KNOWLEDGE, ATTITUDES AND PRACTICES OF NURSES TOWARDS ASSESSMENT USING PERFORMANCE REPORTS IN A FREE STATE SUB-DISTRICT

BY

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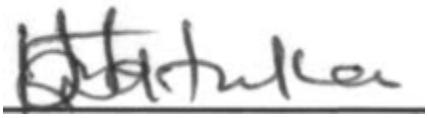
DECLARATION

I, Joseph Matuka, hereby declare that the dissertation submitted for the degree Magister Societatis Scientiae in Nursing at the University of the Free State is my own independent work and has not been previously submitted by me for a degree to another university or faculty. I further waive my copyright of the dissertation in favour of the University of the Free State.



Joseph Matuka

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Special thanks to my colleagues and the entire nursing workforce in the Maluti-A-Phofung sub-district. God bless you all, and keep up doing the good job in assisting to build a healthy and self-reliant Free State community.

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LIST OF ABREVIATIONS

KAP	Knowledge, attitudes and practices
PDMS	Performance Development and Management System
SANC	South African Nursing Council
TPB	Theory of planned behaviour

SUMMARY

Performance assessment reports are distinct to most well-established organisations and companies that strive to utilise their human resources for the benefit of growth and development. Moreover, understanding about employees' knowledge, attitudes and practices regarding their duties of concern is fundamental to their compliance to rules of the companies they serve. However, in spite of the seemingly valuable contribution that the Performance Report, as part of the Performance Development and Management System, can make to improve the quality of service delivery in the Free State province, it seems that neither nurses nor supervisors are entirely comfortable with this assessment process. Rating scales and the consequences of receiving a specific rating seem to cause dissatisfaction among staff.

The aim of the study was to assess the knowledge, attitudes and practices of nurses towards assessment, using a performance report in public hospitals in Maluti-A-Phofung municipal area.

The study followed a descriptive quantitative research approach. Approval to conduct the study was obtained from Health Science Research Ethics Committee of the Faculty of Health Sciences of the University of the Free State, and the Free State Department of Health. Three hospitals in Maluti-A-Phofung (one regional hospital and two district hospitals) were selected for the study. All nurses who were not on any type of leave and who were not part of management formed the study sample (n = 187). Participants completed a self-administered questionnaire. The predesigned KAP (knowledge, attitudes, and practices) questionnaire was based on Ajzen's theory of planned behaviour (TPB). Frequencies and percentages for categorical data were used as part of the descriptive statistics.

Participants were professional nurses (n = 119; 63%), enrolled/staff nurses (n = 21; 11.1%) and enrolled nursing auxiliary/assistant nurses (n = 49; 25.9%). The knowledge component was discussed based on behavioural and normative beliefs and subjective norms. The behavioural beliefs of participants were likely to predict positive attitudes towards performance assessments. Normative beliefs ranging from 87.3% to 98.4%,

according to TPB (grounded on what significant others/other nurses believe), should influence participants' assessment-related behaviours positively, while subjective norms were closely aligned to normative beliefs of other nurses. Statements projecting subjective norms overwhelmingly predicted positive performance-assessment-related behaviours. Participants' control beliefs were assessed based on self-development opportunities as an example of control they may/may not be able to exert in their particular circumstances. In this case, the results implied that participants could not assert much control over engagement in self-development opportunities. In relation to participants' perceived behavioural control, the researcher focused on factors that may assist participants to develop professionally and factors that would prevent them from developing professionally. The findings of the study imply that factors that seemed to impact on participants' professional development were based on lack of resources, and managerial constraints.

Regarding participants' attitudes, the median (83.3%; n = 157), within a range of 16.7% - 100%, influenced specific behaviour (participants' attitudes influenced specific behaviour as implied by the median and the indicated range). This implied that participants had generally positive attitudes towards performance-assessment-related behaviours, in spite of negative attitudes towards the need to place patients' needs before their own.

Practices were assessed based on intention, actual behaviour and behaviour. Concerning intentions, most participants had very strong intentions to act out certain performance-assessment-related behaviours, despite their low intentions regarding personal development. Regarding the actual behaviour, the median percentage leading to behaviour was 100% (range: 0 – 100%), which implies that participants had strong positive perceptions regarding practical means to act out certain behaviours related to performance-assessment reports, even though it is interesting that a lower score was seen on the issue related to involvement in self-development programmes. The results of participants' past behaviours suggest that they have been able to carry out behaviours related to performance reports, however, they experience some difficulty in carrying out behaviours related to participation in in-service training for self-development.

The recommendations of the study are packaged in tables that delineate the information related to the KAP of participants in relation to the components of the TPB. Specific statements of interest from the questionnaire were selected to structure the recommendations (for example, behavioural beliefs: *maintenance of patient hygiene, assistance with elimination process;* normative beliefs: *monitoring of administration of medications;* subjective norms: *operation of all relevant apparatus and equipment;* control beliefs: *seeking learning opportunities;* attitude: *serving the public in an unbiased and impartial manner in order to create confidence in the public service;* intention: *seeking learning opportunities such as in-service-training courses;* actual behaviour and behaviour: *seeking learning opportunities such as in-service training, commitment through timely service to the development and upliftment of all South Africans).*

The findings of the study lead to recommendations that are specific to the provincial management of the Free State Department of Health and institutional management, to institute periodic job compliance by monitoring and reinforcing in-service training, and to establish posts for clinical facilitators for different specialty areas at institutions.

CONCEPTUAL AND OPERATIONAL DEFINITIONS

Attitudes

Weiten (2014, p. 522) sees attitudes as positive or negative evaluations of objects of thought, such as social issues, institutions, consumer products and people. Attitude refers to peoples' feelings towards a subject, as well as any preconceived ideas that they may have about it (Kaliyaperumal, 2004, p. 7). In this study, attitude refers to the feelings nurses have towards assessment using performance reports, as expressed by them through a self-administered questionnaire.

Knowledge

The word knowledge is defined by Kaliyaperumal (2004, p. 7) as peoples' understanding of any given topic. In this study, knowledge refers to behavioural, normative and control beliefs as expressed by nurses regarding performance reports, through a self-administered questionnaire.

Nurses

In South Africa, the Nursing Act No. 33 of 2005 (South Africa, 2005, p. 5) defines a nurse as a person registered under Section 31 (1) to practice nursing or midwifery. This section of the Act outlines the following categories of nurses: professional nurse, midwife, staff nurse, auxiliary nurse and auxiliary midwife (South Africa, 2005, p. 25). In this study, all nurse categories enrolled and registered with the South African Nursing Council (SANC) and employed by the Free State Department of Health will be referred to as nurses.

Performance report

Woodward, Manuel and Goel (2004, p. 10) describe a performance report as consisting of contextual information relating to the effectiveness of organisations in maintaining a competent workforce. In this study, a performance report refers to a report that reflects on key responsibility areas (80% of the report), and adherence to the code of conduct (20% of the report) that forms part of the Performance Development and Management System (PDMS) implemented by the Free State provincial government.

Performance Development and Management System

The PDMS is described by Armstrong (2015, p. 18) as a set of interrelated activities and processes that include the following items, as outlined by Aguinis (2009, p. 32): prerequisites, performance planning, performance execution, performance assessment, personal development review and performance appraisal. In this study, PDMS refers to the system implemented by the Free State provincial government for all employees on salary levels 1 to 12 (Free State Provincial Government, 2003, p. 5), as reflected in the performance report used in the Free State Department of Health.

Practices

Kaliyaperumal (2004, p. 7) and Lakhan and Sharma (2010, p. 102) define practices as the ways in which people demonstrate their knowledge and attitudes through their actions. In this study, practices refer to nurses' behaviour towards assessment, and which is measured by means of a performance report completed through self-administered questionnaire.

CHAPTER 1: INTRODUCTION AND BACKGROUND

Performance assessments are commonly used to evaluate a jobholder's performance. Various approaches are used during assessments, including the 360º feedback, or the multi-rated system of carrying out jobholder evaluation. This assessment is a questionnaire that requires employers, such as supervisors, to respond to questions about how well a specific individual performs in a number of behavioural areas (Silverman & Muller, 2009, p. 543). Feedback received from people around the jobholder is compiled into a report, which defines actual ratings given for each question, average responses per question, and for each competency. Team appraisal is another approach to assessment, whereby a certain team objective is measured using peer evaluation, with the intention of developing members of the team. The approach measures how well each member contributes to the team and how well the team accomplished its goals. Each team is evaluated as a unit and rewarded with team incentives (Nel, Werner, Haasbroek, Poisat, Sono & Schultz, 2009, p. 497).

In addition to approaches to assessment, the rating of assessments is also conducted in various manners. The two most commonly used types of ratings used for assessments are *forced ranking* and *forced distribution*. In forced ranking, jobholders' performance is ranked from best to worst by means of a person-to-person comparison. However, this type of ranking does not assess a jobholder's progress in mastering certain job-critical skills. Forced distribution aligns jobholders in accordance with pre-assigned performance distribution fields. Other rating techniques are relative rating techniques, which include paired comparisons, the essay method, critical incidents, forced choice, graphic rating scales, behaviourally anchored rating scales (BARS), and management by objectives (MBO) (Nel *et al.* 2009, p. 497).

South African jobholders undergo performance assessments. In South Africa, the Constitution of the Republic of South Africa, Act 108 of 1996 (South Africa, 1996, p. 1331), gave rise to principles governing public administration, such as high standards of professional ethics, effective use of resources, development, fairness and impartiality. Such principles underpin the administration in every sphere of government, state

organisations and public enterprise. The South African Public Service Act, Act 103 of 1994 (South Africa, 1994, p. 32), authorises the special advancement of jobholders' salary within the salary level of the salary scale applicable to the jobholder. During January 2001, a Public Service Regulation was promulgated to authorise the executing authority to determine a system for performance management and development, which was to be fully implemented by all departments (South Africa, 2001, p. 37). Based on the provisions of the aforementioned statutes, and to apply the principles entrenched in the Constitution of South Africa, the Department of Public Service and Administration developed an Employee Performance Management and Development System for jobholders on salary levels 1 to 12.

The Free State provincial government adopted this system and called it the Performance Development and Management System (PDMS) (Free State Provincial Government, 2003, p. 4). "The Performance Development and Management System is a government framework developed to provide a corporate framework to manage and secure an efficient organizational performance in meeting the customer needs" (Free State Provincial Government, 2003, p. 4). The purpose of the PDMS is to develop jobholders working in government departments and to manage their performance to match the goals of both the employer and the jobholder (Free State Provincial Government, 2003, p. 3; South Africa, 2007, p. 10). On 1 April 2008, the Free State provincial government introduced a Policy Framework on Performance and Development Management System for Levels 1 to 12, which is also effective within the Free State Department of Health, which means the PDMS is, therefore, applicable to nurses (Free State Provincial Government, 2008, p. 6).

According to Cascio (2014, p. 123), the PDMS is not a once-off assessment, but a process, because jobholders' performance is monitored throughout the financial year. In the Free State, a performance report is used within the PDMS to determine and develop jobholder performance according to the key responsibilities of a job. The key responsibility, together with the objective of a job, is indicated in the job description. Therefore, each job description contains objectives specific to a job, and key responsibilities linked to the specific job. The objective of a job indicates the specific

targets that need to be achieved. The jobholder is assessed on the key responsibilities, resulting in a performance report. The key responsibilities form 80% of the assessment report, and the remaining 20% relates to the jobholder's conduct, which is aimed at ensuring ethical conduct by public service jobholders (Free State Provincial Government, 2003, pp. 10-13).

The assessment process of the PDMS is based on a team approach, with the supervisor and jobholder being involved in the assessment process. The supervisor's responsibility is to rate the nurse per key responsibility area as indicated in the performance report (Cascio, 2014, p. 123; South Africa, 2007, p. 16). These assessments are produced as biannual reports for each jobholder. The jobholders' role in the assessment process is more prominent after the supervisor has rated them. Ratings allocated by the supervisor are discussed with the jobholder (Free State Provincial Government, 2003, p. 13). If the parties reach consensus on ratings in the performance report, the report is signed (Free State Provincial Government, 2003, p. 14). When there is disagreement on the scores and ratings, one party does not sign, leading to a report being written, stating the relevant reasons for both parties not signing the performance report (Free State Provincial Government, 2003, p. 13). In instances where there is a need for a jobholder's performance to improve, both the supervisor and the jobholder plan and agree on the action to remedy the situation and achieve improvement (Free State Provincial Government, 2003, p. 8).

1.1 PROBLEM STATEMENT

In spite of the seemingly valuable contribution that the performance report, as part of PDMS, can make to improving the quality of service delivery in the Free State province, neither nurses nor are supervisors entirely comfortable with this assessment process. Rating scales and the consequences of receiving a specific rating seems to cause dissatisfaction. It is important to understand components that may influence nurses' behaviour towards assessments. A theoretical foundation could assist to understand these components, such as knowledge, attitudes and practices of nurses as they relate to being assessed by a performance report.

The theory of planned behaviour (TPB) is a behaviour prediction theory (Ajzen, 1991, p. 181). Although this theory does not refer directly to knowledge, attitude and practice (KAP) as components of understanding behaviour, the researcher was guided by the theory to assess the KAP of nurses towards assessment. Understanding which components influence behaviour as it relates to assessment and performance reports could strengthen the PDMS.

1.2 AIM OF THE STUDY

The aim of the study is to assess the KAP of nurses towards assessment using a performance report at public hospitals in the Maluti-A-Phofung municipal area.

1.3 RESEARCH QUESTION

A research question is defined as a specific question that must be investigated in order to research all aspects included in the broader research problem (Botma, Greef, Mulaudzi & Wright, 2010, p. 92). For the purpose of this research, the research question is as follows:

- What are the knowledge, attitude and practices of nurses towards assessment using a performance report at public hospitals in Maluti-A-Phofung municipal area?

1.4 CONCEPTUAL FRAMEWORK

Figure 1.1 provides information regarding the application of KAP to the components of TPB.

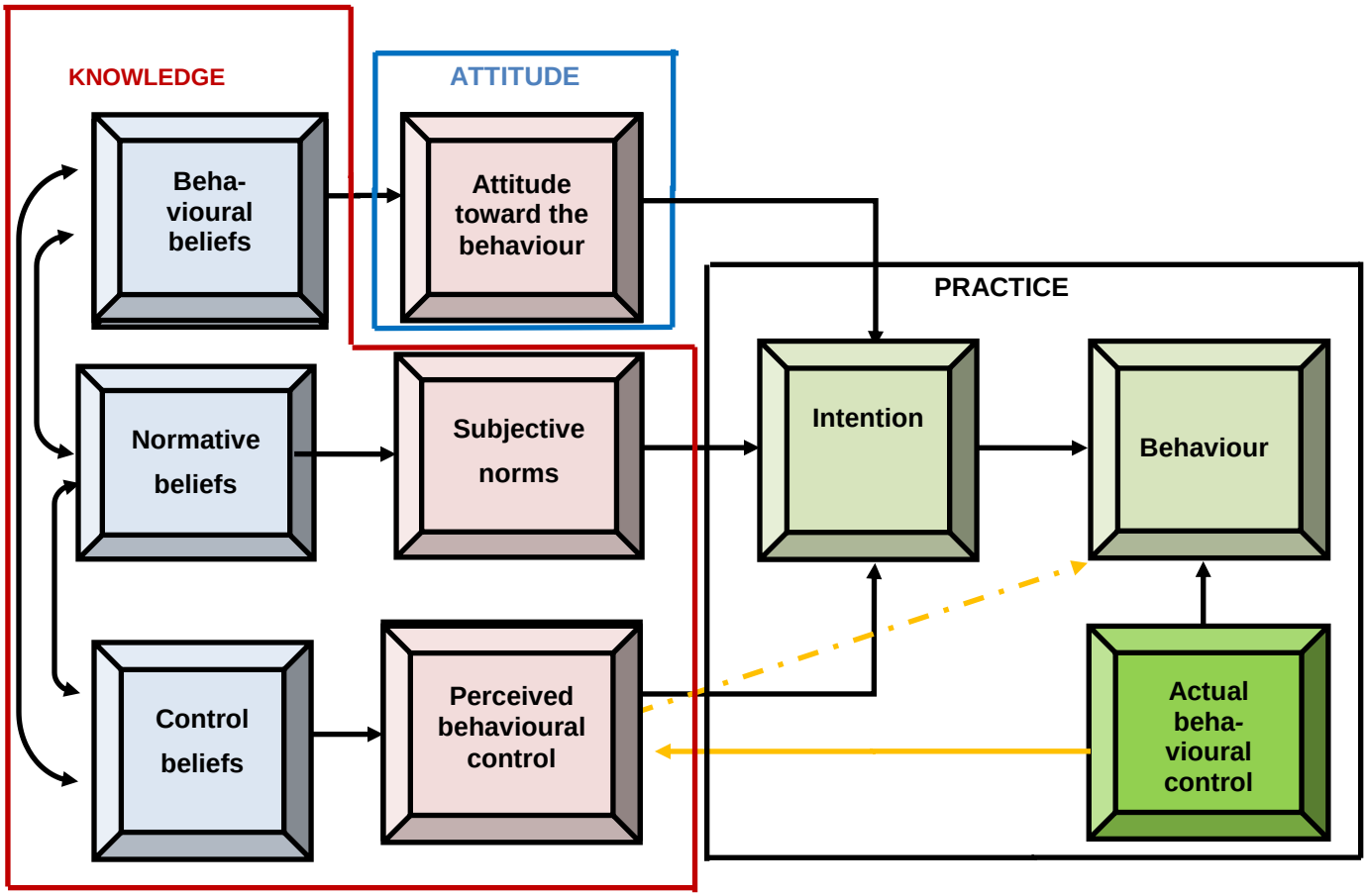

Figure 1.1: Application of knowledge, attitude and practices to the theory of planned behaviour

Source: Reid (2016)

This study is based upon Ajzen's theory of planned behaviour (1991). The theory postulates that a person's behaviour is guided by beliefs, which are antecedent to certain knowledge, which is believed to have an influence on a person's intentions (Ajzen, 1991, p. 189). The focus of this study is to assess the knowledge nurses have towards assessment by means of performance reports completed by the Free State provincial government. The knowledge component in Figure 1.1 is reflected in nurses' behavioural beliefs and subsequent subjective norms, as well as their control beliefs, which influence their perceived behavioural control. This study will assess nurses' practices towards

performance reports by describing their intentions and the actual behavioural control they perceive they have over being assessed. In this case, the end behaviour refers to their behaviour towards the performance reports, and participating in the assessment.

A person's behaviour is determined by that person's intention to act out a specific behaviour. Therefore, nurses' behaviour towards the performance reports will be assessed by determining their attitudes towards the document, as well as subjective norms influencing nurses, and their perceived behavioural control regarding elements forming part of the performance report as reflected in the questionnaire (see Addendum D).

1.5 RESEARCH DESIGN

For the purpose of this research, a quantitative descriptive design was used. This research was intended to describe phenomena, which, in this case, is the knowledge, attitudes and practices of nurses towards assessment using performance reports.

1.6 RESEARCH TECHNIQUE

The research technique used for this study was a structured questionnaire that is self-administered (Rubin & Babbie, 2017, p. 219) (see Addendum D). The questionnaire was structured according the TPB.

The knowledge component was divided into:

- Behavioural beliefs – Questions 1.1 to 1.5
- Normative beliefs – Questions 2.1 to 2.5
- Subjective norms – Questions 3.1 to 3.5
- Control beliefs – Questions 4.1 to 4.2
- Perceived behavioural control – Questions 5.1 to 5.2

The attitude component, which depicts attitudes towards behaviour forms – Question 6.

The practice component was divided into:

- Intention – Questions 7.1 to 7.5

- Actual behavioural control – Questions 8.1 to 8.5
- Behaviour – Questions 9.1 to 9.5

Table 3.1 provides a layout of how the questionnaire was aligned to the key responsibilities and each responsibility's objectives, as depicted in the performance report.

1.7 POPULATION

All nurses who had been working for at least one year in public hospitals in Maluti-A-Phofung sub-district in the Free State, who did not work as unit managers responsible for completion of the performance reports, and who were not on prolonged sick or study leave at the time of the study, formed part of the population. In this sub-district, all three public hospitals were included in the study, namely, Mofumahadi Manapo Mopeli Regional Hospital, Elizabeth Ross District Hospital and Thebe District Hospital. When the study started, Mofumahadi Manapo Mopeli Regional Hospital employed 204 nurses, Elizabeth Ross District Hospital 124 and Thebe District Hospital 64 nurses. The exact statistical data per nurse category was verified after approval from the Health Research Ethics Committee of the University of the Free State and the Free State Department of Health had been obtained.

1.8 SAMPLE

No sampling was conducted in the study due to the small population size.

1.9 PILOT STUDY

A pilot study was conducted at Mofumahadi Manapo Mopeli Regional Hospital, where three nurses were asked to complete the questionnaire. After completion of the questionnaire, the researcher coded the data and captured the data on an Excel spreadsheet that had been co-designed by a biostatistician of the University of the Free State. The captured data was sent to the biostatistician to analyse it. Data from the pilot study was included in the main study.

1.10 DATA COLLECTION

Data gathering is said to be a precise and systematic way of obtaining data in order to resolve the research problem at hand (Botma *et al.,* 2010, p. 131). Data gathering is a process that is subject to prior approval. The researcher sought approval to conduct the research from the Health Sciences Research Ethics Committee of the Faculty of Health Sciences at the University of the Free State, and the Free State Department of Health, and made arrangements with the relevant institutions' chief executive officers. The unit managers of the relevant wards where the nurses worked were informed about the study. The researcher visited the individual wards and workstations on one day to inform the nurses about the research. The researcher explained the purpose of the research. When the identified participants consented to participate, the researcher presented them with the consent form to sign (see Addendum A), as well as an information leaflet (see Addendum B). The questionnaires were in English, since all nurses use English as the official language of communication in the identified hospitals. The consent and information forms were available in Sesotho as well, should any participant choose the Sesotho version of these documents.

Prior to visiting the ward, the researcher compiled a number of nurses deployed in the ward and allocated a number code for each nurse category. Questionnaires were enclosed in envelopes. During a pre-scheduled lunch/tea break, the researcher distributed the questionnaires to the nurses. Since it was expected to take about 20 to 25 minutes to complete the questionnaire, the researcher collected the completed questionnaires after the lunch/tea break. Completed questionnaires were locked in a safe place for a period of three years; the place can be accessed only by the researcher, after which the questionnaires will be destroyed.

1.11 VALIDITY AND RELIABILITY

1.11.1 Validity

Content and face validity were applied. A discussion of validity will be provided in Chapter 3.

1.11.2 Reliability

Measures taken to strengthen reliability discussed in Chapter 3.

1.12 ETHICAL ISSUES

The National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research (1978, pp. 4-8), stipulate the three fundamental ethical principles that guide researchers as beneficence, respect for persons and justice. The researcher will provide a detailed discussion of these principles in Chapter 3.

1.13 DATA ANALYSIS

Descriptive statistics, namely, frequencies and percentages for categorical data and medians and percentiles for continuous data, were calculated. The analysis was generated using SAS® software. The KAP responses leading to positive practices regarding performance assessment were calculated in percentages. The researcher was responsible for coding the data per questionnaire and capture data on an Excel spreadsheet, the same as it was done after the pilot study. A biostatistician of the University of the Free State assisted with the analysis of data.

1.14 CONCLUSION

Chapter 1 provided an overview of the entire study. Chapter 2 will provide a review of the existing literature on performance reports. Chapter 3 will provide an explanation of the research methodology. Chapter 4 will give a detailed presentation of the results, Chapter 5 will present discussion of the results, while chapter 6 will present recommendations in accordance with the study findings, the study limitations and the value of the study.

CHAPTER 2: LITERATURE OVERVIEW

2.1 INTRODUCTION

In the previous chapter, the researcher presented an introduction and overview of the study regarding the KAP of nurses towards assessment using performance reports in a Free State sub-district, and the processes the study followed. In this chapter, the researcher will present an overview of related literature and discuss the nature of the public health sector in South Africa. The discussion will focus on performance reports, and will give an outline of the TPB as applied to the KAP study of nurses' performance assessments.

2.2 THE PUBLIC HEALTH SECTOR IN SOUTH AFRICA

The South African health sector mainly provides health care to the public through private and public health care services. In the private health sector, health care professionals provide their services on a private basis; this sector is funded by subscriptions by individuals to medical aid schemes (Jobson, 2015, p. 3). The public health sector is the largest of the health sectors in South Africa. This sector carries the greatest burden of treating disease and delivers its services in spite of certain inefficiencies, such as inadequate quality of care, and poor infrastructure in some places. It is in the interest of society to provide good health care to the greatest number of people by locating essential health services and personnel within communities where they are needed (Jobson, 2015, p. 5). This study is based on services by the public health sector and, therefore, the focus will be on the public health system of South Africa.

The National Health Act 61 of 2003 (South Africa, 2003, p. 3), gave rise to the development of the Policy on the Management of Public Hospitals, Regulation 186, which is aimed at ensuring that the management of hospitals is underpinned by the principles of effectiveness, efficiency and transparency. Moreover, Section 35 (a) of Act 61 (South Africa, 2003), stipulates that the minister of Health may by regulation classify all health establishments into such categories as may be appropriate, based on their role and function within the national health system; and also on the need to structure the delivery

of health services in accordance with national norms and standards within an integrated and coordinated national framework. The section, furthermore, provides for the classification of health establishments based on the nature and level of health services they are able to provide, and sets out how these services interrelate.

In Maluti-A-Phofung, a Free State sub-district, where the study was conducted, the referral system follows a pathway from the clinics/primary health care, to district hospitals, where services are mainly provided by the nursing and medical personnel; and from district hospitals to regional hospitals, where more specialised care is offered according to the patient, type of disease and treatment required. However, in some cases, referral flows from general practitioners' consulting rooms or hospices to the district or to the regional hospital. Figure 2.1 sets out the nature of public health services in Maluti-A-Phofung, as adapted from the Ideal clinic manual (2016, p. 250).

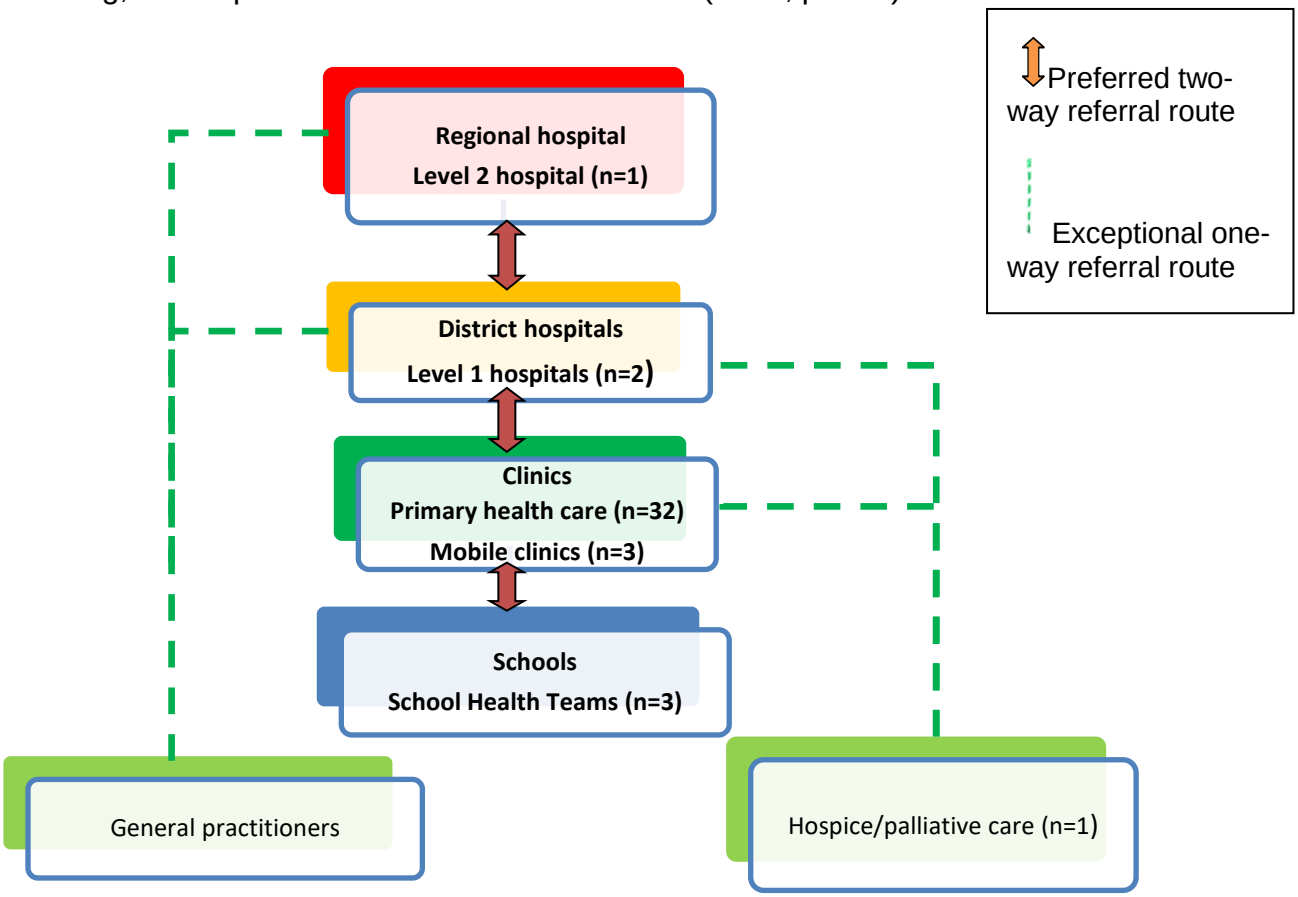

Figure 2.1: Layout of public health services in Maluti-A-Phofung. Source: Ideal clinic manual 2016

Various categories of personnel are employed in the public health sector as part of the multidisciplinary team that cares for patients making use of the public health sector. Within the multidisciplinary team, nurses form the basis of the workforce (Meyer, Naudé, Shangase & Van Niekerk, 2009, p. 95). Nurses are professionals whose professional matters are governed by the South African Nursing Council (SANC), as a professional body (South Africa, 2005). In addition to being regulated by the SANC, nurses' work performance in the public health sector is also assessed.

2.3 PERFORMANCE ASSESSMENTS

South Africa's Department of Public Service and Administration (2007, p. 6), defines assessment as the measurement, rating or appraisal of jobholder performance. The Concise Oxford Thesaurus (2007, p. 46) gives similar meanings for the words assessment, appraisal and evaluation. Siebörger and Macintosh (2004, p. 5) describe assessment as a measurement attributed to something. Performance assessment is also defined as a formal and systematic process for reviewing performance, providing oral and written feedback for staff about performance, at least annually (Selden & Sowa, 2011, p. 253). Bezuidenhout (2014, p. 385) describes performance assessment as a systematic process whereby a jobholder's strengths and developmental needs are evaluated, and where the various methods of development can be used to enhance the jobholder's productivity.

In spite of the various definitions of performance assessment, in this study, the researcher defines performance assessment as nurses' knowledge, attitude and practices as reflected in key responsibility areas and conduct on a specific performance report. Literature refers to a number of types of performance assessment that meet certain needs. The purposes and types of performance assessment are discussed in Sections 2.3.1 and 2.3.2.

2.3.1 Purpose of performance assessments

Daft (2010, pp. 327-328) and Bezuidenhout (2014, p. 386) outline the purpose of assessments of performance:

- To provide systemic judgments of staff to support salary increases, promotions, transfers and demotions or terminations;
- To inform subordinates of where they stand in terms of behaviour, conduct or performance; and
- To provide a useful basis for coaching and counselling of individuals whenever it is necessary.

2.3.2 Types of performance assessments

The **360º feedback** or the **multi-rater system** of carrying out jobholder assessment is defined as a questionnaire that requires employers, such as supervisors, co-workers and customers to respond to questions relating to how well a specific individual performs in a number of behavioural areas (Daft, 2010, p. 327; Silverman & Muller, 2009, p. 543). Feedback received from people around the jobholder is compiled into a report, which defines actual ratings given for each question, average response per question and for each competency. Nel *et al*. (2009, p. 499) consider 360º feedback to be the type of assessment where individuals benefit from a holistic perspective of their performance strengths and weaknesses, and of the impact of individual behaviour, which is highlighted as advantages of the rating system. However, the feedback may be followed by an inadequate response from management, and may lack confidentiality, which could lead to dishonesty in providing feedback.

Another type of assessment is **team appraisal**, in which a certain team objective is measured by peer evaluation to indicate an individual's contribution. The focus of the appraisal is the development of members of the team. The approach measures how well each member contributes to the team objective and how well the team accomplished its goals. Each team is evaluated as a unit and rewarded with team incentives (Nel *et al.,* 2009, p. 497). Team evaluation is described as relatively easy to apply if specific and measurable objectives are available.

Daft (2010, p. 327) describes the performance assessment method called a **performance review ranking system**, which is used to evaluate jobholders by setting them against

one another. He cites an example of this method, which involves a manager evaluating his or her direct reports about their performance relative to one another; each is categorised on a scale, such as A = outstanding performance (20%), B = high middle performance (70%) or C = in need of improvement (10%) of ranking. This method is used as a short-term way of improving and offering effective performance assessment and guidance for jobholder development (Daft, 2010, p. 327). However, the performance review ranking system has been found to be based on subjective judgments and yielding skewed results (Daft, 2010, p. 327).

2.4 PERFORMANCE DEVELOPMENT AND MANAGEMENT IN THE FREE STATE

In response to the call for provinces to develop their means of managing and developing their jobholders, the Free State provincial government took the initiative to ensure that it complies with the stipulations set out by the Department of Public Service and Administration (South Africa, 2003, p. 9). The background to performance development and management is explained in Section 2.4.1.

2.4.1 Background to performance development and management in South Africa

The Public Service Regulation No. 1 of 2001 (South Africa, 2001, p. 37) was promulgated to authorise a system suitable for managing jobholders' performance and development. Following this regulation, the Department of Public Service and Administration developed an Employee Performance Management and Development system for jobholders on salary levels 1 to 12. This system was promulgated to enforce the application of the contents of Public Service Regulation mentioned above, and lead to provincial governments monitoring jobholders' performance (Free State Provincial Government, 2008, p. 9).

The Employee Performance Management and Development system was adopted by the Free State Provincial Government and incorporated in the policy framework on the PDMS for levels 1 to 12 (Free State Provincial Government, 2003, p. 4). The PDMS is described as a government framework, which was developed to provide a corporate framework to manage and secure efficient organisational performance in meeting customer needs

(Free State Provincial Government, 2003, p. 54). The PDMS comprises the performance cycle, the stakeholders' responsibilities and the requirements necessary to compile performance assessments reports; and is aimed at developing jobholders working in government departments, and managing their performance to meet the goals of both the employer and the jobholder (Free State Provincial Government, 2003, p. 3; Free State Provincial Government, 2008, p. 10).

2.4.2 Performance development and management system in the Free State

The PDMS is composed of organisational or departmental directives displayed in the form of regulations and policies, to give effect to the respective institutions of a particular health component and to enable managers and supervisors to, therefore, implement the assessment of individual jobholders for developmental or remunerative purposes, in order to meet the objectives of the employing authority (Free State Provincial Government, 2008, p. 8).

The Free State Provincial Government (2008, p. 13) outlines the following objectives that lead to individual excellence and achievement. These objectives and standards must contribute to *key result areas* the same way as it appears in the job description of the jobholder. The objectives of PDMS, therefore, focus on,

- Establishing a performance and learning culture in the public service;
- Ensuring that jobholders have knowledge and understanding of expectations of them;
- Promoting contact and interaction between the jobholder and the supervisor about performance;
- Identifying and managing jobholders' development needs and devising means to meet such needs;
- Ensuring fair and objective evaluation of performance;
- Enhancing improvement in service delivery; and
- Managing service delivery.

2.4.3 Purpose of performance development and management system

According to the Free State Provincial Government policy (2008, p. 6), the aim of the PDMS in the Free State is to optimise individual excellence and achievement in order to contribute to the achievement of organisational goals and objectives and improve service delivery.

2.4.4 Principles of assessment

The following principles were identified to direct the implementation of PDMS in the Free State:

- A designated supervisor manages performance in a consultative, supportive and non-discriminatory manner;
- Performance is managed to enhance efficiency and service delivery and to minimise the administrative burden on supervisors;
- Performance is managed to link broad and consistent plans for skills development with departmental objectives and strategic plans for performance;

Two-way feedback is supported in a planned fashion, by setting regular dates for reviews and feedback by aligning assessments with core competencies and standard criteria through in-built equity and fairness (Free State Provincial Government, 2008, p. 6).

2.4.5 The performance report utilised by the Free State Department of Health

The information on the Performance and Development Plan, as designed and agreed upon by the jobholder and the supervisor, is used to assess jobholders' performance, and it is composed of two factors, namely, the *key result areas* or *key responsibilities*, and *conduct criteria*.

The performance that is evaluated should be directly related to the standards and objectives that are included in the job description (Bezuidenhout, 2014, p. 387); these standards and objectives are also known as key result areas, which are derived from an individual job description (Free State Provincial Government, 2003, p. 11). The key result areas indicate the key responsibilities of the job and the specific objectives that have been

identified in terms of the key responsibilities. Key responsibilities are defined as the statements of the end results required of a job (Free State Provincial Government, 2008, p. 6).

The conduct criteria determine the compliance of the individual jobholder to the code of conduct as stipulated in Chapter 2 of the Public Service Regulation No. 5 (South Africa, 2001). The key responsibility areas are weighted at 80% and the conduct criteria at 20% to give a total of 100%. In addition to this weighting, the report should reflect the jobholder's personal development plan, which is a list of measures to be taken to assist a jobholder if there is an identified lack. The key result areas can be classified under the components listed in Table 2.1, and are explained below the table.

Table 2.1: Outline of classification of components that form part of key result areas and conduct criteria

KEY RESULT AREAS	OBJECTIVES (examples)	MEASUREMENT (examples)
Clinical skills	Knowledge	Measure, interpret and record vital signs
Performance	Practical ability	Operate all relevant apparatus and equipment
Development	Willingness to learn, initiative, willingness to teach	Seek learning opportunities e.g. in-service training
Supervision	Guidance, availability	Provide nutrition and assist with elimination of the patient
Administration	Day to day administration	Committed through timely service to the development and upliftment of all people

Clinical skills

Labour productivity and flexibility of the workforce are the two factors considered to be the prime determinants of the quality of the workforce; however, these factors are dependent on the skills and performance of individual jobholders at all levels (Nel *et al*., 2009, p. 414).

Performance

The performance of employees should be managed as part of the integral management process, which encompasses assessment and development of jobholders (Meyer *et al*., 2009, p. 297). It remains the responsibility of manager to ensure that the jobholders under their management are functioning at an acceptable level and are able to meet the expectations of employer objectives (Meyer *et al*., 2009, p. 298). The personal development plan in the PDMS is inclusive of the training and skills of the jobholder to enhance performance and effect improvement in service delivery (Free State Provincial Government, 2008, p. 10).

Development

South Africa's socio-economic history requires that the country's education and skills development strategies prepare and empower all its citizens to participate fully in society and the economy (Nel *et al*., 2009, p. 417). It is evident that one of the key objectives of the PDMS is to empower and develop public servants in their functional areas, thereby driving performance abilities towards achieving the employment objectives and ensuring customer satisfaction (Free State Provincial Government, 2008, p. 22).

Supervision

Meyer *et al*. (2009, p. 224) define supervision as the active process of directing, guiding and influencing the outcome of an individual's performance. Supervision is described as a mandatory duty by management to give guidance where it is needed in order to enforce discipline and support; however, supervision should be used as a support mechanism, especially for nursing employees with little or no clinical experience in a clinical setting (Meyer *et al*., 2009, p. 10). Moreover, a supervisor remains responsible for the work delegated to other staff members as related to their scope of ability (Meyer *et al*., 2009, p. 224).

Administration/management

Lazenby (2016, p. 3) explains the concept management as getting things done through people, and it can, therefore, be described as a process of coordinating work activities

through the functions of planning, organising, activating (leading) and controlling, so that activities are completed efficiently and effectively in line with organisational goals.

Conduct criteria

Conduct criteria are based on the Code of Conduct of the Public Service, and are used to ensure that each jobholder is compliant with the code of conduct, which encompasses the principles applicable during the execution of duties of a particular job (Free State Provincial Government, 2008, p. 14). Such criteria include aspects such as the relationship with the legislature and the executive, relationship with the public, relationship among employees, performance of duties and personal conduct, and private interests. An example of conduct criteria is shown in Table 2.2, and reflects the conduct, objective and measurement applicable to the assessment report.

Table 2.2: Outline of conduct criteria, objective and measurement used in the assessment report

CONDUCT (example)	OBJECTIVE (example	MEASUREMENT (example)
Relationship with legislature and public	Attitude to work, relationships	Honours the confidentiality of matters, documents and discussions classified or implied as being confidential or secret

2.4.6 The assessment report

The assessment report is done according to the information obtained through assessment by application of the Performance and Development Plan. This section discusses details of the components of the performance report used in the Free State.

2.4.6.1 Objectives

In performance assessment, objectives are defined as a set of statements that indicate specific targets that need to be achieved, as set out in the work programme of a component (Free State Provincial Government, 2003, p. 11). In addition, Nel *et al*., (2009,

p. 555), defines objectives as the representative tasks that the organisation wishes to carry out, and serve as the end results of planned activity, which should be quantified.

2.4.6.2 Standards

Bezuidenhout (2014, p. 388) describes performance standards as the expected levels of performance that serve as benchmarks, goals or targets, depending on the approach taken. It indicates qualitative and quantitative measures against which the unit of measurement is measured (Free State Provincial Government, 2003, p. 11). Examples of standards are Batho Pele Principles and the Code of Conduct of the Public Service Act.

2.4.6.3 Weight of objectives

Each objective on the performance plan has a weight (Free State Provincial Government, 2008, p. 18). The total weight of objectives is calculated to render a sum of 100% on each biannual performance report (for an example, maintain hygiene of the patient = 60%, measure, interpret and record vital signs = 35%, seek learning opportunities = 5%, which adds up to 100%).

2.4.6.4 Unit of measurement/outcome

The unit of measurement is described as a precise specification of the expectations from an individual jobholder during a specific period (Free State Provincial Government, 2008, p. 14). The unit of measurement on which the jobholder is evaluated, is established through a process of consultation between the individual and the supervisor before the commencement of the evaluation period (Bezuidenhout, 2014, p. 387), and should be achievable with expected outcomes and performance standards, as well as time scales linked to each unit of measurement (Bezuidenhout, 2014, p. 387; Free State Provincial Government, 2003, p. 10). An example of a unit of measurement can be positive feedback obtained from patients and relatives, or evidence of self-development by the jobholder.

2.4.6.5 Rating

In addition to approaches followed, assessments are rated in various ways. According to Nel *et al.* (2009, p. 497) and Bezuidenhout (2014, pp. 389-391), the two most common types of ratings used during assessments are *forced ranking* and *forced distribution*. In forced ranking, jobholders' performance is ranked from best to least acceptable by means of a person-to-person comparison. However, it does not assess jobholders' progress in mastering certain job-critical skills. Forced distribution aligns jobholders in accordance with pre-assigned performance distribution fields. Examples of relative rating techniques include paired comparisons, the essay method, critical incidents, forced choice, graphic rating scales, behaviourally anchored rating scales, and management by objectives. The Free State provincial government uses rating scales with a range from 1, the lowest, to 5, the highest rating.

2.4.6.6 Scores

According to the Free State Provincial Government (2008, p. 12), the performance of a jobholder is reviewed and assessed according to the information contained in the Performance and Development plan; thus, the key result areas and conduct criteria during the end of cycles, using a performance report. The score is calculated as *rating x weight*, thus, once each objective has been rated, the scores for each objective is calculated without being rounded off (Free State Provincial Government, 2008, p. 18). The total percentages of the *first and second* biannual reports are calculated based on the achievement of key result areas = 80% and conduct criteria = 20%. The scores of key result areas must be multiplied by 80%, and conduct by 20% to achieve a total score. The results of the scores determine further actions, such as empowerment of the jobholder, allocating more responsibility or rewards, as indicated in Figure 2.4. The jobholder should obtain between 90% and 115% to be recommended for a notch pay progression. Any percentage above 116% of assessment is for performance that was rated significantly above expectations, implying one notch plus a cash bonus of 5 to 8%. 150% and above is awarded as one notch plus 13 – 18% cash bonus. The main intention of performance management is empowerment by improving and developing jobholders (Department of

Public Service and Administration 2008, p. 22). Unacceptable performance scores range from 33 to 65%, and performance that is regarded as not fully effective ranges from 66 to 89%, with no reimbursements incurred. The performance categories are reflected in Table 2.3.

Table 2.3: Outline of performance categories for pay progression and/or performance awards

PERFORMANCE CATEGORY	TOTAL SCORE	PROBATION	PAY PROGRESSION	CASH BONUS	
				SALARY LEVELS 1-10	SALARY LEVELS 11-12
Unacceptable performance	33%-65%	Extend probation or terminate after applying the incapacity code	-	-	-
Performance not fully effective	66%-89%	Extend probation	-	-	-
Fully effective	90%-115%	Confirm appointment	1 Notch	-	-
Performance significantly above expectations	116%-136%	Confirm appointment	1 Notch	Between 5% and 8%	Between 5% and 7%
Outstanding performance	137% - 149%	Confirm appointment	1 Notch	Between 9% and 12%	Between 8% and 10%
	150% and above	Confirm appointment	1 Notch	Between 13% and 18%	Between 11% and 14%

Source: Adapted from Free State Provincial Government (2008, p. 24)

2.5 PROCESS OF ASSESSMENT

In the Free State, the performance cycle starts on 1 April each year and extends to 31 March of the following year (Free State Provincial Government, 2008, p. 9). During this time, jobholders' *Performance and Development Plans* are developed. The plans are discussed by the jobholders and the supervisors concerned. The performance and

Development Plans are called first and second biannual Performance and Development Plans, because they are meant to be completed during the first six months, from 1 April to 30 September, and from 1 October of the same year to 31 March of the following year respectively.

2.5.1 Preparation for assessment

Bezuidenhout (2014, p. 396) outlines the important factors to consider during preparation for assessment, such as supervisors determining in advance the effectiveness of jobholders' work performance and means to improve, if necessary; informing jobholders of the assessment interview well in advance, and advising them to bring along any supporting documents, such as jobholder self-assessments; preparing a quiet and uninterrupted environment with proper seating, to avoid a threatening experience; availing all the relevant records required to enable the supervisor to give jobholders positive feedback on both positive and negative aspects of performance. The Free State Provincial Government (2008, p. 10) outlines the phases of the assessment process as follows.

2.5.2 Performance planning

According to the Free State Provincial Government (2008, p. 10), the initial phase of the process of developing a performance report is called *performance planning*. In this phase, the supervisor and the jobholder identify the expected results or outputs the jobholder has to deliver over a period of six months; and define the specific measures and indicators that enable the supervisor to assess the extent to which the *objectives* and *standards of performance* must be achieved.

2.5.3 Performance monitoring

Continuous and informal monitoring of jobholder performance by both the supervisor and the jobholder is done in this phase to determine the progress made and deal with problems identified.

2.5.4 Performance review and annual assessments

Performance reviews are done on a quarterly basis. The informal review is done at the end of the first and third quarters, in the form of discussions between the supervisor and the jobholder to overview the progress made in reaching objectives, while the formal review is a detailed discussion of progress made in reaching objectives, targets and barriers (Free State Provincial Government, 2008, p. 13). The performance review and annual assessment is done according to the categories of performance outlined in Figure 2.2, with ratings for each performance category.

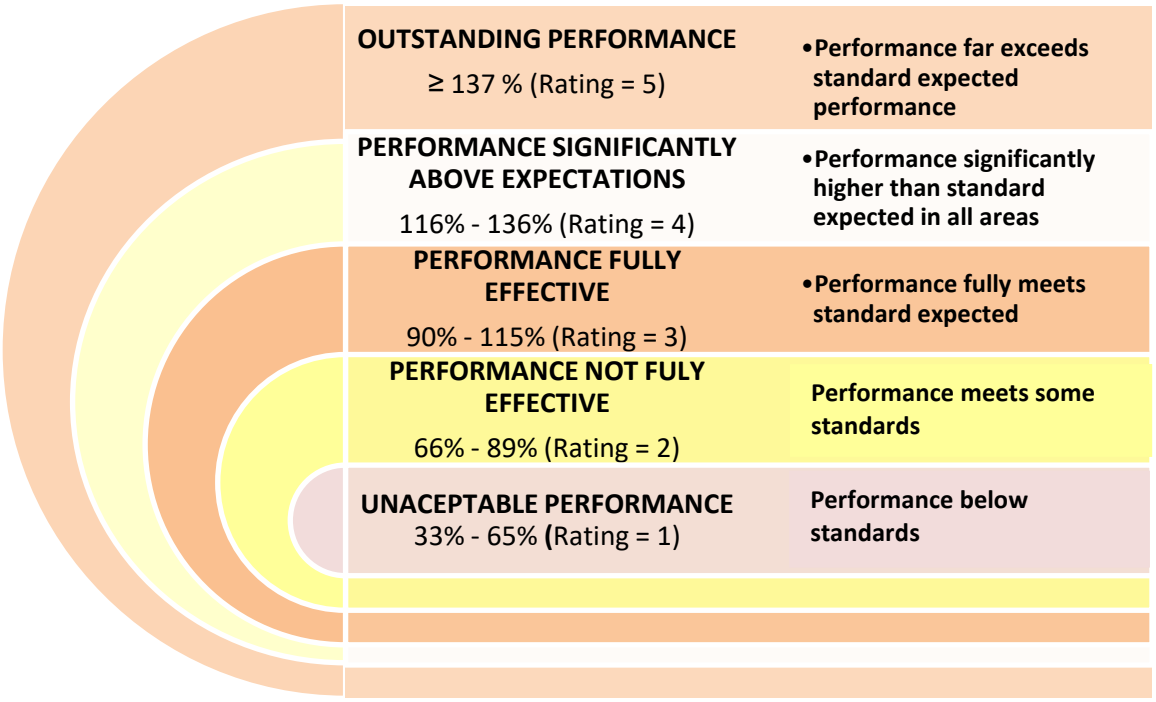

Figure 2.2: Outline of categories of performance with ratings per category, from unacceptable performance to outstanding performance adapted from Free State Provincial Government (2008, p. 24)

2.5.5 Support

Continuous support of jobholders by supervisors is pivotal for enhancing performance and developing individuals. Supervision skills, such as sensitivity, good communication

skills and experience, should be inherent in the supervisor if he/she is to conduct effective performance management (Free State Provincial Government, 2008, p. 17).

2.5.6 Two-way feedback

Two-way feedback encompasses a communication pathway between the supervisor and the jobholder for the purpose of giving regular feedback on work performance based on openness, honesty and trust (Free State Provincial Government, 2008, p. 17). Two-way feedback benefits individual jobholders by enhancing individual self-concept, commitment to effective performance, motivation and good behaviour.

2.5.7 Continuous learning and feedback

In the PDMS, learning is achieved through problems, challenges and achievements, which are inherent in day-to-day activities governed by principles of continuous learning, such as empowerment of both the supervisor and the jobholder (Free State Provincial Government, 2008, p. 17).

2.5.8 Annual performance assessment (end of cycle)

According to the Free State Provincial Government (2008, p. 18), performance assessment is a formal evaluation of the year's performance and development at the end of the performance cycle, which is done annually by the 31 March, based on the information obtained and the scores calculated during the formal biannual reviews. During this phase of the PDMS, the scores of the two biannual reviews are added together and divided by two to obtain a mark out of 100 (a percentage), which should not be rounded off.

2.5.9 Pay progression, rewards and other non-financial decisions on key career incidents

The following are strategies used to award jobholders according to their performance.

Pay progression

Pay progression is a strategy used to reimburse jobholders on salary levels 1 to 12 with a monetary award. The award is calculated within the range of notches in a salary scale (Free State Provincial Government, 2008, p. 19), and only jobholders who scored 90% and higher, and who have completed at least one year of service, are eligible to receive an award in the form of a pay progression.

Rewards systems

Rewards systems, which include non-monetary rewards for performance, encompass increased autonomy to organise own work, trust, resources to carry on doing what the jobholder has shown to do well, explicit acknowledgement, and recognition in publications or other publicity material or public awards of various kinds made by senior leadership in recognition of specific achievements or innovations (Free State Provincial Government, 2008, p. 20),

Probation

According to the Free State Provincial Government (2008, p. 21), a jobholder qualifies for assessment leading to termination of a probation period only after 12 months of service in a relevant financial cycle, from the date of first employment in the public sector, where the performance should be found fully effective. A probation period can be extended in cases where the jobholder's performance is found less than fully effective.

Performance awards

Performance awards and cash bonuses are meant for jobholders who have achieved a total score of 116% or higher, and who have completed a 12-month period in the relevant financial cycle. The criteria include that jobholders should be on personal notches (above the maximum of the salary level attached to a post) and that they should be on the maximum of their salary scale (Free State Provincial Government, 2008, p. 22). Table 2.4 outlines the maximum levels as determined by salary levels.

Table 2.4: Performance rewards/cash bonus percentage per salary level

SALARY LEVEL	MAXIMUM CASH BONUS		
	PERFORMANCE CATEGORY 4	PERFORMANCE CATEGORY 5[1]	PERFORMANCE CATEGORY 5[2]
Salary level 1 – 10	8%	12%	18%
Salary level 11 - 12	7%	10%	14%

Source: Free State Provincial Government (2008, p. 22)

Budget

The Free State provincial government provides for all the departments of the Free State to table budgets of 1% of their wage bill for pay progression for jobholders on salary levels 1 to 12, and 1.5% of the remuneration budget for allocation of performance rewards, including cash bonuses and any other reward scheme or programmes in any department (Free State Provincial Government 2008, p. 26).

Appeals

In the case of a disagreement or conflict during the assessment process, individual jobholders and supervisors may appeal to relevant senior level managers. Adversarial approaches to conflict resolution should be avoided, instead, efforts should be made to resolve the issue at the lowest possible level (Free State Provincial Government, 2008, p. 26).

The following section will elaborate on the link between jobholder performance development and management as practiced in the Free State Department of Health with the TPB as applied to knowledge, attitudes and practices of nurses.

2.6 THEORY OF PLANNED BEHAVIOUR

The TPB, as outlined by Ajzen (2006, p. 1), postulates that human action is guided by three kinds of considerations, namely, a) *behavioural beliefs*, which are described as

beliefs about the likely outcomes of behaviour and the evaluations of such outcomes; b) *normative beliefs*, which are beliefs about the norms and expectations of others and their motivations to comply with such beliefs; and c) *control beliefs*, which entail the presence of factors that may facilitate or impede performance of the behaviour, and the perceived power such factors have on a person.

This theory, furthermore, iterates that *behavioural beliefs* are likely to influence either a favourable or unfavourable attitude toward a specific behaviour. *Normative beliefs* influence a person's personal (subjective) beliefs, while *control beliefs* may influence the person's own perceptions about the degree of control they have over enacting specific behaviours. All these beliefs influence how strong a person's intention is to enact specific behaviour. Therefore, a person's intention to act out certain behaviour and the actual behavioural control they do have over their circumstances in the long run influence the actual behaviour the person will present with.

2.6.1 Theory of planned behaviour applied in the current study

The TPB (Ajzen, 1991) suggests that a person's behaviour is guided by beliefs that are antecedent to certain knowledge that is believed to have an influence on a person's intentions (Ajzen, 1991, p. 189). **Knowledge** as portrayed in Figure 1.1 in Chapter 1, denotes nurses' *behavioural beliefs*, *normative* beliefs and *subjective norms*. Control beliefs influence the perceived behavioural control nurses may have towards the performance report. The **practice** of nurses towards performance reports is presented by describing their *intentions* and the *actual behavioural control* they perceive they have towards their end behaviour.

A person's behaviour is determined by that person's intention to apply that specific behaviour. Therefore, nurses' behaviour towards performance reports will be explained by determining their attitudes towards the document, as well as subjective norms that influence the nurses and their perceived behavioural control regarding elements that form part of performance reports.

2.6.1.1 Knowledge

Ajzen, Joyce, Sheik and Cote (2011, p. 102) view knowledge as a prerequisite for effective action, and that knowledge alone can never predict individual intentions. According to the TPB, beliefs constitute the informational foundation that ultimately determines behaviour, and does not deal with the amount of information (beliefs) people hold or the accuracy of such information (Ajzen *et al*., 2011, p. 102).

Beliefs are said to reflect the information people possess about performance of a certain behaviour. A *behavioural belief* is defined as a subjective probability that an object has a certain attribute. An example of a belief may be, “drinking a lot of water (*object*) makes my skin healthy (*attribute*)”. However, this information may be inaccurate and incomplete (Ajzen, 2011, p. 116).

Pryor and Pryor (2005, p. 8) suggest that a belief can be based on *own experience*, *information accepted from others,* or can be *self-generated through an inference process.* A belief formed on the basis of on *own experience* involves a person having a certain experience that leads to the development of a certain belief. An example is a person who has had a tooth extracted with insufficient local anaesthesia injected, who may develop the belief that all injective procedures are very painful. Other beliefs can be formed through *accepting information from others,* such as friends or the media. An example is a young pregnant woman who, as a result of information gained from friends, anticipates that labour pains will be unbearable. An example of a belief that is *self-generated through an inference process* is believing that “swimming requires people who are lighter in weight that myself”.

Classification of behavioural beliefs

Behavioural beliefs are classified as *instrumental* and *affective* beliefs. Instrumental beliefs are described as beliefs about the costs and benefits of engaging in a behaviour, and are cognitively based. Instrumental beliefs focus on the outcomes of behavioural performance (Ajzen & Driver, 1991, p. 187). These beliefs are referred to as the practical attributes of an object. For example, a nurse may increase his/her pace during execution of procedures in order to attend to all patients’ needs in the course of a shift.

Affective beliefs are described as beliefs about positive or negative feelings derived from behaviour (Ajzen & Driver, 1991, p. 187). An example is "nurses are feeling positive about assisting doctors with diagnostic procedures". Ajzen (2011, p. 1116) states that, according to the TBP, affective states have two roles to play, firstly, they can serve as background factors that influence *behavioural*, *normative* and *control* beliefs; secondly, they can help to select beliefs that are readily accessible in memory. Thus, if an individual is in a positive mood state, it is likely that he/she will have a positive view about a behaviour in question, and vice versa.

Types of beliefs forming the knowledge component

Regarding *behavioural beliefs*, Ajzen (1991, p. 189) defines a behaviour as a function of salient information or beliefs relevant to the behaviour. Behavioural beliefs are described as beliefs that are about the likely outcomes of the behaviour, and evaluations of these outcomes (Ajzen, 2006, p. 1). In the TPB, beliefs constitute the informational foundation that ultimately determines behaviour (Ajzen *et al.,* 2011, p. 102) – the consequences of such beliefs are likely to determine behaviour (Ajzen *et al.,* 2011, p. 102). An example is that providing health education to patients about their conditions reduces anxiety. If a person beliefs that a certain task is difficult for him/her to perform, he/she may not even try to do it or may attempt it half-heartedly, lacking the intention to do it to the best of their abilities. The same applies if the belief is such that he/she can perform the behaviour competently. An example is that a junior nurse will work harder during assessments, to impress the supervisor, to gain better scores in order to be promoted.

Regarding *normative beliefs*, Stewart and Zaaiman (2014, p. 121) describe norms as rules that tell people how to behave in certain circumstances. Norms can be informal, though commonly understood, for example, administering oral medications is regarded as a key procedure by most professional nurses. Normative beliefs are described as beliefs that are about the normative expectations of others, and the motivation to comply with these expectations, while subjective norms are a result of normative beliefs, which are results of perceived social pressure (Ajzen, 2006, p. 1). Therefore, normative beliefs are a result of what society views the behaviour at hand, and how much pressure it exerts on whether to perform or not to perform a behaviour. For example, nurses shaking the

hands of patients to greet them may be a societal or cultural habit, which may signify acceptance to some patients, and, to others, it may mean nothing.

A study conducted by Larkin and Neumann (2012, p. 47) among university academics in Australia provides another example. In this study, academics viewed performance management to be meaningless; they were of the opinion that the university's performance management was oriented towards organisational goals and objectives, and neglected the individual role and the career development of academics. Consequently, academics were ambivalent about performance management, and cynical about managers. Therefore, performance assessment was a time wasting exercise.

Control beliefs concern the presence of factors that may facilitate or impede performance of the behaviour and the perceived power of such factors; result into perceived behavioural control. Control beliefs provide a basis for perceptions of behavioural control. It relates to past experience behaviour, or experiences of friends and other factors that increase or reduce the personal difficulty of performing the behaviour in question (Ajzen & Driver, 1991, p. 188). Singh (1998, p. 67) found that jobholders' trust in management is built on consistency in leadership and policies focused on performance of jobholders. Moreover, jobholders need to develop a feeling that the company is acting in their best interest by articulating the corporate vision and maintaining behaviour and actions consistent with this vision. In other words, the organisation's culture and management strategies must clearly and strongly signal consistency and support for jobholders, otherwise, it will be futile to try and persuade jobholders to contribute their ideas or to work harder in a dynamic and changing atmosphere (Singh, 1998, p. 67). An example is nurses' belief that, if they obtain higher educational qualifications, it would empower them to improve the quality of care for patients, and to perform better during assessments.

2.6.1.2 Attitudes

Attitudes are described as global evaluations of an object or issue (Baumeister & Bushman, 2017, p. 232). Moreover, Zhao, Wayne, Glibkowsky and Bravo (2007, p. 651) describe work attitudes as jobholders' evaluation of the employer and the work in general. In the TPB, the individual attitude of a person is mostly influenced by what he/she believes

about the behaviour. This implies that attitude (positive or negative) of people towards behaviour is the result of beliefs they possess about an action (behaviour) to be performed. Generally, behavioural beliefs produce a favourable or unfavourable attitude towards the behaviour (Ajzen, 2006, p. 1). Specifically, Ajzen (1991, p. 182) posits that attitudes reflect the degree to which the person has a favourable evaluation of the behaviour in question, and that a positive outcome results when the attitude and behaviour in question are compatible with regard to direction, specificity, context and time of the performance. Thus, nurses who feel positive about performance reports may behave positive attitudes towards the performance report process, which means they are likely to be willing to make follow-up plans that arise from the performance report.

2.6.1.3 Practice

Ajzen *et al*. (2011, p. 102), furthermore, clarify that the attitudes, subjective norms and perceptions of control, in turn, combine to produce intentions, which, together with actual control, determine performance of a behaviour. Therefore, attitude toward the behaviour, subjective norm, and perception of behavioural control, lead to the formation of the behavioural intention (Ajzen, 2006, p. 1). Moreover, people's behaviour is strongly influenced by their confidence in their ability to perform it (Ajzen, 1991, p. 189). The TPB posits that perceived behaviour control and intention can be used directly to predict behavioural achievement (Ajzen, 1991, p. 189). Practice is influenced by intention, for example, when nurses plan to participate in all available in-service training to enhance their knowledge and skills. The intention (motivation) influences the behaviour. An example is that nurses may develop a sense that they have the practical means to ensure that comfort is part of the treatment of each patient under their care, which is then followed by the ability (actual behaviour control) to perform, such as the nurse's ability to encourage colleagues to adhere to the patients' treatment of back and pressure parts.

2.7 CONCLUSION

The South African health care system, with its diverse, multidisciplinary human resources, especially in the public sector, requires a clear strategy regarding the handling of employer/employee issues in the pursuit of structuring a goal-directed means to improve

the economic status of the country. Moreover, the resources that are available must be sustained, to keep it economically viable and able to compete with the international economy. Strategies to achieve these goals may include approaches to reimburse jobholder for performance assessment, to performance management and development, as discussed in this chapter. The intention is to establish a way to retain an experienced workforce within the public sector, and to improve service delivery.

In this chapter, background information about the Employee Performance Management and Development System, as an initiative of the National Department of Health, was provided, and the PDMS applied by the Free State provincial government was explained. The assessment report formed the basis of discussions in this chapter: its origins, types and execution in the Free State. An outline of the TPB, which underpins the research process, which has as its goal gaining an understanding of the behaviours of nurses using the KAP approach regarding the performance assessments of nurses, was given. The following chapter will present the methodology of the study and the process used to formulate a data gathering instrument. The actual process of gathering the data will also be reported.

CHAPTER 3: METHODOLOGY

3.1 INTRODUCTION

In the previous chapter, the researcher presented an overview of the literature related to performance reports. In this chapter, the researcher will outline the details of the research design chosen to conduct the study, and explain the strengths and limitations of the design. Similar to what will be done with the research design, the discussion of the research technique used will also include a discussion of the strengths and limitations of using a structured questionnaire. The researcher will, furthermore, provide background to the reader about the way the structured questionnaire that the study used, was developed. The outline of the population and sample, as well as the data collection method and approach to analysis will be presented. This chapter will provide an explanation for the way the answer to the research question was obtained methodologically. The research question was as follows: *What are the knowledge, attitude and practices of nurses towards assessment using performance reports at public hospitals in Maluti-A-Phofung municipal area?*

3.2 RESEARCH DESIGN

A research design is defined by Polit and Beck (2014, p. 51) as the overall plan for obtaining answers to the research questions, and for handling challenges that can undermine the study evidence. Botma *et al*. (2010, p. 108) view a research design as the proverbial backbone of the study, while Grove, Burns and Gray (2013, p. 195) state that it is a blueprint for conducting a study, which assists in maximising control over factors that could interfere with the validity of the findings. Stangor (2015, p. 14) clarifies the research design as the specific method a researcher uses to collect, analyse and interpret data. For the purpose of this research study, a quantitative descriptive design was used to plan the study, collect data and arrange it for data analysis. The data related to the KAP of nurses towards assessment using a performance report at hospitals in Maluti-A-Phofung sub-district.

3.2.1 Quantitative research

Quantitative research is described as an essential tool for generating knowledge in nursing science and for providing evidence for nursing practice, education and management (Botma *et al*., 2010, p. 82). Quantitative research was chosen for this study, which assessed KAP related to performance reports. According to Rubin and Babbie (2017, p. 68), quantitative research emphasises the production of precise and generalizable statistical findings (Polit & Beck, 2014, p. 151). The design can cover a large number of participants in a specified time. This reported study included the entire nursing workforce at Maluti-A-Phofung hospitals, excluding managers involved in completing performance reports for other nurses.

Quantitative research is defined as a process that is systematic and objective in the way it uses numerical data gathered from a selected subgroup, of which the findings are generalised to the universe that is being studied (Maree, 2016, p. 8). Moreover, Stangor (2015, p. 16) views quantitative research as descriptive research that uses more formal measures of behaviour, including questionnaires and systematic observation of behaviour, which are designed to be subjected to statistical analysis. Data collected in this study was done systematically using a structured questionnaire.

3.2.2 Descriptive research

According to Gove *et al.* (2013, p. 215), descriptive designs are crafted to gain more information about the characteristics of a particular field and to provide a picture of situations as they occur naturally. The researcher aimed to assess the KAP of nurses towards performance reports. A questionnaire was used to describe these findings.

3.2.3 Strengths of quantitative descriptive design

In this study, a number of strengths qualified the quantitative design to be the method of choice. The strengths were as follows.

Quantitative designs are *uncomplicated and inexpensive* and can be *done relatively quickly* (Botma *et al.,* 2010: 114; Rubin & Babbie, 2017, p. 17). Since the structured

questionnaire was self-administered, data was collected from the participants within a period of 3 weeks. The structured questionnaire enabled the researcher to enquire about the knowledge, attitudes and practices of nurses towards assessment using a performance report. The questionnaire was structured according to Ajzen's TPB.

Grove *et al*. (2013, p. 215) elucidate that descriptive designs may also be used to develop theory, *identify problems* with current practice, justify current practice, make judgments or determine what others in similar situations are doing. In this study, the design assisted the researcher to describe the various components that could possibly influence nurses' behaviour related to PDMS, and to possibly identify potential problems to be addressed to strengthen the performance report within the PDMS.

3.2.4 Limitations of quantitative descriptive design

Even though the quantitative design has beneficial strengths, it is not without limitations. This design is *generally insufficient to determine causal relationship* (Brink, 2006, p. 105; Polit & Beck, 2014, p. 161). Establishing a causal relationship was not the aim of this study, since it only presented descriptive statistics. In addition, Botma *et al.* (2010, p.110) and Grove *et al.* (2013 p. 215) affirm that the design involves no attempt to establish causality, or examination of types and degrees of relationships as its primary purpose. Botma *et al*. (2010, p. 110) infer that, when using a descriptive design, *the level of information obtained is superficial*, and *limited to providing static pictures* (Stangor, 2015, p. 16). In this study, the questionnaire was adapted to provide a space for the participants to state their views, for example Questions 4.1 and 4.2 on control beliefs and 5.1 and 5.2 on perceived behaviour control, which sought more in-depth responses. Moreover, the study was descriptive in nature and provided a clear picture.

3.3 RESEARCH TECHNIQUE: STRUCTURED QUESTIONNAIRE

A structured questionnaire (Rubin & Babbie, 2017, p. 219) is the research technique used for this study. Grove *et al.* (2013, p. 425), as affirmed by Stangor (2015, p. 110), describe a questionnaire as a printed self-report form that is designed to elicit information that can

be obtained from a subject's written responses. A questionnaire contains fixed questions, scales and pre-coded response questions (Botma *et al.,* 2010, p. 134).

The questionnaire used in this study (Addendum D) consisted of nine questions, of which four were open-ended questions, and five were closed-ended questions; five sub-questions had fixed options.

3.3.1 Strengths of structured questionnaires

Questionnaires have several strengths. Questionnaires are a *quick way of obtaining data from a large group* of people (Botma *et al.*, 2010, p. 135; Brink, 2006, p. 147; Stangor, 2015, p. 110). The research study included the entire population of nurses who were working at the three hospitals in Maluti-A-Phofung municipal area, except managers who were involved in appraising other staff members, nurses on leave, those on study leave and those with less than one year working experience.

Questionnaires are *less expensive* to implement in terms of time and money (Maree, 2016, p. 176; Brink, 2006, p. 147; Stangor, 2015, p. 110). The questionnaire took 20 to 25 minutes to complete. The researcher personally budgeted for the duplication of questionnaires, consent forms, information leaflets and transport costs, since no funding had been received from external sources.

Another strength of questionnaires is that participants feel a greater sense of anonymity, and are more likely to provide honest answers (Stangor, 2015, p. 110), particularly when the questions involve *sensitive issues* (Brink, 2006, p. 147; Botma *et al*., 2010, p.135). In this study, there were no questions relating to overtly sensitive issues, such as money and participants' personal lives; all the questions were related to performance. There was space for participants to answer questions by giving their opinion.

Questionnaires were anonymised by using numbers instead of the names of nurses. The format of the questionnaire was standard for all participants, and questions asked were *not dependent on the mood of the interviewer* (Stangor, 2015, p. 110). All participants completed the same questionnaire in the same circumstances.

3.3.2 Limitations of structured questionnaires

In spite of the strengths of questionnaires, they also have some limitations associated with them. One of the limitations is that *mailing questionnaires may be expensive* (Brink, 2006, p. 147; Maree, 2016, p. 176). The researcher hand-delivered the questionnaires to nurses' workstations to ensure their safe delivery and the return of completed questionnaires, thereby maximising the response rate. Questionnaires delivered to workstations were completed in 20 to 25 minutes.

Another limitation is that respondents may tend to *provide socially accepted answers* (Botma *et al*., 2010, p.135; Brink, 2006, p. 147). In this study, there was no identifying information on the questionnaire; therefore, the likelihood of participants giving socially acceptable answers did not pose a challenge.

In a questionnaire, there is *no opportunity to clarify items that may be misunderstood* by subjects (Botma *et al*., 2010, p.135; Brink, 2006, p. 147). During the pilot study, all biases and items that might cause misunderstanding were identified and clarified.

The subjects who respond may *not be representative of the population* (Botma *et al*., 2010, p.135; Brink, 2006, p. 147) In order to ensure that representability is monitored, the researcher verified the number of nurses per nurse category in each ward in a hospital, and questionnaires were issued according to the numbers available.

3.3.3 Development of a structured questionnaire

A *KAP questionnaire* was developed by the researcher following a comprehensive literature review to determine existing knowledge on the subject. The researcher designed the questionnaire according to the guidelines for conducting a KAP study as outlined by Kaliyaperumal (2004, pp. 7-9). The description of the *TBP* (Ajzen, 2013–MIDSS, n.d.) assisted the researcher to compile the questionnaire according to the components of the TPB.

The content of the questionnaire was designed with a focus on key *responsibility areas*, related *objectives* and *conduct criteria,* as stipulated in Table 3.1.

The performance plan is composed of three key responsibility areas, namely,

- assisting patients with activities of daily living (physical care),
- providing elementary clinical nursing care, and
- maintaining professional growth/ethical standards and self-development.

Each key responsibility area is linked to objectives. These objectives may consist of any of the following six components:

- relationship with legislature and the executive,
- relationship with the public,
- maintenance of professional growth/ethical standards and self-development,
- performance of duties,
- personal conduct and private interests, and
- inventory.

Multiple *literature sources* were used to structure the content of the questions making up the KAP questionnaire. The aim and the research question of the study assisted the researcher to align the questions so that they flowed logically (De Vos, Strydom, Fouché & Delport, 2011, p. 192; Maree, 2016, p. 179). Inputs by *research experts* of the University of the Free State, and the University's biostatistician were implemented to perfect the questionnaire. However, the *questionnaire is not, as yet, validated.*

Table 3.1 sets out how the questionnaire was aligned with the KAP as well as the TPB, with key responsibilities and each responsibility's objectives as depicted in the performance report. The measurements (questions) applied to this study are presented in Table 3.1.

Table 3.1: Layout of the structured KAP questionnaire

Key responsibility areas of performance report and related components of theory of planned behaviour	Objectives			Related question numbers in KAP Questionnaire
	Knowledge-related Objectives	Attitude-related Objectives	Practice-related Objectives	
Part I	Maintain hygiene of the patient			Question 1.1
Key responsibilities	Provide nutrition			Question 1.2
Key responsibility area 1: Assist patients with activities of daily living	Assist with elimination process			Question 1.3
	Admit patient			Question 1.4
Behavioural beliefs	Patient information and health education			Question 1.5
Key responsibility area 2: Provide elementary clinical nursing care	Measure, interpret and record vital signs			Question 2.1
	Monitor administration of medications			Question 2.2
Normative beliefs	Assist and prepare patients for diagnostic and surgical procedures			Question 2.3
	Care of back and pressure parts			Question 2.4

	Operate all relevant apparatus and equipment			Question 2.5
Key responsibility area 2:	Measure, interpret and record vital signs			Question 3.1
Provide elementary clinical nursing care	Monitor administration of medications			Question 3.2
Subjective norms	Assist and prepare patients for diagnostic and surgical procedures			Question 3.3
	Care of back and pressure parts			Question 3.4
	Operate all relevant apparatus and equipment			Question 3.5
Key responsibility area 3:	Maintain code of conduct as required by the public service and by the professional body			Question 4.1
Maintain professional and ethical standards, self-development				
Control beliefs	Seek learning opportunity i.e. in-service training, courses			Question 4.2
Key responsibility area 3:	Maintain code of conduct as required in the public service and			Question 5.1
Maintain professional and ethical standards, self-development				

	by the professional body			
Perceived behavioural control	Seek learning opportunity i.e. in-service training, courses			Question 5.2
Part II Conduct criteria Attitude towards behaviour: **Conduct criterion 1:** Relationship with legislature and executive		The employee is faithful to the public, honours the Constitution and abides thereby in the execution of his/her daily tasks		Question 6.1
Conduct criterion 2: Relationship with legislature and public		The employee serves the public in an unbiased and impartial manner in order to create confidence in the public service		Question 6.2
Conduct criterion 3: Maintain professional growth/ ethical standards and self-development		To maintain the code of conduct as required in the public service and by the professional body		Question 6.3
Conduct criterion 4: Performance of duties		The employee honours the confidentiality of matters, documents and discussions, classified or implied as being confidential or secret		Question 6.4

Conduct criterion 5: Personal conduct and private interests		The employee shall not, without prior written approval by the head of the department, obtain or accept any private gifts, benefits or items of monetary value from any person for him/herself during the performance of duties, as this may be construed as bribery		Question 6.5
Conduct criterion 6: Inventory		Handle state properties and assets in a responsible and honest manner without causing any damage, or being negligent or reckless		Question 6.6
PART III: **Practices**			Maintain hygiene of the patient	Question 7.1
Key responsibility area 1 Intention			The employee is committed through timely service to the development and upliftment of all South Africans	Question 7.2
			Seek learning opportunities i.e. in-service training, courses	Question 7.3

Key responsibility area 1: 1. Actual behaviour			The employee gives honest and impartial advice, based on all available information, to higher authority when asked for any assistance of this kind	Question 7.4
			Patient information and health education	Question 7.5
			Maintain hygiene of the patient	Question 8.1
			The employee is committed through timely service to the development and upliftment of all South Africans	Question 8.2
			Seek learning opportunities i.e. in-service training, courses	Question 8.3
			The employee gives honest and impartial advice, based on all available information, to higher authority when asked for any assistance of this kind	Question 8.4

			Patient information and health education	Question 8.5
Key responsibility area 1: 2. Behaviour			Maintain hygiene of the patient	Question 9.1
			The employee is committed through timely service to the development and upliftment of all South Africans	Question 9.2
			Seek learning opportunities i.e. in-service training, courses	Question 9.3
			The employee gives honest and impartial advice, based on all available information, to higher authority when asked for any assistance of this kind	Question 9.4
			Patient information and health education	Question 9.5

3.4 POPULATION

A study population is defined as a particular group of people or elements that are the focus of the research, from which the sample will be selected and to whom the results will be generalised (Botma *et al*., 2010, p. 274; De Vos *et al.,* 2011, p. 222; Grove *et al.*, 2013, p. 351; Polit & Beck, 2014, p. 177).

All nurses who worked in the three public hospitals in Maluti-A-Phofung in the Free State province, and who were not working as managers participating in the annual performance appraisal of nurses, and who were neither on leave or study leave, comprised the population. In this sub-district, all three public hospitals were chosen for this study, namely, Mofumahadi Manapo Mopeli Regional Hospital, Elizabeth Ross District Hospital and Thebe District Hospital. Table 3.2 depicts a breakdown of nurse categories presenting the study population, and Table 3.3 provides a clear delineation of the accessible population, since only 189 participants took part in the study.

Table 3.2: Target population of study.

Site	Professional nurses	Enrolled nurses	Auxiliary nurses	Total per institution
Thebe District Hospital	**31**	**3**	**25**	**59**
Elizabeth Ross District Hospital	48	16	24	88
Mofumahadi Manapo Mopeli Regional Hospital	104	21	42	167
Total/category	183	40	91	
TOTAL POPULATION	**314**			

Table 3.3: Delineation of accessible population

Hospital name		Total population	Nurses on leave	Managers excluded from sample	Accessible population	Question-naires issued	Question-naires returned	Partici-pants declining to participate	Question-naires not returned
Thebe District Hospital	N	59	0	2	57	40	37	20	0
	%	19%		3%	18%	68%	93%	35%	
Elizabeth Ross District Hospital	N	88	2	3	85	83	64	19	0
	%	28%	2%	3%	27%	94%	77%	22%	
Mofumahadi Manapo Mopeli Regional Hospital	N	167	11	6	161	144	88	62	0
	%	53%	7%	4%	51%	86%	61%	39%	
Total	N	314	13	11	290	267	**189**	101	
	%	100%	4%	3.5%	100%	92%	**71%**	35%	**0**

3.5 SAMPLE

No sampling was conducted due to small population and for the reason that all available population was included in the study. However, the following category of nurses did not meet the inclusion criteria: n =13 (4%) of the population who were on leave, and n =11 (3.5%) managers, as well as n = 101 (35%) who declined to take part in the study.

3.6 PILOT STUDY

Grove *et al*. (2013, p. 46); Brink (2006, p. 166) and Stangor (2015, p. 101) define a pilot study as a smaller version of a proposed study, which is conducted to refine the methodology and aspects such as an intervention, measurement method, a data collection tool or the data collection process. The pilot study was done at Mofumahadi Manapo Mopeli Regional Hospital, and one nurse from each category of nurses was selected. The researcher communicated with the chief executive officer of Mofumahadi Manapo Regional Hospital after obtaining approval to conduct the study, and also engaged the nursing services manager before commencing with the pilot study. The researcher conveniently selected one professional nurse in the eye clinic, one enrolled nurse in the female medical ward and one enrolled nurse auxiliary in a male medical ward. The explanation was given and the information leaflet issued, and after consenting to participate, the participants were issued with consent forms to sign and a questionnaire to complete. The nurse categories were given numbers as follows: 1 for the enrolled nurse auxiliary, 2 for the staff nurse and 3 for the professional nurse. Participants took 20 to 25 minutes to complete the questionnaire. Thereafter, the researcher collected the questionnaires to isolate possible flaws; none was found. The collected data was sent to the biostatistician, who assisted in verifying that coded data was in a usable format and who suggested the coding of the questionnaire and proposed an Excel spreadsheet for data entry. The researcher added a space for numbering the questionnaires, a column for the name of the facility where research was conducted, and the category of the participant completing the questionnaire. The researcher also coded the questions on the questionnaire, as suggested by the biostatistician. All the changes were implemented

prior to the main study. Since no changes were needed on the questions themselves, the pilot study data was included in the main data.

3.7 DATA COLLECTION

Data collection involved obtaining numerical data to address the research objectives, questions or hypotheses (Grove *et al.*, 2013, p. 46). It is a systematic way of obtaining data to resolve a research problem at hand and a process subjected to prior approval (Botma *et al.*, 2010, p. 131). Themes were developed for open-ended questions and codes were assigned for each theme. The researcher obtained approval to conduct the research (Grove *et al*., 2013, p. 178; Stangor, 2015, p. 59) from the Health Sciences Research Ethics Committee of the Faculty of Health Sciences at the University of the Free State, and the Free State Department of Health. Arrangements with the relevant institutions' chief executive officers was made about collecting the data. The nursing services managers were also informed and were able to provide accurate statistics of the nurses available at their institutions, since the human resources departments were unable to give statistics of nurses available. Verification of the number of nurses available was done by the researcher, who consulted the wards' allocation plan and duty rosters. The researcher made arrangements with the ward sisters concerning the dates and times the data could possibly be collected. Data collection was done, as scheduled, during lunch breaks and quiet periods, to avoid interfering with the ward routine. However, in all three hospitals, a shortage of nursing staff on duty per shift was found to be a serious challenge, which kept the nurses busy with ward routine for most of their on-duty time. Therefore, the researcher had no choice but to leave the questionnaires in some wards with the charge sisters, after clarifying the questionnaire, for them to complete when they had time, and for the researcher to return and collect the completed questionnaires late. Thebe District Hospital's duty roster posed specific challenges, due to abrupt changes of on-duty schedules, which frequently changed night and day shifts of nurses.

The researcher informed nurses about the study and the purpose of the research during one day per hospital for the nurses on day and night duty. The prospective participants who decided to participate in the research were given the consent form to sign (see

Addendum A), and a questionnaire with an assigned number per nurse category, which took about 20 to 25 minutes to complete. Enrolled nurse auxiliaries were assigned number 1, staff nurses 2 and professional nurses 3. The same process was followed at each institution. Nurses who were off duty were identified and followed up when they returned to duty. Confidentiality was maintained throughout the process. The questionnaires had pre-coded responses.

Completed questionnaires were coded by the researcher. Data was captured on an Excel spreadsheet that was co-designed by the researcher and a biostatistician of the University of the Free State. The same process was repeated to enhance reliability of the results. The captured data was sent to the biostatistician, who analysed the data.

3.8 VALIDITY

Rubin and Babbie (2017, p. 202) describe validity as the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration. Validity is the degree of evidence the researcher can provide to justify the conclusions of the study based on the design and the interpretation (Botma *et al.*, 2010, p. 174; Grove *et al*., 2013, p. 393). In this study, the content and face validity were enhanced, as explained in the following sections.

3.8.1 Content validity

According to De Vos *et al.* (2011, p. 173) content validity concerns the representativeness, sampling adequacy or range of meanings included (Rubin & Babbie, 2017, p. 203) in the content of an instrument. Polit and Beck (2014, p. 205); Grove *et al*. (2013, p. 394) and Stangor (2015, p. 98) describe content validity as the degree to which an instrument has an appropriate sample of items for the construct being measured. The validity of the questionnaire was ensured by basing the questions on the literature related to the topic. Clear instructions were given for completing the questionnaire. The pilot study was performed to ensure that all questions are clearly understood by the participants. The researcher designed a questionnaire using the KAP guidelines for developing a

questionnaire (Kaliyaperumal, 2004, pp. 7-9), and aligned it with the TPB (Ajzen, 2013, pp. 1-7).

The content of the questionnaire was derived from the performance plan designed by the Free State Department of Health. The researcher focused on the key responsibility areas of performance report and related components of TPB, the knowledge-related objectives, attitude-related objectives, practice-related objectives and conduct criteria to formulate the questions. Multiple sources of information, including a literature review, the scope of practice of different categories of nurses, and inputs by research experts of the University of the Free State, were used.

3.8.2 Face validity

Stangor (2015, p. 97) describes face validity as the extent to which the measured variable appears to be an adequate measure of the conceptual variable. According to Grove *et al.* (2013, p. 394) and Rubin and Babbie (2017, p. 203) face validity is a subjective assessment that might be made by the researchers or potential subjects. In this study, the face validity of the KAP questionnaire was enhanced by the inputs of research experts serving on the Evaluation Committee of the School of Nursing of the University of the Free State. The KAP questionnaire was, furthermore, designed according to the guidelines for developing a KAP questionnaire (Kaliyaperumal, 2004, pp. 7-9), as well as the theory underpinning the study, Ajzen's TPB (MIDDS. n.d.), were used. The technical layout of the questionnaire was done according to inputs from supervisors, and the coding of the questions according to guidance by the biostatistician.

3.9 RELIABILITY

Reliability of the measuring instrument, according to De Vos *et al.* (2011, p. 177), Stangor (2015, p. 93) and Rubin and Babbie (2017, p. 199), refers to whether an instrument yields the same results or outcomes if used more than once. Polit and Beck (2014, p. 202) and Grove *et al.* (2013, p. 388) see reliability as the consistency with which an instrument measures an attribute. The researcher explained the guidelines for completing the questionnaire to the participants, to avoid them making mistakes during completion of the

questionnaire. The explanation given to the participants gave them an opportunity to understand what they had to do to complete the questionnaire. The researcher numbered the questionnaires according to the category of nurses available in the ward and issued the questionnaires to individual nurses. The researcher kept a record of questionnaires issued on a separate register, to enhance reliability and to monitor the return rate. The researcher entered the data collected on the Excel spreadsheet on the same day as collection to strengthen reliability of results.

3.10 ETHICAL ISSUES

Ethics in research is a continuous process, which should be taken into consideration during every phase of research, from conceptualisation, planning, and implementation, to writing the report and disseminating the results (Botma *et al.*, 2010, p. 4).The Belmont Report of the National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research (1978, pp. 4-8) entitled, *Ethical Principles and Guidelines for the Protection of Human Subjects of Research*, outlines the basic ethical principles that underlie the conduct of research involving human subjects. In South Africa, the National Department of Health (2015, pp. 14-15), also outlined such principles as follows:

Respect for persons (dignity and autonomy): Protecting the autonomy of all people, treating them with courtesy and respect and allowing for informed consent. Researchers must be truthful and practice no deception.

Beneficence (beneficence and non-maleficence): Beneficence refers to the philosophy of “do no harm” while maximising benefits for the research project and minimising risk to the research subjects.

Justice (equality): Justice implies ensuring that reasonable, non-exploitative and well-considered procedures are administered fairly, meaning there should be a fair and equal distribution of costs and benefits to potential research participants.

The researcher adhered to the ethical principles stipulated in the Belmont Report, because the research study involves human subjects and concerns the knowledge,

attitudes and practices of nurses regarding performance assessments. A further discussion of the above-mentioned principles follows.

3.10.1 Respect for human dignity

The principle of respect for human dignity signifies that persons have the right to self-determination and the freedom to participate or not to participate in research (Grove *et al.,* 2013, p. 162; Polit & Beck, 2014, p. 84). The researcher explained to the participants that they had the right to choose not to participate in the pilot study. The researcher issued the information leaflet and read the consent form together with the participants before they signed it. Anonymity of participants was ensured by assigning codes on the questionnaires with numbers per nurse category.

Only one enrolled nurse auxiliary declined to participate, and it was their right to do so. Thereafter, a consent form was issued for the participants who wanted to take part in the pilot study (see Addendum A). During the main study, some participants were very enthusiastic about participating in the study after hearing about its details, however, n = 101 (35%) of the entire population were unwilling to participate, and were allowed the opportunity to decline to participate, as it is their right.

3.10.2 Beneficence

The principle of beneficence requires the researcher to do good and, above all, to do no harm to the subjects during the entire research process (Botma *et al.*, 2010, p. 20; Grove *et al.,* 2013, p. 163; Polit & Beck, 2014, p. 83). During the pilot study, no harm was observed, as participants participated with full information about details of their right to participate freely; the same applied during the main study.

3.10.3 Justice

The principle of justice states that human subjects must be treated fairly at all costs (Botma *et al.*, 2010, p. 19; Grove *et al.,* 2013, p. 162; Polit & Beck, 2014, p. 85). In this case, during the pilot study, the researcher provided the same information to all three participants and allowed enough time to complete the questionnaire. The same was done

during the main study, with the exception that, in some wards, the researcher was forced to leave the questionnaires to be completed at suitable times because of a busy ward routine that was characterised by few nurses on duty and many patients. In this case, the researcher left the questionnaires with the Professional nurses in charge of the wards, who then locked them in a cupboard and only to issue them to the nurses at suitable time.

3.11 DATA ANALYSIS

Data analysis in the quantitative method is referred to as techniques by which researchers convert data to a numerical form and subjects it to statistical analysis (De Vos *et al*., 2011, p. 249). The purpose of analysis is, thus, to reduce data to an intelligible and interpretable form to enable studies and tests and to enable researchers draw conclusions about the findings (De Vos *et al*., 2011, p. 249). The study included the entire population, therefore, the descriptive statistics (Botma *et al*., 2010, p. 146) for analysis of data was applicable to this study. Descriptive statistics used were frequencies and percentages for categorical data and medians and percentiles for continuous data. The analysis was generated using SAS® software by a biostatistician of the Department of Biostatistics at the University of the Free State.

3.12 CONCLUSION

The discussion about the chapter on methodology provided detailed information about the research design, research instrument and how it was formulated, as well as its strengths and limitations. The discussion also expanded on the measures taken to overcome the limitations. The information on population and sampling was also explained. It was mentioned that computer software was used for data analysis, and the ethical issues were presented in detail. The researcher elaborated on how content and face validity, as well as ethical principles, were enhanced. The following chapter will provide a description of the results.

CHAPTER 4: ANALYSIS OF DATA

4.1 INTRODUCTION

The following section will summarise how participants responded to KAP questions related to performance reports utilised in the Maluti-A-Phofung sub-district. Participants responded to closed-ended questions, with only two open-ended questions (Questions 4 and 5) being included in the questionnaire. The summary of KAP data that was analysed focuses on components that predict positive performance-assessment-related behaviours.

4.2 DEMOGRAPHIC DATA

The demographic data included information on the categories of nurses and the percentages of each, as reflected in Figure 4.1. Three categories of nurses formed part of the study, namely, professional nurses, enrolled nurses and enrolled nurse auxiliaries. Professional nurses represented the majority (63%; n = 119) of the participants, followed by enrolled auxiliary nurses (25. 9%; n = 49) and enrolled nurses (11. 1%; n = 21).

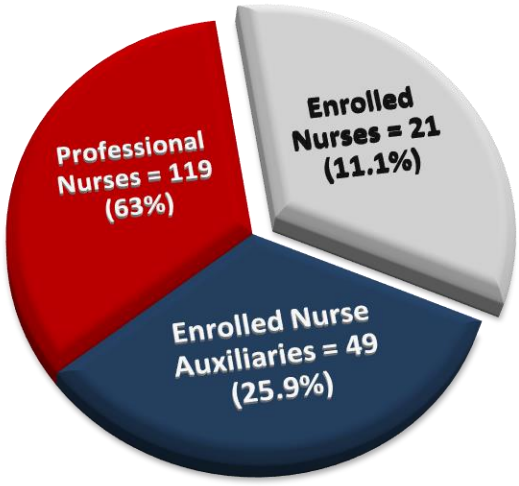

Figure 4.1: Demographic data of participants: Percentages and totals of nurse categories (n = 189)

4.3 PART I: KNOWLEDGE REGARDING THE PERFORMANCE REPORT

Knowledge in this KAP study was aligned to the TPB and, therefore, the knowledge components discussed will include behavioural, normative and subjective norms and control beliefs, as depicted in Figure 1.1 in chapter 1. Refer to Part I in the questionnaire (Addendum D). Part I included statements that sought understanding regarding behavioural beliefs (Questions 1.1 to 1.5), normative beliefs (Questions 2.1 to 2.5), subjective norms (Question 3.1 to 3.5). Control beliefs (Question 4) and perceived behavioural control (Question 5) were explored using open-ended questions.

4.3.1 Behavioural beliefs

Table 4.1 lists questions about participants' behavioural beliefs that could predict positive performance-assessment-related behaviours.

Table 4.1: Behavioural beliefs predicting positive performance-assessment-related behaviours (n = 189)

Question No.	STATEMENTS FROM THE STUDY QUESTIONNAIRE	n	%
	Behavioural beliefs		
Q1_1	Washing patients before visiting hour is important to improve patient morale and self-respect	169	89.4
Q1_2	Monitoring the patients' nutritional intake help them recover quicker	184	97.4
Q1_3	Assisting and monitoring patients' elimination needs on daily basis is necessary	187	98.9
Q1_4	Completing admission information is extremely important since it guides patient care	187	98.9
Q1_5	Providing health education to patients about their conditions reduces anxiety	188	99.5

Most (89.4%; n = 169) participants believed that washing patients before visiting hour improved patient morale. The majority (97.4%; n = 184), furthermore, believed that monitoring patients' nutritional intake promoted recovery. A very high percentage of participants indicated how assisting with and monitoring patients' elimination needs (98.9%; n = 187), completing admission information (98.9%; n = 187), and providing health education to patients (99.5%; n = 188) influence health outcomes. It is, therefore, clear that participants' behaviour beliefs are likely to predict positive attitudes towards performance assessment.

4.3.2 Normative beliefs

Table 4.2 presents normative beliefs predicting positive performance-assessment-related behaviours, and sought to understand nurses' beliefs about what others believe about performance reports.

Table 4.2: Normative beliefs predicting positive performance-assessment-related behaviours (n = 189)

Question No.	STATEMENTS FROM THE STUDY QUESTIONNAIRE	n	%
	Normative beliefs		
Q2_1	Monitoring of vital signs is seen as a key procedure by most nurses in South Africa	186	98.4
Q2_2	Administering oral medication is regarded a key procedure by most professional nurses	165	87.3
Q2_3	Monitoring care of back and pressure parts is important for the comfort of the patient	182	96.3
Q2_4	Assisting doctors with diagnostic procedures is regarded important by nurses	178	94.1
Q2_5	Operating a defibrillator and suction machine spares patients' lives during emergency care	170	90.0

The majority of participants (98.4%; n = 186) accepted the norm declaring that the monitoring of vital signs is considered to be a key procedure by most nurses in South Africa. Administration of oral medications was regarded as a key procedure by most professional nurses, according to 87.3% (n = 165) of participants' responses. Most participants (96.3%; n = 182) responded positively about the monitoring of patient care relating to back and pressure parts as a means of improving patient comfort. The question about nurses assisting doctors with diagnostic procedures was acknowledged by 94.2% (n = 178), and 89.4% (n = 170) gave positive responses about the use of defibrillator and suction machines to spare patients' lives during emergency care.

Strong normative beliefs, ranging from 87.3% to 98.4%, suggest that, according to the TPB, participants' normative beliefs (grounded on what significant others /other nurses believe), should influence nurses' assessment-related-behaviours positively.

4.3.3 Subjective norms

Table 4.3 provides a summary of the subjective norms that predict positive behaviours towards performance assessments.

Table 4.3: Subjective norms predicting positive performance-assessment-related behaviours (n = 189)

Question No.	STATEMENTS FROM THE STUDY QUESTIONNAIRE	n	%
	Subjective norms		
Q3_1	Monitoring of vital signs is seen as a key procedure by most nurses in South Africa	181	95.8
Q3_2	Administering oral medication is regarded a key procedure by most professional nurses	165	87.3
Q3_3	Monitoring care of back and pressure parts is important for the comfort of the patient	182	96.3
Q3_4	Assisting doctors with diagnostic procedures is regarded important by nurses	178	94.2
Q3_5	Operating a defibrillator and suction machine spares patients' life during emergency care	169	89.4

The results indicate that 95.8% (n = 181) of professional nurse participants were subjectively positive about vital signs being important. The administration of oral medication was also considered to be important, at 87.3% (n = 165). The majority (96.3%; n = 182) of participants responded positively about a question on the importance of monitoring care of back and pressure parts for patients' comfort; while 94.2% (n = 178) of participants answered positively on the question about assistance given to doctors by nurses during the performance of diagnostic procedures. A lower score, of 87.3% (n = 165), was obtained on a question regarding the operation of defibrillator and suction machines during emergency care to save patients' lives. Data presented strongly suggests that participants' subjective norms were closely aligned to normative beliefs of other nurses. Statements projecting subjective norms overwhelmingly predict positive performance-assessment-related behaviour.

4.3.4 Control beliefs

Table 4.4 presents the results of control beliefs that predict positive performance-assessment-related behaviours. The researcher focused on self-development opportunities as an example of control participants may/may not be able to exert in their particular circumstances. Themes and codes were developed for this section and sent to the biostatistician for analysis. Themes developed are reflected in Table 4.4.

Table 4.4: Control beliefs predicting positive performance-assessment-related behaviours (n = 189)

Question No.	WHAT SELF-DEVELOPMENT OPPORTUNITIES ARE AVAILABLE AT YOUR WORKPLACE?		
Q4_1	**Themes identified**	**n**	**%**
	Scheduled training programmes (attending workshops, in-service training, short courses)	127	67.2
	Unscheduled training programmes (study at universities)	8	4.2
	Other (meetings)	6	3.2
	None (no opportunities available)	48	25.4
Question No.	HOW DO YOU PARTICIPATE IN SELF-DEVELOPMENT OPPORTUNITIES AT YOUR WORKPLACE?		
Q4_2	**Themes identified**	**n**	**%**
	Attend training sessions (attending, facilitating in-service training, organising workshops, study in own time)	123	65.1
	Reading policies and journals (reading policies, reading journals, meetings)	9	4.8
	Other (concentrate on work schedule)	9	4.8
	None (Did not participate in self-development opportunities)	48	25.4

In response to Question 4_1, 67.2% (n = 127) of participants reported that they were engaged in the schedule of training programmes, either by attending workshops, in-service training or short learning courses. Those who were engaged with unscheduled training programmes at universities made up 4.2% (n = 8). A low percentage (3.2%; n = 6) of participants attended meetings as a form of self-development at their workplace. Moreover, 25.4% (n = 48) indicated that no training opportunities were available. This would, therefore, imply that a quarter of participants could not assert much control over self-development opportunities.

Most participants (65.1%; n = 123) responded positively about attending training sessions, facilitating in-service training, organising workshops and studying in their own time as a means of engagement in self-development opportunities at their workplace (Question 4_2). Moreover, 4.8% (n = 9) took the opportunity to read policies and journals, and attended meetings to develop themselves. Some 4.8% (n = 9) of participants concentrated on their work schedules as a means of self-development, while 25.4% (n = 48) selected “None” as response, which implies that participants did not participate in any self-development opportunities, or that there were no such opportunities available. The results, therefore, imply that a quarter of participants could not assert much control over engagement in self-development opportunities.

4.3.5 Perceived behavioural control

Table 4.5 presents the results of participants’ perceived behavioural control. In this section, the researcher focused on factors that may assist participants to develop professionally and those factors at their workplaces that may prevent them from developing. Themes and codes were developed for this section too, and examples of themes that were developed are given in Table 4.5

Table 4.5: Perceived behaviour control predicting positive performance-assessment-related behaviour (n = 189)

Question No.	WHAT IN YOUR WORK ENVIRONMENT WOULD ASSIST YOU TO DEVELOP YOURSELF PROFESSIONALLY?		
Q5_1	**Themes identified**	**n**	**%**
	Formal study opportunities (scheduled workshops, in-service training programmes, study at university or college)	109	57.7
	SOP – Standard operating procedures (hospital policies, procedure manuals, protocols)	45	23.8
	Other (work)	16	8.5
	None	19	10.1
Question No.	WHAT IN YOUR WORK ENVIRONMENT WOULD PREVENT YOU FROM DEVELOPING YOURSELF PROFESSIONALLY?		
Q5_2	**Themes identified**	**n**	**%**
	Resources (Human – shortage of staff. Material – lack of equipment. Capital – financial constraints)	121	64.0
	Training and learning opportunity (restriction by management, lack of support by seniors, long waiting period)	27	14.3
	Implementation of policies (favouritism, discrimination, allocation problems)	10	5.3
	Other (age barriers)	18	9.5
	None	13	6.9

In answering Question 5_1, most (57.7%; n = 109) participants indicated a perception that scheduled workshops, in-service training programmes and formal studies at universities and/or college would assist them to develop professionally. Fewer participants (23.8%; n = 45) were of the opinion that hospital policies, procedure manuals and protocols would assist in their self-professional development, while 8.5% (n = 16)

believed that focusing on their work schedule would benefit their professional development. Another 10.1% (n = 19) believed that nothing would assist them to develop professionally. The results imply that participants perceived that they could benefit from self-development measures instituted at their workplace.

In response to the question about circumstances that would prevent participants from developing professionally at work, 64.0% (n = 121) of the participants indicated shortage of staff, lack of equipment and financial constraints to be problems they faced; while 14.3% (n = 27) indicated restrictions on development by management, lack of support by seniors and a long waiting period before they were sent for formal schooling at a nursing college to be hurdles to their professional development. Another 5.3% (n = 10) indicated that favouritism, discrimination and allocation problems were circumstances that prohibited self-development at their workplace. A further 9.5% (n = 18) indicated age as a barrier to professional self-development. Participants who opted for the “None” response, 6.9% (n = 13), indicated that there was no reason to prevent them from developing themselves professionally. The results imply that the factors that seemed to impact on participants’ professional development negatively were centred on lack of resources and managerial constraints. According to the TPB, lack of control over the behaviour resulted in reducing the predictive validity of intentions (Ajzen, 2011, p. 1115).

4.4 PART II: ATTITUDES

Table 4.6 reflects the participants’ responses regarding their attitudes that predict positive performance-assessment-related behaviours.

Table 4.6: Attitudes predicting positive performance-assessment-related behaviours (n = 189)

Question No.	STATEMENTS FROM STUDY THE QUESTIONNAIRE	n	%
Q6_1	My lunch and tea time in the ward are important and patients have to understand this	86	45.5
Q6_2	I am motivated to put more effort on patient education about nutrition to promote our institutional image	133	70.4
Q6_3	I strive to retain the image of my profession by ensuring good nurse/patient relationships	178	94.2
Q6_4	I teach my colleagues to maintain proper record keeping of our patient files to ensure continuity of care	178	94.2
Q6_5	I do not accept gifts from patient for whatever help I provide	174	92.1
Q6_6	I always use equipment for the purpose intended	160	84.7

Less than half of the participants (45.5%; n = 86) were positive that patients' needs are more important than theirs. Participants reflected a positive attitude about putting more effort into patient education on nutrition, at 70.4% (n = 133). Most participants (94.2%; n = 178) showed a positive attitude about maintaining a nurse/patient relationship. The attitude of participants towards proper record keeping was positive, at 94.2% (n = 178). The question on the attitudes of participants' concerning the acceptance of gifts from patients and relatives received a 92.1% (n = 174) positive response, and (84.7%; n = 160) participants expressed positive attitudes about using equipment for the intended purpose.

The median percentage (83.3%; n = 157) of attitude (range: 16.7 – 100%) influences a specific behaviour, and implies participants' generally positive attitudes towards performance-assessment-related behaviours, even though there was an evidence of participants' negative attitudes about putting patients' needs before their own.

4.5 PART III: PRACTICES

The section below summarises participants' results according to the following components of TPB: intentions, actual behaviour and behaviour.

4.5.1 Intention

Table 4.7 reflects participants' intentions predicting positive performance-assessment-related behaviours.

Table 4.7: Intentions predicting positive performance-assessment-related behaviours (n = 189)

Question No.	STATEMENTS FROM STUDY THE QUESTIONNAIRE	n	%
	Intentions: I plan to:		
Q7_1	Ensure that comfort is part of each patient under my care	186	89.4
Q7_2	Increase my pace during execution of procedures in order to attend to all my patients' needs in a shift	158	83.6
Q7_3	Participate in all the in-service training to enhance my knowledge and skills	130	68.8
Q7_4	Encourage my colleagues to adhere to the patients' treatment of back and pressure parts	171	90.5
Q7_5	Ensure that health education is part of each patient under my care	184	97.4

Positive intentions about behaviour regarding patients' comfort was indicated by 89.4% (n = 186) of participants. A total of 83.6% (n = 158) participants indicated an intention to improve on the speed of executing their duties so that they could attend to most of their patients' needs during a shift. A lower percentage of participants (68.8%; n = 130) indicated a positive intention regarding personal development. Treatment of patients' back and pressure parts was seen as a priority by 90.5% (n = 171) of participants who

indicated positive intention, and patients' health education was generally deemed to be of importance (97.4%; n = 184) too.

The median percentage intention leading to behaviour is 100% (range: 0 - 100%). Most participants (80%) had a very strong intention to act out certain performance-assessment related behaviours, despite the issue of participants' lower intention on personal development.

4.5.2 Actual behaviour

Table 4.8 presents a summary of participants' actual behaviour predicting positive performance-assessment-related behaviours.

Table 4.8: Actual behaviour predicting positive performance-assessment-related behaviours (n = 189)

Question No.	STATEMENTS FROM THE QUESTIONNAIRE	n	%
	Actual behaviour: I have the practical means to:		
Q8_1	Ensure that comfort is part of each patient under my care	181	95.8
Q8_2	Increase my pace during execution of procedures in order to attend to all my patients' needs in a shift	154	81.5
Q8_3	Participate in all the in-service training to enhance my knowledge and skill	124	65.6
Q8_4	Encourage my colleagues to adhere to the patients' treatment of back and pressure parts	167	88.4
Q8_5	Ensure that health education is part of each patient under my care	175	93.1

These questions only established if the participants were of the perception that they have the means or practical way to do what they indicated they intended to do in the previous

section. Most participants (95.8%; n = 181) were of the opinion that patients remain comfortable under their care. The second question indicated that 81.5% (n = 154) of respondents had the practical means to attend to patients' needs in a shift. A decline of 65.6% (n = 124) positive responses was seen regarding participants' practical means to be involved in self-development programmes. The question that sought to understand whether participants had any practical means to encourage colleagues to adhere to patient treatment of pressure parts elicited an 88.4% (n = 167) positive response. The question that sought to understand whether participants had the practical means to ensure health education as part of patient care, scored 93.1% (n = 175) positive responses.

The median percentage leading to behaviour is 100% (range: 0 – 100%). The results imply that participants had strong positive perceptions regarding practical means to act out certain behaviours related to the performance-assessment reports, even though a lower score was seen on the issue of participants' practical means to become involved in self-development programmes.

4.5.3 Behaviour

Table 4.9 reflects results of participants' behaviour predicting positive performance-assessment-related behaviours.

Table 4.9: Behaviour predicting positive performance-assessment-related behaviours (n = 189)

Question No.	STATEMENTS FROM THE QUESTIONNAIRE		
	Behaviour: I have in the past been able to:	**n**	**%**
Q9_1	Ensure that comfort is part of each patient under my care	186	98.4
Q9_2	Increase my pace during execution of procedures in order to attend to all my patients' needs in a shift	161	85.2
Q9_3	Participate in all the in-service training to enhance my knowledge and skills	136	72.3
Q9_4	Encourage my colleagues to adhere to the patients' treatment of back and pressure parts	170	89.6
Q9_5	Ensure that health education is part of each patient under my care	183	96.8

A large proportion of participants, 98.4% (n = 186), have been able to ensure patient comfort. Furthermore, 85.2% (n = 161) of the participants indicated that they have been able to increase their pace during execution of procedures. Moreover, 72.3% (n = 136) of participants indicated that they were able to participate in the in-service training to enhance their knowledge and skills. The ability of participants to offer quality care to treat pressure parts received 89.6% (n = 170) positive responses, indicating participants' caution regarding patient comfort. According to the responses, 96.8% (n = 183) participants have been performing well with the practice of giving patients health education. The results suggest that participants have, in the past, been able to carry out behaviours addressed to performance reports, however, they experience some difficulty in carrying out behaviours related to their participation in in-service training for self-development.

4.6 CONCLUSION

In this chapter, the KAP was, again, presented according to the components of TPB. The chapter presented the results in a numeric form, using figures and tables, to highlight the participants' positive responses towards behaviours in a KAP survey. Participants' limited demographic data was presented in this chapter, and only the percentages of participants per category were reflected, to provide a numeric picture. Behavioural, normative and subjective norms, as well as control beliefs of participants, were clearly summarised in tables.

The results indicate that most of the participants seemed to be positive about the behaviours related to behavioural and normative beliefs. Moreover, the control beliefs suggest that some participants lack control over the behaviours related to self-development and, hence, express a lower degree of perceived behavioural control. Attitudes and practices also reflected positivity towards the performance-assessment report. Participants' practices were explored using the TPB components. Strong intentions to act out performance-related behaviours were seen in participants' results. Participants were able to act out some actual behaviours and behaviours related to performance assessments. The following chapter will present a discussion of the results.

CHAPTER 5: DISCUSSION

5.1 INTRODUCTION

This chapter presents a discussion of the results of the study regarding the data collected using a KAP survey aligned to the TPB to determine nurses' knowledge, attitudes and practices regarding performance assessments.

5.2 DEMOGRAPHIC DATA

The participants' demographic data indicated that 63% (n = 119) of the population were professional nurses, 11% (n = 21%) enrolled nurses and 26% (n = 49) of enrolled nursing auxiliaries. According to SANC statistics (2018, p. 1), Free State province had a total of 13 505 nurses in 2017, with 60% (n = 8056) professional nurses, 18% (n = 2428) enrolled nurses and 22% (n = 3021) enrolled nurse auxiliaries. National statistics for South Africa indicate a total number of 168 640 nurses (professional nurses 51%; n = 8547, enrolled nurses 27%; n = 45181 and enrolled nursing auxiliary 23%; n = 37982).

The total number of participants in this study (n = 189) represent only 0.11% of the Free State provincial workforce. However, the distribution of nurses according to the various categories largely mirrors the provincial profile of nurse categories, with the exception that more enrolled nurses formed part of the current study than their representation reflects on a provincial level.

5.3 PART I: KNOWLEDGE REGARDING PERFORMANCE REPORT

The following section discusses participants' behavioural and normative beliefs, subjective norms, control beliefs and perceived behavioural control.

5.3.1 Behavioural beliefs

The behavioural beliefs of the participants in the current study suggested that participants' behaviour beliefs would actually influence them positively towards performance assessment. In a study about attitudes of Malaysian teachers about a performance

appraisal system, Rahman (2006, p. 3039), found that, if participants received appropriate feedback from their supervisors, it would result in appraisees intending to improve their performance, implying a positive behavioural attitude towards the job. He further posits that, participants' behavioural component of attitude refers to the predisposition to behave in a way consistent with their beliefs about an attitude object. This suggests a stable degree of the appraisee's job satisfaction even if low performance appraisals scores were received (Rahman, 2006, p. 3039).

Moreover, Ajzen (2015, p. 125) posits that someone's intention to act is regarded the immediate antecedent of a particular behaviour, and behavioural beliefs are referred to as the perceived positive or negative consequences of performing the behaviour.

5.3.2 Normative beliefs

In this study, participants' normative beliefs supported the TPB. The TPB describes normative beliefs as beliefs about the normative expectations and actions of important referents and the motivation to comply with such referents (Ajzen, 2012, p. 18). The findings of this study are comparable to those of Kehoe and Wright (2010, p. 385) about the impact of high performance human resource practices on jobholders' attitudes and behaviours. The authors found that jobholders' reactions to human resource practices were influenced by the perceptions and apparent experiences of their co-workers. Kehoe and Wright's findings suggest that a group of jobholders' individual outcomes are possibly affected by the way that the individuals in the group perceive the group to be managed as a whole, as it was the case in this study.

5.3.3 Subjective norms

In this study, participants' subjective norms were closely aligned to normative beliefs of other nurses and the norms were overwhelmingly predictive of positive performance assessment-related-behaviour. Moreover, Jimmieson, White and Zajdlewics (2009, p. 16) conducted a study about the psychosocial predictors of intentions to engage in supportive behaviours, and are of the view that, in behavioural contexts comprising dependent relationships and the potential for reward and punishment based on job performance,

there is a strong predictor of intentions to engage in certain behaviours at work. Thus, jobholders are likely to make reference to their work group when thinking about important others who would approve of them when performing the target behaviour.

5.3.4 Control beliefs

The findings of this study support the TPB in the sense that lack of control over a behaviour will tend to reduce the predictive validity of intentions. This study's results are similar to the results of a study conducted by Ajzen and Driver (1991, p. 200) about prediction of leisure participation from behavioural, normative and control beliefs, which found that performance of behaviours depended on the equipment participants believed they would require. In their study, Ajzen and Driver found that the greater the lack of knowledge, skills and equipment, the greater the influence of the control beliefs on the performance of the behaviours.

5.3.5 Perceived behavioural control

Participants were asked to provide their views, first, about what would assist them to develop professionally, and secondly, about what would prevent them from developing professionally at work. Most participants indicated the availability of some measures for self-development. Very few reported to have no measures available for self-development and, hence, no engagement in self-development programmes as a result of lack of resources and due to managerial constraints. According to the TPB, the relatively low correlation between perceived behavioural control and behaviour suggests that perceptions of control are not sufficient to serve as a good, accurate proxy for actual control (Ajzen, 2011, p. 1115). The results imply that participants perceived that they would benefit a great deal from self-development measures, if instituted at their workplace. Therefore, the results of the study are congruent with the findings of Ferreira and Leite (2012, p. 400), in a study about employees' perceptions of training and development conducted in Portuguese organisations, where training and development were used to overcome some employee gaps and to improve their knowledge and

abilities. Their study also revealed the perception that training and development was perceived as a means of enhancing organisational performance.

5.4 PART II: ATTITUDES

According to the TPB, the combination of attitudes towards the behaviour, subjective norms and perception of behavioural control, leads to the formation of behavioural intention. In this study participants' positive attitudes were consistent with the TPB, as a result of their reflection about positive behavioural beliefs, which strengthens positive performance-assessment-related behaviours, even though this study found that participants had a negative attitude about placing patients' needs before their own. Ajzen (2012, p. 18) posits that the more favourable the attitude and subjective norm, and the greater the perceived control, the stronger the person's intention to perform the behaviour in question.

Similar results were found by a study conducted by Mehmoosh and Dalatabadi (2016, p. 617), which analysed the impact of attitude, subjective norms and perceived behavioural control over information technology adoption and jobholders' performance. They found that, if employees had positive attitudes about information technology use, it yielded higher productivity on performance.

5.5 PART III: PRACTICE

The section below discusses the participants' KAP based on practices, as components of TPB. The focus will be on the intentions, actual behaviour and behaviours as reflected by the findings of the study.

5.5.1 Intentions

This part of the study supported the TPB, because most participants (80%) had a very strong intention to act out certain performance-assessment-related behaviours, despite participants' low scores on intention to participate in personal development. The TPB posits that intention is assumed to be the immediate antecedent of behaviour. However, it is important to consider the role of perceived behavioural control, because of its ability

to influence perseverance in the case of difficulties, in addition to intention, because many behaviours are said to pose difficulties in relation to execution (Ajzen, 2012, p. 18). In this study, participants' perceived behavioural control suggested the availability of some measures of self-development, however, it was accompanied by an absence of resources and the presence of administrative constraints imposed by management. The study conducted by Jimmieson, White and Zajdlewicks (2009, p. 17), about psychosocial predictors of intentions to engage in change-supportive behaviours in an organisational context also reveals some congruency with regard to jobholders' intentions to support the rebrand when they perceived that colleagues in their department would engage in change-supportive activities.

5.5.2 Actual behaviour

In this study, participants' intentions and actual behavioural control were found to have influenced performance of assessment-report-related behaviours in a positive way. According to Ajzen (2011, p. 1115), the TPB is concerned with predicting intentions. Therefore, behavioural, normative and control beliefs, attitudes, subjective norms and perceptions of behavioural control are assumed and believed to feed into and explain behavioural intentions. Ajzen (2011, p. 1115) posits, furthermore, that, "Whether intentions predict behaviour depends in part on factors beyond the individual control, meaning that the strength of the intention-behaviour relation is moderated by actual control over the behaviour".

This study supports the TPB, because the correlation between the intention and the behaviour was strongly positive. The findings of this study are congruent with those of Selden and Sowa (2011, p. 258), who, in their study on management and staff and performance management appraisal in human service organisations, found that individuals who had higher perceptions of the performance management process were more committed to their jobs.

5.5.3 Behaviour

The past behaviours of participants were seen to be highly positive towards performance reports; however, that was not the case in relation to self-development programmes. Ajzen (2011, p. 1115), attests that “past behaviour is the best predictor of future behaviour”, and both past and future behaviour can relate to the temporal stability of the particular behaviour and its antecedents, since research often found that a measure of past behaviour contributes to the prediction of future behaviour.

Therefore, the findings of this study support the TPB, because the results reflect a strong positive ability of participants regarding the carrying out of behaviours related to performance reports in the past. The findings of this study show some similarity with the study conducted by Du Plessis and van Niekerk (2017, p. 7), about factors influencing managers’ attitudes towards performance appraisal. They found that managers’ past experiences, in the capacities of both the ratee and rater, influenced their attitudes toward performance appraisal.

5.6 CONCLUSION

In this study, a literature-based discussion of the results took place. The discussion included the demographic data of the participants. Knowledge related to performance assessment reports was discussed, based on elements of the behavioural beliefs reflected in the TPB, which were generally positive towards performance assessment related behaviours. This was followed by a discussion reporting the attitudes of participants towards performance-assessment-related behaviours and practices, which were found to be positive as well. The practice results of the study are aligned to the TPB, and consist of elements such as intentions, behaviour and actual behaviour, and they also reflected positively towards performance assessment related behaviours.

In the following chapter, the researcher will present conclusions related to the study findings, recommendations that may assist to improve participants’ behaviours regarding performance assessment in Maluti-A-Phofung sub-district, and limitations related to the

study processes, such as methodology, the instrument used and the population distribution.

CHAPTER 6: CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

6.1 INTRODUCTION

The following chapter concludes the report, which was aimed at describing the KAP of nurses regarding the performance assessment report used in a Free State municipal sub-district, Maluti-A-Phofung. A summary of the results, followed by recommendations for the service and Free State Department of Health, limitations for the current study, as well as the value of the study, will be provided below.

6.2 SUMMARY OF RESULTS

Participants' behavioural, normative and control beliefs, as well as subjective norms, support the TPB. Despite the participants' strongly positive responses on most aspects of the study questionnaire, the results revealed a consistent mark-down of scores in relation to items on control beliefs, which suggest that participants experienced lack of control – this applied to items that sought to understand participants' opinions about control beliefs related to self-development. This outcome suggests that participants are affected by managerial and staffing factors that are beyond the participants' ability to influence.

In this regard, the results of the study suggest that further research should be undertaken, using a qualitative approach to investigate the actual factors that are related to control beliefs. The subjective norms and perceived behavioural beliefs of participants indicated that participants' intention to participate strongly in performance-assessment-related behaviours were influenced by their peers and colleagues.

The strong positive attitudes found in participants support the TPB, and influenced their intentions to act out behaviours relevant to performance assessments and, moreover, contributed to their past behaviour and actual behaviour respectively.

6.3 RECOMMENDATIONS RELATED TO KNOWLEDGE, ATTITUDE AND PRACTICES OF NURSES TOWARDS ASSESSMENT USING PERFORMANCE REPORTS

Recommendations related to knowledge aligned to the TPB components are presented in Table 6.1, while recommendations related to attitude are presented in Table 6.2 and those related to participants' practices in Table 6.3. Figure 6.1 reflect KAP as discussed in relation to the components of TPB under study recommendations.

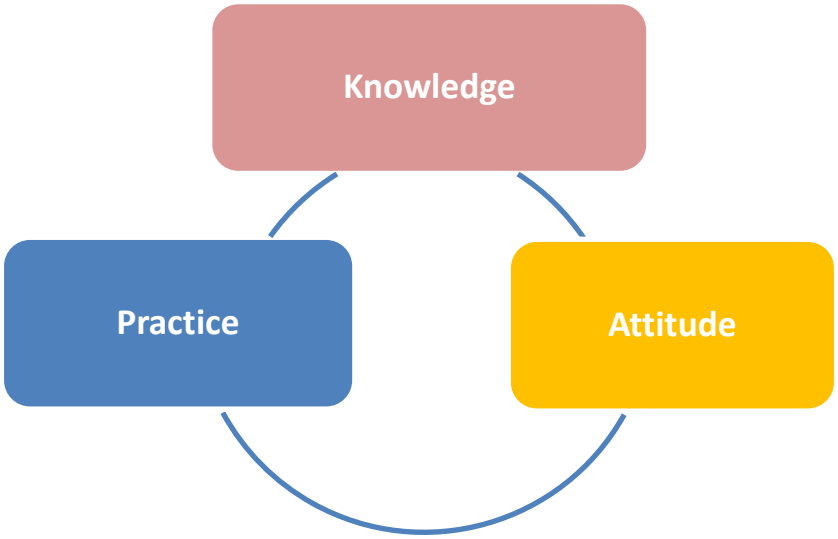

Figure 6.1: Items forming part of the discussion of recommendations of the study

Table 6.1: Recommendations related to knowledge aligned to theory of planned behaviour

KNOWLEDGE	RECOMMENDATION	LINK TO THEORY OF PLANNED BEHAVIOUR
Behavioural and normative beliefs	Institutional nursing management, in collaboration with institutional human resources, should embark on regular outreach visits to ensure compliance with, and to strengthen positive beliefs, such as maintaining patient information, conducting health education, and providing information about nutrition to patients, and placing more emphasis on the following: • Behavioural beliefs related to patient care *(maintenance of patient hygiene, assistance with elimination process)* in an effort to improve patients' morale and self-esteem. These aspects of care can be a mandatory routine done twice per shift for all patients, with monitoring for nurses' compliance, especially for those patients who need assisted care or who are helpless. • Normative beliefs *(monitoring of administration of medications)* could be strengthened by enforcing strict compliance to and control over the administration of oral medicines, and emphasising continuous adherence to rules.	Facilitation of control and monitoring should reinforce positive behavioural and normative beliefs of participants, and strengthen behaviours related to the performance assessment reports.
Subjective norms	Subjective norms *(operation of all relevant apparatus and equipment).* • Institutional management should facilitate for a multidisciplinary team comprising of doctors and nurses to	Facilitation of in-service training should strengthen behaviour related to positive subjective norms, and promote behaviour linked to the

	embark on regular in-service training to sharpen nurses' skills on the use of sophisticated equipment, such as defibrillators.	expectations of nurses' peers and colleagues about the use of sophisticated equipment during emergencies.
Control beliefs	Control beliefs *(seeking learning opportunities)* • The Free State Department of Health should develop and coordinate a programme related to jobholder education, which will strengthen and encourage jobholders to participate in self-development opportunities. The programme should involve scores and credits that will contribute to total scores during assessment of performance. • The Free State Department of Health, together with institutional management, should resolve the issue of staff shortages and address the reduced motivation to learn among older staff members.	The development and coordination of a jobholder education programme will not only ensure quality of work, but will also strengthen behaviours related to control and perceived behavioural control beliefs, and encourage jobholders to strive for improved competency in matters relating to their functions.

Table 6.2: Recommendations related to attitudes aligned to theory of planned behaviour

ATTITUDES	RECOMMENDATION	LINK TO THEORY OF PLANNED BEHAVIOUR
	Attitude *(serving the public in an unbiased and impartial manner in order to create confidence in the public service).* • Nursing managers should enforce compliance to *Batho Pele* (people first) principles, especially regarding providing patients with information relevant to their care, which will strengthen jobholder attitudes towards behaviours related to their approach to patient information, in this case, related to nutrition, to promote institutional image.	Enforcement of compliance to *Batho Pele* principles will strengthen jobholders' attitudes toward promoting the image of the institution, and will encourage participation in behaviour related to positive attitudes.

Table 6.3: Recommendations related to practices aligned to theory of planned behaviour

PRACTICES	RECOMMENDATION	LINK TO THEORY OF PLANNED BEHAVIOUR
Intention	Intention *(seeking learning opportunities, such as in-service training courses)* • The Free State Department of Health should consider developing positions within the institutional staff establishment of different service areas to address improvement of practice and development of jobholders, based on issues related to the performance assessment report. The responsibilities of the jobholders in these positions will be to consider clinical facilitation of all jobholders within a certain institutional department of interest according to the special services rendered by a particular department, and enforce compliance to participation in in-service training.	Institution of clinical facilitation will strengthen positive behaviour related to practices and nurses' intention to act out behaviours related to their involvement in in-service training sessions, which will serve to empower them.
Actual behaviour and behaviour	Actual behaviour and behaviour *(seeking learning opportunities, such as in-service training, commitment through timely service to the development and upliftment of all South Africans)* • The Free State Department of Health should strengthen nurses' practices regarding performance assessments by highlighting the details related to performance management and development as a	

	process incorporating performance assessment reports, and clearly spell out its expectations related to jobholder involvement in matters that could empower jobholders regarding performance improvement as part of performance planning.	

6.4 LIMITATIONS OF THE STUDY

The research study was the first to be conducted using the KAP questionnaire as incorporated in the TPB towards nurses' performance assessment reports. The KAP questionnaire was not validated, but was informed by literature and embedded in the TPB. The study was limited to three hospitals in Maluti-A-Phofung municipal area. Nevertheless, the researcher collected valuable data, which could be applied to other institutions. Detailed demographic data of participants' could not be obtained and compiled during data collection, however, only the general categories of nurses were a focus for this study.

6.5 VALUE OF THE STUDY

The findings of this study will be of value to stakeholders, such as patients, as consumers of health care, nurses, as health care providers, management of the Department of Health, and researchers on managerial issues. Patients, as recipients of health care, will benefit from the findings of this study indirectly though the information received by nurses, which will strengthen nurses' behaviours related to patient handling and care. Nurses, as health care providers, will benefit from the findings of this study because the results will be shared at the Free State Annual Research Day and in Department of Health publications. Researchers will benefit from the findings of the study because the study forms a basis for future research into KAP based on the TPB; findings could be applied to other disciplines too.

6.6 CONCLUSION

This section of the study presents summary of the way the study proceeded. Chapter 1 explained the background to and the aim of the study, the TPB, as the theory underpinning the study, the methodology used, as well as data collection and analysis strategies applied. Chapter 2 presented an overview of the literature related to performance assessment reports, the development of performance management in South Africa, and conclusions related to the implementation of performance management

as developed by the Free State province as one of the provinces under the umbrella of the national Department of Health. The TPB was also explained in relation to the KAP as it relates to assessment reports for nurses.

Chapter 3 provided and outline of the study methods and the quantitative approach used to conduct this study. The development of the study questionnaire, including the items used to develop questions for collection of data, were explained. The study population and sample selection was also described. The detail of the research journey, from the application to undertake a study, through to approval being granted by the Health Science Research Ethics Committee of the Faculty of Health Sciences of the University of the Free State and the Free State Department of Health, was set out. Data collection and methods used, as well as information on data analysis was presented.

Chapter 4 presented the study results. The results were presented in tables and figures, using numeric data and percentages, with a brief discussion on each result table for the sake of clarity.

Chapter 5 involved a discussion of the results. It was found that participants were generally positive towards considerations within the TPB, as assessed using the KAP questionnaire. However, some negative attitudes regarding the issue of self-development and nurses having to prioritise patients' needs over their own was also reported. Attitudes and practices were found to be mostly positive, however, with the exception of the items related to self-development.

Chapter 6 provided recommendations related to the findings of the study. Tables were used to delineate the information related to recommendations and their relationships with the TPB. Limitations of the study were presented, as was the significance of the study in relation to patients and nurses, and the benefits the study has for future research.

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ADDENDUM A

CONSENT TO PARTICIPATE IN RESEARCH

PROJECT TITLE: KNOWLEDGE, ATTITUDES AND PRACTICES OF NURSES TOWARDS ASSESSMENT USING PERFORMANCE REPORTS IN A FREE STATE SUB-DISTRICT

You have been asked to participate in a research study.

You have been informed about the study by: ……

You may contact Mr M.J. Matuka at 0734567333 any time if you have questions about the research or if you are injured as a result of the research.

You may contact the Secretariat of the Health Sciences Ethics Committee of the Faculty of Health Sciences, UFS at telephone number (051) 4017795 if you have questions about your rights as a research subject.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to terminate participation.

If you agree to participate, you will be given a signed copy of this document as well as the participant information sheet, which is a written summary of the research.

The research study, including the above information has been verbally described to me. I understand what my involvement in the study means and I voluntarily agree to participate.

_____

Signature of participant Date

_____

Signature of Witness Date

ADDENDUM A1 (SESOTHO CONSENT TO PARTICIPATE IN A STUDY

TUMELLO YA HO NKA KAROLO THUTONG YA
DIPHUPUTSONG

SEHLOOHO SA POROJEKE: TSEBO, MEKGWA LE DIKETSO TSA BAOKI KA HARA SETEREKE SE SENYANE SA FOREISETETA MABAPI LE TEKOLO YA TSHEBETSO HO SEBEDISWA RAPOROTO YA BOKGONI

O ile wa kopjwa ho nka karolo mabapi le thuto ya dipatlisiso.

O ile wa tsebiswa ka thuto ena ke……....

O ka ikopanya le Monghadi M.J. Matuka nomorong ena 0734567333 ka nako tsohle haeba o ena le dipotso kapa o lematsehile ka baka la diphuputso. O ka ikopanya le Mongodi wa Komiti ya Dietiki ho tsa Mahlale a Bophelo ya Lefapha la Mahlale a bophelo ya Yunibesithi ya Foreisetata, dinomorong tsena (051) 4017795 haeba o ena le dipotso ka ditokelo tsa hao mabapi le tsa diphuputso. Ho nka karolo ha hao ke boithaopo, mme o ke ke wa ahlolwa kapa wa lahlehelwa ke dikuno ebang o hana ho nka karolo kapa o nka qeto ya ho emisa ho nka karolo ha hao.

Ha o dumela ho nka karolo, o tla fuwa kopi e tekennweng ya tokomane ena ha mmoho le tokomane ya tlhahiso leseding ya monka-karolo, eo e leng kgutsufatso ka tsa diphuputso. Thuto ya dipatlisiso, ha mmoho le lesedi le boletsweng ka hodimo ke di hlaloseditswe molomo le molomo. Ke utlwisisa seo ho ba le seabo ha ka ho leng sona diphuputsong tsena, ka hoo ke dumela ho nka karolo.

_____ _____

Mosaeno wa monka-karolo Mohla

_____ _____

Mosaeno wa paki Mohla

ADDENDUM B

INFORMATION LEAFLET

STUDY TITLE: KNOWLEDGE, ATTITUDES AND PRACTICES OF NURSES TOWARDS ASSESSMENT USING PERFORMANCE REPORTS IN A FREE STATE SUB-DISTRICT

I, Joseph Matuka, am a post-graduate student at the University of the Free State, and am doing research on the knowledge, attitudes and practices of nurses towards assessment using performance reports at Maluti-A-Phofung public hospitals. This is part of a research study for academic purposes. The data obtained will be used to inform decision makers about the current situation and used to improve approach towards the performance appraisal system.

- I would like to request you to participate in this research study.
- You will be given a questionnaire to fill your responses on. The questionnaire will take about 20 to 30 minutes to complete. There is no right or wrong answers, but just your opinion. Please note that you will not be rewarded for partaking in this study; neither will you be penalized if you choose not to partake.
- There are no risks foreseeable pertaining to this study and your participation.
- The benefit of being part of the study is that you will be able to express your views and help the researcher and the facility to make decisions towards performance appraisal system.
- Participation in this study is voluntary and if you wish to terminate your participation, you will not be penalized in any way.
- All information will be handled confidentially and no names or identifying information will be recorded. The results of this study will be disseminated by means of conference proceedings and or publication in academic journals.

Contact details of the researcher:

Mobile number: (073) 456 7333

e-mail: mjmatuka@msn.com

Contact details of the Research Ethics Committee secretariat:

Tel: (051) 405 2812

Fax: (051) 444 359

ADDENDUM B1 (SESOTHO INFORMATION LEAFLET)

PAMPITSHANA TLHAHISO LESEDING

SEHLOOHO SA POROJEKE: TSEBO, MEKGWA LE DIKETSO TSA BAOKI KA HARA SETEREKE SE SENYANE SA FOREISETETA MABAPI LE TEKOLO YA TSHEBETSO

Ke le, Joseph Matuka, moithuti wa dithuto tsa ka mora-qalo yunibesithing ya Foreisetata, ke etsa diphuputso ka mekgwa le diketso tsa baoki ka hara dipetlele tse ka hara masepala wa Maluti-A-Phofung mababapi le tlaleho ya tshebetso ka ho sebedisa raporoto ya bokgoni. Hona ke karolo ya diphuputso mabapi le ho kena sekolo ha ka. Dintlha tse tla fumanwa di tla sebediswa ho tsebisa banka-qeto ka maemo a jwale, le ho thusa ho ntlafatsa katamelo mabapi le mokgwa wa ho putsa.

- Ke kopa hore o nke karolo thutong ena ya diphuputso
- O tla fuwa lenane-potso hore o le tlatse. Lenane-potso le ka nka metsotso e 20 ho isa ho e 30 hore o le tlatse. Ha ho na dikarabo tse nepahetseng kapa tse fosahetseng, ho mpa ho batleha maikutlo a hao feela. Hle, lemoha hore o ke ke wa lefuwa bakeng sa ho nka karolo diphuputsong tsena; le hape o ke ke wa fumantshwa kotlo ebang o sa nke karolo.
- Ha ho dikotsi tse benetsweng pele mabapi le ho nka karolo ha hao diphuputsong tsena.
- Molemo wa ho nka karolo diphuputsong ke hore o tla ba le monyetla wa ho ntsha maikutlo a hao e le ho thusa radiphuputso le sebaka ho etsa diqeto mabapi le mokgwa wa ho putsa.
- Ho nka karolo diphuputsong tsena ke boithaopi mme ha o ka kgetha ho kgaola bonka-karolo ba hao, o ke ke wa fumantshwa kotlo ka tsela efe kapa efe.
- Dtaba tsohle di tla sebetswa ka sephiri, mme ha ho mabitso a batho kapa dintlha tse bontshang tse tla hatiswa. Sephetho sa diphuputso tsena se tla hlahiswa dibokeng le ka mokgwa wa phatlalatso ho dibukana tsa masedinyana a tsa thuto.

Dintlha tsa ho ikopanya le radiphuputso:

Nomoro ya mohala wa thekeng: (073) 456 7333

: e-mail: mjmatuka@msn.com

Dintlha tsa ho ikopanya le mongodi wa Komiti ya Dietiki ya Diphuputso:

Mohala: (051) 405 2812

Fax: (051) 444 359

ADDENDUM C

LETTER TO THE HEAD OF DEPARTMENT

P.O. Box 18200

Witsieshoek

9870

19 June 2017

THE HEAD OF THE FREE STATE DEPARTMENT OF HEALTH

Dear Dr. Motau,

RE: REQUEST TO COLLECT DATA AT ELIZABETH ROSS, THEBE DISTRICT AND MOFUMAHADI MANAPO MOPELI REGIONAL HOSPITALS.

This letter serves to request permission to conduct research study at Elizabeth Ross, Thebe District and Mofumahadi Manapo Mopeli Regional Hospitals. The aim of the study is to describe knowledge, attitudes and practices of nurses regarding the performance report at the identified public hospitals in Maluti-A-Phofung. The researcher will be responsible to arrange a suitable time with nurses deployed at the two hospitals, for them to complete a questionnaire taking 20-30 minutes to complete.

The study findings will be submitted to the University of the Free State, Faculty of Health Sciences towards completing a Master of Social Science. The Free State Department of Health will receive a report on completion of the study. The results may guide the Free State Department of Health survey could assist in strengthening the Performance Development and Management System.

Herein, please find the attached copy of the study protocol.

Yours sincerely

Joseph Matuka

ADDENDUM D

KAP QUESTIONNAIRE

NURSES QUESTIONNAIRE ON PERFOMANCE REPORT

Participant Number: [ ][ ][ ]

Please make a cross (x) in the relevant block below

Name of Facility:

Mofumahadi Manapo Mopeli [1] Elizabeth Ross Hospital [2] Thebe Hospital [3]

Date of interview: _____ / _____ / _____ (dd/mm/yy)

Please make a cross (x) in the relevant block below

Enrolled Nurse Auxiliary [1] Enrolled Nurse [2] Professional Nurse [3]

Questions - True - 1 False - 2 Unsure - 3

KNOWLEDGE, ATTITUDES AND PRACTICES OF NURSES TOWARDS ASSESSMENT USING PERFORMANCE REPORTS

IN A FREE STATE SUB-DISTRICT

PART I: KNOWLEDGE REGADING PEROFRMANCE REPORT					
In this section I will be asking you about how you understand Performance Reports.					
1	**BEHAVIORAL BELIEFS**				
	Indicate if the following statements are True, False or if you are Unsure by writing a cross (x) over the answer of your choice				
	1	**2**	3		
1	TRUE	FALSE	UNSURE	Washing patients before visiting hour is important to improve patients' morale and self-respect	Q1-1
2	TRUE	FALSE	UNSURE	Monitoring the patients' nutritional intake help them recover quicker	Q1-2
3	TRUE	FALSE	UNSURE	Assisting and monitoring patients' elimination needs on daily basis is necessary	Q1-3
4	TRUE	FALSE	UNSURE	Completing admission information is extremely important since it guides patient care	Q1-4
5	TRUE	FALSE	UNSURE	Providing health education to patients about their conditions reduce anxiety	Q1-5
2	**NORMATIVE BELIEFS**				
	The following questions are about what you believe nurses believe about Performance Reports				
	Indicate if the following statements are True, False or if you are Unsure by writing a cross (x) over the answer of your choice				
	1	**2**	3		
1	TRUE	FALSE	UNSURE	Monitoring of vital signs is seen as a key procedure by most nurses in South Africa	Q2-1
2	TRUE	FALSE	UNSURE	Administering oral medications is regarded a key procedure by most professional nurses	Q2-2
3	TRUE	FALSE	UNSURE	Monitoring care of back and pressure parts is important for the comfort of the patient	Q2-3
4	TRUE	FALSE	UNSURE	Assisting doctors with diagnostic procedures is regarded important by nurses	Q2-4
5	TRUE	FALSE	UNSURE	Operating a defibrillator and suction machine spares patients' life during emergency care	Q2-5

3	**SUBJECTIVE NORMS**					
	The following questions are about what nurses believe about Performance Reports					
	Indicate if the following statements are True, False or if you are Unsure by writing a cross (x) over the answer of your choice					
	1	**2**	3			
1	TRUE	FALSE	UNSURE	Monitoring of vital signs is seen as a key procedure by most nurses in South Africa		Q3-1
2	TRUE	FALSE	UNSURE	Administering of oral medications is regarded a key procedure by most professional nurses		Q3-2
3	TRUE	FALSE	UNSURE	Monitoring care of back and pressure parts is important for the comfort of the patient		Q3-3
4	TRUE	FALSE	UNSURE	Assisting doctors with diagnostic procedures is regarded important by most nurses		Q3-4
5	TRUE	FALSE	UNSURE	Operating a defibrillator and suction machine spares patients' life during emergency care		Q3-5
4	**CONTROL BELIEFS**					
	Please answer the following questions by indicating your views on the spaces provided					
1	What self-development opportunities are available in your work environment for you as a nurse?					
	_____					Q4-1.1
	_____					Q4-1.2
2	How do you partake in self-development opportunities at your workplace?					
	_____					Q4-2.1
	_____					Q4-2.2

5	**PERCEIVED BEHAVIOR CONTROL**	
	Answer the following questions by indicating your opinion	
1	What in your work environment would assist you to develop yourself professionally?	
	_____	Q5-1.1
	_____	Q5-1.2
2	What in your work environment would prevent you to develop yourself professionally?	
	_____	Q5-2.1
	_____	Q5-2.2
PART II: ATTITUDES		
6	**Indicate if the following statements are True, False or you are Unsure by writing a cross (X) over the answer of your choice**	

	1	**2**	3		
1	TRUE	FALSE	UNSURE	My lunch and tea time in the ward are important and patients have to understand this	Q6-1
2	TRUE	FALSE	UNSURE	I am motivated to put more effort on patient education about nutrition to promote our institutional image	Q6-2
3	TRUE	FALSE	UNSURE	I strive to retain the image of my profession by ensuring good nurse/patient relationship	Q6-3
4	TRUE	FALSE	UNSURE	I teach my colleagues to maintain proper record keeping of our patient files to ensure continuity of care	Q6-4
5	TRUE	FALSE	UNSURE	I do not accept gifts from patient for whatever help I provide	Q6-5
6	TRUE	FALSE	UNSURE	I always use equipment for the purpose intended	Q6-6

PART III: PRACTICES

7 **INTENTION**

Indicate if the following statements are True, False or if you are Unsure by writing a cross (x) over the answer of your choice

I plan to:

	1	**2**	3		
1	TRUE	FALSE	UNSURE	Ensure that comfort is part of each patient under my care	Q7-1
2	TRUE	FALSE	UNSURE	Increase my pace during execution of procedures in order to attend to all my patients' needs in a shift	Q7-2
3	TRUE	FALSE	UNSURE	Participate in all the in-service trainings to enhance my knowledge and skill	Q7-3
4	TRUE	FALSE	UNSURE	Encourage my colleagues to adhere to the patients' treatment of back and pressure parts	Q7-4
5	TRUE	FALSE	UNSURE	Ensure that health education is part of each patient under my care	Q7-5

8 **ACTUAL BEHAVIOR**

Indicate if the following statements are True, False or if you are Unsure by writing a cross (x) over the answer of your choice

I have the practical means to:

	1	**2**	3		
1	TRUE	FALSE	UNSURE	Ensure that comfort is part of each patient under my care	Q8-1
2	TRUE	FALSE	UNSURE	Increase my pace during execution of procedures in order to attend to all my patients' needs in a shift	Q8-2
3	TRUE	FALSE	UNSURE	Participate in all the in-service trainings to enhance my knowledge and skill	Q8-3
4	TRUE	FALSE	UNSURE	Encourage my colleagues to adhere to the patients' treatment of back and pressure parts	Q8-4
5	TRUE	FALSE	UNSURE	Ensure that health education is part of each patient under my care	Q8-5

KNOWLEDGE, ATTITUDES AND PRACTICES OF NURSES TOWARDS ASSESSMENT USING PERFORMANCE REPORTS

IN A FREE STATE SUB-DISTRICT

9	**BEHAVIOR**					
	Indicate if the following statements are True, False or if you are Unsure by writing a cross (x) over the answer of your choice					
	I have in the past been able to					
	1	**2**	3			
1	TRUE	FALSE	UNSURE	Ensure that comfort is part of each patient under my care		Q9-1
2	TRUE	FALSE	UNSURE	Increase my pace during execution of procedures in order to attend to all my patients' needs in a shift		Q9-2
3	TRUE	FALSE	UNSURE	Participate in all the in-service trainings to enhance my knowledge and skill		Q9-3
4	TRUE	FALSE	UNSURE	Encourage my colleagues to adhere to the patients' treatment of back and pressure parts		Q9-4
5	TRUE	FALSE	UNSURE	Ensure that health education is part of each patient under my care		Q9-5

ADDENDUM E

ETHICS APPROVAL LETTER

UNIVERSITY OF THE FREE STATE
UNIVERSITEIT VAN DIE VRYSTAAT
YUNIVESITHI YA FREISTATA

UFS·UV
HEALTH SCIENCES
GESONDHEIDSWETENSKAPPE

IRB nr 00006240
REC Reference nr 230408-011
IORG0005187
FWA00012784

04 September 2017

MR JOSEPH MATUKA
SCHOOL OF NURSING
FACULTY OF HEALTH SCIENCES
UFS

Dear Mr Joseph Matuka

HSREC 87/2017 (UFS-HSD2017/0889)
PRINCIPAL INVESTIGATOR: MR JOSEPH MATUKA
SUPERVISOR: DR M REID
PROJECT TITLE: KNOWLEDGE, ATTITUDES AND PRACTICES OF NURSES IN A FREE STATE SUB-DISTRICT REGARDING PERFORMANCE ASSESSMENT

APPROVED

1. You are hereby kindly informed that the Health Sciences Research Ethics Committee (HSREC) approved this protocol after all conditions were met. This decision will be ratified at the next meeting to be held on 26 September 2017.
2. The Committee must be informed of any serious adverse event and/or termination of the study.
3. Any amendment, extension or other modifications to the protocol must be submitted to the HSREC for approval.
4. A progress report should be submitted within one year of approval and annually for long term studies.
5. A final report should be submitted at the completion of the study.
6. Kindly use the **HSREC NR** as reference in correspondence to the HSREC Secretariat.
7. The HSREC functions in compliance with, but not limited to, the following documents and guidelines: The SA National Health Act. No. 61 of 2003; Ethics in Health Research: Principles, Structures and Processes (2015); SA GCP(2006); Declaration of Helsinki; The Belmont Report; The US Office of Human Research Protections 45 CFR 461 (for non-exempt research with human participants conducted or supported by the US Department of Health and Human Services- (HHS), 21 CFR 50, 21 CFR 56; CIOMS; ICH-GCP-E6 Sections 1-4; The International Conference on Harmonization and Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH Tripartite), Guidelines of the SA Medicines Control Council as well as Laws and Regulations with regard to the Control of Medicines, Constitution of the HSREC of the Faculty of Health Sciences.

Yours faithfully

.....

DR SM LE GRANGE
CHAIR: HEALTH SCIENCES RESEARCH ETHICS COMMITTEE

Health Sciences Research Ethics Committee
Office of the Dean: Health Sciences
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www.ufs.ac.za

ADDENDUM F

LETTER OF PERMISION FROM THE FSDoH HEAD OF DEPARTMENT

health
Department of Health
FREE STATE PROVINCE

21 August 2017

Mr. J Matuka
School of Nursing
Faculty of Health Science
UFS

Dear Mr. J Matuka

Subject: KNOWLEDGE, ATTITUDES AND PRACTICES OF NURSES IN A FREE STATE SUB-DISTRICT REGARDING PERFORMANCE ASSESSMENT.

- Please ensure that you read the whole document, Permission is hereby granted for the above – mentioned research on the following conditions:
- Participation in the study must be voluntary.
- A written consent form for each participant must be provided.
- Serious Adverse events to be reported to the Free State department of health and/ or termination of the study
- Ascertain that your data collection exercise neither interferes with the day to day running of Elizabeth Ross, Thebe and Mofumahadi Manapo Molepi Hospital nor the performance of duties by the respondents or health care workers.
- Confidentiality of information will be ensured and please do not obtain information regarding the identity of the participants.
- **Research results and a complete report should be made available to the Free State Department of Health on completion of the study (a hard copy plus a soft copy).**
- Progress report must be presented not later than one year after approval of the project to the Ethics Committee of the University of Free State and to Free State Department of Health.
- Any amendments, extension or other modifications to the protocol or investigators must be submitted to the Ethics Committee of the University of Free State and to Free State Department of Health.
- **Conditions stated in your Ethical Approval letter should be adhered to and a final copy of the Ethics Clearance Certificate should be submitted to** scbeelats@fshealth.gov.za **before you commence with the study**
- No financial liability will be placed on the Free State Department of Health
- Please discuss your study with the institution manager/CEOs on commencement for logistical arrangements
- Department of Health to be fully indemnified from any harm that participants and staff experiences in the study
- Researchers will be required to enter in to a formal agreement with the Free State department of health regulating and formalizing the research relationship (document will follow)
- You are ~~encouraged~~ to present your study findings/results at the Free State Provincial health research day
- Future research will only be granted permission if correct procedures are followed see http://nhrd.hst.org.za

Trust you find the above in order.
Kind Regards

Dr D Motau
HEAD: HEALTH
Date: 28/8/2017

Head : Health
PO Box 227, Bloemfotein, 9300
4th Floor, Executive Suite, Bophelo House, cnr Maitland and, Harvey Road, Bloemfotein
Tel: (051) 408 1646 Fax: (051) 408 1556 e-mail:khusemj@fshealth.gov.za@fshealth.gov.za/chikobvup@fshealth.gov.za

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ADDENDUM G EXAMPLE OF PERFORMANCE REPORT

FREE STATE PROVINCIAL GOVERNMENT

PERFORMANCE AND DEVELOPMENT PLAN

DEPARTMENT OF HEALTH

Performance Period: **01 APRIL** **to** **30 SEPTEMBER 2017**

Name: **Job Title:** **STAFF NURSE**

Remuneration level: 6 **Notch:** **194 000**

PERSAL Number: 21345 **Component: MOFUMAHADI MANAPO HOSPITAL**

Date of entry to current remuneration level: 02 April 2015

Current status: (Tick the appropriate box)

Probation	Extended probation	Permanent/Contract
		X

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PERFORMANCE PLAN

AGREEMENT OF KEY RESULT AREAS (80% OF ASSESSMENT)					**PERFORMANCE REVIEW**		
KEY RESPONSIBILITY *(Broad performance areas in accordance with key responsibilities attached to job:)*	**OBJECTIVE**	**WEIGHT OF OBJECTIVE** *(Out of a total of 100%. This reflects the importance of Objective)*	**UNIT OF MEASUREMENT/ OUTCOME** *(Performance measures / indicators / specific outcomes that will indicate whether you have achieved your objective)*	**STANDARD** *(Quality /quantity/legal requirements etc. that the unit of measurement must comply with)*	**FINAL RATING 1 – 5** *(After discussion between Supervisor & Jobholder & only approved ratings to be used & decimals thereof is not permitted)*	**SCORE (Rating X Weight)**	**REMARKS**
1. Development and implementation of basic care plans	• Maintain hygiene of patients • Provide nutrition • Assist with elimination process	30%	• Patients are assisted with baths • Patients fed and assisted with meals • Urinal and bedpan rounds are done	• Batho pele principles • Patients' right charter • Unit policies	3	0.9	Managed to develop and monitor the implementation of basic care plans
2. Provide elementary clinical nursing care	• Operate all relevant apparatus and equipment	30%	• All equipment is used, cleaned and stored according to prescripts	• Unit policies	3	0.9	Able to function effectively with other health professions
3. Effective utilization of resources	• Order and use stock effectively	20%	• Stock register is available and monitored	• Policy and procedures guiding the use of equipment	3	0.6	Compliant to guidelines in Policy and procedures

4. Maintain professional growth and self-development	• Avail self for in-service and ongoing trainings	20%	• Attend in-service training sessions	• Unit policies	3	0.6	Attended in-service training for self-development
SUB-TOTAL		**100%**			**12**	**3**	

Please note: Each page of the performance plan to be signed by the supervisor and the jobholder upon the allocation of ratings and scores.

_____ _____

SIGNATURE: (Supervisor) **SIGNATURE: (Jobholder)**

_____ _____

DATE **DATE**

AGREEMENT ON CONDUCT (20% OF ASSESSMENT)				PERFORMANCE REVIEW		
CONDUCT CRITERIA/OBJECTIVE *(Should be determined in line with the inherent requirements of the job and elements of the Code of Conduct most applicable to the job and BATHO PELE principles of the Public Service)*	**WEIGHT** *(Out of a total of 100%. This reflects the importance of Objective)*	**UNIT OF MEASUREMENT** *(Specific outputs / targets that would indicate that the Conduct Criteria has been achieved successfully)*	**STANDARD** *(Quality/quantity/legal requirements etc. that the unit of measurement must comply with)*	**FINAL RATING** **1 – 5** (After discussion between Supervisor & Jobholder & only approved ratings to be used & decimals thereof is not permitted)	**SCORE** **(Rating x Weight)**	**REMARKS** (All rating that allocated must be motivated. Motivation must support the rating that has been given)
Have concern about the public's rights and access to health service	30%	Put public interest first in the execution of duties	C1.2 – Code of conduct	3	0.9	Adheres to the code of conduct
Attitude and relationship with other employees	30%	Execute all reasonable instructions by persons officially assigned	C3.2 – Code of conduct	3	0.9	Adheres to the code of conduct
Performs duties in a manner that enhances the reputation of the Public Service of South Africa	20%	Execute duties in a professional and competent manner	C4.3 –Code of conduct	3	0.6	Adheres to the code of conduct

Honest and accountable in dealing with public funds, property and other use other resources effectively and efficiently	20%	State property and asserts are handled in a responsible manner	C4.4.8 – Code of conduct	3	0.6.	Adheres to the code of conduct
SUB-TOTAL SCORE	*100%*			**12**	**3**	

Please note: Each page of the performance plan to be signed by the supervisor and the jobholder upon the allocation of ratings and scores.

_____ _____

SIGNATURE: (Supervisor) **SIGNATURE: (Jobholder)**

_____ _____

DATE

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PERSONAL DEVELOPMENT PLAN

AREA TO BE DEVELOPED	**DEVELOPMENT**		**PERFORMANCE REVIEW**		
	ACTION **(HOW AND PROVIDED BY WHOM)**	**TARGET DATE (WHEN?)**	**PROGRESS**	**BARRIERS**	**ACTIONS TO OVERCOME BARRIERS**
Timeous execution of tasks	In-service training about time management	30 September 2017	Sowed some improvement	Shortage of staff per on-duty per shift	Manage staffing and adjust off-duty schedules

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AGREEMENT TO PERFORMANCE AND DEVELOPMENT PLAN:

I agree with the objectives as set out in the above Performance and Development Plan and undertake to achieve the objectives as agreed on. **SIGNATURE: (name of jobholder)** **Date: _____**	**I undertake to support _____ (name of jobholder) with the achievement of the above Performance and Development Plan** **_____** **SIGNATURE: (name of supervisor)** **Date: _____**

FEEDBACK ON INFORMAL QUARTERLY REVIEW:

FEEDBACK FROM SUPERVISOR: Jobholder improved on executing tasks within scheduled time frames

_____	**_____**
Signature of Supervisor	**Signature of Jobholder**
Date:	**Date:**

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BI-ANNUAL REVIEW

BI-ANNUAL SCORE BASED ON ASSESSMENT RATING CALCULATOR:

FACTOR	(A) SUB-TOTAL	(B) % OF ASSESSMENT	(A X B) TOTAL SCORE
KRA (Key Result Area)	3	80%	2.4
CC (Conduct Criteria)	3	20%	0.6
(C) FINAL SCORE			3
FINAL SCORE IN PERCENTAGE (C / 3 X 100)			100 %

AGREEMENT TO BI-ANNUAL REVIEW:

X	AGREE WITH THE BI-ANNUAL REVIEW		DO NOT AGREE WITH THE BI-ANNUAL REVIEW (if in disagreement, please provide written reasons)

I acknowledge that my Supervisor and I have discussed my performance and I

for the period 01 March to 30 September 2017

_____

SIGNATURE: (name of jobholder)

Date: _____

I acknowledge that I have discussed the jobholder's performance with him/her and that the bi-annual review is a true reflection of his/her performance for the period

01 March to 30 September 2017

_____

SIGNATURE: (name of supervisor)

6.6.1.1 Date: _____

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COMMENTS AND RECOMMENDATIONS

1. Supervisor:

1.1 Comments and recommendation for *permanent personnel.*

Slight improvement on management of time regarding execution of tasks

_____ _____ _____

Signature **Designation** **Date**

1.2 Comments and recommendation for *personnel on probation*.

_____

_____

In terms of the performance assessment conducted for the period _____ to _____ it is recommended that

	Probation confirmed		Probation extended		Employment terminated

_____ _____ _____

Signature **Designation** **Date**

3. UNIT SUPERVISOR/RESPONSIBILITY MANAGER: Where the Unit Supervisor/Responsibility Manager is not at SMS level, the Unit Supervisor/ Responsibility Manager should be at least two levels above the level of the jobholder but not lower than salary level 8. (If not in agreement with the rating of the Supervisor, please refer to paragraph 7.11 of the policy framework)

Comments and recommendations on performance assessment:

Monitor further assessment and training on the management of time

X	**AGREE WITH ASSESSMENT MADE BY SUPERVISOR**		**DO NOT AGREE WITH ASSESSMENT MADE BY SUPERVISOR (if in disagreement, please provide written reasons)**

_____ _____ _____

Signature **Designation** **Date**

NOTE: Where the direct Supervisor is an SMS Member, he/she should sign as the "Supervisor" and the "Unit Supervisor/Responsibility Manager"

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FREE STATE PROVINCIAL GOVERNMENT

PERFORMANCE AND DEVELOPMENT PLAN

DEPARTMENT OF HEALTH

Performance Period: **01 OCTOBER 2017** **to** **31 MARCH 2018**

Name:

Job Title: **STAFF NURSE**

Remuneration level: 6

Notch: **194 000**

PERSAL Number: 21345

Component: **MOFUMAHADI MANAPO HOSPITAL**

Date of entry to current remuneration level: 02 April 2015

Current status: (Tick the appropriate box)

Probation	Extended probation	Permanent/Contract
		X

PERFORMANCE PLAN

AGREEMENT OF KEY RESULT AREAS (80% OF ASSESSMENT)					**PERFORMANCE REVIEW**		
KEY RESPONSIBILITY *(Broad performance areas in accordance with key responsibilities attached to job:)*	**OBJECTIVE**	**WEIGHT OF OBJECTIVE** *(Out of a total of 100%. This reflects the importance of Objective)*	**UNIT OF MEASUREMENT/ OUTCOME** *(Performance measures / indicators / specific outcomes that will indicate whether you have achieved your objective)*	**STANDARD** *(Quality /quantity/legal requirements etc. that the unit of measurement must comply with)*	**FINAL RATING** **1 – 5** *(After discussion between Supervisor & Jobholder & only approved ratings to be used & decimals thereof is not permitted)*	**SCORE** **(Rating X Weight)**	**REMARKS**
5. Development and implementation of basic care plans	• Maintain hygiene of patients • Provide nutrition • Assist with elimination process	30%	• Patients are assisted with baths • Patients fed and assisted with meals • Urinal and bedpan rounds are done	• Batho pele principles • Patients' right charter • Unit policies	3	0.9	Managed to develop and monitor the implementation of basic care plans
6. Provide elementary clinical nursing care	• Operate all relevant apparatus and equipment	30%	• All equipment is used, cleaned and stored according to prescripts	• Unit policies	3	0.9	Able to function effectively with other health professions
7. Effective utilization of resources	• Order and use stock effectively	20%	• Stock register is available and monitored	• Policy and procedures guiding the use of equipment	3	0.6	Compliant to guidelines in Policy and procedures

8. Maintain professional growth and self-development	• Avail self for in-service and ongoing trainings	20%	• Attend in-service training sessions	• Unit policies	3	0.6	Attended in-service training for self-development
SUB-TOTAL		**100%**			**12**	**3**	

Please note: Each page of the performance plan to be signed by the supervisor and the jobholder upon the allocation of ratings and scores.

_____ _____

SIGNATURE: (Supervisor) **SIGNATURE: (Jobholder)**

_____ _____

DATE **DATE**

AGREEMENT ON CONDUCT (20% OF ASSESSMENT)				**PERFORMANCE REVIEW**		
CONDUCT CRITERIA/OBJECTIVE *(Should be determined in line with the inherent requirements of the job and elements of the Code of Conduct most applicable to the job and BATHO PELE principles of the Public Service)*	**WEIGHT** *(Out of a total of 100%. This reflects the importance of Objective)*	**UNIT OF MEASUREMENT** *(Specific outputs / targets that would indicate that the Conduct Criteria has been achieved successfully)*	**STANDARD** *(Quality/quantity/legal requirements etc. that the unit of measurement must comply with)*	**FINAL RATING** **1 – 5** (After discussion between Supervisor & Jobholder & only approved ratings to be used & decimals thereof is not permitted)	**SCORE** **(Rating x Weight)**	**REMARKS** (All rating that allocated must be motivated. Motivation must support the rating that has been given)
Have concern about the public's rights and access to health service	30%	Put public interest first in the execution of duties	C1.2 – Code of conduct	3	0.9	Adheres to the code of conduct
Attitude and relationship with other employees	30%	Execute all reasonable instructions by persons officially assigned	C3.2 – Code of conduct	3	0.9	Adheres to the code of conduct
Performs duties in a manner that enhances the reputation of the Public Service of South Africa	20%	Execute duties in a professional and competent manner	C4.3 – Code of conduct	2	0.4	Adheres to the code of conduct
Honest and accountable in dealing with public funds, property and other use other resources effectively and efficiently	20%	State property and asserts are handled in a responsible manner	C4.4.8 – Code of conduct	1	0.2	Adheres to the code of conduct
SUB-TOTAL SCORE	100%			**9**	**2.4**	

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Please note: Each page of the performance plan to be signed by the supervisor and the jobholder upon the allocation of ratings and scores.

_____ _____

SIGNATURE: (Supervisor) **SIGNATURE: (Jobholder)**

_____ _____

DATE **DATE**

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PERSONAL DEVELOPMENT PLAN

AREA TO BE DEVELOPED	DEVELOPMENT		PERFORMANCE REVIEW		
	ACTION **(HOW AND PROVIDED BY WHOM)**	**TARGET DATE (WHEN?)**	**PROGRESS**	**BARRIERS**	**ACTIONS TO OVERCOME BARRIERS**
Effective use of material resources	In-service training about management of consumables	31 March 2018	Sowed some improvement	Lack of control system	Develop and monitor control sheet

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AGREEMENT TO PERFORMANCE AND DEVELOPMENT PLAN:

I agree with the objectives as set out in the above Performance and Development Plan and undertake to achieve the objectives as agreed on. **SIGNATURE: (name of jobholder)** **Date: _____**	**I undertake to support _____ (name of jobholder) with the achievement of the above Performance and Development Plan_____** **SIGNATURE: (name of supervisor)** **Date: _____**

FEEDBACK ON INFORMAL QUARTERLY REVIEW:

FEEDBACK FROM SUPERVISOR: Jobholder showed some improvement on managing resources, evidenced on control sheet and stock balance

_____	_____
Signature of Supervisor	**Signature of Jobholder**
Date:	**Date:**

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BI-ANNUAL REVIEW

BI-ANNUAL SCORE BASED ON ASSESSMENT RATING CALCULATOR:

FACTOR	(A) SUB-TOTAL	(B) % OF ASSESSMENT	(A X B) TOTAL SCORE
KRA (Key Result Area)	3	80%	2.4
CC (Conduct Criteria)	2.4	20%	0.48
(C) FINAL SCORE			2.88
FINAL SCORE IN PERCENTAGE (C / 3 X 100)			96 %

AGREEMENT TO BI-ANNUAL REVIEW:

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I acknowledge that my Supervisor and I have discussed my performance and I

X	**AGREE WITH THE BI-ANNUAL REVIEW**		**DO NOT AGREE WITH THE BI-ANNUAL REVIEW (if in disagreement, please provide written reasons)**

for the period 01 March to 30 September 2018

_____

SIGNATURE: (name of jobholder)

Date: _____

I acknowledge that I have discussed the jobholder's performance with him/her and that the bi-annual review is a true reflection of his/her performance for the period

01 March to 30 September 2018

_____

SIGNATURE: (name of supervisor)

Date: _____

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COMMENTS AND RECOMMENDATIONS

1. Supervisor:

1.1 Comments and recommendation for *permanent personnel.*

Slight improvement on effective utilization of resources

_____ _____ _____

Signature **Designation** **Date**

1.2 Comments and recommendation for *personnel on probation*.

_____

_____

In terms of the performance assessment conducted for the period _____ to _____ it is recommended that

	Probation confirmed		Probation extended		Employment terminated

_____ _____ _____

Signature **Designation** **Date**

3. UNIT SUPERVISOR/RESPONSIBILITY MANAGER: Where the Unit Supervisor/Responsibility Manager is not at SMS level, the Unit Supervisor/ Responsibility Manager should be at least two levels above the level of the jobholder but not lower than salary level 8. (If not in agreement with the rating of the Supervisor, please refer to paragraph 7.11 of the policy framework)

Comments and recommendations on performance assessment:

Monitor further assessment and training on the management of time

X	**AGREE WITH ASSESSMENT MADE BY SUPERVISOR**		**DO NOT AGREE WITH ASSESSMENT MADE BY SUPERVISOR (if in disagreement, please provide written reasons)**

_____ _____ _____

Signature **Designation** **Date**

NOTE: Where the direct Supervisor is an SMS Member, he/she should sign as the "Supervisor" and the "Unit Supervisor/Responsibility Manager"

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ANNUAL END-OF-CYCLE PERFORMANCE ASSESSMENT:
JOBHOLDERS ON LEVELS 1 TO 12

Period: 1 April 2017 to 31 March 2018

Name:

Job Title: Staff nurse

Remuneration Level: 6 **Notch 194 000**

Persal Number: 21345 **Component: Mofumahadi Manapo Mopeli**

Date of appointment to current remuneration level: 02 April 2015

Race: Black **Gender: Female** **Disabled: No** **(specify)**

Current employment status (Tick the appropriate box)

Probation	Extended probation	Permanent/Contract
		X

This form must be completed and submitted to the Departmental HR unit as soon as possible after the 31st March but no later than the 15th April. The two reviewed Bi-annual Performance and Development Plans for the year under reporting must also be attached to this form.

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ANNUAL END OF CYCLE PERFORMANCE ASSESSMENT:
PERIOD 1 APRIL 2017 TO 31 MARCH 2018

PART 1: ANNUAL PERFORMANCE ASSESSMENT

BI-ANNUAL		FINAL BI-ANNUAL SCORES (in %)
1ST Bi-Annual Review	(1st quarter + 2nd quarter / 2 – where assessments are done quarterly)	100%
2nd Bi-Annual Review	(3rd quarter + 4th quarter / 2– where assessments are done quarterly))	96%
TOTAL		196%
FINAL ANNUAL ASSESSMENT SCORE (This percentage must *not* be rounded off)	(Total divided by 2)	98%

AGREEMENT ON ANNUAL END OF CYCLE PERFORMANCE ASSESSMENT:

I hereby confirm that the original scores received during the 1st & 2nd bi-annual performance reviews [ ] HAVE [X] HAVE NOT been altered in any way or without consultation with me. I further confirm that there [ ] ARE [X] ARE NOT any outstanding disagreements on the performance assessments for this cycle.

Thus, I hereby declare that I [X] AGREE [ ] DO NOT AGREE With the annual end of cycle performance assessment. (if in disagreement, please provide written reasons)

I hereby confirm that the original scores allocated at the 1st & 2nd bi-annual performance reviews have not been changed or altered in anyway or without consultation with the jobholder. I declare that the annual performance assessment was discussed with the jobholder and that the assessment was done fairly and objectively. I further confirm that there [ ] ARE [X] ARE NOT any outstanding disagreements on the performance assessment for this cycle.

_____ _____

SIGNATURE: (name of supervisor)

Date: _____

_____ _____ **SIGNATURE:** **(name of jobholder)** **Date:** _____	

Conclusion (mark which applicable):

PART 2: COMMENTS AND RECOMMENDATIONS
1. Supervisor: Comments and recommendation

Recommended for notch

_____ _____ _____
Signature **Designation** **Date**

2. Jobholder: Comments *(If you do not agree with the assessment by the supervisor, please provide reasons. Attach a separate page if necessary*)

X	**AGREE WITH ASSESSMENT**		**DO NOT AGREE WITH ASSESSMENT**

NOTE: If agreement or disagreement with the review made by the Supervisor is ***NOT*** indicated, the review will be ***accepted*** as correct and agreed upon.

_____ _____ _____
Signature **Designation** **Date**

3. Decision of responsible manager (Where the Unit Supervisor/Responsibility Manager is not at SMS level, the Unit Supervisor/ Responsibility Manager should be at least two levels above the level of the jobholder but not lower than salary level 8. (If not in agreement with the rating of the Supervisor, please refer to paragraph 7.11 of the policy framework)***)***

	AGREE WITH ASSESSMENT MADE BY SUPERVISOR		DO NOT AGREE WITH ASSESSMENT MADE BY SUPERVISOR

Remarks (if any): _____

_____

_____ _____ _____

Signature **Designation** **Date**

4. Decision of responsible SMS Member/Designated Manager: *(if not in agreement with supervisor's rating, please refer to par.7.7 of the Policy Framework)*

	AGREE WITH ASSESSMENT MADE BY SUPERVISOR		DO NOT AGREE WITH ASSESSMENT MADE BY SUPERVISOR

Remarks (if any): _____

_____

_____ _____ _____

Signature **Designation** **Date**

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AGREEMENT TO PERFORMANCE IMPROVEMENT PLAN:

I agree with the problem statements/actions to overcome performance problems and target dates as set out in the above Performance Improvement Plan. _____ **SIGNATURE: (name of jobholder)** **Date:** _____	**I undertake to support** _____ **(name of jobholder) with the implementation of actions to overcome performance problems.** _____ **SIGNATURE: (name of supervisor)** **Date:** _____

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DISAGREEMENT ON ASSESSMENT RESULTS: REFERAL TO DISPUTE BODY

DEPARTMENT: _____

COMPONENT:_____

PARTPARTCULARS OF PARTIES INVOLVED IN DISPUTE:

NAME OF OFFICIAL:		**NAME OF SUPERVISOR/MANAGER:**	
PERSAL NUMBER:		**PERSAL NUMBER:**	
RANK:		**RANK:**	
SIGNATURE:		**SIGNATURE:**	
DATE:		**DATE:**	

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INFORMATION ON DISPUTE:

ASSESMENT PERIOD THAT DISPUTE IS DECLARED ON: FROM_____/_____/_____ TO _____/_____/_____

REASON/S FOR DISPUTE: (*Short description of problem must be provided and all the applicable documentation must be attached to this document*)

1._____

2._____

3._____

4._____

5._____

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RECOMMENDATION OF DISPUTE BODY TO HEAD OF DEPARTMENT:

RECOMMENDATION:_____

_____

_____

_____

_____ _____

CHAIRPERSON: DISPUTE BODY **DATE**

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RECOMMENDATION OF HEAD OF DEPARTMENT TO DEPARTMENTAL MODERATING COMMITTEE:

I recommend/do not recommend the proposal of the Dispute Body.

_____ _____

HEAD OF DEPARTMENT **DATE**

REASONS FOR RECOMMENDATION (if different from proposal of Dispute Body):_____

_____

_____

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ADDENDUM H

APPROVAL FOR TITLE CHANGE

UNIVERSITY OF THE FREE STATE
UNIVERSITEIT VAN DIE VRYSTAAT
YUNIVESITHI YA FREISTATA

UFS·UV
HEALTH SCIENCES
GESONDHEIDSWETENSKAPPE

IRB 00006240;

REC 230408-011;

IORG0005187;

FWA00012784

Health Sciences Research Ethics Committee 05-Sep-2018

Dear **Mr Joseph Matuka**

Ethics Number: UFS-HSD2017/0889

Ethics Clearance: **KNOWLEDGE, ATTITUDES AND PRACTICES OF NURSES IN A FREE STATE SUB-DISTRICT**

REGARDING PERFORMANCE ASSESSMENT

Principal Investigator: **Mr Joseph Matuka**

Department: **School of Nursing Department (Bloemfontein Campus)**

SUBSEQUENT SUBMISSION APPROVED

With reference to your recent submission for ethical clearance from the Health Sciences Research Ethics Committee. I am pleased to inform you on behalf of the HSREC that you have been granted ethical clearance for your request as stipulated below:

Title Change

The HSREC functions in compliance with, but not limited to, the following documents and guidelines: The SA National Health Act.

No. 61 of 2003; Ethics in Health Research: Principles, Structures and Processes (2015); SA GCP(2006); Declaration of Helsinki; The Belmont Report; The US Office of Human Research Protections 45 CFR 461 (for non-exempt research with human participants conducted or supported by the US Department of Health

and Human Services- (HHS), 21 CFR 50, 21 CFR 56; CIOMS; ICH-GCP-E6 Sections 1-4; The International Conference on Harmonization and Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH Tripartite), Guidelines of the SA Medicines Control Council as well as Laws and Regulations with regard to the Control of Medicines, Constitution of the HSREC of the Faculty of Health Sciences.

For any questions or concerns, please feel free to contact HSREC Administration: 051-4017794/5 or email EthicsFHS@ufs.ac.za.

Thank you for submitting this request for ethical clearance and we wish you continued success with your research.

Yours Sincerely

Dr. SM Le Grange

Chair: Health Sciences Research Ethics Committee

Health Sciences Research Ethics Committee

Office of the Dean: Health Sciences

T: +27 (0)51 401 7795/7794 | E: ethicsfhs@ufs.ac.za

Block D, Dean's Division, Room D104 | P.O. Box/Posbus 339 (Internal Post Box G40) | Bloemfontein 9300 | South Africa

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