.

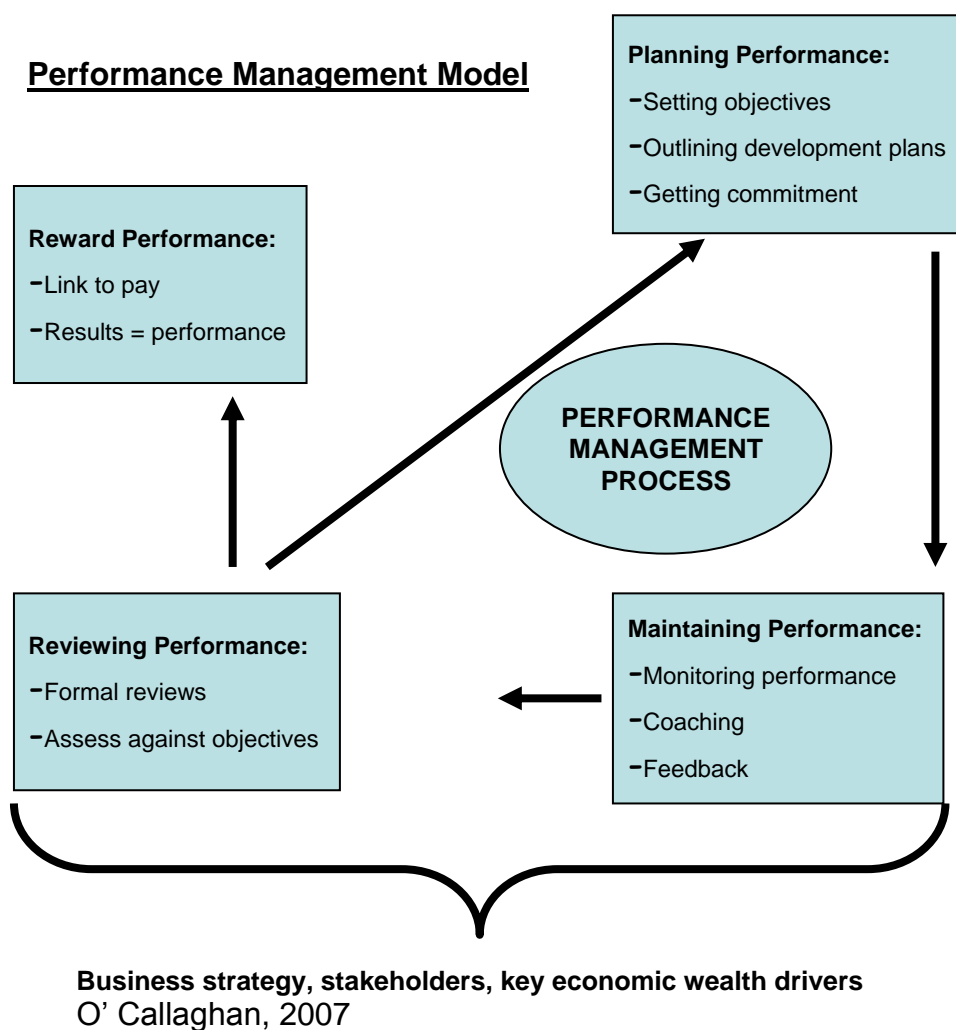
2.5 Performance management process

PMDS implementation process takes a cycle of one year; in South Africa, it is aligned with the government's financial year, which is 1st April to 31st March the following year. It is designed in phases, which cover the planning and signing of

performance contract, continuous monitoring of performance, reviewing and final evaluation (Limpopo Provincial Government, 2004).

The PMDS model

O' Callaghan, 2007, has developed a PMDS model, which outlines four areas of PMDS implementation: Planning performance, maintaining performance, reviewing performance and rewarding performance.



Planning Performance

This is the beginning of the PMDS cycle. It involves setting Key Performance Areas (KPA's), objectives and standards that are linked to the corporate strategy and

development plans. Planning is very crucial at this stage. At least 80% of the time and effort should be allocated to this phase. If the critical aspects such as setting of goals and objectives, which contribute to the long-term strategy achievement and stakeholder requirements are missed out, none of the other phases will be worthwhile. The result will be de-motivation, loss of credibility and failure of the business (O' Callaghan, 2007)

Pulakos (2004) concurs; performance planning is done at the beginning of the performance cycle. It involves reviewing of the performance expectations, including the behaviours which the employees are expected to exhibit and the results they are expected to achieve during the cycle in question. Pulakos (2004) further describes them as *Behavioural expectations* and *Results expectations*. To address the former, performance management systems must provide behavioural standards that describe what is expected of employees in key competency areas, while the latter means that the expected results or goals to be achieved by employees should be tied to the organization's strategy and goals. In addition, employees' development needs should also be taken into account in the goal setting process (Pulakos, 2004). Performance planning should also include the supervisor taking the responsibility to review individual job descriptions and communicate the organization's vision, goals and objectives. Together with the employee, they agree on the performance standards and targets to be achieved and set dates for formal progress review. Supervisors end the planning session by holding a meeting with the employee to discuss and agree before the employee signs the memorandum of understanding on performance (Nel et al., 2008).

Maintaining Performance

In this phase the supervisor monitors, gives feedback, coaches and mentors and engages in regular interactions with the employee regarding goal achievement. Emphasis is put on coaching, which should be a formal interactive process that includes guidance, feedback and skill transfer (O' Callaghan,2007). Feedback is an ongoing process to evaluate whether the expected behaviours set during the planning phase have been achieved. In addition, giving feedback whenever exceptional or ineffective performance is observed, providing periodic feedback about day-to-day accomplishments and contributions is also very valuable.

Experienced PMDS practitioners advocate that feedback must be a two-way communication process and a joint responsibility of managers and employees, not just the managers; however, this requires training for both managers and employees about their roles and responsibilities in the performance feedback process (Pulakos, 2004).

Reviewing Performance

It is a stage of formal feedback and ratings, which includes final evaluating of performance outcome (O' Callaghan, 2007). Performance reviews are an important aspect of performance management process. An open communication and discussion forum is opened for both the employee and the supervisor. Employees are provided with feedback on the progress towards the attainment of agreed goals. Reviews also assist the institution to make informed decisions on promotions, pay progressions and development plans for employees. This exercise benefits both the employee and the employer. Paile, 2012) & Lauby (2015) emphasizes the importance of regular feedback to employees about their performance to prepare them for evaluation. She argues that no one should go to a review meeting without already knowing about his/her performance and that the meeting should not be a surprise to the individual who is being assessed (Lauby, 2015). However, challenges do occur during performance evaluation, according to Sullivan (2011) some managers may score an employee just below what would earn a merit increase, if the manager knows that he/she does not have the funds to provide one (Sullivan, 2011).

Rewarding of Performance

Rewards are given to employees who deserve them according to their achievements. They include pay increases, bonuses, and other incentives (O' Callaghan, 2007). In his article, Malefane (2010) analysed the local government rewarding system, arguing that it is not linked to customer satisfaction and that employees receive rewards for outstanding performance while there are serious service delivery protests by the public. Williams (2002) cites a number of challenges of performance related pay, and that there is little evidence that confirms that such people deserve it.

2.6 Role players in PMDS management

Role of a supervisor

According to Lauby (2015), the role of the supervisor is largely that of planning. During planning, the supervisor defines the KRA's, goals and performance standards, required competencies and makes sure the employee understands the performance expectations. Another key role is coaching, during which the supervisor provides coaching and support, pointing out good work and also deficiencies and implementing corrective measures. Lastly, the supervisor assesses and evaluates the employee. Paile (2012) points out that the supervisor's role which includes making sure that he/she understands the PMDS, should be skilled in communication and listening skills. Being able to provide goals is also a key aspect. Supervisors must be firm and emphatic when required.

Employee's role

Employees have a vital role to make PMDS a success. Their roles include commitment to making the system work through participation in all stages of PMDS implementation. Another role is that employees must be willing to accept feedback and rate themselves reasonably. When there are gaps that are identified, employees must take upon themselves to cooperate with the training programme set up to correct the deviation (Paile, 2012)

2.7 Linking PMDS to training

Letsoalo (2007) argues that planning smart goals does not guarantee improved performance. Training should be structured to equip employees with skills for now and future. The key aspect of good performance management is training and development. Skills development begins at the planning phase; this phase includes agreement on a formal development plan for the employees. This plan should be based on requisite skills, behaviours and knowledge (key competencies) that will be required to achieve the objectives and the targets set (Letsoalo (2007)). The development plan can also include long-term developmental initiatives, usually based on potential, good performance and others. Also, training must be geared

towards closing of identified gaps; this will ensure that such training is focused and relevant (O' Callaghan, 2007).

According to Fletcher (2008) the success of PMDS depends on the amount of training put to it by the institution. It assists managers and employees to understand the concept and allay anxiety, especially on the part of the supervisor. Training also assists the PMDS practitioners to be able to fill the necessary paperwork (Fletcher 2008). Training makes the managers and employees to be motivated to use PMDS effectively. A number of training methods can be employed to train people. The web based, classroom, hotlines etc, are some of the strategies that can be used (Pulakos, 2004).

2.8 Challenges of PMDS implementation

It is acknowledged that there are challenges in the implementation of PMDS, as it was revealed in various research reports, mostly on the part of planning. An improperly planned performance instrument distort the whole process, as a result it becomes difficult to conduct objective evaluations. Hunt (1992) and Kumar (1999) in (Maluleke, 2011) emphasized the need to plan, a poorly planned performance management creates a confusion between the supervisor and the employees.

Research findings from the study which was conducted by the PSC (2011) on the senior managers in government revealed that these managers were lacking understanding on the planning and execution of performance management. Amongst the findings, were generalized key result areas, which becomes difficult to evaluate the progress achieved. In some instances there was absence of work plans and omission of review dates. Shepard (2005) maintains that an improperly planned performance evaluation can be used against the evaluator. Training helps the evaluator to eliminate common human errors during evaluations

2.9 Conclusion

Performance management and development system is widely used in both the private and public sector to manage performance. Literature supports that it is a good and effective tool to manage performance unlike the previous strategies such

as performance appraisal. However, its effectiveness depends on good planning, preparation of the employees who should do the work and the skills of both the employee and the supervisor. Therefore, training plays an important role to ensure the achievement of the goals set.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter describes the processes and strategies, which were taken to collect data. The study design, study site, population and sampling methods were discussed in this chapter. Lastly, the process of analysing data, the software used and the methods of data analysis were also discussed.

3.2 Research design

A Quantitative approach was used to determine, describe and explain the knowledge and practices of PMDS implementation by supervisors. This had provided guidance on the methods of data collection and analysis, which was used in the study. The study was conducted in a natural environment, that is, in the health facility where PMDS activities were taking place. Since this was a quantitative study, no attempt was made to change or manipulate the variables. A cross sectional survey was suitable for the study since the researcher was interested in examining what was currently happening with regard to PMDS implementation. The feature of cross sectional survey is that data are collected at one point in time. This study took a similar pattern where data collection from the chosen group was done once over a short period of two (2) months (Burns & Grove, 2005). Cross-sectional designs are conducted in the present time to examine what currently exists and they are fundamentally characterized by the fact that all data is collected one time (Brink and Wood, 1998).

3.3 Study site

The study was conducted in the Primary Health care setting, in the Greater Tzaneen clinics and community Health centres (CHC). It is located in Mopani district in the Eastern part of Limpopo Province. The Sub-district comprises 30 clinics, 4 community health centres and 10 mobile clinics. It is divided into five local areas for

administrative purposes. Each local area consists of a cluster of 6-9 clinics, one CHC and mobile clinics.

3.4 Study population

The total population under study is 250 comprising of the following categories of staff: Assistant managers includes those delegated to perform the duties of assistant manager =10; Operational managers on post and acting=39; Professional nurses who are assigned as program coordinators=4 and Professional nurses= 197.

The chosen target group were directly involved with the supervision of PMDS and were based in the health centres, fixed and mobile clinics as well as the sub district office in the Greater Tzaneen Sub-district.

3.5 Inclusion criteria

All professional nurses who had 2 years of experience and above, who were based in fixed and mobile clinics, health centres and sub district office were eligible to participate in the research.

3.6 Exclusion criteria

All newly employed professional nurses, who had less than 2 years of experience, who have never supervised PMDS.

3.7 Sampling and sampling techniques

Sampling is a strategy used to select a small portion of a population that will accurately represent the population under study (Cohen 2001).

Since the population is small, in order to obtain a representative sample, a total population kind of sampling technique was adopted. Total population sample is a type of purposive sampling technique that involves examining the entire population (i.e., the total population) that have a particular set of characteristics. Total population sample consist of three steps: define the population, create a list and lastly contact all members on the list (Laerd dissertation, 2012). In the case of this study, the sample comprised of all staff from the categories defined under population, who share the characteristics of being PMDS supervisors according to the criteria laid down in the inclusion criteria. A list of all eligible candidates total of 180 from the

sample frame of 250 was drawn. The names were obtained from the spreadsheet from the Greater Tzaneen Sub district office and verified telephonically from the health care facilities concerned. To ensure confidentiality codes were used against the names of participants.

3.8 Data collection

A questionnaire adapted from Davashe (2010) and Maluleke (2011) was utilized. It consisted of 40, closed and open-ended questions. A total of 200 questionnaire together with the consent forms and envelopes were delivered at the clinics, health centres and PHC office by the researcher. Out of the 200 questionnaires sent out, 117 (58.7%) were collected back after 7 days. In the clinics and Health centres where the researcher was a supervisor, an assistant was requested to deliver the questionnaires. Information was given about the study, signing of consent forms, individuals' rights concerning participation in the study and assurance of anonymity. Participants were afforded time to complete the questionnaire on their own, separate from one another to avoid discussion, hence a self- administered questionnaire. Only one language (English) was used, as the sample comprised professionals only. After completion, each participant placed the questionnaire in a sealed envelope.

3.9 Data analysis

All data collected in coded questionnaires (see research instrument) were loaded into SPSS version 22.0 for analysis. This was done with the assistance of the supervisor, who had done advanced courses in statistical analysis.

- Descriptive statistical method was used to analyse frequencies and means.
- Logistic Regression, correlations and Chi Square test was used for inferential statistical analysis to determine associations between socio-demographic profiles and variables and odds ratios.
- Similar answers from the open-ended questions were grouped, quantified and analysed quantitatively.
- Results were presented using frequency tables and graphs.

3.10 Validity

A reliable instrument must yield consistent results if used repeatedly over time. Although a slight variation may occur, it must demonstrate correlation between the true score and the obtained score (Brink, Van der Walt & Van Rensburg, 2012). To ensure reliability, the researcher used previously tested and validated questionnaire from the studies conducted by Davashe (2010) and Maluleke (2011). These were adjusted to suit the population under study after piloting the questionnaire.

3.11 Reliability

Validity of the instrument is the ability of that instrument to yield data that reflect the truth of the problem or phenomenon being researched. There are different types of validity; in this study, content validity was employed. Content validity refers to the extent to which the items in the instrument cover the content of the subject being researched or the relevance of the questions to the topic. To determine content validity, experts are involved to scrutinize the instruments. A good instrument must address at least 80% of the content (Brink, et al., 2012). A pilot study was conducted in the same Sub-district and a sample of 8 (10%) participants consisted of 4 program coordinators and 4 assistant managers. These participants, assistant managers are still supervising others and program coordinators are in the category of professional nurse, comes directly from the clinic or health centre where they have been PMDS supervisors. These candidates did not form part of the main study.

3.12 Bias

Bias refers to any influence that affects the meaning of the study, either by distorting the results or strongly favours the outcome of a particular finding of a research study. Bias can be both on the side of the researcher and on the side of the participant. Researcher bias results from wrong sampling technique, incorrect sampling frame or being guided by preference for a particular group. To avoid bias, the sample was drawn from the relevant population of all candidates involved with PMDS supervision, a total population of all eligible candidates was included. Respondent bias on the other hand occurs when the respondents give a preferential response to please the researcher, other than the true response, or it can be failure to respond (Brink & Wood, 1998). Respondent bias was controlled by warning the participants

not to discuss the answers while completing the questionnaire. The researcher also avoided guiding the participants how to answer the questionnaire, and was only available when the participants needed clarity during the time of completion of the questionnaire.

3.13 Ethical considerations

Every research must be conducted in an ethical manner to ensure that it meets the ethical standards for research. Human rights and the scientific integrity will be discussed. The researcher protected the rights of participants by observing the principles of respect for persons, beneficence and justice. The principle of respect for people involves a full explanation of the process and benefits of the research, the conditions for participation, that is, they have the right to refuse to participate or withdraw at any time. All participants signed a consent form. To ensure anonymity from the researcher and statistician, the names of the participants were not included in the questionnaire; only codes were used. Completed envelopes were sealed in an envelope and placed in a box for confidentiality purposes.

The second principle of beneficence entails protecting the participant from any form of harm, whether physical, emotional and financial. Participants were given the respect and dignity they deserved, enough time was allocated to answer the questionnaire without being rushed or coerced. There were no expenses incurred by the participants, the researcher took the responsibility to deliver and collected the questionnaires. The last principle is that of justice and because the population was small, all professional nurses were given equal chance to participate using random sampling. Results will not be divulged to anyone, but will only be published for the benefit of other researchers. Finally, the researcher has an obligation to respect the integrity of scientific knowledge. Honesty and trustworthiness were observed through avoidance of falsification of information or manipulation or selecting some data and discarding others. In addition, the researcher waited for ethical clearance and permission before data were collected. Approved data analysis methods were used (Brink, Van der Walt & Van Rensburg, 2012). In addition, the researcher submitted the proposal to the Higher Degrees Committee of the School of Health Sciences for

approval, after which the proposal was sent to the Medunsa Research & Ethics Committee for clearance and to the Department of Health for permission to collect data.

3.14. Significance of the study

Research studies on knowledge, attitudes and practices of employees towards PMDS implementation have been conducted previously in the hospitals of Mopani District in Limpopo Province. However, such a study has never been done in the PHC setting in the same district. Poor understanding and lack of interest in PMDS was continuously being observed as confirmed by the research studies conducted (Maluleke & Davhashe). The researcher believes that the study will further uncover the causes of poor compliance to PMDS policy guidelines. The findings will assist in developing improvement strategies for PMDS implementation in this region, particularly because the settings and working conditions differ from those of hospitals.

CHAPTER 4

RESULTS

4.1 Introduction

This chapter presents the results of collected and analysed data that address the research question and objectives. The study endeavours to determine the extent of the supervisors' knowledge and practice of PMDS while they supervise other categories of nurses. This includes knowledge of the policies and procedures, the processes involved and the actual practice of PMDS implementation. It also explores whether these supervisors were capacitated to gain adequate knowledge to be able to supervise PMDS implementation.

The process of data analysis was discussed in chapter 3. Out of the 200 questionnaires distributed, a total of 117 which were returned, were completed appropriately to be suitable for statistical analysis.

The socio-demographic data of the respondents describes fully the characteristics of the respondents who participated in the study conducted in the greater Tzaneen sub district.

4.2 Socio-demographic data of respondents

Table 4.1: Socio-demographic profile of the participants (% in columns)

Variables N=117		Frequency	Percentage
Qualifications	Diploma	78	66.7
	Degree	20	17.1
	Post basic Nursing Management	19	16.2
Current position	Professional Nurse	91	77.8
	Operational Manager	20	17.1
	Assistant Manager	6	5.1
Years of Experience	< 5 years	27	23.1
	6-10 Years	42	35.9
	>10 years	48	41.0
Number of staff supervised	≤3 persons	67	57.3
	>3 persons	50	47.2
Number of years supervising PMDS	≤ 4 years	68	58.1
	>4 years	49	41.9

Table 4.1 shows that the majority of the respondents had basic nursing diploma (66.7%); only 17.1% had degrees and 16.2% had a post basic nursing management. Also, 41% of the respondents had worked for >10yrs and 59% had worked for ≤ 10yrs. Most respondents reported that they had supervised up to 3 staff members (41.9%) and 58.1% had supervised ≤ 4yrs.

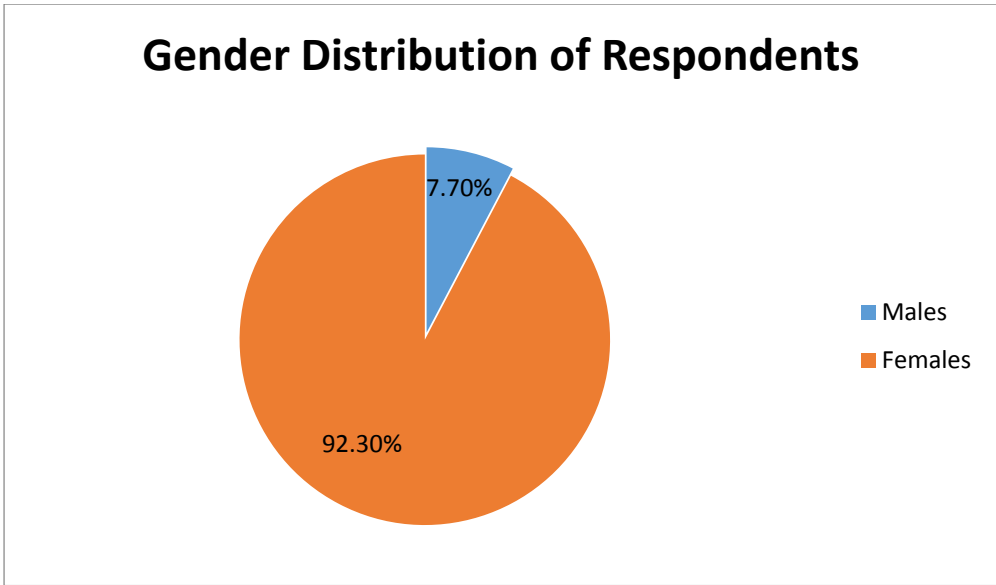


Fig 4.1, Gender distribution of Respondents

Fig 4.1 shows that the majority of the respondents were females (92.3%) compared to males (7.7%).

4.3 Knowledge of PMDS processes

Table 4.2: Availability of PMDS documents (% in columns)

Variables N=117	Yes N(%)	No N (%)	Not sure N(%)
Job descriptions available	86(73.5)	23(19.7)	8(6.8)
Operational plan available	88(75.2)	18(15.4)	11(9.4)
PMDS policy manual available	37(31.6)	49(41.9)	31(26.5)

Table 4.2 shows that the majority of the respondents reported that the job descriptions (73.5%) and the operational plans (75.2%) were available in their facilities. Also, about 41.9% reported that there were no PMDS manuals in the facilities.

Table 4.3 PMDS information for those who reported that they did not have PMDS manual (% in columns)

Aspects	Frequency	Percentage
I do not refer	10	8.5
Ask from my colleagues	24	20.5
Phone the PMDS coordinator	7	6.0
Ask from my manager	63	53.8
I have a manual	13	11.1
Total	117	100

Table:4.3 above shows that only 11.1% of the respondents had access to PMDS source of reference, whilst 80.3% depended on other staff members to get information, and 8.5% had no source of reference.

Table 4.4 Staff training on PMDS N = 117, % in rows

Aspects	Staff Trained on PMDS		
	Yes N(%)	No N (%)	Not sure N(%)
PMDS supervisor attended workshop on PMDS	32 (27.4)	83 (70.9)	2 (1.7)
The staff have been trained or on PMDS	54 (46.2)	38 (32.5)	25 (21.4)
Employees undergo training programme to close skills gap.	69 (59.0)	30 (25.6)	18 (15.4)

Table 4.4 above shows the majority of the respondents (70.9%) reported that they had never attended workshops on PMDS, with only 27.4% who reported that they have attended the PMDS workshops. The respondents also reported that 46.2% of the employees had received orientation on PMDS, whilst 32.5% employees were not orientated and 21.4% were not sure. Also, 59% of the respondents reported that they had provided their employees with the opportunity to undergo skills development training.

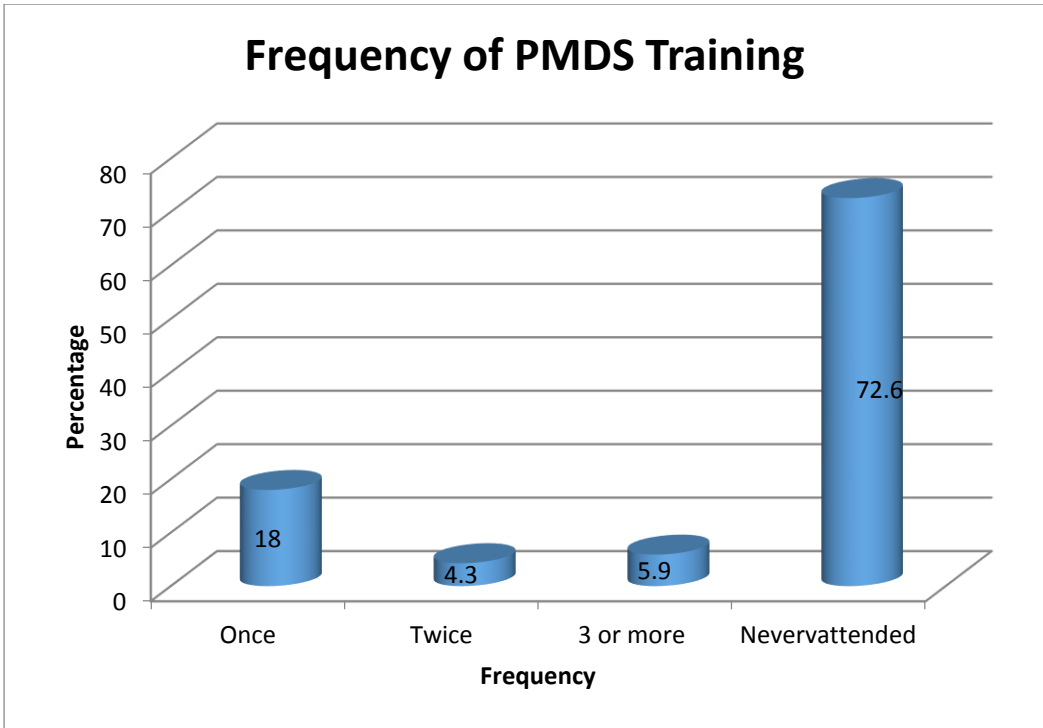


Figure 4.2: Frequency of PDMS training received by respondents

Fig 4.2 shows that only 5.9% of the respondents received training more than 3 times, 4.3% twice and 18% received training once only, whilst 72.6% reported that they had never been trained on PMDS.

Table 4.5: Knowledge of PMDS processes (% in columns)

Variables N=117	Yes N (%)	No N (%)	Not sure N (%)
Ability to apply the Mission and Vision	81 (69.2)	16 (13.7)	20 (17.1)
Orientation of staff on PMDS is necessary	113 (96.6)	1 (.9)	3 (2.6)
Employees sign the performance agreement at the beginning of the financial year	80 (68.4)	33 (28.2)	4 (3.4)
Conducts quarterly reviews regularly	80 (68.4)	33 (28.2)	4 (3.4)
Monitor, coach and guide the employees on their performance	87 (74.4)	23 (19.7)	7 (6.0)
Use performance reviews to identify skills gaps	90 (76.9)	24 (20.5)	3 (2.6)

Table 4.5. Shows that about 68% of the respondents on average, reported that they knew how to apply the mission and vision in PMDS, signed performance agreement and conducted quarterly reviews. Again, a slightly higher percentage, 76.9%, had ability to identify skills gaps during reviews. Finally, the majority of the respondents (96.6%) reported that staff orientation on PMDS was necessary.

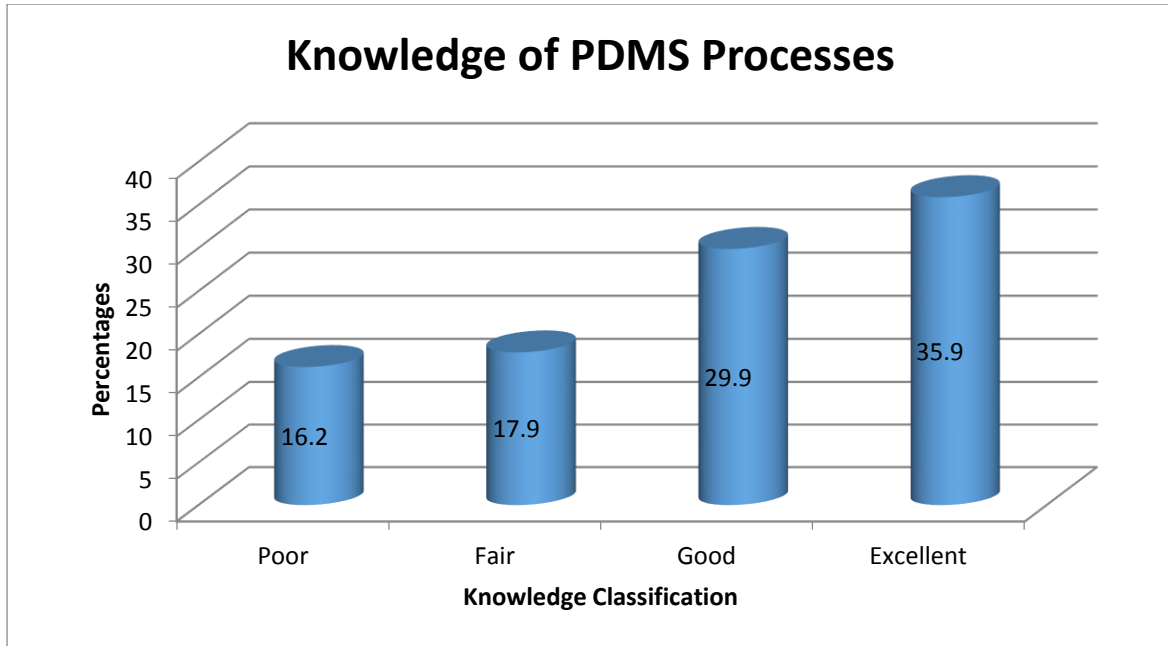


Fig 4.3 Knowledge of respondents about PDMS processes

Fig 4.3 reveals the respondents' knowledge of PMDS processes; about two thirds (65.8%) had good –excellent knowledge and 34.2% fair – poor knowledge.

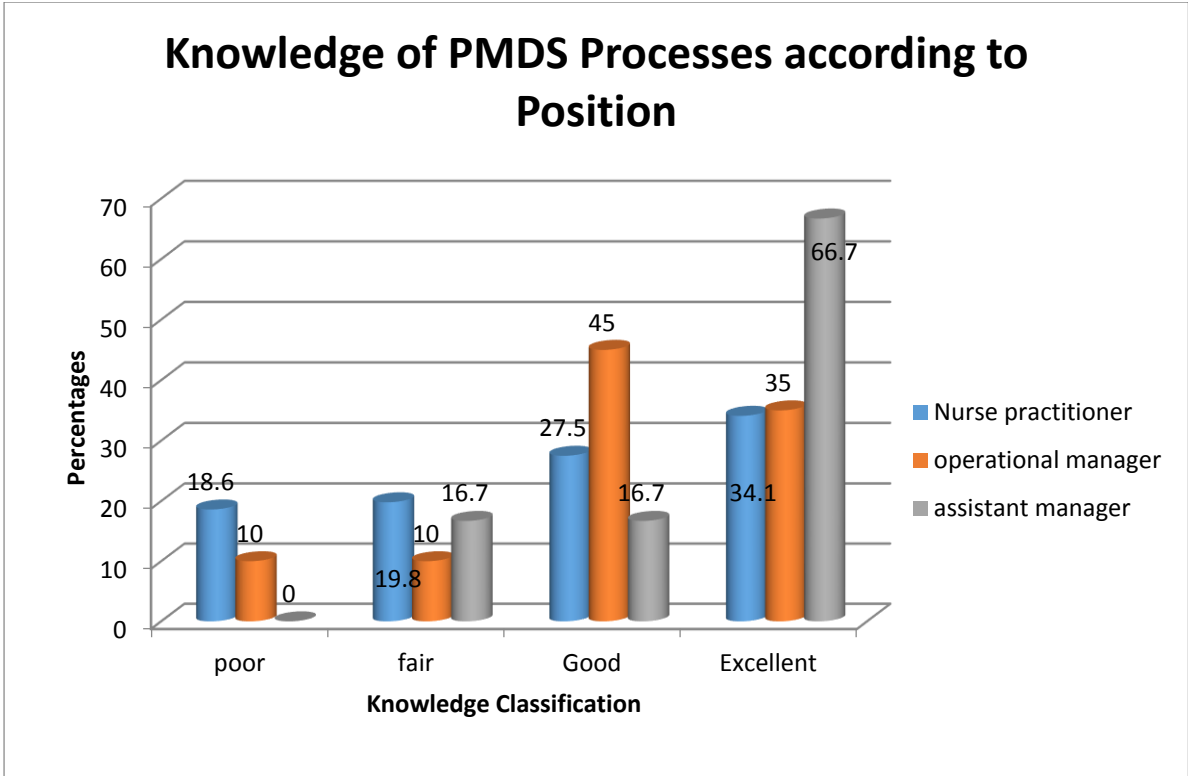


Fig 4.4: Knowledge of PMDS processes according to the respondents professional position

Fig 4.4 shows that the majority of assistant managers had excellent knowledge (66.7%) compared to operational managers (35%) and nurse practitioners (34.1%). Also, 18.6% of nurse practitioners and 10% of operational managers were also found to have poor knowledge, whilst none of the assistant managers had poor knowledge. However, there is no significant association between knowledge and respondent's position, $p = .071$.

Table 4.6 Self-reported purpose of PMDS (% in columns)

Aspects	Frequency	Percentage %
Improve skills	31	26.5
Improve quality of care and service delivery	31	26.5
Evaluate staff performance	32	27.4
Build teamwork	2	1.7
Unknown	6	5.1
Combination	15	12.8
Total	117	100

In Table 4.6 the respondents reported the purpose of PMDS as follows: improve skills 26.6%; improve quality care and service delivery (26.5%); evaluate staff performance (27.4%); build teamwork 1.7% and 5.1% did not know.

Table 4.7: Self-reported knowledge of roles and responsibilities of PMDS supervisors
(% in columns)

Aspects	Frequency	Percentage %
Skills development	14	12.0
Help employees reach their targets	9	7.7
Assess employee performance	13	11.1
Supervision	25	21.4
Don't know	34	29.1
Combination	22	18.1
Total	117	100

Table 4.7 shows that the respondents reported the roles and responsibilities of PMDS supervision as follows: Skills development 12%; assist employees to achieve targets; assess employees 11.1% and supervision 21.4%. However, 29.1% reported that they didn't know their roles and responsibilities.

ASSOCIATION BETWEEN SOCIO-DEMOGRAPHIC DETAILS OF THE PARTICIPANTS AND THE KNOWLEDGE AND PRACTICES OF PMDS

Table 4.8: Association between the socio-demographic profile of the respondents and the ability to apply the mission and vision of the department of health in the PMDS.

Variables N=117		Yes N (%)	No N (%)	Not sure N (%)	P Value
Gender	Males	8 (88.8%)	0	1(11.1%)	X=2.082
	Females	73(67.5%)	16(14.8%)	19(17.5%)	P=.300
Current position	Professional Nurse	61(67%)	13(14.2%)	17(18.6)	X=2.968 P=.168
	Operational Manager	14(70%)	3(15%)	3(15%)	
	Assistant Manager	6(100%)	0	0	
Years of experience	< 5 years	18 (66.6%)	3 (11.1%)	6 (22.2%)	X=3.361
	6-10 Years	26 (61.7%)	7 (16.6%)		P=.165
	>10 years	5 (11.1%)	6 (12.5%)		

Table 4.8 above shows that there is no statistical significant association between all Socio-demographic profile and the application of Mission and Vision in PMDS implementation, ($p > 0.05$).

Table 4.9: Association between the socio-demographic profile and the attendance of PMDS workshops.

Variables N=117		Yes N (%)	No N (%)	P Value
Gender	Males	2(22.2)	7(77.7)	P=.823
	Females	30(27.7%)	78(72.3%)	
Current position	Professional Nurse	16(17.5%)	75 (82.4%)	P=.040
	Operational Manager	15 (75%)	5 (25%)	
	Assistant Manager	1(16.6%)	5(83.4%)	
Years of experience	< 5 years	7(25.9%)	20(74.1%)	P=.515
	6-10 Years	12 (28.5%)	30(71.4%)	
	>10 years	13(27%)	35 (72.9%)	

Table 4.9 above shows that there is a significant association between the position of the respondents and the attendance of PMDS workshops, where the 15/20(75%) operational managers reported that they had attended workshops more than the professional nurses 16/90 (17.5%) and assistant managers 1/6 (16.6%) P value =0.040). However, there is no significant statistical association with other variables ($p>0.05$)

Table 4.10: Association between the respondent's professional position and their ability to conduct quarterly reviews.

Variables		Yes N (%)	No N (%)	P Value
Current position	Professional Nurse	66(72.5%)	25(27.5%)	X=2.430 P=.540
	Operational Manager	17(85%)	3(5.0)	
	Assistant Manager	4(66.7%)	2(33.3%)	

Table 4.10 above shows that there is no significant association between all categories in relation to quarterly reviews ($p > 0.05$).

Table 4.11: Association between the socio-demographic profile and ability to identify skills gaps

Variables N=117		Yes N (%)	P Value
Current position	Professional Nurse	67(73.6%)	X=2.875 P=.152
	Operational Manager	18(90%)	
	Assistant Manager	5(90%)	
Years of experience	< 5 years	18(66.6%)	X=4.710 P=.077
	6-10 Years	33(78.6)	
	>10 years	39(81.2%)	

Table 4.11 above shows that there is no significant association in all variables, P value > 0.05 .

Table 4.12 Cross tabulation between the respondent's positions and the purpose of PMDS

Variables N=117	Improve skills N (%)	Improve quality care and service delivery N (%)	Evaluate staff performance N (%)	Build Team work N (%)	Unknown (%)	Combination N (%)	P Value
Professional nurse	25 (27.5%)	26 (28.6%)	22 (24.1%)	2 (2.2%)	5 (5.5%)	11 (12.1%)	X= 10.607 P=.241
Operational Manager	6 (30%)	5 (25%)	6 (30%)	0	0	3 (15)	
Assistant Manager	0	0	4 (66.8%)	0	1 (16.6%)	1 (16.6%)	

Table 4.12 shows that in the category of operational managers there was no single one who did not understand the purpose of PMDS, although there was no statistical significance in all the categories.

Table 4.13 Cross tabulation between the respondent's years of experience and the purpose of PMDS

Variable N=117	Improv e skills N (%)	Improve quality care and service delivery N (%)	Evaluate staff perform- ance N (%)	Build Team work N (%)	Un known (%)	Combin ation N (%)	P Value
< 5 years	2 (7.4%)	7 (26%)	11 (40.7%)	0	3 (11.1%)	4 (14.8)	X= 17.37 9 P= .347
6-10 Years	15 (35.7%)	11 (26.1%)	10 (23.8%)	2 (4.8)	2 (4.8%)	2 (4.8%)	
>10 years	14 (29.1%)	13 27%)	11 (23%)	0	1 (2%)	9 (18.9%)	

Table 4.13 showed that there was no statistical significance in all categories of years of experience.

Table 4.14 Association between the socio-demographic profile and the understanding of the roles and responsibilities of PMDS

Variables N=117		Yes N (%)	No N (%)	P Value
Current position	Professional Nurse	60(65.9%)	31(34.1%)	X =5.078 P=.050
	Operational Manager	18(90%)	2(10%)	
	Assistant manager	5(90%)	1(10%)	
Years of experience	< 5 years	17(63%)	10(37%)	X =4.211 P=.065
	6-10 Years	27 (64.2%)	15 (35.8%)	
	>10 years	39 (81.2%)	9 (18.7%)	

Table 4.14 above shows that there is a marginal statistical significant association between the position of the respondents and the understanding of roles and responsibilities, p value=.050. However, there was no association in relation to years of experience.

4.4 The PMDS practice

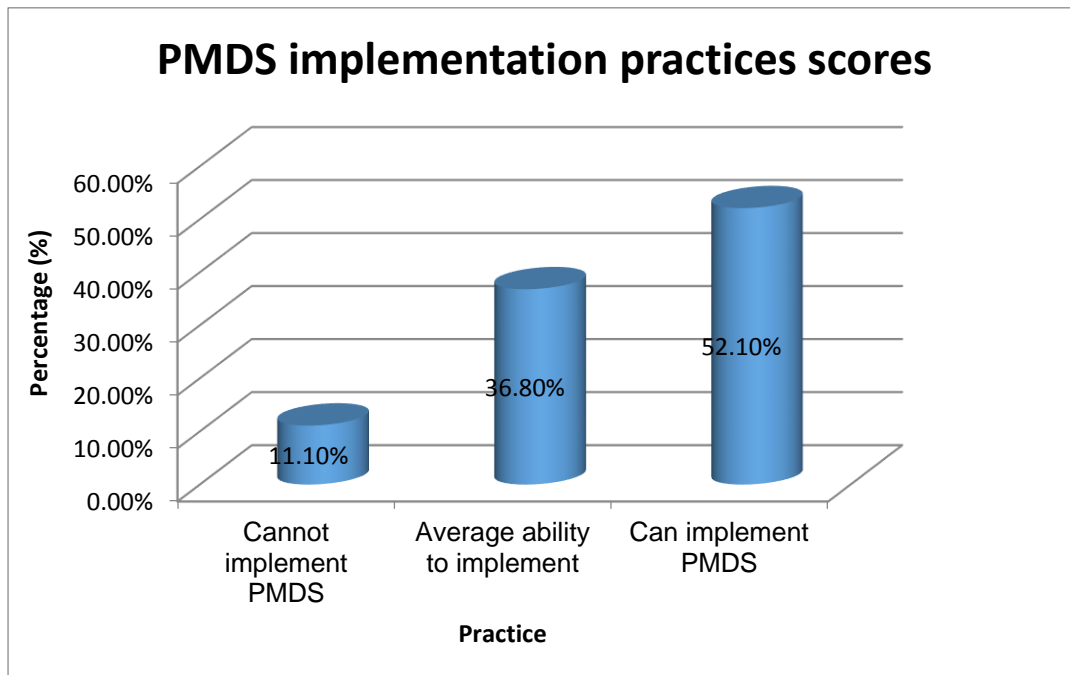


Fig 4.5: PMDS implementation practices scores

Fig 4.5 shows that the majority of the respondents (52.1%) were able to implement PMDS (36.8%) had average ability, whilst only 11.5% were lacking the abilities to implement .

Table 4.15a PMDS practices: planning Frequency (% in columns)

Aspects	Disagree	Not sure	Agree
Confident to develop PM contracts for my supervisee	27 (23)	33 (28.2)	57 (48.7)
Align key performance areas with mission, vision, job description and objectives	22(18.1)	20(17.1)	75(64.1)
Set targets and standards with employees	30(25.7)	17(14.5)	70(59.8)
Discuss memorandum of understanding with employee	37(31.6)	1(1.0)	79(66.5)
Provide employees with resources	33(28.1)	14(12)	70(59.8)

Table 4.15a shows the percentage of the respondents who agreed that they were able to plan and develop the performance instruments correctly, discuss the contract with the employee before signing the memorandum of understanding on performance and also provide resources ranging between 48.7 and 66% . And also there were those who had no knowledge of the PMDS planning phase, the percentage ranging between 18 and 32%, whilst between 1 and 28% were not sure.

Table 4.15(b) Progress review Phase

Aspects	Disagree	Not sure	Agree
Self-rating done before the actual assessment is done	51(43.6)	7(6)	59(50.4)
Plan meeting for quarterly review	44(37.6)	12(10.3)	61(52.1)
Track evidence of performance during review	19(16.3)	18(15.4)	80(68.4)
I allocate ratings according to targets achieved	16(13.7)	9(7.7)	92(78.7)
I give regular feedback to employees	28(24)	11(9.4)	78(66.6)
Employee given opportunity to comment on the results	39(33.3)	12(10.3)	66(56.4)
I provide counselling for employees	41(35)	8(6.8)	68(58.1)

Table 4.15b shows the percentage of the respondents who are able to conduct quarterly reviews ranging between 50 and 79%, 13 and 44% unable, whilst between 6 and 15.5% are not sure.

Table 4.15 c Evaluation phase

Aspects	Disagree	Not sure	Agree
I evaluate what I have seen being done	19(16.3)	5(4.3)	93(79.5)
I treat evaluation with respect and sensitivity	11(9.4)	9(7.7)	97(82.9)
Confident in the implementation of PMDS	22(18.8)	26(22.2)	69(59.0)
Employee trust and my knowledge on PMDS	18(15.4)	20(17.1)	79(67.5)

Table 4.15c shows that majority of the respondents are able to conduct PMDS annual evaluations; the percentage ranging between 59 and 83%, those who are unable are between 9 and 16%, and 4 and 22% are not sure.

Table 4.16 Association between the respondents' position and ability to implement PMDS

Variables N=117	Cannot implement N (%)	Average ability to implement N (%)	Can implement N (%)	P Value
Professional Nurse	11(12.2%)	33(36.6%)	46(51.2%)	X=3.130 P=.830
Operational Manager	2(10%)	6(30%)	12(60%)	
Assistant manager	0	4(66.7%)	2(33.3%)	

Table 14.16 Above shows that the there is no significant association amongst all the categories, (P>0.05).

Table 4.17 Association between years of experience and ability to implement PMDS

Variable	Cannot implement N (%)	Average ability to implement N (%)	Can implement N (%)	P Value
< 5 years	2(7.5%)	11(40.7%)	14(51.8%)	X=6.614 P=.531
6-10 Years	2(4.7%)	19(45.2%)	21(50%)	
>10 years	9(18.7)	13(27%)	26(54.1%)	

Table 14.17 Above shows that the there is no significant association between the years of experience and ability to implement PMDS (P>0.05).

Table 14.18 Association between training and ability to implement PMDS

Variables	Cannot implement N (%)	Average ability to implement N (%)	Can implement N (%)	P Value
No training	2 (6.2)	11 (34.4)	19 (59.3)	X=1.447 P = .241
Attended training	11 (12.9)	32 (37.6)	42 (49.4)	

Table 4.18 shows no difference between the respondents who attended training and those who did not attend training in relation to their ability to implement PMDS.

4.5 Challenges of PMDS

Table 4.19 Self-reported challenges of PMDS implementation (percentage in columns)

Category	Aspects	Frequency	Percentage
Planning	Format keeps on changing	10	8.5
	Time allocated to compile assessment reports too short	26	22.2
	Targets too high to reach	10	8.5
Lack of knowledge	Unsure of performance rating	30	25.6
	Lack of training on PMDS	15	12.8
Resources	Shortage of resources (forms, copiers	26	22.2
Staff attitude	Negative attitude of staff being supervised	18	15.4
	Difficult to provide evidence for work done	13	11.1
The system is unfair	Reduction of scores by moderating body	26	22.2

Table 4.19 shows self-reported challenges which the respondents experienced during PMDS supervision. These were reported randomly, each giving multiple challenges as came across them while supervising the employees. These were categorized as tabled above.

4.6 Summary

Data analysis was carried out and all the aspects of the research topic were looked into. The results were displayed in tables and graphs and interpreted. The findings will be discussed in the next chapter

CHAPTER 5

DISCUSSION, CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

5.1 Discussion

Introduction

In this chapter, the results obtained from the previous chapter were discussed and compared with those from other published studies. The study investigated the knowledge and practices of supervisors on Performance Management and Development System at Primary Health Care level. Similar studies have been previously conducted in the hospitals around Limpopo Province. These were reviewed and will form part of the literature for this study.

The findings documented in this report were based on the reported knowledge and practices of PMDS implementation by the respondents. The results will be discussed according to the following objectives of the study:

Objective 1: To determine the socio-demographic profile of the respondents.

Objective 2: To assess the knowledge and understanding of PMDS by supervisors in the Greater Tzaneen Sub-district.

Objective 3: To describe the practices with regard to PMDS implementation by supervisors in the Greater Tzaneen Sub-district.

Lastly, challenges of PMDS implementation will be discussed as reported by the respondents.

5.2 Objective 1: To determine the socio-demographic profile of the respondents.

The results revealed that the majority of the respondents were females and most of them were professional nurses, followed by operational managers and assistant managers. Generally, the majority of nurses are females throughout South Africa. According to the South African Nursing Council (SANC) statistics of nurses in the category of professional nurses, 94% are females, while 6% are males (SANC

2007). The staffing is the same in Limpopo Province where the majority of nurses are females compared to males. According to PMDS circular no. 67 of 2010, 6.2.10 professional nurses are required to manage and supervise the performance of nurses who are a rank lower than they are, that include nurses that are new in the profession. According to the staffing structure, only a few operational and assistant managers are employed, and their main job is to manage professional nurses and other lower categories (Department of Health). According to PMDS manual, all these categories of nurses are expected to evaluate staff performance using PMDS manual. Therefore, it is expected that they will have good knowledge of PMDS (Limpopo Provincial Government, 2004).

The results further revealed that most respondents' years of experience in the service were above 10 years. According to Letsoalo (2007), the supervisors' years of experience influences how they perform their duties; their skills in assessing staff performance using PMDS also increase. Supervisors are required to be knowledgeable about the employees' job and their job performance so that they will be in a position to provide performance feedback and support. Thus, it is envisaged that knowledge in management can help to improve the skills of managing staff performance.

Furthermore, the results revealed that over half of the supervisors had supervised PMDS for less than 4 years, whilst 42% had supervised for more than 4 years. Studies reported that the professional position of the PMDS supervisor, years of professional experience and the number of years of exposure to PMDS supervision may determine the success of PMDS implementation (Paile, 2012). It is therefore expected that the assistant and operational managers will have more knowledge on PMDS implementation and supervision, as compared to professional nurses, who are expected to supervise the lower categories, while they themselves are under the supervision of the other two senior categories. Nell et al. (2008) further suggests that the vision and strategic development of any company lies on the ability of supervisor to carry out the managerial functions which includes ability to influence, inspire and develop subordinates that serve under him/her.

The impression about the results is that the professional position and years of experience of the individual in the service have no influence on their ability to implement PMDS, but knowledge and understanding is the key to proper implementation of the PMDS strategy.

5.3 Objective 2: To assess the knowledge and understanding of PMDS by supervisors at the PHC facilities in the Greater Tzaneen Sub-district.

Availability of documents required for PMDS implementation

The results revealed that the majority of the respondents were in possession of job descriptions, mission and vision and operational plans in their facilities. Effective PMDS is built on the existence of a clear vision, mission and strategic goals. These describe what the departments want to achieve (Limpopo Provincial Government, 2004). It is encouraging to note that the majority of the facilities were able to meet this standard; however, in order for these documents to be of good use, they must be communicated to both the PMDS supervisors and the employees. This is supported by Nel et al. (2008) who state that one of the supervisors' responsibilities is to review individual job descriptions and communicate the organization's vision, goals and objectives and together both the supervisor and the employee agrees on the performance standards and targets to be achieved.

The results further revealed that the majority of the supervisors reported that their facilities were not in possession of the PMDS policy manual. However, those who did not have reported that they were using other means to obtain information, such as asking colleagues for guidance. Those who had the PMDS policy manual and used it as a reference for supervision were able to implement PMDS better than those who did not have it. The results also showed that there was also a statistically significant association between the use of PMDS policy manual and the ability to implement PMDS.

The Public Service Commission (2012) conducted a similar study in the Free State Province, South Africa, on the evaluation of PMDS of senior managers and found that the system was not properly implemented because the participants did not adhere to the handbook as their guideline (PSC, 2012). The results prove that there is a need for a source of reference, and an indication of the importance of having operational guidelines for performance management. According to Limpopo Provincial Government (2004), standards and guidelines are of utmost importance in any service; they are a yardstick against which quality can be measured. Furthermore, Sefora (2013) stated that PMDS is an instrument that gauges one's performance and is used for determining performance bonuses and pay progression; therefore, correct standards must be followed during implementation.

The findings show that there is minimal to average knowledge and understanding of PMDS. This is supported by the significant number failing to use the documents for developing the performance instruments and lack to PMDS policy .

PMDS training

The results showed that the majority of the respondents reported that they had never attended PMDS training significantly; of those who attended, the majority were operational and assistant managers compared to professional nurses. The results also revealed that the different categories of supervisors were not given equal opportunities to attend training; a statistical significance proves that there is an association between the supervisor's position and the attendance of PMDS training.

According to Pulakos (2004), skills acquisition has a positive effect on the ability to implement PMDS and that both the supervisor and the employee must possess the skills. Furthermore, Smith (2002) suggests that the success of PMDS depends on the skills of the supervisor. These can be improved through training. It is imperative therefore, that both the supervisor and the employee must undergo training to assist them to understand PMDS processes. To maximize the effectiveness of the system, attention must be given to implementation and capacity issues (Smith, 2002). This is supported by findings in a study conducted by Maluleke (2011) which revealed that the majority (80%) of the supervisors believe that training of employees improves

their performance. It is therefore expected that the respondents who have undergone training more frequently will have excellent knowledge of PMDS implementation.

A study conducted by Malefane (2010) revealed a linkage between training and good performance. However, the findings of this current study showed only a slight difference in the ability to implement PMDS between the respondents who reported that they had attended training and those who did not attend training.

Williams (2002) suggests that in order for PMDS to be effective, it must be owned and driven by supervisors, therefore they must be capacitated to increase acceptance of their role, while encouragement of participation by employees ensures that they are valued and trusted. Kanyane and Mabelane (2009) identify six elements that make PMDS to be successful: good leadership, motivation, communication, positive attitude, skills through training and rewards.

Knowledge of PMDS processes

PMDS processes discussed in this study include signing of performance contracts and compliance to the stipulated dates for submission, conducting quarterly reviews and ability to identify skills gaps and institute corrective measures. The results showed that about two thirds of the respondents had good to excellent knowledge of PMDS implementation. The majority of the respondents reported that the employees sign and submit their performance contracts on time at the beginning of the financial year. Compliance to the stipulated dates for submitting performance instruments gives the employee ample time to work on the targets for the quarter, while the supervisor is also able to supervise, guide and coach the employee during the course of that particular quarter (Limpopo Provincial Government, 2004).

The results also showed that most supervisors had conducted the quarterly reviews at the scheduled time and were able to identify skills gaps. Although the results showed good knowledge of the PMDS processes, the abilities differed according to the professional position of the respondents. The number of years of professional experience also had an influence on the knowledge of the PMDS processes, those who had more than 5 years of experience showed excellent knowledge compared to those who had 5 years and less years of experience. However, there was no significant statistical association of both the respondents' position and years of

experience. Contrary to the current study findings, the study conducted by Maluleke (2012), revealed that supervisors with less than ten years of experience were conducting employee's performance reviews quarterly, as required, as compared to the majority of the employees with more than 10 years of experience

The PMDS focuses on improving service delivery and employee skills. The same employee is the main role player in the accomplishment of the departmental goals and objectives. Therefore, conducting regular quarterly reviews becomes beneficial to both the employer and the employee; while employee performance is measured, issues of poor performance are identified and addressed, at the same time employee competency gaps are also identified and corrected through training (Limpopo Provincial Government, 2004). This is supported by Malefane (2010) who explains the linkage of PMDS to training and skills development interventions. This linkage ensures that, in the case where performance gaps have been identified, employees will then be trained and coached to enable them to perform better. O'Callaghan (2007) suggests that training needs should ideally be based on performance gaps that are identified during a review and, by linking training to identified gaps, training will be focused, specific and relevant.

In view of the results, a conclusion can be drawn that there is still a gap in the knowledge of PMDS operations, especially when conducting of performance reviews among the PMDS supervisors. This may be due to the fact that most of them have never attended training, and also that most of them are still junior in the service, with 5 years of experience and less. This statement is supported by a study conducted by Dvashe (2010) in the Eastern Cape hospitals where it was found that poor adherence to the PMDS policy concerning PMDS operations, was because quarterly reviews were not conducted regularly; only performance evaluations were conducted once a year. This had a negative impact on the employees because they missed out the opportunity to be trained in cases where gaps had been identified. In Limpopo Province, similar challenges of not conducting quarterly reviews and late submission of performance contracts were identified in the studies conducted by Chauke, (2009), Tlolwana, (2009) and Maluleke (2011).

Knowledge and understanding of the Purpose of PMDS

The majority of the respondents reported that the purpose of PMDS is to evaluate staff performance, improve employee skills, improve quality of care and service delivery. This is in line with DPSA, PMDS manual (2007) which states that the purpose of PMDS is to improve the quality as well as quantity of employee performance and this will help the achievement of the department's overall performance and service delivery. PMDS is used to assess employee performance, which in turn determines the department's effectiveness. It also allows workers to jointly share the vision of the organization, at the same time achieve their potential and recognize their role and contributions to the goals of the organization (Sefora, 2010).

The results of this study revealed that there was significant association between the respondents' professional position and the knowledge and understanding of the purpose of PMDS. In addition, the study revealed that all the operational managers fully understood the purpose of PMDS, whilst it was noted that among the professional nurses and the assistant managers there were some who did not know.

It is not surprising to find some respondents among the professional nurses who did not know the purpose of PMDS, since the majority of this group were not fully trained on PMDS. However, one would have expected full understanding of the system among the assistant managers, since they are senior in rank, and are exposed to PMDS training and supervision many times. It was also noted that the majority of the respondents who were less than five years' experience were not aware of the purpose of PMDS than those who were five years and more in the service. This may be explained by the fact that prolonged exposure to PMDS supervision, may result in knowledge gain and more understanding of the system.

The supervisors understanding of the roles and responsibilities

The results of the study showed that there was a general understanding of the supervisors' roles and responsibilities. However, the starting point and most crucial part of PMDS, which is planning, setting of goals, determining standards and expectations, were not mentioned by almost all the respondents. Operational and assistant managers and those who were more experienced demonstrated more

understanding of their roles as supervisors as compared to professional nurses, with marginal significance association of $P=0.050$. A relationship between professional position, years of experience and the understanding of their roles was observed.

The responsibilities of supervisors is to establish and drive the PMDS process; it begins with firstly, clarifying and communicating major job duties, expectations, performance standards, and secondly, monitor progress and document good and unacceptable performance, thirdly, provide feedback, coaching and correcting underperformance and lastly, help employee improve skills (Indiana University, 2015).

Lauby (2015) add that managers have the responsibility to improve their own leadership and management skills and to learn how to be better managers and coaches and also get training on performance management system. Since PMDS is a human resource management component, and a very challenging task, the researcher is of the opinion that the supervision thereof should only be allocated to senior personnel who are in managerial position. In summary, from the findings there is a knowledge gap among the supervisors. These require continuous training for them to be good and efficient leaders and managers.

The findings show that there is minimal to average knowledge and understanding of PMDS. This is supported by the significant number failing to use the documents for developing the performance instruments, unavailability of PMDS policy and lack training of majority of supervisors.

5.4 Objective 3: Performance management and development practice

This aspect was assessing the actual practice of PMDS in compliance with the rules and procedures laid down in the PMDS policy. The discussion will focus on the three phases of PMDS implementation. It was noted that only half of the respondents were competent to implement, followed by those with average ability. However, there were those who had no knowledge about the procedure for PMDS implementation.

Planning and contracting Phase.

The results showed that close to half of the respondents were not confident to develop performance plans, set objectives and discuss the memorandum of understanding with the employee.

The planning and contracting phase is the most critical in the PMDS cycle. The plan determines the performance expectations, standards, goals and objectives and performance targets.

O'Callaghan (2005) suggests, *“the bottom-line reality is that we all need to know what is expected in a specific role; if that is lacking, uncertainty and frustration creates de-motivation and ineffectiveness”*. This in turn impacts negatively on company performance and its long-term sustainability. To avoid this situation, clear goals and objectives must be defined. The researcher considers this as the crux of an effective performance management system.

Heathfield (2015) in her Performance Management Process Checklist claims that some managers feel that performance planning is time consuming , but emphasised that planning is investment in the front end, and once the foundation has been laid, the time to administer PMDS decreases. In the planning phase, the job purpose, job duties and responsibilities, performance standards and targets are set. This should be followed by a plenary meeting with the staff to define the pre-work and develop and discuss the performance plan. Each of these steps is taken with the participation and cooperation of the employee, for best results. Dingwayo, (2007) support the above by stating that a plan is primarily a communication tool to ensure mutual understanding of work responsibilities, priorities and performance expectations. It is also a starting point for employee and manager to a performance process, and once the plan is tied to the organizational objectives, the resulting performance is more likely to meet the organizational needs. According to Schultz (2001), planning represents a holistic view of performance. In order for performance management to be effective, it must be driven by line managers rather than personnel or department, and it should be a joint effort between line and human resource managers.

From the above statements, it is clear that the supervisor has a vital role of planning and initiation of the whole process; a good and well-communicated plan sets the

tone for the whole performance process as the employee undertakes a performance contract for the year. A plan also forms the basis for performance review. The researcher is of the opinion that since most of the respondents were not formally trained, and had no guidelines and PMDS policy in their facilities; It is most unlikely that they can follow correctly all the steps for performance planning, that itself defeats the purpose of PMDS.

Conducting Quarterly Reviews

Although most of the respondents showed good knowledge of conducting quarterly reviews, quite a number of supervisors did not follow the correct procedure for conducting reviews. The results showed that only 50% of the respondents could plan the review meeting and advise the employee to prepare for the review discussion by conducting self-rating prior to the meeting. With regard to the actual activity of rating and giving of feedback, respondents did even better; all those who did correctly were between 60% and 70%; however, the percentage dropped for those who could identify poor performance and provide counseling. The results were not impressive with the overall process of conducting performance reviews. However, a well-managed review session could determine a better outcome at the end of the year.

Performance review involves a process of the supervisor and the employee working together to assess the progress that the employee has made towards the achievement of goals set in the planning phase. It is a summary of what has gone well and also what was poorly done during the period under review (Sefora, 2012). This is supported by Pulakos (2004) who stated that a review session is a good time to plan development activities, performance standards and competencies set for the job. These assist managers and employees to identify and address developmental needs.

According to Lauby (2015), performance review meeting is a formal conversation based upon informal conversations that have happened prior; therefore managers have an obligation to inform the employees about the departmental standards and

should provide regular coaching and feedback to the employees regarding their performance.

Performance Evaluation

The respondents showed more ability in the implementation of performance evaluation compared to the first and second phases. According to the PMDS manual, performance evaluation is based on the assessments of stated objectives and related outputs for the whole year. Performance evaluations also determine the overall level of performance of an employee, teams, directorates and the entire department. Evaluations also provide information on the outcomes of performance and how they should be managed. It is therefore important to conduct performance evaluations that are as objective as possible (Limpopo Provincial Government, 2004).

Capko (2003) adds that the primary goal of performance evaluation is to provide an equitable measurement of an employee's contribution to the workforce, and provide accurate appraisal document to protect both the employee and the employer. It also helps to provide information about the level of quality and quantity in the work produced. According to an article by Sage publications (2004), the purpose of Performance evaluations are:

- i) To communicate how individuals performed.
- ii) Decision making on pay raise, promotions, demotions or termination.
- iii) Training and development ; if performance appraisals are done correctly they provide the employer with valuable results; however, if done incorrectly, the process of evaluating performance may actually lead to lower levels of job satisfaction and production.

Furthermore, association between the ability to implement good PMDS practice and demographic profile such as professional position, years of experience in the profession and training was analyzed. The results revealed the differences in their professional position, OPMS showed more ability than the assistant managers. Although these two categories are managers, the fact that OPMS are at the operational level, they tend to do better because they are more exposed to supervision than assistant managers who only visit the employees at scheduled times.

Statistically, there was a slight difference between those who received training and those who did not, but most of those who attended training showed ability as compared to the ones who were not trained. However, there was no difference in knowledge regarding the years of experience in all the three categories. According to Fletcher (2008) and Sefora (2012), supervisors do not have confidence in their ability to handle appraisal interviews effectively; therefore training on PMDS will instill confidence and teach them specific skills.

In summary, the overall analysis of the results communicate two things:

- Lack of excellence in the practice of PMDS.
- Lack of skill, and orientation on the system.

These may be attributed to training and poor introduction of the whole system. It seems that most of the employees including those that are tasked with the supervision of others never had good and formal orientation; they grab the bits and pieces of information along the way. The evidence of this is the fact that most of the respondents reported that they had never had training, they did not have a PMDS policy manual in their facilities and lastly they reported that they used their colleagues as a source of reference. Some do not refer at all, which means they are not acquainted with the principles and procedures for PMDS practice. As a result, PMDS practice to them is by trial and error. Hunt (1992) states that there are many potential problems with performance evaluations, namely untrained appraiser, unclear definition of supervisor's job, both parties unaware of the format and aims of the evaluation, subjectivity and biased data.

In South Africa performance management system was introduced in the public sector in order to improve service delivery, redress the imbalances of the past, bureaucratic system and attitudes. However, managers lack knowledge and skills to implement the performance management system. Because of the above mentioned, managers tend to demonstrate low level of motivation and negative attitudes towards the employees (van der Waladt, 2004). Generally the standard of PMDS practice is compromised, there is less or average ability to plan and develop the performance instruments.

5.5 Challenges of PMDS implementation

The study assessed the knowledge and practice of PMDS by supervisors; however, the supervisors did experience challenges in some areas in the PMDS implementation. These are self-reported challenges identified by the respondents, each reported randomly, as many as they regarded them to be their challenging areas. Grouping was done to enhance analysis.

a) Challenges related to Planning

The following challenges were reported by most respondents:

Performance targets are too high to achieve

Most respondents reported that the targets set for performance were too high. The challenge of high targets makes the employees not to achieve the set targets. As a result they will be seen to be underperforming all the time, and such low scores will be used to judge their performance outcome. This suggests that there is no discussion concerning the targets between the supervisor and the employee. The PMDS policy clearly stipulated the procedure for signing the performance contract, which involves mutual agreement between the supervisor and employee on expectations, including performance targets and these are communicated in a meeting (Limpopo Provincial Government, 2004). This signifies poor compliance to the PMDS policy.

Time allocated for signing of performance contract, and compilation of assessment reports for both reviews and evaluations is very short.

The respondents reported that completion of these tasks becomes very hectic; in most cases they end up with incomplete or wrongly dated forms. The normal PMDS process gives enough time intervals of three months between the phases. The reason behind this shortened time as reported by the respondents was amongst others; change of format of writing PMDS or lack of stationery which may delay the process. All these may be attributed to poor planning and lack of timely communication in case there are changes in the format.

Shortage of resources

The respondents cited challenges such as lack of photocopier. This happens when the service contract terminates at the end of the term and there is a delay in appointing a new one. In addition, photocopying paper or toner are sometimes not available. The respondents reported that they sometimes used their own money to buy paper or pay for the copies.

Format keeps on changing

Very often, amendments of the format for PMDS instruments are pronounced during the last phase of the cycle and such circulars are communicated very late towards the deadline for annual evaluations. This causes confusion and frustration to both the supervisors and the employees.

b) Challenges related to knowledge

The respondents cited lack knowledge on PMDS implementation and they said they were not sure how to conduct ratings.

This is not surprising because most of the respondents reported that they were not trained on PMDS. The findings which revealed that about 70.2% of the respondents never received formal training.

c) Lack of fairness in the evaluations

The outcry is that the PMDS moderating body “changes our scores”. This challenge is because the moderating body has the power to recommend, for example, the reduction of the scores, based on the evidence produced to support the ratings.

d) Negative attitude towards PMDS

The respondents reported a few challenges that display a negative attitude towards PMDS such as; employees question why evidence for performance is required to support the scores, lack of cooperation, late submission of assessment reports. These challenges also includes the supervisors who reported that the whole system was a waste of time. There may be several causes to this. One may align it with

lack of knowledge and skills which results in lack of motivation, or lack of incentives because most of them do not qualify for rewards due to failure to reach the targets.

5.6 Conclusion

In this chapter, conclusion and recommendations are drawn from the information gathered after thorough analysis and interpretation of data. The researcher has dealt with each objective stated in this study, recommendations will be made with regard to possible actions to address the shortcomings and indicate areas for further research.

The purpose of this study was to investigate the knowledge and practices of PMDS by the supervisors, who in fact are the drivers of the whole process. This study attempted to answer the research question, “what is the knowledge of supervisors on PMDS?”

The research question has been answered, the research gave an indication that the knowledge part of supervisors on PMDS is lacking in all categories of supervisors. The supervisors were not well skilled to take the responsibility of supervision in terms of orientation into the system, training and provision of resource material for reference while implementing the PMDS. A conclusion can be drawn that the system was not well introduced.

If these supervisors have knowledge, that will determine the extent of their compliance to the PMDS implementation policies and procedures, which include the use of PMDS reference materials, adherence to the processes and correct practice. It is on this basis that the researcher draws a conclusion on the findings.

5.7 Limitations of the study

The targeted population covered only one municipality among the five in Mopani District, therefore it is would not be proper to generalize the findings to all PMDS supervisors in Limpopo Province and even in Mopani District. However, the strength of this study is that the results support the findings of previous studies which reveal poor knowledge in PMDS.

5.8 Recommendations

- Proper induction of all potential PMDS supervisors is essential so that they are equipped with knowledge to supervise their subordinates.
- Regular workshops and in-service training to all PMDS supervisors is of utmost importance.
- Implementation of quality control measures to all performance instruments and completed review forms to reinforce compliance to the PMDS policy.
- PMDS policy manuals should be made available to all employees.

REFERENCES

Brink, PJ, & Wood, MJ. (1998). *Advanced design in nursing research*. Thousand Oaks, CA: Sage Publications.

Brink, L., van der Walt, C., & van Rensburg, G. (2012). *Fundamentals of research methodology for health care professionals*. Pretoria: Juta.

Burns, N., & Grove, S.K. (2005). *The practice of nursing research, conduct, critique and utilization*. 5th edition. Philadelphia: WB Saunders.

Chauke, MW, (2009). *The impact of Performance Management System on Service delivery*. MPA (Management and Law).Turffloop Graduate school of Leadership, University of Limpopo.

Davashe, C. (2008). *An investigation into the impact of performance management and development system on service delivery*. MA (Social Sciences). University of Fort hare, South Africa.

Dennil, K, King, L & Swannepoel, T. (1999). *Aspects of primary health care: Community health care in Southern Africa*. Pretoria: International Thompson Publishing.

Dingwayo, MS. (2007). *An evaluation of a performance management and development system*. MA (Business Administration). Nelson Mandela Metropolitan University, South Africa.

Fletcher, C. (2008). *Appraisal, feedback and development: Making performance review work*. New York: Routledge.

Gotore, MM, (2011) *Evaluating XYZ performance management system implementation*. MA (Leadership and change management). Polytechnic of Namibia: Leeds metropolitan University.

Heathfield, SM. (2015) Performance Management Process Checklist.

From: [http:// human resources.about.com/od/gossa](http://humanresources.about.com/od/gossa). Retrieved: 1 July 2015.

Hunt, N. (1992). How to conduct staff appraisals: Practical handbook for every manager Today. Great Britain: The Cranwell Press Limited.

Kanyane, MH & Mabalane, M.J.(2009). Performance management and skill capacity in the government sector. *Journal of Public Administration* 44(1): 58-69.

Lauby, S. (2015). Performance management. (University human resources)Indiana university, University HR, Bloomington. From:

<http://halogensoftware.com/blog/author/slauby> (Accessed 1 July 2015)

Letsoalo, M B, (2007). An evaluation of performance management in the public service. MA(Human resource management). University of Johannesburg: Johannesburg, South Africa.

Limpopo provincial government. Office of the Premier. (2010). Director General circular no.67 of 2010, 6.2.10

Malefane, S R. (2010). Is it really performance that is measured? A reflection of the South African government's performance management system. *Journal of US-China Public Administration*, 7 (8) :1548-6591

Maluleke, B. (2011). Knowledge and attitudes of operational supervisors on the performance management system. MA (Public Health Hospital Management). University of Witwatersrand, Johannesburg, South Africa.

Nel PS, Werner A, Haasbroek GD, Poisat P, Sono, T & Schultz HB (2008), Human Resources Management:Oxford University Press

O'Callaghan, A. (2005). Performance management system. SDFs in the Fasset Sector.

Paile, NJ (2012). Staff perception on the implementation on the implementation of a performance management and development system.. MA (Public Administration).

UNISA: Pretoria

Performance Management and Appraisal Systems. Sage publications: HR Tools for Global Competitiveness: Chapter 8. From: www.sagepub.com/upm-data/45674-8.

Performance management.(2015) The Human Resources Institute of New Zealand: HRINZ Human Resources.www.hrinz.org.nz/Site/Resources/.../I-

P/Performance_Management

Pulakos, E D, (2004). Performance Management, a roadmap for developing, implementing and evaluating performance management systems. SHRM foundation: Society for human resource management.

Sefora,JT. (2013). Managing performance management and development systems in the districts of the Gauteng. MA (Education.) UNISA, Pretoria, South Africa.

Shepard, G. (2005). How to make Performance Evaluations work. New York: John Willey & Sons.

Smith, P. C. (2002). Performance management in British health care: Will It Deliver? Health Affairs, 21(3):103-115.

Schultz, H.B., Sono, T. & Werner, A.(2001). Eds. Performance management. Human resources management, 5th ed. Cape Town: Oxford University Press.canxcelled

South Africa. Limpopo Provincial Government,(2004). Performance management system. information manual for employees signing the memorandum of understanding on performance. Polokwane

South Africa. 1994. Public Service Act, Act no 103 of 1994 (as amended), Pretoria: Government Printer.

South Africa. (2001). Public Service Regulation (Chapter 1, Part VIII). Pretoria: Government Printer.

South Africa. Department of Health. 1997. White paper for the transformation of the health system in South Africa. (No 17910). Pretoria: Government Printer

South Africa (2011)Public Service Commission report on the implementation of performance management and development system for senior managers in the Western Cape Province. *Report*. Pretoria: Commission House.

South Africa. Department of Public Service and Administration (2007). Employee Performance Management and Development System. Pretoria: Government Printer.

South Africa. Department of Public Service and Administration. Circular, 1/71/4/1. Incentive Policy Framework for levels 1-12. Pretoria: Government Printer.

South Africa . (1998). Skills Development Act, no. 97 of 1998(as amended), Pretoria: Government Printer.

Sullivan, J. (2011). The Top 50 Problems With Performance Appraisals. TLNT Blog. Unknown

Tlolwana, MP, (2009). Evaluation of performance appraisal for supervisors in the Department of Agriculture. Sekhukhune district. MA (Public administration) University of Limpopo.

Van der Waldt, G. 2004. Managing performance in the public sector. Johannesburg: Juta and Co. Ltd. 2004. NB

Vasset, F., Marburg, E., & Furunes, T. (2011). The effects of performance appraisal in the Norwegian municipal health services: A case study. *Human Resources for Health*.

DOI: 10.1186/1478-4491-9-22

Veillard, JHM, (2012) Performance management in health systems and services. PHD (Study on its development and use at international, national/jurisdictional and hospital levels. University of Amsterdam.

Williams, R.S. (2002). Managing employee performance: Design and implementation in organizations. New York: Southwestern Cengage Learning.

APPENDICES

Appendix A : MREC CERTIFICATE

UNIVERSITY OF LIMPOPO
Medunsa Campus



MEDUNSA RESEARCH & ETHICS COMMITTEE

CLEARANCE CERTIFICATE

MEETING: 07/2014
PROJECT NUMBER: MREC/HS/275/2014: PG
PROJECT:
Title: Knowledge and practices of supervisors on the performance management and development system at primary health care facilities in the greater Tzaneen sub district, Limpopo Province
Researcher: Ms RH Mashego
Supervisor: Prof L Skaal
Department: Medical Science, Public Health & Health Promotion
School: Health Sciences
Degree: MPH

DECISION OF THE COMMITTEE:

MREC approved the project.

DATE: 04 September 2014

pp. 

PROF GA OGUNBANJO
CHAIRPERSON MREC



The Medunsa Research Ethics Committee (MREC) for Health Research is registered with the US Department of Health and Human Services as an International Organisation (IORG0004319), as an Institutional Review Board (IRB00005122), and functions under a Federal Wide Assurance (FWA00009419).
Expiry date: 11 October 2016

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

Finding Solutions for Africa



Appendix B : REQUEST FOR PERMISSION TO CONDUCT RESEARCH

P.O Box 1806
Letaba
0870

The Head of Department
Limpopo Department of health
P/Bag x 9302
Polokwane
0700
Date: 01.11.2014

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I am a student at the University of Limpopo in the school of Public health. I am currently preparing to undertake a research study in fulfilment of the requirements for Master' degree in Public Health, under the topic: To determine the knowledge and practices of supervisors on Performance Management System.I hereby request to be granted permission to have access to the staff in Primary health care facilities in the Greater Tzaneen Sub district

Attached please find the research protocol.

Your assistance is highly appreciated.



Mashego Rosemary

01 November 2015

Appendix C: Permission to conduct research Limpopo DOH



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Latif Shamila

Ref:4/2/2

Mashego RH

University of Limpopo
Sovenga

Greetings,

Knowledge and practices of supervisors on the performance management and development system at primary health care facilities in the Greater Tzaneen sub-district, Limpopo Province.

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-
 - Research must be loaded on the NHRD site (<http://nhrd.hst.org.za>) by the researcher.
 - Further arrangement should be made with the targeted institutions.
 - In the course of your study there should be no action that disrupts the services.
 - After completion of the study, a copy should be submitted to the Department to serve as a resource.
 - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
 - The above approval is valid for a 3 year period.
 - If the proposal has been amended, a new approval should be sought from the Department of Health.

Your cooperation will be highly appreciated.


Head of Department


Date

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

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

Appendix D: Permission to conduct research Mopani district



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

MOPANI DISTRICT

Enq : Mohatli IE
Tel : 015 811 6500
Date : 14 January 2015

To : Mashego RH
P O Box 1806
Letaba
0870

PERMISSION TO CONDUCT RESEARCH OF KNOWLEDGE AND PRACTICE OF SUPERVISORS ON THE PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM AT PRIMARY HEALTH CARE FACILITIES IN GREATER TZANEEN SUB-DISTRICT

1. The above matter refers.
2. Permission to conduct research on the above subject has been granted District Executive Manager.
3. Kindly be informed that:-
 - Further arrangement should be made with the targeted institutions.
 - In the course of the study there should be no action that disrupts the services.
 - After completion of the study, a copy should be submitted to the Department to serve as a resource.
 - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
 - The above approval is valid for a 3 year period.

Your cooperation is highly appreciated

Approved/Not Approved

Comments _____


District Executive Manager

Date 14/1/2015

Private Bag X628, GIYANI, 0826
Tel: 015 811 6500 Fax: (015) 812 3162 Website: <http://www.limpopo.gov.za>

Appendix E:Consent form

UNIVERSITY OF LIMPOPO (Turf loop Campus) CONSENT FORM
--

Statement concerning participation in a Research Project

Name of Study : Knowledge and Practices of Supervisors on Performance Management and Development System

I have heard the aims and objectives of the proposed study and was provided the opportunity to ask questions and was given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurized to participate in any way.

I understand that participation in this study is completely voluntary and that I may withdraw from it at any time and without supplying reasons. This will have no influence on my work relationship, neither will it affect me in any other way

I know that this study has been approved by the Medunsa Campus Research and Ethics (MCREC), University of Limpopo (Medunsa Campus) and the Department of Health, both provincial and district. I am fully aware that the results of this study will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this study.

.....
Name of participant Signature of participant

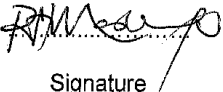
.....
Place. Date Witness

Statement by the Researcher

I provided verbal and written information regarding this study

I agree to answer any future questions concerning the study as best as I am able.

I will adhere to the approved protocol.

Ms RH Mashego		Tzaneen	05.09.2014
Name of Researcher	Signature	Place	Date

Appendix F: QUESTIONNAIRE

QUESTIONNAIRE FOR STUDY PURPOSES

Date	/ /
------	-----

Participant's coding			
----------------------	--	--	--

Instructions: the questionnaire comprises of three sections. Answer all three sections. This is an individual exercise, so please do not discuss, refer or share your responses with your colleague.

Section A: Personal Information

Please answer the following questions. Read all answers first and select the most appropriate answer by marking X in the box.

1. What is your gender?

M	1
F	2

2. What is your highest qualification?

Diploma	1
Degree	2
Additional Post basic Qualification in Nursing Management	3

3. What is your post level?

Level 7	1
Level 8	2
Level 9	3
Level10	4

4. What is your current position?

Clinical nurse practitioner	1
Professional nurse specialty	2
Operational manager	3
Acting assistant manager	4

5. How many years of experience do you have in the current position?

2-3 years	1
4- 5 years	2
6-10 years	3
11-15 years	4
16 years and more	5

6. How many staff members do you supervise on PMDS?

1	1
2	2
3	3
4 and more	4

7. How long have you been supervising PMDS?

2years	1
3-4 years	2
5-6 years	3
7 years and more	4

SECTION B: Knowledge

Please answer **YES /NO**. Mark your choice with an **X**.

8. Are there individual job descriptions for all staff in your facility?

Yes	1
No	2
Not sure	3

9. Is there a business plan /operational plan for your facility?

Yes	1
No	2
Not sure	3

10. Do you know how to apply the Mission and Vision of the Department of Health in the PMDS?

Yes	
No	
Not sure	

11 . Do you have a copy of the PMDS policy manual in your facility?

Yes	
No	
Not sure	

12. If you do not have the PMDS policy manual, where do you refer?

I do not refer	Ask from my colleagues	Phone the PMDS coordinator	Ask from my manager
1	2	3	4

13. As a PMDS supervisor, have you ever attended a workshop on PMDS?

Yes	1
No	2
Not sure	3

14. How many times have you attended training in the last 3years?

Once	1
Twice	2
Three times or more	3
I have never attended one	4

15 Were the staff that you are supervising trained or orientated on PMDS?

Yes	1
No	2
Not sure	3

16. Orientation on PMDS is necessary for all staff to improve its implementation.

Yes	1
No	2
Not sure	3

17. All employees sign the performance agreement at the beginning of the financial year according to the PMDS manual.

Yes	1
No	2
Not sure	3

18. I conduct quarterly reviews regularly as per schedule in the memorandum of understanding

Yes	1
No	2
Not sure	3

19. During the course of the year, do you monitor, coach and guide the employees on their performance to help them achieve their targets?

Yes	1
No	2
Not sure	3

20. Do you use the performance reviews to identify skills gaps?

Yes	1
No	2
Not sure	3

21. Do you provide employees with the opportunity to undergo training or developmental programme in order to improve their skills gap?

Yes	1
No	2
Not sure	3

22. From your own experience and understanding, what is the purpose of PMDS?

23. As a supervisor, do you understand your role and responsibilities of implementing PMDS?

Yes	
No	

If yes, please explain what these roles are.

24. According to your self-evaluation of your knowledge of PMDS implementation, what are the most challenging areas?

SECTION C :PRACTICE

Please indicate your response to each of the following statements regarding your ability to implement performance management system.

Statement		Strongly disagree	disagree	Not sure	Agree	Strongly agree
	Performance	1	2	3	4	5
25	I am confident to develop the performance contract for my supervisee.					
26	I am able to align the employees' key performance areas with the mission and vision, job description and the objectives from the facility business plan.					
27	I set the performance targets and standards together with my supervisee.					
28	I sit down with my supervisee to discuss the memorandum of understanding on performance before signing it at the beginning of the financial year.					
29	I provide the employees with the necessary resources for them to be able to perform as required.					
30	Before conducting the quarterly review, my supervisee and I first do the performance ratings separately, thereafter meet to discuss and come to an agreement on the final score.					
31	I plan and agree with my supervisee on the time and venue to meet for quarterly review.					
32	During a review, I track performance from the source i.e. evidence of work done from the records.					
33	I allocate the ratings according to the targets which my supervisees have achieved.					
34	I give constructive, regular and timely feedback to my supervisees to help them to improve their performance.					
35	During the quarterly reviews the supervisees are given an opportunity to comment on the results of their performance.					
36	I provide counselling to underperforming employees.					
37	I evaluate what I have witnessed being done by the employee.					
38	I treat evaluation of employees with respect and sensitivity.					
39	I am confident in the implementation of performance management system.					
40	My supervisee trust and respect me as the supervisor on implementation of performance management system.					