PERFORMANCE MANAGEMENT OF HEALTH PROFESSIONALS: AN EVALUATION RESEARCH STUDY OF HEALTH SERVICES IN THE SUBDISTRICT OF BUFFALO CITY INTHE PROVINCIAL DEPARTMENT OF HEALTH IN THE EASTERN CAPE

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Dedication

This work is dedicated to Dr P.T.Matsoso and Mrs N.Matsoso for their spiritual guidance and the strength they have given to me under very difficult and trying circumstances which were imposing such enormous limits on me.Through their prayers I managed to defy the limits that were imposed upon me.

Integrative Summary

In 1997 the Minister of Public Service and Administration of South Africa, Zola Skweyiya, introduced the White Paper on Transforming Public Service Delivery(Department of Public Service and Administration(DPSA,1997: 1). It was premised on what was called *Batho Pele* (DPSA, 1997: 9), giving effect to Section 197 of the Constitution, Act 108 of 1996 as amended.

A linkage to performance management can be found from the assertion made in the White Paper that in future the *Batho Pele* would form the basis of any assessment of the performance of individual staff and that would contribute to improving the delivery of service (DPSA, 1997:16). Another factor that contributed to the utilisation of a performance management system was the recommendation put forward by the Public Service Commission of South Africa(PSC,2004: 16),that called for public institutions to adopt a clear, comprehensive performance management and evaluation framework for the delivery of public service. That was expected to turn around the ailing public institutions whose record of serving the public with pride and dignity was on the decline.

The research aim was to evaluate the effectiveness of the performance management system in creating and resolving role conflict with health professionals employed by the Buffalo City sub-district. The research goal was divided into three objectives, namely: evaluation of the effectiveness of the performance management system as a managerial tool for health managers to manage their subordinates including both professional and support staff, evaluation of the effectiveness of the performance system from the perspective of the health professional as a subordinate and to analyze the functioning and effectiveness of the system in creating and resolving role conflict between professional conduct and organisational requirements.

The respondents noted that the implementation of the system was not matched with appointment at managerial level with officials having relevant managerial capacity. Further to that resources at the coal face of service delivery continued to deteriorate and became very scarce and there is no documented proof that has been found of an effort made to check the compatibility of the system to health professionals. The literature identified negative effects that have emanated from the implementation of the performance management system.

The study was conducted by interviewing health professionals from the entry level to the management level within the Buffalo City sub-district from three mini hospitals or Health Care Centres. The respondents indicated that there are positives that have been achieved by the implementation of the system, such as the skills gap identification as well as specific targets contained in annual performance contracts. These targets help motivate health professional to focus on that particular direction of activities.

Unfortunately it has been clearly documented that the performance management system has also contributed to the development of role conflict in a number of professionals. It has been documented that the system has not been crafted with a health professional in mind and, as such, appears to favour quantity rather than quality of health services as advocated by the codes of practice of different health professionals. There are a number of recommendations that were put forward by the respondents to try to salvage the system and in mitigation of the identified negative factors. For the improvement of the system, the Eastern Cape Provincial Department of Health has to firstly customise the annual contracts to contain only the fundamental information. Secondly need to improve the transparency pertaining to financial pressures facing the Health Department. Thirdly the provision of essential enablers, need to be prioritised. Fourthly there is a need to upgrade the system to incorporate 360 degree feedback. Further research recommendations include a bigger sample incorporating different research methods and to also incorporate searches for measures that can be implemented to improve the system to be more relevant to health professionals.

This document is organised and presented in three sections. The first section is the evaluation report with a review of literature, research methodology, findings, discussion and conclusion. The second section is where an indepth literature review is located and the last section details the research methodology.

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I would like to recognise and put on record all the people who have contributed to the success of this research project:

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1.1 Executive Summary

In an effort by governments globally to reduce the cost of doing business in the public sector, they turned to the private sector systems such as management by objectives, performance appraisal and performance evaluations to assist in addressing such a challenge(Ohemeng,2009; Fryer, *et al.*, 2009:478-479).The Eastern Cape Department of Health has been affected by such developments.

The aim of this study was to evaluate the effectiveness of performance management systems in creating and resolving role conflict involving health professionals employed by the Buffalo City sub-district. Twelve health professionals at different hierarchical levels with post qualification experience ranging from two to 30years(consisting of nurses and doctors as they are the dominant health professionals in the human curative services) were utilised as respondents who were interviewed after working hours at their places of work. The data emanating from those interviews was analysed for themes that were emerging.

It has been documented through the themes emanating from the respondents that the system has some positive and negative elements embedded in it. Both health managers and subordinates agreed that the system directed their focus towards the contracted activities and mapped areas for professional development. On the negative side it was found to be inappropriate as well as inflexible as it was utilising invalid tools of counting the number of patients served and neglecting the evaluation of quality health care.

It has been found that the system is quite burdensome as its administrative processes are reducing the time required for serving the very same clients. The system is also not flexible enough, it evaluates quantities rather than quality, and it has the potential to exacerbate role conflict. Among the contributing factors to the creation and exacerbating of role conflict was the fact that the different health professions' codes of conduct are all grounded on quality health care while the performance management system was found to be grounded on the evaluation of quantities. While indicating the negatives, it does not mean that the system was found to be without some value, as there are noted areas that were found to be

positive by the respondents, such as the mapping of development needs, as well as the directing of focus towards the contracted activities.

It is recommended, firstly, that the Health Department look at reducing the content which would not alter the validity of the annual contracts. Secondly, transparency in terms of financial management should be fostered and acceptable ethical managerial conduct should also be promoted. Thirdly, the Department should provide the essential resources that are fundamental to the provision of quality health services. Fourthly, the system should be further developed to include the principles of a 360degreeappraisal concept.

Further research is recommended, utilising a larger sample and multiple research methods and to include the possibility of looking at how to develop the system in such a manner that it can enhance compatibility with health professional requirements by evaluating the quality of the public health care and explore ways and means of reducing the administrative burden associated with the system.

1.2 Introduction

This evaluation report is a presentation of the research conducted in the Buffalo City Health sub-district among health professionals in three mini-hospitals or Community Health Centres. It begins by reviewing relevant literature on performance management, and particularly focusing on the dynamics associated with health professional managers having to manage health professionals, the perspective of the health professional subordinate, and the potential for role conflict. This is followed by a description of the methodology that has been utilised. The results are then presented and discussed looking at the themes emanating from the data that has been collected. At the end the conclusion and recommendations are put forward. The Eastern Cape Department of Health is now described to give the background context of where the research was conducted.

1.2.1 The Eastern Cape Department of Health

The Eastern Cape Department of Health is a public institution that is governed by a number of different prescripts such as the Constitution of the Republic of South

Africa, Act 108 of 1996 as amended, as well as a number of pieces of legislation such as the Health Act 61 of 2003 with its regulations.

Section 197 of the Constitution of South Africa, Act 108 of 1996, requires the promotion of effectiveness, economy and efficiency in the delivery of public services. Cloete (1991:74) defines 'efficiency' as the utilisation of the minimum input in order to realise the maximum output. The Constitution is the supreme law of the country that places the imperative of performance improvement on all institutions in the public sector. The Provincial Department of Health is responsible for all public health services that are rendered within the Eastern Cape Province. It is sub-divided into seven districts that share the boundaries of Local Government as per the National Health Act 61 of 2003. Each District is subdivided into a number of sub-districts that are managed by sub-district managers aligned to Section 30 of the National Health Act 61 of 2003. The sub-district of Buffalo City is comprised of four mini hospitals or Community Health Centres and about seventy clinics (District Health Plan, 2009).

1.2.2 Performance Management System

Performance management system is understood to be a mechanism utilised for the evaluation or measurement of staff performance as well as that of an organisation. (Craythorne, 2006:121). Further to that the system is an integrated process which incorporates the mission statement and objectives as well as performance reviews and it is a concept that gained prominence in the 1980s as a subsidiary of total quality management(Craythorne, 2006:121).

De Waal (2010) defines a performance management system as formal, information-based, frequent processes and procedures that are employed by managers to maintain or alter the way of carrying out the business in an organisation. De Waal (2010) further states that such a system generates both financial and non-financial data, which is key to influencing the decision making and managerial action. De Waal(2010)asserts that the success of the system depends on the management styles, knowledge, skills, motives and experiences of the managers.

1.2.3 Implementation of a Performance Management System

The Provincial Department of Health in the Eastern Cape continued to implement Performance Management and its development system in based on the Provincial Policy on Performance Management and Development System (PMDS). The objectives of the policy are namely:

- ➤ To provide a systematic framework for performance planning, performance monitoring and review and performance appraisal.
- ➤ To promote a shared sense of responsibility among staff for the achievement of strategic goals and objectives.
- ➤ To inculcate a culture of transparency and participation through open dialogue about goals and the achievement thereof, human resource development and performance improvement.
- ➤ To create a framework for assessment as well as identifying good and poor performance, and responding appropriately by developing, recognising and rewarding of good performance.
- ➤ To align individual employees' performance to the Departmental strategic and operational goals.
- ➤ To encourage managers to effectively create conditions for staff to perform optimally(Eastern Cape Provincial Government, 2007:15).

The Department had to start developing its strategic plan with broad strategic objectives which were long term in nature encompassing more than three years, followed by a formulation of the operational plan that is in line with the strategic objectives. It was after the formulation of the Departmental Operational Plan that every official was expected to craft an individual annual contract assisted by his/her supervisor.

The implementation of the system was not without challenges. The challenge that can be cited was that, when it was implemented, managers were expected to champion it and cascade it to the lower levels. Unfortunately, managers were themselves not familiar with the system. The reason put forward by respondents was that managers lack the capacity to manage the institutions effectively, efficiently and economically. There are scholars like Boland and Fowler (2000) who articulated that the system is emanating from the private sector and bringing it to the public sector

institutions did not bring in the expected outcomes in the developed countries like Britain and the United States of America.

The purpose of this research is to evaluate the effectiveness of the Performance Management and Development System for health professionals employed within the Buffalo City sub-district of the Provincial Department of Health. This study is a replication of a study conducted by Mutero (2012) with Veterinary Surgeons within the Province of the Eastern Cape. The same research objectives of Mutero(2012) have been employed in this study with the difference being that the respondents utilised were health professionals. The research goal is divided into the following objectives:

- ➢ Evaluate the effectiveness of the PMDS as a managerial tool for health managers to manage their subordinates including both professional and support staff.
- ➢ Evaluate the effectiveness of the PMDS from the perspective of the health professional as a subordinate.
- ➢ Analyse the functioning and effectiveness of the PMDS - in creating and resolving role conflict between professional conduct and organisational requirements.

1.3 Literature Review

1.3.1 Performance Management

"Performance management is most commonly thought of as a technique applied to the performance of staff. While that is true, it can also be applied to the performance of an organisation and thereby indirectly to executive management who are responsible for that organisation"(Craythorne, 2006:121).

Grobler, Warnich, Elbert and Hatfield in Craythorne (2006:121) describe performance management as a process that is integrated throughout the organisation, from its mission statement, value statement and objectives within a system of continuous performance improvement, leading to a performance review. They further state that performance management is a concept that became popular

in the 1980s as part of total quality management, which advocated the use of all the available management tools to ensure achievement of performance goals.

De Waal (2010) cites performance management as a system used by management in either maintaining or improving organisational activities and that is made possible by the data generated which aids decision making and managerial action.Glendining (2002) views performance management as a mechanism that is utilised by organisations to direct an employee's focus towards the organisational goals, and includes a clearly defined scope, monitoring, evaluation, capacity building and rewards offered by the entire organisation.

Kleiman(1997:220) and Smith (2002) maintain that an effective performance management system improves employee performance by directing employee behaviour towards organisational goals and then monitoring that behaviour to ensure that goals are realised. Several authors(Akuratiyagamage, 2007:6; Kelman and Friedman, 2009:918 and Nel *et al.,* 2008:494) note that there are three major purposes of performance management, namely: a vehicle for strategy implementation, a mechanism for cultural change and an input to human resource systems, such as development and remuneration.

According to Swanepoel *et al.* (2005:375) performance management incorporates planning, managing, reviewing and development. Ohemeng (2009:123) says that the provision of incentives and the rewarding of good performers as well as sanctioning of non-performers are the prerequisites of performance management and the absence thereof undermines the overall performance of such institutions.

Kim (2009) posits that performance management can affect performance at the organisational level in three ways, namely, selection, remediation and incentives. Performance management can assist in selecting the best performing workers for promotion. Furthermore, it is remedial in that training can be crafted to capacitate those who are found to be under performing. The final strategy that Kim (2009) proposes to improve performance is through the incentive system, where an incentive system is structured as a motivation for the workers. That is, if hard work and quality are rewarded, then the behaviour of the workers will be directed in that direction. Clear communication of the system to workers is essential, as Risher (2008) asserts that staff commit more to the organisation's successes if they are

engaged, taking them on board of developments in the workplace which are inclusive of the processes associated with performance management.

There is also a word of caution from Kim (2009) that a performance management system has been found to be generating a lot of paper work or documents that are usually not utilised. A similar assertion to that is found from Debruin and Van Helden (2006)who state that performance management does have both positive and negative effects and that the negative consequences are often the result of game playing, which can de-motivate the employees.

1.3.2 Managing in a Performance Management System

Kim (2009) is of the opinion that one of the components of a performance management system, namely, performance measurement, can assist management with selection, remediation and incentives. That would be in terms of selecting the best performing employees for promotion and the underperforming employees for training, and the crafting of the incentive system towards the motivation of the employees. While positive aspects have been alluded to, there are negatives to be noted as well, such as the system has been found to be grounded on the twentieth century theory of command and control which is mechanistic thinking, best suited for low-skilled employees (Brudan, 2010).

Another important aspect which has been found to be relevant to the discussion of the system, is the non-utilisation of the 360 degree feedback which is capable of closing a gap generated by relying on the results of evaluation emanating from the supervisor only. Maylett (2009) advances a need to evaluate each employee through assessment results from different stakeholders in what is termed the 360 degree feedback. In that way managers can be evaluated as to how they go about achieving their targets.

Another interesting aspect of PMDS is the opinion of Boland and Fowler (2000) that PMDS for the public sector is still at an infancy stage and it still needed further research and development. They argued that, when the system was emulated from the private sector, the first challenge was to find indicators that could be utilised to measure performance. Initially, performance measurement as a component of

performance management was seen to be centred on assessing the value for money within the public service. It is further emphasised by Boland and Fowler (2000) that the manner and the tools utilised to implement it in the public sector still need further investigation as most indicators used were generally measuring ratios of input versus output. That offered less significant information to measure the effectiveness or the quality of the outputs (Boland and Fowler, 2000).

1.3.3 Subordinate Views of Performance Management Systems

It has been noted by several scholars that dealing with professionals such as those in natural science pose unique challenges in terms of compatibility with the basic management objectives (Harrison, 1974:234; Pollitt, 1986:168). The challenges are associated with role conflict, interference with the professional norms of autonomy, the potential of undermining professional standards, conflicting effects with regard to role stress, as well as alienation(Podsakoff *et al.*, 1986). Ritzer and Walczak (1988) asserted that the developments that lead to the structural changes surrounding the American medical profession subjected the physicians to greater external control that directed them to absorb many formal rationality characteristics that resulted in the de-professionalization of the physicians. Formal rationality refers to a concern by the actors to the making of choices for the "means and ends"; such choices are made in connection with the generally applied rules, regulations and laws that are emanating from various large scale dominant structures or bureaucracies and the economy and, in the case of physicians, it is how such generally applied rules negatively impacted on the expected professional conduct of the physicians (Ritzer and Walczak, 1988).   A case in point is some hospitals, which in an attempt to reduce costs, have influenced physicians to limit the stay of patients in hospitals, irrespective of what the health conditions of the patient (Ritzer and Walczak,1988). It has been noted by Harisson (1974) that dealing with professionals compared to dealing with the rest of staff does tend to be unique, as their role performance is enhanced by factors other than monetary rewards, such as participating actively in the setting of organisational objectives, as well as decision making.

1.3.4 Role Conflict

Role conflict is understood to be a phenomenon that occurs when there is a lack of harmony between the expected behaviour of an employee and those of the senders (i.e. their managers) (Nel *et al.*, 2008:380).It results when there is an incompatibility between the expected behaviours of an individual incumbent and a particular job position in a particular organisation (Jaramillo *et al,* 2011; Perterson and Smith, 1995; Rizzo *et al.*, 1970; Yip and Rawlinson, 2009). Yip and Rawlinson (2009) cited an example of engineers who experienced conflict between their professional standards, tight deadlines and budget constraints and that increased the role stress of the engineers.

Jaramillo *et al.*(2011) note that role stress can result from a combination of role conflict and role ambiguity. Role ambiguity refers to the uncertainty about the actions to take in order to fulfil a particular role (Jaramillo *et al.*, 2011; Organ and Greene, 1981; Peterson and Smith, 1995).

Mutero (2012) asserted that the supervision of Veterinary Surgeons by a non-veterinary surgeon in the Eastern Cape Department of Agriculture was found to increase the potential of role conflict and role ambiguity. Various health professionals are bound by the ethics of their profession and a professional code of ethics, to which they are obliged to adhere. There is also a linkage between role conflict and formalization due to the potential of formalization to increase the chances of the development of role conflict (Organ and Greene, 1981). Formalization refers to the level of utilisation of procedures, policy manuals, written job descriptions and similar documents which assist in the standardisation or the uniformity of utilization of work processes (Swanepoel *et al.*, 2005: 207-208).

Formalization does reduce role ambiguity but it has been seen to increase the probability of role conflict when the missions of organisational units overlap, or when there are discrepancies between professional norms and organisational requirements (Organ and Greene, 1981).

There is the possibility that the demands that are brought about by the implementation of a PMDS for health professionals may not to be in harmony with the norms of the health professional and this could exacerbate role conflict. De

Bruin and Van Helden(2006) are of the opinion that performance measurement could result in an erosion of professionalism. The utilisation of standardised instruments of performance appraisals across organisations can compound these challenges, resulting in the misuse or misinterpretation of results (Zammuto *et al.*, 1982:656).

The research findings of Zammuto *et al.* (1982) suggested that utilisation of such (standardised) instruments for performance appraisal across the organizations and units without a clear understanding of the impact of organizational differences on the results, can result in misinterpretation of the picture depicted by the results, which can be due to wrongly comparing staff across the institution on results that have also been influenced by different circumstances per unit or section.

Further it is stated that the inherent differences between different sections or units may reduce the comparability of the results emanating from these units(Zammuto *et al.*, 1982). A caution is put forward that when doing the comparison across organizations and units, the manager must take note of how organisational as well as unit differences have affected the results from the standardised instruments such as performance evaluation forms or documents.

A component of some performance management systems is performance based pay, which is premised on the understanding that individuals are motivated by the promise of financial gain and the fear of monetary loss. However the introduction of financial incentives can negate professional orientation and competencies as they are advanced than they are defined and assessed (Rusaw, 2009:36-38). Rusaw (2009) further suggests that professionals are not significantly motivated by financial gain and that of reliance on financial assistance for motivating the health professional can also increase the probability of role conflict.

1.4 Research Methodology

1.4.1 Research Design

The purpose of this research was to evaluate the effectiveness of the Performance Management and Development System for health professionals employed within the Buffalo City sub-district of the Provincial Department of Health. This study had three

objectives. The first objective was to evaluate the effectiveness of the PMDS as a managerial tool for health managers to manage their subordinates including both professional and support staff. The second objective was to evaluate the effectiveness of the PMDS from the perspective of the health professional as a subordinate. The third objective was to analyse the functioning and effectiveness of the PMDS in creating and resolving role conflict between professional conduct and organisational requirements.

Babbie (2008:385) posits that a social intervention is an initiative undertaken within a social context for a reason or purpose of yielding an intended outcome. In this research the PMDS represents the social intervention. Further to that, Babbie (2008) sees evaluation research as a suitable process for investigating whether a social intervention has indeed produced the intended outcome (Babbie, 2008:385). This study therefore adopted a qualitative evaluation research design. Also, a deductive approach was utilised, which observed the alignment of the response or conduct of the health professionals with the literature on performance management (Babbie, 2008: 49).

1.4.2 Data Collection

A sample of twelve respondents was selected. For each mini hospital one health manager, one health supervisor and two entry level health professionals were identified. The different hierarchical levels of health professionals were represented in the sample as indicated in the table below.

Respondent Number	Health Profession	Rank	Years of Experience
1	Professional Nurse	Entry Level/Junior	2-5years
2	Professional Nurse	Operational Manager Nursing	10-15 years
3	Medical Doctor	Principal Medical Officer	5-10years

4	Professional Nurse	Entry Level	5-10years
5	Medical Doctor	Entry Level	20-30years
6	Enrolled Nurse	Entry Level	2-5years
7	Professional Nurse	Operational Manager Nursing	20-30years
8	Professional Nurse	Operational Manager Nursing	20-30years
9	Medical Doctor	Chief Medical Officer	20-30years
10	Medical Doctor	Entry Level	5-10years
11	Professional Nurse	Senior Professional Nurse	10-15years
12	Professional Nurse	Chief Professional Nurse	20-30years

The primary data was collected through semi-structured interviews. Each interview was of about thirty minutes in duration. The questions were structured around the perceptions of the health professionals with regard to the effectiveness of the PMDS as a managerial tool in the eyes of health professional managers and the health professionals as subordinates, as well as the effectiveness of PMDS in creating and resolving role conflict between professional conduct and organisational requirements. Appointments were secured in advance with the respondents.

1.4.3 Ethical Considerations

A written request was forwarded to the Head Office of the provincial Department of Health before commencing with the visits to identified health institutions. That was done to solicit approval for the study prior to the collection of data. The written request clearly articulated that the information was sought only for academic purposes and the correspondence from the University further corroborated the claim. The sub-district office of the Provincial Department of Health also requested a written application prior to also approving the research.

All participants were protected by upholding a high level of anonymity. For example, when recording in the notebook, the responses from the respondents were documented without recording their names in the notebook and also informal short hand tactics were utilised to encode selective verbatim quotes. The contents of the note book have been transformed to an electronic copy for ease of reference and storage.

1.5 Results

1.5.1 The Health Professional Manager and Performance Management

Health managers have asserted that the system has both negative and positive effects on the rendering of health services. The positives that managers presented during the interviews were the fact that the annual contracts between the supervisor and the health official (supervisee) directed the focus of the official towards the activities that are listed in the contract. Another positive aspect from the system noted by the managers is the indication of areas of development that are also documented in the contract even though there has not yet been successful alignment between what has been documented in the contracts with the courses that have been made available to the health officials.

One health professional manager asserted that, *Of course the system assists the individual health professional to identify the skills gap and the possible measures that can be utilised to improve a health professional's skills, even though the learning areas identified are seldom addressed by the Department.*

Further the official indicated that the skills gap identification does afford a health professional an opportunity for introspection, which could result in an individual financing his or her own training. Another positive factor which came up as a theme was what was recognised as an incentive in the form of salary progression as well as the performance bonus as articulated by the policy, does have a potential to serve as a motivating factor to do more as it does assist to a limited extent to facilitate the accomplishment of the health professional's goal.

On the other hand the health managers viewed the system as inappropriate and inflexible as it was using an invalid tool of counting the number of patients serviced by each health professional, irrespective of the unique needs of each individual client or patient. They have indicated that the PMDS is not assisting the managers in evaluating the quality of the service delivered by their subordinates who happen to be health professionals. One Chief Medical Officer(Head of Doctors in that particular health institution) asserted that *the system rewards a doctor who has seen more patients, rather than a doctor who has seen fewer, but has ensured that a quality health service has been rendered to those clients. That is, then motivating my doctors to focus on increasing the number of clients seen, which is having a potential of undermining the very essence of our profession. Another undesirable aspect of the system is the time that is consumed in filling in the annual contract as well as the quarterly reviews. All of them are generating a lot of paperwork. The time we are spending on the administration aspects of PMDS could be better spent on serving the patients.*

It was also noted by interviewees that the performance management committees comprise of different officials, including the non-health professionals whose understanding of health services is very limited. Therefore, it makes sense to them to utilise the number of patients served by a particular health professional when evaluating health professionals. Although it had been earlier alluded to that the policy articulates payment of salary progression to those officials whose outcome has been found to be satisfactory and, in addition to that, a bonus given to those who have gone the extra mile, implementation of that is seldom fulfilled.

Another negative factor found was that, while the system was introduced a decade ago, there is still inadequate knowledge about and skills on performance management.

One health manager put it that, *the system's intention and objectives are promising but it seems that it needs managers starting from the lower level to the executive level to [have] an appropriate level of skills compatible with the position occupied by the incumbent.*

In summary the positives identified by health managers that were emanating from the system are that annual contracts were directing health professionals to focus on their contracted activities. Another positive was the system facilitates the mapping of areas for professional development. The main deficiencies identified were that the system was inappropriate and inflexible as it was using an invalid tool for counting the number of patients served and this does not assist in evaluating quality.

1.5.2 Performance Management as a Health Professional Subordinate

The health professionals have identified a number of areas in which the PMDS was useful, such as the resource needs identification, skills gap analysis, feedback that is given by the supervisor, evaluation of individual performance and the emphasis on time management. Similar to the finding from the health managers, the health professionals were also valuing the mapping out of their development needs. Further, it has been seen by health professionals that, due to the recording in the agreement of activities to be executed, it then directs their focus to the list of activities contained in their contracts. Though there are positives acknowledged by the respondents, there are a number of challenges that were also articulated.

It has been stated by the health professionals that the implementation of the system in the workplace has not taken into consideration the scarcity of resources. The system has an embedded assumption that the conditions under the delivery of health services as well as the environment are stable while it is not the case. An example of that is the case of health professionals who sign a performance contract specifying activities that would be rendered in a particular section or ward, who later find themselves allocated to another section with totally different activities. This reassignment arose due to the shortage of staff in that particular ward or section, but due to the inflexibility of the performance management system it becomes difficult at the end of the quarter for the manager to evaluate the performance of the reassigned health professionals.

The mapping out of their development needs, are not followed with the provision of an opportunity to attend such development courses. They view the system as being done merely to comply with the head office directive that it must be implemented

and, as a consequence of that, the evaluations are rushed as there is a deadline that needs to be met for submission. Furthermore, the new entrants or appointments did not have a clear understanding of what performance management was about.

Another negative that was articulated by respondents was that it is less compatible with the requirements of health professionals as its targets focus on the number of patients seen by health professionals per day. The key performance areas in the PMDS are too narrow in terms of their focus because they are based on the number of activities to be performed by the individual health professional and do not deal with the real technical and complex issues that seek to address service delivery in its totality. For instance, the bureaucracy that is supposed to enhance purchasing of equipment is one of the inhibiting factors. Currently the health officials were seeing it to be hindering the facilitation of the objectives of PMDS with regard to the service and empowerment of the health officials. A doctor complained that *there is a lack of medical equipment which is vital for the life threatening conditions of some patients that are normally seen at the casualty section*. That, therefore, is seen to be preventing the doctors from fulfilling their responsibilities.

Health professionals are not seeing the system achieving its intended outcomes because firstly, the system has cumbersome administrative processes, and secondly, such processes are wasting time meant for serving the clients given that the contracts that are signed between each health professional and the supervisor required of a lot of pages to be filled in by the health professionals.

It has been acknowledged by the respondents that PMDS is supported with promising documentation in the form of the policies articulating the system with clear objectives of what the system is meant to achieve, but the current environment is not favourable to enhancing the delivery of health services. There were concerns raised by the health professionals about senior management failures, as well as the high levels of dishonesty evidenced by dishonouring of payments for pay progression which was seen to be preventing the system from assisting the department in achieving its organisational goals. The issue of the time consuming administrative processes instead of focussing the employees' energy on service delivery emerged as a theme, as well as managerial failures such as the non-payment of the salary

progression as well as the failure to provide the essential resources, all of which contribute towards a non-enabling environment.

Much as there is a documented list of activities to be undertaken, the drawback is that they do not often achieve the desired results. The challenges are threefold: (1) patients are expecting the health professionals to deliver quality service even though they do not have the necessary support, (2) cleaners were not adhering to the standards of cleaning a health care facility, and (3) the physical resources are inadequate. It was recorded that the health professionals are frustrated by the fact that they are unable to fully assist the clients due to the lack of the enablers such as the appropriate medication or drugs, medical equipment, managerial support in terms of ensuring the support staff are effectively assisting the health professionals, etc. The following statement illustrates the de-motivating effect on a professional nurse who stated that:

> *This exercise unfortunately does not create any value other than wasting the time which could be better utilised treating patients. The activities that we listed on the annual contracts in the yesteryears are repeated frequently and the targets set are difficult to achieve due to non-availability of the essential resources. A lot of paper is generated in the process without adding any value to the delivery of health services.*

It emerged from the responses that the PMDS is seen to be having the potential to facilitate the performance of professional duties as such duties are documented in the annual contracts but that is hindered, firstly, by the non-availability of the essential enablers such as medicines, life-saving machinery and medical consumables. Secondly, it is hindered by the cumbersome administrative processes that are associated with the implementation of the system such as the time consuming typing or filling in of a document with a lot of pages. Thirdly, it is seen by health professionals to be a paper exercise as health professionals and other officials are reproducing the contracts of previous years and merely changing the dates. There is less value attached to those documents during the quarterly reviews by the respondents. It would be better for the health professionals if the assessments or measurements were evaluating the effectiveness of the health service system, but that is very difficult to assess.

There is also a challenge emanating from nurses who are allocated on a rotational basis and who find it difficult for them to be accommodated in the PMDS annual contracts and evaluations due to allocations that are done when there is a shortage of staff in a section that is away from their contracted areas. The annual contract has all the activities that will be undertaken throughout the financial year, though when there is a serious shortage of staff, nurses would be allocated in other units which are engaged in totally different activities to those recorded in their annual contracts. It then becomes difficult to evaluate their performance.

In summary, the health professionals were in agreement with their health managers in terms of mapping their development needs, resource needs identification, feedback from supervisors, as well as the focussing on time management. On the negative side, the system has an embedded assumption that the environment is stable. Also the system in its current form is less compatible with the health professionals with its cumbersome administrative processes and dishonesty at executive level while its implementation at times seems to be the case of compliance to head office directives. Even though such challenges were articulated by the health professionals, they were not advocating a total discarding of the system. Instead, they were of the opinion that if it can be customised to address the noted challenges, it does have the potential to turn around the delivery of health services.

1.5.3 Role Conflict

The data has given an indication that there are a number of areas where health professionals were finding themselves confronted with conflicting roles in terms of role expectations emanating from the performance management system on one side and their professional role perception on the other. Also there are actions of the health professionals that were found to be in conflict with the role expectations from the society. Further, the conduct of the executive management was found to be exacerbating the conflict.

There has been an indication by the health professionals that the system seems to be geared towards measuring quantities in terms of number of clients served. Among the reasons for that arrangement that has already been alluded to is that the

performance management committees are comprised of different officials inclusive of non-health professionals, and the only form of measurement that is utilised is the counting of the number of clients that have been served. That, unfortunately, does not assist in illustrating the quality of health care that has been rendered. An example of that would be the case of a doctor who is seeing patients with complex medical conditions that professionally take a long time to serve, so such a doctor could be seen to be performing less work than a doctor who happens to be seeing patients needing less time to be attended to by a doctor. That then has the potential to motivate health professionals to try to see more clients, even if the needs of the clients demand more attention of the doctor and that, therefore, means that the quality of health care would be compromised. Further to that, the health professionals asserted that the demands brought by the implementation of the system are not compatible with the norms of the health profession as the health professionals are advocating quality health care and that could exacerbate the role conflict.

The role expectation presented by PMDS is directing the focus of health professionals to align their thinking and actions to what is contained and expected in the annual contracts, while the role perception of the health professionals is that their professional codes of conduct are advocating quality health care. There was a difference of opinion from the respondents in terms of the assistance brought by the PMDS to clarify the professional roles, with some having an opinion that it does, while others asserted that it does not. The argument from those who were seeing PMDS as clarifying their professional role was based on the fact that the documented activities have a linkage to what is expected of them in their professions, while the opinion from those seeing the system as not assisting in clarifying their professional role was the earlier alluded to conflict emanating from what is evaluated as opposed to what their professions are grounded on. That is in relation to the quantity instead of the quality health care.

Further to that, health managers were of the opinion that the health profession by its nature is supposed to be a calling that is aiming at or advocating improvement of the quality of the health status of the patients and thus the codes of conduct are based on quality health care, contrary to the design of the PMDS which was emphasising quantities. Another conflict associated with the system is the promise of financial

incentives which are not fulfilled most of the time. As a consequence of that, the respondents indicated that there are a number of nurses who have participated in strike action trying to force the Health Department to honour its promises. The case of striking nurses is an example of role conflict on its own, as society does not expect health professionals to participate in industrial action. The nurses take an oath and a pledge that they will endeavour to practise their profession conscientiously and with dignity, and maintain the honour and the noble tradition of the profession, with the total health of the patients to be the first consideration and maintaining the utmost respect for human life (Muller, 2002:4-5). In the case of the strike by nurses, they argued that it is the non-fulfilment of the PMDS policy on salary progression that has caused them to act contrary to the pledge of the nursing profession.

It has been found that the expectations of the health professionals, guided by their code of profession and the requirements of PMDS, creates conflicts that are difficult to resolve. That is illustrated, firstly, by the documented conflict on the measurement of quantity instead of quality health care. Secondly, the role expectation of health professionals, emanating from PMDS in terms of the annual contracts against the role perception of health professionals informed by their professional codes of conduct, does result into a conflict. Thirdly, it is the policy promise of financial incentives that are seldom fulfilled which has been alleged to have resulted in a conflict between the society's expectations of health professionals, in particular the nurses, and the industrial action that they have embarked on.

1.6 Discussion and Conclusion

1.6.1 Discussion

The objectives of the study were primarily to evaluate the effectiveness of the PMDS as a managerial tool for health managers to manage their subordinates, explore the perspective of the of health professionals on the effectiveness of the system, and evaluate the effectiveness of the PMDS in creating and resolving role conflict between health professional conduct and organisational requirements. There are positives and negatives that are for and against the PMDS. The former relates to the mapping of development needs, focussing health professionals towards the

contracted activities as well as enhancing time management and the promise of incentives embedded in the policy in the form of salary progression and performance bonuses. The negatives cited were the system evaluated quantity instead of quality; as such it was found to have the potential for role conflict and be less flexible for those who are not allocated to one section for the entire quarter. There are also time consuming administration processes associated with PMDS, managerial capacity was found wanting in different layers of the Department which exacerbated the role conflict manifested by the industrial action embarked upon by nurses.

The literature indicated that a performance management system's success depends on the management styles, knowledge, skills, motives and experience of managers (De Waal, 2010). It was indicated by respondents that the managerial failures, as manifested by the non-provision of enablers from sub-district to the executive level of the Eastern Cape Provincial Department of Health, are hindering the health professionals in achieving their documented targets or activities. Among such enablers there are those stated by Ohemeng (2009): the provision of incentives, rewarding of good performers and the sanctioning of non-performers, all of which constitute the prerequisites for a successful performance management system. Failure to provide these enablers resulted in the inability of the system to assist health professional managers in achieving their contracted goals.

It has further been asserted by De Bruin and Van Helden (2006), as well as Kim (2009) that the system is enhancing the bureaucratic red tape and the respondents echoed the same sentiments and as such they were also critical of the time spent on filling in the annual contracts at the beginning of the financial year and during the end of each quarter in terms of quarterly evaluations. The positive aspect to note emanating from the contracting documents is the mapping of development needs, even though they are not addressed by the Department.

The compliance of staff (health professionals) in terms of contracting and evaluations does not acknowledge the challenges that are inherent within the Department of Health, such as the shortage of staff with the resultant reallocations to different sections. The system has been found to be less flexible when it comes to evaluation of those who have been relocated away from their contracted activities; thus there is an element of unfairness. That, therefore, indicates that the findings confirm the

research findings that have been presented in the literature that for the public service the system needs further development to make it more compatible, especially for the health professional.

It came out clearly that the non-payment of promised incentives is also a negative aspect emanating from executive management's failure to communicate reasons behind the difficulty in honouring the agreed payments. According to Risher (2008) staff do commit further to the organisation's successes if they are engaged by taking them on board in terms of communication. The lack of communication was among the reasons that have resulted in nurses embarking on industrial action against the community role expectation as well as against the nursing pledge of always acting for the best interests of the patient. Much as it is not the only reason that caused the nurses to strike, enhancing communication by informing employees at the beginning of the financial year about cost pressures facing the entire Health Department would contribute towards the prevention of nurses embarking on an industrial action, especially if other reasons such as managerial capacity building, plugging of the serious resource leakages and prioritizing the health service delivery can also be addressed.

Both managers and subordinate health professionals indicated their lack of appreciation of the time spent away from the patients by fulfilling the administrative work that is associated with the performance management system. As has been noted in the literature, the system is based on the mechanistic thinking of the twentieth century (Brudan, 2010).The respondents who are health professional managers as well as their subordinates have seen it to be measuring the quantity instead of the quality of health care. That, therefore, indicates that the system has the potential of creating and exacerbating role conflict.

It has been found that such conflicts of expectations of the Department, through the PMDS and the codes of professional conduct from the professional boards, are difficult to resolve. Also the Provincial Department of Health must be advised to honour its promises of financial incentives. While there are negatives that have already been alluded to emanating from the PMDS, both health managers and health supervisors were in agreement that the system has areas that are of much importance when it comes to general management of staff. As has already been

stated that the literature Ritzer and Walczak(1988) indicated that the system needs further development to customise it to the requirements of health professionals.

1.6.2 Conclusion and Recommendations

The purpose of this research was to evaluate the effectiveness of the Performance Management and Development System for health professionals employed within the Buffalo City sub-district of the Provincial Department of Health. The research goal was divided into the following objectives:

> ➢ Evaluate the effectiveness of the PMDS as a managerial tool for health managers to manage their subordinates including both professional and support staff.
> ➢ Evaluate the effectiveness of the PMDS from the perspective of the health professional as a subordinate.
> ➢ Analyse the functioning and effectiveness of the PMDS - in creating and resolving role conflict between professional conduct and organisational requirements.

The responses from the respondents in relation to the first research objective, was that the performance management system assisted health managers in directing the focus of the health professionals towards the contracted activities. Also, the system assisted in mapping the areas of professional development. However, the system was found to be inappropriate and inflexible as it is utilising invalid tools of counting the number of patients served and that does not indicate the quality of the service rendered. The quality of the service rendered is the cornerstone of the health profession's code of conduct. Therefore, the finding overall was that the performance management system is not an effective managerial tool for health managers to manage health professionals. It would be appropriate for the Department to look at ways and means of customising the system to utilise tools that would assist in evaluating the quality health care.

For the second research objective, the health professionals were in agreement with their managers who are health professionals by qualification, about the system, directing their focus towards contracted activities as well as mapping out the developmental areas and feedback from health supervisors. They were also in agreement with their health superiors about the system not evaluating the quality of health service rendered and being less flexible. In addition, they identified deficiencies such as the system is not taking into consideration the instability brought about by significant shortages of all essential resources inclusive of human resources, and were concerned about the cumbersome administrative processes which were seen to be reducing the time needed to serve the clients. Therefore, the respondents, much as they identified positive areas within the system, were not seeing it as currently appropriate to measure, or to evaluate the quality of service they were rendering and thus it is not effective from the perspective of the health professional subordinates. There is a need for the Department to address the resource constraints and review the administrative processes associated with the PMDS to free up time for serving the patients.

For the third research objective, the respondents have painted a picture of a system that is grounded on measuring quantities rather than on measuring the quality. That has then brought about a serious dilemma of contradictions between the health profession's code of conduct and the expectations of the Department of Health in terms of the PMDS. It has thus been found to be generating role conflict, which also was not assisting the managers who are health professionals in managing their subordinates who are also health professionals. What has been alluded to is not the only challenge that has emerged from the findings. The other challenges are linked to the managerial skills from the executive level down and how the system is implemented.

The contradictions generate a question mark regarding the compatibility of the performance management system with health professionals. It has further been articulated that, in its current form, the assessment outputs from the supervisor and supervisee depend on the relationship between the two. If there are good relations, the feedback would be on the positive side while a bad relationship could provide negative feedback which could not be clearly reflecting the real picture of

performance. The sole reliance on the supervisor's assessment report, which has been stated to have serious gaps, calls for the further development of the system to utilise the mechanisms that are postulated in the 360 degrees feedback.

It has also been noted that in its current form the system is reducing the time needed to consult clients by having health professionals constantly producing and filling in a lot of paperwork which is not adding value at all to the delivery of health care. Even though there are such negatives that have been found, there are a number of positives that have been asserted to by the health professionals about the PMDS, such as the fact that it does remind them of their responsibilities, the skills gap analysis, and the opportunity to reflect on what has been done at the end of the quarter. Most of the respondents were not entirely advocating the discarding of the PMDS but for the system to be improved drastically to make it more relevant to the manner in which the health professionals are expected to conduct themselves when they are rendering health services.

1.6.3 Recommendations

The following recommendations are made to the Eastern Cape Department of Health to improve the system, in order for it to add value to the delivery of health services. The executive management needs to consider the following points and give them serious attention:

➢ Review the annual contracts, looking at removing content which would not alter the validity of the agreement.
➢ From the executive level downwards the management needs to be transparent about the financial pressures facing the Provincial Department of Health, which could result in the non-payment of the salary progression at the beginning of each financial year.
➢ Provide the essential enablers to assist health professionals to be able to achieve the agreed upon targets.
➢ Review the system and also utilise the mechanisms of evaluation that are postulated in 360degree feedback systems.

1.6.4 Research recommendations

The study was conducted as a micro study utilising a very limited sample, and qualitative data analysed. Due to the constraints of time and other resources, no triangulation could be undertaken. Such limitations generate a caution on the generalisation of the findings. A bigger sample and utilisation of different research methods could result in exposing different dynamics.

The scope of further research should also cover mechanisms that can be developed to streamline the processes associated with the implementation of the performance management system to reduce the time spent on the administrative processes, as well as issues associated with role conflict such as the expectations of the PMDS that are not compatible with the professional norms and standards emanating from the professional codes of conduct.

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Section 2 Literature Review

A review of the literature related to performance management has been undertaken, viewing the system through the scholarly work of different researchers in the field. There are a number of topics that have been examined including a description of the performance management system, human resource development, talent management, performance pay, the new public management, and professionals' views of performance management and role conflict. The section begins with describing the system and mapping the different components found in the system and how they relate to other human resource management concepts, and then other related topics emerge after the description.

2.1 Description of Performance Management

Performance management is defined by Glendining (2002) to be a mechanism that is utilised by organisations to direct employees' focus on organisational goals and encompasses the clearly defined scope, monitoring, evaluation, capacity building and rewards offered in the entire organisation. Performance management is generally seen to be a control framework that is attempting to ensure that the developed or crafted goals are achieved (Broadbent and Laughlin, 2009). Summers (2005) put it differently, describing a performance management system as a vehicle that is used by organisations to improve performance. Performance management involves the managers and subordinates. It is linked to the vision of an organisation and it is utilised to improve the performance of the organisation including that of individuals(Swanepoel *et al.,* 2005: 375; Williams 2003:10; Winfield *et al.*, 2004: 133).

Mwita(2000) advances five factors that affect a performance management system, which are:

➢ Human resource related factors such as skills, individual, confidence, motivation and commitment.
➢ Leadership factors represented by the level of encouragement, direction or guidance and support provided by those with supervisory responsibility and managerial responsibility.

➢ Team factors demonstrated by the level of support or cooperation from colleagues.

➢ System factors represented by the system of operations provided by the organisation.

➢ The contextual factors such as internal and external environmental pressures and challenges.

Since performance management involves employees, it is can be associated with one of the important factors that was identified by Chevalier (2007:63) that employees are influenced by motivators and maintenance factors. Chevalier (2007) posits that motivators are factors that promote job satisfaction to employees and result in staff performing their tasks at a very high level and the impact of the motivators is sustainable for a long period. The low quality of the maintenance factors are seen to be contributory factors to job dissatisfaction and Chevalier (2007:64) also call them hygiene factors. Even if motivators are present the low quality of the hygiene factors is capable of demotivating staff. That, therefore, means that they need to be taken care of to maintain the staff performance on the job.

Chevalier (2007) lists motivators to be achievement, recognition, responsibility, work itself, advancement and personal growth. Chevalier (2007) noted that in the research that resulted in that claim is that the listed motivating factors were found to be present in every description of employee satisfying experience. The maintenance factors are policies and administration, quality of supervision, relationship with others, work conditions, salary congruence and impact of the job on personal life (Chevalier, 2007:64). That means that for a performance management system to be effective, the environment needs to be scanned to identify the presence of motivation and maintenance factors and ensure that they will be enhancing the objectives of performance management.

An effective performance management system improves employee performance by directing employee behaviour towards organisational goals and monitoring that behaviour to ensure that goals are realised (Kleiman, 1997:220; Pollitt, 1986:160).For performance management to be effective it must be implemented by better leadership (Andrews *et al.*, 2006). Gary (2004) posits that the system's success depends on the willingness of the top management to nurture an ethos of

accountability for delivering the top performance in partnership with the subordinates. There are three major purposes of performance management: a vehicle for strategy implementation, a mechanism for cultural change and an input to human resource systems such as development and remuneration(Akuratiyagamage, 2007:6; Kelman and Friedman, 2009:918; Nel *et al.,*2008:494).

Swanepoel *et al.*(2005:375) further asserts that performance management incorporates planning, managing, reviewing and development. Ohemeng (2009:123) is of the opinion that the provision of incentives and the rewarding of good performers as well as sanctioning of non-performers are the prerequisites of performance management and the absence of that undermines the overall performance of such institutions. All of this is essential for performance improvement in the public sector, as the constitutional imperatives contained in section 197 of the Constitution (Constitution of SA Act 108 of 1996) require the promotion of effectiveness, economy and efficiency in the delivery of public services. Cloete (1991:74) defines 'efficiency' to be the utilisation of the minimum input in order to realise the maximum output.

At the organisational level, performance management includes in its components the formulation of the organisational vision, mission and strategy (Williams, 2002:32). Williams (2002:33) posits that an effective mission has linked elements working in harmony enhancing each other, that is, purpose, strategy, values and behaviour standards. The vision, mission and strategy resemble or indicate the future direction of an organisation as well as providing a staircase that will be utilised to climb in order to realise the desired position (Williams, 2002:35).

The individual context of performance management includes accountabilities that define the key result areas of the job, duties and the task, as well as the activities, objectives, goals, outputs, targets, critical success factors, competences and standards. Individuals are encouraged to formulate goals that are linked to the organisational goals (Williams, 2002:78).That then indicates linkages to other human resources related functions such as development, career management, discipline, talent management, strategic human resource management, etc. Hellriegel*et al.*(2009:285) posit that there are barriers that prevent motivated as well as de-motivated employees from performing at desirable levels which managers should

identify before they can formulate strategies to remove them. Hellriegel *et al.* (2009) lists the under-developed competencies, inappropriate performance goals or lack of feedback about performance as some of the causes of performance deficiencies. There were noted developments in the public service of Britain during the 1980s where performance management principles were introduced through the concept called 'new public management', which also spread to the developing countries(Fryer *et al.*, 2009:478-479;Ohemeng, 2009:110).

2.2 New Public Management and the Link to Performance Management

At the beginning of 2003 a foundation was being laid in the Department of Health in preparation for the implementation of a performance management system which was fully implemented in 2004. That can be attributed to a trend acknowledged by scholars such as Ohemeng (2009:110) of looking at the public institutions of developing countries to improve their administration systems so as to meet the challenges of the 21st century. The vehicle that was identified (to successfully turn around the public sector organisations) which is the key component of the principles of New Public Management, is a performance management system (Ohemeng, 2009:110). In the developed country of Britain the same driving forces that have already been alluded to were emphasized in the promotion of value for money spent by government, and resulted in the birth during the 1980s of the New Public Management with its emphasis, among other things, on professionalising management, ensuring performance measurement, and increasing accountability (Fryer *et al.*, 2009:478-479). Pollitt (2001) observes that there are noted challenges associated with the development of the New Public Management. To mention a few, in Britain the indicator data that was developed was found by the Regional Health Authorities to be either non-reliable or irrelevant to be utilised within key flows of decision making. The medical profession as the key stakeholders in terms of resource commitment were found to be less convinced about the value of the indicator data that was recommended to them and that was found to be the case in other government departments as well. Another challenge was to see performance being interpreted to mean component parts of effectiveness, efficiency, and economy. That then revealed that the alluded to effectiveness, efficiency, and

economy do not always complement each other and an example cited was "to achieve greater effectiveness, the coverage of a public service may necessitate extending operations into remote locations where the efficiency of the operating units is bound to suffer"(Pollitt, 2001).

In essence the focus on the effectiveness, efficiency, and economy was seen to be negating other important elements that needed to be associated with performance such as the availability of the service (amount and type of service), awareness (knowledge of the users about the service), extensiveness (quantity of service in relation to the extent of the problem), acceptability, quality, fairness, degree of equity, predictability and degree of democratic control. Pollitt(2001) continued to mention that the available performance assessment tools was focussed on measuring efficiency and that what was being measured was intended to suit the interests of government with economic doctrines and political ideology that was focussing on modest financing and a tightly controlled public service.

Further to that was the findings of Debruin (2002) that the performance measurements that have been introduced to the public service have both positive and negative effects. The positive effects, Debruin (2002) states, are the fostering of transparency, learning, appraising and sanctioning, while the negative effects are fourfold, namely:

  ➢ Promotion of game playing
  ➢ Compounding of bureaucratic red tape, where public organisations utilise a lot of resources on operational issues that are linked to the performance measuring system.
  ➢ Prevention or discouraging of innovation, as innovations carry a risk that a target may not be met.
  ➢ Hinders ambition and it can also promote inefficiency in terms of the budget.

    Any target that requires a lot of hard work for it to be met is discouraged, as according to Debruin(2002) decision makers are encouraged to select targets whose output requires minimum throughput.

Pidd (2005) echoed Debruin's (2002) assertions by terming the negative effects as "the perversity of public sector performance management" noting that there are a lot

of hidden costs such as the cost of developing and maintaining of the system(as it entails staff time, physical resources and other measurable elements), also the "performance lowering effects of the dysfunctionalities", which may result in unintended, undesirable outcomes like poorer performance than was anticipated, that are all associated with performance measurement. It is worth noting the research findings of Adcroft and Willis (2005) that the New Public Management was brought in comprising of a number of different doctrines blended together depending on the prevailing circumstances of the public institutions.

Adcroft and Willis (2005) posit that there was greater emphasis on "professional management", the introduction of hardcore performance measures, a focus on outputs and results and the dominance of the influence of private sector management practices. The illustration of the latter has been the developments such as privatisation, contracting out, and so forth, in the public services and that is interpreted to be introducing in the public sector a new set of principles summarized to be managers, markets and measurement. The measurement component is quite challenging as there are elements of the public service which are beyond scientific measurement (Adcroft and Willis, 2005).

The public sector underperformance was understood to be a result of poor public sector management and the solution that was brought forward was to develop means of learning or mimicking the private sector. The mimicking of the private sector with performance measurement unfortunately resulted in a commodifying and de-professionalizing effect on public sector workers (Adcroft and Willis, 2005). Bowman (2010) observed that performance pay has been documented to have consistently failed two generations ago in the USA public service much as performance management has been advocating competency, effectiveness and efficiency with performance pay seen as a central lever of the contemporary civil service reform. Bowman (2010) noted that the system generated a lot of grievances as well as delays, a lot of paperwork, increased costs and failure to recognise the best employees. There are pre-conditions that Bowman (2010) stated that were put forward by the developers of the system for it to be successful: trust in management, an effective job evaluation system, clear performance factors, consistent and meaningful funding and accurate personnel appraisal. If the preconditions are not fulfilled, the following perverse effects are observed:

- Direction of officials towards the short term at the expense of the long term.
- Promotion of mediocrity by setting limits for expectations.
- Discourages creativity and risk taking.
- Encourages self-interest above other interests.
- Retarding of teamwork as it promotes dependence on individual accomplishments.
- Being counterproductive due to win-lose competition for merit monies.
- Discourages discourse by promoting "sycophancy" of following the manager regardless of the value of the managerial decision (Bowman, 2010).

Bowman (2010) argued that most public service organisations in the USA have failed to meet all the pre-conditions, and thereby prevent the above stated perverse effects, and the continued clinging to the system is due to the fact that it seems to be politically not affordable to discard the performance measurement system. Nel *et al.*(2008:506) state that all that is executed in an organisation is happening within a framework of a system; if the system is not compatible with improvement of performance, the individuals will not be able to improve performance even if they would like to. It is further asserted that the good quality of the performance management system is possible only if officials have a significant control over the variables that affect their individual performance. It was earlier alluded to in section 2.1 that among the causes of performance deficiencies are the underdeveloped competencies(Hellriegel *et al.*, 2009). Dealing with underdeveloped competencies then brings us to the human resource development as a vehicle that can be utilised to turn around a situation associated with underperformance and underdeveloped competencies.

2.3 Human resource development

Swanepoel *et al.*(2005:451) define human resource development at organisational level as a learning opportunity that is afforded by the organisation to its employees within a stipulated period of time to improve individual performance, an undertaking that can also result in personal growth. At the national level or macro level in South Africa Nel *et al.*(2010:417) assert that the human resource development strategy of

South Africa is having a mission statement which is "*to maximise the potential of people of South Africa, through the acquisition of knowledge and skills, to work productively and competitively in order to achieve a rising quality of life for all and to set in place an operational plan, together with necessary institutional arrangements, to achieve this".*

Human resource development linkage to performance management can be seen from the fact that performance assessments do indicate possible training or development needs and career growth opportunities in a particular organisation(Swanepoel *et al.*, 2005:453-454). As has been already alluded to by Glendining(2002) performance management encompasses, among other things, evaluation, capacity building, and rewards offered by the organisation. This indicates that performance management has a relationship with performance pay and talent management.

2.4 Performance pay

As has been earlier alluded to by Summers (2005) that performance management is a vehicle used by organisations to improve performance, it is further articulated that each vehicle uses fuel.

One of the types of 'fuel' in that case (Summers, 2005) is good compensation management. A well-structured compensation pay is seen to be assisting performance management to be a good vehicle for strategy execution (Summers, 2005).It is asserted by Tyson and York(2000:209) that such compensation pay assists in the retaining of employees' positive efforts as that communicates a sense of justice and fairness in the eyes of the employees.

The strategically structured performance pay assists in attracting the right employees, focussing or motivating the workforce to infuse or emulate the correct behaviour and assists in retaining top performers(Summers,2005). There are four prerequisites needed to be successful:

> ➢ there must an establishment of performance compensation plans,
> ➢ managing of performance in an ongoing manner,

- ➢ frequent evaluation of performance not the setting of goals on paper that are normally filed in drawers and only referred to at the end of the year as that is seen to have limited power to motivate staff throughout the year, and
- ➢ linkage of performance assessments to established financial rewards(Summers, 2005; Tapestra and Honoree, 2009).

That then brings the discussion to the human resource management concept of talent management.

2.5 Talent Management

Lewis and Heckman (2006:139) defined talent management as incorporating the mind-set, the integral part of succession planning, and an effort that encourages staff to perform to the best of their potential. The same scholars are of the opinion that talent management is not a well defined area; further it encompasses different areas which were traditionally called human resource planning, succession planning, strategic human resource management, etc.

Waheed *et al.* (2012) define talent management to be a system that meticulously maps the fundamental key positions which are the backbone that drives the sustainable competitive advantage of the institution and makes available the compatible staff for such positions.

Strategic talent management is seen by Collings and Mellahi(2009:2) to be "activities and processes that involve the systematic identification of key positions which differentially contribute to the organisation's sustainable competitive advantage, the development of a talent pool of high potential and high performing incumbents for these roles and the development of a differentiated human resource architecture to facilitate the filling of positions with competent incumbents and to ensure their commitment to the organisation". All the scholars have a common ground when it comes to issues such as the identification of key positions and the development of a talent pool of high potential and highly performing incumbents to fill such positions that significantly contributes to the organisation's sustainable competitive advantage.

All the above is done in order for the organisation through talent management to sustain its position under the environment of tough competition. Boudreau and Ramstad (2005) are of the opinion that organisations have used sophisticated HR

measures in order to achieve a competitive advantage, but it has been noted that though they are following the correct prescriptions on implementation, it is seldom that one finds the results matching the expected outcomes. That has now given rise to a need for a "decision science" that enables and improves decisions about personnel wherever they are generated (Boudreau and Ramstad, 2005) and that is called "talentship". It focuses on the apparent and hidden talents of current and potential staff members. It has four pillars that organisations need to pay attention to, i.e. logic, analysis, measures and the process (LAMP) as per the model in figure 1 below:

```
                    The Right Analytics"
                    Valid Questions and Results
                    (Information, Design, Statistics

"The Right Logic"                                   "The Right
Rational Talent          HR Metrics and              Measures"
Strategy                 Analytics That Are
(Competitive             A Force For                 Sufficient Data
Advantage, Talent        Strategic Change            (Timely, Reliable,
Pivot Points)                                        Available)

                    "The Right Process"
                    Effective Knowledge
                    Management
                    (Values, Culture, Influence)
```
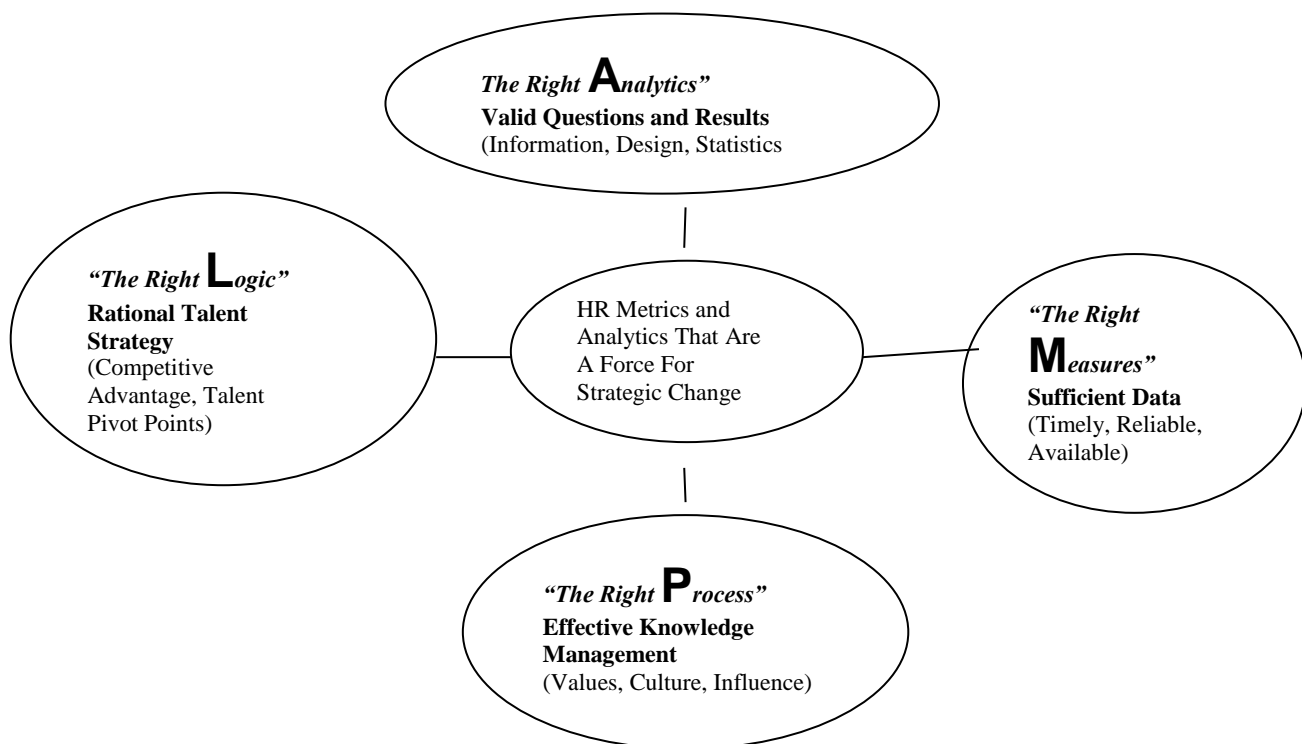
Fig1: The lighting of the LAMP by Boudreau and Ramstad 2005

Talent management, therefore, has to be considered by management as one of the human resource management concepts that has an important linkage to contribute to a successful performance management system.

2.6 Management and the Performance Management System

It has been noted by Kim(2009) that the performance measurement component of the performance management system can be of great assistance to management in terms of selection, remediation and incentives. That entails the selection of the best performing employees for promotion, underperforming employees for training and the incentives system to be directed to focus on motivating employees. There are undesirable aspects that have been noted about the system of performance management. Among them it has been noted that the system is grounded on the twentieth century mechanistic thinking that is best suited for managing low skilled employees(Brudan, 2010).

Due to the challenge of capacity to understand and evaluate true performance in organisations, it has been felt that a number of tools need to be utilised to address such a challenge and among such tools 360 degrees has been found to be appropriate as a source of input for both development and appraisal purposes as they are linked to performance management (Maylett, 2009). 360 degrees utilises multi-rater feedback processes that are capable of closing the gap emanating from the results of the supervisor feedback only, with the potential of not being objective. Instead, it takes into consideration the assessment results emanating from different stakeholders and that also has the ability to evaluate how managers go about achieving their targets (Maylett, 2009).

Boland and Fowler (2000) stated that the PMDS for the public sector is still at an infancy stage and therefore needs to be developed and researched further. They are of the opinion that the first challenge of the system was the selection of suitable indicators that would represent the objective measure of performance. Boland and Fowler (2000), further asserted that most indicators selected were generally measuring ratios of input versus output and that generated less information to measure the effectiveness or quality of the outputs.

2.7 Professionals and Performance Management

It has been documented that dealing with professionals, such as those in the natural sciences, pose unique challenges in terms of compatibility with the basic

management objectives (Harrison, 1974:234; Pollitt, 1986:168). The challenges are associated with role conflict, interference with the professional norms of autonomy, the potential of undermining professional standards, conflicting effects with regard to role stress, as well as alienation, and so forth (Podsakoff *et al.*, 1986). Quoting Organ and Greene (Podsakoff *et al.*, 1986) asserted that organisational structures and associated processes were found to have an indirect influence on alienation of professionals by effecting the role conflict, role ambiguity and organisational identification. The study further stated that formalization was meant to reduce alienation of the professionals, which consequently reduced role ambiguity and also the organizational identification. Unfortunately the decrease in role ambiguity was found to be increasing the role conflict. Of utmost importance is the finding of the study by Podsakoff *et al.* (1986) which failed to find a correlation between the formalization and increased role conflict but the same scholars cautioned that the difference in results could be attributed to differences in methodologies.

Jespersen *et al.* (2002) posit that there are three areas where professionals strive to safeguard their autonomy and other professional interests under the so called professional rationale; they are at societal level, field level and organisational level. At the societal level there is a complicated relationship between professions and the state as professions have regularly strived to expand and safeguard their monopoly of expertise in their domains but the very same professional/expert skills are preconditions for state regulations.

At field level the sociology of professions have dominantly been playing a role in the design of political-administrative regulation, and in the health services the physicians have been seen to be the dominant force playing the role of gatekeepers and being able to veto decisions. At operational level professionals are capable of acting as watchdogs in a manner that affected the outcome of various forms of top-down interference with practises, norms and standards. Jespersen *et al.* (2002) further stated that at the centre of the medical rationale there are norms about the scientific progress, specialization, individualization and the patient needs ranking above all other considerations, while at the centre of the nursing profession, the patient is seen as a whole and as such is afforded top priority. The developments of the 1980s and 1990s of tighter controls, changes in the division of labour, and the emphasis on

productivity and effectiveness in public service production brought about by the New Public Management was seen by health professionals as a threat to their respective rationales(Jespersen *et al.*, 2002).It has also been noted by Harisson (1974) that dealing with professionals does tend to be unique compared to dealing with the rest of the staff.

The utilisation of standardised instruments of performance appraisals across organisations can compound all the alluded to challenges, resulting in the misuse or misinterpretation of results (Zammuto *et al.*, 1982:656). Another component of performance management - performance based pay - is premised on the understanding that individuals are motivated by the promise of a financial gain and the fear of monetary loss. This negates the generic values of professional orientation and competencies which are more advanced than they are when defined and assessed in performance based pay (Rusaw, 2009:36-38). Rusaw (2009) is of the opinion that professionals are not significantly motivated by financial gain. Ritzer and Walczak(1988) argued that the developments that led to the structural changes surrounding the American medical profession were subjecting the physicians to greater external control which was directing them to absorb many national characteristics that were resulting in the de-professionalization of the physicians. As a result of such controls, the hospitals in an attempt to reduce costs have influenced physicians to limit the stay of patients in hospitals(Ritzer and Walczak, 1988). Organ and Greene(1981) and Sehested(2002) articulated that there is a conflict between the professional desire for autonomy and the bureaucracy's imperative for coordination, which is resulting in a clash between expertise and formal authority. Halachmi (2011) found that the performance measurements were unfavourable to physicians as they were seeing it to be obstructing the good quality health care. That is qualified by cases where the indicator (which is not measuring all the dimensions of the service)has the potential to cloud the quality at the level of the patient, as resources would be directed towards the narrow indicator that is measured. Halachmi (2011) states, that it has the potential to divert the physician's attention away from the individual needs of a patient and to further the administrative control operations that are associated with performance management. It also is not cost free as it is utilising resources which could alternatively be utilised to address the patient's essential needs. Brown (2005) also found similar findings of resource

wastage in measuring of performance at United Kingdom Primary schools as resources were directed to the indicators that were measured while other important elements of education that were difficult to measure were ignored. What has been alluded to here has the potential to generate role conflict (Nel *et al.*, 2008:380).

2.8 Role Conflict

Role conflict is understood to be a phenomenon that occurs when there is a lack of harmony between the expected behaviour of an employee and those of the senders (i.e. managers) (Nel *et al.*, 2008:380). It happens when there is an incompatibility with the expected behaviours of an individual incumbent to a particular job position in an organisation (Jaramillo *et al.,* 2011; Perterson and Smith, 1995; Rizzo *et al.*, 1970; Yip and Rawlinson, 2009). Yip and Rawlinson (2009) cited an example where engineers experienced conflict between their professional standards, tight deadlines and budget constraints and that increased the role stress of the engineers.

Jaramillo *et al.*(2011)posited that role stress can result from a combination of role conflict and role ambiguity. Role ambiguity is defined as the uncertainty about the actions to take in order to fulfil a particular role (Jaramillo *et al.*, 2011; Organ and Greene, 1981; Peterson and Smith, 1995).

Mutero (2012) asserted that the supervision of veterinary surgeons by a non-veterinary surgeon in the Eastern Cape Department of Agriculture was found to increase the potential of role conflict and role ambiguity. Various health professionals are bound by the ethics of their profession and a professional code of ethics, to which they are obliged to adhere. There is also a linkage between role conflict and formalization due to the potential of formalization to increase the chances of the development of role conflict (Organ and Greene, 1981). Formalization refers to the level of utilisation of procedures, policy manuals, written job descriptions and similar documents, which assist in the standardisation or the uniformity of utilization of work processes (Swanepoel *et al.*, 2005:207-208).

Formalization does reduce role ambiguity but it has been seen to increase the probability of role conflict when the missions of organisational units overlap, or when

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there are discrepancies between professional norms and organisational requirements (Organ and Greene, 1981).

There is the possibility that the demands that are brought about by the implementation of a PMDS for health professionals may not to be in harmony with the norms of the health professional and this could exacerbate role conflict. De Bruin and Van Helden(2006) are of the opinion that performance measurement could result in an erosion of professionalism. The utilisation of standardised instruments of performance appraisals across organisations can compound these challenges, resulting in the misuse or misinterpretation of results (Zammuto *et al.*, 1982:656).

The research findings of Zammuto *et al.*(1982) revealed that utilisation of such (standardised) instruments for performance appraisal across the organizations and units without a clear understanding of the impact of organizational differences on the results can lead to misinterpretation of the picture depicted by the results, which can be due to wrongly comparing staff across the institution on results that have also been influenced by different circumstances per unit or section.

Further, it is stated that the inherent differences between different sections or units may reduce the comparability of the results emanating from these units(Zammuto *et al.*, 1982). A caution is put forward that when doing the comparison across organizations and units, the manager must take note of how organisational as well as unit differences have affected the results from the standardised instruments such as performance evaluation forms or documents.

A component of some performance management systems is performance based pay, which is premised on the understanding that individuals are motivated by the promise of financial gain and the fear of monetary loss. However, the introduction of financial incentives can negate professional orientation and competencies as they are advanced than they are defined and assessed (Rusaw, 2009:36-38). Rusaw (2009) further suggests that professionals are not significantly motivated by financial gain and that reliance on financial assistance for motivating the health professional can also increase the probability of role conflict. Also among the components of the performance management system there is performance appraisal. According to the South African Pocket Oxford Dictionary (1994:38) to appraise means to estimate the

value or quality of an item you are appraising. Performance appraisal is defined as a formal and systemic process that identifies, observes, measures, records and develops the work-related strengths and weaknesses of the staff(Swanepoel *et al.*, 2005:372).

The main purpose of performance appraisal is to generate information to indicate work performance and that, therefore, implies that such information can be used for decision making in relation to human resource planning, rewarding decisions, placement decisions, and personnel research (Swanepoel *et al.*, 2005:372-373).Performance appraisal relies on human judgement which is susceptible to factors such as difficulty when it comes to reliability as well as validity. It is also influenced by individual values, attitudes, expectations and perceptions (Tyson and York, 2000:151-152). Swanepoel *et al.*(2005:378) identifies technical and human issues that are responsible for the problems associated with performance appraisals. The technical systems are described to be those administrative procedures and their linkage to other systems as well as the rewarding system of the organisation.

The documented opinions of the different scholars as presented in this document have generated an interest to test what the literature has painted, how relevant it is to the health professionals of the Buffalo City sub-District. The study wanted to check the possibility of the performance management system in generating and resolving role conflict. The study is a replication of what was conducted by Mutero in 2012 on veterinary surgeons.

2.9Conclusion

The performance management system has been documented to be about continuous improvement of individual and organisational performance. It has been utilised first in the private sector before it was brought into use in the public sector. Among the reasons for the adoption in the public sector were developments such as the advent of the New Public Management, whose objectives were centred on the need to effect the principles of good governance inclusive of economy, effectiveness and efficiency. As the New Public Management was being implemented, it became apparent that efficiency and effectiveness were not always compatible with each other. Another development noted was that the system was not without challenges. Among the noted challenges was the fact that it is not in harmony with the practice of

the health professionals. An example cited was the case of medical doctors and specialist doctors who find themselves having to discharge patients due to the influence of cost cutting measures imposed on them by the formal structures of authority, even though in their professional opinion the patient should still be hospitalised to receive appropriate care(Ritzer and Walczak, 1988). That then indicates that the implementation of the system, as it is measuring the quantities associated with efficiency and economy, does have the potential to cause and exacerbate the role conflict.

The indicators utilised in the measurement were found to be measuring selective dimensions of the service and failing to measure all the dimensions representing the entirety of the service. That has also created other undesirable and unintended consequences such as the resources end up being channelled or organised towards the direction of the indicators. Another deficiency has been the quality of the service which has been found to be negatively affected by the implementation of the performance management system and also eroded the health providers' professional autonomy.

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Section 3: Description of Methodology

3.1 Aims and Objectives of the Study

One of the fundamental objectives of this research project was to evaluate the effectiveness of the Performance Management and Development System in creating and resolving role conflict for health professionals employed within the Buffalo City sub-district of the Provincial Department of Health. The researcher was previously employed as a health manager within the Buffalo City sub-district. This study is a replication of a study conducted by Mutero (2012) with veterinary surgeons within the Province of the Eastern Cape. The research goal was divided into the following objectives:

- ➤ Evaluate the effectiveness of the PMDS as a managerial tool for health managers to manage their subordinates including both professional and support staff.
- ➤ Evaluate the effectiveness of the PMDS from the perspective of the health professional as a subordinate.
- ➤ Analyse the functioning and effectiveness of the PMDS in creating and resolving role conflict between professional conduct and organisational requirements.

3.2 Research Methodology

Babbie (2008:12) asserts that the two fundamental components of social science are logic and observation. Further to that the scientific understanding of the world must make sense as well as correspond with what is observed. Babbie (2008:12) qualifies that by claiming that this relates to three major aspects of overall scientific enterprise; theory, data collection and data analysis. "In the most general terms scientific theory deals with logic, data collection with observation and data analysis with patterns in what is being observed and where appropriate, the comparison of what is logically expected with what is actually observed"(Babbie, 2008:12).

According to Babbie (2008:34) theories are capable of shaping and directing the research efforts to likely discoveries through observation of the collected data.

Theories are informed by underlying frames of reference called paradigms (Babbie, 2008:34) and the paradigm that is relevant to this study is post positivism (Babbie, 2008: 36-37). To further clarify or qualify this assertion, according to post positivism at the ontological level, the outcome of reality is probabilistically apprehendable; regarding epistemology the findings are probable true and the study has utilised the qualitative methods of enquiry(Guba and Lincoln, 1994). The researcher has objectively analysed and interpreted the tangible social reality independently from the research.

A paradigm is a fundamental frame of reference that is utilised to organise the researcher's observations and reasoning; alternatively it can be deduced that it is a world view or a basic set of beliefs or assumptions that serve as a point of departure for the research project(Fouche, Delport and Bazeley, 2013; Guba and Lincoln, 1994). Furthermore, Bazeley(2013) as well as Guba and Lincoln(1994) state that the paradigm provides the basis for understanding the nature of reality(ontology) and the provides guidance on how that reality can be known or understood(epistemology). A deductive approach was utilised, which observed the alignment of the deductions to the theory of performance management system to the response or conduct of the health professionals (Babbie, 2008:49).

3.3 Research Method

The study is an evaluation research design (Babbie, 2008:385). This study utilised a qualitative approach (Babbie, 2008:49), which is a covering term for a variety of approaches that tend to focus on the qualities of what is researched more than its quantities (Bazelely, 2013).

3.4 Data Collection

Interviews were conducted at the venues that were convenient to the respondents. Most of the interviews were conducted in the evening when the officials had either knocked off duty or during their lunch times.

The study analysed the social phenomenon through the lenses of each interviewed respondent on the basis of the identical viewpoints of the individuals to the group to which they belonged and at the same time through the collective point of view of all the respondents, it was possible to use it as a basis for understanding or comprehending the diversity of views (Bazelely, 2013). According to Miller and Glassner(2011:132) the essential objective of interviewing the respondents was to create data which could give an authentic perception or intuition or understanding of the respondents' experiences.

3.5 Research Procedure Followed

The primary data was collected by interviewing (in-depth and semi-structured) of the health professionals as respondents. Each interview had a duration of thirty minutes. The questions were structured around the perceptions of the health professionals with regard to the effects of the PMDS in their day to day responsibilities and their professional and managerial obligations. Appointments were secured in advance with the respondents.

3.6 Sampling

A sample of twelve research participants, were selected from three community health centres or mini-hospitals that are within Buffalo City. The respondents comprised of health professionals at different hierarchical levels such as entry level, supervisors and managers. Twelve health professionals were selected, that is four per mini-hospital. For each mini hospital one health manager, one health supervisor and two entry level health professionals were identified. The sample was comprised of a combination of doctors and nurses. From the nursing profession there was a variety of working experience including an enrolled nurse with a work experience of between two to five years, a professional nurse with a work experience of between two to five years after graduation from the nursing college, a professional nurse with a work experience of between five to ten years, a senior professional nurse with a work experience of between ten to fifteen years, a chief professional nurse with an experience of between twenty to thirty years, an operational nursing manager with a working experience of between ten to fifteen years and two operational nursing managers with a working experience of between twenty to thirty years.

On the side of the medical doctors there was also a wide range of experience. There was a medical doctor with a working experience of between five to ten years, another medical doctor with an experience of between twenty to thirty years, also a principal medical doctor with experience of between five to ten years and a chief medical doctor with experience of between twenty to thirty years.

3.7 Data Analysis

Coding and concept mapping were utilised when analysing the data (Babbie, 2008:422-428). The data was classified and differentiated according to the themes that were emanating from the respondents. The position of each respondent per question was mapped to check commonalities and differences. After grouping of responses to each question, a comparison was made in terms of looking at the themes versus the objectives of the study.

3.8 Ethical Considerations

When conducting a study utilising living organisms, whether animals or humans, there are obligations that need to be carried out, such as the study must be conducted in a manner that treats the research subjects humanely, respectfully and ethically(Bordens and Abbott, 2008:190).Informed by that responsibility, approval was sought from and granted by the Eastern Cape Provincial Department of Health to conduct the study (see the annexures for copies of the approval letters). Further, all participants were protected by upholding a high level of anonymity, while participation in the study was also voluntary and participants were interviewed only after they had clearly indicated that they were comfortable with participation in this study. The continuing with the interviews was only by consent of the respondents. The notes that were recorded from the interviews were identified only by ranks and the health profession of the respondents. No names of the health professionals were recorded. That was done to prevent career harm that may happen if the note book could have been lost and fell into the hands of their superiors.

During the interviews the respondents were informed of the objectives of the study and were shown the copies of the approval letters (one from Head Office and one from their sub-District Manager) and it was clearly articulated that their participation was voluntary. What they said would be recorded without including their names and only their ranks and professions would be recorded in the notes. They were also free to withdraw their participation at any given period during the interviews. All that has been alluded to here was done to protect the safety, wellbeing, dignity and the rights of the respondents (Bordens and Abbott, 2008:190).

3.9 REFERENCES

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