

Challenges experienced by professional nurses during performance assessment at a tertiary Hospital in Polokwane Municipality, Limpopo Province, South Africa

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Abstract

The performance assessment process is confronted with a great deal of criticisms and challenges from the employees and their unions. There are several issues being put forward such as the raters' ability, accuracy of the system, fairness, discrimination, quota system and other aspects. The purpose of this study was to explore and describe the challenges experienced by professional nurses whose performance was assessed by nurse managers at a Tertiary hospital. A qualitative research approach applying the exploratory and descriptive and contextual design was used. Purposive and convenience sampling were used to select the participants. The population was all professional nurses. Data were captured by writing field notes and the use of a voice recorder during unstructured face-to-face interviews. Data saturation was reached after interviewing fourteen participants. Data were analysed using Techs' open coding method of qualitative data analysis. The results indicated that there is lack of evidence to support performance due to poor attendance of workshops during the reviews and that nurse managers lacked knowledge about the performance assessment process and therefore, feedback about performance was not given. It is recommended that nurse managers receive on-going training regarding performance assessment and that the change of the Performance Management System will remedy the situation.

Keywords: Challenges, professional nurses, performance assessment, performance management system.

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Introduction

Performance assessment is necessary for improving patient and affirming the performance of nurses. Unfortunately, performance assessment is not on the top list of "favourite things to do" by either the managers or the nurses. According to Richards (2013) conducting performance assessment could be problematic in terms of: administration, managers not being trained to conduct performance assessment (PA) effectively, failure to tie PA expectations to desired results and hospital managers who are often challenged to use the tool effectively. Furthermore, effective PA doesn't just happen, managers shouldn't assume that they know how to conduct them effectively because they have many years of

experience, instead they need to attend continuous training. In fact, since the process can differ from hospital to hospital, it is important that training is provided to introduce managers to the process of PA at a particular hospital, including a review of the forms which are used for rating, the rating system and how the data gathered are used (Richards, 2013).

Performance measurement is widely accepted in the public health sector as an important management tool which is geared towards the improvement of patient care and accountability (DeGroff, Schooley, Chapel & Poister, 2010). However, there are several challenges which impede the development and implementation of the Performance Measurement Systems (PMSs) at the national and hospital healthcare levels. Public health problems are complex and reflect multiple determinants and it may take years to achieve (DeGroff et al., 2010). The decentralised and networked nature of public health programme implementation, lack of reliable and consistent data sources, and other issues related to measurement also impede PA (DeGroff et al., 2010). Grote (2002) asserts that the effectiveness of the PA process can be achieved when the professional nurses and nurse managers are knowledgeable about the process that could be broadened by the provision of adequate training and development.

The World Health Organization (WHO) (2003), at Regional Office of Europe, launched a project in 2001 aimed at developing and disseminating a flexible and comprehensive tool for the assessment of hospital performance. The project is referred to as the performance assessment tool for quality improvement of care in hospitals. This project aims at supporting hospitals with PA by providing them with tools for conducting assessment and encouraging networking among participating hospitals.

A survey conducted by WHO (2003) in twenty European countries, has come up with more than a hundred performance indicators with regard to worldwide challenges of hospital PA. These scrutinised performance indicators for hospitals have resulted in the identification of six dimensions for assessing hospital performance: clinical effectiveness, safety, patient-centrism, production efficiency, staff orientation and responsive governance. Many governments in Europe and elsewhere in the world have initiated hospital performance assessments that are based on the above dimensions motivated by objectives, such as supporting professionals with quality management, improving accountability of hospital boards, or informing the public (WHO, 2003).

In South Africa, the Public Service Regulation (PSR) and Performance Management System (PMS) were introduced by the National Government in 2001. This PSR directs that all national government departments should develop and implement their Departmental Performance Management System (DPMS). The regulation stipulates that all provincial executive authorities are to develop a

PMS which will improve the performance of professional nurses. The PSR also stipulates that the government departments are to use a single instrument to assess the performance of professional nurses. According to the PSR, each government department has to develop an instrument that suits its particular needs for PA (South African Government, 2004). The South African Government has introduced the PMS with an aim of providing a fair and equitable basis for identifying under-performance and rewarding good performance (South African Government, 2004).

The PMS was introduced in 2002 by the then Limpopo Province Department of Health and Social Development (LPDoHSD) as recommended by the national directives of the Public Service Regulation. This PMS for assessing, monitoring and evaluating the performance of professional nurses at the healthcare institutions is implemented annually. This PMS is based on the Public Service Regulations of 2001 (Limpopo Provincial Government, 2004). The Limpopo Provincial Government (2004) has developed instruments, such as a work plan instrument for nurse managers and a standard framework for professional nurses which could be utilised for PA by all the institutions.

Performance Assessment System was introduced in 2002 at the Tertiary hospital in line with the requirements by the Limpopo Provincial regulations for performance assessment (Limpopo Provincial Government, 2004). At this Tertiary hospital, PA of professional nurses is conducted quarterly by nurse managers. A professional nurse in a specific unit is supposed to be assessed by the same nurse manager for a period of a year in order to ensure continuity of the PA. Professional nurses who perform well are rewarded financially and those nurses who perform poorly are subjected to staff development processes (Limpopo Provincial Government, 2004).

The implementation of PMS, its impact on the professional nurses and the possible challenges has never been researched. It is important to understand these challenges because if they are negative, the PMS may defeat the very purpose it has been introduced to address. The study has explored the challenges of professional nurses with regard to PA at a Tertiary hospital, at Polokwane Municipality.

Methodology

Research Design

The exploratory and descriptive designs of qualitative research were applied to explore the challenges of professional nurses with regard to performance assessment (Cormack, 2000).

Population and sampling

The target population were all professional nurses with more than four years' experience and had been assessed more than once. Purposive and convenience sampling method was used to select two professional nurses at the following units: Theatre, ICU, Surgical, Orthopaedic, Medical, Obstetric ward, Gynaecology, Neonatal and Postnatal. Total number of professional nurses was 31 and the first sixteen participated in the pilot study. Fourteen nurses participated in the final study.

Data collection

Data collection was conducted after receiving the permission to conduct the study. Unstructured face-to-face one-on-one interviews using an interview guide were conducted and one central question was asked to all the participants: "Describe your experiences regarding performance assessment?" A voice recorder was used to capture verbal communication and field notes were written to capture non-verbal cues.

Trustworthiness

The four criteria namely credibility, conformability, transferability and dependability for ensuring trustworthiness as outlined by Lincoln and Guba (cited by De Vos, et al., 2005) were applied to establish the trustworthiness of the study. Credibility was ensured by prolonged engagement in the field, the use of a voice recorder and the taking of field notes during unstructured interviews (Babbie & Mouton, 2009). Dependability and Transferability were ensured by a thick description of the research method and design making it possible for other researchers to repeat the study (Babbie & Mouton, 2009). Confirmability was ensured by sending the transcribed data to an independent coder, thereafter a meeting was held to confirm and reach a consensus about the findings. The raw data were available in the form of field notes and audio recordings that were gathered during data collection (Babbie & Mouton, 2009).

Data analysis

Techs' open coding method as described in Creswell (2009) was used to analyse the data. Open coding is the part of analysis that pertains specifically to the naming and categorising the themes of a phenomenon by closely examining the collected data. During open coding, the data were condensed into discrete parts, closely examined, and compared for similarities and differences; and questions were asked about the phenomenon as reflected in the data (De Vos et al., 2005). Two main themes namely: Challenges during the PMS process; and Suggestions for an improving the PMS process emerged.

Ethical considerations

Ethical clearance to conduct the study was obtained from the Medunsa Research Ethics Committee and permission was obtained from the then Limpopo Department of Health and Social Development, the CEO and the clinical manager of the tertiary hospital complex. All the participants signed a consent form after the researchers had explained the goal of the research study, the procedures during the study, and the possible advantages, disadvantages and dangers to which participants might be exposed to. The participants were assured that all data collected would not be disclosed to any unauthorised person without their permission and all information collected would be stored for five years in a safe area. The participants were interviewed in a private room and pseudo names were used instead of real names.

Results and Discussion

Table 1 presents an overview of the main themes and sub-themes, reflecting the challenges of professional nurses with regard to PA.

Table 1: Themes and sub-themes, reflecting the challenges of professional nurses regarding performance assessment

Main themes	Sub-themes
1. Challenges during the PMS process.	1.1 Absence of evidence to support performance ratings of professional nurses 1.2 Outstanding performance measured beyond one's scope of practice. 1.3 Either attendance or non-attendance at performance improvement workshops. 1.4 Self professional development encouraged for better performance.
2. Suggestions for an improved PMS process.	2.1 Pre-implementation training workshop for nurse managers and professional nurses to improve PMS process (should be conducted yearly before the beginning of each new assessment cycle). 2.2 Replacement of the PMS with other assessment methods of professional nurses.

Theme 1: Challenges during the PMS process

Four sub-themes emerged from the theme namely: absence of evidence to support performance ratings of professional nurses, outstanding performance measured beyond one's scope of practice, either attendance or non-attendance of performance improvement, and self-professional development encouraged for better performance.

Sub-Theme 1.1: Absence of evidence to support performance ratings of professional nurses

Lack of evidence to support the performance rating was indicated as one of the challenges and was reflected in the following:

“Writing incident reports is time wasting and they must get rid of it. It doesn’t motivate me because I only write about the same thing and they don’t read. It looks like even in the panel they don’t check the incidence because they are supposed to check on the issues you wrote against the incidences provided. I can write incidences about the same patient and issues for the whole year but they will never approach me to say that I wrote about the same patient, is the patient not discharged? I can duplicate as much as I can because it is tiring.”

The nurse managers are supposed to document a full report of each professional nurse’s performance; including strengths and weaknesses and the motivation should be provided. The format of the report can be left to the discretion of the nurse manager (Swanepoel, Erasmus & Schenk, 2008). Nel et al. (2004) outline that written evidence must be provided by the nurse managers that is indicating all the strengths and weaknesses of the professional nurses in the unit. The nurse managers are to compile and document needed information to support professional nurses’ performance (Roussel, 2012). Roussel (2012) indicates that nurse managers should be taught how to write an evaluation report, which includes evidence supporting the ratings of the professional nurses.

Sub-Theme 1.2: Outstanding performance measured beyond one’s scope of practice

Some of the challenges during performance are that some professional nurses were rated highly, which was often not based on their actual performance.

“PMS is not done properly, because my nurse manager just checks how related or good I am to her, she uses favoritism. At times, she gives junior nurse high scores and the professional nurse gets a low score based on personnel relation.”

Robbins, Judge, Odendaal and Roodt (2009) outline that individual performances tend to suffer from overinflated assessment ratings and self-serving biases. Fear to lose the collegial relationship between the nurse managers and professional nurses’ results in a poor rating system during the assessment process (Bezuidenhout, Garbers & Potgieter, 2007). Professional nurses who have performed well historically are receiving high ratings from the nurse managers, even though the current performance is poor (Taylor, 2008; Nel et al., 2004). Nurse managers have a tendency of giving high rates, especially when a particular aspect has been accomplished well (Taylor, 2008). Nurse managers

avoid giving low ratings even when deserved owing to the fear of upsetting weak performers (Taylor, 2008; Nel et al., 2004).

Sub-Theme 1.3: Either attendance or non- attendance at performance improvement workshops

Some of the professional nurses indicated that they were neither trained nor attended workshops in order to improve performance at the hospital.

“The management must train the staff and give them a chance to attend the workshop, especially those that receive rates of 1 and 2.”

Glueckert (2011) explains that all nurse managers who are required to assess professional nurses shall be trained in the administration of the performance assessment process. The Ghana Health Service (2005) states that professional nurses also feel frustrated because the recommendations for training or promotion that are indicated in their performance assessments do not bear any fruit. Most often, forms are filed away in personal files, without adding training lists or plans to address the staff members' training needs.

Sub-Theme 1.4: Self-professional development encouraged for better performance

Challenges of performance assessment showed that, instead of professional nurses being taken for in-service training when they either scored below three or were underperforming, professional nurses were informed that they should not rely on the hospital for workshops but to educate themselves at times.

“I was told to train myself for things like computer literacy because the queue is long for staff development.”

Self-development is in stark contrast with Farahmand's (2011) viewpoint that organisations should provide opportunities for training and increase productivity. The performance assessment results support future options and paths for growth and development of the professional nurses (Roussel, 2012).

Theme 2: Suggestions for an improved PMS process

Two sub-themes emerged from the theme: Pre-implementation training workshop for nurse managers and professional nurses to improve PMS process (should be conducted yearly before each new assessment cycle), and replacement of the PMS with other assessment methods of professional nurse.

Sub-Theme 2.1: Pre-implementation training workshop for nurse managers and professional nurses to improve PMS process (should be conducted yearly before the beginning of each new assessment cycle).

Most professional nurses' challenges indicated that nurse managers and professional nurses lacked skills with regard to the whole process of performance assessment. Both the nurse managers and professional nurses should be subjected to training workshops before the assessment period commenced in order to improve the way nurse managers administer the tool and to enhance cooperation by professional nurses.

“Nurse managers may be trained on changing the method of assessing professional nurses.”

Taylor (2008) argues that problems with a PMS can be eliminated by providing assessment training and by regulating the evaluation of performance assessment in practice. Taylor (2008) explains that the training should include basic assessment skills, the need to prepare thoroughly and to avoid passing judgment based on the professional nurses' personality, since it does not relate to performance. The line nurse managers should be given training in the required skills, attitudes and site knowledge that is required for fair performance assessment throughout the year (Grote, 2002; Tyson, 2006). Nel et al. (2004) strongly motivates that nurse managers and professional nurses must attend workshops about conducting pre-, intra- and post-assessments interviews.

Sub-Theme 2.2: Replacement of the PMS with other assessment methods of professional nurses

Professional nurses felt that PMS should be replaced by another performance assessment process. One participant explains:

“I think the people who started the process must review it or recheck it because there is a lot of unfairness in it.”

Robbins, Judge, Odendaal and Roodt (2009) suggest the use of multiple assessors in order to remedy the deficiency of performance assessment. The increase in the number of assessors may result in attaining more accurate ratings. Currently, the performance assessment process faces too many constraints to be expanded and should be revised and more successfully applied before upgrading can be considered (Ghana Health Service, 2005). Swanepoel, Erasmus and Schenk (2008) outline that one of the reasons for opting for the replacement of an assessment method is related to technical issues, such as losing the purpose of assessment and also administrative issues.

Recommendations

The nurse managers should be trained before conducting performance assessment in order to capture all the components of an individual's contribution, reduce inconsistent and unfair ratings. A revision or replacement of the current PMS method to the one perceived to be fair and meeting the objective of PA should be considered. An evaluation tool should be developed and be used during assessment in order to eliminate inconsistencies.

Conclusion

The purpose of performance assessment should not be viewed as a vehicle for promotion or to receive an extra income, but it should provide inputs to employees regarding how they're doing. Performance assessment should also provide the hospitals with areas where the professional nurses are doing well and where they need to improve. Training of professional nurse where there are challenges regarding performance should be a priority after conducting assessment interviews. The need to revise or replace the present PMS was expressed and supported by the participants.

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