

**THE EXPERIENCES AND EXPECTATIONS OF
REGISTERED NURSES IN LESOTHO REGARDING
PERFORMANCE APPRAISAL**

BY

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SUMMARY

There is a human tendency to make judgements about those one is working with, as well as about oneself. Performance appraisal seems to be both inevitable and universal. With its absence, people tend to judge the work performance of subordinates naturally, informally and arbitrarily. A qualitative study was undertaken to explore and describe the experiences and expectations of registered nurses in Lesotho regarding performance appraisal. Recommendations are made according to the results of the study and these will assist the NGOs which were part of this study and the Ministry of Health and Social Welfare in Lesotho in the planning and implementing of the performance appraisals of registered nurses.

Six phenomenological focus group interviews were conducted within the selected institutions to ascertain the participants' experiences and expectations in relation to performance appraisal. The meaning of these experiences and expectations was also explored. Basic steps in qualitative analysis as outlined by Ulin, Robinson, Tolly, & McNeill (2002) were used to analyse the data.

The participants reported various experiences regarding performance appraisal. They reported experiences such as an increase in motivation and performance, receiving training, gaining insight into their own performance and being able to refer problems to supervisors as a result of performance appraisal. There were also feelings of dissatisfaction such as performance appraisal being seen as a threat, a lack of

commitment, poor appraisal skills, unreliable instruments, no benefits, unclear purpose and the poor administration of performance appraisals.

They also expressed their expectations regarding performance appraisal. Most of them would like the organisations to clarify the purposes of performance appraisals and their involvement in them. Both appraisers and appraisees should be trained in performance appraisal. The instruments should be reviewed, consistency in the appraisal process should be ensured and organisational decisions should be based on the results of the appraisal.

The poor attitude and weak appraisal skills, inconsistencies in the appraisal process, the unclear purpose, the inability of appraisers to provide feedback and do follow-up, and also organisational decisions such as salary increments not based on the results of appraisal, were a concern across all the focus group interviews.

Recommendations were made in view of both the experiences and expectations of these registered nurses. The organisation should define and clarify the purpose and the relationship between appraisal, performance and rewards, the results of the performance appraisal should be analysed and used for making organisational decisions. The full involvement of appraisees, the training of both appraisees and appraisers, more frequent appraisals throughout the year, the development and availability of standards of nursing care, the review and development of appraisal instruments, and further research are needed.

OPSOMMING

Daar bestaan 'n neiging by mense om 'n oordeel oor hulself sowel as die persone saam met wie hulle werk, te vel. Prestasiebeoordeling blyk beide onvermydelik en universeel te wees. In die afwesigheid daarvan word die werkprestasie van ondergeskiktes natuurlik, informeel en lukraak beoordeel. 'n Kwalitatiewe studie om die ervaring en verwagtinge van geregistreerde verpleegkundiges in Lesotho ten opsigte van prestasiebeoordeling te ondersoek en te beskryf, is onderneem. Aanbevelings is volgens die resultate van die studie gevorm het, sowel as die Ministerie van Gesondeheid en Welsyn in Lesotho in die beplanning en implementering van prestasiebeoordeling van geregistreerde verpleegkundiges, te ondersteun.

Ses fenomenologiese fokusgroeponderhoude is binne die geselekteerde instellings geloots om vas te stel wat die deelnemers se ervaringe en verwagtinge ten opsigte van prestasiebeoordeling is. Die betekenis van hierdie ervaringe en verwagtinge is ook ondersoek. Die basiese stappe in kwalitatiewe analise soos uiteengesit in Ulin, Robinson, Tolly & McNeill (2002) is gebruik om data te analiseer.

Die deelnemers het verskillende ervarings omtrent prestasiebeoordeling uitgelig. Ervarings soos 'n toename in motivering, prestasie, opleiding, insig in hulle eie prestasie en die geleentheid om probleme na toesighouers te verwys, is aan prestasiebeoordeling toegeskryf. Ontevredenheid met prestasiebeoordeling was dat die as 'n bedreiging ervaar word; daar 'n gebrek aan toewyding en swak beoordelingsvaardighede by beoordelaars

voorkom; instrumente onbetroubaar is; beoordeling geen voordele inhoud; die doel van beoordeling onduidelik is; en dat die administrasie van die proses ontoereikend is.

Deelnemers het ook hulle verwagtinge ten opsigte van prestasiebeoordeling uitgespreek. Meeste deelnemers verwag dat organisasies die doel van prestasiebeoordeling en hulle betrokkeheid daarby moet uitklaar. Alle betrokkenes behoort ook opleiding in prestasiebeoordeling te ontvang. Die betroubaarheid van instrumente en konsekwentheid in die proses moet verseker word en organisatoriese besluite moet op die resultate van beoordeling berus.

Die swak houding en beoordelingsvaardighede; inkonsekwentheid in die proses; die onduidelike doel; die onvermoë van beoordelaars om terugvoer te verskaf en opvolg te doen; en ook organisatoriese besluite soos salarisaanpassings wat nie op beoordeling berus nie, was bekommernisse wat deur al die groepe tydens die fokusonderhoude uitgespreek is.

Aanbevelings is ten opsigte van beide die ervarings en verwagtinge van hierdie geregistreerde verpleegkundiges gedoen. Die organisasie behoort duidelikheid omtrent die doel van beoordeling te kry. Die verhouding tussen prestasiebeoordeling en beloning behoort geanaliseer en tydens organisatoriese besluite inaggeneem te word. Persone wat aan prestasiebeoordeling onderwerp word behoort deurlopend verskaf te word. Die ontwikkeling en beskikbaarheid van verpleegsorgstandaarde, die hersiening en ontwikkeling van instrumente en verdere navorsing behoort aandag te geniet.

ACRONYMS

LPPA	-	Lesotho Planned Parenthood Association
CHAL	-	Christian Health Association of Lesotho
GOL	-	Government of Lesotho
NGO	-	Non-Governmental Organisation
MPS	-	Ministry of Public Service
MOHSW	-	Ministry of Health and Social Welfare
HSA	-	Health Service Area
CB	-	Central Branch
NB	-	Northern Branch
SB	-	Southern Branch
JCAHCO	-	Joint Commission on Accreditation of Health Care Organizations
DGHS	-	Director General of Health Services
B.Ed	-	Baccalaureus Educationis

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INDEX

	Page
SUMMARY	2
OPSOMMING	4
CHAPTER 1: PROBLEM STATEMENT, PURPOSE, RESEARCH	
DESIGN AND TECHNIQUE	17
1.1 INTRODUCTION	17
1.1.1 Problem statement	20
1.2 PURPOSE OF THE STUDY	21
1.3 CLARIFICATION OF CONCEPTS	22
1.3.1 Appraisee	22
1.3.2 Appraiser	22
1.3.3 Christian Health Association of Lesotho	22
1.3.4 Expectations	23
1.3.5 Experiences	23
1.3.6 Joint Commission on Accreditation Of Health Organisations	24
1.3.7 Lesotho	24
1.3.8 Lesotho Planned Parenthood Association	24
1.3.9 Ministry Of Health and Social Welfare	25
1.3.10 Performance Appraisal	25
1.3.11 Registered Nurse	25
1.4 RESEARCH DESIGN	26
1.4.1 Qualitative Research	26
1.4.2 Descriptive Design	27

	Page
1.4.3 Explorative Approach	27
1.4.4 Contextual Approach	28
1.5 RESEARCH TECHNIQUES	28
1.5.1 Phenomenology	28
1.5.2 Focus Group Interviews	29
1.5.3 Research Question	29
1.6 ANALYSIS UNIT	30
1.6.1 Inclusion Criteria for the Sample	31
1.7 PILOT STUDY	31
1.8 DATA COLLECTION	32
1.8.1 The Process of Data Collection	33
1.8.1.1 Entry to the Setting	33
1.9 MEASURES TO ENSURE TRUSTWORTHINESS	33
1.10 ETHICAL ISSUES	34
1.11 DATA ANALYSIS	34
1.11.1 The Process of Data Analysis	34
1.11.2 Engaging of Co-coder	34
1.11.3 "Member-checks"	35
1.12 VALUE OF THE STUDY	35
1.13 CONCLUSION	35
CHAPTER 2: RESEARCH METHODOLOGY	36
2.1 INTRODUCTION	36
2.2 RESEARCH DESIGN	36
2.2.1 Qualitative Research	37
2.2.1.1 Strengths of Qualitative Method	38
2.2.1.2 Limitations of Qualitative Research	39

	Page
2.2.2 Phenomenological Research	40
2.2.2.1 Strengths of Phenomenological Method	41
2.2.2.2 Limitations of Phenomenological Method	41
2.2.3 Descriptive Design	42
2.2.4 Explorative Approach	43
2.2.5 Contextual Approach	44
2.2.5.1 Strengths of Contextual Approach	45
2.3 UNIT OF ANALYSIS	45
2.3.1 Population	45
2.3.2 Sample	46
2.3.3 Inclusion Criteria	46
2.3.4 Sample Size	47
2.3.5 Sampling Technique	48
2.3.6 Advantages of Purposive Sampling	49
2.3.7 Limitations of Purposive Sampling	49
2.4 RESEARCH TECHNIQUES	51
2.4.1 Data Collection	51
2.4.1.1 Phenomenological Interviews	54
2.4.1.2 Focus Group Interviews	55
2.4.1.3 Pilot Study	62
2.4.1.4 The Setting	63
2.4.1.5 Safeguarding Data	64
2.5 DATA ANALYSIS	66
2.5.1 The Process of Data Analysis	66
2.5.1.1 Data Management and Reduction	67

	Page
2.5.1.2 Codes and Coding	70
2.6 MEASURES TO ENSURE TRUSTWORTHINESS OF THE RESULTS	71
2.6.1 Truth-value (Credibility)	72
2.6.2 Applicability (Transferability)	73
2.6.3 Consistency (Dependability)	74
2.6.4 Neutrality (Conformability)	74
2.7 ETHICAL CONSIDERATIONS	76
2.7.1 Competence of the Researcher	76
2.7.2 Competence of the Facilitator	77
2.7.3 Permission to Conduct the Study	77
2.7.4 Informed Consent	78
2.7.5 Assurance of Anonymity and Confidentiality	78
2.7.6 Protection from Harm and Discomfort	79
2.7.7 The Quality of the Study	80
2.7.8 Conclusion	81
CHAPTER 3: DISCUSSION OF RESULTS	82
3.1 INTRODUCTION	82
3.1.1 Preliminary Categories, Subcategories and Themes	82
3.1.2 New Categories, Subcategories and Themes	83
3.2 RESULTS AND LITERATURE CONTROL: EXPERIENCES REGARDING PERFORMANCE APPRAISAL	91
3.2.1 Main Category: Experiences	92
3.2.1.1 Subcategory: Appraisee	92
3.2.1.2 Subcategory: Appraiser	94

	Page
3.2.1.3 Subcategory: Appraisal Benefits	100
3.2.1.4 Subcategory: Appraisal Instrument	104
3.2.1.5 Subcategory: Organisation	106
3.2.1.6 Subcategory: Appraisal Process	107
3.2.1.7 Subcategory: Purpose of Appraisal	111
3.2.1.8 Summary	113
3.3 RESULTS AND LITERATURE CONTROL: EXPECTATIONS REGARDING PERFORMANCE APPRAISAL	114
3.3.1 Main Category: Expectations	114
3.3.1.1 Subcategory: Appraisee	114
3.3.1.2 Subcategory: Appraiser	116
3.3.1.3 Subcategory: Appraisal Instrument	118
3.3.1.4 Subcategory: Organisation	119
3.3.1.5 Subcategory: Appraisal Process	122
3.3.1.6 Subcategory: Appraisal Purpose	124
3.4 DISCUSSION OF FIELD NOTES	125
3.4.1 Observational Notes	126
3.4.2 Theoretical Notes	126
3.4.3 Methodological Notes	126
3.4.4 Personal Notes	127
3.4.5 Summary	127

CHAPTER 4: CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

4.1 INTRODUCTION	128
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	Page
4.2 CONCLUSIONS AND RECOMMENDATIONS	129
4.2.1 Conclusions on the experiences of the Participants regarding performance appraisal	129
4.2.2 Recommendations on the appraisee	129
4.2.3 Conclusions on the appraiser	129
4.2.4 Recommendations on the appraiser	130
4.2.5 Conclusions on the appraisal benefits	131
4.2.6 Recommendations on the appraisal benefit	131
4.2.7 Conclusions on the appraisal instrument	132
4.2.8 Recommendations on the appraisal instrument	132
4.2.9 Conclusions on the organisation	133
4.2.10 Recommendations on the organisation	133
4.2.11 Conclusions on the appraisal purpose and Process	133
4.2.12 Recommendations on the appraisal purpose And process	134
4.2.13 Recommendations for further research	136
4.3 LIMITATIONS OF THE STUDY	136
4.4 SUMMARY	137
REFERENCES	138
FIGURES	
Figure 2.1 Focus Group Interviews: Seating of participants, facilitator and researcher	53

	Page
Figure 3.1 Experiences: A framework for discussion of results	85
Figure 3.2 Expectations: A framework for discussion of results	86
ADDENDUM A: Ministry of Health and Social Welfare Request for permission	149
ADDENDUM B: DGHS – approval letter	150
ADDENDUM C: LPPA, Scott and St James hospitals Request for permission	151
ADDENDUM D: Approval letters – LPPA, St James and Scott hospitals	152
ADDENDUM E: Participant consent form	153
ANNEXTURE F: Ethics committee – approval letter	154
ADDENDUM G: Frameworks for the discussion of results	155
ADDENDUM H: PILOT STUDY	156
Table 2.1 Number of registered nurses per institution selected for focus group interviews	48

		Page
Table 3.1	Experiences: Frequencies of responses from Focus Group Interviews	88
Table 3.2	Expectations: Frequencies of responses from Focus Group Interviews	90
Table 3.3	Experiences: Categories, Subcategories And themes: Pilot Study	162
Table 3.4	Expectations: Categories, Subcategories And Themes: Pilot Study	165
Table 3.5	Observational notes: Pilot Study	167
Table 3.6	Theoretical notes: pilot Study	168
ADDENDUM I:	Transcriptions of focus group interviews	169
ADDENDUM J:	ANALYSIS OF FOCUS GROUP INTERVIEWS	214
Tables 3.7-13	Experiences: New Categories, Subcategories and Themes	215
Tables 3.14 -19	Expectations: New Categories, Subcategories and Themes	231
Table 3.20	Observational Notes	240
Table 3.21	Theoretical Notes	244
ADDENDUM K:	Proposed work schedule and proposed Budget	247

CHAPTER ONE

PROBLEM STATEMENT, PURPOSE, RESEARCH DESIGN AND TECHNIQUE

1.1 INTRODUCTION

Lesotho is a landlocked, mountainous (59%), country surrounded by the Republic of South Africa. Its altitude ranges between 1300 and 3500 metres above sea level. Lesotho is divided into ten administrative districts, with Maseru as the capital. The country has a population of 2.2 million with an annual growth rate of 2% (Population data sheet, 2004).

There are eighteen Health Service Areas in Lesotho. Ten of these areas are government owned, with mental health and leprosy institutions in addition; eight areas are served by a Non-Governmental Organisation called the Christian Health Association of Lesotho (CHAL). Three of the services provided by CHAL are located in the lowlands and five in the mountains. This NGO employs a number of registered nurses (Ministry of Health, Government of Lesotho, 2003:61).

Another NGO worth mentioning is the Lesotho Planned Parenthood Association (LPPA), which was established to cater for the sexual and reproductive health needs of women, men and the youth of Lesotho. This organisation has its headquarters in Maseru with three branches across the country (central, southern and northern). Each branch has three

clinics. The LPPA also employs registered nurses (LPPA Strategic Plan, 1999-2003:17).

The rest of the NGOs in Lesotho employ only a few registered nurses, and their health centres are difficult to reach, for example, the Lesotho Red Cross.

All health care institutions in Lesotho make use of a performance appraisal system in order to enhance quality care (LPPA Personnel management policy, 2003; Rametse, 1995).

Performance appraisal is the process of identifying, observing, measuring, and developing human performance in organisations (Cardy and Dobins, 1994:21). It is further described as an effective means for increasing an employee's job performance (Hetzell, 1995:128; Gillies, 1997:215). The task to keep employees focused on the vision and mission, and to make the organisational expectations clear to employees, is usually that of the health care manager (Springer, Payne, & Petermann, 1998:38).

When done objectively, performance appraisal enables employees to know who they are and what they can be, since it deals with their competence and effectiveness. It brings with it the interdependence of roles to both the appraiser and the appraisee, and provides an opportunity to affirm what is needed from one another to do the job more effectively. A well-designed and carefully implemented appraisal system benefits all stakeholders, namely, the appraisee, the appraiser, and the organisation (Huber, 2000:329).

Appraisal tools firmly grounded in desired behaviours are usually used to ensure effective performance improvement (Springer, Payne, & Petermann, 1998:38).

In order to find out what the status of performance appraisal in Lesotho is, the researcher used several sources to obtain information for example, registered nurses in different organizations, government hospitals and private companies. In the Ministry of public service only one study done by Thabane (1975) was identified. The study established the feasibility of implementing performance management in the Civil Service of Lesotho. The research done by Mpooa (2004), investigated an academic staff performance appraisal system for higher education in Lesotho.

Based on the information provided, observations of appraisal procedures in the clinical environment and clinical experience, the researcher came to the conclusion that: "NGOs, like the government institutions in Lesotho, are experiencing problems with performance appraisal".

This view is supported by a study done on the perceptions of nurses in the civil service towards performance appraisal. The findings in this study indicated that registered nurses are not satisfied with the performance appraisal system because it does not address their specific nursing duties; they also do not get positive feedback from their appraisers that could motivate or improve their performance (Fobo, Khoali and Molapo, 1996:86 unpublished).

1.1.1 Problem Statement

The findings of a study done in Lesotho on factors leading to high attrition among registered nurses in the Ministry of Health and Social Welfare (MOHSW) revealed that the dissatisfaction with the appraisal system used for nurses has contributed to nurses leaving the civil service (Seipobi & Chabane, 1993:56 unpublished).

The above-mentioned dissatisfaction with the existing appraisal system is not unique. The Joint Commission on Accreditation of Health Care Organisations (JCAHCO) recognised that a subjective appraisal process, based on evaluating global traits, such as quality and quantity of work, was not acceptable. Many of the annual performance appraisals were vague and relied on the nurse's relationship with the manager, or on the mood or writing ability of the manager (Springer et al., 1998:39; Meretoja & Leino-Kilpi, 2001:346).

Furthermore, it was found that the appraisal tools used to measure nurses' performances are in most cases not specific to the nurses' positions; do not match their job descriptions; are mostly subjective; and do not benefit either the appraiser or the appraisee (Springer et al., 1998:38).

Non-Governmental Organisations that include the LPPA and CHAL in Lesotho are not exceptions in this regard. Appraisal tools that are the same for all categories of employees and that do not address nurses' specific duties are used. Apparently, the tools address the character,

personality, capacity and knowledge of each employee, but do not assess basic or advanced nursing skills. The extent to which these tools are appropriate as a sole appraisal system for nurses, seems very limited and questionable.

Unfortunately, performance appraisal cannot be ignored. It plays an essential role in organisations, because it addresses the question of what an employee is able to do. It also affects decisions that managers make about the selection, placement, rewards, recognition, promotion and professional opportunities of employees (Tomey, 2000:355; Bradley & Burnes-Bolton, 2001:71).

Therefore, to make the best choices for organisational improvement and to be fair to individual employees, decision-makers need accurate information about levels of performance.

The researcher considers performance appraisal as an important issue within the framework of the health care provided by nurses in Lesotho and will examine the experiences and expectations of registered nurses employed at the LPPA and CHAL regarding performance appraisal.

1.2 PURPOSE OF THE STUDY

The purpose of the study will be to explore and describe the experiences and expectations of registered nurses in Lesotho with regard to performance appraisal.

From the outcome of the study, recommendations will be made regarding performance appraisal.

1.3 CLARIFICATION OF CONCEPTS

1.3.1 Appraisee

Sullivan & Decker (1992:361) describe an appraisee as a person whose performance is evaluated.

In this study an appraisee is a registered nurse in Lesotho whose performance has been appraised at least once and within the past year.

1.3.2 Appraiser

An appraiser has been described by Sullivan & Decker (1992:361) as a superior nurse who estimates the value or quality of a subordinate's performance.

In this study an appraiser is the nursing supervisor in Lesotho who estimates or evaluates the quality of a nurse's performance.

1.3.3 Christian Health Association of Lesotho

This is a voluntary association of Christian churches providing not-for-profit health care services to Basotho (Ministry of Health, GOL, 2003:61).

In this study CHAL means an association that provides not-for-profit health care services through its health service areas and employs registered nurses who undergo performance appraisal at least once a year.

1.3.4 Expectations

The state or condition of expecting or mentally looking for something; the mental attitude of one who expects; the action of waiting; the action or state of waiting for or awaiting something (The Oxford English Dictionary: 1989:557).

In this study expectation refers to the state or condition of expecting something to be done to improve performance appraisal. Expectations of participants will be obtained through focus group interviews.

1.3.5 Experience

The knowledge resulting from actual observation or from what one has undergone (The Oxford English Dictionary: 1989:563).

In this study experiences refer to how the participants felt about performance appraisal. The experiences of participants will be obtained through focus group interviews.

1.3.6 Joint Commission on Accreditation of Health Organisations

This is a commission that is concerned with the quality of nursing care in organisations. It establishes and publishes the standards of nursing care (Huber, 2000:327).

1.3.7 Lesotho

The kingdom of Lesotho is a small country situated in the southern region of Africa. It is completely surrounded by the Republic of South Africa and is often referred to as the Kingdom in the Sky, because of its high altitude, which exceeds 1 500 metres above sea level (Lesotho Tourist Board, 2000:4).

1.3.8 Lesotho Planned Parenthood Association

This is a voluntary, non-profit and non-governmental organisation with national grass-roots support. It is an International Planned Parenthood Federation (IPPF) affiliate, non-discriminatory, apolitical and a pioneer family planning organisation in Lesotho (LPPA Strategic Plan, 1999-2003:23).

In this study the LPPA means an NGO that provides sexual and reproductive health services in Lesotho and employs registered nurses who undergo performance appraisal at least once a year.

1.3.9 Ministry Of Health and Social Welfare

The Ministry of Health and Social Welfare is a ministry in the Government of Lesotho (GOL) whose aim is to provide a comprehensive, coordinated and integrated health system embracing curative, preventive and rehabilitative services in conjunction with various NGOs, donors and private agencies (MOH, GOL, 2003:40).

In this study the Ministry of Health and Social Welfare means a Lesotho government ministry in which the study of the factors leading to the high attrition of registered nurses was conducted.

1.3.10 Performance Appraisal

Tyson and York (1997:129) describe performance appraisal as a systematic process whereby an employee's strengths and developmental needs can be evaluated, and where various methods can be used to enhance the employee's productivity.

1.3.11 Registered Nurse

Lesotho Government Gazette No. 49 (1998:2) refers to a registered nurse as a person who has completed a programme of basic nursing education and training, has qualified, and is in Lesotho to practise nursing.

In this study a registered nurse is a qualified general nurse who is employed by either the LPPA or CHAL and is licensed to practise.

1.4 RESEARCH DESIGN

A research design is the structural framework of a study that guides the researcher in the planning of the study (Uys & Basson, 2000:38).

A qualitative, descriptive, exploratory and contextual research design will be used by the researcher, since the purpose of the study will be to explore and describe the experiences and expectations of registered nurses in Lesotho with regard to performance appraisal.

The researcher will use the phenomenological approach indicated for qualitative research (Burns & Grove, 2001:61-65).

1.4.1 Qualitative Research

Qualitative research is a way of gaining insights through discovering meanings, by understanding the whole or gestalt. By understanding the whole we are able to explore the depth, richness and complexity of the phenomena under study. It is concerned mainly with meaning – how people make sense of their lives, experiences and the structures of their world (Creswell, 1994:145; Burns & Grove, 2001:61; Shank, 2002: 5).

The researcher seeks to gain new insights into the experiences and expectations of registered nurses in the LPPA & CHAL with regard to the appraisal of their performance.

1.4.2 Descriptive Design

The researcher selected the descriptive design to collect accurate information regarding the experiences and expectations of registered nurses with regard to performance appraisal in the LPPA and CHAL. This will be done through a process of systematic data collection, and the description and analysis of these data.

1.4.3 Explorative Approach

This approach is aimed at exploring the dimensions of the phenomenon, the manner in which it is manifested and other factors to which it is related. It leads to insight and understanding and therefore involves the use of focus group discussions.

According to Ulin, Robinson, Tolly, and McNeill (2002:93) focus group interviews involve the interaction of a researcher with participants to share their thoughts and experiences with one another in a group. Being in a group enables participants to express their views clearly, in a way that is different from when a one-to-one interview is held.

The researcher will explore the experiences and expectations of registered nurses in Lesotho with regard to performance appraisal in order to discover the meanings attached to their experiences, and the findings will be organised and used to increase knowledge of the field of study.

1.4.4 Contextual Approach

The contextual approach involves research conducted in the participants' natural setting (Cresswell, 1994:145).

The researcher will use focus group interviews that will be composed of registered nurses working in both the LPPA and CHAL in Lesotho. Registered nurses are mostly considered part of the middle socio-economic class. The researcher will physically go to the participants' work places. Therefore, the focus group interviews will be conducted in both urban and rural areas i.e. LPPA clinics and CHAL hospitals, where participants will be relaxed and more able to voice their concerns freely in order to enhance better understanding.

1.5 RESEARCH TECHNIQUES

1.5.1 Phenomenology

Phenomenology involves describing people's experiences with regard to a certain phenomenon, their interpretation of those experiences and the meanings they attach to the experiences. It is both a philosophy and a method (Brink, 2001:19).

The researcher will ask the participants to describe performance appraisal as they experience it (Burns & Grove, 2001:65). She will also observe the participants during group interaction and then describe those observations.

1.5.2 Focus Group Interviews

The focus group interview involves the interaction with groups of about 5-8 people whose opinions and experiences are requested simultaneously (Brink, 2001:159; Ulin et al., 2002:98).

An experienced facilitator, namely a registered nurse, who is also a research officer with extensive skills in interviewing, will guide the discussions. The researcher will observe, take field notes, transcribe and note non-verbal messages that have a bearing on the discussion. There will also be an assistant who will monitor the tape recorder while recording as much of the discussion as possible.

1.5.3 Research Question

A research question is a concise, interrogative statement. In qualitative research a research question leads a researcher in the direction of gaining a deeper understanding of the phenomenon under study (Brink, 2001:90; Shank, 2002:99).

The focus of the discussion will be on the experiences of registered nurses in the LPPA and CHAL with regard to performance appraisal.

The following research questions will be asked:

1. Tell me about your experiences regarding performance appraisal in your organisation.

2. Tell me about your expectations regarding performance appraisal.

In the environment of performance appraisal investigation of the expectations of participants is expected to provide the researcher with more insight.

The facilitator will show interest, curiosity, empathy and encouragement during the discussions. She will also be flexible, creative and able to tailor questions and comments to the unique responses of each person.

1.6 ANALYSIS UNIT

Population refers to the entire group of persons who meet the criteria that the researcher is interested in studying. A sample consists of elements from a defined population. A sample size in qualitative research may refer to a number of persons, but also to the number of interviews and observations conducted (Brink, 2001:132; Sandelowski, 1995:180).

The LPPA has a total number of fourteen (14) registered nurses in the nine clinics. CHAL has about one-hundred-and-fifty (150) registered nurses in the eight HSAs. The LPPA uses the same tool for all clinics, and CHAL does the same for its hospitals and clinics.

The researcher will start with at least one focus group of five to eight people in each area, and will then select more groups until saturation is reached.

Participants in this study will be included by way of a purposive sampling method in which the sample elements are especially knowledgeable about the phenomenon to be studied (Brink, 2001:141).

The researcher will seek assistance from the nurse managers (matrons) who are not directly involved with the performance appraisal of the participant-to-be, to identify registered nurses who meet the selection criteria for participation in the study.

The focus group's interviews will be carried out until data become saturated, and when data seem to repeat themselves and informational saturation is reached.

1.6.1 Inclusion Criteria for the Sample

Inclusion criteria denote characteristics that must be possessed by the element to be included in the sample (Polit & Hungler, 1999:192; Burns & Grove, 2001:367). The inclusion criteria for this study will be registered nurses who meet the inclusion criteria; for example, those who have been appraised at least once and within the past year, and those who will be available at the time of data collection.

1.7 PILOT STUDY

A pilot study is a smaller scale study using a small sample of the population, conducted to refine the methodology, especially the research question. It is developed similarly to the proposed study using similar

participants, the same setting and the same data and analysis techniques (Burns & Grove, 2001:29; Uys & Basson, 2000:103).

In order to familiarise herself with, and to test the research questions, the researcher will conduct one focus group interview that will be recorded and transcribed exactly as it will be in the study. Participants in the focus group will not be included in the main study.

The pilot study will also enable the researcher to assess informed consent materials, and whether participants understand research questions, data collection and analysis techniques.

1.8 DATA COLLECTION

Data collection involves the precise and systematic gathering of information relevant to the research purpose and questions. Data may be collected on participants by observing, questioning and recording (Burns & Grove, 2001:460).

The research questions will be used to guide the discussion. Communication and interpersonal skills will also be engaged to enable participants to feel free to express themselves.

1.8.1 The Process of Data Collection

1.8.1.1 Entry to the Setting

Access to research sites should be through “gatekeepers” and “key informants” (Wilson, 1989:422; Ulin et al., 2002:76). To gain entry to the setting, the researcher will therefore submit letters requesting permission to conduct the study to the Chief Executive of the LPPA and the Executive Secretary of CHAL. The researcher will also request the management of each NGO to allow her participation in the staff meetings where she will introduce herself and request the registered nurses’ participation in the study.

1.9 MEASURES TO ENSURE TRUSTWORTHINESS

Lincoln and Guba (1985:280) refer to trustworthiness as the ability of a study to persuade the researcher and the audience that the findings of his or her research are worth paying attention to and worth taking account of.

The researcher will therefore use the Lincoln and Guba (1985:290) model of trustworthiness, which makes use of the following aspects:

- Truth value,
- Applicability,
- Consistency, and
- Neutrality.

1.10 ETHICAL ISSUES

Burns and Grove (2001:191) state that the conduct of nursing research requires not only expertise and diligence, but also honesty and integrity. It is further said that conducting research ethically starts with the identification of the study topic and continues through to the publication of the study. The researcher will pay attention to issues such as informed consent, confidentiality and permission to conduct the study.

1.11 DATA ANALYSIS

Data analysis is a process of organising collected data in such a way that they become meaningful and answer the research questions (Polit & Hungler, 1999:431; Marshall & Rossman, 1995:431).

1.11.1 The Process of Data Analysis

The researcher will follow a sequence of interrelated steps in data analysis as indicated by Ulin et al., (2001:143-195) namely, reading, noting quality, identifying patterns, coding, and data reduction.

1.11.2 Engaging of Co-coder

The facilitator who is knowledgeable and experienced in supervising qualitative research will also be engaged as a co-coder.

1.11.3 “Member-checks”

The researcher, after analysing the data, will go back to the field to members of one focus group from which the data were originally collected to establish the truth-value of the research. Then the researcher will be able to make adjustments in the report as necessary (Brink, 2001:124).

1.12 VALUE OF STUDY

This study will be valuable to the nursing department of both the LPPA and CHAL because the findings will promote the understanding of experiences and expectations regarding performance appraisal.

The results will be published in a scientific journal through the School of Nursing, University of the Free State.

1.13 CONCLUSION

This chapter focused on the introduction and the problem statement. The research methodology will be discussed in the next chapter.

CHAPTER TWO

RESEARCH METHODOLOGY

2.1 INTRODUCTION

In Chapter one, the researcher made an attempt to introduce the topic and to state explicitly the problem statement and make a tentative plan of all the processes that would be involved in carrying out the study.

In this chapter, the researcher will describe the blueprint i.e., the plan, structure, design, methods and execution, outlined in the research proposal as it was put in to action. It is of utmost importance to also note that according to Burns and Grove (2001:723) the researcher reserves the right to modify or change the plan at any point during the conduct of the study; hence there were some modifications made in response to challenges met during the execution of the study.

2.2 RESEARCH DESIGN

A research design is the structural framework of a study that guides the researcher in the planning and implementation of the study. It organises all the components of the study in such a way that is more likely to lead to valid answers to the research questions. It spells out the strategies that the researcher adopts to develop information that is accurate, objective and interpretable (Uys & Basson, 2000:38; Burns & Grove, 2001:223).

Research designs are developed to reduce threats to the credibility of the study (Burns & Grove, 2001:233).

The researcher in the study used a qualitative, descriptive, exploratory and contextual research design to explore and describe the experiences of registered nurses in Lesotho with regard to performance appraisal.

The researcher used the phenomenological approach indicated for qualitative research; an approach that focuses on what people's lived experiences are in relation to a certain phenomenon and how those experiences are interpreted (Burns & Grove, 2001:61-65).

2.2.1 Qualitative Research

Qualitative research is a way of gaining insights through discovering meanings, by understanding the whole or gestalt. By understanding the whole, we are able to explore the depth, richness and complexity of the phenomena under study. It is concerned mainly with meaning – how people make sense of their lives, experiences and the structures of their world (Creswell, 1994:145; Burns & Grove, 2001:67; Shank, 2002:5).

Qualitative research is also concerned with the understanding of human beings and the nature of their transactions with themselves and with their environment, without any researcher-imposed control. It is based on the premise that knowledge of, and the understanding of, human beings is possible through their description of experiences as lived and as defined by the actors themselves (Ulin et al., 2001:26; Polit & Hungler, 1999:325).

The qualitative research process is described as "*flexible, emergent and interactive*". It is never fixed, that is "there is constant interplay between design and discovery" (Ulin et al., 2001:27). The researcher was always in touch with the process by observing how the participants responded to the research questions and examined data for fresh insights that might have called for alterations in the research process, or modified research questions to pursue new insights.

The researcher attempted to gain new insights into the experiences and expectations of registered nurses in the LPPA & CHAL with regard to the appraisal of their performance. She especially tried to gain access to their experiences as lived, through the facilitation of various focus groups interviews until saturation was reached. Although not a "lived experience" according to the phenomenological approach, the expectations of the participants were also considered an important aspect of the study.

2.2.1.1 Strengths of Qualitative Method

- Qualitative research is the systematic discovery, of which the purpose is to generate knowledge of social events and processes by understanding what they mean to people, exploring and documenting how people interact with one another, and how they interpret and interact with their environment (Burns & Grove, 2001:28; Ulin et al., 2001:26);
- It is based on the premise that the truth about human beings is both complex and dynamic and can be derived by studying persons

as they interact with and within their environment (Burns & Grove, 2001:28; Ulin et al., 2001:26);

- Qualitative research enables the researcher to understand people's lived experiences in a better way. The natural context of people's lives is a critical component of qualitative designs as it influences the perspectives, experiences and actions of the participants in the study. *"It is the interpersonal and socio-cultural fabric that shapes meanings and actions"* (Ulin et al., 2001:27);
- It enables the researcher to make an investigation of typical phenomena, in an in-depth and holistic fashion, through the collection of rich narrative materials using a flexible research design (Polit et al., 2001:469).

2.2.1.2 Limitations of Qualitative Research

According to Burns and Grove (2001:28):

- The qualitative research approach is subjective due to the active participation of the researcher in the study that leads to the study findings being influenced by his or her values and perceptions.
- Qualitative research tends to yield a vast amount of narrative data, making it impractical for the researcher to use large representative samples for obtaining the data.
- Qualitative researchers are interested in studying natural contexts, yet these contexts may prevent the researcher from establishing the causal relationship among phenomena under study.

- Neuman (1997:330) and Leininger (1985:106) also note the following limitations of qualitative research:
 - It is difficult to replicate a descriptive study;
 - The language of phenomenological research is too vague;
 - It may be difficult for someone learning about it for the first time to understand it.

The researcher designed the study taking into consideration the above-mentioned limitations, and ensured that they would have little impact on the methodology of the study.

2.2.2 Phenomenological Research

Phenomenology involves describing people's experiences and expectations with regard to a certain phenomenon, their interpretation of those experiences and the meanings they attach to the experiences (Brink, 2001:19; Burns & Grove, 2001:67).

The researcher used a phenomenological approach to qualitative research in order to gain new insight into the experiences of registered nurses in Lesotho. Participants were assisted to describe their experiences "as lived", through interactive focus group interviews.

The purpose of the research also included the expectations of participants regarding performance appraisal.

2.2.2.1 Strengths of the Phenomenological Method

- In qualitative research the nursing knowledge base would be slim indeed, without the rich array of approaches and methods available within the two paradigms, that are often complementary in their strengths and limitations (Polit et al., 2001:16);
- According to Leininger (1985:106), the phenomenological method has differential features that make it worthy of consideration in its own right, as it brings special insights to understanding the nursing phenomena and in building nursing knowledge.

2.2.2.2 Limitations of the Phenomenological Method

The phenomenological method has few limitations as noted by Burns & Grove (2001:29) and Leininger (1985:106). In phenomenology the researcher considers the fact that:

- The data include the shared interpretation of the researcher and the participants;
- The data are subjective and incorporate the perceptions and beliefs of the participants;
- The language of phenomenological research is vague;
- Researcher bias interferes with clean results;

- Human beings are the direct instruments through which qualitative data is gathered, and although humans are intelligent and sensitive, they are fallible tools;
- A phenomenological study is too subjective; and
- Phenomenological research is historical and is frequently based on the memory of the participants.

During the process of data gathering, analysis and the description of findings, the researcher considered the limitations of the phenomenological approach and no generalisations were made.

2.2.3 Descriptive Design

A descriptive design is considered as most important for its accuracy in collecting data in the domain phenomenon under study. It enables researchers to *“describe any complex phenomenon on its own terms”* (Uys & Basson 2000:38; Shank, 2002:75). It is used to provide a picture of situations as they naturally happen and forms an essential phase in the development of nursing knowledge. The researcher’s primary interest is in describing relationships among individuals, groups, situations or events without necessarily seeking to establish a causal connection (Wolcott, 2001:111; Polit & Hungler, 1999:159).

In this study the researcher used the descriptive design to collect accurate information regarding the experiences and expectations of registered nurses with regard to performance appraisal in the LPPA & CHAL through systematic data collection.

The researcher tried to obtain uninterrupted descriptions of the experiences and expectations of registered nurses in Lesotho. An analysis of these experiences and expectations enabled the researcher to form a better understanding of the phenomenon in question.

2.2.4 Explorative Approach

Explorative studies attempt to explore the dimensions of a phenomenon under study, the manner in which it is manifested and the factors with which they are related (Uys & Basson, 2000:38; Brink, 2001:10; Burns & Grove, 2001:374). They also enable researchers to:

- Gain new insights into the domain phenomenon;
- Extend a preliminary investigation into a more structured study;
- Determine the priorities for further research; and
- Develop a new hypothesis in respect of an existing phenomenon.

Explorative studies involve the use of focus group interviews especially where there is little known about the phenomenon under study (Neuman, 1997:19,253).

According to Ulin et al., (2002:93) focus group interviews involve the interaction of a researcher with participants to share their thoughts and experiences with one another in a group. Being in a group enables participants to express their views clearly, in a way different from when one-to-one interviews are held.

The researcher conducted several focus group interviews in which she created an environment of mutual trust with the participants. In the focus groups, two open-ended research questions were asked. Interpersonal and communication techniques such as probing, reflecting and paraphrasing were used to facilitate cooperation and elicit more information from the participants (Burns & Grove, 2001:425).

2.2.5 Contextual Approach

A phenomenon, according to (Ulin et al., 2001:136) cannot be understood outside its own context: that is "*The physical setting in which attitude or process takes place, and also the social organisation or individual characteristics that influence the phenomenon*".

The researcher utilised focus group interviews that were composed of registered nurses working at the LPPA and CHAL in Lesotho. The study was contextual because the researcher conducted the focus group interviews in both the rural and urban clinics/hospitals of both organisations. Most of the participants who were selected were considered to be part of a middle socio-economic class and also came from the same training background. Participants were relaxed and able to voice their concerns freely without fear of their supervisors, and this enhanced better understanding.

2.2.5.1 Strengths of the Contextual Approach

- In utilising the contextual approach, the researcher is committed to learning to define the world from the perspective of the population she is studying (*cf* Wilson, 1989:420-421);
- The researcher gains an intimate understanding of the way the participants live (*cf* Wilson, 1989:420-421); and
- It was during data collection and analysis that the researcher better understood varying experiences and expectations regarding performance appraisal in different institutions (*cf* Wilson, 1989:420-421).

2.3 UNIT OF ANALYSIS

When the researcher had defined the research problem and decided on the approach to be used to investigate the problem, there was a need to define the population from which the actual information would be drawn (Brink, 2001:132-133).

2.3.1 Population

Population includes all members or units of some clearly defined group of people, objects or events. In this study, population refers to the entire group of persons who meet the criteria that the researcher is interested

in studying (Brink, 2001:132; Polit & Hungler, 1999:278; Uys & Basson, 2000:86).

2.3.2 Sample

A sample consists of a selected group of elements from a defined population. In sampling, the element is described as the most basic unit about which information is collected (Brink, 2001:132; Sandelowski, 1995:180).

2.3.3 Inclusion Criteria

An element can be sampled from the population only if it meets the researcher's inclusion criteria (Polit & Hungler, 1999:192; Burns & Grove, 2001:367).

The population in this study was registered nurses in Lesotho. The registered nurses who were included in the study were:

- Employed by either the LPPA or CHAL
- Available at the time of data collection
- Willing to participate in the study
- Appraised at least once and within the past year
- Knowledgeable regarding phenomena.

2.3.4 Sample Size

Sampling refers to the process of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest. In quantitative research, sample size is closely related to the size of the population, as it is believed that larger samples increase the generalisation value of the study (Brink, 2001:133; Uys & Basson, 2000:88).

However, in qualitative research a sample size may refer to a number of persons, but also to the number of interviews and observations conducted. It might also be difficult to judge the adequacy of the sample size in this regard, because more samples are selected until saturation of information is reached (Burns & Grove, 2001:379).

While a goal of quantitative study is to generalise findings to larger populations and achieving a high degree of reliability, the purpose of qualitative research is to produce information-rich data from a sample chosen for its ability to speak to the research issue. It emphasises *"...depth more than breadth, insight rather than generalisation"*. The challenge for the qualitative researcher is therefore to select participants, who will be able to provide the most meaningful information on the topic (Ulin et al., 2001:57).

The researcher decided to use more sampling units: that is, more group interviews. The researcher selected participants from CHAL institutions and the LPPA.

Only two CHAL institutions that have a total number of forty-three registered nurses were selected, from which twelve (12) participated; and only eleven (11) registered nurses participated from the LPPA. Twenty-three (23) registered nurses were finally selected to participate in the focus group interviews (see Table 2.1):

Table 2.1 Number of Registered Nurses per institution selected for focus group interviews

Organisation	Area	Registered nurses per area	Registered nurses per FGI
CHAL	Lowlands x 1 hospital	33	7
	Mountains x 1 hospital	10	5
LPPA	North	4	3
	Central	7	5
	South	3	3

2.3.5 Sampling Technique

Participants in this study were included by way of a purposive sampling method that rests on the belief that the researcher's knowledge about the population and its elements can be used to select the participants to be included in the sample. The researcher could decide to select participants with particular characteristics in order to increase the theoretical understanding of the phenomena being studied (Brink, 2001:141; Burns & Grove, 2001:376).

The researcher therefore purposively selected the sample elements that were especially knowledgeable about the phenomena to be studied.

2.3.5.1 Advantages of Purposive Sampling

- In small in-depth studies, the researcher's selection of participants based on characteristics may be appropriate; and
- Useful in cases where a sample of experts is needed (Brink, 2001:120).

2.3.5.2 Limitations of Purposive Sampling

- Potential for sampling bias;
- Use of a sample that does not represent the population;
- Very limited generalisation of the results; and
- Different experts could have different opinions on which elements of the population should be selected (Uys & Basson, 2000:94).

The researcher followed the following steps to select the participants:

- The researcher met the nurse managers of the institutions and sought their assistance in identifying registered nurses who met the selection criteria for participation in the study;
- The nurse managers who were the heads of the nursing departments, but not directly involved with the participants regarding performance appraisal, described the intent and purpose

of the researcher to conduct the study in the institutions, to registered nurses during staff meetings;

- The researcher met the registered nurses who were willing to participate in the study and explained the purpose of the study, inclusion criteria and ethical considerations. Some of the participants who were willing to participate, were not included, as they did not meet the inclusion criteria;
- The registered nurses were willing to participate in the study, because they believed that the phenomenon to be discussed was very important to them; and
- The researcher made appointments and mutually selected the dates for the focus group interviews with the nurse managers.

Qualitative researchers believe that the sampling method does not rely on the number of respondents, but primarily on the quality of information obtained from the sample (Sandelowski, 1995:180).

In this study smaller groups were selected (3-7 participants) because of the limited number of registered nurses, especially in the LPPA branches. More groups were selected until saturation; that is, "*...groups ceased to yield any new information*" was reached (Polit & Hungler, 1999:333).

2.4 RESEARCH TECHNIQUES

2.4.1 Data Collection

Qualitative researchers have identified three primary methods from the bedrock of qualitative data collection namely: Observation, in-depth interviews and focus group interviews (Ulin et al., 2001:69). Each of these methods applies special tools and techniques for gathering data, and is "...a basic unit" or "...building blocks of information" (Rossman & Rallis, 1998:5).

There is hardly any field research without an element of observation, while on the other hand, in-depth interviews are described as "*conversational partnerships*" or "*a conversation with a purpose*" (Rubin & Rubin, 1995:10; Holstein & Gubrium, 1999:106), during which a facilitator and participant are collaborators, "*...working together to achieve the shared goal of understanding*".

The researcher used focus group interviews because of their nature of using group interaction to produce data and insights that would be less accessible without the interaction found in a group. The use of various communication skills enabled the researcher to reach parts that other methods could not reach, thereby revealing dimensions of understanding that often remain untapped by other data collection techniques (Burns & Grove, 2001:425).

The researcher used both focus group interviews and observation to compare observational and interview data hence, "*triangulation*" that involves the collection of data from "*...multiple sources for the same study with the intention of obtaining diverse views of the phenomenon under study for the purpose of validation*" (Patton, 1999: Online),

Unlike individual interviews, focus group interviews depend as much on the exchange of ideas among participants as on specific answers to specific questions from the facilitator. The researcher used focus group interviews because of their nature of using group interaction. The researcher began with small groups (3-7 participants) because of the limited number of registered nurses, especially in the LPPA branches. More groups were then selected, until saturation was reached (Brink, 2001:159; Ulin et al., 2002:98).

During the focus group interviews, the facilitator made participants sit in an informal circle (see Figure 2.1 below):

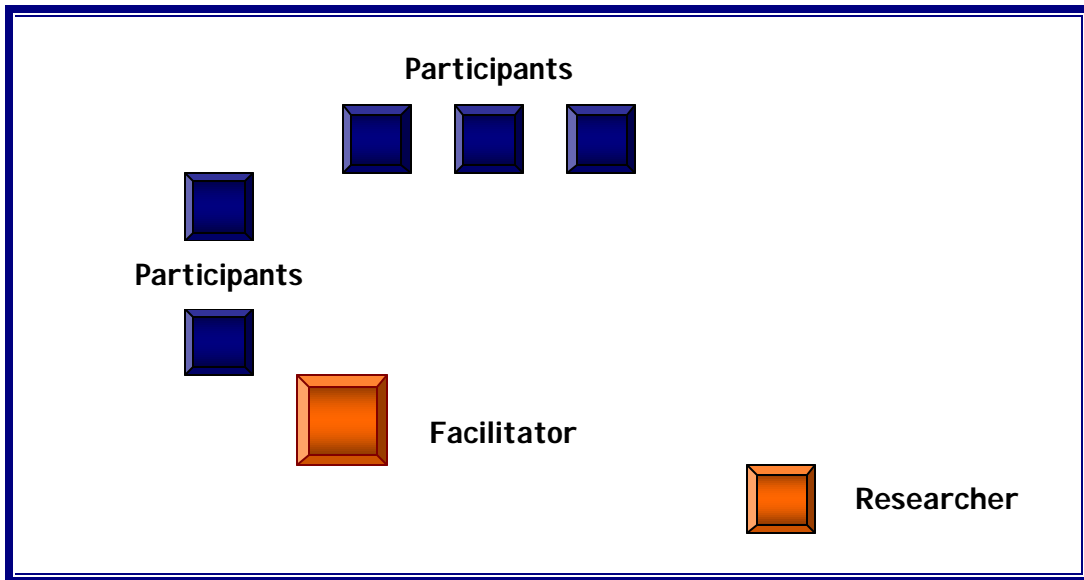


Figure 2.1: Focus group interviews: Seating of participants, facilitator and researcher

The researcher played the role of note-taker, recorder and observer and was seated just outside the group to avoid intruding on the group.

To ensure accurate data and to facilitate analysis, a voice recorder was used to record each focus group interview conducted. Even though the researcher originally planned to use two voice recorders, she used only one, but with success. Each interview was audiotaped on a different cassette. Information regarding each group was written on the front of the cassettes to ensure correct data for each group.

The researcher also took field notes that included observational, methodological, theoretical and personal details. The field notes will be described in the next chapter.

2.4.1.1 Phenomenological Interviews

Brink (2001:158) refers to an interview as a method of data collection in which a facilitator obtains responses from a participant in a face-to-face encounter. On the same note, Uys and Basson (2000:58), describe an interview as a personal conversation through which information is obtained. It is a conversation with a purpose; the researcher poses a series of verbal questions for the participant in a face-to-face situation.

The phenomenological interviews conducted by the researcher in this study attempted to reach the lived experiences of the registered nurses in order to gain more understanding regarding performance appraisal. "*Rigorous*" data collection was ensured through the facilitator's use of proper facilitation skills and the researcher's note-taking and observation during the focus group interviews.

The researcher arranged five focus groups interviews excluding the one in the pilot study that is not included in the main study because alterations were made to the research question afterwards. Data was repeated in most of the focus group interviews, and eventually saturation was reached (Streubert & Carpenter, 1995:24).

The research questions were used to guide the interviews. Research questions flow from the research purpose and narrow the focus of the study. According to Burns and Grove (2001:171) research questions formulated for quantitative and qualitative studies have many similarities. However, the questions directing qualitative studies are frequently

broader in focus and include concepts that are more complex and abstract than in quantitative studies.

A good and comfortable working relationship was built with the participants. Social distance and other interpersonal barriers were reduced, thereby increasing rapport and trust.

The researcher used the phenomenological approach that involved *"...identifying and putting all preconceived beliefs and opinions about the phenomenon" under study aside; that is "in brackets"*. She approached the study with no pre-conceived expectations (*cf* Brink, 2001:120).

The facilitator of the group interviews used various communication and interpersonal skills such as validating, paraphrasing and probing, to gain insights into these experiences. This was also achieved through prolonged engagement.

2.4.1.2 Focus Group Interviews

The focus group interview involves interaction with groups of about 5-8 people whose opinions and experiences are requested simultaneously. They are further described as a gathering of 8-10 people who share some common characteristics of the phenomenon to be studied (Burns & Grove, 2001:425; Brink, 2001:159).

The focus group capitalises on group dynamics and the hallmark is the explicit use of group interaction to generate data and insights that would

be unlikely to emerge without the interaction found in a group. They allow for the observation of group dynamics, discussion and first-hand insights into the participants' experiences.

In this study, a homogenous group of registered nurses was selected to participate. The researcher made the necessary arrangements before the actual data collection was implemented:

- The focus group facilitator

Originally the Programme Officer of Research and Evaluation was to facilitate the group interviews. However, the researcher realised that it would not be appropriate, as she was part of the management team in the LPPA, which in itself, would be a threat to the credibility of the study. The issue was discussed with the study leader, after which the researcher re-appointed another facilitator.

The researcher arranged with a registered nurse who specialises in paediatric nursing to be the facilitator. She is also an administrator, a counsellor and has a Baccalaureus Educationis (B.Ed) degree. She has on several occasions, been involved in studies conducted in the Ministry of Health and Social Welfare and therefore in possession of good interviewing skills.

- The researcher

In the original plan, the researcher was supposed to be an observer and note-taker. There was also supposed to be a person who would operate the voice recorders. However, due to some unforeseeable constraints,

there was only one voice recorder and the researcher also had to take the responsibility of operating the voice recorder in addition to being an observer, and field notes taker.

- Field notes

The researcher was responsible for taking the field notes.

- The participants

The dates for the interviews were discussed with the facilitator, nurse managers and prospective participants. The researcher communicated with the nurse managers again to confirm the dates, so that participants could be reminded of the group interview sessions.

The researcher initiated the focus group interviews with a pilot study that comprised four participants, followed by five more homogenous focus group interviews. Each of the five focus group interviews comprised a different number of participants, varying from 3 to 7. Burns and Grove (2001:425) assert, "...*fewer participants tend to result in inadequate discussion*"; however, the researcher discussed the matter with the study leader, since there was a need to include all the LPPA branches as was initially planned, in order to increase the credibility of the study.

Extra effort was taken to capture every moment of the focus group interview in detail, in order to bring out observational data that would be meaningful when field notes were reviewed. Non-verbal messages that

had a bearing on the interviews were observed and noted in order to *"enrich"* the data (Ulin et al., 2002:92,98).

The facilitator was open to the experiences of the participants in order to be able to interpret them; however she avoided *"...attaching her own meaning to the experiences"* (Burns & Grove, 2001:594).

The facilitator created a comfortable climate for the open exchange of ideas and experiences, listened with non-judgmental interest, and encouraged participation while keeping the discussion focused and moving. Interaction with participants through participation and observation enabled the facilitator to experience the phenomenon under study in the same way as the participants. The facilitator maintained her role as a facilitator. She was *"...authentic, engaged as a whole person and avoided relating to the participants as a nurse"* (Burns & Grove, 2001:594).

The facilitator guided the discussions and kept them on track. She also showed interest, curiosity, empathy and encouragement during the discussions. She was flexible, creative and tailored questions and comments to the unique responses of each participant (Ulin et al., 2002:92, 98).

The facilitator used various communication skills during the group interviews:

- Probing

Probing is a verbal or non-verbal way of eliciting more useful information from the respondents. It *"...takes a discussion into a deeper territory"* (Uys & Basson 2000:63; Ulin et al., 2001:86). The facilitator used probes such as *"Please tell me more about that"* and avoided interrupting the participants. The use of probes assured participants that they were listened to attentively and that what they were saying was important. Probes were *"...neutral and done reasonably to prevent the participants from feeling that they were grilled on a topic"*. Hence, the participants felt free and provided more information (Burns & Grove, 2001:422).

- Paraphrasing

The facilitator read back the essence of the participant's words without adding new ideas, in order to check for the clarity of her understanding of the ideas.

- Validating

By validation, the researcher tried to ensure that she understood the participants clearly; for example, in cases where the facilitator said, *"Do you mean ..."*? The participant then clarified her remarks if she thought that the facilitator had captured a different message; as a result, they ended up with the same understanding.

The focus groups were organised in three LPPA branches (Central, Northern and Southern) and two CHAL hospitals (mountains and lowlands). The observations that the researcher made during the focus group interviews include:

- Focus group (Pilot) – Five participants were selected for this interview. The facilitator asked the first question – The observation was that participants described the experiences they had had regarding performance appraisal, rather than their perceptions. The researcher then considered changing the research question. It was decided by the researcher, in consultation with the study leader that, since the research question was adjusted, the title also be changed to ‘experiences’ rather than ‘perceptions’, and that the data from the pilot study be analysed but not included in the final results of the study:
- Focus group one (LPPA Central) was homogenous. Five registered nurses participated. Most participants participated actively; even though one was a bit quiet, was able to be part of the group because of the facilitator’s ability to acknowledge her and encourage her to participate (the facilitator invited a contribution from her). Feedback from participants was applicable.

Despite the competence of the researcher in managing the audio-recorder, the problem with the focus group interview was that it was later discovered that the audiocassette was partly inaudible. After the discussion with the study leader, the consensus was that the interview be repeated on the second research question only, using the same group, since the number of participants was limited in that organisation.

In comparison, not much variation was observed between the first and the second interviews, as was also evident in the field notes. Field notes from the second interview were recorded and included in the study.

Informational saturation was not reached with the focus group interview, thus the researcher decided to continue with another interview.

- Focus groups two and three (LPPA North and South) – Three participants were selected for each interview. The interviews were successfully conducted. The researcher could not get many participants from the LPPA any more, since the number of registered nurses available was very limited. However, the consensus reached with the study leader was that the researcher should continue with the small number of participants. Participants' responses were applicable to the research questions. Saturation of information was not reached, and the researcher therefore decided to organise more group interviews.
- Focus group four (CHAL St James) – Five participants were selected. The interview was conducted successfully. No new information emerged in this interview; however, the researcher decided to organise one more group interview to ensure that saturation was reached.
- Focus group five (CHAL Scott) – Seven participants were selected for this group interview, bringing the total number of participants in this study to twenty-three (23). Data saturation was reached as evidenced by no new opinions emerging. Qualitative researchers are of the notion that *"...sampling in qualitative studies is done to the point at which no new information is obtained and saturation is achieved"* (Polit et al., 2001:248).

Although experienced qualitative researchers “...collect and analyse qualitative data concurrently” (Burns & Grove, 2001:593), the researcher did not start analysis until all the focus group interviews were completed, that is, when the participants could not offer any more new experiences and expectations and “*informational saturation*” or theoretical saturation, was attained (cf Lincoln & Guba, 1985:201).

2.4.1.3 Pilot Study

The purpose of the pilot study is to test the research questions before the main study is conducted (Uys & Basson, 2000:103; Polit & Hungler, 1999:534). Before the two questions were piloted, the researcher agreed with the supervisor that if the participants did not understand the research questions, they should be changed. The information obtained during the pilot study would then not be used in the final interpretation of results.

The researcher arranged the pilot study using a group of five (5) participants, and requested that a skilled facilitator conduct the interviews. Participants who met the inclusion criteria were selected from a different institution and were not included in the main study.

The research questions asked during the interviews were:

1. Tell me about your “perceptions” regarding performance appraisal in your organisation; and

2. Tell me about your “expectations” regarding performance appraisal.

The participants were cooperative and concentrated during the discussion. They responded well to the questions. However, the facilitator realised that the participants could not conceptualise the word “perceptions” clearly, but they described their “experiences”. Therefore, the first research question was modified to read: “Describe your experiences regarding performance appraisal in your institution”.

During the pilot study, the researcher was able to acquaint herself with the way the audiotape should be operated, and with taking personal, observational and methodological notes that would be used for later transcriptions. In transcribing the audiotapes, the researcher used her listening skills and noted also the verbal and non-verbal messages during the interview.

The pilot study assisted the researcher to follow the same processes from beginning to end, during the main study.

2.4.1.4 The Setting

The setting is the physical location in which data collection takes place (Polit & Hungler, 1999:715). This study was conducted in the three LPPA branches and the two CHAL hospitals that were participants’ workplaces.

The researcher, with the assistance of the nurse managers, chose to conduct the group interviews in private areas away from distractions

within the institutions. This enabled participants to feel free and give answers that reflected their true feelings (Burns & Grove, 2001:464). However, the timing of the group interviews was a problem in itself, since the interviews could be done only during the day. The nurse managers arranged for the registered nurses who participated in the study to be excused from duty for some time. Despite that, some distractions occurred, for example:

- One participant had to leave the interview just before completion because she had to rush back on duty.
- In one group interview, a cell phone rang and distracted the participants from the interview for a while.
- In another interview, a client interrupted the proceedings by making some inquiries. One participant had to be excused for a while to attend to the client.

2.4.1.5 Safeguarding Data

The researcher needed to make plans to keep all data safe until the analysis had been completed (Burns & Grove, 2001:468). The following measures were taken to safeguard the data:

- The researcher used high quality tapes for recording data during the interviews;

- All tapes were labelled from the first group interview to the last one i.e. Focus group (PL); Focus group 1 LPPA (CB); Focus group 2 LPPA (NB); Focus group 3 LPPA (SB); Focus group 4 CHAL (SJ); and Focus group 5 CHAL (SC);
- The researcher developed a master list of all types of information gathered from the group interviews;
- After transcription of the audiotapes, the researcher made two copies of all the transcriptions. The original transcripts and field notes were each packed together with the audiotape and kept in the container. The data were accessible to the researcher and the co-coder only (Burns & Grove, 2001:597);
- The researcher used the copies of the transcripts and field notes for analysing data; and
- The researcher did not link data with any individual participant; responses were for example, indicated as Participant 1 and Participant 2.
- All transcripts will be destroyed as soon as the results of the research report are made available.

2.5 DATA ANALYSIS

Data analysis is a process of organising collected data in such a way that it becomes meaningful and answers the research questions. It involves examining, sorting, categorising, evaluating, comparing, synthesising and contemplating the coded data, as well as reviewing the raw and recorded data (Polit & Hungler, 1999:431; Marshall & Rossman 1995:431; Neuman 1997:426-427).

Qualitative data analysis further involves the organisation and interpretation of non-numeric, narrative data for the purpose of discovering important underlying dimensions, patterns or relationships. It also emphasises how data fit together as a whole, bringing together context and meaning (Polit & Hungler, (1999:444; Ulin et al., 2001:143).

On the same note, it is purported that qualitative data analysis involves analytical reasoning, moving from concreteness to increasing abstraction. It occurs as an explicit step in conceptually interpreting the data set as a whole, making use of the "*...specific analytic strategies to transform the raw data into a new and coherent depiction of the phenomenon under study*" (Burns & Grove, 2001:527; Thorne, 2000:368-70).

2.5.1 The Process of Data Analysis

The researcher commenced data analysis by first "*bracketing*" or setting aside all preconceived expectations or categories about the phenomenon under study, so that she could work inductively with the data to generate

entirely new descriptions and conceptualisations (cf Brink, 2001:120; Burns & Grove, 2001:596).

Qualitative data analysis *"...often takes place alongside data collection to allow questions to be refined and new avenues of inquiry to develop"* (Pope, Ziebland & Mays, 2000: Online). The researcher in this study waited until all the focus group interviews were completed. However, she familiarised herself with the phenomenon under scrutiny by *"...getting immersed in the data"* (Burns & Grove, 2001:591; Lacey & Luff, 2001:3; Thorne, 2000:70).

The researcher revisited the purpose of the study and the research questions before commencing the data analysis. A more in-depth approach to analysis was taken, and data was analysed independently of the co-coder.

2.5.1.1 Data Management and Reduction

During the focus group interviews, open-ended questions were asked. The discussions lasted from thirty to sixty minutes per group. The facilitator cultivated a trusting environment which enabled the participants to open up and participate actively in the group interviews (cf Burns & Grove 2001:594).

The interviews were audiotaped, transcribed verbatim and checked again, before the researcher could commence the categorisation of the data.

Morse (1994: Online) believes that all qualitative analysis, regardless of the specific approach, involves:

- Comprehending the phenomenon under study;
- Synthesising a portrait of the phenomenon that accounts for relations and linkages within its aspects;
- Theorising about how and why these relations appear as they do:
and
- Recontextualising, or putting the new knowledge about phenomena and relations back into the context of how others have articulated the evolving knowledge.

This set of steps, when used for analysing qualitative data, "*...helps the researcher to depict a series of intellectual processes by which data in their raw form are considered, examined, and reformulated to become a research product*" (Morse, 1994: Online).

However, the researcher followed basic steps in qualitative analysis as outlined by (Ulin et al., 2001:143; Lacey & Luff, 2001:15-19) which entails the following strategies:

- Familiarisation with the data through repeated reading and listening.
- Transcription of interviews.
- Organisation of data.
- Reduction.
- Coding.
- Identification of themes.

- Development of preliminary categories.
- Exploration of relationships between categories.
- Refinement of themes and categories.

The researcher picked one focus group interview transcript (a brief one), read through it, asking herself, "What is it all about?" not thinking about the substance of the information, but rather its underlying meaning. She then wrote her thoughts in the margin of the transcript. She then read and re-read all the transcripts individually, until she was intimately familiar with the content (cf Ulin et al., 2001:143).

She listened to the audiotapes repeatedly and compared them with the transcripts, which enabled her to identify emergent themes and the quality of the transcripts. The pattern of the themes was noted and examined; that is, possible relationships between themes, contradictory responses, or gaps in understanding were identified.

The researcher underlined the themes when reading the transcripts as indicated by Sandelowski [1995] in Burns and Grove, (2001:596) that *"... during the proofing process key phrases are often underlined and ideas are jotted down in the margins next to the text that triggered them, in order to avoid losing a line of thinking"*.

Data reduction is described by Ryan and Bernard [2000] in Ulin et al., (2001:159) as *"...distilling the information to make visible the most essential concepts and relationships"*. The goal here is to get an overall sense of the data and to distinguish central and secondary themes, or to separate the essential from the non-essential data.

Through careful reading of the transcripts, the researcher was able to identify underlying concepts and clusters of concepts. Related concepts were often grouped together to facilitate the coding process.

2.5.1.2 Codes and Coding

A code is a symbol or abbreviation used to classify words or phrases in the data. Coding is a means of categorising. Codes are like street signs inserted into the margins of the text to act as a reminder of where a person is and what he/she sees. It involves marking the segments of data with symbols, descriptive words or category names (Burns & Grove 2001:597; Ulin et al., 2001:143).

Polit and Hungler (1999:329-330) assert that there are no systematic, universally accepted rules for analysing and presenting qualitative data, and that, despite qualitative researchers' increasing passion in using computers for coding and indexing their data, coding could also be done manually.

After considering the data, the researcher developed a coding scheme that relates to the phenomenon under study (experiences and expectations) which is supported by Polit and Hungler (1999:329) and Sandelowski (1995:375) *"...questions or topics can serve as an initial organising framework and that researchers should ensure that the framework for analysis is ultimately data-derived, or must earn its way into the study by virtue of its fit with the faithfulness to the data"*.

Related topics were grouped together into categories and were further categorised into experiences and expectations based on the research questions. Highlighters were used to note the codes for major categories. The codes and categories were sorted, compared and contrasted until no new categories were discovered. The sub-categories were then identified and explored more deeply (Field & Morse, [1985] in Burns & Grove, 2001:598).

All the pieces of data that related to a common category were put together in one place and then preliminary analysis commenced.

The transcriptions, together with the field notes, were sent to the facilitator and finally to an independent coder (supervisor) for final analysis.

2.6 MEASURES TO ENSURE TRUSTWORTHINESS OF THE RESULTS

Lincoln and Guba [1985] in Ulin et al., (2001:163) suggest that the fundamental criterion for qualitative reports is trustworthiness. Trustworthiness is further described as the ability of the study to persuade the researcher and the audience that the findings of his or her research are worth paying attention to, and worth taking account of.

To ensure trustworthiness, the researcher made use of Guba's model as outlined by Lincoln and Guba (1985); Miles and Huberman (1994); Kirk and

Miller [1986] in Ulin et al., (2001:164-166), which is often used by qualitative nursing researchers.

Guba's model articulated four criteria for judging qualitative data:

- Truth value (Credibility)
- Applicability (Transferability)
- Consistency (Dependability)
- Neutrality (Conformability)

2.6.1 Truth-value (Credibility)

Truth-value addresses whether the researcher has established confidence in the findings for the participants, and the context in which the study was undertaken (Krefting, 1991:214).

Ulin et al., (2001:164) and Polit et al., (2001:312) outline techniques for ensuring the credibility of data analysis as follows:

- Being immersed in the setting for a prolonged period;
- Persistent observation to ensure in-depth findings;
- Considering the data carefully enough through reading and listening to the participants' experiences;
- Analysing negative cases for emerging hypotheses;
- Testing rival explanations; and
- Seeking explanations for inconsistencies arising from the triangulation of respondents, methods, or researchers.

Participants were engaged by means of *"member checks"*. The researcher returned the completed analysis and interpretation to two participants to read, validate and verify the researcher's interpretations and conclusions, to ensure a true reflection of their experiences and expectations (*cf* Van Maanen 1984:128; Lincoln & Guba, 1985:314).

The truth of the experiences and expectations of registered nurses was uncovered through the researcher's prolonged engagement, observation during the focus group interviews, note taking, and careful consideration of the data during analysis.

The researcher engaged an independent coder who analysed the data independently from the researcher. The data was then sent to the second co-coder (supervisor) for final coding. A consensus meeting was held between the researcher and the co-coder and themes were identified and refined (*cf* Cresswell, 1994:1548).

2.6.2 Applicability (Transferability)

This refers to the degree to which the findings of the study can be applied to other contexts and to settings or samples other than the ones studied. It is the ability to apply the findings to larger populations (Brink, 2001:125; Shank, 2002:94).

Qualitative studies are conducted in natural settings, and therefore situations are unique in every individual study. However, transferability

was achieved through an elaborate description of the research process to allow the reader to see if the results could be transferred to a different setting.

2.6.3 Consistency (Dependability)

Consistency refers to whether the process of the study is consistent, reasonably stable over time and across researchers (Miles & Huberman, 1994:278; Burns & Grove, 2001:470).

The researcher increased the dependability of the study through the use of the *“audit trail”*, which, according to Ulin et al., (2001:83), *“...should make it possible for other researchers to repeat the same inquiry in the same setting, should they choose to do so.”*

As a way of offsetting her own subjective bias, the researcher used the strategy of Ulin et al., (2001:165) to incorporate multiple independent coders in the data analysis. Conducting the focus group interviews until data saturation was reached also ensured consistency.

2.6.4 Neutrality (Conformability)

Neutrality is the freedom from bias in the research procedures and results. It also refers to the degree to which the findings of the study are a function of the participants only and the conditions of research, and not other biases, motivations and perspectives. It is attained through

objectivity and by keeping a distance between the researcher and the participants (cf Krefling, 1991:216).

The researcher ensured neutrality through "*bracketing*", which involves the identification and setting aside of any preconceived beliefs and opinions one might have about the phenomenon under investigation (Brink, 2001:120). To check whether she had bracketed sufficiently, the researcher used the "*audit trail*" as outlined by Lincoln & Guba [1985] in Ulin et al., (2001:166), which entails collecting and storing six categories of information:

- Raw data – uncoded transcripts, tape recordings and field observations;
- Data reduction and analysis products – list of codes, theoretical notes about working hypotheses, matrices are described;
- Data reconstruction and synthesised products – notes showing how different themes relate, including the structure of categories and themes;
- Process notes – methodological notes, notes about trustworthiness and audit notes;
- Materials relating to intentions and dispositions – study protocol, personal notes about the motives and expectations of the study; and
- Instrument development information.

The audit trail will enable other researchers to review the decisions made from the analysis by the researcher and will verify that the interpretations are well grounded in the data.

To ensure that the data and the analysis were free from bias, as well as their objectives and conformability, the researcher did not commence a literature review until the data were analysed.

2.7 ETHICAL CONSIDERATIONS

Burns and Grove (2001:191) state that the conduct of nursing research requires not only expertise and diligence, but also honesty and integrity. It is further said that conducting research ethically, starts with the identification of the study topic, and continues through to publication of the study.

In this study the researcher was careful not to violate the rights of the participants.

2.7.1 Competence of the Researcher

The researcher has undergone formal preparation in research methodology; however, an experienced facilitator facilitated the interviews. The study was conducted under the supervision of an experienced supervisor who is a professional researcher, and continually supervises postgraduate students. Qualitative researchers believe that high quality data analysis depends on the skill, vision, and integrity of the researcher; it should not be left to the novice. Therefore, an experienced co-coder was engaged to review the data collected and to analyse it (Pope et al., 2000: Online).

2.7.2 Competence of the Facilitator

As was explained in 2.4.1.2, the facilitator who was originally proposed had to be changed for the purposes of the credibility of the study findings. The facilitator was a registered nurse who specialised in pediatric nursing. She was also a nurse administrator, a counsellor and had a B. Ed degree. She had, on several occasions, been involved in facilitating studies conducted by the Ministry of Health and Social Welfare, hence she was in possession of good interviewing skills.

2.7.3 Permission to Conduct the Study

The researcher commenced the research study only after permission had been granted by the Ethics Committee, Faculty of Health Sciences, University of the Free State; Research committee, Ministry of Health & Social Welfare; Chief Executive of LPPA; and the hospital superintendents of CHAL hospitals (see Addendums A - F).

As soon as permission to conduct the study was granted, the researcher gained access to the research sites through "*gatekeepers*" and "*key informants*" who were the nurse managers and senior nurses (Wilson, 1989:422; Ulin et al., 2002:76). The researcher cultivated a trusting relationship with participants and obtained their willing permission to participate in the study.

2.7.4 Informed Consent

“Informed consent” requires the researcher to disclose specific information to each prospective participant. The researcher indicated and explained the research activities, the title and the purpose, any foreseeable risks and discomforts, and the benefits of the study.

Prior to obtaining informed consent from each prospective participant for full participation in the study, the researcher ensured that they were well-informed because, according to Burns and Grove (2001:206), obtaining informed consent from human subjects is essential for the conduct of ethical research.

A copy of their signed consent form was made and provided to each participant, so as to provide the conditions of the agreement for easy reference (see addendum E) (*cf* Lincoln & Guba, 1985:255).

2.7.5 Assurance of Anonymity and Confidentiality

The researcher facilitated the relationship with participants by indicating to them that participation would be free and voluntary and that refusal, withdrawal or cancellation would be allowed at any time if they wished to do so.

The researcher also assured participants that they would not be linked to the information provided during data collection, and that their responses and all information obtained would be kept confidential. Transcripts,

records and audiocassettes would be kept under lock and key, and unauthorised persons would be denied access to them (Burns & Grove, 2001:208; Polit & Hungler, 1999:363).

To ensure the rights to privacy of the participants, the researcher stored all research materials safely, and access was denied to any unauthorised persons.

2.7.6 Protection from Harm and Discomfort

According to Polit and Hungler (1999:362-363), participants have the right to fair treatment before, during, and after their participation in the study, and that "fair treatment" includes the following aspects:

- The non-prejudicial treatment of people who decline to participate, or who withdraw from the study after agreeing to participate;
- Participants' access to research personnel at any point in the study to clarify information;
- Participants' access to appropriate professional assistance if there is any physical or psychological damage; and
- Respectful and courteous treatment at all times.

In this study the researcher ensured that there was no harm inflicted on participants in any way from the beginning to the end of the study. She also explained very clearly that analysed data would be used strictly, for the purpose intended only. Participants were given the particulars of the

researcher in case there might be a need to contact her if problems were experienced.

2.7.7 The Quality of the Study

Permission for entry to the setting was obtained from the gatekeepers of the institutions in which data were collected.

Participants who were willing to participate in the focus group interviews did so voluntarily and they signed the informed consent forms. The researcher gave an honest explanation of her plan and the intended study; she answered and clarified the participants' questions. A skilled facilitator who was appropriate for the situation did the facilitation.

The researcher tried at all times to put aside her beliefs, values and biases that could destroy the integrity of the study. Sincerity was adhered to at all levels of the study. The researcher also tried to respect the rights, needs, values, and desires of the participants (Uys & Basson, 2000:97).

Confidentiality was maintained throughout the study as the researcher ensured that it would not be possible to relate particular data to any particular participant.

2.7.8 Conclusion

This chapter focused on the research methodology used for studying the experiences and expectations of registered nurses in Lesotho regarding performance appraisal. The next chapter will focus on the data analysis and the discussion of results.

CHAPTER THREE

DISCUSSION OF RESULTS

3.1 INTRODUCTION

The research methodology was discussed in Chapter Two. This chapter will basically focus on the analysis of the focus group interviews conducted with participants, and also the literature control of the results. The purpose of the study, exploration and description of the experiences and expectations of registered nurses regarding performance appraisal, formed a basis for the depth and intensity of the analysis.

The researcher also bore in mind that in qualitative research, numbers are not used as a basis for analysis. However, the flow of reasoning as data being analysed should move "*...from concreteness to increasing abstraction*". This guided the "*...organisation, reduction and clustering of the findings*" (Burns & Grove, 2001:591).

3.1.1 Preliminary Categories, Sub-categories and Themes

Based on the first analysis of the focus group interviews, three main categories - namely benefit, weaknesses and expectations - were identified. The category "benefit" was divided into the following three

sub-categories: motivation, correction and management decisions. The category "weaknesses" was divided into five sub-categories namely, purpose, instrument, process, job allocation and management. The last category "expectations" was sub-categorised as: process, appraiser, instrument, job allocation, management and training. Each sub-category was supported by statements from the participants.

The researcher, in consultation with the facilitator and the supervisor, re-assessed the preliminary categories and several changes were made. The supervisor then consulted several other experts in qualitative research regarding the new allocation of categories and sub-categories. These consultations resulted in the following changes:

3.1.2 New Categories, Sub-categories and Themes

Based on the research question, the three main categories were changed from benefit, weaknesses and expectations, to experiences and expectations. Seven new sub-categories were identified: namely, appraisee, appraiser, appraisal benefit, appraisal instrument, organisation, appraisal process and appraisal purpose. The statements of the participants were analysed and clustered into several themes (see Addendum J tables 3.7 -13 and Figures 3.1 - 3.2).

The category "experiences" will be discussed first, followed by the second category "expectations". Data from the pilot study will not form part of the discussion, because of the fact that the first research question was altered during the focus group interview. However, the

analysis that was done on the pilot study focus group interview, as well as the observational notes are available (see Addendum H).

In order to enable the reader to follow the discussions on the experiences and expectations of participants, the following frameworks are included (see Figures 3.1-3.2).

RESULTS: Experiences: Categories, Sub-categories and Themes

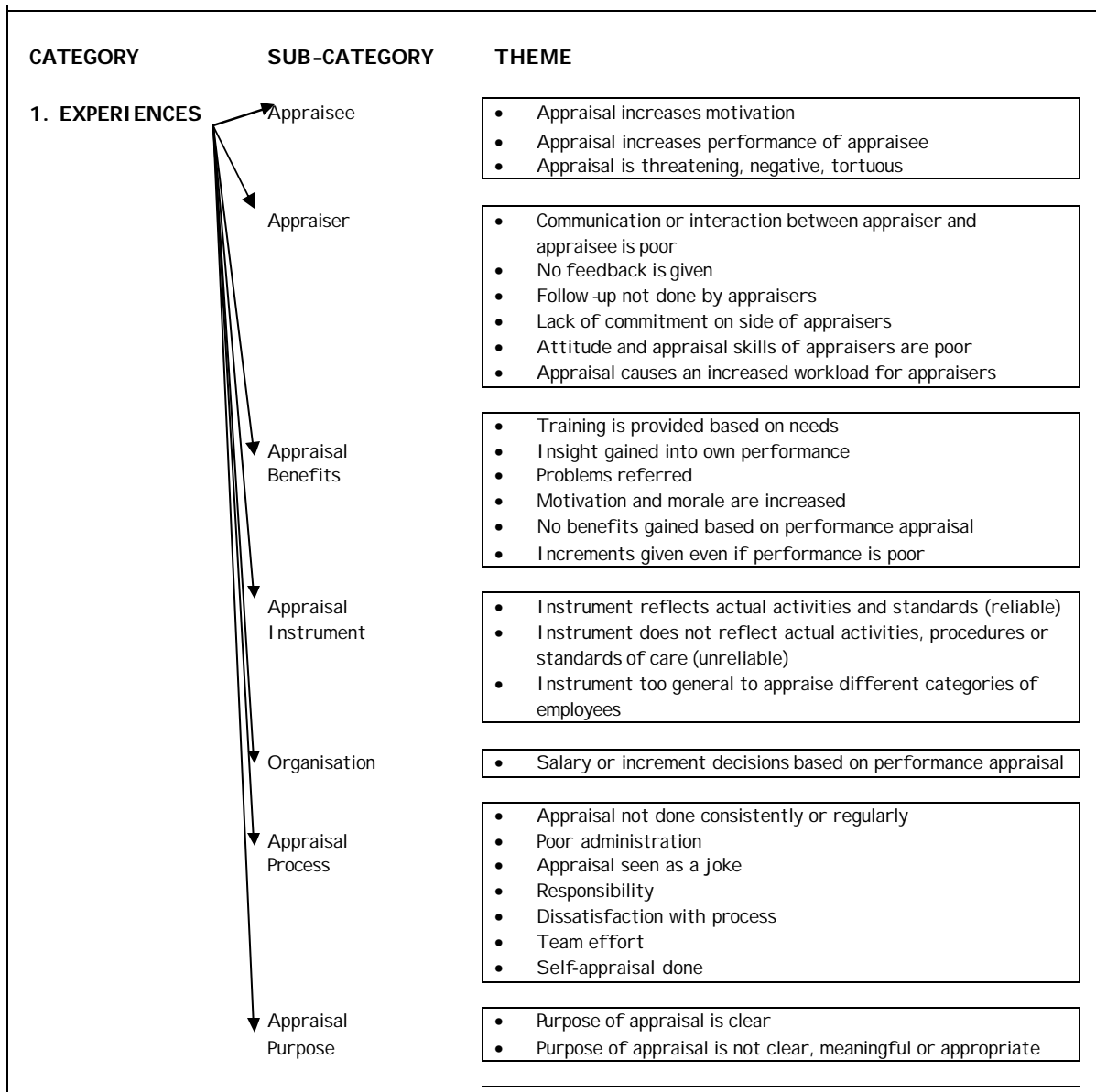


Figure 3.1: Experiences: A framework for the discussion of results

The framework regarding the expectations of participants is provided below (see Figure 3.2).

RESULTS: Expectations: Categories, Sub-categories and Themes

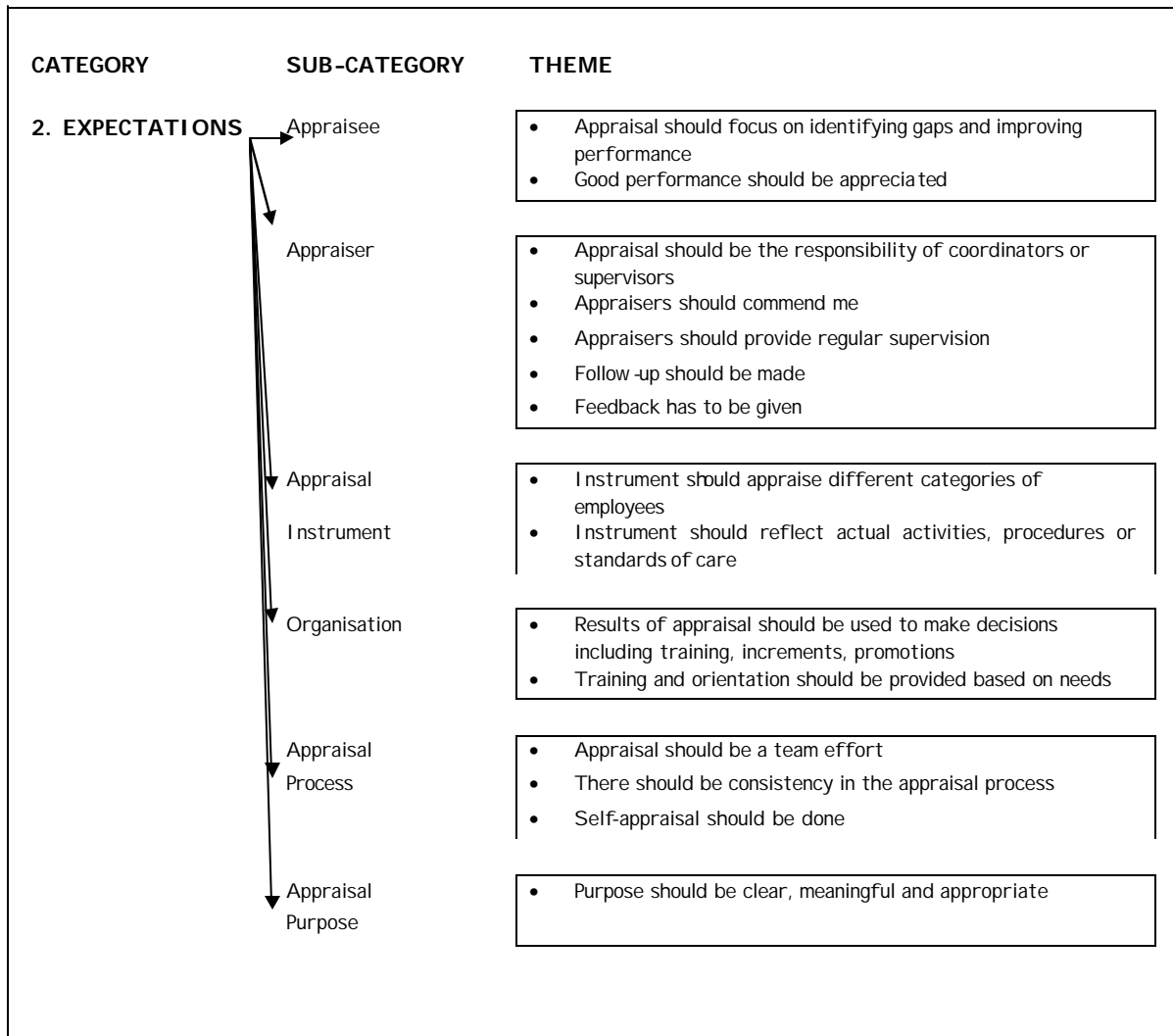


Figure 3.2: Expectations: Framework for the discussion of results

Burns and Grove (2001:602) assert that qualitative researchers have a tendency to avoid the use of numbers, but in making judgements of quality, counting should occur, which makes it necessary to use numbers. It is also shown that the comparison of insights with numbers can be a good method of verification in qualitative research.

The researcher included the frequencies with which the statements that support the themes appeared in the focus group interviews (see Tables 3.1-3.2).

**Table 3.1: Experiences: Frequencies of responses from focus groups
Interviews 1-5 (To be continued)**

Main categories	Subcategories	Themes	Frequencies	
Experiences	Appraisee	<i>Appraisal increases motivation</i>	5	
		<i>Appraisal increases performance of appraisee</i>	5	
		<i>Appraisal is threatening, negative and tortuous</i>	6	
	Appraiser	<i>Communication or interaction between appraiser and appraisee is poor</i>	5	
		<i>No feedback is given</i>	3	
		<i>Follow-up not done by appraisers</i>	11	
		<i>Lack of commitment on side of appraiser</i>	8	
		<i>Attitude and appraisal skills of appraisers are poor</i>	14	
		<i>Appraisal causes an increased workload for appraisers</i>	2	
		Appraisal benefits	<i>Training is provided based on needs</i>	9
			<i>Insight gained into own performance</i>	2
			<i>Problems referred</i>	1
	<i>Motivation and morale are increased</i>		4	
	<i>No benefits gained based on performance appraisal</i>		4	
			<i>Increments given even if performance is poor</i>	2

**Table 3.1: Experiences: Frequencies of responses from focus groups
Interviews 1-5**

Main categories	Subcategories	Themes	Frequencies
Experiences	Appraisal instrument	<i>Instrument reflects actual activities and standards (reliable)</i>	3
		<i>Instrument does not reflect actual activities, procedures or standards of care (unreliable)</i>	7
		<i>Instrument too general to appraise different categories of employees</i>	4
	Organisation	<i>Salary or increment decisions based on performance appraisal</i>	8
	Appraisal process	<i>Appraisal not done consistently or regularly</i>	12
		<i>Poor administration</i>	2
		<i>Appraisal seen as a joke</i>	2
		<i>Responsibility</i>	4
		<i>Dissatisfied with process</i>	3
		<i>Team effort</i>	11
		<i>Self-appraisal done</i>	2
	Appraisal purpose	<i>Purpose of appraisal is clear</i>	1
		<i>Purpose of appraisal not clear, meaningful or appropriate</i>	8

**Table 3.2: Expectations: Frequencies of responses from focus groups
Interviews 1-5 (To be continued)**

Main categories	Subcategories	Themes	Frequencies
Expectations	Appraisee	<i>Appraisal should focus on identifying gaps and improving performance</i>	11
		<i>Good performance should be appreciated</i>	2
		Appraiser	<i>Appraisal should be the responsibility of coordinators or supervisors</i>
	<i>Appraisers should commend me</i>		3
	<i>Appraisers should provide regular supervision</i>		3
	<i>Follow-up should be done</i>		3
	Appraisal instrument	<i>Feedback has to be given</i>	3
		<i>Instrument should appraise different categories of employees</i>	4
	Organisation	<i>Instrument should reflect actual activities, procedures or standards of care</i>	5
		<i>Results of appraisal should be used to make decisions including training, increments, promotions</i>	9
<i>Training and orientation should be provided based on needs</i>		6	

**Table 3.2: Expectations: Frequencies of responses from focus groups
Interviews 1-5**

Main categories	Subcategories	Themes	Frequencies
Expectations	Appraisal process	<i>Appraisal should be a team effort</i>	6
		<i>There should be consistency in the appraisal process</i>	16
		<i>Self-appraisal should be done</i>	2
	Appraisal purpose	<i>Purpose should be clear, meaningful and appropriate</i>	5

3.2 RESULTS AND LITERATURE CONTROL: EXPERIENCES REGARDING PERFORMANCE APPRAISAL

According to Marshall and Rossman (1995:431) the purpose of data analysis is to organise, provide structure to, and elicit meaning. Each main category, subcategory and theme will be discussed and substantiated by quotations, and also supported by the literature wherever possible. Only the themes that strongly indicate the participants' experiences will be selected. The themes will be written in italics in order to facilitate noting throughout the discussions.

3.2.1 Main category: Experiences

The participants in the focus group interviews came up with various concerns regarding performance appraisal. The issues included their own experiences as appraisees.

3.2.1.1 Sub-category: Appraisee

As described in Chapter One, an appraisee is a person whose performance is being evaluated. The role of the appraisee during the appraisal is to discuss and receive feedback from the appraiser (nursing supervisor) regarding his/her performance for a previously predetermined period. The information that the appraisee gets through performance appraisal may enable and empower him/her (Huber, 2000:327; Metcalf, 2001:55).

Participants in all groups had undergone appraisal. Some of them strongly indicated that ***performance appraisal increased their motivation:***

- *"We really get motivated when we are regularly being given a pat on the back for work well done"*
- *"Motivate us to do better next time"*
- *"Being told that I did well, motivates me"*

Chandra and Frank (2004:25) support these findings by stating that performance appraisals that are correctly done could serve to motivate employees and assist in improving their performance.

It is during appraisal that performance areas in which the appraisee needs improvement are identified. The appraisee, together with the appraiser, sets future goals and objectives that will improve performance (Metcalf, 2001:55). Five participants acknowledged that performance appraisal assisted them to realise their performance gaps and also viewed it as a way to **performance improvement**. Statements that support these views include the following:

- *"I will be a better performer in the future"*
- *"This will help me to be a better worker"*
- *"Will help me strive for better performance at all times"*
- *"Be encouraged to improve where there are gaps".*

On the other hand, six participants experienced performance appraisal **as threatening, negative and tortuous**:

- *"We do not like it because it is a threat to us"*
- *"We have even developed a negative attitude towards it"*
- *"It turns out to be torture"*

The findings of the study done in Lesotho on the purpose and principles of performance management also revealed that the respondents from all the three institutions studied, viewed appraisals as a threat instead of as assistance to their performance (Mpooa, 2004:257).

It was also noted that the appraiser is not allowed to threaten, manipulate or intimidate the employee in any way. Instead, the appraisee should be involved; discussions should focus on actual events and on

results compared with agreed objectives. This involvement would make the appraisee part of the appraisal (Huber, 2000:342; Meyer, van Niekerk & Naudé, 2004:225).

Performance appraisal involves both the appraisee and the appraiser, which raises the need for the following discussion on the experiences of the participants regarding the appraiser.

3.2.1.2 Sub-category: Appraiser

An appraiser has been described as a superior nurse who estimates the value or quality of a subordinate's performance. This is mutually done with the person whose performance is being evaluated, and is based on the guidelines or criteria set by the organisation (Huber, 2000:327).

According to Yoder-Wise (2003:304) some of the important aspects that the appraiser should consider during the performance appraisal session are to:

- Allow the appraisee to express opinions, verbally and in writing,
- Set a follow-up date as necessary to monitor improvements; and
- Be sincere and constructive both in praise and criticism.

In view of the above, five of the participants' experiences however, were that ***communication or interaction between themselves and their appraisers is poor:***

- *"Nobody will ever say anything to me about that"*

- *“After that, the forms are kept in the files and filed away until the next appraisal”*

In view of the various purposes that performance appraisal serves, the calibre of the appraiser is very important. The reason for this is that the primary success of any performance appraisal lies in the skills and communication abilities of the appraiser, who also has the capability of preventing potential performance problems (Meyer, van Niekerk & Naudé, 2004:220; Bradley, 2001:73; Yoder-Wise, 2003:303).

Participants were concerned that they did not **receive feedback** from their appraisers. Three statements in this regard were identified in the analysis of the focus group interviews:

- *“I thought after appraisal, the appraiser would give me feedback about the whole thing”*
- *“Feedback is not given”*
- *“We do not even get feedback after appraisal”*

Studies show that providing feedback to employees regarding their performance, is one of the strongest non-financial rewards producing motivation, satisfaction and remediation that the organisation could provide. Feedback from appraisers can provide a clear sense of how appraisees are doing on the job. Knowing their status will stimulate an improvement in performance. It is also indicated that if appraisees need or want feedback, they should not be afraid to ask for it (Bradley, 2001: 71; Carson, 2004:8).

It is evident from the literature that the provision of feedback, coupled with proper follow-up, renders appraisals credible (Bradley, 2001: 71; Carson, 2004:8). Interestingly, eleven participants indicated strongly from the focus group interviews that **appraisers do not do follow-up** after performance appraisal. They indicated for example, that:

- *"Follow-up is not made"*
- *"There was nothing done with that"*
- *"After that I have not seen what is being done about those"*
- *"We will meet again in the next appraisal with the same problems"*

Sometimes, appraisal feedback indicates the need for significant performance improvement. The outcome of previous appraisals should be considered to determine whether the employee has improved. The employee should be allowed to discuss the feedback provided and to clarify misunderstandings (Meyer, van Niekerk & Naudé, 2004:223; Kelly-Heidenthal, 2003:562). However, statements were made by the participants that indicated that they were very concerned about the **lack of commitment shown by appraisers:**

- *"The supervisor is not taking the responsibility of assisting me to improve"*
- *"I will see her again during the next appraisal"*
- *"The plan will be made, but action won't be taken"*
- *"Not always are those problems addressed"*

The attitude of the appraiser also determines the success of the whole appraisal process; that is, giving feedback, doing follow-up and performing other duties.

Strong emotions were exhibited in all the focus group interviews as participants indicated that appraisers have demonstrated ***poor attitude and appraisal skills***. Participants expressed their feelings in loud and angry voices. Fourteen statements were made in this regard, providing proof of how serious this issue was viewed:

- *"The appraiser don't care"*
- *"The supervisor can be subjective"*
- *"The appraisee will be the one who compromises"*
- *"The supervisors just use their own discretion"*
- *"The supervisor always believes that she is right"*

In view of the above statements, the literature also maintains that appraisers are not committed and they often carry out performance appraisals with negative feelings. This may be attributed to issues such as a lack of skills and their dislike of criticising people (Chandra & Frank, 2004:25).

The assessment should therefore be objective, based on the nurse's performance as measured against the job description and be non-emotional. The appraiser should develop an awareness of his/her own biases and prejudices, in order to prevent subjective attitudes and values that might influence the appraisal (Kelly-Heidenthal, 2003:558; Yoder-Wise, 2003:303).

Fourteen participants further indicated that the ***poor attitudes and appraisal skills*** on the part of the appraiser definitely influenced their experience of performance appraisal:

- *"If there was misunderstanding between me and my supervisor (appraiser), she will only remind me of those during the appraisal"*
- *"Supervisors take advantage of appraisal to tell us how bad we are"*
- *"Only concentrate on our shortcomings"*

Performance appraisal might fail when the appraiser after completing the assessment, remembers only the negative events that occurred and does not include any positive events in the appraisal document, Carson (2004:9).

However, if the person conducting the performance appraisal is viewed with trust and professional respect, the outcome of the appraisal is likely to be positive. The experiences of participants in this study were different. Especially in focus group interview five, some statements made by the participants indicated strong feelings in this regard:

- *"They use performance appraisal as a way to threaten us"*
- *"When I have done something wrong, I won't be told until during performance appraisal, when the supervisor will be telling me her mind"*
- *"The supervisors do not even tell us politely we have not done well"*

Several authors clearly indicate that the responsibility for making appraisees feel that they belong, and that their contributions are being

recognised, lies solely with the person who is doing the assessment (Meyer, van Niekerk & Naudé, 2004:222; Mackenzie & Buchan, 1998: 84).

Everyone likes to feel the ownership of appraisals, to be praised for the quality of work done, to receive recognition for the high quality of care delivered and the contributions made in the workplace, nurses no less than others (Bradley, 2001:71). However, the experiences of the participants were different, as some of them made statements such as:

- *“Never come to a situation where I am told that here you have done so well please keep it up”*
- *“We are not even commended”*

Studies have demonstrated that recognition is one of the most important ways that health care organisations have to motivate employee performance in this regard. Moreover, motivation by nurses to achieve high levels of quality nursing care is a consequence of receiving recognition for a job well done (Cuthbert et al., [1992] in Metcalf, 2001:56).

Even though the poor attitudes and skills of the appraisers were attributed to unsuccessful appraisals, the opinion of two of the participants were that the ***appraisals cause an increased workload*** for the appraisers:

- *“Supervisors (appraisers) are overworked”*
- *“They don’t even have time to supervise (appraise) us properly”*

One of the documented reasons for the failure of appraisals is the resistance that appraisers show to the appraisal process, and seeing it as unnecessary paperwork. This is opposed to the view that appraisers should view performance appraisal as an important part of their functioning, and not as an additional burden to an already overstretched workload (Carson, 2004:9; Meyer, van Niekerk & Naudé, 2004:222).

The success of performance appraisal also lies in the benefits that both the appraisee and appraiser attach to it.

3.2.1.3 Sub-category: Appraisal Benefits

Usually performance appraisal helps to identify appraisees' learning needs, and the necessary strategies to address these needs are then selected. In this way, the appraisees are supported in their personal and professional needs (Metcalf, 2001:55; Meyer, van Niekerk & Naudé, 2004:221).

In this sub-category, six issues, four positive and two negative were identified.

Firstly, some participants responded positively and indicated that **training is provided based on the identified needs**. Some of the nine statements made in support of this view are as follows:

- *"Training needs are identified during appraisals"*
- *"Sometimes we receive trainings and updates"*

- *"I was good in PHC and I was given to go to school and build more on that"*

The appraiser should make it clear that the goal of performance appraisal is to help the employee to do the best job possible (Zimmermann, 2002:136; Carson, 2004:8):

- *"We are helped to address the problems"*
- *"We can have chance to look at the weaknesses and try to improve them"*

Secondly, two participants were of the opinion that appraisals help them to ***gain insight into their own performance:***

- *"It helps us know how we are performing our duties as nurses"*
- *"To know how good or how bad we are performing".*

These were also supported by the literature by indicating that through appraisals, the appraisees who are not functioning at an acceptable level can be advised, assisted, guided and supported in the areas in need of improvement, as well as on the methods to use, to bring about the necessary changes. On the other hand, the appraiser could also be able to help appraisees who function at a satisfactory level to keep up the satisfactory performance and to improve on the performance (Chandra & Frank, 2004:29).

As mentioned earlier (in 3.2.1.2), the calibre of the person who appraises is very important. This would allow both parties involved in the appraisal

to identify and discuss the difficulties or obstacles which hamper the performance of the appraisee.

Thirdly, a statement made by one of the participants indicates that performance appraisal enables them to always **refer to appraisers whenever they have problems**:

- *"We won't be shy to always refer to our supervisors when we meet problems"*

This is consistent with Mackenzie and Buchan's (1998: 85) view that this, to the appraisee concerned, could be the one and perhaps only chance to discuss important issues about work and future development. It could also be the only time that the appraisee has the manager's undivided attention.

Fourthly, what seems to be consistent in the experiences of participants regarding appraisal benefits was the view that appraisals **increase motivation and morale**. In support of this, Bradley (2001:71) asserts that performance appraisal is believed to be an excellent opportunity to recognise the appraisees' accomplishments, which can be a real morale booster. Statements made by some of the participants were that appraisals:

- *"Motivate me to keep on"*
- *"We feel that the association cares and it increases our morale"*
- *"This will make us feel good and develop more interest in our work".*

However, as stated in the beginning, there were two views regarding appraisal benefits, especially between the registered nurses working in the clinics and those who work in the hospital. Interestingly, as these negative experiences were discussed, participants, especially those in group five became very angry: some were laughing, and some were hitting the tables to emphasise their views. According to this group ***no benefits were gained based on performance appraisals***. Their negative feelings were voiced as follows:

- *"It (appraisal) being done or not does not make a difference"*
- *"Performance appraisal does not benefit us in any way"*
- *"Only the nurses who work in the clinics who feel it is good or maybe they benefit from it"*

This contradicts the fact that performance appraisal should be aimed at the achievement of both institutional and individual performance targets. At the end, both the appraiser and the appraisee should have a clear understanding of what needs to happen in the next year for the appraisee to grow and continue to be successful (Kelly-Heidenthal, 2003:558).

On the same note, participants have also experienced situations whereby individuals ***got salary increments, even if their performance was poor***:

- *"I won't develop interest in improving my performance knowing that whether I put less effort or not, when there are increments, I will also get"*
- *"It is not good when salary increments are not based on our performance".*

This also contradicts the views from the literature that remuneration (pay) should be linked to performance, and that organisational strategies should make provision for rewarding performance excellence. This was based on the assumption that employees would make an effort to achieve, if performance was rewarded (Van Niekerk, 2004:2).

Another important issue that was raised during the focus group interviews was the appraisal instrument. The opposing views identified in this regard will be highlighted in the next part of the discussion.

3.2.1.4 Sub-category: Appraisal Instrument

Most performance appraisals use some sort of checklist, or a form reflecting whether the individual being evaluated meets standards, exceeds standards, or falls below the organisation's standards. The assessment form should facilitate the accurate appraisal of the individual's performance, and provide the opportunity to identify the personal goals of the individual and the goals of the organisation (Yoder-Wise, 2003:300; Kelly-Heidenthal, 2003:558).

Three statements indicating the reliability of the appraisal instruments were made, as opposed to eleven statements that described the instruments as unreliable.

The participants who considered the appraisal instruments reliable, stated that ***the instrument reflected actual activities and standards:***

- *"Questions that are tabulated in the forms do focus on what we are doing"*
- *"On the appraisal form, there is a portion where I have to state my duties"*
- *"We also have the quality of care standards".*

The participants who disagreed with the above statements maintained that the appraisal instruments **were not reliable, that it did not reflect the actual activities, procedures or standards of care of nursing:**

- *"They are not based on the actual doing of things"*
- *"We do not have nursing standards in Lesotho"*
- *"Nothing is used as a basis for judging performance".*

Participants also found appraisal forms **too general to appraise different categories of employees**

- *"The form according to me is not adequate: the same form is used to assess all of us"*
- *"The appraisal form, it is too general"*
- *"Everybody in the hospital fills in the same form; nurses, doctors, drivers, cleaners, all of us"*

These experiences contradict the opinion that employees should be appraised against standards and criteria that are consistent with their job descriptions. The appraisal form should reflect the job description, have measurable behaviours, and have similar core actions for all

appraisees in a given position throughout the organisation (Zimmermann, 2002:136; Carson, 2004:9; Chandra & Frank, 2004:25).

Performance appraisal is a managerial process that is carried out by and within organisations, and during the focus group interviews the participants also raised their concerns in this regard:

3.2.1.5 Sub-category: Organisation

For many organisations, performance evaluation is often the first step towards a performance-based salary increase. Employees' pay rises are matched to their performance (Roach, [1999] in Carson, 2004:8; Bradley 2001:71).

However, this type of motivation works only if the link between effective effort and reward is clear, and if the value of the reward is worth the effort (Armstrong, 1996:161).

The views of the participants **regarding salary or increment decisions** were strongly expressed in eight statements. Some of these are:

- *"At the end we all get the same increase"*
- *"There has never been a situation whereby a person does not get an increment because of poor performance"*
- *"If there is a 2% increment everybody gets it"*
- *"If there is no increment we are all affected"*
- *"If the prime minister gives 5.5% we all get it"*

3.2.1.6 Sub-category: Appraisal Process

Performance appraisal is a planned continuous process intended to set direction, to monitor, to measure performance and develop sustained improvement. Ideally, appraisals are conducted on an ongoing basis. Individual facilities set their own policies, identifying the process and time frames (Meyer, van Niekerk & Naudé, 2004:222).

In this study five themes that contain negative statements, and two themes containing positive statements, were identified.

Contrary to the assertions in the literature that appraisal should be conducted on an ongoing basis, the participants showed that **appraisals are not done consistently**. These inconsistencies were angrily voiced by twelve participants. Some of their comments were:

- *"It is not consistently done"*
- *"Supervisors don't do it regularly"*
- *"It is done only when it suits the supervisors"*
- *"You could see that they only do them as a routine"*

On the same note, seven participants had strong feelings about the **irregularity** and **infrequencies** between appraisals. Some of their comments were:

- *"They only appraise us at the end of the year when they know that the matron will request the appraisal forms"*

- *"It was done annually"*
- *"It was done late"*
- *"It is only done at the end of the year"*
- *"We have been told that it will be done twice a year, which does not happen"*

For many organisations, annual appraisals are the norm, however, the frequency of appraisals should be determined by the organisation, for example, having them every six months. The organisation should remember that they should not be too frequent, as this has proved to be ineffective. On the other hand, it should not only be annually, as the continuity is then lost (Yoder-Wise, 2003:298; Metcalf, 2000:25).

Two of the participants were also concerned that appraisals are **poorly administered**:

- *"If there are no salary increments you may find that the forms are not even sent to the head office"*
- *"One did not get an annual increment because the supervisor (appraiser) did not submit the forms"*

These contradict Huber's (2000:331) assertion that performance appraisals provide data that could be used for making administrative decisions about the perceived value of the appraisee to the organisation.

Appraisals were not only considered as poorly administered. Another concern that appraisers' **jokes about participants' performance during**

appraisals was raised: The two participants sounded very upset about this:

- *"You will hear people making jokes about our performance after appraisals"*
- *"You will hear such jokes but nothing will be done about it"*
- *"One may think that there is confidentiality implied in the process".*

According to Horner [1992] in (Metcalf, 2000:55), vague, negative or personal comments made about employees can impact on the way they react to recommendations made after performance appraisal. It is further indicated that each employee's appraisal should be handled confidentially and not be discussed with other employees (Meyer, van Niekerk & Naudé, 2004:223).

It also seemed to participants that appraisers are never sure of **whose responsibility** it was to conduct performance appraisal:

- *"You can't appraise somebody you do not supervise"*
- *"Nurses were appraised by branch coordinators who are not nurses"*

Studies indicate that employees' immediate supervisors often conduct the performance appraisal, since they are in closer contact and know them best. It was further asserted that the fair and effective performance appraisal of employees is possible if the appraisers have worked with the employees for some time and have witnessed the employees' performance (Chandra & Frank, 2004:27-65).

Dissatisfaction regarding the appraisal process was also voiced:

- *"But the plan that we both made will never be implemented"*
- *"It was just the filling of the form and signing where I had to sign"*
- *"It ends up being subjective".*

In view of the above, the literature asserted that appraisers should make sure that the employees understand fully the reason for the appraisal and what process it entails. They should also make performance appraisal a constant and continuing process, not just *"...a day of reckoning, which is feared"* (Mackenzie & Buchan, 1998:85).

Despite the negative experiences with the appraisal process, eleven participants appreciated the fact that performance appraisal has been a *team effort*. Some comments were:

- *"I sit down with my supervisor and try to find out together, why I am not doing well in a certain area"*
- *"We sit together with the supervisor to discuss"*
- *"Questionnaire that is brought by the supervisor and we fill it in together"*
- *"We agree on my strengths and shortcomings"*
- *"And finally we sit down and reconcile the ratings and then reach a consensus"*
- *"We both sign"*

These were significantly related to Crane and Crane's (2000:64) opinion that the participation of appraisees in matters that affect them, and in

making decisions concerning their own performance turns out to be of great benefit as it improves their morale and raises their productivity.

The literature also showed that the appraiser should be ready and willing for the employees' inputs, which can be achieved by self-evaluation. The appraisee should be asked for his/her perspective of the appraisal, then listen, accept, and respond to him or her (Zimmermann, 2002:136).

The above views support the statements of some of the participants which indicate that they have been **awarded time for self-appraisal**:

- *"I am given a form by my supervisor to rate myself"*
- *"I am asked to write my job descriptions on the form and rate myself"*

During self-appraisal, the appraisee gets an opportunity for reflection and self-review, which could inform future plans and objectives regarding performance (Chandra & Frank, 2004:28).

Finally, attention will be paid to the participants' feedback on the purpose of performance appraisal.

3.2.1.7 Sub-category: Purpose of Appraisal

There were different opinions regarding the clarity of the appraisal purpose. One participant indicated that:

- *"It was associated with annual increments"*

- *"Is associated only with salary increases".*

Interestingly, most of the participants were of the opinion that ***the purpose has neither been clear nor meaningful***

- *"It is a waste of time to do performance appraisal"*
- *"Unless the purpose of doing it can be clarified"*
- *"It is not performance oriented"*
- *"It really had no meaning to me"*
- *"They really mean nothing to me"*

Research emphasises the need for clarity of the purposes of performance appraisal. It was noted that most appraisals were a waste of time unless the purpose they are intended to serve is clarified. The purposes of performance appraisal could be looked at from the different viewpoints of the main stakeholders: the employee and the organisation. From the employee's viewpoint, the purpose of performance appraisal is fourfold:

- Tell me what you want me to do
- Tell me how well I have done it
- Help me improve my performance, and
- Reward me for doing well.

From the organisation's viewpoint, performance appraisal is done to establish and uphold the principle of accountability. As responsibilities are given, organisations should ensure that employees are held accountable for them (Cash, 1993: Online).

It was also noted that the purposes for which performance appraisal was introduced in the U.K. universities were the following (Bull, 1990:57):

- To help employees develop their careers.
- To improve performance.
- To identify changes in the organisation or in the operation of the institution, which would enable employees to improve their performances.
- To identify and develop potential for promotion.
- To improve the efficiency with which the organisation is managed.

3.2.1.8 SUMMARY

In this study, twenty-eight themes were identified regarding participants' experiences of performance appraisal. Ten positive and eighteen negative experiences were noted. Most statements were made regarding the fact that follow-up was not done (eleven); lack of commitment on the part of the appraiser (eight); the poor attitude and appraisal skills of appraisers (fourteen); that training is provided based on needs (nine); that salary increment decisions are based on performance appraisal (eight); that appraisal was not done consistently or regularly (twelve); that appraisal is a team effort (eleven); and the fact that the purpose of appraisal was not clear (eight). The poor attitudes and appraisal skills of appraisers, and the fact that appraisal was not done consistently or regularly, received the most attention.

The participants' expectations of performance appraisal will be discussed in detail in the following section.

3.3 RESULTS AND LITERATURE CONTROL: EXPECTATIONS REGARDING PERFORMANCE APPRAISAL

3.3.1 Main Category: Expectations

The experiences of participants made it possible for them to provide the researcher with suggestions on how the performance appraisal process could be improved. According to Edis (1995:11-15), employees' expectations have contributing effects on the success of performance appraisal. These expectations will also be discussed using the categories and themes identified in the content analysis.

3.3.1.1 Sub-category: Appraisee

The participants made two suggestions. Firstly, eleven participants across all the focus group interviews were of the opinion that ***appraisal should focus on identifying gaps and improving performance. For example,***

- *"The appraisee should be assisted to improve"*
- *"We should be assisted to correct the gaps where we under-perform".*
- *"Where there are shortcomings the institution should help me improve"*
- *"To make us aware of the areas of our work that we are good and those that we do not do good".*
- *"Where there are strengths, I should be developed in that area".*

The literature, in view of the above, clearly demonstrates that performance appraisal enables the recognition of strengths and deficiencies in knowledge and skills. The strategies that would assist the appraisees to address those deficiencies are also identified (Metcalf, 2001:55).

Secondly, two participants emphasised that ***good performance should be appreciated:***

- *“We like to be appreciated and be told when we do good things even if I am not given money or whatever”*

In support of the above statement, it has been noted that the strength and prevalence of the natural human desire for individual recognition should not be overlooked. Performance appraisal provides employees with recognition for their work efforts, and its existence indicates to employees that the organisation is genuinely interested in their individual performance and development. This alone can have a positive influence on the employee's sense of worth, commitment and belonging. It is also argued that motivation by nurses to achieve high levels of quality nursing care is a consequence of receiving recognition for a job well done (Cuthbert et al., [1992] in Metcalf, 2001:56; Krein, 1990: Online).

Some participants linked appreciation for good performance with the provision of incentives, and stated that:

“Some incentives be provided”

The power of social recognition or appreciation as an incentive has been long acknowledged. In fact, there is evidence that human beings would even prefer negative recognition in preference to no recognition at all. It was also noted that performance improvement could be established by linking it to rewards (Huber, 2000:331).

The participants also voiced expectations regarding the appraiser.

3.3.1.2 Sub-category: Appraiser

Five issues were raised in this regard with a total of sixteen statements. Four participants expected that ***appraisal should be the responsibility of coordinators or supervisors:***

- *" We should be appraised by the service delivery coordinator"*
- *" I have to be appraised by a person from the medical field"*
- *"We expect to be appraised by nurse supervisors"*
- *"Service delivery coordinator, as a nurse is a good person to supervise senior nurses"*

Support for the above views was found in Chandra and Frank (2004:27). They indicated that the employee's immediate supervisor is often the one who conducts the performance appraisal.

As discussed in 3.3.1.1, employees need recognition for work well done. The best people to give them a pat on the back are their immediate supervisors, as they know the employees better than anyone else in the

organisation. Three participants expected their appraisers to **commend them**:

- *"The appraiser should honestly commend me"*
- *"We should be encouraged by being commended where we did well"*
- *"Also be commended where I do well".*

Three participants felt that **appraisers should supervise them on a regular basis**:

- *"We should be supervised regularly"*
- *"There should be supervision throughout so as to prepare for the formal appraisal"*

As noted earlier, ongoing and regular supervision of employees would put the appraiser in a better position to know the employees better, and therefore be able to give constructive feedback on performance. According to Crane and Crane (2000:65), successful performance appraisals are often the ones conducted by supervisors who are personally familiar with the appraisee's performance.

Some of the participants expected appraisers **to do follow-up** after the appraisals:

- *"Where we did not do well, our expectation is to see something done about that"*
- *"Individuals should be approached and their needs be addressed"*
- *"We should not be left just like that"*

At the same, the participants expected **feedback** from their appraisers:

- *"I expect to get feedback and be told what is going to be done to help me improve"*

Performance appraisals provide employees with direct feedback on their performance, and also support an environment in which employees develop skills to enable them to reflect on, and evaluate, their own performance; hence, the need for both appraiser and appraisee to work together to discuss feedback, establish future goals, identify areas that need improvement and decide on remedial action (Metcalf, 2001:55; Kelly-Heidenthal, 2003:562).

The participants also voiced their expectations regarding the construction of the appraisal instrument.

3.3.1.3 Sub-category: Appraisal Instrument

The appraisal instrument is a tool that is used to appraise employees' performance. The tool should facilitate the accurate appraisal of the appraisees' performance, and provide an opportunity to identify the personal goals of both the appraisee and the organisation (Yoder-Wise, 2003:300).

Two suggestions were made. Firstly, that the ***appraisal instrument needs to be reviewed, so that it can be suitable for appraising different categories of staff:***

- *"The form (instrument) must be modified"*
- *"The present form (instrument) is too general"*
- *"The form (instrument) should be reviewed"*

Secondly, that the appraisal instrument should reflect actual activities, procedures or standards of care:

- *"The nursing council should develop nursing standards"*
- *"Nursing standards, guidelines, and also job descriptions must be used to assess performance"*
- *"Guidelines for procedures should also be available and used during appraisals"*
- *"Job descriptions should be explained so that we understand clearly what we are expected to do"*

According to the literature, the above expectations are justified. Zimmermann (2002:136) asserts that employees should be appraised against standards and criteria that are consistent with their job descriptions. These should be communicated to employees so that they become aware of the standards expected of them, and the criteria to be used for the appraisal process.

3.3.1.4 Sub-category: Organisation

Performance appraisal forms part of the management process control within an organisation. The results of performance appraisal, according to Huber (2000:330), are used to make organisational decisions. This idea is

consistent with the expectations of most of the participants, that ***organisational decisions such as training, increments, and promotions should be based on the appraisal results:***

- *"Appraisal results have to be analysed"*
- *"Results of performance appraisal must be used to make future plans"*
- *"The results should be used to make training plans"*
- *"If there are training needs, or maybe lack of resources, management should use those in developing a plan"*
- *"Both supervisors and us should be trained on appraisal"*
- *"The results be used to determine who is to get increment and how much"*
- *"To determine who should be promoted"*

These statements are consistent with the view that pay increases and promotions send a powerful message to employees. If this message doesn't match up with the appraisal results, employees are quick to dismiss the whole process as a farce (Bannister & Balkin, 1990: Online).

In many organisations - but not all - appraisal results are used, either directly or indirectly, to help determine reward outcomes. That is, the appraisal results are used to identify the better-performing employees who should get the majority of available merit pay increases, bonuses, and promotions (Chandra & Frank, 2004:29; Derven, 1990: Online).

It was found necessary for the appraiser and the appraisee to undergo training to understand their different roles and the relevance of

performance appraisal in the achievement of organisational goals (Tomey, 2000:355).

The expectation that organisations should **provide training and orientation based on identified needs** was also raised:

- *"We need orientation to performance appraisal and also the supervisors need it"*
- *"New employees should be given orientation on the performance appraisal process including the form".*
- *"We should be oriented to the performance appraisal process"*

Performance appraisal offers an excellent opportunity - perhaps the best that will ever occur - for a supervisor and subordinate to recognise and agree upon individual training and development needs (Chandra & Frank, 2004:27).

For the appraiser, training would help develop confidence with the use of appraisal instruments and how to help the appraisee improve performance. Consistency in carrying out appraisals would also be improved (Mpooa, 2004:132; Chandra & Frank, 2004:27).

During the discussion of an employee's work performance, the presence or absence of work skills can become very obvious. Performance appraisal can make the need for training more pressing and relevant by linking it clearly to performance outcomes and future career aspirations (Metcalf, 2001:55).

From the point of view of the organisation as a whole, consolidated appraisal data can form a picture of the overall demand for training. In this respect, performance appraisal can provide a regular and efficient training needs audit for the entire organisation (Krein, 1990: Online).

3.3.1.5 Sub-category: Appraisal Process

Two of the participants expected performance appraisal to involve all stakeholders (**team effort**). Their expectations were reflected in the following statements:

- *"The supervisor and the appraisee should plan together"*
- *"We must plan together and both ensure that the plan is implemented"*
- *"We should agree on a plan that will help me improve"*
- *"Both appraiser and appraisee should sit down and do it together"*

These views are consistent with the assertion that organisations should value their employees' input. Participation should not only occur during the actual appraisal, but the employee should be involved in the formulation of objectives, as this was seen to have an effect on the implementation of performance appraisal (Mullins, 2002:702).

On the other hand, sixteen of the participants strongly showed expectations that there should be **consistency** in the appraisal process and that they should be appraised regularly:

- *"So that there is consistency"*
- *"We need to be appraised regularly"*

- *"Supervisors should do it regularly, not a once off activity"*
- *"Not to wait until end of the year"*
- *"Every four or six months"*
- *"Two times a year"*

The frequency of performance appraisals, according to Meyer, van Niekerk and Naudé (2004:222) depends on individual organisations. They are usually conducted quarterly, half-yearly or annually. However, the bottom-line is that organisations have to ensure that there is consistency in the appraisal process, and that employees see it as a continuous process of personal development (Mpooa, 2004:140).

These assertions also support the expectations of the participants that performance appraisal should be a continuous process, not to be done only when it suits the appraisers or management:

- *"Performance appraisal should be a process".*
- *"Performance appraisal should always be objective"*

Participants also felt that they should be given a chance for **self-appraisal**:

- *"Enough time for self appraisal be provided"*
- *"We should be given enough time to assess ourselves"*

Cascio (1998:63) supports the above ideas by asserting that in self-appraisal, employees make their own assessment of what they have achieved, based on the targets they have set in agreement with their

supervisors. Appraisees know their capabilities, weaknesses and goals better than anybody else. It is assumed that self-appraisal would improve individual motivation and reduce defensiveness, since it provides an individual with the opportunity to participate by voicing opinions about his/her own work, and to set goals.

Perhaps the most powerful aspect of self-appraisal is that employees are more willing generally, to accept personal "ownership" of problems that have been self-identified. This sense of ownership could provide an effective basis for stimulating change and development (Krein, 1990: Online).

Lastly, the expectations of the participants regarding the appraisal purpose will be discussed.

3.3.1.6 Sub-category: Appraisal Purpose

Part of the manager's job in an organisation is to appraise the performance of employees. These appraisals are done for multiple purposes. However, according to Huber (2000:342) the most direct goal of any performance appraisal is the improvement of performance.

Some of the participants expected the ***purpose of performance appraisal to be clear, meaningful and appropriate***. Their views were reflected in statements like:

- *"Should be more meaningful"*

- *“Performance appraisal should be done for a purpose”*
- *“Appraisal should have good purpose, not to hurt us”*

Respondents in one of the studies done on performance appraisal also suggested that the purpose of appraisal should be clear, and additional training on the purpose should be provided to both supervisors and staff (Mpooa, 2004:247).

3.4 DISCUSSION OF FIELD NOTES

The researcher took field notes during the focus group interviews, which are described as a written account of what the researcher heard, saw, experienced, and thought. They helped the researcher reconstruct the dialogue using language that is as close as possible to that which was heard in the field, and also assisted in the description of the specifics of the setting and interaction (Lofland & Lofland, 1995: Online).

The field notes were categorised according to the purpose they served during analysis, and they included:

- Observational notes
- Theoretical notes
- Methodological notes
- Personal notes

3.4.1 Observational Notes

Observational notes contain the descriptions of what has been observed. The descriptions are factual, accurate, thorough and not judgemental and include what was heard and seen by the observer/researcher (Polit et al., 2001:282; Patton, 1999: Online).

Observational field notes do not yield definitive answers, but rather yield insights for researchers who are looking carefully. Observational notes collected during the focus group interviews were categorised as follows (see Addendum J and Table 3.20).

3.4.2 Theoretical Notes

Theoretical notes are interpretations of observational notes that the researcher makes in order to attach meaning to them. These were also categorised in the following manner (see Addendum J and Table 3.21).

3.4.3 Methodological Notes

Methodological notes are reminders of how subsequent observations will be made (Polit et al., 2001:283).

The facilitator tried to involve all participants in each focus group, ensured that questions asked were as open-ended as possible in order to avoid leading participants, and also ensured that at the end of each focus group the participants were thanked.

3.4.4 Personal notes

Personal notes are written comments about the researcher's own feelings during the research process (Polit et al., 2001:467).

3.4.5 Summary

Fourteen themes regarding the expectations of the participants were identified and discussed. The three most important expectations were that training and orientation should be provided based on needs (six); that the results of appraisal should be used to make decisions including training, increments and promotions (nine); and that performance appraisal should focus on identifying gaps and improving performance (eleven).

Chapter Four will focus on the conclusions, recommendations and limitations of the study.

CHAPTER FOUR

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

4.1 INTRODUCTION

The previous chapter discussed the results of the focus group interviews as described by the content analysis and supported by the literature. This chapter will therefore focus on the conclusions that the researcher made based on the purpose, research questions and results of the study. Conclusions are similar to findings in quantitative research. However, in qualitative research, conclusions are formed throughout the data analysis process (Burns & Grove, 2001:602; Brink, 2001:200). Recommendations will also be made based on the conclusions and purpose of the study.

The conclusions will be made on the seven sub-categories (appraisee, appraiser, appraisal benefit, appraisal instrument, organisation, appraisal process and appraisal purpose) and themes that were identified from the experiences of the participants regarding performance appraisal. The expectations of the participants with regard to performance appraisal will also be considered when making conclusions and recommendations.

4.2 CONCLUSIONS AND RECOMMENDATIONS

4.2.1 Conclusions on the experiences of the participants regarding performance appraisal

Participants from the focus group interviews felt that appraisal increases their motivation towards the different assignments they have in their respective organisations. They also viewed appraisals as a way in which current performance can be investigated, and be either strengthened or improved where there is a need.

However, more participants regarded appraisals as threatening, negative and tortuous; that is, it is a threat instead of an aid to their performance. As a result, they have developed a negative attitude towards the appraisals.

4.2.2 Recommendations on the Appraisee

It is recommended that performance appraisal should emphasise performance improvement, as this also motivates the appraisees.

4.2.3 Conclusions on the Appraiser

According to the participants, communication and interaction between appraiser and appraisee is poor. As a result, they do not receive any feedback and appraisers do not usually do follow-up on the appraisals.

More often than not, appraisers did not show any commitment, and their lack of appraisal skills, together with a negative attitude to the appraisals rendered the appraisals invalid.

It was also the expectation of the participants that they would be supervised and appraised by their immediate supervisors.

4.2.4 Recommendations on the Appraiser

- It is therefore recommended that appraisers should be well informed and credible. They should feel comfortable with the techniques of appraisal, and should be knowledgeable about the employee's job and performance.
- For appraisees to view performance appraisal as fair, appraisers should fully involve them. This will enable appraisees to feel more satisfied with their appraisal result than they would have been if they had not been given the chance to talk freely and to discuss their performance.
- Appraisers should provide feedback during the appraisal meetings with the appraisees. It should also be noted that feedback will be more acceptable to appraisees when specific examples of both good and bad performance are used. In the case of negative feedback, appraisees will be less anxious about criticism, and more likely to find it useful, when they believe that the appraiser's intentions are helpful and constructive.

- The focus of the appraisal should only be on job-related behaviours, and effort should be made to avoid vague generalisations.
- Lastly, the appraiser should carefully scrutinise his/her own perceptions, motives and prejudices.

4.2.5 Conclusions on the Appraisal Benefits

Some participants felt that performance appraisal enabled them to gain insight into their own performance. They were also able to receive training, and therefore their motivation to perform better, increased. However, there were differing views in this regard, as most of the participants showed dissatisfaction about performance appraisal. This dissatisfaction was due to the lack of benefits stemming from appraisals. Their expectation was to see appraisals benefiting both the appraisees and the organisation.

4.2.6 Recommendations on the Appraisal Benefits

- It is recommended that the appraisers should not underestimate the value of this purposeful interaction between themselves and the appraisees. For many appraisees this might be the only time that they get to have exclusive uninterrupted time or access to their supervisors.

- Appraisers should be able to explain the benefits of appraisal for both the employees and the organisation.

4.2.7 Conclusions on the Appraisal Instrument

Even though some participants indicated that the appraisal instrument used for performance appraisal is reliable, most of the participants were concerned that the instrument was too general and unreliable, as it was based neither on job descriptions nor on standards of nursing care. They expected the appraisal instrument to reflect the standards of care.

4.2.8 Recommendations on the Appraisal Instrument

- It is recommended that the appraisal instrument be reviewed and developed on the basis of the job description for different positions of registered nurses, and also with reference to procedural guidelines and standards of nursing care.
- The Lesotho Nursing Council should develop and make available standards of nursing care to all institutions and registered nurses in the country.
- Both supervisors and staff should be oriented and trained in the use of appraisal instruments and the performance appraisal system of the organisation.

4.2.9 Conclusions on the Organisation

There was a general feeling amongst the participants that both organisations, that is, the LPPA and the two CHAL institutions should ensure that decisions are based on performance appraisal results.

4.2.10 Recommendations on the Organisation

- The organisation should define and clarify the relationship between performance appraisal and rewards.
- The results of performance appraisal should be analysed and used for making organisational decisions such as training, promotions, and salary increments. The inclusion of carefully collected appraisal data might contribute to better quality decisions.

4.2.11 Conclusions on the Appraisal Purpose and Process

Two participants felt that the appraisers involved them in the appraisal, and that they were given the chance of self-appraisal. On the other hand, twenty-one statements from the participants showed their dissatisfaction about the appraisals: that they had an unclear purpose, were poorly administered and were inconsistently done. There was a concern that appraisals were not taken seriously, and that appraisals were not always conducted by nurses.

4.2.12 Recommendations on the Appraisal Purpose and Process

- The purpose of appraisal should be clearly defined, since it seems unclear to employees. It should be both judgemental and developmental. It should be aimed at judging the employee's performance for his or her development, depending on his or her strengths or weaknesses.
- The appraisal policy should indicate what is to be evaluated and the criteria and methods to be used in the process. Policies, procedures and criteria (job descriptions, standards of nursing care) that are used for performance data should be reviewed and communicated to employees.
- Both the LPPA and CHAL should ensure that performance appraisal is a cyclical, open, participative and continuous process. It should start when an employee is hired, and end when the employee leaves the organisation. Progress should be assessed and tracked during orientation, and then assessed periodically.
- Within the appraisal process, the appraiser should describe the positive behaviour that has occurred over the past assessment period. The appraisee should be commended and encouraged to continue with positive behaviour; then areas that need to be improved could be discussed and reviewed.

- The plan to help the appraisee improve performance should be developed and time-frames should be determined. The appraiser should conclude by writing a summary and giving an overall rating. Both should sign and each should have a copy. This should be used as evidence for the next appraisal.
- Self-appraisal should be considered, assuming that it would improve motivation and provide the employee with an opportunity to participate and set goals
- Ethical issues such as confidentiality in the control and use of performance information should be adhered to.
- Training on the purpose and procedure of appraisal should be provided to both appraisers and appraisees.
- Appraisals should be conducted at more frequent intervals throughout the year, for example, quarterly or half-yearly. This could lead to better communication and improved understanding of the job requirements.
- The organisations should follow-up on the implementation of appraisals to establish whether the appraisals are conducted according to the plan.

4.2.13 Recommendations for Further Research

Further research is recommended using a larger sample of registered nurses.

4.3 LIMITATIONS OF THE STUDY

The researcher encountered problems both in the collection of theoretical data and in her field research. With regard to theoretical data, the researcher was not able to find much research on performance appraisal especially in Lesotho and specifically of the organisations studied. With regard to the field research, the recruitment of the participants for focus group interviews was not easy, especially in the LPPA where the number of registered nurses was very limited.

The use of focus group interviews in the collection of data on the experiences and expectations of registered nurses regarding performance appraisal, also resulted in some problems. Even though the researcher managed to conduct sufficient interviews, only the minimum required number of participants was recruited in some of the focus groups. This also applied to the LPPA.

The focus group interviews were conducted over a longer period than the researcher had planned for. There was a time delay between conducting interviews in the LPPA and CHAL institutions due to the MOHSW taking a longer time to provide the researcher with the letter permitting the conduct of interviews in the St James and Scott hospitals. This

negatively affected the limited time that the researcher had to analyse the data and complete the report.

Another limitation was that the researcher had a problem with the audiocassette that was inaudible for the first focus group interview. The focus group interview was repeated using the same participants, since there were no more registered nurses who could participate at that branch.

Lastly, the participation of the researcher in various activities at her work had detrimental effects on the completion of the study.

4.4 SUMMARY

The researcher made twenty-two recommendations regarding the design and implementation of a performance appraisal system. These recommendations are based on an in-depth analysis of the participants' "lived experiences" and expectations regarding performance appraisal.

The researcher strongly believes that if applied, these recommendations could make a difference in the future experiences of registered nurses regarding performance appraisal.

REFERENCES

Armstrong, M. 1996. Personnel management practice. 6th Ed. London: Kogan Page Limited.

Bannister, B.D. & Balkin, D.B. 1990. Introduction to performance appraisal [online] Available from: www.performance_appraisals.com/intro.htm [Accessed 15 March, 2005]

Bradley, C.D. & Burnes-Bolton, L. 2001. Your role in performance evaluation. *American Journal of Nursing*, 101(7): 71-4.

Booyens, S.W. 1993. Dimensions of nursing management. South Africa: Juta & Co Ltd.

Bradley, C.A. 2001. Your role in your performance evaluation. *American Journal of Nursing*, 101(7): 71-74.

Brink, H.I. 2001. Fundamentals of research methodology for health care professionals. Cape Town: Juta & Co.

Bull, I. 1990. Appraisal in Universities. In: Butorac, A. 1990. Quality in practice: Teaching and staff development projects, teaching and learning group. Perth: Curtin University of Technology.

Burns, N. & Grove, S.K. 1997. The practice of nursing research: Conduct, critique and utilization. 3rd Ed. USA: W.B. Saunders Company.

Burns, N. & Grove, S.K. 2001. The practice of nursing research: Conduct, critique, and utilization. 4th Ed. W.B. USA: Saunders Company.

Cascio, W.F. 1998. Applied Psychology in Human Resource Management. London: Prentice Hall.

Cash, M. 1993. Effective Management [online] Available from: www.performance_appraisals.com/intro.htm [Accessed 15 March, 2005]

Cardy, R.L. & Dobins, H. 1994. Performance appraisal: Alternative Perspectives. New York: International Thompson Publishing.

Carson, M. 2004. Do performance appraisal of registered nurses reflect a relationship between hospital size and caring? *Nursing Forum*, 39(1): 5-13.
Cascio 1998

Chandra, A. & Frank, Z.D. 2004. Utilization of performance appraisal systems in health care organizations and improvement strategies for supervisors. *The Health Care Manager*, 23(1): 25-30.

Crane, J.S. & Crane, N.K. 2000. A multi-level performance appraisal tool: Transition from the traditional to CQI approach. *Health Care Management Review*, 25(1): 64-73.

Creswell, J.W. 1994. Research design: Qualitative and quantitative Approaches. London: International educational and professional publisher.

Cuthbert, M., Duffield, C. & Hope, J. 1992. Management in nursing. In: Metcalf, C. 2001. The importance of performance appraisal and staff development: A graduating nurse's perspective. *International Journal of Nursing Practice*, 7: 54-56.

Derven, M. G. 1990. Introduction to performance appraisal [online] Available from: www.performance_appraisals.com/intro.htm [Accessed 15 March, 2005]

Edis, M. 1995. Performance management and appraisal in health services. London: Kogan Page Ltd.

Gillies, D.A. 1997. Nursing management: A systems approach. 3rd Ed. Montreal: W.B. Saunders.

Field, P.A. & Morse, J.M. 1985. Nursing research: The application of qualitative approaches. In: Burns, N. & Grove, S.K. 2001. The practice of nursing research: Conduct, critique, and utilization. 4th Ed. W.B. USA: Saunders Company.

Fobo, K., Khoali, T. & Molapo, L. 1996. Performance appraisal: Perceptions of nurses in the civil service. Unpublished manuscript, University of Botswana.

Herringer, J.M. 2002. Once is not enough when measuring staff Competence. *Journal of Nursing Management*, 33(2): 22.

Hetzell, G. 1995. Management of human resources. San Francisco: Jossey-Bass.

Holstein, J.A. & Gubrium, J.F. 1999. Active interviewing. London: Sage.

Horner, B. 1992. Handbook of staff development. In: Metcalf, C. 2001. The importance of performance appraisal and staff development: A graduating nurse's perspective. *International Journal of Nursing Practice*, 7: 54-56.

Huber, D. 2000. Leadership and nursing care management. 2nd Ed. Philadelphia: W.B. Saunders.

Kelly-Heidenthal, P. 2003. Nursing leadership and management. Delmar Learning: Canada.

Kirk, J. & Miller, M.L. 1986. Reliability and validity in qualitative research. In: Ulin, P.R., Robinson, E.T., Tolly, E.E. & McNeill, E.T. 2002. Qualitative methods: A field guide for applied research in Sexual and Reproductive Health. USA: Family Health International.

Krefting, L. 1991. Rigor in qualitative research: The assessment of Trustworthiness. *The American Journal of Occupational Therapy*, 43(3): 214-221.

Krein, T.J. 1990. Introduction to performance appraisal [online] Available from: www.performance_appraisals.com/intro.htm [Accessed 15 March, 2005]

Lacey, A. & Luff, D. 2001. Trent focus for research and development in primary health care: An introduction to qualitative analysis. Tend Focus Group.

Leininger, M.M. 1985. Qualitative research methods in nursing. New York: Grunc & Stratton.

Lesotho Government Gazette, No. 49. 1998. Nursing Act of Nurses and Midwives. Maseru: Government printers.

Lesotho Tourist Board, 2000. Lesotho, the Kingdom in the Sky, Millennium travel guide. Maseru: Tourism Blue Print.

Lincoln, Y.S. & Guba, E.A. 1985. Naturalistic inquiry. Beverly Hills: CA Sage.

Lesotho Planned Parenthood Association Strategic Plan, 1999-2003. Maseru.

Lofland, J. & Lofland, L.H. 1995: Analysing social settings: A guide to qualitative observation and analysis [online] Available from: http://www.ehr.nsf.gov/HER/REC/pubs/NSF97-153/CHAP_3.HTM
[Accessed 18 February, 2005]

Mackenzie, J. & Buchan, J. 1998: Ward management in practice. New York: Churchill Livingstone.

Marshall, C. & Rossman, B. 1995. Designing qualitative research. 2nd Ed. Thousand Oaks: Sage.

Meretoja, R. & Leino-Kilpi, H. 2001. Instruments for evaluating nurses' competence. *Journal of Nursing Administration*, 3(7/8): 346-352.

Metcalf, C. 2001. The importance of performance appraisal and staff development: A graduating nurse's perspective. *International Journal of Nursing Practice*, 7: 54-56.

Meyer, S.M., van Niekerk, S.E. & Naudé, M. 2004. The nursing unit manager: A comprehensive guide. 2nd Ed. Sandton: Heinemann Higher and Further Education (Pty) Ltd.

Miles, M.G. & Huberman, A.M. 1994. Qualitative data analysis: A source book of new methods. Beverly Hills, California: Sage.

Ministry of Health, GOL. 2003. Health in Lesotho profile. Maseru: Government printers.

Morse, J.M. (1994) Common Qualitative Methods [online] Available from: www.her.nsf.gov/HER/REC/pubs/NSF97-153/CHAP_3.HTM [Accessed 22 February, 2005]

Mpooa, M.M. 2004. Academic staff performance appraisal system for higher education in Lesotho. University of the Free State.

Mullins, L.J. 2002. Management and organizational behaviour. London: Prentice Hall.

Neuman, W.L. 1997. Social research methods: Qualitative and quantitative approaches. London: Allyn & Bacon.

Patton, M.Q. 1999. Enhancing the quality and credibility of qualitative analysis [online] Available from: <http://www.findarticles.com> [Accessed 20 December, 2004]

Polit, D.F. & Hungler, B.P. 1999. Nursing research: Principles and methods. Philadelphia: Lippincott.

Polit, D.F., Beck, C.T. & Hung, B.P. 2001. Essentials of nursing research: Methods, appraisal and utilization. 5th Ed. New York: Lippincott.

Pope, C., Ziebland, S. & Mays, N. (2000) Qualitative research in health care: analysing qualitative data [online]. Available from: <http://bmj.bmjournals.com/cgi/content/full/320/7227/114> [Accessed 22 February, 2005]

Rametse, L. 1995. Performance Appraisal System - Lesotho Civil Service (Brief No. MPS/COMM/2). Maseru: Ministry of Public Service.

Roach, C.W. 1999. Selecting, developing, and evaluating staff. In: Carson, M. 2004. Do performance appraisal of registered nurses reflect a relationship between hospital size and caring? *Nursing Forum*, 39(1): 5-13

Ross, V., Marshall, M.H. & Scott, M. 1992. *Child psychology: The modern child*. New York: John Wiley and sons.

Rossman, G.B. & Rallis, F.R. 1998. *Learning in the field: An introduction to qualitative research*. Thousand Oaks, CA: Sage.

Rubin, H.J. & Rubin, I.S. 1995. *Qualitative interviewing: The art of hearing data*. Thousand Oaks, CA: Sage.

Ryan, G.W. & Bernard, H.R. 2000. Data management and analysis methods. In: Ulin, P.R., Robinson, E.T., Tolly, E.E. & McNeill, E.T. 2002. *Qualitative methods: A field guide for applied research in Sexual and Reproductive Health*. USA: Family Health International.

Sandelowski, M. 1995. Sample size in qualitative research. *Research in Nursing and Health*, 18:179-183.

Seipobi, M. & Chabane, M. 1993. Factors leading to high attrition among registered nurses, in the Ministry of Health & Social Welfare. Unpublished manuscript, Maseru.

Shank, G.D. 2002. *Qualitative research: A personal skills approach*. New Jersey: Upper Saddle River.

Springer, P., Payne, K. & Petermann, B. 1998. Rating nursing performance based on behaviours. *Journal of Nursing Administration*, 28(1): 39.

Streubert, H.J. & Carpenter, D.R. 1995. *Qualitative research in nursing*. Philadelphia: Lippincott.

Sullivan, E.J. & Decker, P.J. 1992. *Effective management in nursing*. 3^d Ed. New York: The Benjamin/Cummings Publishing Company.

Thabane, M. 1975. *Staff appraisal system in the Lesotho Public Service*. Maseru: Ministry of Public Service.

Thorne, S. 2000. Data analysis in qualitative research. *Evidence-Based Nursing*, 3: 68-70.

Tomey, A.M. 2000. *A guide to nursing management and leadership*. 6th Ed. Missouri: Mosby.

Tyson, S. & York, A. 1997. *Human resource management*. Oxford: Butter worth- Heinemann.

Ulin, P.R., Robinson, E.T., Tolly, E.E. & McNeill, E.T. 2002. *Qualitative methods: A field guide for applied research in Sexual and Reproductive Health*. USA: Family Health International.

Uys, H.H.M. & Basson, A.A. 2000. Research methodology in nursing. 2nd Ed. Pretoria: Kagiso.

Van der Walt, H.J.D.A. 1993. The role of the pharmacist in the promotion of responsible self-medication among the residents of Katlehong. Potchefstroom University: South Africa.

Van Maanen, J. 1984. Qualitative methodology. Beverly Hills: Sage publications.

van Niekerk, D. 2004, June . Performance management in higher education. Paper presented at the NRF research project seminar, University of the Free State.

Wilson, H.S. 1989. Research in nursing. Redwood City: Addison-Wesley Publishing Co.

Wolcott, H.F. 2001. Writing up qualitative research. 2nd Ed. Thousand Oaks: Sage publications.

World Population Data Sheet, 2004. Demographic data and estimates for the countries and regions of the world. Washington: Population Reference Bureau.

Yoder-Wise, P. 2003. Leading and managing in nursing. 3rd Ed. Mosby: Missouri.

Zimmerman, P.G. 2002: Nursing management secrets. Philadelphia: Hanley & Belfus, Inc.

ADDENDUM A

**Ministry of Health and Social
Welfare request for permission**

ADDENDUM B

**Director General of Health
Services - approval letter**

ADDENDUM C

Request for permission letters

- LPPA**
- St James Hospital**
- Scott Hospital**

ADDENDUM D

Approval letters

- LPPA**
- St James**
- Scott hospitals**

ADDENDUM E

Participant consent form

ADDENDUM F

Ethics Committee - approval letter

ADDENDUM G

Frameworks for the discussion of results

- Experiences**
- Expectations**

ADDENDUM H

PILOT STUDY

- **Transcription of focus group interview**
- **Data analysis: Experiences and expectations**

FOCUS GROUP - PILOT STUDY

Facilitator:

"I welcome you all to the group discussion this afternoon. As I have already mentioned during the introductions, I am doing research for Lethale."

"Getting to today's business, can you describe your perceptions or experiences regarding performance appraisal in your institution?"

Participant 1:

"In short I can say I was happy when performance appraisal was introduced because I thought it was going to enable me to see whether I am still on track in my work or not. Being on track could lead to promotion or some incentive. However there is no consistency in the appraisal process of this hospital. In my case there is a problem of who exactly must appraise me since my immediate supervisor - I mean the senior nursing officer - can't appraise me because we are on the same grade. This creates a huge workload for the principal nursing officer because she appraises my supervisor and me."

Facilitator:

"Can we hear from others; what are your perceptions or experiences regarding performance appraisal?"

Participant 2:

"Doing performance appears to be a burden to supervisors. They are not keen to conduct appraisals. My experience of it was that I felt as if I was appraised by a stranger because our supervisors do not even know us. In reality they do not supervise us. They are not close to us, so they do not know us, or what we are doing in the workplace."

Participant 3:

"The plan for performance appraisal is fine. The form used covers almost all aspects needing to be assessed. It covers things like punctuality, procedures - how they are done, interpersonal relations with other workers, 'le tse ling' (and others). I think it is fine."

Facilitator:

"Let us share more of your experiences."

Participant 4:

"You know what, performance appraisal that is done is not focused, I do not see why is done. 'Ke tsenyo ea nako.' It is waste of time."

Facilitator:

“Coming to the next question, describe your expectations regarding performance appraisal?”

Participant 3:

“We need orientation on the form and the appraisal process that is performed. This must happen before, not at the time of the appraisal.”

Participant 1:

“Orientation also on the job descriptions and expectations of the units we work in, because they will be used during the performance appraisal. This will give me direction in my work. We also need to be motivated by training, if there are gaps in the performance.”

Participant 4:

“The results of the appraisal must be given to and discussed with us, so that problems are addressed in time. All the resources that we need to do a good job with, must be given to us and we should know who appraises whom and the time frame should be given.”

Participant 1:

"We should be allowed to work with one supervisor at least for three months, because the monthly rotations make supervisors unable to appraise properly; we stay with them for a short period. We know that may not be easy because of staff shortages, but it should be tried."

Facilitator:

"What expectations do you want to share with us, Participant 2?"

Participant 2:

"With some supervisors it is good because we do it together and see strengths and problems, but with others it is not. So there should be consistency. This will enable all problems to be solved."

Participant 3:

"We need nursing standards; the Lesotho Nursing Council has to give us standards so that performance appraisal is also based on them, not only on job descriptions and other guidelines."

Facilitator:

"Does that mean there are no nursing standards for nurses?"

Participant 4:

"We heard that they were being developed years ago, but we have never seen them."

Participant 2:

"Appraisal should be done four times a year not once, like now."

Participant 1:

"The form covers areas such as technique, personality, training needs and others. When there are problems with performance the appraiser should plan with me for training that will improve me."

Participant 4:

"The performance appraisal that is done now is the new system and we still do not understand it. Therefore we need more training on the process."

Facilitator:

"Are there any more expectations that you want to share?"

"If there is nothing more to say, this brings us to the end of the discussion and thank you very much for your contributions during the discussion."

**Table 3.3: Experiences: Categories, Sub-categories and Themes:
Pilot (To be continued)**

CATEGORY	SUB-CATEGORY	THEMES
Experience of the participants regarding the appraiser	Appraiser	<p>No supervision done</p> <ul style="list-style-type: none"> - "The appraisers do not supervise us" <p>Appraisal seems to be a burden for appraisers</p> <ul style="list-style-type: none"> - "Appears to be a burden to supervisors (appraisers)" <p>Causes an increased workload for appraisers</p> <ul style="list-style-type: none"> - "Creates much workload for the principal nursing officer (appraiser)" <p>Exposure during appraisal very short</p> <ul style="list-style-type: none"> - "We stay with them (appraiser) for a short period" <p>Appraisal is not done properly (unreliable)</p> <ul style="list-style-type: none"> - "Monthly rotations make supervisors (appraisers) unable to appraise properly"

**Table 3.3: Experiences: Categories, Sub-categories and Themes:
Pilot (To be continued)**

CATEGORY	SUB=CATEGORY	THEMES
Experience of the participants regarding the appraiser	Appraiser	<p>Appraisers not familiar</p> <ul style="list-style-type: none"> - "Felt like I was appraised by a stranger" <p>Appraisers do not know appraisees</p> <ul style="list-style-type: none"> - "The appraisers do not even know us" - "The appraisers are not close to us" <p>Lack of motivation on side of appraisers</p> <ul style="list-style-type: none"> - "The appraisers are not keen to conduct appraisals"
Experience of the participants regarding appraisal benefits	Appraisal benefits	<p>Financial gain based on appraisal</p> <ul style="list-style-type: none"> - "Lead to promotion or some incentive" <p>Appraisal provides direction</p> <ul style="list-style-type: none"> - "Gives me direction in my work" - "Enables me to see whether I am still on track" <p>Problem-solving is made possible</p> <ul style="list-style-type: none"> - "Enables all problems to be solved"

Table 3.3: Experiences: Categories, Sub-categories and Themes:

Pilot

CATEGORY	SUB-CATEGORY	THEMES
Experience of the participants regarding the appraisal instrument	Appraisal instrument	<p>Forms used cover almost everything (reliable)</p> <ul style="list-style-type: none"> - "Form used covers almost all aspects needing to be assessed"
Experience of the participants regarding the appraisal process	Appraisal process	<p>Uncertainty about who should be responsible</p> <ul style="list-style-type: none"> - "Who exactly must appraise me?" <p>Appraisal is a team effort</p> <ul style="list-style-type: none"> - "It is good because we do it together and see strengths and problems" <p>The process is not consistent (unreliable)</p> <ul style="list-style-type: none"> - "No consistency in appraisal process"
Experience of the participants regarding the appraisal purpose	Appraisal purpose	<p>The purpose of appraisal is too vague</p> <ul style="list-style-type: none"> - "Is done without focus" - "Do not see why it is done" <p>Appraisal is worthless</p> <ul style="list-style-type: none"> - "It is a waste of time"

**Table 3.4:Expectations: Categories, Sub-categories and Themes:
Pilot Study (To be continued)**

CATEGORY	SUB-CATEGORY	THEMES
Expectation of the participants regarding the appraiser	Appraiser	<p>Appraisal should be a team effort</p> <ul style="list-style-type: none"> - "Should plan with me" <p>Timely feedback should be given</p> <ul style="list-style-type: none"> - "Results of appraisal must be given and discussed with us, so that problems are addressed in time" <p>Appraisers should work with appraisees for some time</p> <ul style="list-style-type: none"> - Subordinates should be under same supervisor's supervision for some time. - "Work with one supervisor for at least three months"
Expectation of the participants regarding the benefit of appraisal	Appraisal benefit	<p>Training and orientation should be provided to motivate employees</p> <ul style="list-style-type: none"> - "Need to be motivated by training if there are gaps in the performance" - "We need more training on the process" - "We need orientation on the form and the appraisal process"
Expectation of the participants regarding the appraisal instrument	Appraisal Instrument	<p>Standards of nursing care should be available</p> <ul style="list-style-type: none"> - Standards of nursing care should be available - "We need nursing standards"

**Table 3.4: Expectations: Categories, Sub-categories and Themes:
Pilot Study**

CATEGORY	SUB-CATEGORY	THEMES
Expectation of the participants regarding the organisation	Organisation	<p>Resources necessary for carrying out duties properly should be made available</p> <ul style="list-style-type: none"> - "Resources that we need to do a good job must be given to us"
Expectation of the participants regarding the appraisal process	Appraisal Process	<p>Appraisal should be done consistently</p> <ul style="list-style-type: none"> - "There should be consistency" - Time frame should be given" - "Appraisal should be done four times a year". <p>Responsibility</p> <ul style="list-style-type: none"> - There should be clarity as to who is the appraiser - "We should know who appraises whom"

Table 3.5: Observational notes: Pilot Study

Focus Group	Homogeneity	Attention	Gestures	Interruptions
Pilot Study	<ul style="list-style-type: none"> - Participants were familiar and comfortable with one another. 	<ul style="list-style-type: none"> - All participants made contributions. - Participant 1 was more communicative and relaxed. - Other participants were a bit reluctant in the beginning but were eventually enthusiastic as the facilitator involved them more in the interview. 	<ul style="list-style-type: none"> - Participants raised their hands to volunteer for responses. 	<ul style="list-style-type: none"> - No interruptions throughout the interview.

Table 3.6: Theoretical notes: Pilot study

	Homogeneity	Attention	Gestures	Interruptions
Pilot Study	<ul style="list-style-type: none"> - Participants were able to describe their experiences rather than their perceptions. - Participant one and two were more knowledgeable on the topic, hence clear contributions. 	<ul style="list-style-type: none"> - Participants looked at and listened attentively when the facilitator asked questions. 	<ul style="list-style-type: none"> - Emotions became high as evidenced by increasing tones of voices and use of hands when stressing the issue of inadequate supervision by supervisors. 	<ul style="list-style-type: none"> - None

ADDENDUM I

Transcriptions of focus group interviews 1-5

FOCUS GROUP NUMBER ONE (1)

LPPA - CENTRAL BRANCH

Facilitator:

"Hello everybody. You are all welcome to the discussion. So could you describe your experiences regarding performance appraisal?"

Participant 1:

"My experience is that performance appraisal is not being taken seriously, because some of the things, like the indication of training needs during the appraisal are not being practiced."

Facilitator:

"Do you mean your training needs are not being considered according to how you state them during the appraisal?"

Participant 1:

"That is my experience."

Participant 2:

"For me I feel that as a nurse I have to be appraised by a person from the medical field who is aware of my duties and who is able to assess my performance because he or she is familiar with the tasks I am expected to carry out. But it has been different, for example, assessment is done by Branch coordinators. So I always wonder how they assess the professional aspect of the performance.

So I feel it is not fair from that perspective."

Participant 3:

"I was also made to associate performance appraisal with annual increments, because you would hear that for the past few years it was done annually and if it was done late, you would receive messages such as: 'How do you think that people will get their annual increments if the performance appraisal forms are not done?' so for a long time it has been associated with annual increments, not with actually assessing the performance of service providers, so that they can be encouraged to improve where there are gaps or have training where there is a need."

Facilitator:

"So you are saying that the purpose has been salary increments?"

Participant 2:

"Of course yes, it is not performance oriented."

Participant 3:

"To add to what was said, I experienced a situation where one did not get an annual increment because the supervisor did not submit the forms."

Participant 4:

"Even if the questions that are tabulated on the forms focus on what we are doing e.g. a question on punctuality, I don't know how they improve performance; they are not based on the actual doing of things, not even on procedures."

Facilitator:

"Are questions on the form not related to what you do as a nurse?"

Participant 4:

"Yes. But the forms are being modified time and time again. Presently, the form includes indications of weaknesses and the training needs. These ones identify the way we work. They are becoming better as we go along."

Facilitator:

"Do you mean that there has been an improvement in the forms recently?"

Participant 4:

“Not quite, but we are moving towards that goal. I also think that as we proceed with the quality of care, we will end up with a form that is more appropriate.”

Facilitator:

“Does anybody have different experiences?
Could we hear what experiences you had Participant 5?”

Participant 5:

“I have been appraised but my experiences have been the same as others that are mentioned.”

Facilitator:

“Can we hear from you Participant 2?”

Participant 2:

“I have been appraised several times, but it really had no meaning for me because it was just the filling in of the form and signing where I had to sign. Even if it was indicated that I hadn't done well somewhere, nothing was done about it. So I just know that the forms will again be brought in January, but they really mean nothing to me. Although the forms have

been modified to include training needs, it does not make a difference, because follow-up is not done."

Facilitator:

"Are there any more experiences that you would like to share?"

"Now that you have just described your experiences, could you also describe your expectations regarding performance appraisal?"

Participant 1:

"Performance appraisal should be more meaningful. It should not be done only for annual increments, but be done to assess our performance as nurses. Appraisers, together with management, must act accordingly on the identified positives and negatives."

Facilitator:

"Could you perhaps explain what action you suggest they should take?"

Participant 1:

"I mean that if I did a good job, the appraiser should honestly commend me. This will motivate me to carry on. On the other hand, if I did not do well, we should agree on a plan that will help me improve, and the plan must be implemented."

Participant 5:

"We expect to be appraised by nurse supervisors because they will be able to assess the professional aspect of our performance. For example, the service delivery coordinator. A nurse is a good person to supervise senior nurses, even though she is not at the clinics most of the time."

Facilitator:

"Where is the service delivery coordinator most of the time?"

Participant 3:

"She is based at the head office. She comes to the clinic every three months to supervise. But we send monthly reports to her."

Participant 2:

"The form must be modified so that it is suitable to assess nurses; the present form is too general. We need orientation for performance appraisal and also the supervisors need it. Again, we need to be appraised regularly, maybe twice a year."

Facilitator:

"Are you saying that the present form is too general?"

Participant 5:

“Everybody in the association is appraised with the same form. This can promote bias, or encourage the supervisor to be subjective.”

Participant 2:

“Yes that is what I mean.”

Participant 4:

“The results of the appraisals must be used by management to decide on increments. All nurses will be motivated to work hard if this is done. I do not mean only for increments, but amongst other things, I’d like to see gaps in performance rectified, as mentioned by my colleagues.”

Participant 3:

“We should be appraised by the service delivery coordinator because she is a nurse and understands nursing duties, our job descriptions and guidelines.”

Facilitator:

“Can we share some more expectations regarding performance appraisal?”

"If there is nothing more to say, I would like to thank you for your participation in the discussion. This is the end of the discussion."

FOCUS GROUP NUMBER TWO (2)

LPPA - NORTHERN BRANCH

Facilitator:

"I welcome you all to this discussion and as I have already indicated to you, the first thing you are expected to do is to describe your experiences regarding performance appraisal in your institution."

Participant 2:

"My experience has been that performance appraisal is done, but it is not meaningful; it does not do what it is meant to do."

Facilitator:

"Can you elaborate on that?"

Participant 2:

"Most of the time it is done just for the sake of doing it, without a clear purpose. One would think that one of the objectives of doing it would be to assess whether we are still adhering to the standards *hare ntse re etsa mosebetsi oa letsatsi le letsatsi, empa haho joalo*'when we do day-to-day duties, but it is not like that. It is only done at the end of the year

for the purpose of increments for the next year."

Facilitator:

"Do you mean it is done for the purpose of increments?"

Participant 1:

"Exactly. But we have been told that it will be done twice a year, which does not happen. If that is the case, supervisors would be able to see whether we are adhering to standards. But you see it is done not for that. We do not even get feedback after the appraisal, especially where we did not do well. Our expectation is to see something done about that."

Facilitator:

"Something like what?"

Participant 3:

"Where I lack skills '*mohlala*' for example, counselling skills, or there is a need for further training, the plan will be made, but action won't be taken and nobody will ever say anything to me about it. I expect to get feedback and be told what is going to be done to help me improve. But then we meet again at the next appraisal, with the same problems."

Facilitator:

“Where would you say the problem is, then?”

Participant 3:

“Strengths and gaps can be identified and nothing is done about them. That means that the supervisor is not performing her responsibility of assisting me to improve. I thought that after the appraisal, the appraiser would give me feedback about the whole thing.”

Participant 1:

“Performance appraisal ‘ho ea ka moo ke bonang’ according to what I see, is associated only with salary increases. But what surprises me is that even if one person is rated fair, another one bad, and another one good, in the end, we all get the same increase. There has never been a time when a person has not got an increase because of poor performance. I see that it is only done as a routine; it does not serve any purpose.”

Facilitator:

“Does doing it routinely become a problem for you?”

Participant 1:

“Yes, as my colleague mentioned, feedback is not given. This shows that it

is not taken seriously. You will hear people making jokes about our performance after appraisals."

Facilitator:

"What kind of jokes?"

Participant 2:

"One may think that there is confidentiality implied in the process, but you hear comments passed jokingly like: 'Ao bo nnyeo, ba etsa tjena le tjena' - others do this and that, and to the next person: 'hela appraisaleng ho bonahala hore nnyeo o etsa hore le hore' - during appraisal it was discovered that so and so did this and that. You will hear such jokes, but nothing will be done about it."

Participant 1:

"You know what, the form will be given to me to appraise myself, and then we sit together with the supervisor to discuss it and then reach an agreement."

Facilitator:

"So you reach a point of agreement?"

Participant 1:

"Yes, we both reach consensus, that this is how I am, or perform, and that this is what I need so I can improve, and we both sign."

Facilitator:

"Are you satisfied at the end of it all?"

Participant 3:

"Partially."

Facilitator:

"What do you mean by 'partially'?"

Participant 3:

"I say partially, because that will be a true reflection of me, but the plan that we both made will never be implemented."

Participant 2:

"Even the form, according to me, is not adequate."

Facilitator:

“Can you explain what you mean by saying that the form is not adequate?”

Participant 2:

“We are in different cadres in the association; the same form is used to assess all of us. During appraisal, I am asked to write my job description on the form and rate myself on it.”

Facilitator:

“Is that not adequate?”

Participant 1:

“I think it is not, because even if I write just two or three job descriptions out of many, the appraiser doesn't care; we work on those only, but *ke nahana hore lintho li ngata tse lokeloang ho shejoa'* - I think there are many things that need to be looked into during performance appraisal.”

Facilitator:

“Such as, what?”

Participant 2:

"Such as looking at all aspects of my job according to the job description and the guidelines. We also have the quality of care standards; those should be looked into as well."

Participant 3:

"As we are saying that there are different cadres, this morning I was told to appraise my colleagues here. But some of them I have never supervised, so I do not know how they are performing. So how am I expected to appraise somebody who is not my subordinate?"

Facilitator:

"Do you find that is a problem for you?"

Participant 1:

"I also think it is a problem. You can't appraise somebody you do not supervise. Another example is what was happening until last year: nurses were appraised by branch coordinators who were not nurses, who did not know nursing procedures or duties. That was not appropriate."

Facilitator:

"Is that being practised even at present?"

Participant 2:

"No, because we don't have that cadre any more, and we are not sure of what is going to happen."

Participant 1:

"I also think that performance appraisal should be done at intervals of maybe four to six months. But also, there should be supervision throughout, so as to prepare us for the formal appraisal".

Facilitator:

"Is there anything else?"

Participant 3:

"The form should be reviewed so that it suits all cadres."

Facilitator:

"It seems we are already at the next question where we will describe our expectations. So how do you think that could be done Participant 2?"

Participant 2:

"Two forms can be used or one form with two parts, a general one and

another one which is cadre specific. The forms should be written in both Sesotho and English to promote confidentiality for everybody, even those who do not understand English. 'Batho ba bang ha ba utloisise' - English 'hantle joale' - other people do not understand English very well, so they have to ask their colleagues to interpret for them, so that when they meet the appraiser, they have understood the questions already."

Facilitator:

"Do you as nurses, have a problem with English?"

Participant 1:

"We don't; we are just concerned about other cadres."

Facilitator:

"Any more expectations?"

Participant 2:

"The results of performance appraisal must be used to make future plans. 'Mohlala' for example, if there are training needs, or maybe a lack of resources, management should use those in developing a plan. If the plan is implemented, I will be a better performer in the future."

Participant 3:

"I also have the expectation that appraisal results have to be analysed, and if more people have the same weaknesses, that should be addressed by maybe holding a workshop for them. Even '*le batho ka bo mong ba lokeloa ho atameloa mme lithloko tsa bona li adresoe*' - individuals should be approached and their needs addressed."

Facilitator:

"Is there anything else?"

Participant 3:

"We should be given enough time to assess ourselves before we sit down with the supervisors. Also, the new form is worse than the previous one. Most of the important information that was in the previous form is not in this one, '*ke hore ha e ea etsoa revise, empa e bolauoe*' - it has not been revised.

The previous one had more information, even if it was not adequate."

Facilitator:

"Do you have anything more to share?"

Participant 1:

"I think '*re feletsoe*' - we have nothing more."

Facilitator:

"In that case we have come to the end of the discussion. Thank you very much for your active participation in the group discussion."

FOCUS GROUP NUMBER THREE (3)

LPPA - SOUTHERN BRANCH

Facilitator:

"Hello everybody, since I have already explained the purpose of the focus group discussion this afternoon, I would like us to describe right away our experiences regarding performance appraisal."

Participant 2:

Performance appraisal is done; I am given a form by my supervisor to rate myself; after that, my supervisor also rates me, and finally we sit down and reconcile the ratings and then reach consensus"

Facilitator:

"What happens in cases where you do not come to agreement?"

Participant 2:

"Each one of us will try to validate her 'yes' or 'no' until such time that we agree. But in most cases, you will find that it ends up being subjective because the appraiser will be the one who compromises."

Facilitator:

"Can you elaborate on the compromising issue?"

Participant 3:

"Yes, we always end up compromising because the supervisor always believes that she is right. So I end up agreeing that I do not put enough effort into a certain issue, only because she insists on it, not because I am convinced that I don't."

Participant 1:

"You see this issue of us nurses being appraised with the same form for everybody in the association - I do not like it. More so, that we do not even have nursing standards in Lesotho. You will find that even when there is something used to measure performance, it will be only a few job descriptions."

Facilitator:

"You mean that job descriptions are not adequate to be used as measuring instruments for performance?"

Participant 1:

"Yes, they are not adequate; there should also be guidelines or standards of nursing care. You will find that the supervisor does not care even if I have written only two or three job descriptions on the form."

Facilitator:

"Can you elaborate on what you mean by saying you write down two or three job descriptions?"

Participant 3:

"On the appraisal form, there is a portion where I have to state my duties; that is where we always put down a few job descriptions."

Participant 1:

"I have realised that performance appraisal does not benefit us in any way because even the weaknesses that could be identified and the training needs stated, you will find, are not always the problems that are addressed. Even during the next appraisal, I will be have the same weaknesses."

Facilitator:

“Do you mean that there are, at least, some times when something is done?”

Participant 1:

“Yes, but not always. The problem is that the supervisors are overworked; they don't have time to supervise us properly, and we are under-staffed. In some instances, the nurse work alone in the clinic; the supervisor visits her only sometimes. Sometimes we receive training and updates.”

Facilitator:

“Did you say you receive training sometimes?”

Participant 3:

“Yes, sometimes we do, because of the training needs identified during the appraisals. In such cases, we feel that the association cares and it increases our morale.”

Participant 2:

“My experience has also been that even though performance appraisal was planned to be done biannually, it is being done like that only at the end of the year when people's salaries will be increased in January. What

surprises me is that even when there are increments, it does not seem as though the results of the appraisals are considered. There has never been a situation in which a person does not get an increment because of poor performance. If there is a 2% increment, everybody gets it; if there is no increment, we are all affected."

Facilitator:

"Do you mean that the two issues are not related?"

Participant 2:

"It is true. They are not related, but the way it is done, you think that performance appraisal contributes to salary increments, whereas it doesn't. 'Ha lisalary li sa eketsoa, uka tloha ua fumana li sa romelloa le head office lifomo tseo' (if there are no salary increments, you may find that the forms are not even sent to head office."

Facilitator:

"What happens to the forms, eventually"?

Participant 3:

"You see them in the office until the next appraisal at the end of another year."

Facilitator:

"Are there any other experiences that you feel have not been discussed?"

Facilitator:

"On the basis of the experiences you have had, what are your expectations regarding performance appraisal?"

Participant 2:

"My expectation is that performance appraisal should be done for a purpose; to make us aware of the areas of our work that we are good in and those that we do not do so well in. Then we should be assisted to correct the gaps where we under-perform. This will make us feel good and develop more interest in our work."

Participant 1:

"Performance appraisal should be done so that the results are used to determine who is to get an increment and how much, and also to determine who should be promoted."

Facilitator:

"Do you mean salary increments?"

Participant 1:

"Yes, it is not good when salary increments are not based on our performance, because sometimes I won't develop an interest in improving my performance knowing that whether I put in more effort or not, when there are increments, I will also get one. It is not fair."

Participant 3:

"It should be done to encourage us do even better. We should be oriented to the performance appraisal process so that we also feel that it is important. Management should implement it according to the plan."

Facilitator:

"Can you elaborate on that?"

Participant 3:

"Management states that a performance appraisal will be done twice a year, but it does not happen. The supervisors should be trained to carry out the performance appraisal, so that there is consistency."

Participant 2:

"When training needs have been identified during the performance appraisal, a training plan should be developed on that basis. If there are

problems in implementing the plan, management should let us know. We should not be left just like that, until the next appraisal."

Facilitator:

"Are there any other expectations regarding performance appraisal that you can think of?"

Participant 1:

"Performance appraisal should be a process; supervisors should implement it continually, not only on that one day when we sit down together and do ratings."

Facilitator:

"Continually, what do you mean?"

Participant 1:

"I mean that during the daily supervisory activities, I should be corrected where I under-perform and also be commended where I do well. This will help me to be a better worker; rather than letting all the shortcomings pile up until the end of the year. I am sure by that time the supervisor will only be able to concentrate on the bad side more than on the good side, and that is not fair."

Facilitator:

“Are there any more expectations?”

Facilitator:

“If there are none, I thank you all for your participation and this is the end of our discussion.”

FOCUS GROUP NUMBER FOUR (4)

CHAL - ST JAMES HOSPITAL

Facilitator:

"I welcome you all to the discussion and as I have already explained to you, I am doing research for Lethale, and you are expected to describe your experiences right away, regarding performance appraisal in your institution."

Participant 1:

"What I have seen during the appraisal is that there is some form of a questionnaire that is brought to us by the supervisor and we fill it in together. We agree on my strengths and shortcomings, but after that, I do not see what is done about it. I would think that something would be done to assist me improve, especially concerning my shortcomings. I do not plan to have shortcomings, but it could be that I have problems, and those need to be addressed."

Facilitator:

"You mean nothing is done at all?"

Participant 3:

"If I may also respond to that; we sit down and she asks me the questions

and ticks the form according to my responses, which we first agree on, but after that, nothing is done. I will see her again during the next appraisal, 'mohlomong kentse ke ena le' - maybe I will still have the same problems."

Participant 2:

"We are appraised, but there is no follow-up, therefore, we do not benefit from it. It turns out to be torture because supervisors take advantage of our appraisal to tell us how bad we are."

Facilitator:

"Can you elaborate on that?"

Participant 2:

"If there was a misunderstanding between my supervisor and me some time ago, she will remind me of this only during the appraisal, I do not understand why the matter was not resolved at the time, rather than waiting until it is used to validate how a bad person I am."

Participant 1:

"We do not like it because it is a threat to us; it is used to catch us. Even when there are strengths identified, we are not even commended on those. I think if we were, that would motivate us to do better next time."

Participant 5:

"I have never been in a situation where I am told that here you have done so well; please keep it up. 'Ha ke tsebe le hore e etsoa ho ipapisitsoe le eng' - I don't know on what basis it is done because we do not have nursing standards in Lesotho."

Facilitator:

"Do you think something should be used as a basis?"

Participant 4:

"Nursing standards, guidelines, and also job descriptions must be used to assess performance. Standards we do not have, job descriptions we do not even understand. I remember they were given to me when I was employed, but nobody cared to explain them to make sure that I understood."

Participant 5:

"I think it is a waste of time to do performance appraisal, unless the purpose of doing it is clarified, so that we are able to understand it and feel that it is for our benefit and also for that of the hospital."

Facilitator:

"Who should explain the objectives?"

Participant 3:

"The management of the hospital should be responsible for seeing that it is done, and that those who appraise and those who are appraised, have a common understanding of it all. This will benefit all who are involved."

Participant 1:

"Another thing is that you see it done at the end of probation and also when there will be salary increases. I don't know how these are associated, because it does not mean that if I have performed well and the others badly, there will be a difference, 'ha ntate tona-kholo a fana ka' - if the prime minister gives 5.5% we all get it."

Facilitator:

"Is that a problem for you?"

Participant 1:

"It is not, but I don't see why it happens at that time, because it being done or not, does not make a difference."

Facilitator:

"Is there anything else?"

Participant 4:

“As humans we like to be appreciated and be told when we do good things. Being told that I did well motivates me, even if I am not given money or whatever.”

Participant 5:

“Regarding the issue of the appraisal form, it is too general; everybody in the hospital fills in the same form; nurses, doctors, drivers, cleaners, all of us. So nothing is used as a basis for judging performance. You wonder whether the supervisors just use their own discretion.”

Facilitator:

“Can you, at this point, describe your expectations regarding performance appraisal?”

Participant 1:

“The nursing council should develop nursing standards so that they will be used during appraisal.”

Participant 3:

“Appraisal should have a good purpose, not to hurt us Where there are shortcomings the institution should help me to improve. I will also take

responsibility for seeing that I improve, but I should be assisted. Also where there are strengths, I should be developed in that area."

Facilitator:

"How do you think you could be assisted?"

Participant 3:

"After my supervisor and I agree on my strengths and shortcomings, we must plan together and both ensure that the plan is implemented."

Participant 5:

"New employees should be given orientation on the performance appraisal process, including the form."

Facilitator:

"Do you think that will help? And how?"

Participant 5:

"It will. Employees will develop a better understanding of appraisal and know what to expect when that time arrives. It will help me to strive for a better performance at all times."

Participant 2:

"It should be done for the benefit of both the hospital and the nurse, not just as a routine."

Facilitator:

"Do you mean it is done just as a routine?"

Participant 2:

"Yes. After that, the forms are kept in the files and filed away until the next appraisal."

Participant 4:

"Supervisors should do it regularly, not as a once-off activity. We should be supervised regularly and where I am wrong, I should be corrected then and there and not left until the appraisal. Both supervisors and us should be trained on appraisal. Also job descriptions should be explained so that we understand clearly what we are expected to do."

Facilitator:

"Is there anything else?"

Participant 1:

"Guidelines for procedures should also be available and used during

appraisals. We should be encouraged by being commended where we did well and maybe some incentives should be provided."

Facilitator:

"I realise that you have nothing more to say, so thank you for your active participation during the discussion."

FOCUS GROUP NUMBER FIVE (5)

SCOTT HOSPITAL

Facilitator:

"Hello ladies, as I have already explained, I am doing research for Lethale."

"Can you now describe your experiences regarding performance appraisal?"

Participant 1:

"Performance appraisal is very good. It helps us know how we are performing our duties as nurses; how good or how bad we are performing."

Facilitator:

"Can you elaborate further on how exactly performance appraisal helps you?"

Participant 3:

"It is true that it helps us to know our strengths and also our weaknesses. For example, I was working in one department in this hospital where, after performance appraisal, I was given chance to develop myself further in the area where my appraiser realised that I was good."

Facilitator:

"Can you share with us what the strength was?"

Participant 3:

"Of course yes, I was good in PHC and I was able to go to school and build more on that."

Participant 2:

"It is during performance appraisal that we are shown by our supervisors where we do not perform well, and we are helped to address the problems."

Facilitator:

"How are you assisted in addressing your problems?"

Participant 2:

"I sit down with my supervisor and we try to find out together, why I am not doing well in a certain area, and then try to find solutions together. My supervisor then assists me in trying to correct the problem."

Participant 4:

"It is not always the case, because some of us do not have the same experiences."

Facilitator:

"Could you share your experiences with us as well?"

Participant 4:

"I do not have the same experiences, since the supervisors do not even tell us politely that we have not done well. They use performance appraisal as a way to threaten us. When I have done something wrong, I won't be told until the performance appraisal, when the supervisor will tell me her mind. It is not nice and performance appraisal does not benefit us in that way. We have even developed a negative attitude towards it."

Participant 6:

"Even though it is not consistently done, especially for us who are working in the hospital, when it is done, we really like it. It should be done regularly. It somehow motivates us to do well."

Participant 5:

"I think it is only the nurses who work in the clinics who feel it is good, or maybe they benefit from it. With us in the hospital, it is different; supervisors don't do it regularly; they wait until at the end of the year, and in that way it does not benefit us because by that time they have forgotten some of our shortcomings."

Facilitator:

"Are you are saying that it should not wait until the end of the year?"

Participant 5:

"At least biannually, and it should be a process, not to be done only during that time when both sit down and check against the form. My supervisor should correct me throughout the year."

Participant 7:

"Performance appraisal does not benefit us because it is done only when it suits the supervisors. At the end of the year, supervisors are very busy filling in appraisals, but you can see that they only do them as a routine and concentrate only on our shortcomings."

Facilitator:

"Can you elaborate on what you mean by saying that they are done routinely?"

Participant 7:

"It means that they only appraise us at the end of the year when they know that the matron will request the appraisal forms."

Facilitator:

"Are there any more experiences that you would like to share?"

Participant 4:

"We would really like to see management using performance appraisal as a tool for the improvement of our performance, so that we can contribute to the achievement of the hospital's goals and objectives."

Facilitator:

"It seems we have now automatically rushed to the second question that requires you to describe your expectations regarding performance appraisal. Could we hear more of this?"

Participant 3:

"It should be done at least twice a year, so that we have a chance to look at our weaknesses and try to improve on them as soon as possible and not to wait until the end of the year."

Participant 1:

"During the appraisal both appraiser and appraisee should sit down and do it together and agree on issues that arise from the appraisal. They should also agree on a way forward while trying to achieve the set objectives."

Facilitator:

“What do you mean by ‘set objectives’?”

Participant 1:

“I mean the objectives that are laid down in order to address the problems of the appraisee. The supervisor and the appraisee should plan together and the appraisee should be assisted to improve.”

Participant 7:

“Performance appraisal should always be objective. Supervisors should do it bearing in mind that the purpose is to get the best out of us in providing services and the results should be used to make training plans. What was done with Participant 1 was good; I really like it.”

Participant 5:

“Job descriptions and guidelines should be used during appraisals so that my supervisor knows what I should be doing and how. This will help because the form that is used is general; it is the same for all cadres in the hospital. In order to differentiate, these kinds of documents should be used, because they are specific to nurses.”

Participant 2:

"Our supervisors should continue to do appraisals regularly, at least twice a year because we really get motivated when we are regularly being given a pat on the back for work well done. Even when we are corrected, in cases where we are weak, supervisors should create a comfortable work environment for us nurses in this way."

Facilitator:

"So you feel that a good work environment is important?"

Participant 2:

"Yes. In that kind of environment we won't be shy to refer to our supervisors when we meet problems in our day-to-day nursing activities."

Participant 3:

"My feeling is that our supervisors are trying, not denying the fact that there might be some irregularities. I hope that with all the stated expectations, performance appraisal will be an enjoyable experience and we will all benefit from it."

Participant 6:

"Sometimes I have the feeling that it is associated with promotions or salary increments, only to find that it isn't, really. For example, when there are salary increments everybody gets one, whether he/she is a good performer or not. The person gets promoted, despite his/her weaknesses. So I think management should also clarify these issues. Why is it being carried out when it seems there is no link?"

Facilitator:

"What issues, do you think, need clarification?"

Participant 6:

"How are salary increments or promotions linked to performance appraisal because they are given before the appraisal?"

Facilitator:

"Can we share any more expectations?"

Facilitator:

"If there are no more contributions, I would like to thank everybody for actively participating in this discussion. Thank you very much."

ADDENDUM J

ANALYSIS OF FOCUS GROUP INTERVIEWS

- CATEGORIES**
- SUB-CATEGORIES**
- THEMES**

FIELD NOTES

- Observational notes**
- Theoretical notes**

**Table 3.7: Experiences: New categories, sub-categories and themes:
Focus Group interview 1 - 5 (To be continued)**

CATEGORY	SUB-CATEGORY	THEMES
<p>a) Experience of the participants regarding performance appraisal</p>	<p>Appraisee</p>	<p>Appraisal increases motivation</p> <ul style="list-style-type: none"> - "Motivates us to do better next time" - "Being told that I did well motivates me" - "It somehow motivates us to do well" - "We really get motivated when we are regularly being given a pat on the back for work well done" - "When it is done, we really like it" <p>Appraisal increases performance of appraisee</p> <ul style="list-style-type: none"> - "I will be a better performer in the future" - "This is what I need so I can improve" - "This will help me to be a better worker" - "Will help me to strive for a better performance at all times" - "Be encouraged to improve where there are gaps".

**Table 3.7: Experiences: New categories, sub-categories and themes:
Focus Group interview 1 - 5**

CATEGORY	SUB-CATEGORY	THEMES
a) Experience of the participants regarding performance appraisal	Appraisee	<p>Appraisal is threatening, negative and tortuous</p> <ul style="list-style-type: none"> - "We do not like it because it is a threat to us" - "We have developed a negative attitude towards it" - "It turns out to be torture"

**Table 3.8: Experiences: New categories, sub-categories and themes:
Focus Group interview 1 - 5 (To be continued)**

CATEGORY	SUB-CATEGORY	THEMES
Experience of appraisee regarding the appraiser	Appraiser	<p>Communication or interaction between appraiser and appraisee is poor</p> <ul style="list-style-type: none"> - "Nobody will ever say anything to me about that" - "After that, the forms are kept in the files and filed away until the next appraisal" <p>No feedback is given</p> <ul style="list-style-type: none"> - "I thought that after the appraisal, the appraiser would give me feedback about the whole thing" - "Feedback is not given" - "We do not get feedback after the appraisal"

**Table 3.8: Experiences: New categories, sub-categories and themes:
Focus Group interview 1 - 5 (To be continued)**

CATEGORY	SUB-CATEGORY	THEMES
<p>Experience of appraisee regarding the appraiser</p>	<p>Appraiser</p>	<p><i>Follow-up not done by appraisers</i></p> <ul style="list-style-type: none"> - <i>"There was nothing done with that"</i> - <i>"Nothing is done about that"</i> - <i>"After that, nothing is done"</i> - <i>"After that I have not seen what is done about it"</i> - <i>"We will meet again at the next appraisal with same problems"</i> - <i>"The supervisor is not taking the responsibility to assist me to improve"</i> - <i>"I will see her again at the next appraisal"</i> - <i>"The plan will be made, but action won't be taken"</i> - <i>"Not always are those problems addressed"</i> - <i>"Maybe I would still have same problems"</i> - <i>"I do not plan to have shortcomings; sometimes it could be that I do have problems, and those need to be addressed"</i> - <i>"Follow-up is not done"</i> - <i>"There is no follow -up"</i>

**Table 3.8: Experiences: New categories, sub-categories and themes:
Focus Group interview 1 - 5 (To be continued)**

CATEGORY	SUB-CATEGORY	THEMES
Experience of appraisee regarding the appraiser	Appraiser	<p><i>Lack of commitment on the part of appraiser</i></p> <ul style="list-style-type: none"> - <i>"It is not taken seriously"</i> <p><i>Attitude and appraisal skills of appraisers are poor</i></p> <ul style="list-style-type: none"> - <i>"The appraisers don't care"</i> - <i>"The supervisor can be subjective"</i> - <i>"The supervisor does not care even if I have written only two or three job descriptions on the form"</i> - <i>"The appraisee will be the one who compromises"</i> - <i>"The supervisors just use their own discretion"</i> - <i>"The supervisor always believes that she is right"</i> - <i>"If there was misunderstanding between my supervisor (appraiser) and me, she will only remind me of that during the appraisal"</i>

**Table 3.8: Experiences: New categories, sub-categories and themes:
Focus Group interview 1 - 5**

CATEGORY	SUB-CATEGORY	THEMES
<p>Experience of appraisee regarding the appraiser</p>	<p>Appraiser</p>	<p><i>Attitude and appraisal skills of appraisers are poor (Cont)</i></p> <ul style="list-style-type: none"> - <i>"Supervisors take advantage of the appraisal to tell us how bad we are"</i> - <i>"Only concentrate on our shortcomings"</i> - <i>"They use performance appraisal as a way to threaten us"</i> - <i>"When I have done something wrong, I won't be told until the performance appraisal, when the supervisor tells me her mind"</i> - <i>"The supervisors do not even tell us politely that we have not done well"</i> - <i>"Never been in a situation where I was told that I had done well, and that I should keep it up"</i> - <i>"We are not ever commended"</i> <p><i>Appraisal causes an increased workload for appraisers</i></p> <ul style="list-style-type: none"> - <i>"Supervisors (appraisers) are overworked"</i> - <i>"They don't have time to supervise (appraise) us properly"</i> - <i>"The supervisor only visits her (appraisee) sometimes"</i>

**Table 3.9: Experiences: New categories, sub-categories and themes:
Focus Group interview 1 - 5 (To be continued)**

CATEGORY	SUB-CATEGORY	THEMES
<p>Experience of the participants regarding the benefits of performance appraisal</p>	<p>Appraisal benefits</p>	<p><i>Training is provided based on needs</i></p> <ul style="list-style-type: none"> - <i>"Training where there is a need"</i> - <i>"Sometimes we receive training and updates"</i> - <i>"Training areas need to be identified during appraisals"</i> - <i>"Weaknesses could be identified and training needs. After the performance appraisal, I was given a chance to develop myself further in the area where my appraiser realised that I was good"</i> - <i>"I was good in PHC and I was given a chance to go to school and build further on that"</i> - <i>"Strengths and gaps should be identified"</i> - <i>"We are helped to address the problems"</i> - <i>"We should have the chance to look at our weaknesses and try to improve on them"</i> - <i>"We are corrected in cases where we are weak"</i>

**Table 3.9: Experiences: New categories, sub-categories and themes:
Focus Group interview 1 - 5 (To be continued)**

CATEGORY	SUB-CATEGORY	THEMES
<p>Experience of the participants regarding the benefits of performance appraisal</p>	<p>Appraisal benefits</p>	<p><i>Insight gained into own performance</i></p> <ul style="list-style-type: none"> - <i>"It helps us know how we are performing our duties as nurses"</i> - <i>"To know how good or how bad we are performing"</i> <p><i>Problems referred</i></p> <ul style="list-style-type: none"> - <i>"We won't be shy to refer to our supervisors when we have problems"</i> <p><i>Motivation and morale are increased</i></p> <ul style="list-style-type: none"> - <i>"Motivates me to carry on"</i> - <i>"Nurses will be motivated to work hard if this is done"</i> - <i>"We feel that the association cares and it increases our morale"</i> - <i>"This will make us feel good and develop more interest in our work".</i>

**Table 3.9: Experiences: New categories, sub-categories and themes:
Focus Group interview 1 - 5**

CATEGORY	SUB-CATEGORY	THEMES
<p>Experience of the participants regarding the benefits of performance appraisal</p>	<p>Appraisal benefits</p>	<p><i>No benefits gained based on performance appraisal</i></p> <ul style="list-style-type: none"> - <i>"It (appraisal) being done or not does not make a difference"</i> - <i>"Performance appraisal does not benefit us in any way"</i> - <i>"In the way it is done, it does not benefit us"</i> - <i>"Only the nurses who work in the clinics feel it is good or maybe they benefit from it"</i> <p><i>Increments given even if performance is poor</i></p> <ul style="list-style-type: none"> - <i>"I won't develop an interest in improving my performance knowing that whether I put in more effort or not, when there are increments, I will also get one"</i> - <i>"It is not good when salary increments are not based on our performance"</i>

Table 3.10: Experiences: New categories, sub-categories and Themes: Focus Group interview 1 – 5 (To be continued)

CATEGORY	SUB-CATEGORY	THEMES
<p>Experience of the participants regarding the performance appraisal instrument</p>	<p>Appraisal Instrument</p>	<p><i>Instrument reflects actual activities and standards (reliable)</i></p> <ul style="list-style-type: none"> - <i>“Questions that are tabulated in the forms do focus on what we are doing”</i> - <i>“On the appraisal form, there is a place where I have to state my duties”</i> - <i>“We also have the quality of care standards”.</i> <p><i>Instrument does not reflect actual activities, procedures or standards of care (unreliable)</i></p> <ul style="list-style-type: none"> - <i>“It is not based on the actual doing of things”</i> - <i>“Not even on procedures”</i> - <i>“The new form is worse than the previous one”</i> - <i>“The previous one had more information, even if it was not adequate”</i> - <i>“We do not have nursing standards in Lesotho”</i> - <i>“There should also be guidelines or standards of nursing care”</i> - <i>“Nothing is used as a basis for judging performance”.</i>

Table 3.10: Experiences: New categories, sub-categories and Themes: Focus Group interview 1 - 5

CATEGORY	SUB-CATEGORY	THEMES
<p>Experience of the participants regarding the performance appraisal instrument</p>	<p>Appraisal Instrument</p>	<p><i>Instrument too general to appraise different categories of employees</i></p> <ul style="list-style-type: none"> - <i>"The form according to me is not adequate; the same form is used to assess all of us"</i> - <i>"The appraisal form is too general"</i> - <i>"Everybody in the hospital fills in the same form; nurses, doctors, drivers, cleaners, all of us"</i> - <i>"Even when there is something used to measure performance, it will only be for a few job descriptions"</i>

Table 3.11: Experiences: New categories, sub-categories and Themes: Focus Group interview 1 – 5

CATEGORY	SUB-CATEGORY	THEMES
<p>Experience of the participants regarding the Organisation</p>	<p>Organisation</p>	<p><i>Salary or increment decisions based on performance appraisal</i></p> <ul style="list-style-type: none"> - <i>“At the end, we all get the same increase”</i> - <i>“It is being done like that only at the end of the year when people’s salaries will be increased in January”</i> - <i>“There has never been a situation in which a person does not get an increment because of poor performance”</i> - <i>“If there is a 2% increment, everybody gets it”</i> - <i>“If there is no increment, we are all affected”</i> - <i>“If the prime minister gives 5.5% we all get it”</i> - <i>“Performance appraisal contributes to salary increments.”</i> - <i>“How do you think people will get their annual increments if the performance appraisal forms are not done?”</i>

Table 3.12: Experiences: New categories, sub-categories and Themes: Focus Group interview 1 – 5 (To be continued)

CATEGORY	SUB-CATEGORY	THEMES
<p>Experience of the participants regarding the performance appraisal process</p>	<p>Appraisal Process</p>	<p><i>Appraisal not done consistently or regularly</i></p> <ul style="list-style-type: none"> - <i>"It is not consistently done"</i> - <i>"Supervisors don't do it regularly"</i> - <i>"They wait until the end of the year"</i> - <i>"It is done only when it suits the supervisors"</i> - <i>"You can see that they do them only as a routine"</i> - <i>"They appraise us only at the end of the year when they know that the matron will request the appraisal forms"</i> - <i>"It is done at the end of probation and also when there will be salary increases"</i> - <i>"By that time she has forgotten some of my shortcomings"</i> - <i>"It was done annually"</i> - <i>"It was done late"</i> - <i>"The forms will be brought in January"</i> - <i>"It is done only at the end of the year"</i> - <i>"We have been told that it will be done twice a year, which does not happen"</i>

Table 3.12: Experiences: New categories, sub-categories and Themes: Focus Group interview 1 – 5 (To be continued)

CATEGORY	SUB-CATEGORY	THEMES
<p>Experience of the participants regarding the performance appraisal process</p>	<p>Appraisal Process</p>	<p>Poor administration</p> <ul style="list-style-type: none"> - "If there are no salary increments it may be that the forms have not been sent to head office" - "One did not get an annual increment because the supervisor (appraiser) did not submit the forms" <p>Appraisal seen as a joke</p> <ul style="list-style-type: none"> - "You will hear jokes but nothing will be done about it" - "You will hear people making jokes about our performance after the appraisals" <p>Responsibility</p> <ul style="list-style-type: none"> - "How am I expected to appraise somebody who is not my subordinate?" - "You can't appraise somebody you do not supervise" - "Nurses were appraised by branch coordinators who are not nurses" - "One believes that there is confidentiality implied in the process"

Table 3.12: Experiences: New categories, sub-categories and Themes: Focus Group interview 1 – 5 (To be continued)

CATEGORY	SUB-CATEGORY	THEMES
<p>Experience of the participants regarding the performance appraisal process</p>	<p>Appraisal Process</p>	<p><i>Team effort</i></p> <ul style="list-style-type: none"> - <i>"I sit down with my supervisor and we try to find out together, why I am not doing well in a certain area"</i> - <i>"Then we try to find solutions together"</i> - <i>"We sit together with the supervisor to discuss"</i> - <i>"The questionnaire is brought by the supervisor and we fill it in together"</i> - <i>"After that, my supervisor also rates me"</i> - <i>"We sit down and she asks me the questions and ticks them on the form"</i> - <i>"We agree on my strengths and shortcomings"</i> - <i>"But we first agree"</i> - <i>"We reach an agreement"</i> - <i>"We both reach consensus"</i> - <i>"And finally, we sit down and reconcile the ratings and then reach consensus"</i> - <i>"We both sign"</i>

Table 3.12: Experiences: New categories, sub-categories and Themes: Focus Group interview 1 – 5 (To be continued)

CATEGORY	SUB-CATEGORY	THEMES
Experience of the participants regarding the performance appraisal process	Appraisal Process	<p><i>Self-appraisal done</i></p> <ul style="list-style-type: none"> - <i>"I am given a form by my supervisor to rate myself"</i> - <i>"I am asked to write my job descriptions on the form and rate myself"</i> <p><i>Dissatisfied with process</i></p> <ul style="list-style-type: none"> - <i>"But the plan that we both made will never be implemented"</i> - <i>"It was just the filling in of the form and signing where I had to sign"</i> - <i>"It ends up being subjective"</i>

Table 3.13: Experiences: New categories, sub-categories and Themes: Focus Group interview 1 – 5

CATEGORY	SUB-CATEGORY	THEMES
<p>Experience of participants regarding the purpose of performance appraisal</p>	<p>Appraisal purpose</p>	<p><i>Purpose of appraisal is clear</i></p> <ul style="list-style-type: none"> - <i>"For the purpose of increments in the next year"</i> <p><i>Purpose of appraisal not clear, meaningful or appropriate</i></p> <ul style="list-style-type: none"> - <i>"Unless the purpose of doing it is clarified"</i> - <i>"It is a waste of time to do performance appraisal"</i> - <i>"It is not performance oriented"</i> - <i>"It really had no meaning for me"</i> - <i>"They really mean nothing to me"</i> - <i>"It is used to catch us out"</i> - <i>"It is associated with annual increments"</i> - <i>"Is associated only with salary increases"</i>

Table 3.14: Expectations: New categories, sub-categories and Themes: Focus group 1 – 5 (To be continued)

CATEGORY	SUB-CATEGORY	THEMES
<p>Expectation of the participants regarding the appraisal</p>	<p>Appraisee</p>	<p><i>Appraisal should focus on identifying gaps and improving performance</i></p> <ul style="list-style-type: none"> - <i>"The appraisee should be assisted to improve"</i> - <i>"It should be done to encourage us to do even better"</i> - <i>"To make us aware of the areas of our work where we are good and those where we are not so good".</i> - <i>"It should be done to encourage us do even better".</i> - <i>"We should be assisted to correct the gaps where we under -perform".</i> - <i>"That something will be done to assist me to improve, especially in my shortcomings"</i> - <i>"Where there are shortcomings the institution should help me to improve"</i> - <i>"I should be assisted"</i> - <i>"I should be corrected where I under -perform"</i> - <i>"Where I am wrong I should be corrected then and there, and not be left until the appraisal"</i> - <i>"Where there are strengths, I should be developed in those areas"</i>

Table 3.14: Expectations: New categories, sub-categories and Themes: Focus Group 1 - 5

CATEGORY	SUB-CATEGORY	THEMES
Expectation of the participants regarding the appraisal	Appraisee	<p><i>Good performance should be appreciated</i></p> <ul style="list-style-type: none"> - <i>"We like to be appreciated and be told when we do good things, even if we are not given money, or whatever"</i> - <i>"Some incentives should be provided"</i>

Table 3.15: Expectations: New categories, sub-categories and Themes: Focus Group 1 - 5 (To be continued)

CATEGORY	SUB-CATEGORY	THEMES
Expectation of the participants regarding the appraiser	Appraiser	<p><i>Appraisal should be the responsibility of coordinators or supervisors</i></p> <ul style="list-style-type: none"> - <i>"The service delivery coordinator, as a nurse, is a good person to supervise senior nurses"</i> - <i>" We should be appraised by the service delivery coordinator"</i> - <i>" I have to be appraised by a person from the medical field"</i> - <i>"We expect to be appraised by nurse supervisors"</i> <p><i>Appraisers should commend me</i></p> <ul style="list-style-type: none"> - <i>"The appraiser should honestly commend me"</i> - <i>"Also be commended where I do well"</i> - <i>"We should be encouraged by being commended where we do well".</i>

Table 3.15: Expectations: New categories, sub-categories and Themes: Focus Group 1 - 5

CATEGORY	SUB-CATEGORY	THEMES
<p>Expectation of the participants regarding the appraiser</p>	<p>Appraiser</p>	<p><i>Appraisers should provide regular supervision</i></p> <ul style="list-style-type: none"> - <i>"We should be supervised regularly"</i> - <i>"My supervisor should correct me throughout the year"</i> - <i>"There should be supervision throughout, so as to prepare for the formal appraisal"</i> <p><i>Follow-up should be done to enhance improvement</i></p> <ul style="list-style-type: none"> - <i>"Where we did not do well, our expectation is to see something done about it"</i> - <i>"Appraisers, together with management, must act accordingly and identify the positives and negatives"</i> - <i>"Individuals should be approached and their needs be addressed"</i> - <i>"We should not be left just like that".</i> <p><i>Feedback has to be given</i></p> <ul style="list-style-type: none"> - <i>"I expect to get feedback and be told what is going to be done to help me to improve"</i>

Table 3.16: Expectations: New categories, sub-categories and Themes: Focus Group 1 – 5

CATEGORY	SUB-CATEGORY	THEMES
<p>Expectation of the participants regarding the appraisal instrument</p>	<p>Appraisal Instrument</p>	<p><i>Instrument should appraise different categories of employees</i></p> <ul style="list-style-type: none"> - <i>"The form (instrument) must be modified"</i> - <i>"The present form (instrument) is too general"</i> - <i>"The form (instrument) should be reviewed"</i> - <i>"Two forms (instrument) can be used or one form with two parts; a general one and another one which is cadre specific"</i> <p><i>Instrument should reflect actual activities, procedures or standards of care</i></p> <ul style="list-style-type: none"> - <i>"Nursing standards, guidelines, and also job descriptions must be used to assess performance"</i> - <i>"The nursing council should develop nursing standards"</i> - <i>"Guidelines for procedures should also be available and used during appraisals"</i> - <i>"Job descriptions and guidelines should be used during appraisals"</i> - <i>"Job descriptions should be explained so that we understand clearly what we are expected to do"</i>

Table 3.17: Expectations: New categories, sub-categories and Themes: Focus Group 1 – 5 (To be continued)

CATEGORY	SUB-CATEGORY	THEMES
<p>Expectation of the participants regarding the organisation</p>	<p>Organisation</p>	<p><i>Results of appraisal should be used to make decisions including training, increments and promotions</i></p> <ul style="list-style-type: none"> - <i>“Appraisal results have to be analysed”</i> - <i>“Results of the performance appraisal must be used to make future plans”</i> - <i>“The results should be used to make training plans”</i> - <i>“If there are training needs, or maybe a lack of resources, management should use those in developing a plan”</i> - <i>“Results of the appraisals must be used by management to decide on increments”</i> - <i>“The results should be used to determine who is to get an increment and how much”</i> - <i>“To determine who should be promoted”</i> - <i>“If more people have the same weaknesses, that should be addressed by maybe having a workshop for them”</i> - <i>“Training plan should be developed on that basis”</i>

Table 3.17: Expectations: New categories, sub-categories and Themes: Focus Group 1 - 5

CATEGORY	SUB-CATEGORY	THEMES
<p>Expectations of the participants regarding the organisation</p>	<p>Organisation</p>	<p><i>Training and orientation should be provided based on needs</i></p> <ul style="list-style-type: none"> - <i>“Both supervisors and we should be trained on appraisal”</i> - <i>“The supervisors should be trained to carry out performance appraisal”</i> - <i>“We need orientation on performance appraisal and the supervisors also need it”</i> - <i>“New employees should be given orientation on the performance appraisal process, including the form”</i> - <i>“We should be oriented to the performance appraisal process”</i> - <i>“That those who appraise and those who are appraised, have a common understanding”</i>

Table 3.18: Expectations: New categories, sub-categories and Themes: Focus Group 1 – 5 (To be continued)

CATEGORY	SUB-CATEGORY	THEMES
<p>Expectations of the participants regarding the appraisal process</p>	<p>Appraisal Process</p>	<p><i>Appraisal should be a team effort</i></p> <ul style="list-style-type: none"> - <i>"The supervisor and the appraisee should plan together"</i> - <i>"We must plan together and both ensure that the plan is implemented"</i> - <i>"We should agree on a plan that will help me to improve"</i> - <i>"Both appraiser and appraisee should sit down and do it together"</i> - <i>"Agree on issues that arise from the appraisal"</i> - <i>"And agree on a way forward while trying to achieve the set objectives"</i> <p><i>There should be consistency in the appraisal process</i></p> <ul style="list-style-type: none"> - <i>"So that there is consistency"</i> - <i>"We need to be appraised regularly"</i> - <i>"Supervisors should do it regularly; not a once-off activity"</i> - <i>"Supervisors should implement it continually, not only on that one day when we sit down together and do ratings"</i> - <i>"It should be done regularly"</i> - <i>"Our supervisors should continue doing appraisals regularly"</i>

Table 3.18: Expectations: New categories, sub-categories and Themes: Focus Group 1 – 5

CATEGORY	SUB-CATEGORY	THEMES
<p>Expectation of the participants regarding the appraisal process</p>	<p>Appraisal Process</p>	<p><i>There should be consistency in the appraisal process (cont)</i></p> <ul style="list-style-type: none"> - <i>“Not to wait until end of the year”</i> - <i>“Performance appraisal should be done at regular intervals”</i> - <i>“Every four to six months”</i> - <i>“Twice a year”</i> - <i>“At least biannually”</i> - <i>“It should at least be done twice a year”</i> - <i>“At least twice a year”</i> - <i>“Performance appraisal should be a process”.</i> - <i>“It (performance appraisal) should be a process”</i> - <i>“Performance appraisal should always be objective”</i> - <i>“Management should implement it according to a plan”</i> <p><i>Self-appraisal should be done</i></p> <ul style="list-style-type: none"> - <i>“Enough time for self-appraisal be provided”</i> - <i>“We should be given enough time to assess ourselves”</i>

Table 3.19: Expectations: New categories, sub-categories and Themes: Focus Group 1 - 5

CATEGORY	SUB-CATEGORY	THEMES
<p>Expectation of the participants regarding the appraisal purpose</p>	<p>Appraisal Purpose</p>	<p><i>Purpose should be clear, meaningful and appropriate</i></p> <ul style="list-style-type: none"> - <i>“Should be more meaningful”</i> - <i>“Performance appraisal should be done for a purpose”</i> - <i>“Management of the hospital should be responsible for seeing that it is done for a purpose”</i> - <i>“Appraisal should have a good purpose, not to hurt us”</i> - <i>“It should be done for the benefit of both the hospital and the nurse”</i>

**Table 3.20: Observational notes: Focus Group Interview
1-5 (To be Continued)**

Focus Group	Homogeneity	Attention	Gestures	Interruptions
Focus Group Interview one	<ul style="list-style-type: none"> - Participants were seated in an informal circle with the facilitator and the recorder slightly outside the circle. - Participant two often had something to say. 	<ul style="list-style-type: none"> - The other four participants were attentive except Participant five who was a bit quiet. - The facilitator successfully brought her into the interview. 	<ul style="list-style-type: none"> - Participant two had her hand up all the time either to respond, or to add to what others had said. 	<ul style="list-style-type: none"> - None

Table 3.20: Observational notes: Focus Group Interview 1-5 (To Be Continued)

Focus Group	Homogeneity	Attention	Gestures	Interruptions
Focus Group Interview two	<ul style="list-style-type: none"> - This was a smaller group of three participants but they all participated actively. - There was not much variation in expressing experiences and expectations from the last groups. 	<ul style="list-style-type: none"> - Participant one was speaking with confidence all the time. - All were interested in the topic. 	<ul style="list-style-type: none"> - They looked at one another or shook their heads when there were no more responses. 	<ul style="list-style-type: none"> - Participant three was coughing.
Focus Group Interview three	<ul style="list-style-type: none"> - They expressed the same experiences and expectations regarding performance appraisal. 	<ul style="list-style-type: none"> - They were all interested in the topic. 	<ul style="list-style-type: none"> - Gestures such as waving hands and nodding heads to agree with what was said. 	<ul style="list-style-type: none"> - No interruptions.

Table 3.20: Observational notes: Focus Group Interview 1-5 (To Be Continued)

Focus Group	Homogeneity	Attention	Gestures	Interruptions
Focus Group Interview four	- Same experiences were expressed.	- In the beginning, participants were shying away looking at the voice recorder. However, the facilitator realised this and explained again the purpose of using the recorder and re-emphasised the issue of confidentiality.	- Shaking hands to clarify some issues, even hitting the table slightly with the hand. - Looked at one another when there were no responses.	- Client knocked at the door and Participant one had to attend to her.

Table 3.20: Observational notes: Focus Group Interview 1-5

Focus Group	Homogeneity	Attention	Gestures	Interruptions
Focus Group Interview five	<ul style="list-style-type: none"> - Participants seemed to be familiar with one another. - Experiences and expectations were similar to previous groups. 	<ul style="list-style-type: none"> - They supported one another's responses. - Participants two, three and five spoke with confidence. 	<ul style="list-style-type: none"> - Nodding of heads in support of statements made. - Silence, shaking of heads and looking at one another when there were no more responses. - Participant four had her hand on her cheek very often. 	<ul style="list-style-type: none"> - Cell phone rang and Participant two switched it off. - Participant five left the interview and went back on duty.

Table 3.21: Theoretical notes: Focus Group Interview 1-5

(To be continued)

	Homogeneity	Attention	Gestures	Interruptions
Focus Group Interview one	- <i>The atmosphere was relaxed and that enabled participants to express their feelings freely.</i>	- <i>All were concerned that performance appraisal is done using same form for all staff members.</i> - <i>The issue of performance appraisal being done only for annual increment purposes was really a concern.</i>	- <i>Participants nodded their heads when they were in agreement with what was said.</i>	- <i>None.</i>
Focus Group Interview two	- <i>They listened attentively when someone or the facilitator talked.</i>	- <i>The issue of the inadequate form and lack of nursing standards invited more contributions.</i>	- <i>Everyone raised her hand to draw the facilitator's attention if there was a response.</i>	- <i>None.</i>

Table 3.21: Theoretical notes: Focus Group Interview 1-5

(To be continued)

	Homogeneity	Attention	Gestures	Interruptions
Focus Group Interview three	- They were able to describe their experiences and expectations regarding performance appraisal.	- Eye contact was kept with the facilitator throughout the interview.	- Participant one's voice was high and shaky when expressing the issue of supervisors being overworked.	- None.
Focus Group Interview four	- Participants supported one another's responses.	- They were very concerned about bad relationships with supervisors, which influence performance appraisal negatively.	- Hands were used when trying to stress some points.	- None.

Table 3.21: Theoretical notes: Focus Group Interview 1-5

	Homogeneity	Attention	Gestures	Interruptions
Focus Group Interview five	- Some participants listened attentively, while another group member was talking.	- The concern was that experiences are not the same for those who work in the clinics and those in the hospital. - Eye contact with the facilitator was kept.	- Emotions ran high when expressing the fact that supervisors do not treat them fairly. - Participant four's voice was very high and was a bit angry when expressing that supervisors do not guide them politely.	- Ringing cell phone and participant leaving, did not affect the interview, as it continued fairly well.

ADDENDUM K

**Proposed work schedule and
Proposed budget**

PROPOSED WORK SCHEDULE

TIME / PERIOD	<u>ACTIVITIES</u>
31 July 2003	Submit proposal to expert committee
31 October 2003	Submit proposal to evaluation committee
25 November 2003	Submit proposal to ethics committee
February 2004	Submit letters of request to undertake study to Chief Executive of LPPA & Executive Secretary of CHAL.
April - May 2004	Data collection
June - November 2004	Data analysis Consultation with study leader in Bloemfontein
February - April 2005	Literature review Consultation with study leader
May 2005	Work round up Consultation with study leader Write up of the study report
June 2005	Submission of the study report for editing
June 2005	Final consultation with study leader in Bloemfontein and Submission of completed script for evaluation.

PROPOSED BUDGET

ITEMS	AMOUNT
From Maseru to Bloemfontein to consult with study leader Taxi-fare: Maseru - Bloemfontein	
Total	R 1,800.00
Registration and study fees	
Registration	R 1,940.00
Study fees	R 11,900.00
Book fees including stationery	R 8,400.00
Total	R 22,240.00
Photocopies 20c per page 250 page book x 4 copies	R 200.00
Final printing and binding at R200.00 x 4 books	R 800.00
Total	R 1,000.00
Editing R15.00 per page x +/-250 pages	R 3750.00
Meals during contact sessions +/- R30.00 per day	R 540.00
Fax, Telephone, e-mail to study leader	+/-500.00
Total	R 4,790.00
<u>Focus group discussions</u>	
Transport	R 400.00
Audiocassettes	R 80.00
Recording machine	R 500.00
Refreshments	R 500.00
Total	R 1,480.00
<u>GRAND TOTAL</u>	<u>R31, 310.00</u>