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**PROFESSIONAL NURSES' PERSPECTIVES OF AN IDEAL PERFORMANCE
MANAGEMENT PROCESS IN A DESIGNATED HOSPITAL:
AN APPRECIATIVE INQUIRY**

A dissertation submitted in fulfilment of the requirements for the Master's degree in
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DECLARATION

I declare that this dissertation titled '**Professional Nurses' Perspectives of an Ideal Performance Management Process in a Designated Hospital: An Appreciative Inquiry**' is my original work. It has not been submitted to any other institution before for any degree or examination. Complete references in the text and list of references acknowledge all of the sources used and quoted.



Signature of Student

Sibonelo Ndlovu

DEDICATION

“Success is no accident. It is hard work, perseverance, learning, studying, sacrifice and most of all, love of what you are doing or learning to do.” Pele

I wish to dedicate this work to the following:

- All professional nurses who seek to note positive changes in performance management processes globally.
- The scholars of performance management and positive organisational change.
- My grandmother Gladys Mtshali, “*Hlabangane, Magalela, Gasa,*” for your unwavering love and always believing in me.
- My family, my study supervisors, and my study participants, who tirelessly supported my journey to accomplish this milestone.

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“There is no such thing as a self-made man. You will reach your goals only with the help of others.” - George Shinn

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ABSTRACT

INTRODUCTION: An ideal performance management process may ensure the job satisfaction of professional nurses and quality care to patients. The acknowledgement of nurses' good performance and the creation of working environments conducive to their optimal performance may contribute to their commitment to delivering quality patient care. The study aimed to explore and describe the ideal process of performance management for professional nurses in a designated hospital in the Gauteng province of South Africa.

METHODOLOGY OF THE RESEARCH: A descriptive qualitative research design with an appreciative inquiry approach was used. Five focus group discussions were conducted with 25 participants using an interview guide in line with the principles of appreciative inquiry. Data was transcribed verbatim, organised, and analysed. Categories and subcategories were formulated.

FINDINGS: Five categories were formulated from the findings. The first category of "defining performance management" refers to setting goals, rating performance, monitoring achievement and enabling development. The second category of "appreciated aspects in existing process" referred to managers' support and motivational incentives appreciated. The third category of 'desired performance management' refers to the envisioned process and envisioned nurse managers' attitudes. The fourth category of "steps to create desired performance management" referred to training for performance management, cooperative development of instruments, and implementing positive change. The fifth category of "ensuring sustainable progress" referred to stakeholder involvement, effective communication, and enabling relationships.

RECOMMENDATIONS: Understanding the challenges and the wishes of professional nurses will assist management in improving their existing policies in performance management. Transparency and a fair process will ensure that good relationships exist. It is recommended that management recognise employees and ensure that a

good reward system is in place. Proper training for both managers and employees is mandatory to ensure that they all understand what the process entails. A review of policies to ensure that the tool is unit-specific and easy to understand will also strengthen the process.

Key terms/concepts

Appreciative inquiry, professional nurse, nurse manager, performance management

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LIST OF ABBREVIATIONS

ABBREVIATION / ACRONYM	MEANING
AI	Appreciative Inquiry
SANC	South African Nursing Council

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CHAPTER 1 INTRODUCTION TO THE DISSERTATION

1.1 INTRODUCTION

According to Madlabana-Luthuli (2019:171), irregular performance reviewing and delayed feedback to nurses may contribute to their overall dissatisfaction with the processes of performance management. Healthy work environments and supportive relationships with their managers may, on the other hand, lead to nurses' satisfaction with performance management processes (Madlabana & Petersen, 2020:10). The findings of a study by Bigdeli, Adel-Mehraban and Namnabati (2019:431) advised that managers should make nurses aware of the indicators to be used in the appraisal of their performance in order to ensure that the process is managed in a transparent way and aimed at supporting nurses to improve their performance.

Managers need to be trained in performance management to enhance their skills in giving constructive feedback to their subordinates (Majidi, Daneshkohan, Zarei & Ashktorab, 2021:1195). They should also preferably have similar qualifications and experience in the same specialization areas as the nurses whose performance management they are responsible for in order to understand the challenges that the nurses experience (Sepahvand, Mohammadipour, Parvizy, Zagheri Tafreshi, Skerrett & Atashzadeh-Shoorideh, 2020:600). Nurses often do not understand the processes that their managers use to appraise their performance (Seane, 2019:48). It is therefore advised that both nurses and managers be empowered with information regarding the management of performance (Amelia & Sijabat, 2020:214). Both groups need to be involved in training on performance management (Bhatti, Soomro & Shah, 2021:1).

During performance appraisals, nurses' training needs should be identified (Shahnavazi et al., 2021:2). A study by Gunawan, Aunguroch, and Fisher (2019:93) revealed that the ongoing training and skills development of nurses is a crucial part of the healthcare organisation's endeavours to deliver quality patient care. Courses to improve knowledge and clinical competency should be made available to address performance limitations timeously (Batool, Nazir, Rafiq & Akhtar, 2022:299). Regular

performance reviews are required to identify the limitations to ensure that applicable training is planned (Owino, Oluoch & Kimemia, 2019:1329).

Chumba's (2020:18) and Dzimbiri and Molefakgotla's (2021:423) research findings highlight the importance that nurse managers should ensure that engagement strategies are in place to keep nurses motivated. According to the findings of a study by Parveen, Hussain, Afzal and Gilani (2020:127), developmental performance appraisal, rewards, and staff training are hallmarks to encourage nurses to stay committed to healthcare institutions. When nurses are satisfied with institutions' performance management processes, they tend not to leave the institutions for better prospects (Rehman, Din & Kashif, 2022:11). A strong link exists between the fairness of performance management processes and nurses' engagement with the institution (Hamdeen, Elewa & Mohamed, 2022:71). The fair distribution of incentives following performance appraisal remains the sole responsibility of the nursing managers (Tyokwe & Naicker, 2021:8). Should it be managed responsibly, it may contribute to the retention of nurse achievers by institutions (Rehman et al., 2022:11). The rewarding of performances is associated with staff retention and quality patient care (Sembiring, Kaban, Mutia & Girsang, 2022:493).

According to the research findings of Mamdouh and Samir (2022:9), a link between the quality of performance management of nurses and their enthusiasm for innovation in patient care often exists. Nurse managers who ensure that nurses are treated fairly during performance management, therefore, contribute to innovative patient care. It is important that hospital management spend resources on the nurse managers' development of leadership skills (Mohamed, Faisal & Ali, 2022:518) to enable them to do fair performance appraisals. Nurses' performances need to be rewarded and their deficiencies addressed through training (Sembiring et al., 2022:493). Job satisfaction can enhance job performance, and nurse managers are therefore encouraged to provide support to their subordinates through rewarding achievements (Mohd Nasurdin, Tan & Naseer Khan, 2020:521). Unfortunately, nurses often report that their good performances are not acknowledged (Tjale, Bhana & Mulaudzi, 2019:11).

Appropriate remuneration and opportunities for promotion as results of fair performance management encourage nurses to improve their skills to deliver quality

patient care (Akinwale & George, 2020:72). According to Waltz, Munoz, Weber Johnson and Rodriguez (2020:677), nurses appreciate verbal and written praise for good performance. They consider it highly rewarding, and it motivates them to perform well. According to Sopiah, Kurniawan, Nora and Narmaditya (2020:335), fair performance management positively influences work involvement and employee performance.

Nurse managers are expected to provide their subordinates with working environments conducive to optimal performance. Furthermore, they are obliged to ensure that nurses' physical and psychological demands in the working environment are met to enhance positive work-related outcomes (Ghazawy, Mahfouz, Mohammed & Refaei, 2021:6). According to a study by Niskala, Kanste, Tomietto, Miettunen, Tuomikoski, Kyngäs et al. (2020:1498), extrinsic factors (salaries) would never be as effective in maintaining job satisfaction as intrinsic factors (professional identity and awareness). Thus, nurse managers should focus on organisational strategies that will foster the intrinsic motivation of nurses. The influence of positive leadership of nurse managers is linked to the optimal performance of the nurses that they manage. Nurses who are satisfied with their managers' leadership tend to do their best for the acknowledgement of their managers. Amarneh and Muthuveloo's (2020:3202) study concluded that nurses linked performance appraisal with organisational commitment if done correctly. In addition, performance appraisal is found to be significant amongst nurses' links to the organisation, resulting in job satisfaction. Nurses' perceptions of human resource practices with regard to performance appraisal and training and development are often ranked low. This necessitated the need to pay more attention to policies, practices and systems related to nursing management (El-Gazar & Zoromba, 2021:5). Training and development have a direct positive effect on job satisfaction. Managers are obliged to assist in the progress and development of the nurses' careers (Roza, Supriyati & Kadir, 2022:362). According to a study conducted by Asiamah, Mensah and Azinga (2019:368), rewards have a positive effect on nurses' performance.

Nurse managers are obliged to provide ongoing training opportunities for their subordinates to address challenges in their performance identified during fair performance appraisal (Mohamed Fahmy, Mostafa Shazly & Saad Soliman,

2021:829). A study by Suprpto, Lalla, Mulat and Arda (2023:1060) suggested that quality training significantly affects nurse satisfaction. Nurse managers' role in the capacity building of nurses is often highlighted.

1.2 PROBLEM STATEMENT

The performance management of professional nurses should be a collaborative effort between them and their managers (Francis, Bin Ahmad & Binti Abdullah, 2021:1816). Unfortunately, not all nurses know what is expected of them in their own performance appraisal (Katsinde, Tsododo and Katsinde, 2021:133). Nurses are often dissatisfied with the reward system associated with their appraisal (Madlabana & Peterson, 2020) and, unfortunately, at times, do not get supportive feedback from their managers (Homauni, Mosadeghrad & Jaafaripooyan, 2021:7).

Nurse managers are required to monitor their subordinates' performance, give timely and supportive feedback, and manage the incentives of the achievers (Francis et al., 2021:1798). When the process is managed in an irresponsible manner, nurses are unhappy, and a high staff turnover occurs (Memon, Salleh, Mirza, Cheah, Ting and Ahmad, 2020:1053). The researcher observed that in the designated hospital, professional nurses are often complaining about the processes that are followed to manage their performance. They complain about a hierarchical approach, poor feedback, and an unfair reward system.

The researcher believes that an appreciative inquiry approach is appropriate to explore and describe the professional nurses' experiences, needs, expectations and recommendations for a performance management process that is fit for purpose. The information will be obtained by making the participants look at the situations from a positive (appreciative) angle and not just focus on the problems.

1.3 RESEARCH QUESTION, AIM AND OBJECTIVES

The following research questions were applied: What aspects of performance management do professional nurses' favour, and what would the ideal process of performance management be in a designated hospital in the Gauteng province?

The **study aimed** to explore and describe the ideal process of performance management for professional nurses in the designated hospital in Gauteng province.

Following the five cycles of appreciative inquiry, the **objectives of the study** were to:

- Define what is meant by performance management by the professional nurse participants (the **definition phase** of the Appreciative Inquiry 5-D cycle);
- Discover the participants' positive experiences of performance management in the designated hospital (**discovery phase** of the Appreciative Inquiry 5-D cycle);
- Describe the participants' wishes for the ideal performance management process in the designated hospital (the **dream phase** of the Appreciative Inquiry 5-D cycle);
- Describe how the participants believe the ideal performance management in the designated hospital could be achieved (**design phase** of the Appreciative Inquiry 5-D cycle);
- Describe how ideal performance management in the designated hospital should be implemented (**destiny phase** of the Appreciative Inquiry 5-D).

1.4 DEFINITION OF KEY TERMS / CONCEPTS

The following definitions applied:

Performance Management refers to a process that significantly affects organisational success by having managers and employees work together to set expectations, review results and reward performance (Wärnich, Carrell, Elbert & Hatfield, 2018:305). It refers to a process to continuously improve the performance of employees to meet the goals of an organisation (Venkateswara Rao, 2016:1). In this study, performance management referred to the systemic cycle of nurses and their managers setting performance goals, reviewing results, discussing feedback, and providing incentives for good performance.

Professional nurse refers to a licensed practitioner registered with the South African Nursing Council (SANC), a regulatory body of nursing based on the successful completion of a recognised training programme to care for and meet the client's healthcare needs. These practitioners are guided by set professional standards in order to protect the well-being of the public (SANC, 2001). It refers to the first-line practitioners who detect healthcare emergencies and are always on the frontline of disease prevention and primary healthcare delivery (World Health Organisation, 2022). In this study, a professional nurse refers to a person registered with SANC who has complied with all the requirements for the qualification and is guided by the professional ethos set by the profession.

A nurse manager refers to a professional nurse whose primary function is to manage the delivery of nursing services and who represents nursing teams within the healthcare facility (Roussel, Harris & Thomas, 2020:114). Their role requires that they maintain competency in the different skills required in line with their scope of practice (Roussel et al., 2020:114). A nurse manager in the designated hospital is a senior professional nurse whose role is to foster and manage relationships with all stakeholders within the healthcare facility. It is expected of nurse managers to uphold the principles of professionalism while managing resources (Yoder-Wise, 2018:896). In this study, the nurse manager referred to a senior professional nurse entrusted with the responsibility of managing the nursing service, including performance management.

Appreciative inquiry refers to a cooperative search for the best in people and organisations. It involves a systematic discovery of the positive aspects instead of what is wrong in an organisation or process. It does not focus on what is wrong but instead on what is right (Cooperrider & Whitney, 2005:8). Positive personal and organisational change is possible when the dialogue between the people involved focuses on the strengths and successes (Whitney & Trosten-Bloom, 2010:1). In this study, appreciative inquiry referred to the appreciation of positive aspects of a nurse's performance management and using that to enhance the process rather than complain about the limitations of the process.

1.5 CONTEXT / SETTING

The study was done in a designated private hospital in Gauteng province. The hospital is an acute facility with a bed capacity of 141 patients. Medical, surgical, obstetrics, neonatal, paediatric, critical, and emergency care is rendered. It is a private training hospital with 56 professional nurses, 27 enrolled nurses, 22 auxiliary nurses, and ten nurse managers permanently employed. The study was limited to professional nurses.

1.6 ASSUMPTIONS

Polit and Beck (2022:376) describe assumptions based on a worldview (also called a paradigm) as ideas that researchers accept as true depending on logic or reason. Scientific proof of the assumption is not required. In this study, the assumptions of the constructivist paradigm are applied. The constructivist paradigm assumes a relativist ontology (there are multiple realities), a subjectivist epistemology (knower and respondent co-create understandings), and a naturalistic (in the natural world) set of methodological procedures (Denzin & Lincoln, 2003:35).

1.7 ONTOLOGICAL ASSUMPTIONS OF THE STUDY

Ontological assumptions refer to concerns about the nature of reality (Klenke, Martin & Wallace, 2015:15). In this study, the ontological assumption of the constructivist paradigm emphasized the diversity of viewpoints regarding professional management. The researcher assumed that multiple realities existed (Denzin & Lincoln, 2003:35) and that the participant's understanding of the reality of performance management differed.

1.8 EPISTEMOLOGICAL ASSUMPTIONS OF THE STUDY

The epistemological assumption of the constructivist paradigm was applied. In the constructivist paradigm, the epistemological assumption entails that the researcher and the participants are involved in an interactive process, and each influences the other (Mertens, 2023:1998). The researcher and participants co-created the data during focus group interviews (Denzin & Lincoln, 2003:35).

1.9 METHODOLOGICAL ASSUMPTIONS OF THE STUDY

The methodological assumptions of research paradigms dictate the processes of data collection and analysis (Polit & Beck, 2022:390). Data was collected through focus group discussions. Analysis of data adopted a thematic approach where similar codes were used to form subcategories and categories. A natural environment where the participants felt free to explore and describe ideal performance management was used.

1.10 DELINEATION

The scope of this study was limited to professional nurses from one hospital only, who were permanently employed and had participated in at least one cycle of performance management.

1.11 THEORETICAL FRAMEWORK

Appreciative inquiry is a radically affirmative approach to change management that completely let go of the identification of what went wrong (Cooperrider & Whitney., 2005:7) An opportunity-based approach replaces a problem-based approach. According to Armstrong, Holmes and Henning (2020:1), appreciative inquiry is a well-documented approach to helping individuals and systems move from a deficit-based paradigm to a strength-based perspective. Appreciative inquiry can be described as a cooperative search for the best in employees and their organisation. In addition, its interventions give way to innovation instead of negation and criticism. Five phases are important, namely, the definition phase, during which the participants define what performance management is; the discovery phase, during which the participants appreciate aspects of the existing performance management process; the dream phase, which highlights what the participants dream the performance management desired state to be; the design phase during which participants were asked to consider what steps were needed to create the desired state; and then the delivery phase to discuss the ways in which the steps should have been implemented (Refer to Figure 1.1). This theoretical framework was used to guide the structure of the research.

LoBiondo-Wood and Haber (2018:86) described a theoretical framework as a structure that provides guidance for the research undertaken. In this study the AI framework was used to guide the data collection process (interview guide) and during the data analysis stage (transcripts). AI theoretical framework assists in planning a practical trail through what is never known to a totally candid process. AI in participatory action research design, the researcher cooperates with the participants find the answer to research question (Janse van Rensburg, 2021:1). The focus is not on “what is researched and for whom”, but involves those most affected to become co-researchers (Casey, O' Leary and Coghlan, 2018:1052).



Fig.1: The 5-D Appreciative inquiry model (Williams, 2018)

1.12 SUMMARY OF THE CHAPTER

In this chapter, the introduction and background of the study were described in detail. The aims and objectives of the study, the theoretical framework, the definition of key concepts, the study setting, and the assumptions were described. The researcher followed an AI theoretical framework to guide the entire research process pertaining to the aspects of performance management that professional nurses appreciate. The next chapter will describe the research methodology of the study.

CHAPTER TWO RESEARCH METHODOLOGY

2.1 INTRODUCTION

The process of performance management aims to create an environment in which employees can perform at their best. In addition, it affects organisational success by having managers and employees work together to set expectations, implement improvements, review results and reward performance (Wärnich, Carrell, Elbert & Hatfield, 2018:305). Proper management of performance appraisal can trigger positive employee work attitudes if fairness and justice are effectively integrated (Brefo-Manuh & Anlesinya, 2023:24). An appreciative inquiry model to change management that completely let go of identification of what went wrong was used (Cooperrider & Whitney, 2005:7). In this regard, a problem-based approach is replaced by a positive-based approach, which describes appreciative inquiry as a set of interrelated concepts that represent an image of a phenomenon. In this study, the aim was to explore and describe the ideal process of performance management for professional nurses in the designated hospital in the Gauteng province of South Africa.

Chapter 1 discussed the background to the problem statement based on the existing knowledge regarding the performance management of professional nurses. According to Mishra and Alok (2022:1), research methodology is the description of how research is conducted systematically. It describes the different steps that researchers follow to study a research problem and includes descriptions of the rationale of the research as well as the design and methods of data collection and analysis (Barchielli, Rafferty & Vainieri, 2022:24). According to Pope and Mays (2020:24), research methodology is a justification of doing research in a particular way, referring in this study to the professional nurses' perspective of an ideal performance management process in a designated hospital.

2.2 RESEARCH DESIGN AND METHODS

The research design of a study spells out the basic strategies that researchers use to answer their research questions (Polit & Beck, 2022:222). A descriptive qualitative

research design using an appreciative inquiry approach was used to address a positive inquiry into the ideal process of performance management for professional nurses. Qualitative descriptive designs provide insights into a particular phenomenon and can be used in various ways as a standalone, a precursor to larger qualitative studies and as a component in mixed method studies (Doyle, McCabe, Keogh, Brady and McCann, 2020:444). In this study, a descriptive qualitative design was used to provide insights on the experiences of professional nurses of performance management that they appreciated.

In an appreciative inquiry, the focus is not on describing the problem but on identifying positive possibilities to address the problem (Boyd & Bright, 2007:1026). In this study, the participants focused on the strengths of the existing performance management process instead of its weaknesses (McSherry, Timmins, de Vries & McSherry, 2018:1112). The interview guide was structured using the Cooperrider and Whitney (2005) 5-D model of appreciative inquiry.

Qualitative researchers value the unique perceptions of participants regarding the studied phenomenon that this study referred to as an ideal performance management process for professional nurses (Grove & Gray, 2019:91). Qualitative researchers believe that multiple realities can be understood by studying what people tell them (LoBiondo-Wood & Haber, 2018:105).

2.2.1 Context of the study

The study took place in a designated hospital in Gauteng, South Africa, belonging to a private healthcare group. The hospital provided acute care in medical, surgical, obstetrics, critical care, emergency care, renal care, and operating theatre departments. At the time of the study, all the permanent employees of the hospital were expected to take part in compulsory performance appraisal exercises twice a year. The scope of the study was only open to permanently employed professional nurses who had participated in at least one cycle of performance management. The designated hospital had a total of nine (9) unit nursing managers and fifty-six (56)

professional nurses who had all been involved in one cycle of performance management.

2.2.2 Study population

The study population included a group of professional nurses who had participated in at least one cycle of performance management in a designated hospital in Gauteng province, South Africa. The study population comprised 56 permanently employed professional nurses.

2.2.3 Selection of participants

A purposive sampling method was used. Grove and Gray (2019:317) remarked that purposeful sampling is used to recruit participants who have experienced the phenomenon and are willing and capable of sharing their perspectives regarding the phenomenon with the researcher. They should have the potential to provide the researcher with rich data about the studied phenomenon. Twenty-five professional nurses were selected to join the focus group discussions to enable the researchers to explore and describe the phenomenon (the ideal process of performance management of professional nurses). According to Barchielli et al. (2022:5), the purpose of a focus group discussion is to explore and describe an issue about which little is known by generating insights from a group of participants who collectively have relevant knowledge. The inclusion criteria comprised all professional nurses who had at least a year of employment and had participated in at least one performance management cycle. The exclusion criteria referred to other category nurses.

Andrade (2020:102) remarked that too large samples are unnecessary, but that too small samples are deemed to be unscientific. In this study, focus group discussions were planned to comprise four sessions with five to ten members each. The recommended size of a focus group is five to eight participants (Grove & Gray, 2019:110). Data saturation in this study eventually determined the number of focus group discussions and, therefore, the number of participants. The first focus group consisted of five professional nurses and served as a pilot study. The researcher used

the discussions to refine the interview guide and, therefore, did not use the data. For the purpose of this study, a sample of twenty-five participants produced sufficient data on the specific focus of the study.

2.2.4 Preparation for data collection

After receiving permission to conduct the study from the hospital group, the researcher approached suitable participants (professional nurses) who met the criteria of the proposed study with the assistance of their unit managers. Potential participants were invited to a meeting with the permission of the general and nursing managers of the designated hospital. At the meeting, he discussed the proposal and the participant information leaflet with them and invited them to take part in the study. The potential participants who indicated their interest in the study were invited to the focus group discussions. Only potential participants who were willing to take part and who were able to provide rich data were selected.

The participants were invited to take part without any form of coercion. The researcher was not a unit manager at the designated hospital and, therefore, was not in a position to force others (subordinates) to participate. The participants had a basic understanding of the risks and benefits of participating in the study (Haenssger, 2019:28). Before the commencement of data collection, informed consent was obtained from each of the participants (refer to Annexure A).

During an information session with professional nurses who voluntarily agreed to participate at the designated hospital, the researcher explained the data collection and the importance of a safe environment that promoted mutual respect and confidentiality among the participants and the researcher. Grove and Gray (2019:111) stated that confidentiality and comfort may result in richer dialogue and data.

2.2.5 Data collection

Zacharia, Pai and Manu (2021:1) stated that focus group discussions are a simple and effective way to collect data from groups of participants. Focus group discussions require a small number of participants and can be completed in a short period of time.

The main purpose of the focus group discussions of the study was to explore and describe the ideal process of performance management for professional nurses in a designated hospital. The participants had to focus on existing positive experiences and use that to describe how performance management could be further improved. Attention was also given to ways to implement an ideal performance management process. The participants were professional nurses from different disciplines in a designated hospital. People who are interviewed in a focus group usually share similar roles and experiences (Holloway, 2016:128). In this study, the researcher used focus group discussions to obtain the opinions and perspectives of a diverse group of professional nurses who participated in performance management at a designated hospital.

Focus group discussions were used in this study, as they allowed the participants to share their experiences. The main goals of a focus group are to generate data and to establish a reliance on interaction between the participants and the researcher (Morgan, 2019:3). Five focus groups were conducted based on the availability of participants, and the researcher ensured that such interactions did not compromise patient care. Focus group discussions therefore took place during ‘off duty’ times that were arranged between both the researcher and participants. Each focus group discussion lasted between 60 minutes and 80 minutes. Qualitative research typically starts with the development of the interview guide (Haenssger, 2019:27). The guide includes data (questions) drawn from the 5-D model of appreciative inquiry in line with the performance management of professional nurses. This enabled the researcher to obtain rich information from the experiences of the participants. During the information session, the model used for the interview guide was explained.

The focus group discussions for participants were facilitated by the researcher with the assistance of a co-facilitator (one of his fellow M Nurs students) (refer to Annexure D for a copy of the interview guide). The co-facilitator captured the information that could not be recorded in field notes. Polit and Beck (2010:338) remarked that the phenomena in which researchers are interested must be translated into data that can be analysed. In the initial phase, all participants were asked to define performance management (definition phase) and, after that, to describe their best experiences in the designated hospital regarding performance management (discovery phase),

followed by descriptions of what the performance management process could be (dream phase) and what it should be (design phase). Through ongoing discussions and engagement of participants, the ideal performance management system was described (destiny phase).

According to Lewis (2016:49), the discovery phase can equally be undertaken in a single day if all key stakeholders can be brought together in a room. The facilitator (researcher) asked the questions, and the participants described their positive personal experiences with the current performance management system. The insights from the discovery phase helped the participants envision a desired future and co-create and share ideas about potential ways to bring what was envisioned into being (Dewar, Stulz, Buliak, Connolly, McLaughlin, Newport et al., 2020:3). During a dream phase, all participants were asked to discuss their ideal dream for a performance management system. During the design and destiny phases, the participants were asked to discuss the actions to be implemented to meet their desired expectations regarding the performance management of professional nurses.

Lewis (2016:57-59) explained that the design phase is concerned with making decisions about high-level actions that need to be taken to support the delivery of a dream, while the destiny phase is concerned with planning and forming action groups to take forward the actions identified in all stages of the model. The researcher, with the assistance of the co-facilitator, gathered all the field notes (notes that the co-facilitator and the focus group members had written about performance management during the discussions) and recordings to ensure that all the data collected was organised and stored for analysis.

The group discussions were audio-recorded with the permission of the participants. The researcher had a direct interaction with participants and focused on specific questions regarding the aspects of performance management they appreciated. Researchers must be able to stimulate a discussion and have an interest in and insights into the ideas of participants. Still, they must be able to step back and open a forum for participants (Holloway, 2016:133). The focus group dynamics helped participants to clarify their views in a way that was less likely to occur in a one-to-one interview (Grove & Gray, 2019:110), as it allowed different professional nurses of

different backgrounds to share their experiences as a whole. The researcher continued to engage in discussions with participants until redundancy was reached (LoBiondo-Wood & Haber, 2018:109). It became evident that participants were repeatedly describing similar perspectives about the ideal performance management process for professional nurses over the period of three weeks of data collection, and sufficient data was obtained.

The focus group discussions took place over three weeks. Each discussion lasted 60 to 80 minutes. Data saturation was achieved when the same information was repeated.

2.2.6 Data analysis

The data was analysed using a thematic approach (**inductive and deductive analysis**). The use of deductive analysis followed the principles and concepts of the AI framework, while inductive analysis was used to analyse the data that did not fit the AI model (thematic coding). The goal of qualitative analysis is to find commonalities and differences in interviews (LoBiondo-Wood & Haber, 2018:109). The verbatim transcripts (made by the researcher) of the recorded discussions and the typed field notes were read and re-read to get a general understanding of the participant's appreciation of the performance management system. Grove and Gray (2019) described transcriptions as the heart of the qualitative research process since they capture participants' own language and expressions. After that, the researcher coded the data and grouped similar codes to form sub-categories and similar sub-categories to form categories (Grove & Gray, 2019:116).

Five stages of data analysis were followed:

- **Step One: Familiarisation** The researcher transcribed the recordings of the focus group interviews and typed the field notes. Identification of participants was protected by assigning each participant a number following their respective focus groups. Anonymizing the names of participants and places was considered to maintain the confidentiality of all the participants (Gibbs & Flick, 2018:5).

Participants were then referred to as P1, FGD1, P.2 FGD2 etc. The name list with matching numbers was then stored on the researcher's electronic device and protected with a password. The researcher became familiar with the content by reading and re-reading all transcripts and field notes.

- **Step two: Identifying a thematic framework** After the researcher read and re-read the transcripts of data, a thematic framework was constructed regarding the five phases of the 5-D model of appreciative inquiry.
- **Step three: Coding** The researcher coded each transcript using the in-vivo codes according to the domains of an appreciative inquiry model (**deductive analysis**) and did thematic coding (**inductive analysis**) to analyse data that did not fit the phases of the 5-D model of appreciative inquiry.
- **Stage four: Mapping** The researcher grouped all the same codes, and after that, subcategories were formed. Grouping of similar subcategories was then done to form categories.
- **Stage Five: Interpretation** The researcher created a summary of coded data, excerpts from the transcripts, and related information related to the research question and presented the findings of the study.

2.2.7 Data Interpretation

After data analysis, a literature review was conducted to compare the findings of the study to the applicable knowledge base. The researcher used the findings and the dialogue with the literature to write recommendations for an ideal performance management process for professional nurses.

2.3 TRUSTWORTHINESS

The Lincoln and Guba (1985) framework for the assurance of trustworthy findings in qualitative research was applied (Polit & Beck, 2022:559).

2.3.1 Credibility of the findings

The researcher ensured the credibility of the findings by collecting data until saturation of data appeared. He asked the co-facilitator to write field notes of data that could not be recorded to ensure that all applicable data was analysed. He described the data collection and analysis processes thoroughly to provide an audit trail for other researchers who want to repeat the study. He described the study population and the sampling process to provide contextual information regarding the findings. Stahl and King (2020:26) refer to credibility as seeking to understand how the reported findings “hang together” in that the ideas share some relationship with one another.

2.3.2 Dependability of the findings

The dependability of the findings was ensured through a thorough description of the methodology. The data was analysed meticulously and consistently. The process of data analysis is clearly described. Also referred to as ‘trust in trustworthy’, whereby having another researcher’s interpretation is a confirmation that creates a tacit reality for the researcher (Stahl & King, 2020:17).

2.3.3 Confirmability of the findings

The researcher proved that the findings are solely the function of the participants by ensuring that there were no personal biases. In order to subject one’s research to auditing, there must be some objective reality present rather than constructing a reality from the findings (Stahl & King, 2020:28).

2.3.4 Transferability of the findings

The researcher thoroughly described the context of the study to enable readers to judge the applicability of the findings to other contexts. Transfer of findings is only possible when thick descriptions provide a rich enough portrayal of circumstances for application to other situations (Stahl & King, 2020:27).

2.4 ETHICAL CONSIDERATIONS

Ethical research is essential for generating credible and trustworthy knowledge for evidence-based practice (Grove & Gray, 2019:126). Ethical approval to conduct the study was obtained from the University of Pretoria (UP) Faculty of Health Sciences Research Ethics Committee (71/2023) (Annexure E) and the Life Healthcare Group Ethics Committee (CRIP-10052023/15) (Annexure F). Permission to collect data from the participants was sought from the Life Healthcare Group and the management of the designated hospital. Participant information leaflets were provided to all participants and assured that participation in the study was voluntary.

Responsible researchers are guided by ethical principles, and all the rights of participants with regard to informed consent, confidentiality, and being able to withdraw at any time should always be communicated (Grove & Gray, 2019:134). The principles of the Belmont Report were adhered to.

Beneficence: LoBiondo-Wood & Haber, (2018:247) described beneficence as an obligation to do no harm and to maximise positive effects. Participants were treated ethically, their decisions were respected, and they were protected from harm. The researcher ensured that the participants' right to freedom from harm and discomfort was respected. They were not subjected to harm, and their right to protection from exploitation was ensured. The information they provided was not at any point used against them.

Respect: The participants' human dignity was respected. The participants could decide whether they wanted to take part in the study and were allowed to withdraw at any time without negative consequences. Their right to full disclosure was protected, and the research process was discussed thoroughly to enable them to make informed decisions regarding taking part in the study. Participants have a right to self-determination and are treated as autonomous agents. In addition, they have the freedom to participate in research (LoBiondo-Wood & Haber, 2018:247).

Justice: The researcher ensured that the participants were treated fairly and their right to privacy was respected. Confidentiality was ensured through the use of pseudonyms to protect the identity of the participants (Pope and Mays, 2020:32). Data was stored safe on the electronic device that was password controlled by the researcher. Human subjects should be treated reasonably; hence, an injustice occurs when a benefit to which a person is entitled is denied (LoBiondo-Wood & Haber, 2018:247). No data was shared in reports that may have led to them being associated with the data (Polit & Beck, 2017:142). No data was shared in reports that may have led to them being associated with the data (Pope et al., 2020:32) Original research data will be maintained for fifteen (15) years after the research is completed. All study participants and LIFE Healthcare will have access to data at any given time.

2.5 SUMMARY OF THE CHAPTER

In this chapter, the research design and method used in this study were described in detail, as well as the application of criteria to enhance rigour /quality control/authenticity and adherence to research ethical principles. The researcher selected a descriptive qualitative study using an appreciative inquiry. Focus group interviews with purposively selected participants were conducted to collect data in a designated hospital. The model of Appreciative inquiry was used to structure the data collection and analysis.

CHAPTER 3 DESCRIPTION OF FINDINGS AND DISCUSSION WITH LITERATURE

3.1 INTRODUCTION

Chapter 2 discussed the research design and methodology in detail. Chapter 3 presents a description of the findings and a discussion with references to literature (the knowledge base). A descriptive qualitative research methodology using an appreciative inquiry model was used to explore and describe the ideal process of performance management for professional nurses in the designated hospital in Gauteng province. Professional nurses who were permanently employed for at least a period of one year and had participated in at least one cycle of performance management participated in focus group discussions facilitated by the researcher. Data analysis and interpretation were made to relate the data to the applicable literature and position it with pre-existing data as reflected in the knowledge base. The results of the discussion of the data contributed to the development of findings (data + discussion = findings) to fill the gap in the knowledge base that led to the planning of the study.

Five (5) focus group discussions were conducted over a period of three (3) weeks, with a total of five participants for each discussion. The first group of five (5) participants was used as a pilot study to test the interview guide. Improvements to the guide were made, and the data collection was arranged. The focus group discussions were arranged by the researcher and held in the conference room of the designated hospital. Each discussion lasted between 60 minutes and 80 minutes. The researcher transcribed the data collected through the discussions and analysed it through deductive and inductive methods. The 5-D model of appreciative inquiry was used for deductive analysis, and data (thematic coding) that could not be analysed through deduction was inductively analysed. Subcategories and categories were identified.

3.2 DEMOGRAPHIC DESCRIPTION OF THE PARTICIPANTS

The participants of this study were twenty-five (25) professional nurses. Every participant had a nursing qualification and was registered as a professional nurse. Twenty-one (21) had a diploma in nursing (4-year integrated and general nursing) qualifications, and four (4) of the participants had a bachelor's degree in nursing in various fields (B. Nurs & B.cur). The actual names of the participants were not used due to their rights to privacy and confidentiality. Instead, participants were referred to as P.1 FGD3 or P.2 FGD5

See Table 3.1 below for participants' information.

Table 3.1 Demographic data of participants

Participants	Diploma nursing qualifications	Bachelor's degree qualification	1-10 years nursing experience	11 or more years of nursing experience
P1	X			X
P2	X			X
P3	X		X	
P4	X		X	
P5		X	X	
P6	X			X
P7	X			X
P8		X		X
P9	X			X
P10	X			X
P11	X		X	
P12		X		X
P13	X			X
P14	X			X
P15	X			X
P16	X			X
P17	X			X
P18	X			X
P19	X			X
P20	X			X
P21	X			X

Participants	Diploma nursing qualifications	Bachelor's degree qualification	1-10 years nursing experience	11 or more years of nursing experience
P22	X			X
P23	X			X
P24	X			X
P25		X	X	

The participants were all professional nurses with an immense number of years of experience in clinical nursing; one participant has nine (9) years of experience; two participants had eight (8) years' experience; one participant has two (2) years of experience; one participant has one (1) year of experience; and twenty of the participants had eleven (11) years and more of experience in nursing practice. Most participants were female. The participants were from the different disciplines of the designated hospital, and many were senior nurses in their respective units. All participants were involved in the performance management process as required. All the participants were registered with the regulating body of nursing, the South African Nursing Council (SANC).

3.3 RESEARCH FINDINGS

The research findings were based on the data obtained during five (5) focus group discussions to explore and describe the ideal process of performance management for professional nurses in the designated hospital in Gauteng province. The model of the 5-D appreciative inquiry was unknown to the participants. To familiarise them with the model and the research methodology, an information session was conducted where the model was described and explained in detail. With knowledge of the 5-D model of appreciative inquiry and due to the knowledge, the participants have of the designated hospital, they could assist with exploring and describing the ideal process of performance management for professional nurses in the designated hospital.

The data of the study are presented based on the five objectives of the study, focusing on the 5-D model of appreciative inquiry:

- Define what is meant by performance management by professional nurses (the **definition phase** of the Appreciative Inquiry 5-D cycle).

- Discover the participants' experiences of performance management in the designated hospital (**discovery phase** of the Appreciative Inquiry 5-D cycle).
- Describe the participants' wishes for the ideal performance management process in the designated hospital (the **dream phase** of the Appreciative Inquiry 5-D cycle).
- Describe how participants for the ideal performance management in the designated hospital could be achieved (**design phase** of the Appreciative inquiry 5-D cycle).
- Describe how ideal performance management in the designated hospital should be implemented (**destiny phase** of the Appreciative Inquiry 5-D).

The 5-D of Appreciative Inquiry was used as a framework for the deductive analysis of data. Therefore, categories and subcategories are described according to the five phases of the model, consisting of the following:

- Phase 1 (the definition): Defining performance management
- Phase 2 (the discovery): Appreciated aspects of an existing process
- Phase 3 (the dream): Desired performance management
- Phase 4 (the design): Steps to create desired performance management
- Phase 5 (the destiny): Ensuring sustainable progress

The data will be discussed according to each phase. Refer to Table 3.2 for a summary of the categories and sub-categories.

Table 3.2: Summary of the categories and sub-categories

Categories and Subcategories	
Category	Subcategory
Defining performance management	Setting goals and rating performance
	Monitor achievement
	Enable development
Appreciated aspects of the existing process	Managers support is appreciated
	Motivational incentives appreciated
Desired performance management	Envisioned process
	Envisioned nurse manager attitudes
	Training for performance management

Steps to create desired performance management	Cooperative development of instruments For performance management
	Implementing positive change
Ensuring sustainable progress	Stakeholder involvement
	Effective communication
	Enabling relationships

3.3.1 The definition phase

In the definition phase of the 5-D cycle, the concept that this study referred to as performance management is explored and described.

3.3.1.1 **Category: Defining performance management**

The first category that emerged from the data obtained through focus group discussions addressed the definition of the performance management process. The first category consists of three subcategories. The subcategories addressed how participants understood and described the definition of performance management.

a. Subcategory: Setting goals and rating performance

According to participants, organisations set goals and explain targets that employees are expected to meet. Performance ratings are therefore determined based on the agreement between the manager and an employee.

“Performance management is that period when nurses meet with their managers and discuss expected goals. They usually explain what needs to be achieved and then rate us based on what we have produced.” (P.3 FGD2)

“Okay, so performance management, what I understand by that is how well we reach our goals in the ward or in a workplace, like let’s say our goal is to ensure that nursing care is done correctly like our patients are happy, and we will start rating ourselves.” (P.4 FGD6)

b. Subcategory: Monitor achievement

Other participants described the definition as a process of evaluating whether set goals were achieved. This necessitates that those who perform well get rewarded to ensure that they remain motivated:

“(Laughing) It’s when we are getting evaluated and rated every six months, I think... we normally get rated, and if we performed well, we then get good increments, and our salaries improve.” (P.3 FGD3)

Another participant defined performance management as an evaluation of how one performs their duties as aligned with the job description. It forms the basis of reflection as to how far an employee is in line with their job requirements:

“According to my understanding, it’s about how you do your job description; evaluate how far you go and how good you are according to your job description and then your value.” (P.5 FGD2)

One of the participants defined performance management as a means of measuring employee competence. It is further explained that performance ratings are based on the performance output produced by each employee:

“Okay, for what I understand, performance management is used to check our competencies in our daily practice. We get evaluated and rated based on what we produce.” (P.4 FGD6)

This participant defined the performance management process as a scorecard to monitor the progress of employees. It lays out the expectations and ensures that progress is continuously monitored. This scorecard can be used as a tool to reassess if the goals were met and if there were improvements from the last performance.

“According to me, performance management is sort of a scorecard divided into number one how you perform currently and where you want to be in the future and what you want to achieve after a certain time; hence it’s done twice a year to assess first this is

firstly tells where what you must achieve or how you must do your job currently and they reassessed whether you've achieved those goals that you have set in the first sitting and all that yeah that's how I understand.” (P.5 FGD3)

c. Subcategory: Enable development

A participant described performance management as a process that allows both the manager and the employee to identify gaps. When gaps are identified, it gives an opportunity for training and ensures that the employee improves.

“If you see that there is a lack of skills, then you can sort of like make sure that the person goes for training or continuous training. In some other places, you find that they have on-site clinical [training specialists]. I remember while I was working in one of the hospitals, there was an on-site clinical [training specialist] especially for the new employees so that they can go from one step to the next just to guide them.” (P.5.FGD6)

Two of the participants defined performance management as the development process of employees by identifying high performers and giving them an opportunity to progress in their careers. An employer takes responsibility for ensuring that opportunities for studying are available for those who work hard. Performance management contributes to the success and growth of employees:

“Do you want to grow, or do you want to go to another level in this? so, this is the route that you can actually take so that you can go wherever you want to reach based on whatever that you want to achieve.” (P.4 FGD2)

“It also provides an opportunity for study opportunities for those that want to grow in the field of nursing.” (P.5 FGD4)

Discussion

Participants described the process of performance as when the organisation sets and discusses the expected goals with the employees. During this period, there must be

clear instructions (planning) of what is expected by the employee. Goal setting is utilised to foster success (Sides & Cuevas, 2020:1). Setting goals in performance management motivates employees to achieve the desired outcome.

Gogoi and Baruah (2021:75) revealed that goal setting has a positive impact on employee outcome, and employee outcome increases with a better goal-setting process. Organisations make use of performance management practices to ensure that employees are performing and working towards the achievement of both individual and corporate goals (Nduati & Wanyoike, 2022:375). Atmaja, Zaroni and Yusuf (2023:1) described the process of performance management as when managers and employees collaborate in the planning, monitoring, and reviewing of the objectives or work goals to make an overall contribution to the organisation's functioning. Participants described performance management as a process that determines the compensation and developmental needs of employees based on their performance. This statement is supported by Lazarova, Thomas and Ferndale (2021:175), who described performance management processes directed at the remuneration of the employees and their future job descriptions. Nguyen and Nguyen (2022:12) remarked that managers need to pay more attention to building a compensation system that is fair through salaries, bonuses, and welfare policies. The performance management process was described as a scorecard to monitor the progress of employees. Participants mentioned that performance management is another means of providing proof that set goals were met.

Rivaldo and Nabella (2023:182) stated that the purpose of assessment is to review past performance, obtain systematic data and facts to establish employee capabilities, prepare future targets, and establish a wage structure. Performance management is used to evaluate and determine employee competence and requires that one look at previous performances (Wärnich, Carrell, Elbert & Hatfield, 2018:307). The participants agreed that performance management should identify the lack of skills and that further training should be done to improve competence. This view was supported by the description of Atmaja et al. (2023:2) that the process assists employees in identifying the skills and knowledge needed to perform their jobs well. Participants described a process that allows both managers and employees to identify gaps and strengths, and when gaps are identified, training is provided. Performance

appraisal increases employee satisfaction by giving them an opportunity to improve their weak areas and develop themselves accordingly in the organisation (Khan, Hussain, Hussain & Khan, 2020:136). They suggested that the results of the performance appraisal give direction for any training needed and enable development. Wörnich et al. (2018:308) remarked that the appraisal results influence decisions about the training and development of employees. In this category, it was evident that the participants understood the key elements that form part of the performance management process. This necessitated their engagement in other phases of the model that follow.

3.3.2 The discovery phase

In this phase, the focus is on the participants' experiences of performance management in the designated hospital.

3.3.2.1 *Category: Appreciated aspects of the existing process*

The second category, identified from the focus group discussions, addresses aspects of the existing performance management that the participants appreciated. It further elaborates on how both the unit managers' responses and the incentives that the participants received may impact positively on the envisioned ideal performance management process.

a. Subcategory: Managers' support is appreciated

Managers play an important role in influencing and motivating employees. Participants regarded managers' support as crucial and said that their role in initiating positive change may have contributed to the success of the ideal performance management process. Their motivation and empowerment contribute to positive work performance.

“And luckily, I got a unit manager that was very positive like she was very supportive, and she got to help me to enrol for a 6-month course.” (P.2 FGD5)

“Yes, so what they do, they will see where you do well then, they will put you there to manage that program, and all your trainings will be in that direction to empower you there. So, even though it doesn’t translate into cash, they give you extra empowerment.” (P.2 FGD3)

“Okay, for me, I was new in the unit, and then one day, the baby crashed, and then I called the doctor. After I called the doctor, I prepared the ventilator, and then I prepared the thing [endotracheal tube] to intubate the baby, and then my unit manager was around. Then the doctor came, and then we intubated the baby, we put the baby on a ventilator, and then she called me in the office. She said, ‘I didn’t know that you are so competent’.” (P.4 FGD6)

Participants reported that they appreciated the trusting relationships between the professional nurses and the nursing managers and when their managers recognised their hard work. Fair ratings by managers strengthened the good work behaviours of the participants. Participants were motivated when given challenging tasks and when support was available for them:

“Ratings were good, that’s what I can say. Even the patients were actually satisfied with the service that they were getting.” (P.3 FGD5)

“So that was it, my performance as an enrolled nurse the way I was performing as an EN, she saw that this was going to be a good RN.” (P.2 FGD5)

Other participants reported that having a clear understanding of how they perform and where they stand strengthened their work performance and gave them room for improvement. Managers who gave feedback had a positive contribution to their work performance and progress:

“So, with the positive one, it’s good to get the opportunity to see where you are lacking at like... what I can say like experience maybe like so.” (P.2 FGD3)

One participant appreciated that the managers treated all the employees equally. The process of performance management was regarded as the best experience since the ratings were done fairly and all the procedures were followed:

“So, I was happy because that unit manager didn’t look at how or what, she was rating us according to the way we were working. I was happy because she gave me the rate I was deserving to get.” (P.3 FGD5)

Openness and transparency towards the process of performance management by the unit manager had a positive contribution. Employees get to understand exactly what is expected from the onset when they are appointed. The opportunity to view and review the document is given to ensure that good preparation happens.

“I think obviously it’s just going back to the previous hospital I used to work at. Like when you get employed, you sit in, and they go through that job management thing [performance management document]... yes, you take the document home for a week or two and from there, you come back and sit down and have a discussion, so we employed you here, and this is what we expect you to do, then for you to do this what do you need to be able to do it.” (P.2 FGD3)

b. Subcategory: Motivational incentives appreciated

To be able to produce good results, motivation is always a critical factor. Participants appreciated the incentives that motivated them to perform well. Through their life experiences, they mentioned what aspects played a significant role in ensuring that they stay motivated:

“With me, my positive one is when I was recognised and rewarded better after that. That’s when I saw that at least even if I’m saying that I’m working hard, maybe they don’t see what I’m doing, but at the end, they could see that I’m doing something and was rewarded better.” (P.1 FGD3)

Measuring patient satisfaction and nominating high-achievers due to good performance, motivated employees. Involvement of other stakeholders like doctors and patients in measuring performance contributed to the motivation of employees:

“Every time we were giving comment cards to the patients, and we found that I was a top employee that was nominated by the patients. Then, at the end of the month, I was a nurse that was chosen by the patients, and we used to have a function whereby the doctors in our surgical ward were there in a boardroom and those patients who were able to be with us.” (P.4 FGD5)

“Okay, I was nominated. I still have a certificate I can bring as a proof (laughing) I was nominated as one of the best in the hospital. Well, I did not get the number 1 position. I got number 3 position amongst, you know, the ones.” (P.5 FGD6)

Training opportunities for employees had a positive contribution to their motivation and performance. Those who were given opportunities displayed higher levels of dedication and commitment to their jobs. Participants reported that when their skills are enhanced, they can then be productive. Also, giving employees an opportunity to be in leadership roles in the units can have a positive effect on staff development:

“I was also recognized by that unit manager. She even sent my recognition to the college, and then I got cum laude, and I was proud of myself. I passed, and I was already at the college as a student then and was sent by the company due to my exceptional performance.” (P.2 FGD6)

“I think the leadership skill was recognised (laughing), so there was a time whereby I think our unit manager was away, so they were like, ok can you just ... what do you call it (thinking)? Can you just be in charge in the meantime? So, I think yeah (nodding head) because of that good rating, the leadership skill was recognised. That was the good part about it.” (P.4 FGD2)

“So, I went to do my Theatre Tech, and we were eleven in class and out of eleven, I was the only one that passed that course. Yes, they paid for everything, they even

increased the salary when I came back with the certificate, yes! They acknowledged everything.” (P.3 FGD2)

Discussion

The participants agreed that influential and supportive managers played a significant role in their work-life experiences. This view that managers need to focus on positive outcomes and celebrate their teams while recognising their accomplishments was supported by Roussel, Harris and Thomas (2020:208). The empowerment of employees by their managers was another peak experience that emerged from the discussions. Muller and Bester (2016:272) agreed that the leader opens the way for the followers and brings about transformation. Ismail, Majid, Jibrin-Bida and Joarder (2021:145) explained that managers need to provide support to stimulate positive employee behaviour and enhance employee performance. Participants reported that their managers had an influential role in their work lives and contributed to their positive work performance. Trust relationships between managers and employees were appreciated, as was the fact that they were recognised for their efforts. Participants appreciated performance feedback from their managers as it provided a clear direction for their performance. In support of this statement, Camilleri (2021:17) explained that performance appraisal is an excellent opportunity for the appraiser and the appraisee to engage in a fruitful dialogue. According to Camilleri (2021:17), performance appraisals can be a good opportunity for relationship-building between managers and employees through positive reinforcement and constructive feedback. Ismail, Majid, Jibrin-Bida and Joarder (2021:145) explained that managers need to provide support to stimulate positive employee behaviour and enhance employee performance. Trusting relationships between the managers and the employees could strengthen the positive work climate. In support of this view, Iqbal, Farid, Khan, Zhang, Khattak and Ma (2020:1) remarked that there is a correlation between authentic leadership and employee engagement through trust. Participants were committed to their employers as their work environments promoted mutual respect between the managers and employees.

Further explanation by Melhem and Al-Qudah (2019) suggested that when there is mutual respect and trust between managers and employees, this results in positive

work engagement. Satisfied employees fostered an attitude of organisational citizenship behaviour (Karyatun, Yuliantini, Saratian, Paijan, Soelton & Riadi, 2023:242). Managers' feedback was appreciated as it provided insights pertaining to their performance. Lazarova et al. (2021:177) remarked that providing employees with effective feedback pertaining to their performance is crucial during an appraisal interview. Participants who were treated fairly by their managers were committed to their jobs. Fair treatment of employees and support will ensure that employees remain committed to the organisation (Bhatti, Soomro & Shah, 2021:1990). Performance appraisal fairness and job satisfaction have a positive and significant influence on employee commitment (Setiawati & Ariani, 2020:133).

The participants appreciated transparent managers' attitudes towards the process. Wörnich et al. (2018:310) stated that prior to the performance appraisal interview, managers should explain and clarify all the methods to be used to ensure that employees understand what is expected. The study participants appreciated the nominations and rewards of higher achievers. This, in turn, improved patient satisfaction. Abu-Rumman, Al Shraah, Al-Madi, and Alfalah (2022:1) suggested that quality awards can be effectively applied in healthcare settings, and this can be an excellent strategy to improve patient experience and satisfaction. Incentives provide a degree of motivation to ensure that they remain motivated. Kalogiannidis (2021:993) stated the importance of managers in establishing ways to motivate employees to improve their job performance. In addition, I suggested that managers must utilise both monetary and non-monetary motivational factors to promote employee productivity. Those who were given opportunities to study displayed high levels of motivation in their work. Career development and training of employees have a positive effect on employee work motivation (Sugiarti, 2023:1). Managers need to plan training and development programmes to help employees develop their capacity (career path or succession planning) (Nguyen et al., 2022:11). Participants remarked that training opportunities enhanced their skills and performance. Participants reported that their managers and the environment allowed them to perform above what was expected of them. In support of this view, it was evident that those who thrived at work may be positively experiencing favourable job attitudes and performance-related outcomes (Kleine, Rudolph & Zacher, 2019:992)

3.3.3 The dream phase

The dream phase focuses on the envisioned state of an ideal performance management process as described by the study participants.

3.3.3.1 **Category: Desired performance management**

This category mainly focuses on the dream of participants in ideal performance management, mainly on what can make the process run seamlessly. Participants' wishes covered all aspects pertaining to the process.

a. Subcategory: Envisioned process

Most participants stated the importance of having a fair and transparent process to ensure productivity. Threatening environments that promoted negative criticism were seen as a barrier to effective communication. Aspects of mutual respect between managers and employees was raised, and that the avoidance of bias and favouritism will ensure that a fair process exist. Evaluation of employees must be based only on performance rather than other personal factors:

“Okay, me (clears throat) sorry... if I can get the opportunity to say for 30 minutes to run the unit. The first thing that I will do with my staff is to tell them to respect each other. That’s a thing that I see lacking in most of the managers that are running the units. They don’t kindly respect their employees because you know when you are a manager...you cannot be a manager without your staff.” (P.1 FGD3)

“Then they [managers] have to treat us equal, give everyone what she or he has to get or what he deserves, and then if unit managers doesn’t do favouritism, it will be easy, everyone will get what she deserves, everyone will be happy, and the hospital or the clinic will run okay.” (P.3 FGD5)

“I think my wish is that there must be a two-way communication; it must be interesting like it must be not a situation wherein you feel like I’m sitting with my manager, and you are afraid to talk. It must be a situation where you are free to talk to express

yourself, and there must be less criticism. It must be educative like you are free to express yourself and you enjoy instead of coming there like maybe crying feeling like you are not doing anything.” (P.1 FGD6)

“I think you should have someone that knows your work ethic with you like you could have your shift leader with your unit manager together there to rate you because they know you personally. They know how [you] work. They see how you interact with patients when no one is watching you.” (P.3 FGD4)

Certain participants shared that appraisal meetings should be done on time. Objectives and goals are to be explained to employees by their managers. No interruptions must happen during an appraisal interview, and both parties should stick to set timelines to avoid conflict. Proper training of staff prior to formal evaluation should be done to ensure that they all understand what is expected of them.

“So, we need to make sure that we are ready, it needs to be dated, it needs to be done on time, and it cannot be ‘when I’m ready!!’, because if I have everything prepared... ‘you tell me you have to run to a meeting’. We need to set up a date, we need to set up a time, we need to be prepared and so that fairness can also be there.” (P.4 FGD6)

“And there is this thing, like when Sister J mentioned especially on the Infection [Control] and Quality. there’s no training that they gave[us] on those Infection control and quality, but when you go for one-on-one, then they mentioned that, whereas I know nothing about that.” (P.2 FGD2)

“We need to get prepared that I’m going to do this, and there must be like the policies... you can’t be told you are not supposed to do this while you didn’t prepare because you need to prepare your things nicely so that you can follow on those documents.” (P.3 FGD3)

Participants go the extra mile while caring for their patients, and they are not always in possession of a diary to document their interventions as required. They suggested that the ‘proof ‘of work done should be removed from the performance management process, as it underscores most of them. Furthermore, they recommended that there

must be a follow-up on agreements between the managers and the employees pertaining to study and growth opportunities:

“My biggest dream, I think the issue of saying bring the proof to say you did 1,2,3, they must just eradicate this from this performance management. Most of the things “we are doing” is just that we can’t provide the proof.” (P.1 FGD2)

“The other one is that I believe after these performance management, the unit managers should follow up on those people. Sometimes, we do a meeting on that day. Thereafter, it's forgotten about it. We do those ratings, I'm happy, and you are happy, then what follows after that? What if my dream is to go back to school, like she mentioned? Who is going to follow up for me to go to school?” (P.1 FGD5)

Participants reported dissatisfaction with the rating process, whereby all employees get rated the same. This demotivated most of the higher achievers when incentives were shared equally. Also, confidentiality was another factor that was raised. Managers must ensure that results of the performance management remain confidential and are not shared with those who are not authorised.

“My dream will be to be rated correctly for the job performance we produce. You know we work very hard, but you find that we all get to be allocated the same rate ...why so? I know that I put so much effort and work, but you get to be rated like everyone else, and that's wrong. So, my dream will be that we get rated correctly and also awarded for that performance.” (P.2 FGD3)

“Also, like I was saying, it needs to be confidential. It cannot be discussed with other staff members.” (P.4 FGD6)

Participants suggested that there must be at least two managers during an appraisal process, as this will prevent bias and favouritism. It was also suggested that agency (part-time) nurses form part of the performance management process as they provide care to the patients.

“Ok, me on my dream phase, I mention here that when nurses go for appraisal, they must be two people. It can be a unit manager from another ward, or maybe it can be

a Standard Nursing Manager that must be present there. The reason will be to avoid favouritism because most of the unit managers they've got favouritism, yes, when it comes to staff.” (P.4 FGD5)

“I feel like it needs to be done on agency staff also. I feel like it is concentrated more on the permanent staff, but they are working here, they are part of this unit, they are part of the performance that needs to be met.” (P.1 FGD5)

Two participants suggested that performance management documents should form part of an onboarding process for new employees. Through this process, employees will have ample time to understand and familiarise themselves with the goals and expectations. Furthermore, this will ensure that the process remains transparent and known to all employees.

“I would like it to be part of the onboarding, you know, when we discuss medical aids, let's discuss that as well. I'm going to come and assess you based on this and this, so in the next three months, please make sure that you try to do this..., this and this. At the end of the first month, how you getting along with those goals that we discussed?” (P.2 FGD3)

“Now, I would like when I join the new company... you give me the job description, give me my employment contract, sit down with me and tell me we've got something that is called performance appraisal.” (P.3 FGD3)

“Transparency... tell us from the beginning this is what is expected and all that and all that. And let's sit again, not even a formal thing, just how far you are going and all that. Not like being caught-up...” (P.2 FGD4)

“The document must be there and available not to be tucked away...” (P.4 FGD4)

Another aspect that emerged was that managers must have the knowledge and qualifications of the employees they are assessing. It became evident that some of the nurse managers lacked knowledge and insight into what was to be evaluated. Managers should give higher scores when employees deserve them. Most participants

reported that none of them were given higher scores as the managers were expected to motivate for such scores:

“It’s like when your leader is in IT [Information Technology], not even a nurse... she doesn’t even know what’s happening in health but is having that position there to rate you... an IT rate a medical person, that’s a thing again.” (P.3 FGD2)

“And this thing of saying JPM start from 1 until 7. But why are we always on number 4? Who’s going to be there at number 6? Why can’t we reach that 6 or 7?” (P.3 FGD3)

Policies pertaining to performance management must guide the implementation and the process. Certain aspects of performance management will need to be reviewed. The document needs to be in line with each discipline of nursing and not used by the collective to avoid conflict.

“Performance management should be made to fit the particular ward; it must be more practical as well. The majority of what’s on the performance management list is just nothing related to what we actually do on an everyday basis.” (P.1 FGD5)

A suggestion from one of the participants was that other stakeholders (doctors and shift leaders) should at least form part of the appraisal process as they are familiar with their work ethic:

“So yeah, they must involve the doctors; doctors must be there; she is the one who can rate you better than your line manager.” (P.3 FGD4)

b. Subcategory: Envisioned nurse managers’ attitudes

Managers’ positive attitudes contributed to the success of the team in the unit. This, in turn, promotes the high performance of employees when they learn from their leaders. Participants verbalised the need for the managers to lead by example and be transparent:

“Transparency! You know, if you are going to be in leadership... you need to lead by example... Show me that you know how to do it, be hands-on! You know it’s so much

easier to do something that you saw than something you were just told. Don't give us a tool or a SOP or guideline. Just be present and say this is how we'd do it here. (laughing)." (P.2 FGD3)

Managers must ensure that a culture of respect exists between them and their employees. They must listen to staff concerns and ensure that trusting relationships exist. They must avoid favouritism and biases to ensure that there is equality. Managers should follow the procedure of performance management:

"...if you come in and you don't even recognize us, and we have a problem, but we can't even talk to you... you know, sit down, and then you just wanted to say, 'My rule my ways'." (P.1 FGD3)

"They don't treat their staff equally; they've got those ones that they have soft spot on, and they've got those ones that they don't have..." (P.3 FGD6)

Managers were also expected not to involve their personal feelings when rating the performance of employees. The appraisal process should only focus on employee performance. Managers must ensure that staff who go the extra mile are recognised for their efforts and rewarded accordingly. Staff that was recognised tended to over-perform:

"They shouldn't put emotions into rating us if we deserve, let's say, the rating is out of 5, if we deserve a 5, we deserve a 5." (P.4 FGD6)

"So, in here we started this thing of "employee of the month". Sister J was rated high, so she got to be...like they bought her lunch or something like that... Just to say thank you. Sister of the month. That is recognition." (P.5 FGD2)

Participants expected their managers to know their capabilities even before they started appraising them. They needed to familiarise themselves with the work environment and be able to know their competencies:

“For me, I think before I can explain myself to the unit manager, I think unit managers should know their staff, all of them. She must know her staff if I’m competent or lacking somewhere. She has to know that before I can explain myself to her.” (P.1 FGD4)

Managers were expected to be visible on the floor to witness the performance of the employees. Participants also noted the need to be evaluated by managers who are familiar with their work ethic. New managers tend to rate the employees incorrectly since they are not familiar with them:

“Our dreams are the same. We want to be rated by the person who knows how we perform. That’s also my dream to be rated by someone who knows how I perform. That’s it.” (P.3 FGD4)

“My wish for me, I wish the unit managers can know us first before they even start evaluating us because you can’t evaluate us when you are not even a month in the ward. What do you know about the staff?” (P.5 FGD3)

Discussion

An ideal performance management process was described as one that promotes equity and is free from biases. Perceptions of favouritism and biases are negatively associated with employee trust in the organisation (Pearce & Wang, 2023:2). Participants stated the importance of having a fair and transparent process. The participants recommended two evaluators to prevent bias and favouritism. This was consistent with Muller et al. (2016:526), who suggested that it would be better to obtain a second opinion by asking another colleague to assist with the evaluation. Rubin and Edwards (2020:53) suggested that a well-designed performance appraisal system will increase employee perceptions of fairness. Threatening environments that promoted negative criticism were seen as a barrier. A recommendation was made that the process should be thoroughly explained during orientation and before each cycle. Islam and Periaiah (2023:145) recommended that the whole performance management method be thoroughly explained to the employees at the beginning of the year. Participants stated that high achievers shouldn’t be rated the same as other employees to make sure they remain motivated in their jobs. The findings of Bashir,

Wright and Hassan (2022:1231) revealed that when employees display high motivation levels in an organisation, it is crucial to take steps to maximise their ability to see the impact of their jobs. Similar ratings for all employees, irrespective of how they perform, were raised by the participants. This, in turn, demotivated high achievers. Muller et al. (2016:257) remarked that managers should avoid rating everyone as average and be perfectionists who apply hypercritical ratings. Rewards and compensation practices had a significant and positive effect on employee retention (Hassan, 2022:137). It was said that an ideal process should be in a conducive environment for both the manager and an employee to have a constructive discussion. There must be incentives for higher performers.

Similarly, Elrayah and Semlali (2023:10) suggested that the human resources department should assess the real needs of talented employees and attempt to meet such needs. This, in turn, will promote employee retention and motivation. Atmaja et al. (2023:2) described the goals of performance management as improving the two-way communication between the employee and their manager. In addition, it ensures that it encourages employee empowerment. Managers were required to possess knowledge of performance management when appraising employees. There is a need for managers to be trained on how to carry out assessments objectively without personal influences (Islam et al., 2023:145). Another suggestion was that managers should have skills and knowledge of the specialty they intend to evaluate. In support, Ofei, Paarima and Kwashie (2020:1) stated that managers require knowledge and qualifications to better their skills and perform their managerial skills. Participants suggested that managers should be trained on how to conduct themselves during an appraisal process. Emotional intelligence has been noted as one of the important skills that managers should possess (Roussel et al., 2020:49). Some participants stated that the evaluation should be based only on how they perform and not other factors. Rudman (2020:3) remarked that the focus should be strictly on performance and not made other characteristics. Managers were expected not to rate employees that they were not familiar with, as this underscored their performance. Sinambela, Darmawan and Mendrika (2022:54) suggested that the performance of employees should be based on observations, not on assumptions by the evaluators.

3.3.4 The design phase

This phase focuses on the actions that need to be implemented for the envisioned dream to become a reality.

3.3.4.1 **Steps to create desired performance management**

This category was identified from the focus group discussions and addressed the interventions suggested by participants to ensure that their envisioned reality matures. The categories are as follows: training, cooperative development of instruments, and implementing change.

a. Subcategory: Training for performance management

Training emerged as an important aspect for most participants. It was suggested that nurse managers must undergo training pertaining to performance management to ensure that the process remains fair for all employees. Other participants suggested that managers and employees should have the same training provided to ensure that they all understand the correct procedure:

“The manager needs to know exactly what they are looking for, and they need to understand themselves... They need to undergo training for the JPM [Joint Performance management] and how to rate so they can easily explain it to the employees, the person they are rating.” (P.1 FGD5)

“I’m saying there’s no two-way communication, she’s just telling you, and she’s just like giving it to you like when you go out there..., you don’t even want to go for performance management again (laughing). Or maybe with this training, we can be trained together with them so that they know that we know what is expected of them when we go there, yeah.” (P.1 FGD6)

Employees also needed to be trained on the process of performance management, as many were still not sure of what it entails. It was recommended that the human

resources management department should provide new employees with training on the performance management process and the tools:

“I think we need to understand more about this appraisal thing because I think we have lack of knowledge about these JPM thing because I’m not sure that most of us understand how it works.” (P.1 FGD3)

“Maybe, macro induction, if you look at micro induction to the company, HR does come, they mention it right, but it’s not done in detail. So, why not be part of the larger orientation into the new company? To dedicate a session to looking at the document, you know... go through each different bullet, this is what you need to do to achieve this and this. This is what you need to do. So, if it is done there in orientation, it’s not my manager calling me while I’m nursing a sick patient to say come to my office. Let me explain to you how this document works...” (P.2 FGD3)

Some of the participants suggested emotional intelligence training for managers. There is a need for managers to receive training on self-control management. It was then suggested that this training would be beneficial as it would provide a change of mindset

“You’ll find that she is just telling you, and there is no discussion. The discussion is not taking place, and yes, they need training also on how to conduct themselves.” (P.1 FGD6)

“But maybe with time they will have a change of mindset so I will say training may be beneficial for all the managers.” (P.5 FGD6)

b. Subcategory: Cooperative development of instruments for performance management

The importance of cooperative development of instruments by both employees and their managers was raised by most participants. Documents needed to be unit-specific and not fixed. Participants also reported that the tool needs to be individualised based

on the nurse's experience. Nurses' level of experience is not the same; thus, for the true reflection of talent, it must be individualised.

"I think currently now, we are using a standardised document which is standard across all the departments. I think, obviously, our dreams being different. A specialized unit needs to have its own like job management thing separate because it's specialized. The KPIs there must actually relate to what the unit does. For example, even if we mention the skills, it must be relevant to what the ICU is, which will be different, for example, the one in Maternity and to the one in Casualty." (P.2 FGD3)

"You cannot... let's say rate Nokwanda according to my experience., Nokwanda qualified not so long ago, and I qualified. I don't know how many moons ago???, so you don't expect me and Nokwanda to be at the same experience level on the same performance level. Basically, they need to individualize the tool. They should not generalize the tool to say because it's RN, then everybody will fit." (P.2 FGD5)

Participants suggested that documents must have a coherent structure and that performance documents must be user-friendly and easy to understand. Other participants stressed that the language used in the document must be easy to understand and unambiguous.

"So, I have a problem with a very 'wordy' document that is not really headed and segregated correctly. So, you'll find that there is a list of things, half of them you don't even understand, so even if you have that document, it doesn't make sense to you... you won't know what it is that you need to fix, so maybe now start breaking it down very easily because now, as an RN, you won't just have the clinical side of things." (P.2 FGD3)

"If you break it down correctly and make it understandable, put it in a language that an HR person won't just understand but also us as clinical as we are, then at least you can get participation from the person who is supposed to perform because now you know exactly what is." (P.1 FGD4)

Changes in performance management policies were another factor that was raised. This includes the revision of a document, as most participants recommended that two assessors be present during an appraisal interview. Performance management documents should form part of a new appointment package for employees during orientation.

“They must be very specific with the questions they put on the tool, yes. My dream was to review the policy.” (P.4 FGD6)

“So, the Design it should be made a standard that you have two people doing your JPM for that equality that we want. Obviously, for that to happen, there needs to be a policy change. The policy states that, ok for performance management to be done fair and whatever, there must have two people on your performance management. What else? (laughing).” (P.3 FGD6)

“I think the thing that will work is, on appointment and all that, let the JPM document be given to staff. That will be, I think point number 1. And when you are getting your...(thinking) (konje) what do you call those things... ‘Onboarding’ ...yes, onboarding, have that document so that it stays with a person and you know, okay, I have to achieve 1,2,3 and 4 at the same time if it stays with you and you see that I’m struggling to achieve these, maybe I need training, and you can easily identify it and there and there, and by the time you sit for a formal meeting you already have some notes in the background and the document.” (P.5 FGD3)

One participant suggested that managers should follow the performance management policy document but also consider when employees go the extra mile. The flexibility of the document should be allowed. Furthermore, non-applicable areas were reported to underscore the employees’ ratings. Managers are expected to report these challenges to their superiors to ensure that the process remains compliant.

“I think being unit specific also flexible as well. They must only look at what is written on the performance management policy but also consider what we do an extra mile. Like it must be flexible.” (P.4 FGD6)

“I feel that it’s bringing down the scoring somewhere, yet it’s something that doesn’t apply to me. So, the line manager stands to benefit the most out of us performing well, you know... so, they need to head up this thing and make sure that it’s running well.”
(P.3 FGD3)

c. Subcategory: Implementing positive change

For every organisation to achieve exceptional results, it requires that positive strategies that promote success be implemented. Mutual collaboration between the managers and the employee in implementing positive change is crucial. Support from the organisation strengthens relationships and increases productivity.

Good relationships between managers and employees will strengthen the process of performance management, whereby there will be mutual trust. Transparency in the performance management process will ensure that every employee is aware of the set objectives and goals. Avoidance of biases by the managers will motivate employees to perform well:

“If unit managers stop favouritism, everything is going to be okay, yeah, they must just treat us the same.” (P.3 FGD5)

There must be good preparation for the performance management process and not rush to ensure that all employees are ready and well-equipped. Compliments must be accompanied by rewards to motivate employees:

“The same compliment must come out with something that every staff will say wow! Even me. I want to get that thing. The reward, yes!” (P.4 FGD5)

Managers should ensure that records of top achievers are kept and that they are rewarded accordingly. Managers need to interview the patients pertaining to the care received from the nurses. This will give her an idea of how clients feel. That will motivate employees to perform well if they are recognised.

“She will just keep those papers for her to know that she’s got four names, that means that these will be my first top 4, and then I’ve got three names, this means are my second best and these 2... depends on how often your name shows up.” (P.2 FGD2)

“They have to try and listen to patients or the staff, it will be easy to give us the performance [ratings]. The patients do talk, that sister so, and so is a hard worker. Sometimes they will say we don’t like sister so and so because they know that when she is at work, she doesn’t perform.” (P.3 FGD2)

Periodic meetings of top management and employees to discuss the challenges of performance management and come up with ideas that may have a positive effect on the process. Patient experience (comment cards and staff nominations) must be managed by those not affiliated with the hospital to ensure that nurses' rewards are given to those who are hardworking and that biases are prevented.

“They could at least organize the meetings, even if it's once a year where there are all top managers like not only in one hospital isn't it this is one company then we can have people from other hospitals and then people from head office where they could listen to people and hear what they are saying. What are they suggesting, or what challenges are they facing?” (P.4 FGD4)

“I think Head office and management must choose one or it can be two persons who’s gonna [going] take care of all those things like they do walkabouts maybe monthly to check the ward to check the patients and even those comments card the patients are writing on. I think it will be fair enough because those persons don’t know us in the ward.” (P.3 FGD6)

A suggestion box to allow the employees to express their thoughts pertaining to the process of performance management. This will be beneficial for those employees who are not confrontational. Meetings between the employees and management after every performance cycle will be beneficial, as this will provide a debriefing session:

“I think we could have suggestion box. Where there is a box, and people will write and suggest that this and that should happen, maybe since there are many people who

are not confrontational who cannot talk... like they are good at writing and then they should be somebody who is reading those suggestion boxes and reviewing them.” (P.2 FGD6)

Managers must be visible on the floor when nurses are busy with patients, just to witness and train when needed. This will ensure that the managers understand the work ethic of their staff, and this will prevent conflict during an appraisal interview.

“So that is why the unit manager has to leave the office and go to the patients so they can know how they are going to rate us.” (P.3 FGD4)

Another positive factor will be to encourage managers to have meetings with each other just to discuss the challenges they face in performance management. Having to learn from their colleagues through the sharing of experiences may have a positive contribution to the future of performance management.

“And then I think they could be training for JPM as well for the managers, they could do the training where maybe they will understand it better, yeah, open training where they can also discuss, isn't it if I'm the only one manager and I have not heard from another manager from another hospital just to know what are the challenges they are facing even with the staff, they can learn from each other yes.” (P.1 FGD6)

Discussion

It was stated that some managers lacked knowledge of performance management but were expected to evaluate employees as it formed part of their duties. Wörnich et al. (2018:310) accounted for the fact that the training of managers in performance appraisal is necessary to be able to prepare fair and accurate appraisals. Training for managers and supervisors should be mandatory, and refresher courses should be held on an annual basis to improve system implementation (Mabe, Mello & Makamu, 2023:245). A reliable reward system was suggested to be in place by the participants. Rewarding good performance may have a positive effect on employee commitment to the organisation (Chantal, Manyange & Asuman, 2022:35). Participants emphasized that managers' evaluations should only focus on their performance rather than other

factors. Sinambela et al. (2022:54) suggested that the performance of employees should be based on observations, not on assumptions made by the evaluators. A recommendation was made that managers need to be trained on how to control themselves during appraisal interviews. Sullivan (2018:48) remarked that a manager's self-awareness, self-management (emotional intelligence), and relationship management are fundamental skills. A suggestion was made that performance management should form part of the orientation programme for new employees. Training the new employees on quality initiatives (performance management) is crucial (Sinambela et al., 2022:51). Elsafty and Oraby (2022:58) suggested that training is an important factor in enhancing organisational performance and is considered the main strategy to influence employee retention. It was recommended that human resources plan training for all employees during onboarding, as this will provide clear objectives to every employee. Specific and well-organized training programmes should be implemented inside any organisation according to each employee's needs and requirements (Elsafty et al., 2022:70). Burton (2023:157) suggested the importance of training managers to have productive conversations that can reduce anxiety.

One participant suggested the use of a suggestion box to allow others to vent and express their opinions freely. A suggestion box can be used to ensure that employee engagement is not hindered and that they can express themselves freely (Sinambela et al., 2022:50). Nurse managers were expected to form an organisation with other managers to discuss the challenges of the process. Interprofessional collaboration among nurse managers will facilitate the exchange of knowledge and information and hence improve performance (Al-Ajarmeh, Rayan, Eshah & Al-Hamdan, 2022:747). Managers were expected to rate employees based on what they produce. Furthermore, they shouldn't rate employees that they are not familiar with. Wörnich et al. (2018:323) remarked that managers should avoid rating problems to minimise conflict and unhappiness among employees. Atmaja et al. (2023:11) remarked that good governance includes participation, transparency, accountability, and fairness. Transparency in the process of performance management was reported to have a positive outcome by the participants. Also, trust relationships between managers and employees will strengthen the process. Burton (2023:157) supported this view that employee and manager engagement in the process, sharing knowledge, and building trust relationships promote a positive working climate. Avoidance of biases by

managers will motivate employees to perform well. Accurate evaluation of employees that is in line with their goals and objectives will strengthen their performance Burton (2023:157). Compliments needed to be accompanied by the rewards as suggested by the participants. According to Perumal, Williamson, Mkhonza, Perumal and Cebisa (2020:231), the purpose of performance appraisal is to determine appropriate compensation and reward. There must be meetings pertaining to performance management between management and employees to discuss the challenges of the process. Burton (2023:157) suggested that there must be collaborative involvement from multiple levels within the organisation to ensure that the process is well managed. Participants reported the need for the policies to be reviewed in to ensure that fairness and risks of biases are prevented. In support of this view (Muller and Bester, 2016:248) maintained that policies form part of quality improvement and therefore its purposes is to mitigate the risks in the healthcare facilities. There was a need for all stakeholders to be involved during policy formulation to ensure that it is suitable to all employees. All stakeholders can decide in healthcare facilities whether challenges can be addressed by means of a policy to ensure consistency in performance to mitigate risks (Muller et al., 2016:248). Documents of performance were expected to be unambiguous and to maintain a coherent structure. In addition, the use of language needed to be clear and understandable to all employees. Policies are expected to be brief, clear and descriptive to avoid misconceptions (Muller et al., 2016:249).

3.3.5 The Destiny Phase

The design phase focuses on sustainability measures to ensure that the ideal performance management of professional nurses remains tailored.

3.3.5.1 *Ensuring sustainable progress*

This category addresses the measures to ensure that the proposed performance management process remains sustainable. It will address three subcategories that emerged from the focus group discussions. Subcategories are stakeholder involvement, effective communication, and enabling relationships.

a. Subcategory: Stakeholder involvement

One participant suggested that the performance management process is “self-developmental”. Employees must be willing to develop themselves first, and in doing so, the organisation should create a conducive environment to ensure such happens:

“I believe that performance management is like ‘self-development’. It’s for you to develop and upskill yourself, something that you need to take personally, but the employer, the manager, they need to create the opportunity.” (P.2 FGD5)

Top management, together with unit managers, needs to manage and monitor the process of performance management. They must seek to understand what staff concerns are. Nursing services managers must monitor that the unit managers are following the correct procedures when staff are being evaluated:

“Line managers must be there, and also the top [management] those [who] are making things to happen. There must be there. So that they change things and understand what the people at the ground complain about then make it easier for them to get those policies reviewed.” (P.2 FGD3)

“Unit managers to be monitored by matron that they are rating us based on our KPI’s.” (P.3 FGD4)

The Human Resource Department is solely responsible for making rewards visible. Participants believed that the rewards must be in line with the level of staff performance. Furthermore, their involvement will ensure that they not only obtain second-hand information from the unit managers but also understand how capable employees are.

“The HR they must be involved because they are the ones whose dealing with the money. They must give us the increase based on our performance. They must not hear somebody said ‘Marietjie, you can give her two, and then they give me 2’ Nooo! (Nodding her head and laughing so loud).” (P.3 FGD6)

Hospital management and head office should be involved in the process so that staff challenges can be addressed and attended to. Head office, in consultation with the policymakers, will amend and adjust the existing performance management policies to address the following concerns:

“Obviously management! Management and Head office both should monitor the progress of these actions.” (P.2 FGD6)

“Policymakers to be involved in the adjustments of policies pertaining to performance.” (P.1 FGD2)

A clinical training specialist will contribute by ensuring that employees are well-equipped with skills. Ongoing training and assessment of competencies will ensure that employee performance meets the expected standards.

“The stakeholder that needs to be involved is a clinical department person because if we lack something, so that person can also assist.” (P.5 FGD6)

b. Subcategory: Effective communication

Policymakers must ensure that the document on performance management is user-friendly and easy to understand. Furthermore, the tool must be unit-specific to avoid generalisation and misunderstanding.

“I’m trying to say policy regarding performance management must be unit specific because I’ve seen it being generalized, and we are being misunderstood where you need to explain your points. Yes!” (P.2 FGD3)

There must be ongoing communication between the hospital management and the head office to ensure that the challenges are being addressed. Monitoring of implemented change should be the responsibility of both parties.

“So, the management is the one that needs to hold this thing together and to follow it up because it’s their tool. They see what’s goes wrong, they see what lacks. So, they are the one to convey it to the Head office and also to follow it up.” (P.2 FGD3)

Human Resources Departments should hold meetings with unit managers and employees to monitor the progress of performance management. This will allow employees to express their thoughts on the appraisal process, and possible recommendations can be made:

“HR could hold a meeting and ask how did your unit manager rate you?” (P.3 FGD4)

c. Subcategory: Enabling relationships

There must be relationships between all the managers within the hospital group. They must form an organisation with other managers and seek to understand the challenges of performance management. The sharing of ideas will help improve the system and maintain the improvement.

“Managers need to form an organisation of some sort to write and say as the hospital group. We need to change this policy because it must go together with whatever that they are doing according to their departments.” (P.5 FGD2)

An external stakeholder appointed by the company to monitor the improved process of performance management by ensuring that the principles are upheld, and that equity is supported:

“As I said, the line manager stands to gain the most out of our good performance, so while he or she is responsible, they are not impartial (as well. And because they work closer with us, even biases can come into play here. We are human beings; we might naturally just don’t like each other, so I feel someone external should monitor the process that is being implemented, you know...” (P.2 FGD3)

Management and employees should hold meetings every three months before and after the performance appraisal interview to discuss and express concerns. This will help by ensuring that misconceptions are clarified, and issues are ventilated. It will also ensure that the improved performance management process is maintained.

“I would say three months before the appraisal and after the appraisal, that will help a lot as we will be able to express our concerns and to see if there were changes indeed.” (P.4 FGD4)

Doctors should be allowed to form part of the employee’s appraisal interview. This will add value as they understand the nurse’s work ethics. Furthermore, they will have a contribution to the final ratings of employees:

“Okay, I think even the doctors are to be involved because we work with them most of the time, one-on-one.” (P.4 FGD5)

Each unit elects one nurse to represent them in meetings pertaining to the process of performance management. The elected employee must be someone with insight into and understanding of the challenges of the current process. This elected person must be able to bring back the feedback to a team:

“Each and every unit manager in Maternity they must make sure somebody is selected, so the unit manager must make sure that when they are having meetings when drafting the policy and all those things., those people are going there, they bring the feedback.” (P.4 FGD2)

One participant suggested that employees must be available and willing to learn when unit managers avail themselves. This will enable a culture of learning and thus maintain the improved performance management process:

“I think both staff and the Unit manager needs to be there, but also the staff too must avail themselves, sometimes managers are willing to help, but staff members are not available.” (P.3 FGD4)

Discussion

Management (head office and hospital management) was expected to work together to identify the solutions that address employee challenges in performance management. In support of this statement, White, Aiken and McHugh (2019:2070) explained that creating a culture that emphasizes root-cause analysis of systemic problems could help identify inefficiencies in systems and protocols. Participants expressed the need to have the policies reviewed based on the pitfalls of the current process. In a study by Musodza, Cishe and Mapangwana (2021:141), there was a suggestion that policymakers should revisit the policy formulation with a view to making it consultative to improve ownership. In support of this view, Noordiatmoko and Riyadi (2023:1016) explained that if there is poor implementation of the policy, then the decisions made will not be implemented successfully. The human resources

department was expected to take ownership of performance management and address the concerns of employees in relation to the current process. Human resource departments have the ability to influence the skills and attitudes of employees and, therefore, may have a positive influence on driving performance (Anwar & Abdullah, 2021:45). A recommendation was made by one participant that employees should form part of the discussions when policies were to be reviewed. Policies should be inclusive in that they allow the input of users before their implementation (Musodza et al., 2021:132).

Participants suggested that there must be ongoing communication (meetings) whereby the challenges of the current process will be addressed. Stacho, Stachová, Papula, Papulová and Kohnová (2019:391) stated that open communication is an instrument of effective employee engagement and may increase the chances of organisational competitiveness. This view was supported by Kalogiannidis (2020:6) findings that emphasizing effective communication in an organisation helps employees share information, ideas, and knowledge, which, in turn, allows them to perform well. Drawing from this view, it can be concluded that managers who collaborate with others in discussing the challenges of the current system may be of benefit to the outcomes of the future performance management process, as suggested by the study participants. According to Dass (2023:1), employees need to first be willing to develop themselves and the organisation to ensure that the environment remains conducive. The involvement of a clinical training specialist to ensure that staff remain competent was suggested. The training department needs to focus on all components of training and development to foster staff performance in the organisation (Lameck, 2022:83). Participants suggested that the document be revised to ensure that it is easy to understand. There is a need for ongoing communication between hospital management and the head office to address the challenges and ensure that talent is retained. Elsafty et al. (2022:70) supported this concept in their study that human capital is the most important resource needed to achieve success and profits in any organisation. Therefore, planning and implementing strategies to keep skilled and knowledgeable employees is the most important factor for an organisation's success. Involvement of other stakeholders like doctors in the appraisal process was suggested by participants, as this will ensure that fairness exist. Furthermore, doctors may provide an objective rating as they work closely with them.

According to (Muller et al., 2016:526) if there is a suspicion that a supervisor may be prejudiced against the subordinate , it would be better to seek a second opinion by involving another person during an appraisal interview. Managers were expected to share the challenges of performance management with others, with a view that this will give premise to solutions and innovation in performance management. Zhang, Chu, Ren and Xing (2023:9) maintained that knowledge sharing and cultivation between managers may have a positive outcome in the organisations. Having meetings before and after performance appraisal will ensure that issues of concern get ventilated by all employees as suggested by participants. Nurse managers who are leaders can use a participatory style of leadership by engaging and involving employees by ensuring autonomy exists. This in turn ensures that productivity exists in a workplace(Roussel, Harris and Thomas, 2020:25)

3.4 SUMMARY

In this chapter, the findings were described and discussed. In the next chapter, the conclusion and recommendations of the study will be described.

CHAPTER FOUR RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

4.1 INTRODUCTION

The study aimed to explore and describe the ideal process of performance management for professional nurses in the designated hospital in the Gauteng province of South Africa. In Chapter 1, the background to the problem statement, rationale, and significance of the study were described, and key terms used throughout the study were defined. Chapter 2 presents a thorough description of the research methodology. In Chapter 3, the researcher described the categories and sub-categories and validated the sub-categories with verbatim quotes from the participants. The categories were discussed with applicable literature. In this chapter, the conclusions formulated from the data and the discussion of the data with the literature to form the findings of the study are presented. The limitations of the study, followed by recommendations generated from the study and the major conclusion drawn relating to the aim of the study, are also presented.

4.2 CONCLUSION

The professional nurse participants described an ideal performance management process according to the 5-D cycle of appreciative inquiry. The implementation of such a process may contribute to their motivation and capability to provide exceptional care to their patients. Undeniably, professional nurses' rewards, a fair process of performance management, and training to improve their knowledge and skills are the cornerstones of an ideal performance management process. The following conclusions were drawn from the categories and subcategories that were prominent in the study.

4.2.1 Defining Performance Management

The performance management process was defined as that period whereby professional nurses and their managers meet and discuss the goals to be met in line with their job descriptions during a round of individual meetings. Studies have supported this description that there is a need for collaboration and planning to ensure that all the employees are familiar with and aware of what is expected of them. While the managers' role in the second round of individual meetings is to rate the professional nurses' performance, it is also important that professional nurses are well prepared to meet the applicable performance criteria. Professional nurses rely on the system to determine if their salaries will be reviewed based on how they have performed. Future decisions pertaining to compensation and promotions derive from this process. It was also described as a means of self-reflection as to how far you are from the set goals of the organisation. Subsequently, managers must take previous performances into account when they review current performances. Only then can progress be determined. Some participants described performance management as a process that enables the identification of areas that need improvement. Once gaps have been identified, training should then form part of the solution. The participants described the process as a determinant of growth by furthering studies or getting promoted. The results of the process enabled the development of professional nurses.

4.2.2 Appreciated aspects in the existing process

Evidence from the data collected suggests that a supportive manager contributes to the motivation of the professional nurses that they supervise. In doing so, managers empower staff by enabling educational opportunities and by motivating their promotions when they qualify for them. This suggested that managers dwelled on positive outcomes to accomplish the achievements of their professional nurses. Managers who provided opportunities for growth were seen as those who were influential in their leadership. Recognition of professional nurses' efforts was appreciated in that it stimulated positive professional nurses' behaviour and performance. Managers who trusted their teams promoted a positive work climate, which allowed professional nurses to accept constructive feedback with great ease.

Correct ratings in line with professional nurse performance were appreciated. This fair behaviour ensured that professional nurses remained committed to quality patient care. The goal of the appraisal interviews was to evaluate performance, not other factors. The process of performance management was well explained on time by the managers to ensure that it amounted to fruitful dialogue. Participants who were rewarded well appreciated the contribution of their managers. Thus, incentives provide a degree of motivation to ensure that they remain motivated. Recognition of staff through the nomination of great achievers motivated staff to perform well, and this improved patient satisfaction. Managers who allowed training opportunities helped professional nurses develop their capacity.

4.2.3 Desired Performance Management

Participants envisioned a fair and transparent process for performance management. An ideal process denotes that equity should exist. Thus, favouritism and biases promote a lack of trust in the organisation. Participants stated the importance of having a fair and transparent process. This can be achieved by seeking a second opinion from another colleague to assist with the evaluation of professional nurses. An environment that is free from negative criticism and provides two-way communication was suggested since threatening environments were seen as a barrier to effective communication. Managers were expected to be familiar with the performance of professional nurses first to avoid underscoring them due to unfamiliarity. There is a need for both managers and professional nurses to be prepared for the appraisal appointments since this will ensure that conflict is prevented. The process of performance evaluation should form part of an orientation programme for new employees. This would ensure that professional nurses understand what is expected of them from the onset. Managers were expected to have the knowledge and qualifications prior to evaluating professional nurses, as this will ensure that they remain objective and fair. Transparency in leadership is of paramount importance, as this will promote employee engagement. Managers were expected to base performance on observation and avoid assumptions. Managers were expected to be trained on how to conduct themselves during an appraisal interview. In support of this view, knowledge of emotional intelligence should form part of managerial skills.

Managers' positive and influential attitudes can contribute to the success of the performance management system as stated by the majority of participants. Knowledgeable managers will ensure that employees are rated fairly, and this necessitate that they must be visible at all times. This in turn will ensure that they are familiar with employees' performance prior to rating them. Rewarding and recognising good performance motivated professional nurses, as it has a positive link to employee retention.

4.2.4 Steps to create desired performance management

Participants described the essential steps that needed to be in place to ensure that the process remained fair and equitable to all. Professional nurses suggested training for all the managers and professional nurses in performance management to ensure that all understand the expectations. The human resources department takes the lead in the training of professional nurses, as performance management forms part of the management of the human resources process. Training on emotional intelligence for managers was suggested by participants. This, in turn, will ensure that managers understand how they should control themselves, especially during performance appraisal. Performance management should form part of the induction program, as this is part of the quality initiative. The documents must be revised to ensure that they are unit-specific and to avoid generalization. There must be a coherent structure of the documents and the terminology used must be unambiguous. Policy reviewers should take note of the structure and the language used in the document. Two or more evaluators were suggested, and this was to prevent biases from the unit managers. Compliments must be accompanied by rewards since part of the appraisal process is to determine compensation and pay for the professional nurses. Ongoing meetings between management and professional nurses are essential to ensuring that the process is well managed. Mutual trust, transparency, and the avoidance of biases in relation to performance management should occur. This will ensure that there is knowledge sharing and trust in relationships.

4.2.5 Ensuring sustainable progress

To ensure sustainable progress, all stakeholders needed to be involved. Management is expected to investigate the underlying concerns of professional nurses pertaining to the performance management process. This is necessary to ensure that the root cause is identified, and further solutions are in place. The human resources department takes the lead in the performance management process since they have the ability to influence skills and attitudes. Policymakers should ensure that the needs of professional nurses are being addressed since consultation will improve their ownership. Training specialists to be involved to ensure that they foster the culture of learning. Ongoing, open communication between the stakeholders is necessary since it is an instrument of effective engagement. Human resources department to hold meetings with professional nurses since human capital is the most needed resource in every organisation.

4.3 LIMITATIONS

Although this is a novel study that sheds new light on the views of professional nurses pertaining to the ideal performance management process for a designated hospital, it largely endorses the body of global literature on performance management. The study had limitations as it was limited to professional nurses in one hospital in Gauteng province in South Africa.

4.4 IMPLICATIONS AND RECOMMENDATIONS

4.4.1 Implications for the designated hospital

Participants' views of an ideal performance management process were adequately answered. The findings of the study provide key insight into the aspects of performance management that professional nurses appreciate. The results of the study showed several areas that can be improved to help with the performance management process of professional nurses in the designated hospital. Hospital management needs to strengthen the relationships between professional nurses and their managers. Human resources should monitor the process and ensure that all

employee challenges are being addressed. Management can increase professional nurses' morale by ensuring that employees' concerns are followed up on and addressed.

4.4.2 Implications for hospitals in general

Hospital management needs to ensure that the policies of performance management are followed. The visibility of all stakeholders in addressing the challenges and providing solutions will strengthen working relationships in the workplace.

4.4.3 Recommendations for the top management, nurse managers and professional nurses

Recommendations are based on the findings of the study. The researcher makes the following recommendations for practice:

- Management should recognise the contribution that professional nurses make towards quality patient care and ensure that a sound reward system is in place.
- Nurse managers to establish clear performance expectations, regular feedback mechanisms and to focus on strengths in light of the AI.
- Nurse managers to foster a supportive environment, practising fair and transparent decision-making, and involving professional nurses in the process.
- Nurses to engage in self-reflection and self-assessment, seek and be receptive to feedback and embrace continuous learning.
- Nurse to participate in the peer-review process, prioritise patient-centred care (patient feedback), collaborate and communicate effectively and maintained professionalism.
- Advocate for a supportive work environment, focussing on wellness resilience, participate in setting performance criteria and seeking mentorship or coaching.
- This proactive approach is essential for career development, personal satisfaction and maintaining high standards in nursing care.
- Proper training for both managers and professional nurses is mandatory to ensure that they all understand what the process entails.
- Review of policies to ensure that the appraisal tool is unit-specific, fair, and easy to understand. The performance management process is to be introduced early during the onboarding of newly employed professional nurses by the human resource management department.

- Head office, hospital management, and professional nurses should have regular meetings to discuss the challenges and progress of performance management.
- Hospital management to establish clear and achievable performance standards, implement a comprehensive evaluation system, promote a culture of continuous improvement, provide constructive feedback and support.
- Hospital management to encourage employee participation and engagement, foster a supportive and inclusive environment, and conduct regular reviews of the system and adjustment.

4.4.4 Recommendations for hospitals in general

Human resource management should monitor the process of performance management and measure the level of professional nurse motivation. Motivated professional nurses tend to be committed to the organisation. A sound reward system needs to be in place, and regular meetings are needed to ensure that challenges are being addressed.

4.5 FUTURE RESEARCH

Scholars can use the findings of the study to bridge the gap between what is known and the unknown about this specific topic.

The following areas for future research are proposed:

- The researcher recommends that further research be conducted on the performance management of other categories of nurses in different settings.
- Exploring further the challenges or needs of the nurse managers pertaining to the performance management process.
- The benefits of involving other stakeholders, e.g., doctors, in the performance management of nurses.
- Develop regulatory guidelines for preparing, monitoring, and ensuring the sustainability of the performance management process of professional nurses.
- Developing an effective model guiding performance management, specifically for professional nurses.

4.6 CONCLUSION

The study objectives have been met. Through the study, the researcher gained a deeper insight into the aspects of performance management that professional nurses at the designated hospital appreciated. This study explored the views of professional nurses pertaining to their lifelong experiences of performance management in nursing practice. The findings of the study were validated with literature on the topic, and the findings revealed that it was useful, relevant, and timely. It was concluded that professional nurses require a strong support system from their unit managers and top management to ensure that their knowledge and skills developmental goals are met. Fairness and transparency in the performance management process will ensure that professional nurses remain motivated to deliver quality patient care. The visibility of all stakeholders during performance management will ensure that the challenges are addressed, and sustainable progress is ensured.

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APPENDICES

ANNEXURE A: PARTICIPANT’S INFORMATION & INFORMED CONSENT DOCUMENT

STUDY TITLE: PROFESSIONAL NURSES PERSPECTIVES OF AN IDEAL PERFORMANCE MANAGEMENT PROCESS IN A DESIGNATED HOSPITAL: AN APPRECIATIVE INQUIRY

Sponsor: SELF FUNDED RESEARCH

Principal Investigators: SIBONELO NDLOVU

Institution: UNIVERSITY OF PRETORIA

DAYTIME AND AFTER-HOURS TELEPHONE NUMBER(S):

Daytime number/s: 0725083450

After-hours number: 0725083450

DATE AND TIME OF FIRST INFORMED CONSENT DISCUSSION:

			:
Date	Month	year	Time

Dear Mr. / Ms.

1) INTRODUCTION

You are invited to volunteer for a research study. I am doing research for a master’s degree at the University of Pretoria. The information in this document is to help you to decide if you would like to participate. Before you agree to take part in this study, you should fully understand what is involved. If you have any questions which are not fully explained in this document, do not hesitate to ask the researcher. You should not agree to take part unless you are completely happy about all the procedures involved.

2) THE NATURE AND PURPOSE OF THIS STUDY

The aim of this study is to explore and describe the aspects of performance management that the professional nurses of a designated hospital in Gauteng province, South Africa, appreciate. By doing so, we wish to learn more about the positive inquiry that can improve the future performance management of professional nurses.

3) EXPLANATION OF PROCEDURES AND WHAT WILL BE EXPECTED FROM PARTICIPANTS.

This study involves focus group discussions. Active participation from study participants will be required. The discussions will be audio-recorded. This research methodology only focuses on the positive change of mindset and how one can improve workplace practice with regard to performance management. The discussion will last about 1 hour.

4) POSSIBLE RISKS AND DISCOMFORTS INVOLVED

There are no medical risks associated with the study.

5) POSSIBLE BENEFITS OF THIS STUDY

Although you may not benefit directly, the study results may help us to improve future performance management. It will also contribute to the body of knowledge for future references in research.

6) COMPENSATION

You will not be paid to take part in the study. There are no costs involved for you to be part of the study. However, refreshments will be provided to study participants during the data collection period.

7) YOUR RIGHTS AS A RESEARCH PARTICIPANT

Your participation in this trial is entirely voluntary, and you can refuse to participate or stop at any time without stating any reason. Your withdrawal will not affect your access to future studies.

8) ETHICS APPROVAL

This Protocol was submitted to the Faculty of Health Sciences Research Ethics Committee, University of Pretoria, telephone numbers 012 356 3084 / 012 356 3085 and written approval has been granted by that committee. A copy of the declaration may be obtained from the investigator should you wish to review it.

9) INFORMATION

If I have any questions concerning this study, I should contact:

Sibonelo Ndlovu - Cell: 072 508 3450

Prof NC van Wyk - Cell: 082 776 1649

Prof R Leech – Cell: 082 441 4576

10) CONFIDENTIALITY

All information obtained during this study will be regarded as confidential. Each participant that is taking part will be provided with an alphanumeric coded number, e.g. A001. This will ensure confidentiality of information so collected. Only the researcher will be able to identify you as a participant. Results will be published or presented in such a fashion that patients remain unidentifiable. The hard copies of all your records will be kept in a locked facility at The University of Pretoria.

11) CONSENT TO PARTICIPATE IN THIS STUDY

- I have received, read and understood the above-written information about the study.
- I have had adequate time to ask questions, and I have no objections to participate in this study.
- I am aware that the information obtained in the study, including personal details, will be anonymously processed and presented in the reporting of results.
- I understand that I will not be penalised in any way should I wish to discontinue with the study and that withdrawal will not affect my further treatments.
- I am participating willingly.
- I have received a signed copy of this informed consent agreement.

Participant's name (Please print)

Date

Participant's signature

Date

Researcher's name (Please print)

Date

Researcher's signature

Date

ANNEXURE B: DECLARATION OF PLAGIARISM

Full names	Sibonelo Ndlovu
Student number	18275720
Topic of work	Professional nurses' perspectives of an ideal performance management process in a designated hospital: An appreciative inquiry

Declaration

1. I understand what plagiarism is and am aware of the University's policy in this regard.
2. I declare that this _____Dissertation_____ (e.g., essay, report, project, assignment, dissertation, thesis, etc.) is my own original work. Where other people's work has been used (either from a printed source, internet or any other source), this has been properly acknowledged and referenced in accordance with the requirements as stated in the University's plagiarism prevention policy.
3. I have not used another student's past written work to hand in as my own.
4. I have not allowed and will not allow anyone to copy my work with the intention of passing it off as his or her own work.

Signature _____

ANNEXURE C: PERMISSION LETTER TO CONDUCT RESEARCH

University of Pretoria

Faculty of Health Sciences

School of Healthcare Sciences

Department of Nursing Science

012-356 3165

Attention: Matron Eugenia Sibenya

Life Carsternhof Hospital

21 Dane Road, Glen Austin, Midrand 1685

02 October 2022

Dear Matron, Sibenya

Re: Permission to conduct research at Life Carsternhof Hospital.

My name is Sibonelo Ndlovu, I am studying for a Master's Degree specializing in Nursing Management in the School of Healthcare Sciences at the University of Pretoria. I am seeking permission to do research at Life Carsternhof Hospital.

I am conducting research on Professional Nurses' Perspectives of an Ideal Performance Management process in a designated hospital. An appreciative Inquiry, hence my study will be exploring and describing possible positive changes that professional nurses can contribute to enhance the process.

This research will entail collecting data from the professional nurses during focus group discussions. The participants will be asked their written informed consent before the research commences. Their responses will be treated confidentially, and identities of their names and the company will be anonymous unless otherwise expressly indicated. Individual privacy will be maintained in all published and written material resulting from a study. The results will be communicated in academic journals and presented during leadership conferences.

The research participants will not be disadvantaged in any way. They will be reassured that they can withdraw their permission at any given time during this project without any penalty. There are no foreseeable risks in participating in this study. The participants will not be paid for this study. All research data will be kept safe as per university ethics protocol.

I therefore request permission in writing to conduct my research at Life Carsternhof Hospital. The permission letter should be in your organisation's headed paper, signed and dated and specifically referring to myself by name and title of my research study.

Please let me know if you require any further information. I look forward to your response as soon as convenient.

Yours sincerely

Sibonelo Ndlovu

0725083450

U18275720@tuks.co.za

ANNEXURE D: INTERVIEW GUIDE

INTERVIEW GUIDE

According to AI

Questions and information to set the stage

Stage setting questions

Definition phase: How do you define performance management?

Discovery phase: I want you to look back on performance management and think about all the positive and negative aspects thereof. I want you to reflect on one of the high points in performance management that you felt good and alive and proud of your performance. Can you recall that time?

- Please share that story. What made you to feel good after the performance management?
- What do you think are your best qualities to be valued during performance appraisal?
- What do you think is the challenge in the performance appraisal for not acknowledging your strong points? 1. Best Experience: a. Tell me about a peak experience or high point in your professional life about performance management b. What made it an exciting experience? Who was involved? Share with me the event in detail. c. What was it about you, the situation, the organisation, and the leadership that allowed that peak experience?

Dream phase: Please describe what the performance management process could be. (State wishes.) What ideas do you want to share with others about a desired state of performance management? How can it be implemented?

Design phase: Please describe what the performance management process should be. What actions should be taken to design an ideal performance management process? What should be done to design an ideal performance management process?

Destiny phase: Please describe the ideal performance management process. What plans are needed to implement an ideal performance management process? What should be done to take implement the actions identified in the previous phases? Who should implement the actions? Who should monitor the implementation?

ANNEXURE E: UP ETHICAL APPROVAL



Faculty of Health Sciences

Institution: The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- FWA 00002587, Approved dd 18 March 2022 and Expires 18 March 2027.
- IORG #: IORG0001762 OMB No. 0990-0278 Approved for use through August 31, 2023.

Faculty of Health Sciences **Research Ethics Committee**

31 March 2023

**Approval Certificate
New Application**

Dear Mr SB Ndlovu

Ethics Reference No.: 71/2023

Title: professional nurses' perspective of an ideal performance management process in a designated hospital: an appreciative inquiry

The New Application as supported by documents received between 2023-02-21 and 2023-03-29 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2023-03-29 as resolved by its quorate meeting.

Please note the following about your ethics approval:

- Ethics Approval is valid for 1 year and needs to be renewed annually by 2024-03-31.
- Please remember to use your protocol number (71/2023) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

Ethics approval is subject to the following:

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

We wish you the best with your research.

Yours sincerely

On behalf of the FHS REC, Professor C Kotzé
MBChB, DMH, MMed(Psych), FCPsych, PhD
Acting Chairperson: Faculty of Health Sciences Research Ethics Committee

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health)

ANNEXURE F: HOSPITAL APPROVAL LETTER (ETHICS)



Life Healthcare Head Office
Oxford Manor, 21 Chaplin Road, Illovo 2196
Private Bag X13, Northlands 2116, South Africa
Telephone: +27 11 219 9000
Telefax: +27 11 219 9001
www.lifehealthcare.co.za

REF: CRIP-10052023/15

Date: 07 June 2023

Dear Mr Ndlovu

RE: PERMISSION TO CONDUCT RESEARCH AT LIFE CARSTENHOFF HOSPITAL

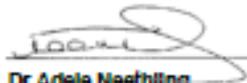
Title of study: Professional nurses' perspective of an Ideal performance management process in a designated hospital: an appreciative inquiry

The Committee for Research Institutional Committee (CRIP) hereby grant permission for you to conduct your above-titled research study at the abovementioned hospitals under the following conditions:

1. Permission is granted for a period of 12 months from the date of this letter.
2. No direct reference may be made to Life Healthcare, its subsidiaries or any of its facilities or institutions in the research report or any publications thereafter. The Company and its facilities, patients and staff must be de-identified in the study, and remain so for any other studies which may utilise this information. Any abstracts submitted or presentations given which will utilise the results of any research done in a Life Healthcare facility, must comply with the same conditions.
3. If patient or institutional confidentiality is breached, Life Healthcare is entitled to withdraw this permission immediately. The Company reserves the right to take legal action against you, should Life Healthcare feel that this is warranted.
4. An electronic copy of the research report or compiled results, in the case of a clinical trial, must be submitted to CRIP on completion of the project or trial. This copy of the research report, and any publications which may develop from it will be placed on the Company's Gateway research page for reference purposes. The researcher is required to make these documents available in PDF format.
5. Research being done for educational purposes must be completed within the time allotted by the higher education institution. If the research is being done in an individual capacity by an employee of the Life Group, the research must be completed within one year of permission being given by the Company, OR must be completed in the proposed time period specified in the approved proposal. Permission may be withdrawn if the research extends beyond the approved time period.
6. Six to 12 months after receiving permission/ethics clearance from Life Healthcare HREC to conduct a research study at Life Healthcare facilities, it is mandatory for the researchers to report on the progress of their study by completing a monitoring and evaluation form which is accessible on the research website at <https://www.lifehealthcare.co.za/careers/life-college-of-learning/research-and-human-research-ethics-committee/>. The completed form must be returned to Research@lifehealthcare.co.za.
7. Life Healthcare will not take responsibility for any unforeseen circumstances within its institutions which may materially change the context and potential outcomes of a student's research. Should this occur, the student will be required to approach their Higher Learning Institution for guidance around alternatives.
8. Life Healthcare will not be liable for any costs incurred during or related to this study.
9. In cases where a researcher is found to be guilty of misconduct, or in contravention of any national or international legislation or Life Healthcare policies or guidelines, permission to continue with the research

will be withdrawn immediately pending investigation. In the case of student research, the higher education institution under which the researcher is registered will be notified. In the case of a clinical trial, The South African Health Products Regulatory Authority (SAHPRA) will be notified, as well as the trial sponsor and any other necessary parties.

Yours sincerely,



Dr Adele Neethling
CRIP Chairperson



Prof Esmeralda Ricks
Research Specialist

On behalf of CRIP

ACKNOWLEDGEMENT OF CONDITIONS FOR INSTITUTIONAL PERMISSION
(Please complete and sign the conditions below and return to
Research@lifehealthcare.co.za)

Approval date: 07 JUNE 2023

Name of PI: Sibonelo Ndlovu

I, Sibonelo Ndlovu (PI) of the study titled [CRIP-10052023/15] Professional nurses' perspective of an Ideal performance management process in a designated hospital: an appreciative inquiry, do hereby agree to the following conditions:

1. The submission of an annual progress report by myself on the data collection activities of the study within 12 months of receiving institutional permission to conduct this study at Life Healthcare facilities. The onus for submission of the annual report by the stipulated date rests on myself.
2. Submission of the relevant request to CRIP in the event of any amendments to the study for approval by CRIP prior to any partial or full implementation thereof.
3. Submission of the relevant request to CRIP in the event of any extension to the study for approval by CRIP prior to the implementation thereof.
4. Immediate submission of the relevant report to CRIP in the event of any unanticipated problems, serious incidents or adverse events.
5. Immediate discontinuation of the study in the event of any serious unanticipated problems, serious incidents or serious adverse events.
6. Immediate submission of a report to LHC HREC in the event of the unexpected closure/discontinuation of the study (for example, de-registration of the PI).
7. Immediate submission of a report to LHC HREC in the event of study deviations, violations and/or exceptions
8. Acknowledgement that the study could be subjected to passive and/or active monitoring without prior notice at the discretion of LHC HREC.

Signed: _____ Date: _____

ANNEXURE G: CONFIRMATION LETTER OF THE LANGUAGE EDITOR

Date: 9 November 2023

I, Berdine Smit, ID 7712190011083, hereby certify that the **MASTERS DEGREE IN NURSING MANAGEMENT** thesis in the Faculty of Health Sciences, Department of Nursing Sciences

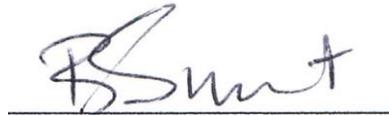
At the University of Pretoria,

By: Sibonelo Ndlovu

Entitled:

**PROFESSIONAL NURSES' PERSPECTIVES OF AN IDEAL PERFORMANCE MANAGEMENT PROCESS IN
A DESIGNATED HOSPITAL: AN APPRECIATIVE INQUIRY**

has been edited by me according to the Harvard Author-date System (APA 7th application). I made the relevant amendments to the document, indicating the changes using track-changes. I revised the technical layout of the document and audited the in-text references and list of references to ensure compliance with the APA 7th edition application.



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ANNEXURE H: FIELD NOTES

Focus Group no 5

Field Notes

Sibonelo Ndlovu (MNurs)

DEFINITION PHASE	DISCOVERY PHASE
<ul style="list-style-type: none"> • Participants were asked to give a definition of performance management majority had an idea and referred to is as Joint Performance Management (JPM). • Participants reported that it should not be a threatening environment and there should be mutual agreement. • Some participants had basic knowledge of what the process entail. • One participant captured during this phase of a definition. <p><i>‘okay, (laughing) what I understand about performance management is that it is quarterly, whatever you have to meet up with your manager to discuss about your performance as an employee, and that’s where maybe you discover yourself where you lack, where you need to improve, and you discuss with him or her on how to make that performance to go up. Yeah, that’s basically it on how your performance is and the more you sit with them and speak about it is the more you recognize as an individual to say that I’m good at that, I lack that and what do I need to step forward and what do I need to improve myself.’</i></p> <ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Peak moments of participants were around leadership roles through promotions in leading staff in the units and been given an opportunity to study (staff development). • Majority of these peak moments were not from the current hospital, participants reflected from past employers. • Participants reported hindering factors of recognition as favouritism of certain staff in the wards, unavailability of managers to identify the strengths of the nurses while busy working on the floor and unequal treatment of nurses. • These participants were captured during this phase of the cycle. <p><i>‘My quality is in leadership, I think. I’m one person that like to lead by example that’s what I believe in (speaking confidently)’</i></p> <p><i>‘The challenge is that remember most of the time when we do the on-spot-training you find that it’s me and that person only, it is not always the unit manager that is there so the manager can only hear about what I do from the people on the floor but now if they don’t tell her she might not recognize it, but she’s going to see that there is improvement in so, so and so but she doesn’t understand the reason behind the</i></p>

	<p><i>improvement you understand? Not knowing that the on-spot-training is the one that is helping, so if the information doesn't get to her, she will never recognize that this is what she is doing, this is one of her strengths.' (Speaking confidently)</i></p>
<p>DREAM PHASE</p>	<p>DESIGN PHASE</p>
<ul style="list-style-type: none"> • Participants dreams aligned with the following factors 'training of managers on performance management, having additional senior staff during performance appraisal, rewards, and recognition for over-achievers to be different from the rest of the staff. • Individualised tool according to (experience, department) • The system should be a 2-way process not only about the managers • Participants needed good preparation before the appraisal and the meeting thereafter. • One participant captured during this phase • Doctors were involved in the dream phase by some participants. • Captured participants during the dream phase. <p><i>'Okay... I think it has to be performed 1 on 1 and the unit manager has to be fair, and there is no need for us to write down like they are saying to us always you must have a diary so you can say I have seen one MDR or I did one rescues No! they must just see us when we are working, the unit managers they have to run around the ward to see us how we perform not to stay inside their offices, they have to get out</i></p>	<ul style="list-style-type: none"> • Majority reported that managers required training in performance management themselves. • Tool to be unit specific • They mentioned strategies to prevent favouritism like (suggestion box) and monthly nominations of staff that performs well. • Transparency of the system was also reported by all participants in that managers must be able to follow-up on requests made by staff like (an opportunity to study) • Follow-up meetings suggested to ensure that all the gaps had been addressed and followed-up. • A suggestion to involve doctors as part of the performance management was suggested. <p><i>'Firstly, the unit managers and the evaluators need proper training and guidance on the JPM itself they need to understand it clearly. If they understand it clearly it will be easier for them to convey the message to the person, they are evaluating. It will be clear for the recipients to understand why I am here.? Why am I doing this? I think that's number 1. Also, I think if we can involve a third person during a performance</i></p>

<p><i>of their rooms and then see us when we work. Then they have to treat us equal, give everyone what she or he has to get or what he deserves, and then if unit managers doesn't do favouritism, it will be easy, everyone will get what she deserves, everyone will be happy and the hospital or the clinic will run okay.'</i></p>	<p><i>appraisal meeting, somebody that's under management because I think all management are trained for the JPM, .so it wouldn't be a train smash if a manager from Medical ward sits in with the manager from ICU and do a JPM on that person, I mean 2 hands are better than 1.'</i></p>
<p>DESTINY PHASE</p>	<p>ADDITIONAL INFORMATION</p>
<ul style="list-style-type: none"> • Majority of participants suggested that other departments should be involved like Human Resources to ensure that the process is not flawed. • Hospital management (Matrons and Hospital managers to facilitate the process. • Another participant suggested that this should form part of the unit managers expected outcomes by their superiors. • A suggestion of different hospitals collaboration pertaining to challenges of the process was another factor raised by a participant • Captured participant during this phase. <p><i>'Okay like I said the employer but the Head office, and the unit manager as well they need to help when it comes to that. Policy makers to be involved in the adjustments of policies pertaining to performance management.'</i></p>	<ul style="list-style-type: none"> • A researcher had to probe participants to give the best experiences of the performance management. This prompted participants to draw experiences from their previous employers. • Few participants related the best experiences with the current hospital. • Group dynamics were well-maintained participants seemed to share the same experiences pertaining to the current process of performance management. • They all respected and gave each other an opportunity to express themselves. • Direct verbatim phrases formed part of the notes as indicated in italics.
<p>ADDITIONAL INFORMATION</p>	<p>ADDITIONAL INFORMATION</p>
<p>N/A</p>	<p></p>

ANNEXURE I: TRANSCRIPTIONS OF RECORDED DISCUSSIONS

FOCUS GROUP 5

DATA ANALYSIS

Sibonelo Ndlovu

DEFINITION PHASE	IN-VIVO CODES
<p><i>Participant1: okay, (laughing) what I understand about performance management is that it is quarterly, whatever you have to meet up with your manager to discuss about your performance as an employee, and that's where maybe you discover yourself where you lack, where you need to improve, and you discuss with him or her on how to make that performance to go up. Yeah, that's basically it on how your performance is and the more you sit with them and speak about it is the more you recognize as an individual to say that I'm good at that, I lack that and what do I need to step forward and what do I need to improve myself.</i></p>	<p>It's a process that is done quarterly between employee and managers to discuss performance. Identifies strengths, gaps and areas that needs improvement.</p>
<p>Facilitator: Ok, alright sister thanks you, Sister your definition of performance management.</p>	
<p><i>Participant2: Okay, performance management according to me is monitoring at one's personal growth within their career or the</i></p>	<p>Monitors personal growth or workspace</p>

workspace and something like that, there is a tool that's gets to be used to monitor your performance and everything else. So based on that tool you can be able to identify your strengths, your weaknesses and where you need to improve and if there are further studies that you need to do, so that's where you get to discover those kinds of things when it comes to performance management.

Facilitator: Thank you let's hear you, Sister A

Participant3: According to my knowledge it's how we perform at work, if you have worked hard or if you are working you have to get the performance because you have been working but at the back it was better because we were getting it all of us but now it has changed that it has to be how somebody worked that's where you can get the performance. The hardworking is the more you are going to get it. (participant was not clear with her response)

Facilitator: And what else can you say about performance management? if you can elaborate further on a definition of performance management (JPM). Like the purpose of doing, it etc.

A tool used to identify strengths ,weaknesses and areas that needs improvement

Helps to discover aspects of performance.

Participant3: the purpose of doing it is because they want us to work hard, they've seen that most people we are not working according to the way we have to work. So that is why they have raised this thing that everyone has to get performance according to the way they are working, yes, I mean ratings.

Facilitator: thank you sister, lets proceed to Sr.

Participant4: It's a discussion and an agreement between a manager and the employee about their performance and the areas where they need to improve and give the ratings.

Facilitator: Okay, thank you sister you may pass the recorder to sister J

Participant5: okay, performance management its whereby unit manager is sitting with an employee one on one rating according to the way the personnel is working in the ward like in this field of nurses you find that we are not working the same , but at the end we need to be rated the same, like for instance no one will need 1,2,3,4 we all going to need 5,6,7 but we find that we not all reaching that 5.6.7 because

To ensure that nurses work hard as they have noted some are not performing to standards set. They have introduced a rating system so that scores are based on performance.

Discussion between manager and employee pertaining to performance areas that needs to improve and ratings

Sit down discussion between the manager and the employee. Ratings done based on performance.

<p>1,2,3 I think it's where any personnel can get even 3 you can get even 0 you can get, it's about how you perform in the ward then and the unit manager will explain that rate she is giving to you, why she is giving that or why she is giving that rate to you? Then if maybe she is rating you 1,2, I think it will force you to work hard. the patient is our client where they need our quality service, so the rate of the employee is about what you are giving to the patient. So, the unit manager needs to explain the scores to the employees it must not be favoritism, the scoring must be fair to everyone.</p>	<p>How nurses perform in the ward, and managers will need to explain the reason behind the ratings given</p> <p>The process must be fair to every employee.</p>
<p><u>DISCOVERY PHASE</u></p>	<p><u>IN-VIVO CODES</u></p>
<p>Facilitator: Thank you so much, so now we are going to be moving to the discovery phase. During the discovery phase I want you to look back on performance management and think about the positive and negative aspects that happened, but the focus at the end is on the positive. I want you to reflect on one of your high points in performance management that you felt good, and alive and proud of your performance, can you recall that time? So,</p>	

it could be anything that happened out of performance management that is positive in your career. It could be anything due to performance maybe something happened that is good.

Participant2: Okay my positive moment, my high moment it's when I started in the private sector. My goal was that I wanted to be ICU trained, I want to be based in ICU and wanted to be ICU Trained and luckily I got a unit manager that was very positive like she was very supportive and she got to help me to enrol for a 6 months course with different institutions which I did with that institution and after that then I did my ICU , my 2 year ICU course with UP. So, I would say it was one of my highlights moments whereby my manager realised and came through for me like she was the one even pushing to say like with the enrolment for the 6 months. She had to come to me and said remember you said you want to do ICU course they are open and I'm now enrolling you, just like that. She was like ...yes, she was doing it for me, but she was like I'm enrolling you; I'm not even asking you. You said you want to do ICU, we are starting, so it was something very positive like looking forward to ... yeah, so now I have achieved it yes! (*laughing*).

Change and growth in life.

Dreams and setting of goals.

Manager support and mentoring

Facilitator: Thank you that's very interesting.
So, I'm sure this happened because you were performing well hence the opportunity arised?

Participant2: Definitely! Yes.

Facilitator: Thank you ... let's hear you **sister**

N

Participant1: Mine will also go academic wise, but it's kind of different because I think my steppingstone was when I believed in myself and standing up for myself. I've been a housewife all my life, I've been going to school achieving those certificates and just sitting home with it, not that I was not meant to work but I think I was too comfortable, I was in a comfort zone until I got into nursing. Everybody was asking me you are a nurse, you are a nurse?, and was like no! this time around I want to do something , achieve it and I was glad that I went to school I studied the four years and after studying that 4 years everybody was expecting me that I'm just going to sit at home (*laughing*) , that time I came back home and said I got a job everyone never believed it that I'm working and this was my first job and I'm tapping myself in the back because I'm dedicated to it and at least I'm

Change and believing in oneself

Had different priorities until started nursing.

Had a desire to succeed

Expectations from society

Dedication and passion for the career chosen

doing something good and I'm working at least , and I'm exposed. One thing I like is that I like what I do that's the most important thing. I love what I do and wish to go further with it yeah I'm happy where I am and I'm happy with the job and passionate about it , that's the most important thing.

Facilitator: okay, what I want to is to bring you back to performance management. You've done performance management, you've been a permanent employee, you've done it before so explain to me what came out of performance management that was your peak moment? I want you to relate it like the way Taylor related it, remember due to her performance as she was working hard her unit manager recognized her and got trained in ICU so that was her peak moment.

Participant1: Exactly, that's why I wanted to divert a bit because mine is also like her. I started nursing in 2015 I became an enrolled nurse, I came to this very same ICU that's when I develop love and then within few months the unit manager because of my performance and stuff, she said I've got a job for you, I was so grateful, she said I must bring my qualifications and stuff. I

Reflecting on the career journey

Manager support and career direction

remember that same week I gave everything to her like she was ready, she said don't worry the way you are going I've got faith in you that you will do well in this job. After I gave her everything, I got a call that Life Healthcare they've got bridging course available and she said leave this job come back whenever you are a registered nurse you are going to be a very good, registered nurse, you can come back here I can never close your place it will be here. So that was it, my performance as an enrolled nurse the way I was performing as an EN, she saw that this was going to be a good RN.

Facilitator: So that's how you landed the opportunity for training? That's good sister, that's good. It's okay certain instances will be the same but its different experiences of course. Thank you for that, lets continue.

Participant3: Okay, I would just give the example of when I was happy during performance. I was working in TB department where a day maybe you get to see 10 patients and maybe must initiate treatment to many patients. So, we were working hard where we were seeing even MDR patients where you have to help the

Trust relationships

There were Set expectations

doctors to see those MDR patient. So, I was happy because that unit manager didn't look at how or what? she was rating us according to the way we were working. I was happy because she gave me the rate I was deserving to get. Then when they give you the rate that's when even your salary goes up, they can give you a lump sum maybe of R5000 at once then after that you know that R5000 that means your salary went up with 1% or something that way I was happy because everything went well and even me I know that I have to work hard, so that every year I can get that. And then by doing that that means I will be even helping the patients not only about the money, but about working hard so that every year you perform well. Yes!

Facilitator: that's good, so you had rewards good and that encouraged you to do well and more. Thank you. Let's hear you sister J

Participant5: Okay the high point on my performance is whereby I was working in surgical ward, there we were dealing with wounds, dressings, cleaning and preventing of infection. Every time we were giving comment cards to the patients, and we

Manager's fairness pertaining to performance of staff.

Rewards form part of staff motivation

Reflecting on her previous workplace

found that I was a top employee that was nominated by the patients. Then at the end of the month I was a nurse that was chosen by the patients, and we used to have a function whereby the doctors in our surgical ward were there in a boardroom and those patients who were able to be with us. My patients used to give me gifts, and also there was a doctor that was seeing that I was working too hard, I was an excellent nurse who was treating the wounds in a surgical ward. He also had a word on behalf of what I was doing in the ward then I was given the vouchers. The doctor even mentioned that my JPM needs to be like, he even told the matron of the hospital that I don't need a one on one according to him my JPMs should have been like 5 not less than 5. He wanted to see my increment, that one went to the matron's office to discuss about my JPM and then in December I was called again by the matron that my JPM will be 5 out of 7 which means you are an excellent nurse on that year it was 2017. I was still a staff nurse that time not even a registered nurse. That was nice!

Facilitator: Wow! That's very interesting! Especially when doctors are advocating for good performance even the patients and

Recognition from patients

Recognition from patients and doctors.

Doctor advocating for high achievers

comment cards. Even you **Sister A** money and rewards that's nice.

Participant3: Yes, where I worked, they are rewarding for performance with money and then they are adding with the percentage so that it's in your salary every year.

Adhering to the reward system for top achievers

Participant4: I think if I may understand you correctly, I think maybe you want us to think about if you performed well and you've been recognized on something. Yeah, for me that I really remember which it was from a performance management is when I was recognized as a shift leader, shift leading a big team of people where the unit was very big, and they said it's a big team of people. Knowing that I just started working in that place, but I was recognized by the managers even the colleagues that ... I think that's where my strength was identified that I can be capable to run the shift to lead people yeah...

Recognition for good performance

New environment with a vast of opportunities

Facilitator: So, that was identified after your hard work and even came up during performance management?

Participant4: Yes! (Nodding head)

Facilitator: Great, lets proceed, now I want you to share a story as to what made you feel good after performance management. So, let's say you've done performance appraisal is there anything that made you feel good after? Could be anything.

Participants1: I think with performance management and appraisal... and that stuff, you gain confidence after that, you know there are some things that you do ...you know but you are not confident... if you get there and someone tells you that you are doing a good job you gain confidence in that, you gain faith in yourself and you want to develop more and you want to do more to show because now you are confident in what you are doing , because that performance has been identified. It boosts you even your self-esteem... yes!

Facilitator: Oh, that's good, so what you mean is that after performance appraisal /management the fact that you know exactly where your strengths and weaknesses are it gives you confidence and you know exactly where you good and

Becoming self-aware and confident

Confidence and recognition make people to work hard and perform the best

where you are lacking. So that's what makes you feel good after an appraisal?

Participant1: Yes, exactly!

Facilitator: oh well done, that's a good point.

Participant2: okay, with me I would say, you know most of my managers ... I would say they are academics. So, they have a way of brushing off their aura in me like ... it's like once I have that manager it's like I gel very nicely ,the thing that I liked the most is that when she pushed me to do the 6 months elementary, I wasn't actually keen on doing it because I felt like this was not for me but once I started doing it , I started understanding more of ICU like it opened my eyes, like oh okay this is something very interesting, something very positive, something I can look forward to and the fact that I did it as hard as it was , as miserable as I felt throughout but at the end of the day I was able tap myself on the shoulder and said " oh I completed the course" I've passed . I was one of the 2 people that passed, I was like this is so wonderful... so she came back to me and said she is proud of me which was

Inspiration from line managers that allowed the opportunity to grow

a limelight for me that I'm one of those so now the college started enrolling for a 1-year course which I don't like it was too much... I was even called by the principal, and I was like 'oh they know me', because I didn't know that they knew me (*laughing*). So, they knew that there was this person who performed very well so it was a very good feeling to know that okay people they recognise you, they know that ok you are one of those people who will follow through and see through certain things it doesn't matter how hard it is. It's like a confidence booster whereby you are like I didn't know I could do this, and it feels good to be one of the few people.

Facilitator: So, you are saying what made you feel good after performance management is the aura that you had from your manager, she was able to influence you to do the ICU course and you felt good about it because she was very inspirational?

Participant2: yeah... it's like its drops of like it feels good.

Appreciating recognition for hardwaork

Facilitator: That's interesting thanks, lets proceed.

Participant3: Okay what made me to feel good it was because we all got 4 in our department it was not only me who got 4, but the whole department got 4 that means the TB rating everything was okay. The filing was okay, all the patients that we have initiated they came and took their medications, we didn't have death in those 3 months and then I was feeling good. Everything was good even the hospital was happy that I'm managing the department well.

Facilitator: That's good sister, Lets proceed to Joanne.

Participant5: okay, it was in 2017 after I was nominated, I felt good because my colleague in that ward had just come to ask what did I do to get so much positive comments cards, that even made doctors to be involved on my JPM. I just told them that as a ward let's just work hand in hand as a team, if maybe you are not sure of what you are doing

Happy that everyone achieved the same score in the unit

There was compliance in the unit

Recognition for hard work

because we are working in surgical ward whereby, we are dealing with wounds then we need to prevent infection at the same time no need to prolong the patient stay because. they'll be delayed wound healing. The patients are in a private hospital so the billing, the cost is going up for the patient, so to make our hospital to have more clients let's just work together so that all the wounds that coming in either it's a big or small wound we just make sure we dress accordingly.

Facilitator: Sister I want you to relate it to this question , what made you feel good after performance management?

Participant5: ok, it's that I got the increment and then when the doctors come to the ward, they wanted to see that nurse that was nominated, they just say wow! Then other doctors they were not even aware that their patients were part of other patients that were saying yeah.

Facilitator: Okay, so there was recognition. thank you that's good, I get what you are saying... thank you. Now, **I want you tell me**

The importance of working as a team

Rewards and recognition added value to staff

what you think are your best qualities to be valued during performance management, so it must be something related to performance management every day. Because when they rate you in performance management, they look at what you are doing every day in the unit. So, if you go for performance management what qualities you want your unit manager to recognise or to know of during the appraisal, that you don't want them to miss. Those qualities must be related to performance management; it shouldn't be personal about you make it all about performance management. **Following that will be what could be a challenge in not acknowledging your qualities**

Participant2: ok, me I would say as shift leader I would say one of my strengths is that I enjoy on-the-spot training, I don't like formal training whereby people are sitting, teaching, and listening to the teacher NO! On-spot-training that's my strength like I can show you your mistakes immediately, we fix it, and we teach it immediately and I will tell you the do's and don'ts, I will tell you how to do it right and why is it wrong the way you are doing it. Those are my strong points because of I don't have time to be calling

Teachable moment as a positive quality since it eliminate mistakes

everybody so that we can teach. If we identify it there, we teach it immediately then next time we know that okay Nokwanda I taught her, and if she encounters the same situation, she will always remember that Taylor said this and that and that and that you understand? So, it's like I believe that on the spot training is the moment a person will grasp the most so that's my strength, that's where I utilise it most of the time because people know different things like if you know something I don't expect everybody else to know it. You find that you'd know when someone doesn't know it so it always important to impart information to the next person so that they understand what they are doing wrong and what they are doing right so that we work on what they know and what they don't know.

Facilitator: Ok, so while you are still there the following question will be what do you think is the challenge in performance appraisal for not acknowledging those strengths or qualities? Your strong point is that you are teaching /training right ...What could be the challenge, just the challenge. let's say you go there and when you are being rated this quality is not being

The importance of teachable moment and identifying different learning needs of staff by shift leaders

acknowledged, what could be the challenge?

Participant2: The challenge is that remember most of the time when we do the on-spot-training you find that it's me and that person only, it is not always the unit manager that is there so the manager can only hear about what I do from the people on the floor but now if they don't tell her she might not recognize it, but she's going to see that there is improvement in so, so and so but she doesn't understand the reason behind the improvement you understand? Not knowing that the on-spot-training is the one that is helping, so if the information doesn't get to her, she will never recognize that this is what she is doing, this is one of her strengths.

Facilitator: Thank you sister its clear, Sister? what do you think are your best qualities to be valued during performance appraisal?

Participant1: My quality is in leadership, I think. I'm one person that like to lead by example that's what I believe in (speaking confidently)

Unavailability of managers to witness staff performance.

Leadership as a quality

Facilitator: so, you are saying its Leadership in the unit? In what form?

Participant1: in a form that I'd do things that people will see that I'm doing things the right way and then following it.

Leading by example

Facilitator: So, it's like you are a leader /shift leader too... so tell us briefly.

Participant1: being a shift leader entails that I lead by example, I cannot be expecting to tell people or teach people or show people if I'm not doing it myself, but when they see you doing the correct things before you touch your patient you wash your hands, before you come out of the rooms you do what is supposed to be done then they see this is how it's supposed to be. Sometimes you may come and tell the person maybe you are in a different mood, and you just shout. By shouting sometimes you don't get the message across

Lead by example

Good behaviours by a leader inspire the followers

but if they see that difference in you , they notice that sister Nokwanda is always early

6:30 am and handover time she is always there and she is leading by example , so you may never know who are you inspiring amongst them, maybe somebody is like ‘I want to be like her, I want to be a shift leader one day” but if you do all the wrong things you are also discouraging them so they’ll be like ‘oh is that how is she doing’, but if they see the integrity ,the respect and the punctuality in you as a shift leader they will see that caption in you that ‘shift leading and leadership’ means this to me and that’s what I believe in.

Facilitator: Thank you sister that’s a good one, so tell me what could be a challenge for not acknowledging that quality? Let’s say now you go for your performance appraisal, and no one is acknowledging your leadership quality, but you are shift leading and we know that you are on time, what could be a problem?

Participant1: I think if that happens you become demotivated.

Facilitator: What could be a problem? What could be a cause maybe not to be

recognized? To make an example Sister Taylor just said she is an on-spot-trainer (teaching) but when she goes in for performance appraisal nobody knows about it, and her answer was that her unit manager is not always there. So, what do you think can be?

Participant1: Yes! If you say you are leading by example, then nobody is following it that also can be an adverse effect because the unit manager cannot see the change, cannot see the difference in your leadership skills and in your leadership style.

Facilitator: So, you are a leader, right? When you go in for performance appraisal then your qualities which is leadership doesn't get recognized what could be the reason, she's not recognizing it? I'm just making an example; I'm not saying she is not ... what could be the reason perhaps?

Participant1: it could be something wrong with your leadership or shift leading.

Facilitator: Just provide me with the reasons for the unit manager not to recognizing your qualities?

Participant1: Like she said, most of the time unit managers are not there so it's for you to

work your best so that the team can recognize what you are doing as a shift leader because most of the time they are not there, they are not seeing the difficulties we are going through, they are not seeing those 'leading by example' that we are doing. Because you can have 10 people but not all of them will follow you yes you can never get 100%, they will be someone there that will do the wrong thing but at the end of the day they will say where was the shift leader? So that's where the unit manager comes in because she is not there most of the time, she does not see what is happening.

Facilitator: so, you are leading by example, and that will be the reflection of the unit?

Participant1: Yes (laughing)

Facilitator: Sister Amanda what strong qualities do you want your manager to recognize during performance appraisal?

Participant3: Ok, it was when we were rotating and I loved casualty most, even the doctors knew when I was there everything will go well, if we are having rescus they

Unavailability of unit managers to witness staff performance

Managers only question leadership only when there are problems in the units

know that I'm going to lead that rescues, and they know that if I'm there the patients are going to be well. Even when I used to work in the clinic, we will manage the patient until they get to the hospital, most of the time you'd get that doctors were still students they'll come to our department and sometimes they left you with the student doctor, but they know that if they left me with a student, I'm going to lead that thing. But the only thing I didn't like was that the unit manager was not seeing that, only the doctors and nurses could notice that, but when we go 1 on 1 with the unit manager, she will tell you it's your duty to do that.

Facilitator: So, sister you pointed that you are good with resuscitation, if we can come up with the best quality what could be that quality?

Participant3: I don't know how I can put it, but I know that I'm a leader. I was shift leading and even now still shift leading.

Facilitator: okay so your quality is leadership? And then you have just mentioned that, then the following question

Recognition and trust relationships by the doctors

Failure to recognize good performance by the unit manager

Leadership as a positive quality

is that 'What could be a challenge in performance appraisal for not acknowledging that you are a leader. You just mentioned that your unit manager could not recognize it, but what could be a reason sister?

Participant3: The reason sometimes is like the other sister did mention, the unit manager sometimes goes the way they love people, yes! So, you get that the person that you know even in the ward they know that this person doesn't work, that person will get 5, and then the person that we were expecting that will see the person on the wall or the person getting 5 you get that the sister will say 3 because 1-3 we are equal. They don't rate us according to the way we are working, they rate according to the way they are looking at us and even if you are putting your points because they will tell you, "you have to write everything that you are doing" you have to do 1,2,3, you have to go with your paper so that you can write everything. The day they sit with you 1 on 1 you have to put those things down. Even if you can put, she will tell you that 'rescues is your scope', you have to do rescues. whether you are leading, whether the doctors are praising you or what other unit

Unequal treatment of staff by the unit manager

Lack of recognition and appreciation of good performance by the managers

managers they don't take it serious and then the more they are not taking it serious, they are making us to just work like 'we don't care' but if you are praising someone you are making them to even work hard so that your unit ...

Facilitator: okay thanks for that answer sister well answered. That was a valid point because in essence doctors will know better because you are on the floor with them. So, you are saying unit managers are not always on the floor but when it comes to ratings and they have their favorites ... I get it thanks... let's proceed to Joanne, so you are going to start with your qualities and then explain what you think is a challenge in performance management for not recognizing that strong point.

Participant5: Yeah, the challenge that we are not rated according to our performances.

Facilitator: Okay sister let's start with your qualities (*laughing*)

Not rated correctly

Participant5: I think since I was born for the nursing was on my system because I was like when we are playing I was like 'me I'm gonna be a nurse', doing the stitches whatever, whatever', then comes whereby I found that this is a route that I was supposed to take. Then before in private I can say it now it depends. You find that there are staff shortages especially the staff nurses and the RN's. RN will be one in the ward shift leading and then staff nurses maybe they'll be two in 24 beds and ENA and care workers by that time, then find that the RN will send you to do the dressings that you are not supposed to do like the big wounds , remember you need to work under the supervision as a staff nurse then you find yourself doing that wound alone. At the same time after you finish doing that wound, the unit manager will come and say, 'who was doing this wound?' okay its Joanne a staff nurse Wow!
...

Facilitator: okay, sister I do recognise that hard work, but let's come back to qualities, what qualities do you possess?

Participant5: It's the best quality service I'm giving.

Facilitator: So, its best patient care? So, your quality is that you give exceptional care to patients.

Participant5: because the doctors even when they open my wounds they will be happy saying that there is a granulation here and then the wound is healing so nicely, especially the big wound that are supposed to be staying 2 weeks or 3 weeks, you find that their days will be less in hospital then after the patient will be discharged and then a wound therapist take care of it at home.

Facilitator: Now sister we know that your quality is Exceptional patient care. What do you think is a challenge for managers not to recognize that? What could be a challenge? As you've said doctors know that you are hardworking but when you go for your appraisal it's always a challenge when these are not acknowledged.

Participant5: I can say it's common to every hospital. 'Favoritism' that's the point

Exceptional care as a positive quality

Doctor recognition of exceptional care to patients

because the person that is not working is the one that is going to be rated the higher rate, and then you are going to be down. Even if you ask you are not going to get the correct answer because I know I'm due to get 5 this year but the unit manager will continue to rate you with 3 and 4, yet you know exactly. Then they can even motivate and then matron even know that that one I can give a 6 if motivation was done. Due to favoritism those who are not working they'll be rated higher, that just turn your power down!

Facilitator: So, those that work hard don't get rewarded accordingly, hence those that hardly put effort get the higher scores? I think this relates to what Nokwanda touched on and the others. Thank you, sister.

Participant4: For me my qualities I think I'm a team leader, and I can work very under pressure and then I'm a team player as well yeah... I think those are mine.

Facilitator: so, now tell me what could be the challenges for the managers not to recognize such qualities?

Unequal treatment of staff by the managers

Inability for the managers to give precise feedback to staff

Team player and coping under stress as a positive quality

Participant4: Mostly the challenge is. One big challenge is that because the managers mostly are not on the floor when we are working. They are not working with us on the floor and then I think maybe the other reason could be, maybe managing more people could put them under pressure don't know? And the other thing I could say the favoritism as sisters said yeah. Those are the main challenges yes.

Facilitator: So, you've mentioned the work overload. It could be the work overload that's another point you've mentioned.

Participant4: Yeah... they could be overwhelmed!

Facilitator: **Then now I want you to tell me about your best experience in performance management. So, this one requires that you tell me about your peak experience or high point in professional life about performance management. What made it an exciting moment? Who was involved? please share with me the event in detail,**

Unavailability of managers to witness staff performance

Managers are overwhelmed by many tasks

Unequal treatment of staff by the managers

what was it about you, the situation, and the organisation?

Participant2: Like I've mentioned like my strength it's in clinical. Like one of the managers where I used to work apparently, they were told that they need to scout for certain qualities on nurses like they were running short of clinical facilitators and by that time we had a lot of ICU students so they couldn't understand why those students would rather prefer to work on my shift than on any other person's shift. So, she calls them to ask them why they specifically want to work with me? They gave her reasons and all those things; little did I know that there were 2 positions that they were scouting for a clinical facilitator and a second in-charge. So apparently my unit manager put my name down to be a clinical facilitator and a second in-charge. Then clinical department called me then I said okay, I do appreciate the fact that I've been recognised but the issue is going to be a salary., so yes it was the issue (*laughing*).

Facilitator: So, the opportunity of being a clinical facilitator was there, and it was the

Managers were expected to scout for nurse talent

Students preference on off duties and allocation

Manager enquired about the students preferences

Career growth options provided by the unit manager

Opportunity not in line with expected rewards

unit manager and clinical department that gave it to you?

Participant2: No, the unit manager is the one scouting for us, then she'll put our names down. like if Nokwanda is, she is going to report to them that you know what I have realised this this and this and that about Nokwanda, so I think that she will fit that position very well. So maybe just go and patronise her and hear what she has to say. So, they came to me, and I told I said between me, and you the issue is going to be the money, I know that for a fact. You are going to take my salary from where it is to down because of I'm not into training, I'm on the floor. So, the money for being a shift worker and a nurse there's a huge difference. Me the worst was that they are going to be starting me on a starting basis does not like I'm there I'm starting there, so its gonna obviously create a very big gap which I can't live with that. Like it was going to make me miserable, so I would pass thank you.

Facilitator: So, the best experience was that I see.

Manager created opportunities for staff

Dissatisfaction with remuneration

Participant2: And there was another one for second in-charge, so they patronized me again to come to me and say okay we have this and this and this, so are you interested in the position? I told them I said (*laughing*) Honestly speaking I'm not interested I just want to be a nurse on the floor now because I'm studying so being in the managerial position it wasn't going to be favorable for my situation like personal situation, so I had to explain to them that no thank you, but I'm fine thank you. So, my manager came to me and said you missed 2 opportunities. I said the first one I would have loved to take it, but the issue is the money, I'm going to be miserable so I don't. The second one due to personal things I'm studying, and my studies needed more time of me and everything, so being in managerial position is going to be demanding. So, I'm having this that is demanding I don't want to have two things that are demanding because one is going to lack whether I like it or not, so I just want to focus on one finish and maybe the other one.

Opportunity for growth hindered by responsibilities and commitments

Opportunity for growth hindered by responsibilities and commitments

Facilitator: Wow! That was the best experience. To sum it up it was a best experience you were recognized, and it was your manager who wanted to give you an

opportunity to be a clinical facilitator and a second in-charge. So, the best experience is that they recognized that your performance was good and offered you more opportunities. Alright thank you.

Participant1: Well, mine is ... I qualified 2019 so I started working 2020 so it's not long. So, the only episode that I remember is of recently this year when the unit manager recognized me. Firstly, before I used to do in service trainings in the unit, if something goes wrong or either we are lacking somewhere then she will ask me what we can do? then I would say let's just do in-service training about pressure part care just to recap and remind them, so she saw that I enjoyed doing that. She told me ... the clinical facilitator in the hospital was looking for mentorship program for people inside, so she nominated me to do that, then I was pleased to do so and while doing that the clinical facilitator offered me if something with education can come up would I be interested? I said most definitely it's an opportunity.

Facilitator: So, in essence you were identified to do a mentorship program in the

Recognition by the unit manager

Unit manager gave staff opportunity to grow

unit because of your performance obviously, and the clinical facilitator identified and even offered you a position in clinical if something comes up. That's good!

Participant3: it's when I was working in TB department, when I go to TB department, I didn't know anything. I was even telling them that I won't stay there for 3 months because I didn't even know even the medications, it was like I was dreaming in that department, but what came mostly to me , to be happy. It was because after 3 months I was already learning some other things and then they left me alone there at the department. I started to work alone in the department, and then wow! I was managing it the correct way and then I didn't have the losses to follow, I didn't have the death, I didn't have anything as you know like the TB is the most thing that the government are looking after it like 'we mustn't lost the patient, we mustn't have death in TB'. But on that 3 to 6 months I was managing to do that and even the doctors there , even the management there , they were happy that I didn't want to work there but I'm doing the good work because most of the time I was working in casualty, I thought the casualty is the most important

Uncertainty about the new working environment

Started to learn new things and growing in the department

Management appreciated nurses' progress and growth

to me but now I've realized that I can grow and I can do other things. Then I was happy because even the patients when they were coming, they were telling me that they were free to open up, they were talking. we can sit down then talk like we are talking about something that is easy. Patients were praising me, the doctors were praising me, they all wanted to see this person now working in TB. YES.

Facilitator: So, if I heard you right, your best experience was that you had the opportunity to run the TB department.

Participant3: Yes! I got the opportunity to run the TB clinic.

Facilitator: The management gave you that opportunity.

Participant3: Now that I'm running TB department, things were good then now I'm happy because I knew what I was doing.

Doctors and patients trust towards nurses

Opportunity for growth

Facilitator: That's good, that's good and thank you. Then your best experience sister and what made it an exciting experience? Who was involved?

Participant5: Okay, my best experience it's when the hospital was looking for one nurse in surgical ward to be attending the training of wound care. There was a sister who was every month if I'm not mistaken, every month she will come in a surgical ward to teach the staff especially the one that can lead wound care in the ward. That's when they chose me to attend the training, that training was like amazing training to me, because if I want even now 'I can open my clinic of wounds', wound clinic. Again the doctors were involved there because first time when I was attending that class I was like shocked to see the doctors just they they attended those classes with me, and I felt like , you know what now I'm a super with everything, then from there it when I was coming to the ward to open my wings to show that now I'm trained, now I can do this officially not to say I still need to be supported. Now I'm having the document that says she can work independently. And then when the patient is discharged and the wound is not manageable at home by the wound therapist, then the doctor will call

Offered opportunity to grow through training

Confidence and motivation through training

and say 'Sister you remember the wound that was here, can we please call the patient to come back to the hospital' for you to dress. That time there was a room allocated for me to do those outside consultations.

Facilitator: Thank you, lets proceed to the next sister.

Participant5: Thank you, for me my best experience was when I was still training. I was still training as a first year and a second-year nurse. So, when we were doing practical's, we were going to the hospitals and then, in that hospitals I was recognised by one unit manager in Gynae ward, so I think she saw my ability and my hard work, and then she was like every time when I was there or even when I was in other wards. When she need help from students she'd phone and ask, 'do you have so and so there?', and then they will say 'yes' then she will say can you please if you don't need more students, can you please give me her. She will specifically mention my name yeah which the other unit manager and my clinical facilitators they also saw that no she thinks I'm having opportunity with the other unit manager in the other ward where she recognised me, and then after writing exams

Trust from doctors to render good nursing care to patients

Recognition and motivation by the unit manager

Job offered due to good performance

<p>I was given a permanent job in her unit. Then after 6 months I went to school.</p> <p>Facilitator: Same unit manager?</p> <p><i>Participant5:</i> Yes. Same unit manager yes, she did.</p>	
<p><u>DREAM PHASE</u></p>	<p><u>IN-VIVO CODES</u></p>
<p>Facilitator: that's very very interesting. Thank you. Overall, I think those were very good experiences and I think you've had a lot from performance management. So, the discovery phase is now done, and we are going to move to the dream phase. So, now I want you to discuss what performance management could be, so those are your wishes it's what you are envisioning, and this is what you want. You have done performance management before you've identified things that you don't like, now this is an opportunity to come up with what you want. So I'm going to give you an opportunity of ideas you would like to share with us about the desired state of performance management. Let's hear you sister.</p>	

Participant 3: Okay... I think it has to be performed 1 on 1 and the unit manager has to be fair, and there is no need for us to write down like they are saying to us always you must have a diary so you can say I have seen one MDR or I did one rescues No! they must just see us when we are working, the unit managers they have to run around the ward to see us how we perform not to stay inside their offices, they have to get out of their rooms and then see us when we work. Then they have to treat us equal, give everyone what she or he has to get or what he deserves, and then if unit managers doesn't do favoritism, it will be easy, everyone will get what she deserves, everyone will be happy and the hospital or the clinic will run okay. Even you, you will feel that when you wake up and going to work as long as they are appreciating you, even if it won't be the money we don't put the money first even that certificate that says 'you have worked hard' or even if the unit manager can say in the morning 'today, this week is for Sister so and so...' she has worked hard and then when I'm seeing the comment card says she is the performer for this week , that one makes you to just put you on , knowing that you can work hard , there is no money but

Unit managers to follow proper guidelines of performance management

Managers must be visible

Managers to treat all nurses equally

Managers need to appreciate and recognize nurses

achievement that this month I'm on top of everyone, this month I'm 1,2,3 this month even if you can get it twice it can make other people to know that we have to pull our socks YES! Even you when they are putting someone, you'll see that I'm lacking somewhere I have to pull my socks. so if they are not doing that to us that's where you see nursing now is going down even though we don't want it to go down, but it's how they are managing us.

Facilitator: Thank you sister that's very good.

Participant5: I think somewhere, somehow, we've got the similar points yes because JPM must be like to be fair enough to everyone. Then, in a unit at least in a month must have training for everyone to be competent with whatever is required, like us in surgical we must be familiar with the surgical ward. 1 on 1 will help and at the same time will never help, so monthly there must be a champion selected, in that point it will be easier for everyone because I don't think everyone will be writing the same person that is not working, like the in charge if they are having their favouritism. Everybody must choose yes in that month we will see who is the champion of that month. It can be like we will see if 3 months down the line is the same

The process must be fair

Need for training and development

Top achievers to be recognized for their performance

person which means that same person is a hard worker. So, we must all focus in that person as to how did she become a champion? Let's just do teamwork, let's say like now medical ward, Sr Humphries ward is a champion ward. The things that the unit managers are doing makes the staff to sabotage them because when come auditing we just drag down our feet so that your ward must be like down, because of your favouritism. So, we will show them in a big function like auditors.

Participant3: it's like sometimes you'll hear that everyone did not come to work.

Facilitator: So, sister I need clarity, you are saying the ward must pick one person from all the names, but if all the names are there, they can pick up the laziest person from that.

Participant5: No, it will never happen everyone write their names and we put them all in a bowl and shake, shake, shake... and if you are chosen more then you become the champion of that month. May be in 3 months down the line then you are

Negative response when nurses are not appreciated

There must be records for top achivers

the person mostly chosen so you are noticed, Unlike the way it's done because I can be a hard worker, I can be just doing my excellent job in the ward but at the same time unit manager doesn't see me like that person I see myself.

Facilitator: while your peers know very well how you perform. Okay thank you sister, thanks

Participant2: What I feel like is ... we do this thing it's a good thing we identify strengths and weaknesses, one thing we know is some people are stronger than others that's why we have what we call a skill mix in the unit like, you can have an ICU trained that is not strong, but an RN experienced that is very strong. so, you need a strength of this one the experienced, but you need the mind of the trained, you understand? So, the two of them can drive the team but now the problem is going to be when it comes to performance. We need to be rated accordingly. First of all, we need to be rated fairly and I would say the managers, they shouldn't put emotions into rating us, if we deserve let's say the rating is out of 5, if we deserve a 5, we deserve a 5. I don't need to

Importance of recognizing different skills

Nurses to be rated according to their skills

Managers not to involve emotions when rating staff

motivate my working is speaking for me that's the first thing they need to acknowledge because I've been through that situation whereby if you get 5, they want to know why? as if you are not working hence if you work no one recognises us. The JPM I believe that it needs to be a rating that is visible, that is tangible evidence for that like, you cannot just rate me then I cannot see the rewards. You tell me that it's going to work for my increase and everything else then when it comes we all have a flat rate of increment... then it doesn't show, ... well it needs to show okay let's say they agree that increase is 5% but because you are an over-performer you'll get 2% on top that will be very rewarding, it will motivate people to even go an extra mile and I believe that when we do the performance ratings people need to be placed strategically like let's say you are an RN, but you are not performing according to ICU standards, you need to be moved away from ICU to say you are not an ICU material even though you are in ICU so that we can have someone else who's going to perform better outdo their selves, so once people start getting to understand that the JPM works like that I believe that they'll be no one who will lack behind. All nurses in ICU would like to perform to their maximum so I believe it's going to be a smooth sailing

Performance management should be transparent and rewards should be awarded based on performance

There must be actions on performance results

ship whereby everybody will get to know that okay I'm in ICU, what am I doing in ICU? Why am I here? So that is what I expect with JPM that it identifies those kinds of things to say okay. Even if we identify you like okay you are an ICU criteria nurse, but you lack on this and this and this, then they need to take you to school, there shouldn't be an issue of that 'No, we are short staffed 'and this and this. if there is a need for you to go to school... you need to go to school, we will manage the unit because if you don't go to school sitting here you are not being any productive, you are not going to bring anything new to us , so it's best to go to school and come back being a better upgraded person than we know that now we are dealing with an upgraded someone then at least we know that we have more muscles now. Unlike you are sitting here and not bringing any muscles, rather go to school, come back as a better person and we will work on that.

Facilitator: okay anything else?

Participant2: I believe that's it

The need to upskill nurses

Facilitator: Thank you so much that was quite intense, Nokwanda let's hear yours.

Participant1: The first one will be the ratings which she mentioned, she said something most important about ratings that you must rate based on the performance of the person not necessarily that this is an RN or I love her or this one moody or this one is rude, No she doesn't deserve that No! rate according to what they came here for, the performance management , it's about me it's not about being personal. It is about the unit what I contribute to the unit, my performance in the unit so I believe the ratings must be like that regardless of whether I'm RN or EN. If I'm a good EN, 'and I'm exceptional in what I do then I need to be rated according to my performance. The other one is that I believe after these JPM's the unit managers should follow up on those people, sometimes we do a JPM meeting on that day thereafter its forgotten about it, we do those ratings I'm happy and you are happy then what follows after that? What if my dream is to go back to school like she mentioned? Who is going to follow up for me to go to school? What if my dreams I'm lacking in this, who was going to give me training to support me? JPM shouldn't be

Managers to rate nurses based on their performance only not other personal factors

Managers to follow-up on the developments of the performance appraisal

only about paperwork, there must be following up on people that since I've done that there must be followed up that's very important. Lastly, it needs to be, I don't know if I'm off point. I feel like it needs to be done on agency staff also, I feel like it is concentrated more on the permanent staff, but they are working here, they are part of this unit, they are part of the performance that needs to be met the standard that needs to be met at Life Healthcare. When patients come here, they don't say this one is agency they say its Life Healthcare and our vision is to give the best service because we are a private, we need to give the best level of care, but if we only concentrate on the permanent staff what about the agency that is assisting? Only to find that the agency is more than the permanent staff, what about agency staff? We are all nurses at the end of the day. We are all doing patient care, I believe it's one of those things they should add agency staff.

Participant4: For me , I would like the top management to be involved in the discussion when we are doing the discussion and the ratings of the JPM, yes because when the management are being involved isn't it the manager will be saying whatever

There must be inclusion of agency staff in performance management

Nursing management to form part of performance management

is saying and they you will also need to know, I think it's the opportunity that they can even see that , no I think due to this performance this person deserves an increase , because sometimes you work...you are in a company for many years and then you are thinking you are working hard but your salary remain there (*pointing down*). Then new people come from other companies and then their salaries are high, and you are still the one who will be teaching those new people who are coming in, but its like you are still not recognised. I think maybe that is why maybe you see like there are so many companies, they are very much like instability of moving around. People they are going and then coming back because yeah, I feel like the older employees they are not recognised that much, that is why I'm saying during appraisal the top management should be involved yeah. So, yeah and then the other one here I said I think we should be rated individually not as a team, because as a team there's always mistakes and those mistakes, they are even affecting people individually, so because the team there's one person who doing that and then it's affecting us. Then you get the same rating as a team yes! Then another one for me is that I would be doing JPM maybe for 5 years and at the end there they would ask

Loyal nurses to the company not being recognized for their efforts

Employees change jobs to increase salaries

Nurses to be rated as individual not as a team

Nurse's aspirations are not met after appraisal

<p> 'where do you want to see yourself in 5 years?', and then you'll say maybe I want to go school. Then in JPM all those 5 years its written 'I would like to go to school 'but there's no opportunity that arise. Even if you try to apply outside for yourself, because we've seen people that went to school outside from the company, but after coming back they still don't get recognized for their position. Yes, they will let you stay in that position that they've employed you with, so yeah that one I could really change that. If there is an opportunity for staff to go to school more especially the junior ones. They've been here for 10 years but they are still remaining juniors until when? Yeah, for me I would really change the design there yeah thank you. </p>	<p> <u>Staff not recognized for their qualifications</u> </p> <p> <u>Fair development of staff</u> </p>
<p>DESIGN PHASE</p>	<p><u>IN-VIVO CODES</u></p>
<p> Facilitator: That's good! Those were very strong points from all of you and I think now that you've got your dreams, we are going to move to the design phase. How are we going to design and make sure that those dreams come true? So, we now need to come up with strategies to put in place to make sure that your dreams come true that's the design phase. Let's chart them down so that we can discuss them later in a </p>	<p> <u>Proper training of managers on performance management</u> </p>

destiny phase. Okay let us start with your design sister.

Participant2: First of all, I will focus on the issue of the person who is doing the JPM, the manager. The manager needs to know exactly what they are looking for, and they need to understand the tool themselves.

They need to undergo training for the JPM and how to rate so they can easily explain it to the employees the person that they are rating. I think that's the first thing, and they need to let's say you come in and I'm a new employee, so they know that I have certain qualifications then they need to find out from me (the employee) as what do I lack?

From me first, to tell them that okay let's say they will ask you about BLS, ACLS and all those things and what else would you like to do in future? Those are the things they need to hear from you, then work on what you need as a person to develop so that's what they need secondly. Again, it's the issue of experience, so there are people that they will be newly qualified people, like newly qualified nurses like EN's and RN's then they will just come and want to work in ICU, it's not easy to gel in like there are lot of things that you need to know first like the issue of medication and the working environment as such. So those people need to get experience, I would say they need to start

Manager to identify existing and lacking skills of staff

Manager's to assess the nurses experience and knowledge during appraisal

working in the wards whereby it's a more chilled then they can come to ICU , so those are the things that the evaluator , the manager need to look at, like ok this person 'how much experience do they have to work in ICU?', because you cannot let say rate Nokwanda according to my experience., Nokwanda qualified not so long ago and I qualified I don't know how many moons ago, so you don't expect me and Nokwanda to be at the same experience level on the same performance level, basically they need to individualize the tool. They should not generalize the tool to say because its RN then everybody will fit, they must individualize the tool according to person's experience, qualifications and needs, strengths and weaknesses so that they work on it like that. Then another thing they should look at where the person lack so that they can do continuous upskilling (training) and all those things so they would know that okay Joanne is lacking there, there is a training for this and this and this or the manager themselves they need to arrange to say 'okay guys in my unit I have people lacking in this and this can we organize a training as the hospital?' so they need to be very accommodative and I think that can boost the unit morale everybody will look forward to training . so, it's like you are

Performance appraisal tool to be individualized based on nurses experience

Training for nurses to be made available

basically making people to be interested in learning new things because of in nursing a lot of things are changing, in the health sector a lot of things are changing. Now we are on evidence-based practice we no longer practice the same old way, things are changing we need to upskill the nurses impart them with new knowledge all those things. So that's why I believe that it needs to be individualized

Facilitator: Okay, alright thanks let's hear you sister, Let's hear how you are going to design your dream to make sure that it comes true?

Participant1: Firstly, the unit managers and the evaluators need proper training and guidance on the JPM itself they need to understand it clearly. If they understand it clearly it will be easier for them to convey the message to the person, they are evaluating. It will be clear for the recipients to understand why I am here.? Why am I doing this? I think that's number 1. Also I think if we can involve a third person during a performance appraisal meeting, somebody that's under management because I think all management are trained for the JPM, .so it wouldn't be a train smash if a manager from Medical ward sits in with the manager from

Need for training of unit managers in performance management

Involvement of two evaluators during performance appraisal

ICU and do a JPM on that person, I mean 2 hands are better than 1.

Facilitator: if I may ask what could be the reason to have the third person?

Participant1: As I've mentioned before when it comes to ratings, you may not rate that person according to their performance, so it's for the sake of fairness to ensure that the person gets rated accordingly based on their performance and what else also? And also, while they are doing that there is this Clinical Training Specialist from agencies, they must also involve them in the JPM's so that they will know what's happening so they also become connected to what is happening in the private sector in the unit that their staff is working.

Facilitator: thank you ... let's move to Amanda what actions should be done to design an ideal performance management? So, for each bullet that you had for your dream you come up with an action as you've mentioned favouritism so you will come up with an action to curb favouritism what should happen?

Two evaluators for fairness

Involvement of agency Clinical Facilitators in performance management

Participant1: As, on the dream phase I was talking about the 1 on 1. I think the 1 on 1 has to stop and give the staff to choose like the way the sister was saying yes I think it will be better like not sitting with us 1 on 1 because other times you get that the unit managers they don't see us, and if they give nurses the papers to write names and put inside the box I think the staff cannot chose somebody they don't know that she is working hard.

Facilitator: so, how are they going to rate others? Let's say they choose the same person all the time and they need to give a score for everyone, but the same person is always showing up.

Participant1: But I think those papers even if they can be there, she has to rate us all. She will just keep those papers for her to know that she's got 4 names that means that these will be my first top 4, and then I've got 3 names this means are my second best and these 2 ... depends on how often your name shows up. I think it will be better like that so that everyone will know how do they

There should be no appraisal interview rather nominations of top performers

Managers should keep their records for top performers

perform yes that way I think it will be better because really unit managers are not doing fair to us. They are not fair so they have to try and listen to patients or the staff, it will be easy to give us the performance. The patients do talk, that sister so and so is a hard worker. Sometimes they will say we don't like sister so and so because they know that when she is at work she doesn't perform. So that is why the unit manager has to leave the office and go to the patients so they can know how they are going to rate us. If you are in the office, you are going to rate the way I'm going to be saying to you. The other people even at school you are going to get that people they always knocking at the unit manager's office telling her that sister so and so they are saying 1,2,3 the unit manager that is listening to people that are gossiping that's where they are going to rate according to that. They are not rating according to how people are working, they are rating according to information that they are getting from other people, but if you get out and come to the unit you will see then you will hear from the patients that sister so and so is working. If they are not seeing that sister, they will say 'where is sister so and so?' and then they will see that sister is working. Then the treatment that we get from management will give us the strength

Managers to interview patients pertaining to nurses performance

Managers visibility will assist her in rating nurses accordingly

Nurses to be rated based on how they perform only

Patients recognizes hard working nurses

Staff perform well when management shows appreciation

if they are giving us that thing that encourages us to work, we are going to work but if they are just saying yes, you are here to work that's where we even get discouraged. If unit managers stop favoritism everything is going to be okay, yeah, they must just treat us the same.

Participant5: Yeah, to stop this favoritism that is happening in the wards all the time. Unit managers are there with us to take lead of the ward at the same time we were the people that are running the ward because most of the time they are doing the paperwork and office work in the office. So, we need to sit with the unit manager because for the ward to fail is about the problem that we are facing in the ward. The most important one is the one we are raising for the JPM, favoritism is the main point, so we need to sit down with the unit manager and talk about the problems that we are facing if she is not fair enough for all of us that thing must be talked about and then we must come up with a solution. The other thing the solution will be like the unit managers must give all of us the training then we can be sure of what we are doing in the wards in that way we will be working at the same level all of us. We will be pulling the ward to that standard that excellent standard, and then the other thing the

Managers to stop favouritism

Managers to treat staff equally

There must be good working relations between the manager and nurses

There must be transparency in relation to fair treatment of all nurses

Manager to offer training to nurses

Comment box for patients comments

'comment box' must be there in the ward, I think that one will help a lot to nominate the person that is working too hard because the patients will be writing their comments. that box mustn't be opened in the ward it must go to the right offices where they will open it there fairly and put those cards aside and whoever is nominated more that will be marked until you are rated accordingly. Then again, the personal file I don't think the personal must be in the ward especially here in private personal files mustn't be kept at unit manager's office because she can do whatever she wants with that file

Facilitator: You means the individual staff files?

Participant5: the staff files must be in HR whereby your comments cards will be attached in your individual file so that whenever time the files are pulled out and those comment cards are the one that will rate us according to the number obtain. And it doesn't matter that I'm getting x5 and x10 its patients who choose and they come and go. So, I think the personal file must be in the HR and then in due time those files must be out then must nominate whoever needs to

The suggestion box to be opened by authorized people not in the ward for fairness of nominations

Files to be kept away from the ward

HR to manage the staff files and staff nominations for fair ratings

get that compliment. The same compliment must come out with something that every staff will say wow! Even me I want to get that thing. The reward yes! They must even want to get the top one. Then I think Head office and management must choose one or it can be 2 persons who's gonna take care of all those things like they do walkabouts maybe monthly to check the ward to check the patients and even those comments card the patients are writing on. I think it will be fair enough because those persons don't know us in the ward, they do their jobs fairly. I think the JPM will be going accordingly.

Facilitator: thank you very much sister, let's hear you Sr.

Participant4: I think the strategy to put those like, I think we could have suggestion box. Where there is a box and people will write and suggest that this and that should happen, may be since there are many people who are not confrontational who cannot talk like they are good at writing and then they should be somebody who is reading those suggestion boxes and reviewing them.

Compliments must be accompanied by rewards

Patient experience to managed by persons not affiliated to the hospital for fair staff ratings.

Suggestion box to allow staff to vent and express their wishes

Facilitator: Should the person be from the ward or?

Participant4: No! it shouldn't be a person from the ward. it should be those people who are not even from the hospital, the people who are at least from head office, those are people who deals with the standards yes. Then the next one they could at least organize the meetings even if its once a year where there are all top managers like not only in one hospital isn't it this is one company then we can have people from other hospitals and then people from head office where they could listen to people and hear what are they saying. What are they suggesting or what challenges are they facing? And then I think they could be training for JPM as well for the managers, they could do the training where maybe they will understand it better yeah, open training where they can also discuss isn't it if I'm the only one manager and I have not heard from another manager from another hospital just to know what are the challenges they are facing even with the staff , they can learn from each other yes.

People outside the hospital should manage the nomination process of nurses by patients for fair appraisal

Yearly meetings with other hospitals to address performance management challenges

Managers training and meetings with other managers to discuss challenges pertaining to performance management.

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<u>DESTINY</u>	<u>IN-VIVO CODES</u>
<p>Facilitator: okay thanks sister I would like to move to destiny to avoid the confusion. I want you to describe the ideal performance management process. What plans need to be implemented? Who should implement these actions? Who should monitor the implementation?</p> <p><i>Participant2:</i> I believe that JPM is like 'self-development', it's for you to develop and upskill yourself something that you need to take personally but the employer, the manager they need to create the opportunity and the environment to say okay I would say like I said. I told my manager ' I want to do ICU, I want to be ICU trained, so saw that opportunity, she created that opportunity to say okay college they are opening and I have a nurse who want to ICU you understand?, so it's a hand-in-hand job that since you and the manager you sit and identify all those things is there any opportunity? Can the employer create that opportunity for the employee to upskill themselves? So that's why I believe in that you as a person you need to look after your</p>	<p>Performance management as a joint responsibility for both the employer and the employee</p>

own skills, performance and you need to upskill yourself update yourself with new information, but I would appreciate if the employer can create those opportunities.

Facilitator: that's very good, but tell me now who are the stakeholders that you would like to involve ensuring that this dream come true? Who needs to be involved? please mention them with their relevance.

Participant2: Me (the employee), the employer, the education side of the company, yes because we have the clinical side, and we have the non-clinical side. We need the lab as well; we need the doctors as well they have to help in the development like the nurses, I believe what I mean by that is other institutions they have what they call academic rounds where they go from one patient to the next discussing those kinds of patients so that in that case you get to learn a lot.

Facilitator: So, who need to make sure that this happen? You mentioned something about the individualized tool, so which

The employer, employee and education faculty to be involved in order to develop nurses and improving performance

stakeholder is involved in those things because that's more like policies?

Participant2: Okay like I said the employer but the Head office, and the unit manager as well they need to help when it comes to that.

Policy makers to be involved in the adjustments of policies pertaining to performance management.

Facilitator: So, who needs to make sure that there is implementation and that there is continuation of what has been implement since it can happen that once this has been implemented, you'd find that 2 months down the line no one is doing it, so who must make sure that there is continuity?

Participant2: I would say the unit manager and HR department they need to oversee that there is proper implementation of the tool, and all the strategies mentioned,

Facilitator: Okay, alright and then if you go to the destiny who do you think needs to be involved to ensure that this happens?

Other stakeholders involved the hospital manager, Head office as well as the policy makers to amend the policy

Line managers and HR to monitor proper implementation of the tool.

Participant1: the unit managers. they are the number one in these things like I said also by learning the tool they'll be able to convey the message to the employees. the unit managers are the one that needs to follow it up with their line managers and Head office. They need to follow up and say we have done this and that and we think this is what needs to be changed. Or I have done a JPM with this person this is what the problem we have, this is an encounter we had, this is what will make that person to be happy, this is what this person wishes for in the future. So, the management is the one that needs to hold this thing together and to follow it up because it's their tool they see what's goes wrong, they see what lacks. So, they are the one to convey it to the Head office and also to follow it up.

Facilitator: And who needs to make sure that this follow up get sustainable? Like they'll be continuity, there is no relapse because you came up with good strategies, they are in place now.

Participant1: the management team, the entire management team, and the Head Office at Life Healthcare, they need to be in

Unit managers to follow-up with management and Head Office regarding the proposed performance management

Management responsibility to ensure that this process works

There must be good communication between the hospital management, head office and the education faculty

communication especially on the education side to ensure

Facilitator: And then sister when we move to destiny who needs to make sure that all those interventions happen?

Participant3: okay, I think even the doctors are to be involved because we work with them most of the time 1 on 1. Every time we are working with the doctors, they are the one that they know that when I'm with sister so and so ..., they even saying we are the advocates of the patients. When the doctor is saying I'm discharging the patient she will say doctor I think this one need 1,23 he needs 1,2, 3... the doctors that you are not just there to work, you are there being the advocate. even the patients yes, they are seeing our work they know that if they have reported something to you that thing is going to be solved... yes, they are sick but there are times where you have to listen to the patient. Sometimes patients want someone to listen to them and we know that we don't have time always on rush but if you can give them the ear and listen to them that's where sometimes we solve the problems yes. So even the patient they can give us those appraisals that we are working, and you listen to them/ even the

Doctors must be involved in the performance management of nurses

Patients to be involved in performance management of nurses

management they are the one who have to see us how we work and then give us those appraisals.

Facilitator: Who should monitor the implementation of your strategies mentioned in the design phase?

Participant3: The Unit manager

Facilitator: Don't you think there are more stakeholders to be involved to ensure that such interventions happen? Let's say I'm a unit manager and 2 months down the line I relapse then who needs to ensure that I stay the course and ensure that such strategies are in place?

Participant3: that one will be difficult because the unit manager is the one that she has to ensure that they must not do the favoritism, they must be fair because the unit manager is the one that is going to see that because before that thing can go. so, I'd say the Matron and the Hospital manager it's not going to be easy.

Unit manager to implement

Unit managers to implement change first within themselves to avoid inequality

Matron and the hospital manager to facilitate the process

Facilitator: so, to make sure that the unit manager is compliant which other stakeholders would you involve?

Participant3: it's the matron yes, it's the matron they can even have 2 people each year to just check how the unit manager is doing even if it's going to be difficult because like where I used to work people from HR could hold a meeting and ask how did your unit manager rate you? And you are going to say yes, my unit manager has given me 2 how? And then they will go back to the unit manager and ask because according to the way they've explained to us in performance they are saying if you see that someone is performing you won't just give 1 you have to call that person before you put 1 down. sister so and so can you see that you are always absent, and you don't wear the uniform..., you are doing 1,2,3 patients are crying about you and doctors are not happy with 1,2,3 ... you won't just start by giving me 1 yes. But on that day of performance that's what you get. Why are you giving me 3 because you have never even called me that now you have went down, I was getting 4 you didn't call me and say to me now you

A person from HR should hold meetings with the unit manager and monitor the progress of performance management

Unit managers to have supporting evidence for the scores given

see that you are going down, you don't do 1,2,3,4 but today you are saying to me, I'm giving you 3. The 3 has to come with the reason and the 4 has to come with the reason. They have to call you before they give you those performance ratings, so that the day they are going to call you, you will sign and be happy even if it's not happy to sign for nothing, but you will know that they did call me and they told me that you are not performing, you are doing 1,2,3 and they must make sure that these people are checking up on our unit managers that the ratings that they are doing is correct even HR has to be involved and check those ones.

Facilitator: Thank you, thanks again.

Participant5: so, HR, Head office and hospital management should be involved. the policy people at head office to amend the policies in JPM and hospital manager and HR to make sure that these interventions get implemented.

Facilitator: Sister lets do the destiny who do you think needs to be involved to make sure that all those strategies that you've just

There must be good preparation of staff prior to performance appraisal by the manager

Hospital, management, head office and policy makers all to be involved.

mentioned that they become a reality?
Which stakeholders should be involved?

Participant4: People that needs to be involved here Standards Service manager or maybe people those who work on policies yes.

Nursing Standards manager and policy makers

Facilitator: Ok, since you've mentioned the policy makers what could be the reason?

Participant4: Because they would understand, may be after hearing about what people are suggesting they could understand it in a certain way where they will put it in writing. The Hospital manager, people who are the HR managers people who are involved in finance. I think they should also be involved so that they can make sure that they increase our salaries (*laughing*).

Hospital manager, HR and the finance department to be involved

Facilitator: Thank you very much everyone for affording me an opportunity to have a discussion pertaining to my research study. I will update you with the finding once the study has been completed. Thanks again.

(*recording ended*)

