PERFORMANCE MANAGEMENT HURDLES IN A PUBLIC HEALTH SECTOR ORGANISATION IN ZIMBABWE

Mildred Mahapa, Lecturer
Department of Human Resource Management, Midlands State University
Prof. L Dzimbiri, Senior Lecturer
University of Malawi, Malawi
Prof. F Maphosa, Lecturer
University of Botswana

Abstract
 Performance management has become widely recognised and accepted as a basic management tool. It greatly influences the levels of productivity, service delivery and the image of an organisation in general. However the implementation of performance management system and any other system in general can have its own challenges.The main aim of the research was to assess the challenges that the public hospital face in the implementation of their performance management system. The researcher conveniently selected one provincial hospital in Zimbabwe. Purposive and systematic random sampling were used to select participants for the research. A total of 94 respondents participated in the research. Collection of data was done through questionnaires, interviews, and company records. The findings of the study revealed that the organization uses the Results Based Management system as its performance management tool and there are a number challenges being faced in the implementation of the system. The challenges include lack of motivation, lack of knowledge, insufficient human and financial resources, difficulties in identifying performance indicators and that there was no link between performance gaps and training programs. These challenges made it difficult for the hospital to enjoy the benefits, thereby impacting negatively on service delivery. The study recommends further training on how RBM is implemented and that resources be availed for the effective implementation of PM.

Keywords: Performance management, results based management, appraisal, public sector, system

Introduction

Performance management is a very critical process in any organisation. It greatly influences the levels of productivity, service delivery and the image of an organisation in general. The Ministry of Health in any country is a vital ministry on which everyone in the country depends for efficient service delivery. Service delivery is an outcome that heavily relies on performance management systems. Public Health organizations in Zimbabwe are currently facing challenges in terms of performance management and this is subsequently affecting service delivery. The research sought to identify and assess the challenges faced by the health organisations and find ways of improving the performance management system.

Performance Management (PM) can be defined as a strategic and integrated approach to deliver sustained success to organisations by improving the performance of the people who work in them and by developing the capabilities of teams and individual contributors (Armstrong and Barron 2002). PM is a management philosophy and set of practices that seek to integrate all major organisational functions within a coordinated strategy for meeting end-user needs and organisational objectives in the most cost effective and efficient manner as possible (Armstrong 2012). This definition clearly articulates PM and was therefore used as the working definition of this study. PM is a way of thinking that views an organisation as a potentially harmonious collection of interrelated processes, individually and collectively driving towards producing clearly defined outcomes. From these definitions it can be noted that performance management aims to attain organisational objectives and improve the way things are done. Public sector organisations, just like any other organisation, desire and aim to meet their objectives and therefore should also be concerned with performance management. However, how it is carried out and its effectiveness in those organisations varies.

Having defined performance management, it is critical to understand the principles that determine the effective implementation of performance management. Dzimbiri (2008:47) notes that Performance Management System (PMS) is based on 'the principle of management by agreement or contract rather than management command.' This means that for performance management to be effective, the autocratic or rather dictatorial kind of leadership does not apply. Parties involved in the performance system should understand what is expected of them. This is the reason why there are clear job descriptions that specify what one has to do in any organisation. PMS therefore entails communication from all the parties involved in the system. It provides the basis for regular and frequent dialogues between managers and subordinates or teams on performance and development. It is a continuous and flexible process that involves managers

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and their subordinates within a framework that sets out how they can best work to achieve the required results. It focuses on future performance planning rather than retrospective performance appraisal (Dzimbiri 2008). This means that performance management is more proactive rather than reactive. In this day and age where things are fast changing there is a need for organisations that see beyond the obvious so that they can plan for the future. Employees are given consistent feedback than the average annual review. An employee's ability to exceed or fail to meet goals may be monitored on a monthly basis. This provides the employees with either the opportunity to receive compliments and rewards fairly or to make behavior changes sooner if performance is not up to standard. Employees are given ways to grow and develop in their various fields. This means giving opportunities to work on harder projects, pairing less skilled employees with expert employees and offering team models where employees can direct and make decisions.

As de Waal (2007) rightly observes, rewards are a huge part of PM. The greater part of this is monetary, either in bonuses or promotions when employees perform well. Employees who are qualified to work in higher level fields are placed in positions of greater responsibility and receive a greater share of pay. By merely dangling rewards, one can get the behavior that he or she requires. Therefore, by attaching PM to rewards the desired behavior can be attained. Rewards are said to focus more on positive performance than on the negative. It is argued that rewards for positive performance need to be real and tangible or the company risks becoming a 'negative action' company only (Ellis 2007). Performance management system helps companies to improve their performance and then contributes to the country's growth. Both management and government want to work diligently on successful implementation of performance management (De Waal and Augustine 2005).

Successful performance management is characterised by the alignment of the performance management system with the existing systems and strategies of the organisation. Leadership commitment to the overall performance of the organisation is also critical. Perrin (2006) clearly highlights the need for top leadership support for any performance management system. Management should therefore be seen to be in the forefront of promoting performance management initiatives. Management instills a culture in which performance management is seen as a way of improving and identifying good performance and not a burden that is used to chastise poor performers. Performance management benefits the individual since it has the capacity to integrate all the functions of an organisation. This leads to improved organisational performance. All stakeholders are involved in the process so as to instill a sense of ownership. In performance

management, organisational processes and systems undergo continuous scrutiny to eliminate problems that might affect the attainment of organisational objectives. This outcome requires that virtually everyone within the organisation is both empowered and expected to identify issues and make things work better, faster, safer, cheaper and more effectively. PM suits both profit-oriented and other organisations as it is explicit about the importance of integrating PM and organisational strategy (Ross 2012). Performance management, therefore links various aspects of business with the management of individuals and teams.

PM is variable and adaptable and takes many different expressions and forms. This means it can and must be tailored to dovetail with organisational settings and culture even within a system of multiple organisations.

Methodology

The research was more qualitative though some quantitative aspects were used in the form of simple descriptive statistics and the use of questionnaires for data collection making it a mixed methodology. Moorhead (1990:50) defines qualitative methods as "research involving analysis of data or information that are descriptive in nature and not quantified." This method is exhaustive as it clearly explains and describes the concepts involved. In addition it offers explanations to subjective questions that cannot be objectively expressed.Mixed methodology is a combination of both qualitative and quantitative techniques in research. Using the two methods together strengthened data gathering and analysis.In this study the researcher used a case study research design. Robson (1993) asserts that a case study is an intensive investigation into specific aspects of a social unit, or an organisation in an effort to gain deeper insight about it. The researcher conveniently selected the hospital and did not disclose the name of the hospital because of ethical reasons.The researcher used purposive sampling to select the directors and Human Resources Management staff in the hospital as these deal with policy making and are more experienced and knowledgeable in performance management issues. Creswell and Clark (2011) propound that purposive sampling involves identifying and selecting individuals or groups of individuals that are knowledgeable and experienced with a phenomenon of interest.   The researcher also made use of stratified random sampling in selecting employees in the health facilities. Saunders et al (1997) define stratified random sampling as a probability sampling method with samples being so constructed that every member of the population has equal chance of being elected. In this method, the population is divided into parts or strata according to their common or homogeneous characteristics and then a random sample is used to select from each of the defined strata.

Stratified sampling involves dividing a population into a mutually exclusive and exhaustive subset whereby a simple random sample of units is chosen independently from each subset (Ghauri and Gronhaug, 2005). The advantage of stratified sampling was that every part of the population got a better representation. In this research the homogenous characteristics were the occupations of the employees.At the hospital 87 non clinical and clinical staff participated in the research as well 7 patients were interviewed making the total participants 94.In order to assure trustworthiness of data sources, methods were triangulated through key informant unstructured interviews, observations, questionnaires and document analysis.The researcher therefore distributed questionnaires to non-managerial both clinical and non-clinical employees who included general employees, nurses, lab technicians, cooks, librarians, mortuary attendants, stores assistants and record clerks.. Key informant unstructured interviews were conducted with the human resource personnel, doctors at managerial level in both hospitals, directors, medical superintendent, and patients as this gave them time to explain in depth the issues to do with performance management in the health sector.Critical incidents reports and customer complaint reports informed the researcher on the performance of the hospitals.The researcher also used Statistical Package of Social Scientist (SPSS) to present and analyse data. SPSS was used to find the number of respondents as well as presenting the demographic data of the respondents.

Findings and discussion

The hospital uses the Results Based Management (RBM) approach as its Performance Management (PM) system. The challenges discussed relate to RBM which is the PM system in place.

No motivation to change

It also emerged from the data that the employees were not really happy and motivated with the introduction and use of RBM. Most participants (68%) of the clinical staff and 60% of the non-clinical staff from the hospital who responded to questionnaires noted that it was too strenuous and was an additional stress factor at work. They pointed out that it was not really different from what was being done in the previous performance appraisal era. One lab technician indicated that:

> '*Hapana musiyano apa nezvaingosiitwa, vanhu vanongoda kutinetsa nekutiisira zvinhu zvisina kana nebasa kungoda kutiwanzira basa chete'* (there is nothing new at all, people just want to stress us by giving us useless things that increase our workload)

The employees believed that RBM would have the same problems since management is still the same and therefore not much change would be introduced. On the other hand management staff, comprising of the senior HR officer and a senior official, highlighted that most employees were unwilling to fully adapt to the new system because they did not want to account for their results. They alluded that most employees were reluctant as they were used to the old system where results were not really checked. Employees were said to be resisting RBM as it meant that they had to work extra hard and everything had to be accounted for. They indicated that some managers would literally demand employees to participate in the filling in of performance indicators and targets.Some other managers as well had to be 'forced' to sign their performance agreements as they were not willing to do so. Two HR officers noted that the resistance was mainly because of the reward system. They noted that though RBM emphasised quality results, there were no rewards for the good performance thereby demotivating the employees. Employees therefore felt that they were just being used to achieve the hospital's goals while their effort was not recognised. This has made employees to believe that there is no link between their effort and the reward that they get at the end of the day.

Employees felt that the same problems they were encountering in the previous system would still be present and that they did not fully understand the system. Robbinson, Odendaal and Roodt (2003) argue that employees may feel threatened in terms of their interests and job security if organisations just introduce a new performance management system. *"Breaking with the past approach of managing for inputs and activities instead of for results is a key challenge that is still poorly understood by some" (Hatton 2007:46)*

As gathered from the data, more employees are demotivated and are still trying to find mechanisms to resist the effective implementation of the new performance management system because of the lack of incentives. This was evidenced on the performance appraisals where some heads of department did not write anything on the forms. They felt that, it was a worst of time as they believed that the performance data was not useful. A study by Schacter (2004) indicated that considerable resistance was largely caused by negative perceptions towards the system and lack of incentives for implementing RBM. Employees feel demotivated and refuse to accept any change if they perceive that their effort is not linked to rewards. Zwane (2009) found out that employee recognition is not just a nice thing to do for people but is a communication tool that reinforces and rewards important outcomes people create for the business. He further asserts that an effective recognition system is simple, immediate and powerfully reinforcing. This notion is supported by Vroom's (1964) Expectancy theory of motivation.

Expectancy theory is based on the notion that people believe there are relationships between the effort they put forth at work, the performance they achieve from the efforts and the rewards they receive from their effort and performance (Lunenburg 2011). People will be motivated if they believe that strong effort will lead to good performance and good performance will lead to desired results. In the case of the hospitals, some employees are not motivated to work hard for the achievement of results as they believe that their efforts will not yield desired pay cheques at the end of the month. Lunenburg (2011) points out that according to Vroom's theory: Motivation=Expectancy * Instrumentality * Valence

Valence is the strength of an employee's preference for a particular reward. Thus salary increases, promotion, peer acceptance, recognition by supervisors or any other reward might have more or less value to individual employees (Lunenburg 2011).Valence can either be positive or negative. If an employee has a strong preference for attaining a reward, valence is positive. If an employee is indifferent to reward then valence is zero. Reward has a valence because it is related to an employee's needs. Looking at the case studies one can observe that valence is positive as employees have a strong preference for attaining rewards though the rewards are not available. Thus positive valence can be linked to the economic situation of Zimbabwe where money is the only motivator to work. The equity theory by Adams (1963) also alludes to the same notion. The equity theory explains how employees will react to situations depending on their perception of whether they are treated fairly or unfairly. Employees value fair treatment and are motivated by their need for fair treatment (Bjo-klund 2001).

Stacey Adams (1963) asserts that equity is perceived when the ratio between output and input for the individual is equal to the ratio for the reference source. Further, job satisfaction is assumed to occur when employees perceive that their wage is equalto others. The Zimbabwean economy has not been performing well and everyone is trying to find money to feed his or her family. Mavhiki, Nyamwanza and Dhoro (2013) assert that Zimbabwe, unlike other nations, has a unique situation as the country is currently facing financial paralysis which makes the issue of incentivising the system difficult to translate to reality. According to the February (2012) final report on the Impact assessment of the Zimbabwe Health Worker retention scheme, strategies have been put in place to try and retain the health workers but these efforts are not enough. It was pointed out that the health workers have an overload of work due to the fact that the vacancy rates are still high for doctors, nurses and other critical staff since it is difficult to fill vacant posts. Also indicated in the article is the issue of post-freezing, which is another huge challenge facing the Ministry of Health in Zimbabwe. This therefore increases the workload but unfortunately the

workload is not proportional to the salaries that one then gets at the end of the month. Employees thereby feel demotivated. Mayne (2007) acknowledges that without rewards RBM cannot be effective in improving service delivery in public organisations.

Lack of understanding

Most employees (85% consisting of general hands, cooks, mortuary attendance, seamstresses and nurses) highlighted in the questionnaires that they did not have a clear understanding of the RBM process. They pointed out that RBM was just imposed on them and no proper training was done to equip people with the necessary knowledge on how it is properly done. This same finding converged with findings from the interviews with the HR officers who confessed that they themselves were not confident of implementing RBM since they did not know how it is done. They admitted that they had circulars and papers on how it should be done but the process is easier said than done. They indicated that there was only one workshop that was conducted to train people on how to implement RBM but just a few people were chosen to attend the workshop. The few people that attended unfortunately did not really understand the system therefore everyone lacks the know-how on how to implement the system. It was professed by the HR officer who could not explain the written documents on how RBM is implemented that their level of understanding was relatively higher compared to that of general hands and even other nurses. One of the HR officers indicated during the interviews:

> *'aaaah honestly speaking RBM inondivhara, ini'. I did not attend the workshop so it's a challenge trying to explain it though tichiitapano and have the process in writing. I get assistance from my other workmates vari kuharare nevamwe vari pano vanozvinzwisisa better'* (aaah honestly speaking I don't really understand RBM. I did not attend the workshop so it is a challenge for me to explain it though we are implementing it here and have the whole process in writing. I get assistance from other workmates in Harare and those who are here who understand the system better).

From the interviews made by the researcher, both the managerial staff and general employees are not quite familiar with the RBM approach. During the interviews the researcher asked how the process operates. The information took time to be revealed as some people had to be telephoned by the interviewee on the steps involved. The system has not been fully understood.

Mavhiki et al. (2013) also pointed out that RBM has been labelled an 'animal' by those who resented the system, particularly lower level

employees. Thomas et al. (2011) assert that insufficient professional skills to develop and use PM system affected the implementation in most nations. People have failed to interpret and craft relevant documents as depicted by the lack of knowledge by some senior officials in the hospitals. This could be linked to the massive brain drain that the Ministry of Health faced during the period 2002-2008. This has left most hospitals with less qualified staff who have problems in interpreting documents. The participants however noted that they had received some training on how to implement the system. Mavhiki et al. (2013) contend that training on RBM was inadequate and that apart from the days of training being few, the trainers were accused of causing confusion during the training sessions as they failed to demystify the concept itself. The training itself was not intensive owing to the lack of financial resource. Most employees did not receive adequate training or did not receive the training at all because of the unavailability of funds. This can be linked to UNDP's withdrawal of funds for the training programme (Mavhiki et al. 2013). UNDP funded part of the training programme of the directors and trainers and later withdrew funding of the cascading programme.

Robbinson et al. (2003) idea can be viewed as true considering the fact that RBM was introduced as a directive to be used in all public organisations in Zimbabwe in 2009 though it was practiced in 2013 in the hospitals understudy. As such, most employees did not immediately accept RBM because of the way it was introduced. Due to the fear of the unknown (a phenomenon associated with change), most of the employees thought the approach would 'take away' their jobs. This notion is supported by Common (2011) who asserts that systems that are forwarded to employees without proper training and communication are likely to be ineffective as employees resist them. He argues that employees will resist and have no zeal to accept any form of change in the organisation as they fear for the security of their jobs even if the change is good for them. Curristine et al. (2001) also point out that all reforms encounter resistance especially when they have something to do with long term budgeting processes. Employees and managers can also resist change due to the fear of increased demands for the collection of data and burdensome paper requirements. They also point out that the Ministry also fears that change will give it less control over expenditure and spending.Koike (2007) propounds that certain pre-conditions need to exist before organisations introduce a performance management system. He clarifies that managers must mobilise their organisations, communicate the roles and responsibilities of those involved in the change process and ensure that the process is inclusive, participatory, transparent, simple, realistic, fair, objective, developmental and non-punitive. Amanto (2009) contends that the best way to involve employees in

a change process like the introduction of RBM is by empowering and encouraging them to share and provide new ideas and to make sure that organisations communicate the reasons for the changes well and that all members of the group understand them easily. In a research on Organisational Readiness for Introducing Performance Management System, Ochurub, Bussin and Goosen (2012) conclude that when organisational readiness or change is high, employees are more likely to be part of the change process. When organisational readiness for change is low or non-existent, employees are likely to resist change, put less effort into its implementation and preserve less in the face of implementation challenges. On the other hand, Bourne (2002) points out that performance management systems have always been imposed by employers in the private sector and, in most cases, they have succeeded. In fact he points out that it is not the reason for the failure of the implementation of the system but failure is attributed to the benefits of the system to the users. In as much as that can be true, the researcher is of the take that the Zimbabwean public sector situation is different from that of private sector and therefore imposing a system to employees is likely to be ineffective. Mackay (2002) postulates that RBM was an effective system especially when the environment conducive. He further highlights that RBM evolved from one of tight central controls imposed by the department of finance to a more voluntary approach across the public sector. This is said to have led to increased evaluation commitment and ownership. Zimbabwean employees are less likely to accept a system that is just adopted from the other countries without proper research because of previous policies adopted from Western countries, such as ESAP. As indicated in the background of the study, there have been many economic reforms since 1980. ESAP, one of the reforms, failed due to lack of stakeholder consultation during the designing of the programme, lack of ownership, skewed access to resources and less commitment (Kamidza, Gumbo and Makotekwa 1999). ZIMPREST also did not meet projected targets which unfortunately led to the worsening of the economic situation in the country. This witnessed the Zimbabwean dollar losing its value against major trading currencies by approximately 74%. MERP also did the same because it did not improve the economic situation of Zimbabwe. Given such a background, most people in Zimbabwe would resist accepting strategies and policies imposed from the top.According to researches, public service employees in the developing countries where RBM was imposed have resented the system viewing it as inapplicable (Common 2011). Employees generally resist systems that are imposed on them. Sohail (2007) concurs with these sentiments and highlights that it is imperative to note that each country is unique and since countries differ in political ideology, economic, social and cultural status, it is vital to come up with home grown strategies

from the experiences gained through the implementation of RBM. What is effective in one country maybe a disaster in another and countries should 'take their own pills' when it comes to the implementation of RBM (World Bank 2011). Armstrong (2006) also believes that PM is not a package solution but something that has to be developed specifically and individually for a particular organisation. PM programmes should therefore be adapted to the demands of the target organisation within which they have to be implemented.

Insufficient human and financial resources

Insufficient number of health workers was also cited as a challenge by three senior officials. They highlighted that the number of health workers was not enough to provide the best results as emphasised in RBM and this was highlighted by 90% of the respondents both clinical and non-clinical. One senior official indicated that even though they are trying to recruit student nurses all over, the density of nurses and doctors in Zimbabwe remains low compared to the World Health Organisation (WHO) standards and that of neighboring countries. This has an impact on performance management. The shortage of staff has also been further worsened since the Ministry of Finance (MOF) put a cap on employing new staff and recruitment has been frozen. This means that when a health worker leaves, their post cannot be filled unless approval is obtained by the Health Service Board from the Ministry of Finance. Appointment is approved on a case by case basis. The employment freeze leads to workforce shortage and a surplus of trained health personnel who are not able to work. One senior official who had earlier indicated that there was quick service provision also pointed out that the quick service provision was mostly linked to the relations with patients. Employees, for example nurses, went out of their way to ensure that patients were happy despite their (nurses) limited numbers. He pointed out that the rate of service would improve more if there is adequate staffing.He pointed out that '*Kusekerera varwere hakuvaposere, vanoda mishonga kuti vararame'(*Smiling at patients does not heal them, they need medication for them to be well)

From the interviews conducted with 2 HR officers and it was pointed out that the major challenge at hand was the limited financial resources to fully implement RBM. They stated that RBM is concerned with results but for results to be good there is need for resources in the form of money and equipment to be availed to the organisation. One of the doctors at managerial level highlighted that for proper medication and diagnosis of diseases there was need for proper equipment. Due to the shortage of equipment, patients are referred to doctors or specialists outside the country who have the right equipment. The doctor also pointed out that in some cases they just gave pain

stops to patients due to shortages of proper diagnostic machines. They noted that in some cases patients would then prefer to be treated in private hospitals or other countries not because the nurses and doctors in Zimbabwean public hospitals were not competent but they lack proper equipment. One HR officer emphasised the importance of the inputs and outputs which are key ingredients in RBM approach. He pointed out that if the inputs were poor so would be the results. He directed attention to the old adage 'garbage in garbage out' to explain the problem. He asserted that performance management is facing a huge challenge of resources, both financial and non-financial. One of the senior officers highlighted that the challenge of resources was more at provincial hospitals and rural hospitals compared to central hospitals. He noted that most resources are allocated to central hospitals and then provincial hospitals come out second best. Patients were sometimes asked to go and buy injections, tablets or other medical equipment for them to be treated, especially those at the provincial hospitals. The researcher also observed that some laboratory equipment like refrigerators, microscopes and chemical analysers were not functioning.

Thomas (1998) posits that in order to successfully implement RBM, organisations require adequate financial and human resources. He argues that organisations are expected to design and use performance measurement systems. Those requesting the information need to recognise that these organisations need resources to do so. Kirkpatrick (1994) supports that for the effectiveness of any programme or system there is need for adequate human Looking at the economic status of Zimbabwe, it can be noted that financial resources are a major challenge in all sectors. The nation is still developing and due to major economic challenge it had no currency of its own revealing the crisis the nation is faced with. As highlighted earlier, the economic sanctions also play a major role in the lack of funds within the ministry. Zimbabwe as a nation cannot borrow money from international banks due to the sanctions imposed by the western countries, thus making it very difficult for the sector to operate effectively. However, mismanagement and lack of proper administration of limited resources undermine the economic activities of a country (Hondora 2008). Some NGOs which used to give aid to the Zimbabwean society for instance DANIDA closed their programmes in the country (citing lack of rule of law) and this had a huge blow in the Ministry of Health and Child Care (MoHCC) as far as finances are concerned. In countries where RBM has been effective, the economies had a strong financial base and these countries include India, Philippines, Mauritius, Nepal, Vietnam, Namibia, Botswana and South Africa (Madhekeni 2012). There has been a loud outcry concerning the shortage of skilled staff and this has presented a challenge in the implementation of RBM. It is important to note that for RBM to be effective as a PM tool, there

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is need for sufficient human resource. However due to the shortages of the human resource in the country, RBM has become less effective thereby affecting service delivery. Lee (2002) points out that in the Republic of South Korea, RBM has been a challenge due to the major challenge of shortage of skilled workers. It is therefore assessed that, the lack of skills leads to poor performance management.

Lack of equipment and drugs

From the interviews carried out with one of the senior officers, it was pointed out that the major challenge that was being faced at GPH was the lack of proper technology which is essential if RBM is to be implemented successfully. He pointed out that RBM involves lots of data and calculations, therefore there was need to have computers that processed the data. Manually carrying out the process was regarded cumbersome. He pointed out that the information gathered using the RBM method is not used internally; there are also critical external users who need the information quickly and accurately. He highlighted that e-government was one of the key pillars to the effective implementation of RBM. It was pointed out that when a decision was taken, information about that decision and its outcomes had to flow quickly to all those to whom the decision maker was accountable. However, due to lack finances the organisation did not have adequate computers and this posed a challenge in trying to implement RBM. One of the doctors indicated that the computers are few and even the internet connectivity at the hospital is very poor. Two patients also pointed out that the lack of transportation to hospitals. They highlighted that the hospital did not have adequate ambulances to ferry them when need arises. One of the doctors also concurred with this point and indicated that delivery of health care commodities to health facilities is compromised by the lack of vehicles and petrol.

The clinical staff (40%) also noted that the hospital had no medication and sometimes the medication given did not help them at all. One patient noted that he was not certain if he was given the proper medication since the medication he had been given was not making him feel any better. One of the officers pointed out that the lack of equipment and drugs was faced mostly by the provincial hospitals and this emanated from the budgeting process. He pointed out that budget formulation use a bottom up approach based on work or activity plans that health facilities and officers plan to carry out to meet the population health need in a given budget based on the availability of services.

The Zimbabwe health care system is well defined in its structure regarding authority, resource allocation, information reporting, division of care services and referral of patients. However the USAID (2010) posits that

critical coordination and exact adherence to defined structures are weak throughout the system. This relates to resource allocation where lower levels report financial and planning data to upper levels, yet resource allocation decision making is often made at other levels. Feedback on the reasons for the actual resources provided is often lacking. The lack of ICT was raised as a challenge in the implementation of RBM in the ministry. It is noteworthy that E-governance is one of the key pillars of RBM. The Economic Commission for Africa (2003) acknowledges that the issue of ICT is a major challenge in most African countries. It points out that 80% of the world's population has no access to reliable telecommunications and one third has no access to electricity. ICT has been included as one of the key strategies for public service reforms. It is now seen as the essential facilitator for service improvement particularly when governments worldwide are facing an increasing trend towards knowledge-based production and the communication revolution. The Economic Commission for Africa (2003) acknowledges the challenge faced by most governments and points out that expenditure by respective governments on computers and management information systems has risen rapidly in many countries and now represent major items in their budgets. Heeks (2002) points out that without the information systems to carry that flow, there can't be accountability due to lack of information to be used in decision making. The reduced government assistance especially to provincial hospitals has meant that health facilities have budget gaps and are eliminating or scaling back services.

Difficulties in identifying performance indicators

From the data collected, the HR personnel from the hospitals lamented that performance indicators were difficult to ascertain especially for some clinical staff. This was said to be mainly attributed to the nature of their duties. It was pointed out that these performance indicators will then assist in the measuring of performance of the individuals. However due to lack of clarity it was difficult to ascertain the performance indicators. One dentist on managerial level gave an example of the difficulties of identifying performance indicators. He said,

> "Consider my profession, what can you say is my performance indicator? Can you rate me based on the number of teeth I will have removed from a patient? Ok in case they say that, I can remove a patient's tooth today. It can seem ok by the time I remove the teeth, but anything can happen after that, the patient can get ill because of his negligence in maintaining the open wound. On the other hand I can make a mistake and injure the patients' nerve and this can be detected later. So based on these ideas if you say tooth removal is the

performance indicator, how is it going to be measured considering all those facts. It's difficult, you see!".

Identifying performance indicators was therefore regarded as difficult. From the questionnaires distributed, 85% of the participants indicated that the identification of performance indicators was a challenge.

The other challenge that was highlighted was that some tasks are difficult to measure using the RBM because of the nature of various duties performed by workers. Performance indicators that will then be used to measure how one is performing were deemed difficult to identify for other professions in the medical field because their work is interrelated and some take time to fully complete. This challenge could also be linked to the lack of training and understanding of RBM. One example that was highlighted in the findings was the work of a physiotherapist that would take time to be completed. One senior officer also pointed this as the major challenge and cited that this is also linked to the fact that the appraisal form were drafted by the Public Service Commission and cuts across all the Ministry. The ministry is quite unique and therefore needed an appraisal form that suits its peculiar needs. Having an appraisal form that is drafted somewhere else provided challenges especially on writing performance indicators.

Mane (2006) highlights that performance indicators are really a problem in RBM. He explained that Thailand which has used the RBM system for over ten years but is still struggling with performance indicators. Fryer et al (2009) agree with this view and note that in the United Kingdom measuring of performance has not yielded any results particularly in the health and education sectors because of the performance indicator problems. Curristine et al (2001) point out that performance measures or indicators are more easily applied to certain types of functional and programme areas than others. Problems arise with regard to intangible activities. To this end it can be concluded that RBM will also be a challenge in Zimbabwe. To address this challenge the researchers presents several recommendations.

An important requirement is that of regular and constant monitoring and evaluation of the PM system. This should be linked to a strong management information system. Monitoring and evaluation is an important aspect in performance management. PM is a continuous process and therefore regular monitoring and evaluation is vital in attaining the organisational objectives. Due to different environmental changes, technology has become a key aspect also in PM. This allows for quick assessment and feedback of performance data. There is need therefore, to link monitoring and evaluation to strong management information systems. The 'marriage' between the two will go a long way in fostering the much needed continuous feedback on progress. There is need to computerise all RBM implementing agencies whilst at the same time reforming institutional

structures to make them more democratic, approachable and free from red tape.

As the old adage goes, 'knowledge is power'. Thus, training and education are key ingredients for the successful implementation of a PM system. A major hurdle discovered in the implementation of RBM in the hospital is the relative lack of experience and expertise of the system. As evidenced in the findings, most employees do not fully appreciate of the system. Successful implementation is dependent on managers and staff having the necessary knowledge, skills and abilities to develop and use performance measurements. Training will provide managers, staff and key stakeholders with the knowledge and skills they need to work with data, understand it and use it to improve effectiveness. In order to ensure institutionalisation of RBM at the national level, political appointees in strategic areas, such as budget officers, should also receive training on how to use the system. Once managers and staff understand how RBM works they will begin to appreciate its potential. Performance gaps should be linked to the training programmes. This will improve the value of the training programmes and the employees will also appreciate the importance of the training programmes.

As outlined in the findings, performance assessment data is not used effectively. The performance of individuals is not being used to improve performance. This is the major reason why employees are sometimes not motivated to work hard and use the scapegoat of lack of resources. In as much the resources are limited, employees should be held accountable even if resources are few. Assessments should be done based on those few resources available. Those that are not performing should be accountable for their actions. Managers should not be silent whether or not an employee has performed or not. Performing and underperforming employees should not be treated the same. Employees and employers should set performance agreements based on the resources available. If an individual fails to perform, he/she should be held accountable and measures should be taken to correct such employees. This therefore means everyone will work hard despite the limited resources.

The assessment technique should not be uniform to everyone within the public sector or any organisation. Measuring everyone based on the cost, time, quality and quantity is difficult because of the nature of duties carried out for example by doctors and nurses. This is why most of respondents highlighted the challenges of having specific performance indicators. Those in the ministry of education and those in the ministry of health are different. Therefore, formal requirements that are more rigid have to be relaxed considerably and departments conduct performance assessments based on their own priorities because this system is not a one size fit all concept.

Conclusion

Public health institutions in Zimbabwe are facing challenges in the implementation of performance management systems. These challenges automatically affect the service delivery process and the country's main agenda of sustainable economic development. There is therefore need for more resource mobilisation and more training on performance management to minimize these challenges. Performance management is a critical concept that is required to sustain of any organization and the nation at large,

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