

# **The Utilisation of Performance Management and Development System for Continuous Professional Development of Nurse Educators**

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## **ABSTRACT**

Performance management and development system (PMDS) is the collective range of future-oriented activities that focus on how individuals and groups within the organisation can continuously develop and improve their academic performances, with the overarching purpose of improving the organisation's performance. However, the South African Nursing Council (SANC) has not yet made continuous professional development (CPD) compulsory for re-registration of professional nurses. This study explores and describes the utilisation of PMDS for continuous professional development of nurse educators in Gauteng nursing colleges. A qualitative approach was used during focus group interviews at three Gauteng nursing colleges. The purposive sampling methods were used to select participants from each nursing college in Gauteng. Data was collected from ten focus group interviews and data analyses were conducted using Tesch's method. The following five main themes emerged as: PMDS as a cyclic approach, inadequate development, inadequate support, psychological impacts, and policy related factors. The findings indicate that some nurse educators emphasised that the utilisation of a PMDS for CPD of nurse educators in Gauteng nursing colleges positively reinforced professional development. Other nurse educators highlighted that a PMDS have not been properly implemented and this negatively impacted their developments. Recommendations to provide continuous upgrading of managers, specifically with regards to feedback, reviewing identified developmental needs and strengthening support. An increase of budget and bursaries for continuous professional development of nurse educators. Review of the PMDS policy with the involvement and inputs from nurse educators.

**Key phrases**

Continuous professional development; development system; nurse educator; performance management and utilisation

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## **1. INTRODUCTION AND BACKGROUND**

Every employee has the right to have access to a performance management and development system (PMDS) and every manager in the organisation has the duty and responsibility to execute such system. Nurse educators are also subjected to the PMDS, as academic career progression is dependent on the PMDS. According to the Department of Public Service and Administration (DPSA) (2003:6), development of staff is specifically addressed by a PMDS. Performance is achieved on a continuous and reliable basis to identify and recognise staff rendering an exceptional service and creates an environment where all persons are advanced, encouraged and inspired to deliver an excellent service based on effective performance. The PMDS also assists in identifying learning needs for continuous professional development.

Performance management makes sense to coordinate activities relating to career planning with feedback on performance. It is therefore necessary to determine the requirements for an employee to improve his or her performance in his or her current position and to know which competencies are needed by employees in order to meet the challenges of their changing milieu. (Van der Westhuizen & Wessels 2016).

Performance management has three key purposes namely, i) organisational; ii) management; and iii) development. Firstly, the organisation role compares employees' performance to the general administrative planning. Secondly, performance management provides guidelines to assist supervisors to come to vital conclusions. Finally, the development function is recognised through the providing of evidence on the strengths as well as learning needs of employees and the need to have knowledge of the job and organisation mission (Lutwana, Roos & Dolamo 2013:4).

An effective developmental and training system is strongly recommended to motivate the employees to work optimally (Daoanis 2012:60). Within the PMDS, there is a personal development plan. The objective of a personal development plan stands to identify any performance productivity deficit in the effort of the worker and includes ways for constructive feedback. The personal development plan identifies the required competencies and the development needs to be met by each employee. The policy guidelines on PMDS offer a

clear sense of direction to providing honest and constructive feedback to employees so that the optimal performance can be achieved (Daoanis 2012:60).

The transformation of nursing colleges to higher education has led to a rising awareness of the importance of the development of nurse educators. The objectives of higher education are to provide in-depth information and implement education expansion. Department of Health (DoH): The National Strategic Plan for Nurse Education, Training and Practice 2012/13-2016/17). Therefore, it is important that nurse educators be continuously prepared for new endeavours occurring in the higher education milieu such as modern technologies, research methodologies and new teaching strategies. According to the SANC (2014:2, Nursing Act No. 33 of 2005, Section 31), continuous professional development is necessary to keep nursing educators up to date with changes taking place in nursing education and higher education at large. In-service education and continuous professional development (CPD) are mandatory to be implemented for the development of employees and are supported by the Republic of South Africa (RSA) National Skills Development Act No. 37 of 2008.

The PMDS highlights that employees be armed with skills, information and capabilities and be managed consistently to meet the developmental needs as stated in the personal development plan with agreed key performance areas (Mosoge & Pilane 2014:13). The continuous professional development of employees is needed to improve the standards of service delivery and improve compliance with the PMDS policy. Development is key to organisational investment in employees and yields great results such as improved self-esteem and morale (Lutwana *et al.* 2013:6). According to Du Plessis (2015:5); Armstrong & Rispe (2015:13), most of the PMDS recommendations from researchers are based on benefits such as the scoring and the incentive, implementation, guidelines and knowledge of PMDS, but less attention is given to the development of professional nurses including the academic staff in nursing colleges. This is aggravated by an inadequate national continuous professional development point system for the nursing profession. Taking this into consideration there is a need for the development and improved career mapping for nurse educators in their academic careers. However, in South Africa, CPD remains a challenge in nursing as the SANC has not yet made CPD compulsory for registration and re-registration (SANC Nursing Act No. 33 of 2005, Section 39). This development can be augmented through a PMDS. This signifies the need to explore and describe the utilisation of a performance management and development system for continuous professional development of nurse educators.

## 2. RESEARCH PROBLEM

In South Africa, different government departments have done numerous studies on PMDS concerning the ineffective implementation of performance policy, perceptions and attitudes of staff, lack of knowledge and on the development of employees (Du Plessis 2015:5). The problem is not only experienced nationally but also in other countries. A study on assessing the implementation of performance management in Uganda Lutwana *et al.* 2013:11) found that the performance indicators and principles remained unclear to all employees as well as supervisors. The study also revealed inadequate constructive performance feedback, which is part of continuous professional development, to improve identified learning needs.

Despite having PMDS policy for more than a decade, nurse educators still experience the policy as non-beneficial, confusing and not driving their development. Regardless of having the guidelines and policies in place to develop academic staff, it seems there are challenges which range from lack of knowledge, negative perceptions and attitudes towards the implementation of PMDS to improve development of nurse educators. In addition, the number of performance management and development system complaints/dissatisfaction are increasing amongst the nurse educators at the nursing colleges with regards to the final performance outcome and their developmental needs not considered. It is therefore critical that the employers view the development needs of nurse educators as priority in the PMDS.

## 3. SIGNIFICANCE OF STUDY

Nursing colleges in Gauteng may become part of Higher Education in future. It is therefore necessary that nurse educators be developed academically to prepare them to qualify and meet the requirements of teaching in higher education institutions. The findings of the study may identify the gap in the development of nursing educators. Findings of this study may benefit the DoH in that it will be encouraged to review PMDS policies to improve the utilisation of PMDS to address personal development needs of nurse educators. The findings of the study and the recommended strategies for CPD for nurse educators may increase academic development in nursing education and increase the quality of education and training. This in turn may result in the improvement of the overall health service delivery to the South African population.

## 4. OBJECTIVE

The aim of this article is to explore and describe how PMDS is utilised for continuous professional development of nurse educators in Gauteng nursing colleges.

## 5. RESEARCH DESIGN AND METHODS

A qualitative, exploratory, descriptive and contextual approach was followed. Inclusion criteria was all nurse educators employed on a fulltime basis at the nursing colleges, having two years' or more experience in nursing education and a willingness to participate and sign the consent form. Exclusion criteria was nurse educators who are newly appointed and are still on probation and those who have less than two years' experience of nursing education. All nurse educators who did not want to participate in the research, were excluded.

The target population consisted of both male and female nurse educators currently working at three specific nursing colleges in Gauteng, with the sample size of fifty-eight (58) nurse educators in all nursing colleges. The qualitative paradigm called constructivism was ideal, natural and holistic. Constructivism was based on subjectivity, interpretation, understanding and engages the participants in acquiring first-hand knowledge about the meaning that people attach to everyday life (Polit & Beck 2017:11). Data collection and data analysis was done simultaneously; the uniqueness of each person was recognised, although universal meaning is also sought. The authenticity is essential to the work and the voices of both the researchers and the participants were reflected in writing the findings (Polit & Beck 2017:560).

The researchers purposively selected participants who were eligible to provide relevant, quality information to achieve the objectives of the study. Ten focus groups with fifty-eight participants were used and semi-structured interviews were conducted. Data saturation was achieved after conducting seven focus groups. Each focus group consisted of five to seven participants. The following central, guiding question was used during the interview: How PMDS is utilised for continuous professional development of nurse educators in Gauteng nursing colleges? The duration of the interview was 60 minutes. A tape recorder was used, with the consent of participants, during the focus group interviews and data was transcribed verbatim, organised and coded. Data was analysed following Tesch's steps, as indicated by Creswell (2014:198). Through a deductive process of data analysis, five themes and fourteen sub-themes emerged.

## 6. ETHICAL CONSIDERATIONS

Permission to conduct the research was obtained from the University of Pretoria's Ethics Committee, which granted ethical approval (reference number 129/2016), the DoH and the principals and vice-principals of the nursing colleges in Gauteng. The purpose of the study was explained to the participants before commencing with the interviews. Participants were

made aware that participation was voluntary, and they were not forced to answer any question if they believed the question violated their privacy. The participants had the right to refuse to participate or withdraw without a penalty. Data collected from the participants were kept in a secure place to ensure confidentiality. The participants voluntarily signed the consent form after reading it, even without compensation.

## 7. MEASURES TO ENSURE TRUSTWORTHINESS

Guba's approach was used in the study to ensure the rigor of the study (Polit & Beck 2017:585). To ensure credibility of study, the researchers had enough time with the participants to explain and gain an in-depth understanding of the study and confirm information with the participants until saturation was reached. During the interview sessions, the researchers facilitated the interviews and made observations concurrently while listening to participants as they narrated the challenges they faced. The researchers used the member checking method. Polit and Beck (2017:559), refer to member checking as a method of validating the credibility of data through debriefing and discussions with participants. The researchers provided feedback to participants to validate the authenticity and interpretation of data collected, and further provided a summary of the information collected and presented it to the participants for their comments. Lincoln and Guba in Polit and Beck (2017:559) state that it is the responsibility of the researchers to provide sufficient descriptive data. In this study, the researchers provided sufficient descriptive data to ensure transferability. Dependability is determined by the extent to which the findings of the study would consistently reveal the same results if the enquiry is repeated with the same participants in a similar context (Creswell 2014:203). To enrich the dependability of data, the services of an independent coder were acquired to reach consensus on the results. In this study, reliability was ensured with recording of data into themes and sub-themes and drawing conclusions on the findings.

## 8. RESULTS

Five themes and 14 sub-themes were identified and supported with literature. The results of the study are presented under themes and sub- themes as listed in Table 1. This will be followed by a discussion of the findings and literature control.

**TABLE 1: Themes and sub-themes**

THEME	SUB THEMES
PMDS as a cyclic approach	<ul style="list-style-type: none"><li>• Supportive and beneficial method</li><li>• Contracting</li></ul>
Inadequate development	<ul style="list-style-type: none"><li>• Identified training needs not all covered</li><li>• Inadequate supervisory skills</li></ul>
Inadequate support	<ul style="list-style-type: none"><li>• No continuity in assessment</li><li>• Inadequate proper feedback</li><li>• No acknowledgement of performance</li></ul>
Psychological impacts	<ul style="list-style-type: none"><li>• Demotivating and depressing</li><li>• Monetary association than development</li><li>• Favouritism</li><li>• Punitive measures</li></ul>
Policy related factors	<ul style="list-style-type: none"><li>• Not reviewed</li><li>• General not specific to nurse educators</li><li>• Inconsistency</li></ul>

Source: Transcribing and Analysing video and field notes (Polit & Beck 2017:478).

### **8.1 PMDS as a Cyclic Approach**

PMDS aims to ensure that people are equipped with the required skills, knowledge and competence needed to meet the ever-changing roles and tasks within an organisation.

In this study, a Performance Management Development System is seen as a cyclic approach and a process of planned actions by means of contracting between the Heads of Departments and educators. Learning and developmental needs are identified and documented. Some participants expressed that PMDS is positive and leads to effective professional development.

### **8.1.1 Supportive and beneficial method**

Participants indicated that they were exposed to managers' roles and responsibilities during the time when acting as HOD's. Nurse educators are given opportunities to attend in-service education, seminars, conference and workshops. One of the participants said:

*"I think they are giving us those developmental opportunities because there are times where some of the HODs, for example, they are not available. So, they will have one lecturer from that department who will be acting as an HOD. The opportunity of succession planning, to be fair, I think we are given." (FG2B.P3)*

Another participant said:

*'I think there is a support. For example, this year, we have got some of our colleagues who are doing research which is part of moving to higher education ...they are doing research design and methods towards doing their master's and they are given those days. I think they are attending on Thursdays with the relevant university. So, there is support." (FG2A P5)*

### **8.1.2 Contracting**

The participants indicated that the current process of PMDS is planned actions, and the cycle starts in April of each year and ends in March of the following year. The performance agreement is between the Head of Department and the nurse educators. Contracting is whereby developmental needs are identified and job description discussed. One participant expressed the following:

*"The contracting it has your job description as a lecturer, what things are you supposed to do, and then those are the things that you'll be rated at when you are with your supervisor and the development part it's also the part of the form but usually there are key performance areas and the outcome, the things that you are expected to do. Then you'll be rating yourself from the beginning of the year, as she mentioned, that it will be from first of April and until the end of March." (FG2B P4)*

Contracting is a one-on-one, confidential discussion with your supervisor, as stated by another:

*"Usually, at the beginning of the year...financial year, we will be called by our supervisors to contract and, during contracting, that's whereby eeeeeh...the learning needs of an individual is being identified and then you agree with your supervisor where you lack...where you need training. That's whereby it will be jotted down." (FG3A P6)*

The participants also indicated that they are contracted very late, and not at the beginning of the cycle, in other words the process is completed retrospectively. This was expressed as follows:

*“The unfortunate part is that sometimes the contracting is not done at the beginning of the cycle where it was expected to be done. Instead, it is being backdated. When you have already functioned and then you discover that there are things that you have missed along the way.”* (FG1A P1)

## 8.2 Inadequate development

The participants felt that they need to be trained and developed to enhance their competencies, skills and to improve performance in their learning and teaching activities. Some participants raised a concern that there was inadequate development.

### 8.2.1 Identified needs not all covered

The participants indicated that some of the developmental needs identified during the signing of a contract were not all covered due to learning and teaching responsibilities. This was expressed as follows:

*“It doesn’t work for us. You will write topics that are relevant maybe to your special need or to your needs. Eventually you find that, at the end of the day, for the past three years you find that you are...even your topic is not being chosen as the one that you want to be taught upon. You’ll find that, for an example, several people chose labour relation.”* (FG1B P6)

Another participant said:

*“Although the form says there should be development, but it clashes with the block and the accompaniment system and the whole thing reflects on one not taking initiative on developing herself more than the supervisor developing the employee.”* (FG4B P4)

Another factor raised by the participants that contributes to training needs not all covered was budgetary constraints and was expressed as follows:

*“It will also depend on the availability maybe of resources. If ever there are resources available, then you’ll be able to go for the training and, if ever there are any changes, with the changes usually they will let you...they will inform you.”* (FG2A P5)

Participants further expressed that identified needs are not all covered due to institutional priorities:

*"We all know that, for higher...preparing for higher education, we must have Masters', but that course was not a Masters' course. So, we cannot all go and study masters' when now it's been announced that whatever course you apply we'll have to see, or we'll have to consider it whether it's a priority or not. So, it means the priority its masters' and when all we cannot do it at the same time. So, there's no fairness." (FG2A P1)*

### **8.2.2 Inadequate supervisory skills**

The participants expressed that supervisors have inadequate skills in PMDS, communication and objectivity, a participant uttered the words:

*"Supervisors, they need training, all of them, for PMDS because they don't rate us the same. This supervisor will do it like this and this one will do it like this. Hence, there's so many dissatisfactions. If they can be trained on one thing and they rate us the same, I think that will be better." (FG3A P6)*

Another participant echoed:

*"If you happen to change from supervisor A to supervisor B, supervisor B, if you had four, she's going to say you are new with me, you are going to start now building new, and you don't even see what is she building you on because you are even helping with your ideas and this and this and that on the team." (FG3A P5)*

## **8.3 Inadequate Support**

Some participants mentioned that they required continuous support from their supervisors that will lead to a better relationship and complementing each other's knowledge and skills to benefit the students. They also experienced a lack of support during the implementation of PMDS.

### **8.3.1 No continuity in assessment**

The participants raised the concern that identified developmental needs during contracting at the beginning of the year are not followed up during quarterly reviews, resulting in no continuity in assessment. It was stated as follows:

*"So, it sits there in the document and, at the end, nothing ...was done about that developmental aspect that you have indicated and then, next year, you carry them over to the next year the very thing that you indicated." (FG1C P3)*

This was reiterated by other participants, who mentioned the following:

*“With the quarterly review, there’s no follow-up that is being done on our developmental needs. The quarterly review is mostly about the ratings. That’s the only thing that is happening.”* (FG3B P5)

### **8.3.2 Inadequate proper feedback**

The participants expressed that there was inadequate proper feedback from their supervisors. This finding was echoed in the following statements:

*“Nobody explains to you and there’s somewhere where somebody must develop you where you are lacking but nobody comes to you but, for the next time when you need to go for the PMDS, it...they just say it’s normal. So, meaning that you are not growing, you are just moving around, going home, coming here, and delivering whatever you are delivering that is...falls under the job description which doesn’t motivate us.”* (FG4A P3)

One participant stated:

*“So, it shouldn’t only focus on the negative aspects. The positive aspects should also be considered. It should be comprehensive, not just be fragmented to that particular negative sphere.”* (FG3B P2)

### **8.3.3 No acknowledgement of performance**

The participants experienced that there was no acknowledgement from their supervisors.

Another participant echoed:

*“Acknowledge people by saying positive things about things they are doing, it will also assist as a way of acknowledging people who are working.”* (FG1C P6)

One participant stated:

*“We end up not knowing what is expected of us and it’s discouraging. You are teaching the student and the student is passing. You are doing the lesson plan according to how they want it but, when it comes to this PMDS, it’s something different.”* (FG4A P2)

## **8.4 Psychological Impacts**

The participants experienced mixed feelings about the utilisation of PMDS for continuous professional development for nurse educators in Gauteng nursing colleges. The psychological challenges experienced include the following: demotivation and depression, monetary association with development, favouritism and punitive measure.

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#### **8.4.1 Demotivating and depression**

According to participants, creating a conducive working environment will ensure that optimal learning and teaching can be delivered as well as promoting a stress-free work place and self-motivated staff. The participants mentioned that PMDS was not utilised well, causing demotivation and depression as are evident in the following statements:

*“You find that the hard workers they are not even rated high and yet there are not hard workers who will rub shoulders with maybe the supervisors who will get the...who will be rated high and get the incentive. So, it demotivates the hard workers.”* (FG2C P1)

Another participant commented:

*“When it’s PMDS time I used never to sleep well at night.”*

#### **8.4.2 Monetary association with development**

The participants indicated their concern that development was not considered to be a priority, and that the focus was more on a performance rating, which was associated with monetary value. This was expressed as follows:

*“So, I’d like to align myself with what was said that PMDS at this college it’s about incentive, number two, punishment as well but there’s no development.”* (FG1C P2)

Other participants shared their feelings as:

*“I think PMDS, most of the time, we...when they do the PMDS, they assess you, and they think maybe it’s for the monetary than the development.”* (FG3B P7)

#### **8.4.3 Favouritism**

Favouritism must not be practiced, as it disadvantages other staff members and discourages others to perform according to their potential.

Another participant mentioned:

*“Favouritism is prevailing a lot and then you’ll find that even if, during the incentive...we are lecturers, all of us. We are doing the same thing but, coming to monetary issues, you’ll find that you are receiving the fewer amounts than the most junior lecturer who was given enough sufficient exposure through all the activities as a manager.”* (FG1C P1)

Another participant shared the same sentiments and claimed:

*“Instead of doing PMDS, there’s laughter’s, there’s everything, but with other people it’s checking their mistakes, everything. PMDS, according to my understanding, it’s for*

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*identification of the gaps, it's for development, but it seems to be going one-sided." (FG2A P4)*

#### **8.4.4 Punitive measures**

The participants felt that supervisors must be assertive, professional, care for their staff, which will assist in creating a people-centred conducive environment. They should also treat everybody equally and fairly in addition to providing a sound interpersonal relationship to minimise conflict. The implementation of punitive measures was expressed as follows:

*You'll find that a manager tells you that "I will get you during PMDS". (FG1A P1)*

Other participants commented their feeling as:

*"The HOD will come and bully you and say you are going to do this, and she doesn't even want to listen, or he doesn't want to listen, then, during PMDS, they will remind you remember you didn't want to go and join the focus group therefore...which means you still have to improve in what-what-what. That is part of punishment." (FG2C P2)*

### **8.5 Policy Related Factors**

The policy for PMDS should be directly linked to the organisation's strategic plans. The participants indicated that PMDS is the responsibility of every supervisor and should be implemented in consultative, supportive and non-discriminatory manner. The policy and guidelines need to be implemented accordingly and be reviewed at a specified time.

#### **8.5.1 Not reviewed**

The participants shared that the PMDS policy was long overdue for review since its implementation in 2007. This was expressed as follows:

*"The performance dimension does not correlate with one's daily activities and need to be reviewed." (FG1C P4)*

Another participant shared the sentiment:

*"Therefore, I feel that PMDS has got no link to continuous...to CPD, we need to revisit the purpose of PMDS. Does it have any inclination to it to say it also looks at CPD, or continuing professional development? And, really, we cannot have a document that is never revised. There should be loopholes. Let it be revised. Let it be relevant to today." (FG3A P3)*

### **8.5.2 General PMDS policy that is not specific to nurse educators**

The participants felt that PMDS policy was very general to all public servants and not specific to nurse educator core functions, especially the performance dimensions. This was expressed as follows:

*“When PMDS started, most of the examples which were given were general things, like the first one where they say you must locate work at the public service. I think they should include things which are more to the core function of an educator.”* (FG1C P6)

Another participant shared the same sentiments and claimed:

*“Even though we’ve got the planned in-service training, my concern it’s mostly some of them it’s just for info, it’s not for the development, and then it’s just a generalised for everybody, not for specifics.”* (FG3B P1)

### **8.5.3 Inconsistency**

Several participants experienced inconsistency as negatively affecting their learning and developmental needs. These participants felt that their supervisors are implementing the process of PMDS differently within a department, and among other departments at the same college. The participants felt that it was unfair and difficult for them to compare themselves with other colleagues. This was expressed as follows:

*“I just want to say it is as if there are many colleges in one because these managers don’t practice the same way. You’ll find that in manager number one four doesn’t need evidence or a motivation but manager number two wants a motivation.”* (FG1A P5)

Another participant stated:

*“This is one college with many departments. We do things differently. In the other department, like she says, they go there, two minutes they are out with their fours. You go in there, you sit for an hour, and you come out with a three. It is very much unfair because you shall have not slept for the previous night trying to collect incidents and, when you get there, your supervisor tells you this is not an incidence, and it’s a norm.”* (FG2A P3)

## **9. ANALYSIS**

### **9.1 PMDS as a Periodic Process**

The study findings revealed that a performance cycle is a period, for which performance is planned, executed and assessed. These include support, benefits and contracting. Manamela (2016:25) concurred with Paile (2012:2) that performance management

processes should link to broad and consistent plans for staff development and align with the department's strategic goals.

Nurse educators appreciate the support and opportunities given to them for their development. Tuckett, Winters-Chang, Bogossian and Wood (2015:2) identified that a strong predictor of job satisfaction is social support from supervisors, to which can also be added organisational support. In support of the above findings, the World Health Organisation (2016:6) reported that quality education is the foundation for developing competent health workers who are equipped with the knowledge, attitudes and skills necessary to deliver quality care.

In this study, participants alluded that contracting is a performance agreement document signed by an employee and her or his supervisor. Manamela (2016:24) concurs that PMDS helps managers and employees to understand the need to work together to achieve the organisation's goals. Most participants cited that signing a performance contract is crucial because evaluation cannot be done without it. Nzume (2016:49) concurs with the finding that a performance agreement must be done on time, as it enables the supervisor and job holder to identify performance barriers and address development and improvement needs as they arise. These findings are in line with Cameron (2015:1), who affirms that lack of compliance in the signing and evaluation of individual performance agreements by senior officials also affects individual performance and development.

## **9.2 Inadequate Development**

Nurse educators are expected to be trained and developed to improve their competencies, skills and knowledge to deliver quality learning and teaching. The participants indicated inadequate development by their supervisors and this includes identified training needs not all being covered, and inadequate supervisory skills. Netshikhiphani (2012:43) further confirmed that the primary aim of training and development is to capacitate the employee with current job-related skills requirements and support them with acquiring knowledge that would ultimately assist them to perform better, effectively and efficiently, even in future positions. Armstrong and Rispe (2015:13), in their study on social accountability nursing education in South Africa, support the findings of the study, stating that nurse educators are not developed due to heavy workloads, inadequate continuing professional development, out-dated knowledge and skills. Another study conducted by Price (2013:42) confirmed that budgets for staff development are often cut; therefore, it is necessary to think resourcefully about what development needs exist and how these can be met. This is an indication that

the budget in training institutions is the most important aspect of service delivery and quality education. The findings in the study revealed that if you change from one department to another, they observe different implementation of ratings. Cameron (2015:14) confirms that managers are not making objective decisions in performance rating. Manamela (2016:26) concurs with the findings that a problem can arise if those rating (supervisors) are not co-operative and well-trained.

### **9.3 Inadequate Support**

Nurse educators require constant support from their supervisors that will lead to a better relationship, complement each other's knowledge and skills to the advantage of the students and the institution. Several participants experienced a lack of support during the implementation of PMDS reinforced by no continuity in assessment, lack of proper feedback and no acknowledgement of performance. In support of this finding, Paile (2012:84) further stated that reviewing past performance without taking measures to address deficiencies and training needs to improve future performance shows no continuity in assessment. Du Plessis (2015:2) asserts that if an employee only hears something about their work performance once a year, they are being left in the dark about how they are doing daily.

Some participants experienced a lack of proper feedback from their supervisor as they are not corrected in a proper way. Malone (2014:13) conducted a study in South Africa and asserts that feedback at appropriate intervals and learning from feedback gives a person a sense of achievement and personal growth. Duffy (2013:51) supports the findings and stated that constructive feedback aims to promote improvement or development of the person receiving feedback. Regular constructive feedback has many benefits, as it can help promote personal development, develop teamwork and increase competence.

The acknowledgement of the capabilities of nurse educators by their supervisors contributes to the process of training and development. Furthermore, the study conducted by Keegal (2013:32) on poor performance and managing the first informal stages in the United Kingdom concurs that by reporting on the inability to acknowledge the contribution of others, poor teamwork, lack of commitment and drive may result in poor performance.

### **9.4 Psychological Impacts**

Psychological impact is defined as factors affecting or arising in the mind; related to the mental and emotional state of a person caused by environmental or biological factors on individual's social and psychological aspects (Gellman & Turner 2013:1583-1584).

The psychological challenges experienced include the following: demotivation and depression, monetary association with development, favouritism and punitive measures. The current study indicated that hard workers are not rated highly or receive incentives, thereby demotivating them. Manamela (2016:25) concurs with the findings and reported that PMDS in most cases is done unsystematically, depressing and distressing even employees who go the extra mile in their day to day encounters at workplace.

The participants indicated their concern that development was not considered to be as important, yet the emphasis was more on performance ratings, which was associated with monetary value. Nzimakwe and Ntshakala (2016:117) assert that PMDS is concerned with development of potential so that employees can take on more responsibility and thus earn even higher rewards.

Participants in this study expressed that there is a lot of favouritism practiced during the implementation of PMDS in different departments at the colleges. Nurse educators who are friends to supervisors are always rated highly and given more chances to attend courses than others. Munzhedzi and Phago (2014:12) reaffirm that subjective assessments are not fair and that supervisors must assess the performance of their subordinates and consider no other factors such as friendship or relationships. According to Sekgala and Holtzhausen (2016:55), managers tend to deny some employees the opportunity to attend training, citing their workload and replace targeted employees on the day of the course and training.

PMDS was being unfairly implemented by certain managers who used it to punish those they supervised (Van Dijk & Legalatladi 2015:68). In support, Stone, Traynor, Gould & Maben (2011:806) assert that bullying and harassment and disagreeing interactions with subordinates and managers increased the likelihood of complaints during performance evaluation. In a study conducted by Akhtar and Khattak (2013:507), it was reported that a performance appraisal is the most emotionally charged activity in an employee's life, that is, the judgement of an employee's contribution and ability.

## 9.5 Policy Related Factors

The policy and guidelines need to be applied accordingly and be reviewed at a specified time. In a study conducted by Mthethwa (2012:42), effective policy procedures require democratic public participation, where policy makers and the public constantly participate in discussion, examine the consequences for fundamental values, as well as sharing burdens and benefits. The factors included in the policy were not reviewed on time, generalised and not specific to nurse educators, as well as inconsistent. The participants raised the concern

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that the PMDS policy was long overdue for review since being implemented in 2007. There are some loopholes not attended to that are causing a lot of unhappiness and misunderstanding among nurse educators and their supervisors. In their study, Nzimakwe and Ntshakala (2016:115) reported that performance assessment is vital for government to determine whether it is meeting the previously established goals and objectives of specific programmes at a specific time.

The participants further mentioned that some performance dimensions are not linked to CPD, and this affects their developmental needs, and that one cannot have a document that has never been revised and not relevant to the current situations. The effective application of PMDS requires that an organised training strategy be designed to address the gaps in the system (Van Dijk & Legalatladi 2015:72).

Participants felt that the PMDS policy is very general to all public servants and not specific to nurse educator core functions, especially the performance dimensions. In a study conducted in the North West, Sedumedi (2012:140) revealed that the PMDS policy and procedures need to be reviewed and revised to confirm currency, relevancy and applicability. The PMDS should continuously improve specific components of a performance plan, which are specific job descriptions, specific performance objectives and rating against each other (Manamela 2016:25).

In the current study, some participants revealed that their supervisors are implementing PMDS differently in various departments in the same college. This inconsistency affects their learning and developmental needs. In support, a study conducted in Botswana by Marobela and Andrae-Marobela (2013:180) affirm that performance evaluation is “highly subjective”, which is based on top-down decisions where supervisors have too much power. The employees feel frustrated as there is no consistency in the implementation of PMDS (Van Dijk & Legalatladi 2015:68).

## 10. RECOMMENDATIONS

The following recommendations emerged:

- Signing of contracts in all colleges to be done according to the stipulated time frame.
- Proper planning of training and developmental programmes to cover all theoretical and clinical nurse educators.

- An increase of budget and bursaries for continuous professional development of nurse educators.
- An increase in the number of students enrolled for studies in masters, doctoral and other courses in preparation for higher education.
- Increase the number of lecturers that have post graduate qualifications for the readiness to offer new programmes
- Provide continuous upgrading of managers, specifically with regards to feedback, reviewing identified developmental needs and strengthening support.
- Nursing Education Institutions reported a number of on-going initiatives aimed at strengthening the capacity of nurse educators, and this needs to be continued and expanded on.
- Quarterly review forms need to provide a space to record a review of identified developmental needs.
- Focus on making the environment less stressful, caring, fair and objective to enhance continuous professional development of nurse educators.
- Review of the PMDS policy with involvement and input from nurse educators.
- Provide intense training of nurse educators and managers on the understanding and implementation of PMDS.
- Supervisory and leadership skills to be strengthened amongst all managers.
- It is recommended that further investigation on the views of managers on PMDS be conducted.
- The same study should be conducted across South African Nursing Education Institutions on the PMDS of nurse educators.

## 11. CONCLUSIONS

This study revealed that nurse educators are faced with many challenges during performance and development. The five themes identified were: PMDS as a cyclic approach, inadequate development, inadequate support, psychological impacts and policy related

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factors. It is clear from the findings of this study that factors that affect the utilisation of PMDS for continuous professional development of nurses are interrelated and for the most part have a negative impact on teaching and learning in nursing education. Nurse educators need to be developed on a regular basis to update their skills and competences. The study further suggests exploring the managers' perceptions on the utilisation of PMDS for the development of nurse educators.

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## COMPETING INTERESTS

The author declares that there are no financial or personal relationship(s) that may have inappropriately influenced the writing of this article.

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