AN EVALUATION OF THE IMPLEMENTATION OF THE PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM POLICY AT DONALD FRASER HOSPITAL, VHEMBE DISTRICT, SOUTH AFRICA.

BY

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Declaration

I, Singo Azwimpheleli Jeanneth student number 14009598, declare that this min-dissertation titled, **"Evaluation of the implementation of the Performance Management and Development System Policy at Donald Fraser Hospital, Vhembe District, South Africa"**, submitted by me to the University of Venda, is my own work and has not previously been submitted for any other degree by me at this university or any other institute of higher education. I further declare that all materials contained herein have been dully acknowledged.

Signature..... Date 23/06/17

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Dedication

This study is dedicated to my family, especially to my husband, Singo J.R.T, who was patient with me during the entire study, and children, Rendani, Muofhe, Gundo and Khahule my last born who assisted me with computer skills, my mother and late father who passed on during the completions the study, my brother and sister, as well as my colleagues, for their support and inspiration throughout the study.

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Abstract

In 2004 the Limpopo Province has introduced the Performance Management and Development System (PMDS) policy to help managers and employees to manage employees' performance. The aim PMDS is to improve service delivery in order to achieve departmental goals.

The purpose of the study was to evaluate the implementation of Performance Management and Development System in Donald Fraser Hospital and to determine the factors that influence the implementation of PMDS at Donald Fraser Hospital, Vhembe District.

The study used a quantitative approach and descriptive cross sectional design. A sample size of 248 employees was taken out of 658 population, using stratified sampling method to draw the sample. A questionnaire was used to collect the data. The questionnaires were distributed to the respondents with instructions on how to complete them. Data analysis was done using the Statistical Package for Social Science version 24.0.

The results attained from this study shows that staff members were not trained on the implementation of PMDS. Secondly some of the employees were not complying with the time of completing and signing of performance instruments. The study also revealed that PMS implementation still experiences some challenges. The challenges range between PMS not user - friendly to staff of lower levels, lack of funds for training on identified gaps, lack of workshops/trainings on implementation of PMDS, the department does not plan for career development, lack of capacity from human resource PMDS unit, lack of understanding and knowledge of performance process, lack of performance bonuses or funds, the linking of employees' performance and reward performance bonuses and career development, and lastly lack of clarity on target setting, setting key results, setting a competency - based development plan and setting weights per key result areas.

It is therefore recommended that the Department should have continuous training on PMDS implementation and train staff on identified gaps. The Department of Human Resource should train staff according to their competency development plan. The Department should review the 1, 5% of total payment if it is sufficient for rewarding outstanding performance.

Key Words: **Performance Management and Development system, evaluation, implementation and Policy**.

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List of Acronyms

HRM	Human Resource Management
MBO	Management by objectives
LRA	Labour Relations Act
PA	Performance Agreement
PI	Performance Instrument
PM	Performance Management
PMDS	Performance Management and Development System
PMS	Performance Management System
PSCBC	Public Service Coordinating Bargaining Council
UK	United Kingdom
US	United States
SAQA	South African Qualifications Authority
SHDC	School of Health Higher Degrees Committee
SPSS	Statistical Package of Social Sciences

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CHAPTER 1

INTRODUCTION AND BACKGROUND

1.1. Study Background

Performance management is an essential tool for managing employees' performance. It also links individual and team performance to strategic goals through an appropriate organisation and management framework. Performance management and development system (PMDS) is a broad term used to describe the way an individual's work performance, career and development needs are managed (Mzileni, 2012). According to Radebe (2015), performance management involves the process of planning, reviewing, rewarding and developing performance by creating an approach of sharing the vision and aim of the organisation, as well as helping employees to understand and recognise their contribution. Mzileni (2012) further states that the General Council Report No 1368 reported that the goal of PMDS is to contribute to continuous improvement in performance across the public service by aligning individual and team performance with the goals of the organisation through greater clarity in setting objectives and related performance targets for individuals and teams and by monitoring progress in their achievement.

In the late 1970 to mid-1990, governments globally introduced management improvements in the public sector to improve performance. It is noteworthy that countries such as United Kingdom, Australia, and New Zealand were the leading promoters of such improvements, followed by Korea, Brazil, Portugal and Sweden (Bulawa, 2011). According to Kizza (2003) as cited by Mpanga (2009), Uganda was one of the first countries in Africa to initiate public service reform by embarking on the first generation of reforms in the early 1980's.The Ugandan government aimed at transforming the public service to be affordable, effective, efficient and accountable in the use of public resources and service delivery (Mpanga, 2009). The Performance Management System (PMS) was also introduced in Botswana education sectors in 1999. However, schools failed to implement PMS for eight years due to the mismatch between the PMS and the existing cultural and organisational structure within the schooling system. School managers also lacked capacity to effect PMS. Governments such as Botswana wanted a PMS that will

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wanted a PMS that will ensure effective and efficient public service at a minimal cost by reducing the burden on taxpayers (Bulawa, 2011).

Paile (2012) states that in South Africa, before 1994, employees of public service used to get an automatic notch increment that was based on the number of years employed in the public service only. The salary notch used to be automatically increased when employees completed a full year after being appointed and every year during the month of appointment. Between 1994 and 2003 there was no policy and the policy of automatic notch increment was phased out by the new administration. In 2001 the Public Service Regulations were amended to cover performance management and government institutions were instructed (National and Provincial) to develop policies on performance management and development that link employees' performance with notch increments (Paile, 2012).

In 2002, the South African Department of Public Service and Administration introduced the PMDS with the aim of ensuring accountability of performance (Lewis, Linganiso & Koradia, 2015). The incentive policy framework was adopted, followed by the PMDS in 2003. Du-Plessis (2013) concurred with the current methodology of the policy that stipulates that employees who perform to satisfactory levels should be rewarded in the form of pay progression, which equals to a 1% notch increment. Those with outstanding performance are rewarded with 1% pay progression and cash bonuses to the maximum of 18% of their annual notch. The Department annually budgets for performance bonuses not exceeding 1, 5% of total wage bill that is in compliance with the Public Service Regulations 2001. In order to be rewarded, employees are expected to complete and sign performance instruments at the beginning of every financial year and are assessed (quarterly and annually) against the set targets. Employees do self-rating and final rating is done by the supervisors.

1.2. Problem Statement

The researcher is the Manager, Allied Health Services, managing seven sections at Donald Fraser Hospital. She is also involved in the performance evaluation of sectional heads. The Limpopo Provincial Government PMS policy was developed in 2004 to help employees to manage and improve performance in order to achieve the departmental goals/ objectives. The Limpopo Provincial Government

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PMS policy was developed in 2004 with the aim of addressing and measuring performance at departmental level, as well as at directorate, unit or team and individual level (Limpopo Provincial manual, 2004). The researcher observed that the implementation of PMS was problematic to the extent that every financial year, reports for performance instruments are returned for correction due to non-compliance. The problems include employees not complying with regard to time of completing and signing, type of instruments to be completed, target- setting, what is to be measured and what is to be rated during assessment. Despite the corrections and training that is being done on the PMS implementation to address the specified problems, employees continue to make the same mistakes. As a result, the payment of performance bonuses were delayed and employees focused more on getting bonuses than on the improvement of service delivery, as poor performing employees were also rewarded. In addition, the underperforming employees are not trained after identifying gaps that are lacking after assessment. Considering that the PMDS policy was introduced around the year 2001 and it links employees' performance with notch increments (Paile, 2012), one would have expected that the implementation should have been running smoothly by now.

1.3. Rationale for the study

There are various studies that have been done regarding the implementation of Performance Management and Development System (PMDS) in South Africa and other countries (Paile 2012; Mtshali 2013; Mpanga 2009). However, no known study on the evaluation of the implementation of PMDS has been conducted at Donald Fraser Hospital, Vhembe District.

1.4. Significance of the study

The results of the study may benefit the Donald Fraser Hospital because the findings and recommendations might help to improve performance at the hospital. The Department of Health in Limpopo Province and the policy makers may also benefit from the results of this study by being able to determine the areas of weaknesses in the implementation of the policy and what can be done to address the issues.

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1.5. Aim and objectives of the study

1.5.1. Aim

The aim of the study was to evaluate the implementation of the Performance Management and Development System at Donald Fraser Hospital, Vhembe District, South Africa.

1.5.2. Study objectives

The objectives are:

1. To examine the knowledge of staff on the implementation of PMDS policy at Donald Fraser Hospital.
2. To assess compliance of staff with regard to the implementation of PMDS at Donald Fraser Hospital.
3. To determine factors that influences the implementation of PMDS at Donald Fraser Hospital.

1.6. Definition of terms-Conceptual and Operational definition

- **Performance Management and Development System** is an authorized framework for managing employee's performance, which includes policy as well as the framework relating to all elements in the Performance cycle, including performance planning and agreements, performance monitoring reviews and control performance appraisal (Bacal, 1999) as cited by Paile (2012). In the present study, **Performance Management and Development System** means the policy developed to guide employees on management of performance through monitoring and evaluation of employees against agreed set targets on quarterly and annual basis of the same financial year.
- **Evaluation** is the systematic and objective assessment of an on-going or completed project, programme or policy, its design, implementation and results (Bester, 2012). In the present study, **evaluation** refers to the assessment of the understanding and experiences of the employees in the implementation of PMDS policy.
- **Implementation** was defined as the phase in which systems and procedures are put in place to collect and process the data that enable

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the measurements to be made regularly (Bourne, Mills, Wilcox, Neely & Platts, 2000). In the present study, **implementation** means doing/following the right procedures regarding the PMDS policy.

- **Policy** is a statement of intent that articulates basic principles to be pursued in order to attain specific goals and actions (Brynad, 2000) as cited by Baloyi (2011). In the present study, **policy** refers to the framework authorized by the Head of the Department to guide work, to manage performance of workers at national, provincial and local levels.

1.7. Conclusion

The research discussed the study background, problem statement, rationale and significance of the study, aim and objectives of the study and definition of terms. The chapter conclusion was then provided.

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LITERATURE REVIEW

2.1. Introduction

The data-based literature reviewed in this study was on knowledge of staff on the implementation of PMDS, compliance with regard to the implementation of PMDS and challenges related to the implementation of PMDS. The conceptual framework was based on the theoretical implementation of PMDS and the performance management model.

2.2. Data based literature

The data - based literature reviewed was on an overview of PMDS, policy and legislature that guide PM and factors that influence PMDS implementation.

2.2.1. Overview of PMDS

The aim of Performance Management (PM) is to enable, support and reward employees to achieve good performance and retain and develop employees who are committed to the organisation. This is done using performance appraisal as the key part of the PMS (Barrett, 2011). Barrett (2011) further noted that PMDS was rolled out in public in 2000. The main purpose of the roll out was to contribute to continuous improvement in performance management using the competency - based approach. According to Paile (2012) development is general and future- orientated. It attempts to enhance personal and institutional potential, so that coping with future changes and challenges will be easier. It is very important that all the processes under performance management are adhered to in order to achieve the purpose of PMDS by complying with the whole processes. The starting point in PMDS is a clear definition of the organization's mission, aims, and values, which give the PMDS a strong strategic focus (Du-Plessis, 2013).

Martinez and Martineau (2001) noted that many countries around the world have embarked on financial and organisational reforms to their national health system. However, few have managed to adequately address the need to improve staff performance. The basic rating system was known to be used by officers in the United States (US) and United Kingdom (UK) army in the 1920's, with the

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emergence of merit rating in the 1950's and (Drucker's, 1964) as cited by Barrett (2011).

Beirut (2003) stated that the earliest roots can be traced back to the use of cost benefit analysis in the 1960s to management by objectives (MBO) in the 1960s and the 1970s. After a long interval of almost twenty years, much talk took place regarding introducing PM into the public sector. Towards the end of the 1980s, many systems of PM were born, adopted and implemented at many levels of the public sectors. Traditional performance measures, particularly those developed from costing and accounting systems have been criticised for lacking strategic focus and not being externally focused. To overcome these criticisms, PM frameworks were developed to encourage a more balanced view between internal and external factors, financial and non-financial measures (Beirut, 2003). According to Jankulovic and Skoric (2013), Southeast European Transitional Countries implement Performance Management System (PMS) to intensify competition on the open world market with no barriers, by offering high quality goods and services at a lower price. Interest in quality management approaches became clear within many public agencies towards the late 1980s. The drive towards quality took off in the 1990s after the publication of the United Kingdom's Citizen's Charter in 1991 and the United States Reinventing Government in 1993 (Beirut, 2003).

The Botswana government intended to roll out a PMS by 2004-05 to cover the entire public service. In a study conducted to evaluate the implementation of PMS, the results indicated that 63% of the respondents were not familiar with the practise of performance management. However, it was concluded that Botswana still required capacity to determine and implement PMS (Kempe, 2002).

South Africa introduced PMDS in 2002 and has been utilizing it to ensure accountability of performance in the public sectors for the past twelve years. However poor performance remains a challenge (Lewis et al. 2015). It is believed that PMS improves organisational efficiency, effectiveness and accountability and further amasses an organisation's overall objectives by linking the work of each individual employee to the overall organisational mission and vision (Sebashe & Mtapuri, 2011).

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2.2.2. Policy and legislature that guide performance management

The Performance Management System was established and guided by legislatures and frameworks in the government. The Constitution of the Republic of South Africa of 1996 played a role by setting basic values and principles that govern public administration (Sebashe & Mtapuri, 2011). The Limpopo PMS policy 2004 identified the most notable legislative frameworks affecting organisational and individual performance as follows:

- The White Papers on Public Service **Transformation** No 1227 of 1995, Service Delivery Affirmative Action No 564 of 1998 and Human Resource Management No 13594 of 1997.
- The Public Service Act on Labour Relation (LRA) No 66 of 1995, New Public Service, 1994, South African Qualifications Authority (SAQA), Employment Equity No 55 of 1998 and skill Development No 9 of 1999.
- The Public Service Regulation No 103 of 1994.
- Public Service Coordinating Bargaining Council (PSCBC) Resolution 3 of 1999.

2.2.3. Knowledge of staff on implementation of PMDS policy

The implementations of PMDS need employees to be trained beforehand, so that employees can have a clear understanding of the whole process. Managers should have enough knowledge on the implementation of PMDS and address the change effectively, to prevent the development of negative attitude and unwillingness from employees. This includes the training of staff on PMDS implementation and motivation and skills.

2.2.3.1. Training of staff on PMDS implementation

The training of employees helps them understand all the stages and improve their knowledge and skills. However, in Botswana, Bulawa (2011) indicated inadequate training that was revealed by participants who mentioned that the Ministry of Schools had not provided them adequate training to understand the PMS well and be able to implement it more effectively. The participants further indicated that the senior management team had insufficient time to train their staff. Again in the Botswana public service, a study was conducted on employee

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perceptions of leadership and performance management. The results on performance management and training showed that 63% of respondents in Institution A and 60% in Institution B were not familiar with the practise of performance management. It was further indicated by 56% of respondents in Institution A and 57% of those in Institution B that they had no knowledge of staff training plans in their organisations (Kempe, 2002).

In Zimbabwe, 77, 5% of the respondents also indicated that they had received inadequate training (Machingambi, 2013). Paile (2012) concurred in a case study conducted in Father Smangaliso Mkhatswa, Gauteng which indicated that 30% of the respondents reported that employees were not trained in performance management.

It was further shown that the training was inadequate in addressing all aspects of performance management. However Munzhedzi (2011), in a case study of the Department of Local Government and Housing in the Limpopo Province, indicated that 75% of the respondents agreed that they had the necessary skills and capacity to implement the PMS. Mtshali (2013) at the University of Zululand, Kwadlangezwa concurred and indicated that 70% of the respondents agreed that they were knowledgeable about employee PMDS policy. Munzhedzi (2011) in a case study at the Department of Local Government and Housing in the Limpopo Province concurred and indicated that 100% of the respondents indicated that training could play a vital role in improvement of performance and productivity.

2.2.3.2. Motivation and skills

Awases, Bezuidenhout and Roos (2013) stated that the performance of the health care organisation depends on the knowledge, skills and motivation of individual employees. Employees need to be motivated by managers in order to fulfil the objectives of the organisation (Kanyane & Mabelane, 2009). Stroh (2001) concurred and stated that personnel motivation is a key factor in getting employees to increase performance. Baloyi, Van Waveren and Chan (2014) stated that performance management is a holistic and integrated process concerned with an individual's performance in an organisation to enable them to have a shared objective with the company, remain committed and motivated. These researchers proposed in their study that PMS is an important human resource management tool in organisations.

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However Lewis et al. (2015) indicated that 42% of the respondents showed that they did not feel motivated after a PMDS review. Ochurub, Bussin and Goosen (2012), in a study done in Namibia, indicated that 46, 9% of the respondents did not understand the purpose of introducing PMS, together with 46, 4% of the respondents who were not familiar with the content of PMS. This was supported by 63% respondents in a study conducted on teachers' perceptions of the implementation of the PMS in Zimbabwe. Participants responded that PMS was not properly communicated to teachers prior to implementation (Machingambi, 2013).

In South Africa a study conducted on organisational readiness for introducing a PMS, showed that 46, 9% of the respondents did not understand the purpose of introducing a PMS. In addition, 46.4% of the participants were not familiar with the content of the PMS (Ochurub et al., 2012). Sebashe and Mtapuri (2011) concurred by indicating that the management of the municipality in Ba-Phalaborwa, Limpopo did not arrange capacity- building programmes to address weaknesses as indicated by 79% of the respondents. However in a case study in the Department of Local Government and Traditional Affairs, Bisho, Eastern Cape, 100% of all focus group indicated that they did understand the goals and performance measures of the Department (Mzilen, 2012).

2.2.4. Compliance with regard to the PMDS policy

PMDS starts by having employees sign an agreement contract on a yearly basis. PMDS stipulates that all employees are expected to complete and sign performance instruments not later than 31 of April of each financial year. A Public Service Commission Report (2012) indicated that 100% of Performance Agreement analysed for senior managers had included the Key Results Areas. However 72% of the senior managers in the Free State failed to conclude and sign their Performance Agreements within the expected date, as stipulated by PMDS (Public Service Commission Report, 2012). A study done in selected Primary Health Care Clinics in Gauteng concurred and indicated that 62% of the participants had no information pertaining to the date of signing the Performance Agreement (Du- Plessis, 2013).

Sangweni (2008) as cited by Sefora (2013), in a study done at Districts in Gauteng's Department of Education concurred and indicated that at the

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Department of Education and Finance, all PMDS signed after the due date of 30 April. A good PMS consists of three parts, namely, performance planning, coaching and performance evaluation (Kanyane & Mabelane, 2009).

2.2.4.1. Performance Planning

This stage of planning is very important because it involves the setting of goals that must be realistic, measurable and link the strategic objectives of the department with the actual performance of an individual (Kanyane & Mabelane, 2009).

During the planning of implementation of PMDS, managers and employees should be aware of the specific requirements of the job and clarify career paths for the employees and set goals that are measurable and achievable (Rashidi, 2015). Rashidi (2015) further stated that the most important purpose of PMS is to ensure that performance of the employees will reach the desired outcome and specific goals of the organisations by aligning the individual goals and performance with the organisation's objectives, with the idea to improve the performance of employees and organisations through identifying performance requirements, responsibilities, setting achievable and measurable goals. Nevertheless, the main challenge which was faced by Mexico's human resource executives was how to design strategies that link individual and organisational performance in practice (Davila & Elvira, 2013).

Ochurub et al. (2012) concurred in the study done in Namibia and reported that employees were not committed to achieve the objectives of PMS and did not believe that PMS implementation would improve the performance of the organisation. This was supported by 16.67% of the respondents who disagreed, together with 11, 11% of the respondents who strongly disagreed as indicated in the study conducted in Gauteng, South Africa. The respondents reported that PMDS does not help them to achieve the organisation's goals (Lewis et al. 2015).

In the study conducted by Sebashe and Mtapuri (2011) the findings indicated that 83% of the respondents showed that employees were not involved in the planning stage of performance management in the Ba-Phalaborwa Municipality, Limpopo Province. Mercer's survey report (2013) revealed that globally, companies' performance management planning was not overwhelming, as

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evidenced by 51% of the respondents who indicated that their planning process needs some work.

2.2.4.2. Coaching

Coaching is an on-going process that has to be done on a daily basis, to assist employees to accomplish the company's goals. Coaching clarifies what is to be done and by using mutual communication system helping employees to set proper career goals for better results (Rashidi, 2015). Machingambi (2013) found, in his study on Teacher's perception on the implementation of PMS, Zimbabwe, that Teachers did not receive regular coaching and guidance relating to PMS, as indicated by 85% of the respondents.

2.2.4.3. Performance Evaluation

Evaluation is examining each individual's performance against goals during a specific period (Kanyane and Mabelane, 2009). Rashidi (2015) asserts that today's PMS has a cause and effect approach, which enables a manager to find out when the activities and performance of the employees are not aligned with the organisation's objectives and identify the areas that need change. This correlated with the findings of a study which investigated employees' perceptions of performance management at the Department of Radiology in a public hospital in Gauteng. In the study 67% of the respondents said that the expected outcomes were aligned to the organisation's vision, mission and core values (Lewis et al. 2015).

2.2.5. Perceived fairness in ratings and efficiency in the implementation of PMDS

All employees have to be rewarded and recognised according to their effort (Tippins and Coverdale, 2009) as cited by (Matlala, 2011). Properly rewarding and recognising employees help employees to commit and work hard in order to achieve the objectives of the department. Sebashe and Mtapuri (2011) stated that rewarding employees' performance may lead to increased staff morale. Employees and managers have to be fair in ratings during assessment. Radebe and Surujlal (2013) indicated, in a study conducted in South Africa for Municipal Sports Officers on perceptions of performance appraisal, that the relationship

between perceived fairness and satisfaction was moderate due to lack of trust in the manner of utilisation of performance appraisal.

Matlala (2011), at the University of South Africa, mentioned that there was rater bias, as indicated by 85% of the respondents across all categories with the concern that supervisors imposed their scores on subordinates. Gotore (2011) at the Polytechnic of Namibia and Leeds Metropolitan University indicated that 67% of the respondents reported that employees were not evaluated fairly and equitable, though this contradicted with 58% of the respondents within managerial group, who indicated that employees were evaluated fairly and equitable. Paile (2012), in a case study conducted at Father Smangaliso, Mkhatswa concurred by indicating that 67% of the respondents agreed that supervisors were not fair during assessments for various reasons, such as supervisors favouring some employees over others. Some supervisors feeling threatened by subordinates and not having confidence in defending their rating scores.

Paile (2012) further showed that 58% of respondents agreed that subordinates were not fair during assessments. The respondents believed that subordinates were more interested in getting a performance bonus. Some subordinates were influenced by the trade unions and some just pushed their luck to find out if supervisors would give them a bonus. However, on evaluation, which was done on behalf of the subcommittee of General Council, 59% of the respondents gave positive responses and indicated that managers made performance decisions based on factual information (Mercer Report, 2003). Sefora (2013) in a study done at the Districts Gauteng Department of Education, argued that there were still problems on providing evidence as some of the performance were not easy to prove which resulted in the reduction of the validity of the rated scores and compromised the quality of service delivery. Therefore scores seemed to be thump - sucked and supervisors just let go to avoid sour relations and lodging of grievances as demonstrated by significant number of respondents. This includes performance assessments and feedback (Sefore, 2013).

2.2.5.1. Performance assessments

The policy stipulates that assessment starts by employees' self- rating and by the managers' rating, in order for the assessment to be implemented well, both

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employees and managers have to be fair in their ratings to be put down and not focus on bonuses to be paid but on the achieved performance. Rashidi (2015) supported the observation that employees have to be engaged in self-rating process and rate their own performance and achievement when managers rate them because it has positive results, as it increases mutual understanding between employees and managers, improve the sense of employees' ownership and commitment to the organisation.

The evaluation of the PMDS for the Civil Service reported that 60% of the respondents gave positive responses that they had a good sense of how they performed throughout the year (Mercer Report, 2003). Matlala (2011), at the University of South Africa, indicated that 20% of the participants reported to have a favourable performance assessment and being fully satisfied with the performance management process and how it was implemented. However it was reported that 95% of the participants had a limited understanding of the criteria against which the performance of the employees should be assessed and 67% of the participants were not familiar with how to prepare for the final performance assessment of subordinates (Du- Plessis, 2013).

2.2.5.2. Feedback

Feedback should be given to employees after assessment, to identify poor performance and improvement to be made. Max (2001) as cited by Sebashe and Mtapuri (2011) also supported the importance of giving feedback to employees. They added that receiving feedback is a key benefit of PMS and fundamental skill that managers need to ensure is effective. Cascio (2012) stated that employees' satisfaction, commitment and engagement affect organisational performance through employees' behaviour. Therefore feedback on the employees must be provided on the daily bases regarding the employees' performance. This was supported by 48% of the respondents who gave positive responses pertaining to feedback provided through the PMDS (Mercer Report, 2003). Matlala (2011), at the University of South Africa, concurred and indicated that four of the respondents in junior management and junior employees reported that they received continuous feedback on either a daily or weekly basis. However the majority of respondents indicated that they received feedback quarterly, as stipulated in the policy and the rest indicated that feedback was bi-annual or annual and believed that it was done for compliance purposes only.

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2.2.6. The impact of the implementation of PMDS on service improvement and employees' development

The purpose of the PMDS is to guide managers and employees on performance management. Its objective is to improve service delivery and fill the identified gaps by developing employees. The implementation of PMDS has an impact on improvement of service and employees' development.

2.2.6.1. Improvement of service

The goal of PMS is to contribute to continuous improvement of performance by aligning individuals and team performance with the goals of the organisation through setting objectives and related performance of individuals' by monitoring progress in employee achievement, as reported by the General Council Report No 1368 (Mzileni, 2012). In the study done in United Nations, the results showed that half of the respondents indicated that their organizations did not see results-based management as helping them to produce credible or useful results. They viewed results-based management primarily as a reporting tool rather than a tool for managing for results (Bester, 2012). Hay Group (2012) indicated that in Australia 61% of the teachers reported that teachers' performance appraisal had little impact on the way they teach in the classroom.

Gotore (2011), in a study conducted in Namibia evaluating XYZ's performance management system implementation, indicated that 64% of the respondents showed that PMS was viewed as a tool for rewarding performance, rather than a useful tool for improving the work process. Munzhedzi (2011), in a case study of the Department of Local Government and Housing in the Limpopo Province, concurred and indicated that 71.4% of the respondents argued that performance bonuses play a vital role in encouraging good performance for departmental employees. In Botswana the data showed that participants across 22 senior schools perceived the PMS in schools as a reform aimed at improving performance (Bulawa, 2011). The findings also concur with the views of Femi (2013) in a study conducted at the Wema Bank Headquarters in Lagos, which indicated that the respondents showed that there was a significant relationship between performance appraisal and employees' commitment to organisational goals and objectives.

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2.2.6.2. Employees' development

A proper implementation of PMDS is achieved by managing performance while developing the skills and competencies of employees (Jankulovic & Skoric, 2013). Mweemba and Malan (2009) concluded that Performance Management has a positive impact on the employees' motivation, learning opportunities, decision - making opportunities and achievement of goals.

According to Kanyane and Mabelane (2009), career development can often influence positively the promotion division and the development plan for the employees to be assisted in those areas where performance is weak. Sebashe and Mtapuri (2011) stated that training and development of employees can assist employees within an institution with the necessary skills and competencies to carry out their job effectively in pursuit of the vision and mission of the institution. In a study conducted in Zimbabwe on teachers' perceptions on the implementation of PMS Machingambi (2013) indicated that 95% of the respondents showed that schools were not conducting regular staff development workshops on PMS.

Radebe (2015) concluded on the study conducted on managers' perceptions of performance appraisal system in Gauteng Province's, local municipality, that performance appraisal was not geared towards career development of employees. In a case study of Ba-Phalaborwa Municipality in Limpopo on the implementation of the PMS, 86% of the respondents indicated that there was no staff developments offered to address the identified gaps after performance assessment. This was an indication that staff members were not trained to implement PMS (Sebashe & Mtapuri, 2011). The PMDS workshops' attendance was at 45% in selected Primary Health Care Clinics in Guateng (Du- Plessis, 2013). In a study conducted in Districts in Gauteng's Department of Education it was found that very little was done by supervisors regarding officials' developmental needs, as illustrated by 41% of the respondents (Sefora, 2012). However, in a study conducted in Eastern Cape, Provincial Government, it was concluded and suggested that if PMS was effectively implemented, this might provide an opportunity for advancing the careers of employees (Allen-Ile, Ile & Munyaka, 2007).

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2.2.7. Factors that influence the implementation

The literature was based on challenges that related to the implementation of PMDS. It includes: Productivity, Feedback, training and Rewards.

2.2.7.1. Productivity challenges

Productivity is defined as the state of achieving institutional goals and objectives by transforming inputs (human, financial and material resources) into outputs like services at lowest cost (Robbins & Judge, 2011), as cited by Munzhedzi (2011). However many challenges have been identified that hindered PMS productivity. Beirut (2003) identified performance management challenges as follows:

1. Institutional challenges: The utilization of performance management has been unfamiliar to the background and management style of many public sectors managers. This results in poor acceptance and lack of self - confidence as officials may not be ready to report on bad and good performance. Another challenge is the innovation status, as many different systems have been proposed. The other obstacle is connected with the relatively long period of time; several years are needed to properly implement and apply Performance Management System.
2. Technical challenges: Confusion over what constitutes government performance and what should be measured and making performance data available in a timely fashion is a challenge. Another technical challenge is making performance data available timeously. In addition, the adoption and use of performance measures and Performance indicators is problematic, as government services require several Performance Instruments (PIs) to adequately characterise their performance.
3. Financial challenges: Developing, introducing and implementing a

PMS can involve a large amount of time and money for example; collecting data requires skills, time, and financial resources. In a study on Southeast European transitional country, PMS implementation lacked resources for implementation, willingness and decisions (Jankulovic & Skoric, 2013).

PMS in Tanzania had challenges due to poor attention to political organisation, weaknesses in government and public services, limited implementation, resources constrains, performance measures, performance indicators which were unrealistic and because it was difficult to quantify and monitor (Ronsholt and Andreus, 2005), as cited by Bulawa (2011). Machingambi (2013) supported

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this idea by indicating that 88% of respondents said that the schools had no adequate resources to support the PMS. This finding was made in a study conducted in Zimbabwe on teachers' perceptions of the implementation of the PMS. Rashidi (2015) stated that challenges such as when goals and objectives are not specific, may lead managers and employees to not knowing what they have to do. Another challenge is when employees and managers do not have enough knowledge and information, and inadequate equipment to use (Jankulovic & Skoric, 2013). In South Africa, in a study conducted on organisational readiness for introducing a PMS, failure to introduce a PMS was attributed to a poor work climate, poor communication, poor change leadership and lack of support from employees (Ochurub et al. 2012).

2.2.7.2. Feedback challenges

It was noted by 22% of respondents in a study conducted, in a Semi - State organisation that they did not receive valued feedback. It was further indicated by 32% of the respondents that PMDS was not a success due to poor feedback from management (Barrett, 2011). This was supported by (Davila and Elvira, 2013), who stated that in Mexico, employees tend to distance themselves from feedback received, with the understanding that post- evaluation could have a negative behaviour, rejection of unfavourable appraisal and contribute to more effective evaluation outcomes. In Namibia, in a study conducted among professional nurses on factors affecting their performance, 55, 3%, (N = 79) of respondents indicated that there was no feedback on how staff members were performing throughout the year (Awases, at el., 2013). In a case study conducted in Ba- Phalaborwa Municipality on the implementation of a PMS, 76% of the respondents indicated that feedback was not given to employees after performance assessment (Sebashe & Mtapuri, 2011). A study on factors affecting the performance of professional nurses in Namibia showed that 75, 9%, (N = 110) of hardworking nurses were not recognised (Awases et al., 2013). Gotore (2011) at the Polytechnic of Namibia and Leeds Metropolitan University concurred. His study showed that 67% of the respondents stated that employees were not evaluated fairly equitable. This was supported by the results of the survey done in Lagos, Nigeria showing that 39, 7% of the respondents believed that favouritism was the greatest challenge facing appraisal (Ikemefuna, 2012).

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2.2.7.3. Training challenges

Kanyane and Mabelane (2009) identified PMS challenges, including lack of professionalism, training, attitude, leadership, motivation, training and reward. Poor training and development to management carrying out the performance appraisal was indicated by 27% of the respondents as one of the reasons for PMDS failure. This was conducted in the Semi - State organisation on the examination of the success of PMDS (Barrett, 2011). Barrett (2011) further found that 23% of the respondents cited that lack of funds for training of identified needs as one of the reasons for the failure of PMDS implementation. In a study conducted in Namibia on factors affecting the performance of nurses, Awases et al. (2013) found that 61.8%, (N =89) of respondents showed that incompetent nurses were not identified and provided with the necessary support. This was supported by Ikemefuna. In a study conducted in Lagos, Nigeria on workers' perception of performance appraisal in selected public and private organisation, 50% of the respondents who stated that the performance appraisal was not an essential management tool for promotion (Ikemefuna, 2012). At the University of Zululand, Kwadlangezwa, Mtshali (2013) indicated that the respondents revealed that Employees' Performance Management and Development System does not provide career pathing due to the training that is not aligned with Personal Development Plans, as reported by 93% of the sample. Despite meetings and workshops to train the employees, there was still lack of knowledge on PMDS policy, as demonstrated by a significant number of the respondents in the study in the Districts of the Gauteng, Department of Education (Sefora, 2013).

2.2.7.4. Performance appraisal challenges

Performance appraisal is intended to engage, align and coalesce individual and group effort to continually improve overall organisational mission accomplishment (Grubb, 2007) as cited by Femi (2013). Femi (2013) further indicated that appraisal results may be used to determine relative rewards in the organisation either in the form of pay increases, bonuses or promotion and can be used to identify poorer performers. Performance related to pay could bring development if fairly implemented (Brown, 2005), as cited by Bulawa (2011). Callaghan (2005) argued that performance- based pay and rewards often fail because of the following: lack of objective and quantitative measures, poor link between pay and performance (no immediate reinforcement), the aspects that get rewarded are

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not linked to strategy, poor communication regarding objectives, benefits and procedure, the level of performance- based pay not proportionate to effort, resistance to change and union perceptions and involvement.

The appraisal system in United Kingdom was found to be lacking in some way (Brown, 2005) as cited by Bulawa (2011). There was also a major concern in Kenya that the appraisal system could result in poor relationships between teachers and school heads as the appraisers who could be subjective and biased during appraisal. Teachers further viewed that it would be better if money that was used for appraisal was utilised for essential school needs, such as equipment and books (Odhiambo, 2005), as cited by Bulawa (2011). In a case study conducted in Ba- Phalaborwa on implementation of a PMS, Sebashe and Mtapuri (2011) found that 97% of respondents indicated that performance bonus was also given to employees who were not performing well.

2.3. Conclusion

The chapter discussed the introduction, overview of PMDS, policy and legislature that guide performance management, previous research information and challenges affecting implementation of performance management system. It was reported by 93% of the respondents that PMDS does not provide training that aligned with Personal Development Plans (Mtshali, 2013).

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RESEARCH DESIGN AND METHODOLOGY

3.1. Introduction

This chapter presents the study design, study population and sample size, data collection and plan for dissemination of the results.

3.2. Study Design

The study used a quantitative descriptive cross- sectional design. It was chosen because it would assist the researcher as follows: assessed knowledge, compliance and determine factors that influence the implementation of PMDS. According to Akinsola (2005), in the quantitative approach the researcher counts, measures, and analyses data statistically. The quantitative approach reduces bias in terms of selection and represents a better population in terms of numbers. The collection of data was done at a point in time.

3.3. Study Setting

The study was conducted at Donald Fraser Hospital, Vhembe District, Limpopo Province in South Africa. Donald Fraser Hospital is a district hospital having 349 approved beds with 269 usable beds which is 75% inpatients beds utilisation rate and serves communities from Thulamela and Mutale Local Municipalities. Donald Fraser is 197 kilometres north of Polokwane town. It is 92 kilometres west of the Punda Maria Camp of the Kruger National Park of Limpopo Province. Donald Fraser Hospital occupies the centre of Vhembe District in Thulamela Local Municipality ward 34, which is approximately 27 square kilometres in extent with an estimated population of more than 211583 people. It is 22 kilometres east of Thohoyandou town and 40 kilometres west of Mutale Municipality on the way to Nwanedi Resort (Donald Fraser Annual Performance Plan, 2013).

3.4. Study Population

The population in the study comprised employees from level 2-12 working at Donald Fraser Hospital. The population composed of a total of 658 employees comprising of managers, juniors and general workers, exclusive of the Chief Executive Officer and the researcher, distributed as shown in Table 1 below.

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Table 1: Population Frame

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Designation	Salary Level	Total No	Total %
Managers	11-12	18	2.74
Deputy Managers	9-10	85	12.91
Supervisors	7-8	162	24.62
Juniors	5-6	172	26.14
General Workers	2-4	221	33.59
Total		**658**	**100**

3.5. Sampling

3.5.1. Sampling Size

A list of 658 employees within level 2-12 was drawn up with the help of the Donald Fraser Hospital Human Resource Management Department. The population was sub - grouped according to their levels and randomly selected out of each subgroup. The sample size was calculated using Slovin's formula 2012(http//www.statisticshowto.com) as shown below, where N is the total number of employees, n is the sample size and e is the accepted level of error which is 0.05.

$n=N/ (1+N e^2)$
$n=N/ (1+N \times 0.05^2)$
$n=658/1(+658 \times 0.0025)$
$n=658/ (1+1.65)$
$n=658/2.65$
$n =248.30$
Sample size (n) = 248

3.5.2. Sampling of participants

The researcher used stratified random sampling method because the study population was divided by types of levels (Akinsola, 2005). In stratified sampling, samples are selected proportionally to the size of each stratum. To get each quota, 248 was divided by 658 and multiplied by the total number of each level, distributed Table 2 shown below. In order to select from each level, ballot papers were be made and the required number of participants of each quota was marked "yes" and the remaining total was marked "no". Then the ballot papers were placed in a box and mixed well, a ballot paper was picked and for those with a yes were part of the sample.

Table 2: Sample Frame

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Post	Salary Level	Total No	Quota	Quota%
Managers	11-12	18	7	2.74
Deputy Managers	9-10	85	32	12.91
Supervisors	7-8	162	61	24.62
Juniors	5-6	172	65	26.14
General Workers	2-4	221	83	33.59
Total		**658**	**248**	**100**

3.6. Measurement of Instrument

A questionnaire (Appendix 3) was used for the collection of data. The questionnaire consisted four sections guided by the specific objectives that are: section1, demographic data, section 2, knowledge of staff on the implementation of PDMS, section 3, compliance of employees with regard to the implementation of PMDS and section 4, factors that influences the implementation of PMDS. The questions were close- ended. The questionnaires were in English, and to accommodate levels 2-4, the questionnaires were administered by the researcher.

3.7. Pre-test of the instrument

The researcher conducted a pre-test to assess the validity and objectivity of the instrument that is a questionnaire (Akinsola, 2005). This was done to improve the format, flow and formulation of questions. The pre- test was done by giving the questionnaires to 10% which was 25 of the respondents who were not included in the main study, the questionnaires were not amended.

3.8. Data Collection

The questionnaires for data collection were distributed to respondents and instructions were written on how to complete the questionnaire. The questionnaires were distributed to the respondents for self-completion. To ensure a high return rate, questionnaires were collected on the same day during lunch. For those who were off duty, the questionnaires were distributed when they were on duty. Those employees, who have difficulty in reading and writing, were assisted to complete the questionnaires by the researcher.

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3.9. Method of Data Analysis

Data variables from the questionnaires were summarised and entered into the Statistical Package for Social Sciences (SPSS) version 24.0 and then coded. Data was descriptive and statistically analysed. Data was presented in the form of frequency and percentage using tables, pie and bar charts.

3.10. Ethical Considerations

3.10.1. Permission

The University Higher Degrees Committee approved the study and then to Health, Safety and the Research Ethics Committee issued the ethical clearance. The researcher requested permission from the Department of Health, Limpopo Province (Appendix 4), Vhembe District (Appendix 6) and Donald Fraser Hospital (Appendix 8). Department of Health issued approval letter (Appendix 5) to conduct study at Donald Fraser Hospital.

3.10.2. Informed Consent

The consent (Appendix 2) was requested from the respondents and the respondents were given information (Appendix 1) regarding the aims of the study and the reasons for their inclusion to ensure that the respondents provide informed written consent. The respondents who agreed after been given the reasons for their inclusion, signed the consent form.

3.10.3. Confidentiality

The researcher maintained and ensured confidentiality throughout the study. Therefore the information gathered was used for research purposes only. The information gathered would be shared with the managers and questionnaires for data collection were kept safely in a locking cupboard.

3.10.4. Anonymity

The respondents were not required to put their names or numbers on the questionnaire. In addition, they were only allowed to respond to the questionnaire in the absence of the researcher.

3.11. Validity and Reliability of the study

3.11.1. Validity

Validity is the extent to which an instrument measures the content that validity requires that an instrument is reliable (Kimberlin & Winterstein, 2008). To test the validity, a questionnaire was administered to 10% which was 25 of the respondents who were not included in the main study; the respondents' comments were used in improving the instrument because the instrument should measure what it purports to measure (Kimberlin & Winterstein, 2008).

3.11.2. Reliability

Reliability is the pretesting an instrument at two different in time to the same individuals to determine the correlation of two sets of scores (Kimberlin & Winterstein, 2008). To ensure reliability, the questionnaire was administered twice (test retest) to the same 10%, which was 25 of the respondents who were not included in the main study at different points in time. The purpose was to evaluate stability (Kimberlin & Winterstein, 2008).

3.12. Plan for dissemination and implementation of results

The results will be reported to Donald Fraser Hospital employees during management meeting and sectional heads meeting and a copy will be submitted to Vhembe District and Provincial Office, Limpopo. Another copy will be submitted to the Library of the University of Venda. The researcher will present the findings during conferences or seminars and publications on accredited journals.

3.13. Conclusion

The chapter discussed the introduction, study design, data setting, sampling, data collection and analysing, ethical considerations, validity and reliability of the study and conclusion. The study was done at Donald Fraser Hospital, Vhembe District, comprising employees from level 2 -12. The study population was 658 and sample size was 248. The questionnaires were used to collect data.

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RESULTS OF THE STUDY

4.1. Introduction

This chapter presents the results of the study. The results are presented in tables, pie charts and bar charts.

Results are presented section by section, namely:

- Section A: Biographical information of the respondents.
- Section B: Staff's understanding/ awareness about the implementation of Performance Management and Development System (PMDS).
- Section C: Compliance of staff with regard to the implementation of PMDS.
- Section D: Challenges related to the implementation of PMDS policy.

4.2. Section A: Biographical information of the respondents

The sample was supposed to be 248, but only 150 respondents were available to complete the questionnaires. The remaining 98 were potential respondents; some refused; some have passed on and others were on long leave while others were on training.

Table 4.1.below shows that the majority of the respondents in this study were females, representing 74.3% who were within the age 36 to 60 years, while 68.6 % of the respondents were males within the age of 36 to 60 years. However, 6 of the respondents did not respond.

Table 4.1 Distribution of respondents according to Gender and age

Age distribution	Sex distribution				Total
	Male		Female		
	No	%	No	%	
Less than 25	0	0	1	0.9	1
25-35	6	17.1	13	11.9	19
36-45	8	22.9	31	28.4	39
46-50	5	14.3	21	19.3	26
51-60	11	31.4	29	26.6	40
Older than 60	5	14.3	14	12.8	19
Total	35	100%	109	100%	144

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Table 4.2 Distribution according to demographic characteristic of the respondents (N=150)

Variables	Frequencies (n)	Percentage (%)
Occupational class		
Manager	7	4.7
Deputy Manager	5	3.3
Supervisor	33	22
Junior	76	50.7
General worker	22	14.7
No response	7	4.7
Levels at occupation		
Level 11-12	5	3.3
Level 9-10	22	14.7
Level 7-8	42	28
Level 5-6	35	23.3
Level 2-4	46	30.7
Experience at Department of Health		
Less than 2yrs	2	1.4
2-10yrs	44	31.4
11 and more	100	66.7
No response	4	2.7

Tables 4.2 revealed that the majority of the respondents were juniors (50.7%) and supervisors (22%). It also showed that 82% of the respondents were within level 2-8 and had more than 11 years' experience at the Department of Health, as presented by 66.7% of the respondent.

4.3. Section B: Staff's understanding/ awareness about the implementation of Performance Management and Development System (PMDS)

This section presents awareness of staff about the implementation of Performance Management and Development System.

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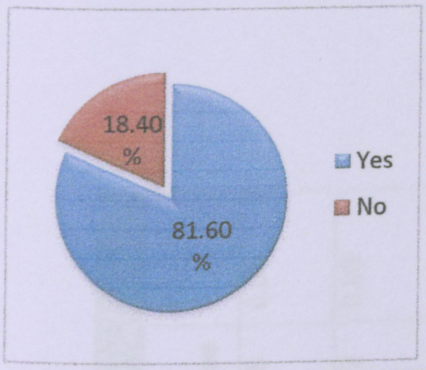

Figure 4.1. a. Aware of the PMDS

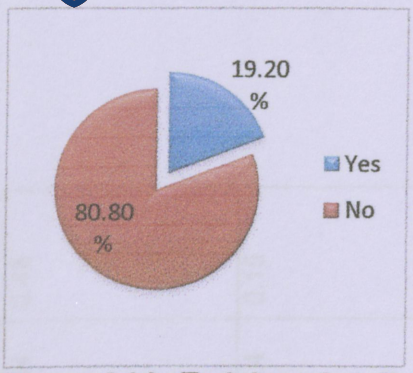

Figure 4.1.b. Training of staff about the implementation of PMDS

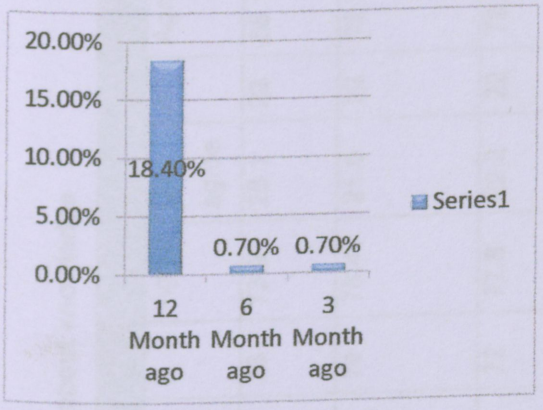

Figure 4.1. c. When trained

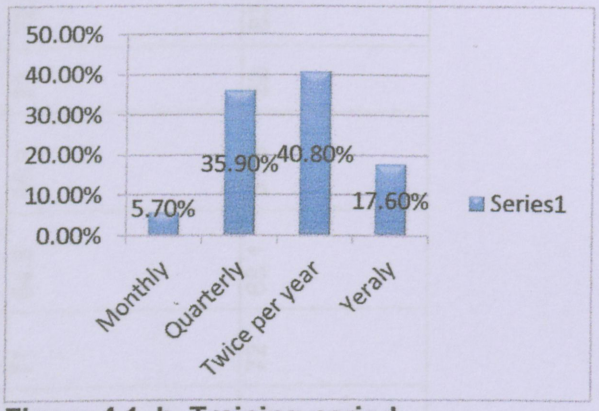

Figure 4.1. b. Training period

Fig 4.1 Distribution of respondents about staff's awareness of the PMDS and training on PMDS implementation

Figure 4.1 above shows that 81.6% of the respondents were aware about the implementation of PMDS. However 18.4% of the respondents were trained 12 months ago. Additionally 40.8% and 35.9% of respondents indicated that training should be done twice per year or quarterly.

Table 4.3. Association between occupational category and knowledge about knowledge

Variables	Manager			Deputy manager			Supervisor			Junior			General worker			P Value
Variables	n	Agree	Dis agree	n	Agree	Dis agree	n	Agree	Dis agree	n	Agree	Dis agree	n	Agree	Dis agree	
Familiar with the PMS	7	85.7	14.3	5	100	0	33	84.8	15.2	73	73.9	26.1	22	68.1	31.8	0.04
Understand implementation PMS	7	85,7	14.3	5	80	20	33	84.8	15.2	74	78.4	21.6	22	72.1	27.9	0.09
Role in PMS implementation	7	85.7	14.3	5	80	20	33	81.9	18.1	72	77.8	22.2	22	72.7	27.3	0.52
Understand linking PMS with departmental strategic goals	7	85.7	14.3	5	60	40	33	75.7	24.3	71	64.8	35.2	22	72.6	27.4	0.48
Understand role played by PMS in my day today activities	7	85.7	14,3	5	80	20	33	81.8	18.2	72	68.1	31.9	22	63.6	36.4	0.15

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Table 4.4. Association between occupational category and PMS functions

Variables	Manager			Deputy manager			Supervisor			Junior			General worker			P Value
Variables	n	Agree	Dis agree	n	Agree	Dis agree	n	Agree	Dis agree	n	Agree	Dis agree	n	Agree	Dis agree	
PMS plays a role in the day to day activities	7	85,7	14.3	5	80	20	31	80.7	19.3	71	85.9	14.1	22	86.3	13.7	0.26
PMS improving communication between employees and supervisors.	7	71.4	28.6	5	80	20	32	81.2	18.8	73	87.6	12.4	22	86.3	13.7	0.29
PMS improving service delivery.	7	71.4	28.6	5	80	20	32	75	25	73	90.4	9.6	21	85.7	14.3	0.09
PMS ensure that employees are given feedback.	7	85.7	14.3	5	60	40	32	68.8	31.2	69	85.5	14.5	22	81.8	18.2	0.14

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Table 4.3 indicates that 100% of the respondents (Deputy Managers) agreed that they were familiar with the content of PMS and there was a significant relationship between occupational class and knowledge (P = 0.04). In addition 90.4% of the respondents (juniors) on Table 4.4 agreed that they understand the roles played by PMS on day to day activities and that PMS plays a role in improving service delivery. The results show that there was no significant relationship between occupational class and understanding PMS functions (P=0.09).

4.3.1. Respondents' opinions about the hospital management team and supervisors' knowledge

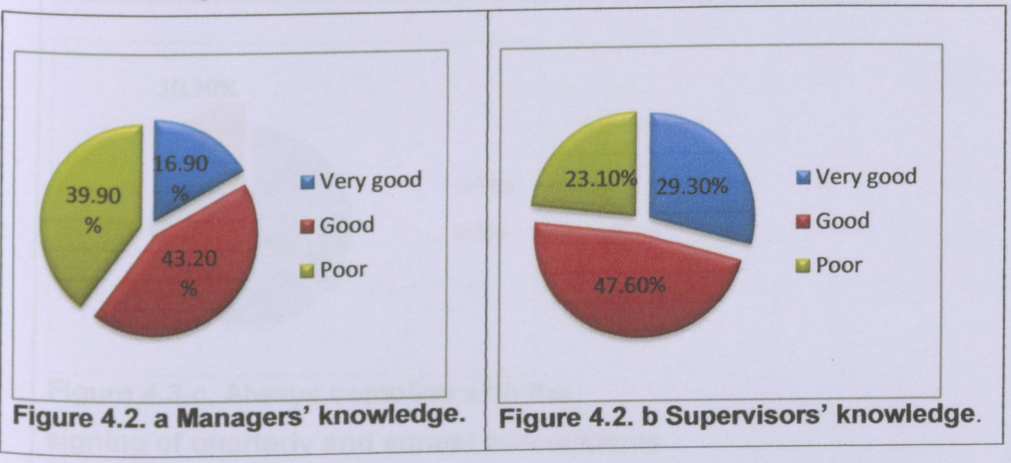

Figure 4.2. a Managers' knowledge.

Figure 4.2. b Supervisors' knowledge.

Figure 4.2. The distribution of respondents about the hospital management team and supervisors' knowledge about the implementation of PMS

Figure 4.2.a. above shows that 43.2% of the respondents indicated that the knowledge of hospital management team was good. However, 39.9% of the respondents indicated that the knowledge of the management team was poor. Figure 4.2.b. further shows that the knowledge of the supervisor about the implementation of PMS was good, as indicated by 47.6% of the respondents

4.4. Section C: Compliance of staff with regard to the implementation of PMDS

This section presents the findings regarding staff compliance with the time of completing and signing Performance Instruments (PI's) and perceived fairness in rating and efficiency in the implementation of PMDS.

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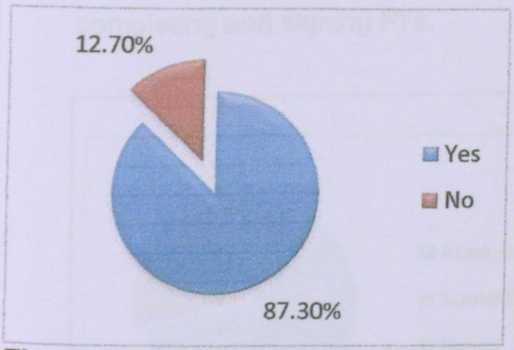

Figure 4.3.a. Comply with the time of completing and signing PI's

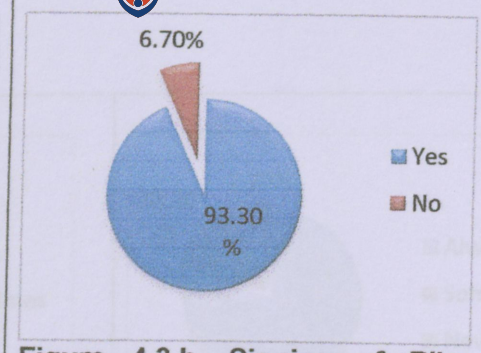

Figure 4.3.b. Signing of PI's is important

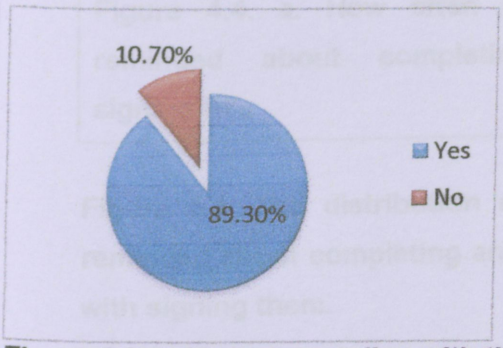

Figure 4.3.c. Always complies with the signing of quarterly and annual assessments

Figure 4.3. The distribution of the respondents about complying with the time of completion and signing PI's, quarterly and annual assessments and the signing of PI's are important

Figure 4.3 above reveals that 87.3% of the respondents were complying with the time of completing and signing performance instruments while 93.3% of the respondents indicated that signing of performance instruments is important. It also shows that 89.3% of the respondents were always complying with regard to the time of completing and signing quarterly and annual assessments.

4.4.1. Responses to the question on how often respondents are reminded about the completion and signing performance instruments?

Figure 4.4 below shows that 71.3% of the respondents were always reminded about completing and signing of PI's, while 24.7% indicated that they were sometimes reminded about completing and signing PI's. 79.1% of the

respondents further indicated that they were always complying with the time of completing and signing PI's.

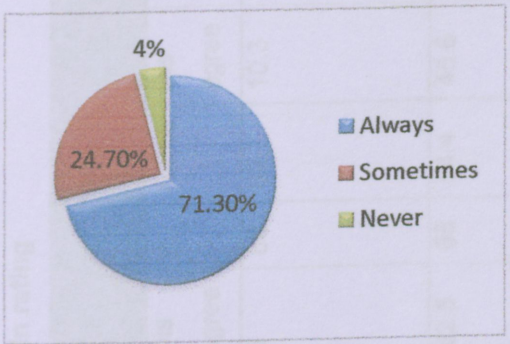

Figure 4.4. a. How often are you reminded about completing and signing PI's

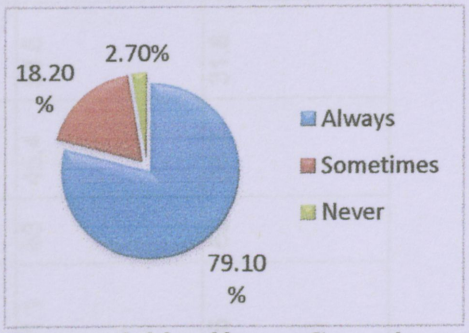

Figure 4.4.b. How often do you comply with the signing PI's

Figure 4.4. The distribution of the respondents on whether they were reminded about completing and signing of PI's and how often they comply with signing them.

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Table 4.5. Association between years of experience at the Department of Health and perceived fairness in rating

Variables	Less than 2ys			2-5yrs			6-10yrs			11-15yrs			16-20yrs			More than 20yrs			P Value
Variables	n	Agree	Dis agree	n	Agree	Dis agree	n	Agree	Dis agree	n	Agree	Dis agree	n	Agree	Dis agree	n	Agree	Dis agree	
Subordinates fair in self- rating during assessment	2	50	50	10	90	10	34	82.4	17.6	22	91.0	9	8	100	0	68	89.7	10.3	0.06
Managers fair in rating during assessment	2	50	50	10	70	30	34	61.8	38.2	22	50	50	8	37.5	62.5	68	54.4	45.6	0.04
Supervisors use favouritism in rating subordinates	2	50	50	10	50	50	33	48.4	51.6	21	52.3	47.7	9	88.9	11.1	66	45.4	54.6	0.03
PMS important in recognition hard- working employees	2	50	50	10	80	20	33	75.8	24.2	20	65	35	8	75	25	66	68.2	31.8	0.90

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Table 4.5 above shows that 100% of the respondents who have 16-20 years' experience in the Department of Health indicated that they agreed that subordinates were fair in rating during assessment. The P value was 0.06, which was greater than 0.05. This shows that there was no significant relationship between years of experience and being perceived fairness in ratings.

4.4.2. Responses to the questions for final ratings and do you understand the meaning of ratings from level 1 to 5 levels?

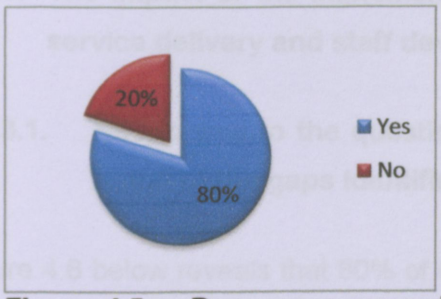

Figure 4.5.a. Does your supervisor sit with you when deciding the final ratings?

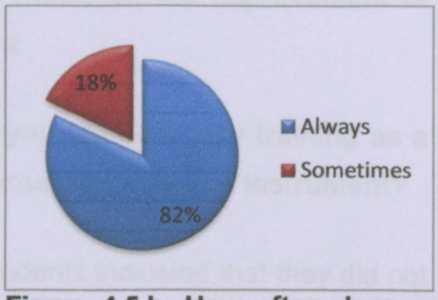

Figure 4.5.b. How often does your supervisor sit with you for final the ratings?

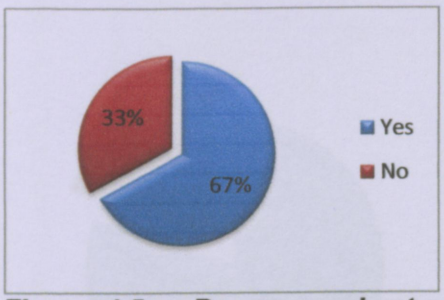

Figure 4.5.c. Do you understand how supervisors give the final ratings?

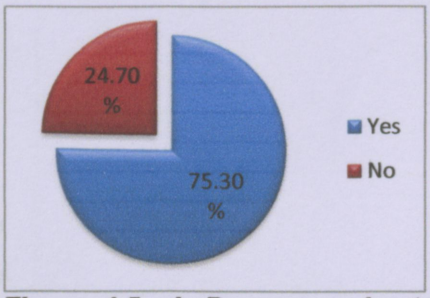

Figure 4.5. d. Do you understand the meaning of ratings from level 1 to level 5?

Figure 4.5. The distribution of the respondents on whether the supervisor sits with the respondents for final ratings and how often, whether the respondents understand how supervisors give final ratings and the meaning of ratings from level 1 to level 5?

Figure 4.5 above shows that 80% of the respondents indicated that their supervisor sit with them when deciding the final ratings, but 20% of the

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respondents indicated that their supervisors do not sit with them when deciding on the final ratings. In addition 82% of the respondents also indicated that their supervisors always sit with them when deciding on the final rating. It also shows that 67% of the respondents understand how the supervisors give final rating and understand the meaning of ratings from level 1 to level 5 as indicated by 75.3% of the respondents. However, 33% of the respondents indicated that they do not understand how the supervisors gave the final rating.

4.4.3. The impact of the implementation of PMDS on the improvement of service delivery and staff development

4.4.3.1. Responses to the question, have you attended any training as a result of the gaps identified from your performance instrument?

Figure 4.6 below reveals that 80% of the respondents indicated that they did not attend any training as a result of the gaps identified by performance instruments. Only 20% of the respondents indicated that they attended training as a result of the gaps identified from performance instruments.

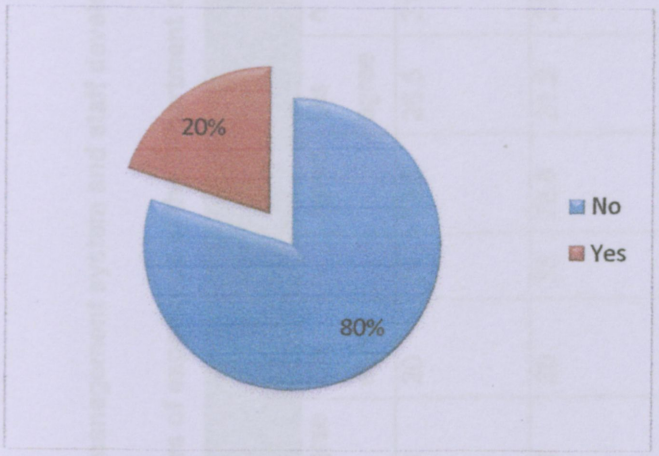

Figure 4.6. The distribution of the respondents on whether they were trained as a result of identified gaps.

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4.4.4. Responses on performance management system and staff development

Table 4.6.Associatioan between years of experience at the Department of Health and PMS used for staff development

Variables	Less than 2ys			2-5yrs			6-10yrs			11-15yrs			16-20yrs			More than 20yrs			P Value
Variables	n	Agree	Dis agree	n	Agree	Dis agree	n	Agree	Dis agree	n	Agree	Dis agree	n	Agree	Dis agree	n	Agree	Dis agree	
PMS in staff development	2	50	50	10	80	20	34	73.5	26.5	21	52.4	47.6	9	55.5	44.5	69	55.5	44.5	0.57
PMS essential tool for staff development in the department.	2	50	50	10	70	30	33	78.8	21.2	21	52.3	47.7	9	55.5	44.5	69	62.3	37.7	0.64

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Table 4.6 above shows that 80.0% of the respondents who had 2 to 5yrs of experience in the Department of Health agreed that PMS plays a role in staff development, while 78.8% the respondents who had 6-10 years' experience agreed that PMS is used as an essential tool for staff development in the department. However there was no significant relationship between experience in the Department and PMS used for staff development (P = 0.57 and 0.64).

4.5. Section D: Challenges related to the implementation of PMDS policy

4.5.1. Main challenges facing PMS implementation

Table 4.7 shows the distribution of the respondents in order of importance regarding the main challenges of PMS implementation. The highest 35.6% went to those who stated that for PMS is not user - friendly to those in the lower level, followed by 34.1% who cited lack of funds for training identified gaps; 31.8% went to lack of training on the implementation of PMDS; 26.9% went to the department does not plan for career development, and 24% went to lack of capacity from the HR PMDS unit. The remaining of the responses are shown on the Table.

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Table 4.7 Prioritized challenges facing PMS implementation

Variables	Frequency	%
a. PMS is not user - friendly to lower level staff	47	35.6
b. Lack of funds for training identified gaps	45	34.1
c. Lack of opportunities to attend workshops on how to implement PMDS	42	31.8
d. Department does not plan for career development	35	26.9
e. Lack of opportunities for capacity building from HR staff members	31	24
f. Lack of understanding and knowledge of performance management process by staff	31	23.5
g. Lack performance bonuses or funds	27	20.5
h. Linking employees' performance and reward performance	26	19.8
I. Lack of clarity on target settings	25	18.9
j. Supervisors do not give feedback after assessment	24	18.2
k. Lack of communication between subordinates and managers	23	17.6
l. Linking performance management with career development	22	16.7
m. Lack of clarity on setting key results areas	20	15.6
n. Lack of clarity on setting competency – based development plan	19	14.4
o. Lack of clarity on setting weights per key results areas	16	12.4

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4.5.2. Responses to the question on whether they believe that PMS is an essential tool for managing employees' performance if well implemented and their opinion about the current PMDS implementation

Figure 4.7 below shows that 82.6% of the respondents indicated that PMS is an essential tool for managing employee's performance if well implemented. Furthermore 58.5% of the respondents agreed that they would continue to use current PMDS. However 66.1% of the respondents agreed that the Department of Health should look for another format of PMDS. Finally 62.6% of the respondents disagreed that the Department of Health should not to do away with the implementation of any form of PMDS.

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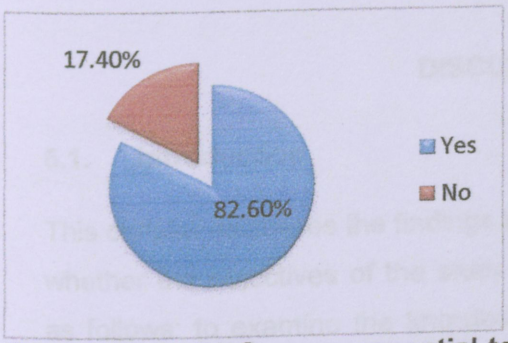

Figure 4.7.a. PMS as an essential tool for managing employee's performance.

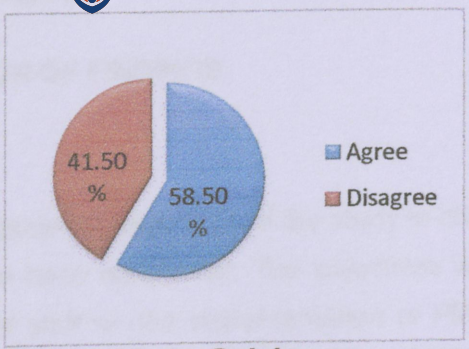

Figure 4.7. b. Opinion on current PMDS of the respondents

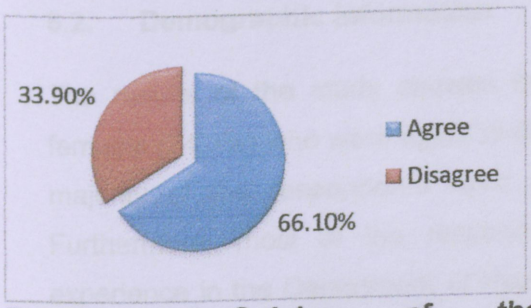

Figure 4.7.c.Opinion of the respondents on current PMDS format.

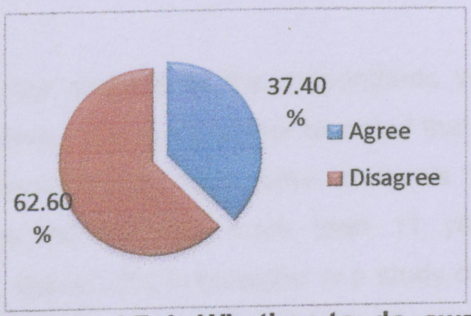

Figure 4.7.d. Whether to do away with the implementation of any form of PMDS.

Figure 4.7. The distribution of the respondents' responses on whether PMS is an essential tool for managing employees' performance, whether to continue using the current PMDS, whether to look for another format of PMDS or to do away with the implementation of any form of PMDS.

4.6. Conclusion

The chapter presented the introduction and the results of the study. Data analysis was done using Statistical Package for Social Science (SPSS) version 24.0. The results revealed that 19.2% of the respondents were trained on the implementation of PMDS. It was further shown that PMS implementation faces challenges at Donald Fraser Hospital.

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DISCUSSION OF FINDINGS

5.1. Introduction

This chapter discusses the findings alongside the objectives of the study to check whether the objectives of the study have been addressed. The objectives were as follows: to examine the knowledge of staff on the implementation of PMDS policy, to assess compliance of staff with regard to the implementation of PMDS and to determine factors influencing the implementation of PMDS.

5.2. Demographic information

The results of the study showed that the majority of the respondents were females (74.3%) who were aged 36-60 years. The study further revealed that the majority of the respondents were juniors (50.7%) who were in levels 2-4. Furthermore, most of the respondents (66.7%) had more than 11 years' experience in the Department of Health. Baloyi (2011) revealed in a study done in the Capricorn District that the majority of the respondents were females aged 28-49 representing 54.5%, and 50-62 representing 69.2%.

5.3. The knowledge of staff on the implementation of PMDS policy

The study revealed that 81.6% of the respondents were aware of the implementation of PMDS. This confirmed that the majority of the respondents were familiar with the contents of PMS. This means that the respondents understand the purpose and role of PMS implementation. It further shows that the respondents understand the linking of PMS with the strategic goals of the Department and the role played by PMS in day to day activities. This concurred with the results of a case study at the Department of Local Government and Traditional Affair, Bisho, Eastern Cape, which showed that all the respondents understood the goals and performance measures of the Department (Mzilen, 2012). However 18.4% of the respondents indicated that they were not trained on the implementation of PMDS. Munzhedzi (2011), in a case study at the Department of Local Government and Housing in the Limpopo Province also reported that the general understanding of the PMS in the Department was poor,

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as indicated by 82.1% of the respondents. Staff awareness about the implementation of PMDS is important for proper implementation of PMDS.

Training is vital in the implementation of the PMDS for the improvement of performance, as indicated by all (100%) of the respondents in a case study at Department of Local Government and Housing in the Limpopo Province (Munzhedzi, 2011). However the finding on training revealed that 80.8% of the respondents were not trained on the implementation of PMDS. This was supported by a study conducted in Zimbabwe, where 77.5% of the respondents indicated that they had received inadequate training (Machingambi, 2013). Training motivates employees and helps the Department to achieve its objectives (Kanyene & Mabelane, 2009).

Nevertheless only 19.2% of the respondents indicated that they were trained. This may contribute to poor implementation of PMS. The respondents who were trained indicated that they were trained twelve months before, as indicated by 18% of the respondents. This may indicate that continuous training should be conducted, as indicated by a total of 76, 7% of the respondents who indicated that training on the implementation of PMS should be conducted either quarterly or twice per year. Training for employees is essential for the proper planning of the implementation of PMDS, to ensure that the performance of the employees reach the desired outcome and specific Departmental goals, by aligning individual goals and performance with Departmental objectives (Rashidi, 2015).

The goal of PMS is to contribute to continuous improvement by aligning individuals and team performance with goal of the Department, as reported by the General Council Report No 1368 (Mzileni, 2012). This was supported by all (100%) of the respondents (Deputy Managers) who agreed that they were familiar with the content of PMS. PMS involves coaching that has to be done on a daily basis (Rashidi, 2015). This improves communication between employees and supervisor, as indicated by 87.6% of the respondents. The study also shows that 85.7% of the respondents (Managers) agreed that PMS plays an important role in ensuring that employees are given feedback. It is important that feedback should be given on a daily basis. This was supported by Matlala (2011) at the University of South Africa, who indicated that four of the respondents reported that they received continuous feedback on either daily or weekly basis.

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The overall outcome of the PMS is to improve service delivery (Lewis et al. 2015). This was supported by 90.4% of the respondents, who agreed that PMS plays a role in improving service delivery.

However PMS implementation needs managers who have sufficient knowledge. A total of 60.1% and 76.9% of the respondents indicated that managers and supervisors' knowledge was good regarding the implementation of PMS. Kanyane and Mabelane (2009) concurred and stated that employees need to be motivated by managers in order to fulfil the objectives of the organisation.

5.4. Compliance of staff with regard to the implementation of PMDS

The compliance of staff with regard to the time of completing and signing performance instruments and perceived fairness in rating is vital for the success implementation of PMDS. This was supported by 87.3% of the respondents from the findings, who indicated that they comply with time of completing and signing instruments and 93.3% of the respondents also indicated that the signing of performance instruments is important. Gotore (2011) concurred and indicated that 79% of the respondents had contracts in place. Furthermore, 73% of the respondents showed that formal appraisals were consistently done on a periodic basis. It was further indicated by 89.3% of the respondents, that they comply with the signing of quarterly and annual assessments. However a total of 19.4% of the respondents indicated that they did not comply with the time of completing and signing performance instruments, did not regard the signing of performance instruments as important and 10.7% indicated that they did not comply with the signing of quarterly and annual assessment. This raises a major concern because failure to complying with time of completing and signing may lead to employees not qualifying for performance bonuses, as stipulated by PMDS policy.

The study also revealed that 71.3% of the respondents were always reminded about completing and signing performance instruments, and 79.1% of the respondents always complied with the time of completing and signing of performance instruments. This may also be influenced by the Provincial human resource PMDS unit which always issues circulars that remind employees about the time of completing and signing of performance instruments at the beginning of every financial year and on quarterly and annual bases.

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The process of assessing performance review start by individuals rating themselves and is completed when supervisors sit with the subordinates to give final ratings. This process needs both subordinates and supervisors to be fair in ratings. The study revealed that 100% of the respondents who had 16 to 20 years' experience in the Department of Health who agreed that subordinates were fair during assessment together with 70% of the respondents who had 2 to 5 years' experience in the Department of Health agreed that managers were fair in rating during assessment. Fairness during assessment is vital because employees are supposed to be rated according to what they have performed. However of 62.5% of the respondents who had more than 20 years' experience disagreed that managers were not fair in rating during assessment. This is supported by Paile (2012) who indicated that 67% of the respondents agreed that supervisors were not fair during assessment. The study further showed that subordinates were not fair during assessments as indicated by 50% of the respondents.

Also, the study showed that 88.9% of the respondents agreed that supervisors use favouritism in rating subordinates. This may be due to various reasons which may need to be investigated. This correlates with Paile (2012) who indicated that 67% supervisors favour some employees over others. However, PMS may play an important role in the recognition of hard - working employees, as indicated by 80% of the respondents, who agreed that PMS plays an important role in the recognition of hard- working employees.

5.4.1. Performance assessment

The PMDS policy stipulates that supervisors should sit down with subordinates when deciding on the final ratings. The study also found that 80% supervisors sit down with the respondents when deciding on the final ratings. Furthermore, 82% of the respondents indicated that supervisors always sit down with them when deciding on the final ratings. This implies that majority of supervisors understand how the policy is implemented. It was further indicated by 67% of the respondents that they understand how the supervisors give the final ratings and thus understand the meaning of the ratings from level 1 to level 5, as indicated by 75.3% of the respondents. This confirms that majority of the respondents understand the system of PMDS, which could improve employees' satisfaction and promote a good relations between workers and supervisors. PMDS was

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supported by 20% of the participants who reported that they were fully satisfied with the performance process and how it was implemented (Matlala, 2011).

5.4.2. The impact of implementation of PMDS on service delivery and staff development

Mzileni (2012) indicated that the General Council Report No 1368 reported that the goal of PMDS is to contribute to continuous improvement performance of the Department, by aligning with individuals' performance, then monitoring progress in employees' achievement. The identified gaps during assessment indicate that employees should be developed for improvement on performance. However only 20% of the respondents indicated they were trained as a result of the identified gaps from performance instruments. This implies that the system was not implemented as anticipated, as indicated by the majority of the respondents (80%) who indicated that they were not trained as a result of the gaps identified. This is supported by 86% of the respondents, who indicated that there was no staff developments offered to address the identified gaps after performance assessment (Sebashe & Mtapuri, 2011).

PMS considered playing a role in staff development, as indicated by 80.0% of the respondents who agreed that PMS plays a role in staff development. The study also showed that 78.8% of the respondents agreed that PMS is used as an essential tool for staff development in the Department.

5.5. To determine factors that influence the implementation of PMDS at Donald Fraser Hospital

The findings on factors that influence the implementation of PMDS include: Productivity, feedback, training and rewards. The study reported on the most challenges experienced by the respondents.

5.5.1. Productivity challenges

These are challenges that hinder PMS efficiency (Munzhedzi, 2011). The productivity challenges that affect the implementation of PMDS were reported as follows:

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PMS is not user - friendly to staff at lower level (35.9%) was top, followed by lack of capacity from human resource staff members (24%), lack of clarity on target settings (18.9%), lack of communication between subordinates and managers (17.6%), lack of clarity on setting key results areas (15.6%) and lack of clarity on setting weights per key results areas (12.4%).

5.5.2. Feedback challenges

Feedback is vital for the employees to understand how they performed throughout the year. However 18.2% of the respondents reported that supervisors do not give them feedback after assessment. Feedback is vital because it makes employees gauge their performance and know where improvement is needed.

5.5.3. Training challenges

PMDS objectives comprise training of employees after gaps are identified in the form of staff development and career pathing. However the following challenges on training were reported. Lack of funds for training identified gaps (34.1%) was top, followed by lack of departmental plan for career development (26.9%), lack of understanding and knowledge of performance management process (23.5%), lack of workshops/ trainings on the implementation of PMDS (17.6%), the linking of performance with career development (16.7%) and lack of a competency-based development plan (14.4%).

5.5.4. Rewards challenges

The intention of PMDS is to link performance with rewards to those best performers, as a way of motivating them and encouraging those who are failing to work harder. Nevertheless underneath the rewards challenges were reported. Lack of performance bonuses or funds (20.5%) was ranked followed by the linking of employees' performance and reward performance bonuses (19.8%).
Even though PMDS challenges were reported, 82.6% of the respondents indicated that PMS is an essential tool for managing employees' performance if properly - implemented.
It was also indicated by 58.5% of the respondents who agreed that they supported they continued use of the current PMDS. On the contrary, 66.1% of

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the respondents agreed that the Department should look for another format of PMDS, while 62.6% of the respondents disagreed that the Department should not discontinue the implementation of any form of PMDS.

5.6. Conclusion

This chapter presented on the introduction and discussed the findings based on the study objectives. The aim of the study was to evaluate the implementation of PMDS at Donald Fraser Hospital. The results revealed how PMDS is implemented at Donald Fraser Hospital.

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CHAPTER 6

CONCLUSION AND RECOMMENDATION

6.1. Conclusions

Based on the results of the study, the following conclusions are made and are presented following the objectives. These objectives were, to examine the knowledge of staff on the implementation of PMDS, to assess compliance of staff with regard to the implementation of PMDS and to determine the factors that influence the implementation of PMDS.

6.1.1. To examine knowledge of staff on the implementation of PMDS

Training is needed to empower staff with skills and knowledge for proper implementation of PMS. Also having skills and knowledge is important for the success of PMS implementation, as indicated by 75% of the respondents who agreed that they had the necessary skills and capacity to implement PMS, in a case study of the Department of Local Government and Housing (Munzhedzi, 2011). The majority of the respondents displayed knowledge on the implementation of PMDS. The respondents also showed that they are familiar with the content of PMS and understand that PMS plays a role on their day to day activities. It is suggested for those few who do understand the implementation of PMDS, training on implementation of PMDS should be conducted continuously for the proper implementation of PMDS.

However, the majority of respondents indicated that they were not trained in the implementation of PMDS. Among those who were trained, it was twelve months before. The respondents further indicated that training on the implementation of PMS should be conducted quarterly or twice per year. Training is very vital for promoting a better understanding and proper implementation of the PMDS. Regularly training is important, to ensure accurate implementation of PMDS. Furthermore it is very important that training should be conducted according to individuals' levels for better understanding by all employees.
Training managers and supervisors is also very important because subordinates depend on the managers. It also helps to improve communication between managers and subordinates. Training managers is equipping them with

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knowledge. Managers' involvement promotes one on one training, that is, managers training subordinates.

6.1.2. To assess compliance of staff with regard to the implementation of PMDS

Majority of the respondents indicated that they were complying with the time of completing and signing of performance instruments. This implies that policy was properly implemented. It is the responsibility of every employee to complete and sign performance instruments at the beginning of the financial year, and quarterly and annual assessments, and comply with time of completing. However for those who are not complying, is a challenge because it may have a negative effect on them, as the PMDS policy stipulates that those who do not comply with time of completing and signing should not be considered for pay progression and performance bonuses. It is important that training should also focus on the importance of compliance with to the implementation of PMDS. Finally compliance is important because it reduces grievances from employees. This includes perceived fairness in rating, efficiency and the impact of PMDS implementation on the improvement of service delivery and staff development.

6.1.2.1. Perceived fairness in rating and efficient

PMS involves assessing individuals' performance where managers and subordinates sit for final rating. It is very important for managers and supervisors to be fair when rating during assessment for the recognition of hard workers. Fairness in rating helps employees to get rating according to their performance and this result on employees being motivated and promote more dedication from workers. It is also important for employees to understand the meaning of level 1 to levels 5. Further the majority of the respondents agreed that their supervisors sit with them during assessments, both employees and supervisors were fair in ratings and understand the meaning of level 1 to 5 levels; and it is important that training sessions, should also focus on rating levels for those who do not understand the meaning of level 1 to 5 levels.

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6.1.2.2. The impact of the implementation of PMDS service delivery and staff development

The PMDS' objectives include focusing on employee training and development and developing a performance improvement plan for managing under performance for PMS to be applied equitable and fairly. The majority of the respondents indicated that they were not trained as a result of the gaps identified by performance assessments. This is an indication that PMS was not used for staff development. If staff members are not developed, it can have a negative impact on service delivery and lead to staff having low morale. This implies that human resource should conduct training using the identified gaps for staff development. Human resource should also review individuals' performance instruments to identify individuals' gaps.

6.1.3. To determine factors that influence the implementation of PMDS

The study revealed that PMDS implementation experiences challenges. The challenges range between PMS not being user – friendly to staff of lower levels, lack of funds for training on identified gaps, lack of workshops/ training on implementation of PMDS, the Department does not plan for career development, there is lack of capacity from human resource PMDS unit, lack of understanding and knowledge of performance management process, lack of performance bonuses or funds, the linking of employees' performance and reward performance bonuses, lack of clarity on target settings; supervisor do not give feedback after assessment, lack of communication between subordinates and managers, linking of performance management with career development, lack of clarity on setting key results areas, lack of clarity on setting competency- based development plan and lack of clarity on setting weights per key result areas.

These challenges affect the outcome of the implementation of PMDS and impact performance results. This may have negative effect on the improvement of service delivery. The majority of the respondents reported that PMS is not a use - friendly to employees of lower levels. The presenter researcher concurs with the findings because the current Performance Instruments are in English and do not accommodate those who cannot read English. During the time of signing and completing, supervisors complete the PI's for those in lower levels and let them

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just sign. It is important that the department should look for another format that could accommodate all levels.

Another challenge from the present researchers' point of view is that employees with outstanding performance are not rewarded with 18% cash bonuses of their annual notch, but with scaled down cash bonuses. The Department should also review if 1.5% of the total payment is sufficient for rewarding outstanding performance. The researcher also observed that there is a challenge when assessing employees who are on training because the performance instrument is silent on the methodology to be used for those on training, particularly the nurses' category.

6.2. Recommendations

Based on the above conclusions, the following recommendations are made based on the objective of the study:

6.2.1. Knowledge of staff on the implementation of PMDS

It is recommended that the Department should have continuous training on PMS implementation and train employees in identified gaps after assessments. The Department of Human Resource should train employees according to individual's competency development plan. The finance Department should allocate a budget for staff training.

6.2.2. Compliance of staff with regard to the implementation of PMDS

Nevertheless that the majority of the respondents were complying with time of completing and signing performance instruments, it is recommended that to those who are not complying, the importance of complying should be emphasized. Managers and employees should sit together during assessment. This will bring about an improvement in the outcome of the training programme. The importance of PMS on day to day activities should also be emphasized to employees of all levels. Giving information is a vital to encourage the moral of the employees, which in turn will result on improved service delivery.

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6.2.3. Factors that influence the implementation of PMDS

It is recommended that the Department should look for a format which is a user - friendly to all levels. The performance instruments which make it possible for everyone to able to complete. The PMDS policy stipulates that both subordinates and supervisors must fully participate. Clarity on target settings, key results, weights per key results areas and competency - based development plan should be simplified per different categories. The present researcher recommends that the Department should review the 1.5% of the total wage if it is sufficient for rewarding outstanding performance, as stipulated on the policy.

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APPENDIX 1: Participant's Information sheet

Title of the study: **Evaluation of the implementation of the Performance Management and Development System policy at Donald Fraser Hospital, Vhembe District, South Africa.**

Introduction

Dear Respondent

I Singo Azwimpheleli Jeanneth, I am a Master in Public Health student at the University of Venda and I am doing research in order to obtain this degree. Your participation in this research will be helpful but is voluntary.

Purpose of the study

The aim of the study is to evaluate the implementation of Performance Management and Development System in Donald Fraser Hospital, Vhembe district.

Procedures to follow

The study will use questionnaires that are provided for completion and information provided will be used to suggest some possible solutions.

Confidentiality and Privacy

The research will maintain and ensure confidentiality and protect the anonymity throughout the study, so that the information gathered will be used for research purposes only and no names of the respondents or numbers written on the questionnaire.

Benefits from the study

The results may assist Donald Fraser Hospital, the Department of Health and Policy makers. Taking part in the study is voluntary and there will be no payment to participants.

Contact Person: Singo A. J. Cell no: 0798025386

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APPENDIX 2: Consent Form

I..... confirm that information about the purpose of the study, privacy anonymity, and confidentiality was given to me.

I....., therefore, freely consent to participate in the study.

Respondent's signature:..... Date:.....

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

APPENDIX 3: Questionnaire

Please complete the questionnaire by marking with an"X" on the blank space provided. If you don't know the answer to one of the questions, you can skip it and answer the next one.

SECTION A: Demographic information.

1. **Gender**

Male	
Female	

2. **Age**

Younger than 25yrs	25-35yrs	36-45yrs	46-50yrs	51-60yrs	Older than 60yrs

3. **Please select the relevant occupational class.**

Manager	Deputy Manager	Supervisor	Junior	General worker

4. **What level are you at?**

Level 11-12	Level 9-10	Level 7-8	Level 5-6	Level 2-4

5. **Number of years' experience in the Department of Health.**

Less than 2yrs	2-5yrs	6-10yrs	11-15yrs	16-20yrs	More than 20yrs

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SECTION B: Staff's Understanding/awareness about the implementation of PMDS.

6. Are you aware of PMDS in you institution?

i. Yes..... ◯

ii. No..... ◯

7. Mark with an(X) in appropriate box

	1 Strongly agree	2 Agree	3 Disagree	4 Strongly disagree
a. I am familiar with the contents of PMS				
b. I understand the purpose of implementing PMS				
c. I know my role in PMS implementation				
d. I understand the linking of PMS with the strategic goals of the Department				
e. I understand the role played by performance management system in my day to day activities				

8. Have you ever been trained?

i. Yes..... ◯

ii. No..... ◯

9. If yes, when were you trained?

Mark with an(X) in an appropriate circle

i. 3 months ago..... ◯

ii. 6 months ago..... ◯

iii. 12 months ago..... ◯

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10. How often do you believe that training on implementation of PMS should be conducted?

i. **Monthly.....** ◯

ii. **Quarterly.....** ◯

iii. **Twice per year.....** ◯

iv. **Yearly.....** ◯

11. Please rate the statements below by selecting the most suitable response:

	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree
a. Performance management system plays an important role in the day to day activities				
b. Performance management system plays an important role in improving communication between employees and supervisors.				
c. Performance management system plays an important role in improving service delivery.				
d. Performance management system plays an important role in ensuring that employees are given feedback.				

12. What is your opinion about the hospital management teams' knowledge about the implementation of PMS?

i. **Very good.....** ◯

ii. **Good.....** ◯

iii. **Poor.....** ◯

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13. How do you view the knowledge of your immediate supervisor about the implementation of PMS?

i. **Very good.....** ◯

ii. **Good.....** ◯

iii. **Poor.....** ◯

SECTION C: Compliance of staff with regard to the implementation of PMDS.

14. Compliance of staff with regard to the time of completing and signing performance instrument and perceived fairness in rating and efficiency in implementation of PMDS.

Mark with an(X) in appropriate box

	Yes	No
a. I always comply with the time of completing and signing of performance instruments		
b. The signing of performance instruments is important		
c. I always comply with the signing of quarterly and annual assessments		

15. How often are you reminded about completing and signing performance instruments?

Mark with an(X) in appropriate circle

i. **Always.....** ◯

ii. **Sometime.....** ◯

iii. **Never.....** ◯

16. How often do you comply with the time of completing and signing of performance instruments?

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Mark with an(X) in appropriate circle.

i. **Always.....** ◯

ii. **Sometimes.....** ◯

iii. **Never.....** ◯

17. Perceived fairness in rating and efficient in implementation of PMDS.

Mark with an(X) in appropriate box

	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree
a. As a subordinate I am fair in self- rating during assessment				
b. Managers are fair in rating during assessment				
c. Supervisors use favouritism in rating subordinates				
d. PMS plays an important role in the recognition of hard- working employees				

18. Does your supervisor sit with you when deciding on the final ratings?

Mark with an(X) in appropriate circle

i. **Yes.....** ◯

ii. **No.....** ◯

19. If yes how often does your supervisor sit with you for final ratings?

Mark with an(X) in appropriate circle

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i. Always.....

ii. Sometimes.....

20. Do you understand how the supervisors give the final ratings?

i. Yes.....

ii. No.....

21. Do you understand the meaning of ratings from level 1 to 5 levels?

i. Yes.....

ii. No.....

22. The impact of the implementation of PMDS on the improvement of service delivery and staff development.

22.1. Have you attended any training as a result of the gaps identified from your performance instruments? Mark with an X in the appropriate circle.

i. Yes.....

ii. No.....

23. **Please rate the statements below by selecting the most suitable response**:

	1	2	3	4
	Strongly agree	agree	Disagree	Strongly disagree
a. Performance management system plays a role in staff development				
b. PMS is used as an essential tool for staff development in the department.				

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SECTION D: Challenges related to the implementation of PMDS policy.

24. In order of importance, arrange the following regarding the main challenges facing PMS implementation. Mark with number"1- 15" in appropriate box, where "1" will be the most important challenge and "15" will be the list important challenge regarding the implementation of PMS.

a. Lack of capacity from human resource PMDS unit	
b. Lack of communication between subordinates and managers	
c. Lack of workshops/ trainings on implementation of PMDS	
d. The linking of employees' performance and reward performance bonuses.	
e. Lack of understanding and knowledge of the performance management process	
f. Linking of performance management with career development.	
g. Lack of clarity on target settings	
h. Lack of clarity on setting key results areas	
i. Lack of clarity on setting weights per key results areas	
j. Lack of clarity on setting competency- based development plan	
k. Lack of performance bonuses or funds	
l. Lack of funds for training identified gaps	
m. The Department does not plan for career development	
n. PMS is not user -friendly to staff of lower levels	
o. Supervisors do not give feedback after assessment	

25. According to your understanding and experience, do you think that PMS is an essential tool for managing employees' performance if effectively implemented?

Mark on appropriate box

Yes	No

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26. What are your opinions on PMDS implementation?

Mark with an(X) in appropriate box.

	1	2	3	4
	Strongly agree	agree	Disagree	Strongly disagree
a. Continue to use current PMDS				
b. Look for another format of PMDS				
c. Do away with the implementation of any form of PMDS				

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APPENDIX 4: Department Permission letter

P.O. Box 456

Thohoyandou

0950

Enquire: Singo A.J.

The Head of the Department

Department of Health

Limpopo Province

Private Bag X9302

Polokwane

0700

Dear Sir/Madam

Re: Request to use Donald Fraser Hospital for research.

I Singo Azwimpheleli Jeanneth, I am a Master in Public Health student at the University of Venda, doing research in order to obtain this degree. I am hereby requesting permission to conduct the above mentioned study at Donald Fraser Hospital, Vhembe District. This project will be done after getting clearance from the University of Venda.

Purpose of the study: The aim of the study is to evaluate the implementation of Performance Management and Development System in Donald Fraser Hospital, Vhembe District.

Procedures to follow: The study will use questionnaires that will be provided for completion and the information provided will be used to suggest some possible recommendations.

Confidentiality and Privacy: The research will maintain and ensure confidentiality and protect the privacy of respondents throughout the study so that the information gathered will be used for research purposes only and no names of the respondents or numbers will be written on the questionnaire.

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Benefits from the study: The results may assist Donald Fraser Hospital, Department of Health and policy makers. Taking part in the study will be voluntary and no payment to participants will be made.

Your cooperation will be highly appreciated.

.....

Singo Azwimpheleli Jeanneth. Contact No: 0798025386

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APPENDIX 5: Department approval letter

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Enquiries: Latif Shamila (015 293 6650) Ref:4/2/2

Singo AJ
University of Venda
Private Bag X5050
Thohoyandou
0950

Greetings,

RE: Evaluation of the implementation of the Performance management and development system policy at Donald Fraser Hospital, Vhembe District, South Africa

The above matter refers.

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

Your cooperation will be highly appreciated.

Head of Department

Date 19/09/2016

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

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APPENDIX 6: Vhembe District permission letter

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P.O. Box 456

Thohoyandou

0950

Enquire: Singo A.J

The District Executive Manager

Department of Health

Vhembe District

Private Bag X5009

Thohoyandou

0950

Dear Sir/Madam

Re: Request to use Donald Fraser Hospital for research.

I Singo Azwimpheleli Jeanneth, I am a Master in Public Health student at the University of Venda, doing research in order to obtain this degree. I am hereby requesting permission to conduct study about an evaluation of the implementation of the Performance Management and Development system policy at Donald Fraser Hospital. The clearance is already issued by the University of Venda (see attached copy). Furthermore the Provincial Department of Health has granted the permission of conducting the study (see attached letter).

Purpose of the study: The aim of the study is to evaluate the implementation of Performance Management and Development System in Donald Fraser Hospital, Vhembe District.

Procedures to follow: The study will use questionnaires that will be provided for completion and the information provided will be used to suggest some possible recommendations.

Confidentiality and Privacy: The research will maintain and ensure confidentiality and protect the privacy of respondents throughout the study so

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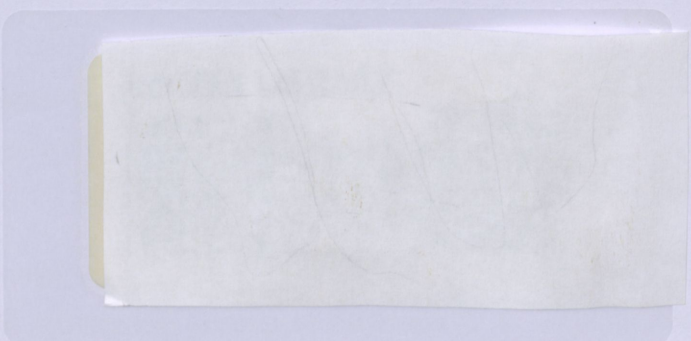
that the information gathered will be used for research purposes only and no names of the respondents or numbers will be written on the questionnaire.

Benefits from the study: The results may assist Donald Fraser Hospital, Department of Health and policy makers. Taking part in the study will be voluntary and no payment to participants will be made.

Your cooperation will be highly appreciated.

.....

Singo Azwimpheleli Jeanneth. Contact No: 0798025386



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LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OFHEALTH
VHEMBE DISTRICT

Ref: S5/6
Enq: Muvari MME
Date: 06 October 2016

Dear Sir/Madam

PERMISSION TO CONDUCT A STUDY: Singo A.J

1. The above matter bears reference
2. Your letter received on the 28/09/2016 requesting for permission to conduct a study is hereby acknowledged
3. The District has no objection to your request as the Province has already granted permission through the HOD.
4. Permission is therefore granted for the study to be conducted within Donald Frazer Hospital.
5. You are however advised to make the necessary arrangements with the facility concerned.
6. Wishing you success in your studies

pp MMakananise ..... 2016.10.06 .....
DISTRICT CHIEF DIRECTOR DATE

Private Bag X5009 THOHOVANDOU 0950
OLD parliamentary Building Tel (015) 962 1000 (Health) (015) 962 4958 (Social Dev) Fax (015) 962 2274/4623
Old Parliamentary Building Tel: (015) 962 1848, (015) 962 1852, (015) 962 1754, (015) 962 1001/2/3/4/5/6 Fax (015) 962 2373, (015) 962 227

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APPENDIX 8: Donald Fraser Hospital permission letter

P.O. Box 456

Thohoyandou

0950

Enquire: Singo A.J

The Chief Executive Officer

Donald Fraser Hospital

Private Bag X1172

Vhufulu

0971

Dear Sir/Madam

Re: Request to use Donald Fraser Hospital for research.

I Singo Azwimpheleli Jeanneth, I am a Master in Public Health student at the University of Venda, doing research in order to obtain this degree. I am hereby requesting permission to conduct study about an evaluation of the implementation of the Performance Management and Development system policy at Donald Fraser Hospital. The clearance is already issued by the University of Venda (see attached copy). Furthermore the Provincial Department of Health and Vhembe District Office have granted the permission of conducting the study (see attached letters).

Purpose of the study: The aim of the study is to evaluate the implementation of Performance Management and Development System in Donald Fraser Hospital, Vhembe District.

Procedures to follow: The study will use questionnaires that will be provided for completion and the information provided will be used to suggest some possible recommendations.

Confidentiality and Privacy: The research will maintain and ensure confidentiality and protect the privacy of respondents throughout the study so

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that the information gathered will be used for research purposes only and no names of the respondents or numbers will be written on the questionnaire.

Benefits from the study: The results may assist Donald Fraser Hospital, Department of Health and policy makers. Taking part in the study will be voluntary and no payment to participants will be made.

Your cooperation will be highly appreciated.

.....

Singo Azwimpheleli Jeanneth. Contact No: 0798025386

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
DONALD FRASER HOSPITAL

Ref: 4/2/2
Enquiries: Mphephu VF
Tell no. 072 1880 436
Ext. 9306
27/10/2016

TO: MRS Singo A.J
University of Venda
Thohoyandou
0950

RE: Permission to conduct Research study at Donald Fraser Hospital on evaluation of the implementation of the Performance Management and development system policy at Donald Fraser Hospital ,Vhembe District , South Africa.

1. The above matter refers.
2. Permission to conduct the above mentioned study is hereby granted.
   - Kindly be informed that:- In the course of your study there should be no action that disrupts the services.
   - You are to give report to quality assurance manager of Donald Fraser Hospital after completion of research study at Donald Fraser Hospital.
   - After completion of the study, a copy should be submitted to our institution to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
   - You are therefore requested to contact nursing administration office number 7, OPD basement for logistic arrangements.

3.Please bring along the following documents:

- Permission letter granted from department of health.
- Permission letter granted from educational institution.
- This letter.

LIMPOPO PROVINCE
DONALD FRASER HOSPITAL
2016 -10- 27
PRIVATE BAG X1172, 0971 VHUFULI
DEPARTMENT OF HEALTH

Hoping you will find this in order

SIGNED.....Date.....27/10/2016.....

CHIEF EXECUTIVE OFFICER

Private bag X1172, Vhufuli 0971
Tel: 015 963 1778/9, 015 1783 1791/2 • Fax: 015 963 1773, 015 963 1796
Cell: 083 248 0184

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NAME OF RESEARCHER/INVESTIGATOR:
Mrs AJ Singo

Student No:
14009598

PROJECT TITLE: Evaluation of the implementation of the performance management and development system policy at Donald Fraser Hospital, Vhembe District, South Africa.

PROJECT NO: SHS/16/PH/11/2707

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof HA Akinsola	University of Venda	Supervisor
Ms JT Mabunda	University of Venda	Co-Supervisor
Mrs AJ Singo	University of Venda	Investigator - Student

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: August 2016
Decision by Ethical Clearance Committee Granted
Signature of Chairperson of the Committee: .....
Name of the Chairperson of the Committee: Prof. G.E. Ekosse

University of Venda
PRIVATE BAG X5050, THOHOYANDOU, 0950λ LIMPOPO PROVINCEλ SOUTH AFRICA
TELEPHONE (015) 962 8504/8313 FAX (015) 962 9060

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19 May 2017

School of Health Sciences
University of Venda
Private Bag X5050
Thohoyandou
0950

Dear sir/madam

This letter serves to certify that I have proof-read Ms A.J. Singo's mini-dissertation, titled, "Evaluation of the Implementation of the Performance Management and Development System Policy at Donald Fraser Hospital, Vhembe District, South Africa".

The proof-reading entailed editing some parts of it, where I felt it would make the document more understandable; for example, to avoid wordiness, redundancy; sub-dividing long sentences into shorter ones, for clarity; rephrasing sentences, etc. However, I have not tampered with the content of the mini-dissertation, except where I found that this constituted repetition or made the content confusing.

The mini-dissertation is presently ready for examination/presentation.

Thank you for your time.

Sincerely

V.T. Bvuma

Mobile: 083 423 9227

University of Venda

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