
The Experiences of Operational Managers in the Management of Poor Performance of Nurses in a Regional Hospital in Ekurhuleni South Africa

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Author's Contribution

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THE EXPERIENCES OF OPERATIONAL MANAGERS IN THE MANAGEMENT OF POOR PERFORMANCE OF NURSES IN A REGIONAL HOSPITAL IN EKURHULENI SOUTH AFRICA

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Abstract

The lack of management of the poor performance of nurses by operational managers at health care institutions in Gauteng is widely reported. Studies reported that dealing with the poor performance of employees should be done at the first sign of a deviation from expected behaviour, in order to avoid the “rotten apple effect.” This study therefore aimed at exploring and describing the experiences of operational managers in the management of the poor performance of nurses in a regional hospital in Ekurhuleni. A qualitative, exploratory, descriptive and contextual design was used for this study. Participants were purposively selected from the population and consisted of the individuals who voluntarily consented to participate in this study. Individual semi-structured interviews were conducted. Findings demonstrated that participants lacked the knowledge and skills to manage the poor performance of nurses. Three themes emerged from the study with sub-themes, namely; Experiences of challenges in managing the poor performance of nurses, Emotional experiences and, Ineffective leadership practices. Strategies were developed to enable operational managers to manage the poor performance of nurses.

Key Words

Knowledge; Labour union representatives; Nursing care; Skills; Supervisors

Introduction

The lack of management of poor performance of nurses in public services is evident and is a problem, dealing with poor performance issues is complex, and many managers are not well equipped for this task (The Public Service Commission (PSC), 2007:2) A study conducted by Stone, Traynor and Mayben (2011:8) found that there is evidence of inefficient management of poor performance of nurses and midwives. Inexperienced managers, who were not well equipped to deal with the management of the poor performance, inconsistently used inappropriate sanctions to deal with the poor performance of nurses and midwives. PSC (2007: 2) concur that inexperience

and ignorance amongst operational managers in managing poor performance remains a significant challenge around the implementation of disciplinary and grievance procedures in the public sector in South Africa.

Clinical audit reports indicate that there are escalating cases of Serious, Adverse Events (SAEs) in the hospitals in Ekurhuleni regardless of the existence of legal frameworks, policies and procedure guidelines which describe the management of SAEs. The poor performance of nurses has high costs for the Department of Health through litigations that arise from the SAEs (Makua, 2012-2013:2-5). The lack of management of poor performance of nurses in this hospital has subjected the nursing profession to be viewed negatively by the service users, and has drawn negative media publicity about the poor performance of nurses in the health institutions. Anecdotal evidence by Mkhwanazi (2013:5) in the City Press newspaper highlighted the poor management and poor leadership by front-line managers in enforcing policies and standards to attain quality patient care in public hospitals in South Africa.

According to statistics published by the South African Nursing Council (SANC) (2003-2008:2-5) regarding Professional Misconduct Cases, Gauteng Province has the highest incidences of poor performance of nurses at a specific health institution that are not being addressed by the operational managers. Literature indicates that there is a lack of empowerment of operational managers to manage the poor performance of nurses. This study therefore aimed at exploring the experiences of operational managers in the management of the poor performance of nurses in a regional hospital. Conclusions will be drawn from the experiences of operational managers in managing the poor performance of nurses, this will then form the basis for the development of strategies for empowering operational managers to manage the poor performance of nurses in the hospital. The problem statement follows below.

The Problem statement

The researcher has observed escalating poor standards of patient care due to the continued inferior performance of nurses in the hospitals in Gauteng and particularly in a specific regional hospital in Ekurhuleni. To reiterate, Gauteng Province has the highest incidences of poor performance of nurses at health institutions that are not being addressed by the operational managers. The researcher has also observed that operational managers appear to be helpless and did not manage the poor performance of nurses in this hospital. There was no consequence management for the poor performance of nurses at this regional hospital. It is reported that operational managers fail to manage the poor performance of nurses because of the interference of labour union

representatives, who are seen as obstructing operational managers from managing the poor performance of nurses.

In addition, the researcher further observed that operational managers did not seem to be empowered to manage the poor performance of nurses in this hospital despite the existence of legal frameworks, departmental policies and procedure guidelines to assist them to manage the poor performance of nurses. The above observations, negative media publicity about poor performance of nurses and negative clinical audit reports, highlighted the need to investigate the experiences of operational managers in the management of the poor performance of nurses, in order to develop strategies for empowering them to manage the poor performance of nurses in this particular regional hospital. From the above problem statement the following research questions arose:

- What are operational managers' experiences in the management of poor performance of nurses in a regional hospital in Ekurhuleni?
- What strategies could be developed for empowering operational managers to manage the poor performance of nurses in this hospital? The research objectives for this study are presented below.

The Research objectives

To explore and describe the experiences of operational managers in the management of poor performance of nurses in the regional hospital in Ekurhuleni and to develop strategies for empowering operational managers to manage the poor performance of nurses in this hospital. A discussion of the research method and design is discussed next.

Research Method and design

The study used a qualitative, descriptive, exploratory and contextual research design in order to obtain in-depth knowledge about the experiences of operational managers in the management of the poor performance of nurses in a regional hospital. Qualitative research is a systematic, interactive and subjective approach used to describe life experiences and give meaning to those experiences (Botma, Greeff, Mulaudzi & Wright, 2010:117). It is always necessary to identify the research population of a study, a description of the research population follows.

The Research Population

A research population is a collection of objects, events and individuals with some common characteristics that the researcher is interested in studying (Mouton, 2010:134). An accessible population of this study comprised of all the operational managers in the regional hospital in Ekurhuleni who were called to a meeting where they were asked to voluntarily participate in this

study. The target population was those operational managers who were willing to participate in the study and who consented to participate in this study. The sample was selected from the accessible population. An explanation of the sampling criteria used ensues.

Sampling and Inclusion Criteria

A purposive sampling involves selecting information-rich cases for in-depth study. (Flick 2009:431), A purposive sample of operational managers working in the regional hospital, who were willing to participate in the study was used. Seven operational managers voluntarily participated in the study. The criteria for the choice of operational managers ,to participate in the study was that they were required to have at least one to three years or more, experience as operational managers, who managed wards in this regional hospital and could be of any age and gender. The procedures employed in the collection of data are explained next.

Data collection

Data collection is a process of selecting participants and gathering data from the participants to produce the evidence the researcher wanted to provide regarding the research problem. Data collection was conducted by the researcher, by means of in-depth individual interviews, after obtaining consent to participate in the study and to be audio-recorded. The responses of participants were captured verbatim using an audio tape-recorder. Field notes were recorded and are reflected upon after the verbatim responses of participants to emphasise the intended meaning of the transcript. The following open-ended questions were asked to direct the data collection process. 'What are your experiences regarding the management of the poor performance of nurses in your hospital' and 'What can be done to enable you to manage the poor performance of nurses in your hospital' Data saturation was reached when the seventh participant was interviewed (Burns & Grove, 2011:117). The next section deals with the manner in which data was analysed.

Data analysis

The audio recordings were transcribed by the researcher who listened carefully to audio-taped interviews repeatedly and transcribed the responses of participants verbatim. Data analysis was done using Tesch,s descriptive method as tabled in Creswell (2011:77),which entailed eight steps of systematic coding and categorising of data. The process of data analysis was completed by both the researcher and the independent coder who is knowledgeable about qualitative data analysis. The researcher and the independent coder had a consensus discussion to agree on the identified central theme, themes and sub-themes that emerged from the analysed data. It is imperative that measures are taken to ensure trustworthiness, consequently these measures are discussed below.

Measures to ensure trustworthiness

It is essential that research is trustworthy and credible (Laws, et al. 2013:148). In this study the researcher used the strategy of Lincoln and Guba as cited in Polit and Beck (2008:539-550) to ensure trustworthiness. The strategy incorporates credibility, transferability, dependability and confirmability. Each of these aspects are dealt with below.

Credibility

Credibility refers to the strategy for evaluating the quality of data in qualitative studies and refers to the level of confidence in the truth of the data. Credibility determines the extent to which the findings of the study are a true reflection of what the operational managers stated as their experiences in the management of the poor performance of nurses in the regional hospital in Ekurhuleni (De Vos, et al. 2011:272). Credibility was ensured by prolonged engagement. As the researcher spent sufficient time with participants, thereby building trust with them who were given full information pertaining to the study. Field notes were taken during the engagement with participants and audio recordings were listened to for prolonged periods until the researcher was truly immersed in the data. The next aspect to ensure trustworthiness is transferability.

Transferability

Transferability refers to the manner in which the findings are applied to other research contexts or settings. The researcher gave an extensive description of the methods used for conducting the in-depth, semi-structured individual interviews as well as a description of the setting, the population and sampling method. The richness of the responses are presented in the report using direct quotations from participants (Babbie & Mouton, 2010:276). Results were supported by reference to the literature. Dependability is the next characteristic to be presented.

Dependability

Dependability is the strategy that a researcher uses to evaluate the quality of data in qualitative studies. It refers to the stability of the findings over time and across conditions (De Vos, et al. 2011:251). The code-recode strategy was used and a data quality check was conducted during the data analysis phase. Consensus discussions with an independent coder and supervisors occurred during data analysis. Finally confirmability is explained next.

Confirmability

Confirmability refers to the objectivity or neutrality of the findings. It is the steps taken by the researcher to demonstrate that the findings of the research study emerged from the collected data and not from the researcher's own preconceived ideas (De Vos, et al. 2011:350). In this study confirmability was ensured by the involvement of an independent coder (Babbie & Mouton, 2010:278). In any study that involves human beings, ethical considerations are important.

Ethical considerations

Ethical considerations are moral values concerned with the degree to which the research procedures adhered to professional, legal and social obligation to the study participants as described by Polit & Beck (2008). Approval to conduct the study was granted by the Ethics Committee of the Faculty of Health Sciences, and the Higher Degrees Committee, of the University of Johannesburg, the Policy Planning & Research Directorate of the Gauteng Department of Health, and the Executive Management of the regional hospital in Ekurhuleni where the study was conducted. Participants were given extensive information about the study. Written consent to participate in the study and to being audio recorded was obtained without coercion from participants. Participants were reassured that their responses would be kept confidential and their identities would be protected during the research process. The researcher observed the obligation to protect participants from discomfort and harm. The findings, supported by literature are discussed next

Findings, literature control and discussion

The description of findings is based on the identified themes and sub-themes that emerged from the analysed transcripts of in-depth individual interviews held with participants, regarding their experiences in the management of the poor performance of nurses in their wards, at a regional hospital in Ekurhuleni, Gauteng. The findings of the research study are supported by relevant literature and the information obtained from other studies with relevant interest, to compare and contrast the findings, and to give an in-depth knowledge and understanding of the phenomenon under study. (Creswell, 2014:29). A central theme emerged with three main themes and sub-themes. Table 1. provides an overview of the themes and sub-themes. The data formed a foundation for developing strategies for empowering operational managers to manage the poor performance of nurses. See table 1.

Presentation of data

The central theme, individual themes and sub-themes presented in table 3.1 are supported by direct quotes from the transcripts of verbal responses of participants. Field notes were recorded and are reflected after the verbatim responses of participants to emphasise the intended meaning of the transcript.

Central theme: The central theme that emerged was the lack of knowledge and skills in managing the poor performance of nurses. The study findings revealed a central theme that indicated that all participants in this study lacked the knowledge and skills to manage poor performance of nurses

in the wards.: Knowledge, refers to how well the individual is conversant with the necessary information about the job and a skill is defined as the ability to know what to do to get the desired results and to do it well (Dictionary of Business Concepts,2015:n.p.). In this study, a lack of knowledge and skills refers to the insufficiency or lack of information and ability to manage the poor performance of nurses by the operational managers. The themes, highlighted the emotional experiences and ineffective leadership practices of the operational managers in the management of the poor performance of nurses, which is a consequence of a lack of knowledge and skills.

All the participants in this study claimed that they had not been trained to manage the poor performance of nurses, and inferred that they did not know what to do to manage the poor performance of nurses in their wards. This is affirmed by evidence from the interviews *presented* below.

‘You know mam, the issue of poor performance of nurses is a big problem, (pause)... it has been left unattended to for a long time... we really don’t know what to do...’

‘Like me... when I was chosen as an operational manager, I was just put, just like that and told you are going to be the operational manager in this ward... without training.’

‘They just place you...pause, I was just placed in the ward, because I was the deputy... without any training... I did not know what to do.’ (The participant appeared to be getting angry.)

Mayberry (2007:105-108) found that ineffective management of poor performance occurred as a result of operational managers not being provided with adequate and appropriate education (knowledge and skills) for their roles and responsibilities. As a result, they are likely to perform inadequately in managing the poor performance of employees.

The National Strategic Plan For Nurse Education, Training And Practice (2012/2017:24-25) attests to the fact that the lack of management’s capacity (knowledge and skills) to manage the poor performance of nurses, has been identified as a key stumbling block to health care delivery in the public service in South Africa. The Strategy attributes the poor management of poor performance of nurses to the decline in the training of nurses with specialised qualifications in Nursing Management, and the lack of a Positive Practice Environment. In addition participants maintained that there are few policies and guidelines that informs and teach them about the management of the poor performance of nurses as one participant pointed out

‘‘... another thing is the very policies... there is very few policies that teaches you what to do, and guide you on how to manage this poor performance of nurses...’

In response to the second research question which enquired about what participants thought could be done to enable them to manage the poor performance of nurses, a participant responded thus:

'I think er... trainings, you know, small courses, that will sort of... that deal with specific issues, like the very poor performance, how you deal with a co-worker who is not performing. mmmmh... how do you address those issue of poor performance, because you might not know how to deal with it if you are not trained specifically, you know through that small course...'

In support of the above response,, Chitsulo, Pindani, Chilinda and Maluwa (2014:933) asserts that line managers need to be made aware of and trained about policies and guidelines that could help them manage the poor performance of nurses. Participants stated that managing the poor performance of nurses was challenging and had emotional consequences which led to ineffective leadership practices related to the management of the poor performance of nurses which emerged as the main themes.

Theme 1: Operational managers experience challenges in managing the poor performance of nurses.

A challenge is defined as something that needs great mental or physical effort in order to be executed successfully and therefore, tests a person's ability (Aguinus, 2013:79). Challenges in this study relate to those problems and difficulties that the operational managers encounter on a daily basis when managing the poor performance of nurses in the wards.

The majority of participants indicated that they operate in a hostile environment wherein nurses are difficult and show resentment towards the management of their poor performance, thus managers found this to be challenging and overwhelming, in this regard a participant had the following to say.

'you see mam, the nurses we have today... err, are no longer the nurses we had then... these are stubborn and unco-operative... difficult to work with, they do not want to work.'

However, Molautsi (2013:22) points out that managers lack the ability to manage the poor performance of nurses by failing to detect the causes of their poor performance. In most instances managers blame and label the employees for their poor performance without properly identifying the cause of the poor performance. The researcher is of the opinion that understanding what causes the poor performance of nurses in the wards will reduce hostility, tensions and challenges, and through enhanced management practices, the poor performance of nurses could be improved. Labelling nurses as stubborn can only worsen their hostility, especially if nurses are accused by the operational managers. Participants complained that the poor performance of nurses had been neglected for a long time in this hospital. They found it challenging to undo what people had done according to one of the participants; continuously,

'When you get into a situation where the person that ran the ward before you was relaxed, it is challenging... You see mam, err... poor performance of nurses have been left unattended to for a long period of time in this hospital... it is difficult to undo what the people are used to doing...' (a tone of helplessness)

The PSC (2007:3) states that performance management is a significant component of every manager's job. Managers are required to deal with the poor performance of employees, which they often view as one of the less desirable responsibilities that come with their job because more often than not it is quite challenging. It is clouded by hostility, tensions and uncomfortable situations that may result in 'finger pointing' and anger, and consequently line managers are inclined to ignore the poor performance and not take the necessary measures to address the situation.

In response to the second research question, the majority of the participants accused their supervisors of being weak and unable to manage the poor performance of nurses, and consequently lacked the ability to manage this behaviour. They recommended that the supervisors be trained in the management of the poor performance of nurses as is evident in the words of the participants below;

'You see to finish with your problems in the ward... our supervisors also seem helpless about the issue of poor performance of nurses...I don't know maybe... (Silent) (appears uncomfortable to talk)...maybe they also don't know what to do.! They need to be trained'

'...So how do we deal with this poor performance if matrons do not see it? You are the only one who sees that the nurse is not performing well...they also need to be trained on this poor performance...'

'Some of the nurses are friends to the matrons, so how do you tell them they are not performing well? They talk about you with the matrons... they need to be trained'

Middle managers need to provide leadership and support in assisting operational managers to manage the poor performance of nurses (Shaw and Blewett, 2013:14). The above recommendation is supported by Maxwell (2007:1447) and Yoder-Wise (2011:345-346) who call upon senior managers to encourage the formation of teams in the wards for effective management of the poor performance of employees.

However, a few participants said they did not experience challenges in managing the poor performance of nurses in their wards because they experienced positive relations in the workplace, and a commitment to helping one another in order to meet the goals of the unit. Participants said;

'You see mam... I believe in teamwork, I encourage team work in my ward, nurses know that they have to help one another, because when someone does not do her job well, the ward is not performing well... all of us do not perform well you see...'

'In my ward nurses work as a team, there is no hostility...'

Teamwork enhances the performance of individual members and improves poor performance (Maxwell, 2007:1447) Philippians 11:11) .The next sub-theme is presented below.

Sub-theme 1. Negative Attitudes of Nurses and hostility towards Management

Negative attitudes are described as an inward feeling expressed in outward behavior, it is derived from a many factors including personality, the environment, the impact of others, self-image, association with others, beliefs and choices (Maxwell, 2007:1639). In this study, negative attitudes are related to the display of negative and hostile behaviour towards the operational managers when managing the poor performance of nurses. Participants mentioned that they work in a hostile environment where it is challenging for them to manage the poor performance of nurses. *'When you show them their wrongdoings, they show hostility and get angry at you, they are not used to being told of their wrong doing...'*

'These people come with attitude and you have to work on the negative attitude first...'

According to Wood (2013:5) negative attitudes are rife and poisonous in the workplace, the authority of managers to manage the poor performance of employees is put to the test as a result of the negative work attitudes of hostility and resistance. Negative attitudes that begin with just one employee could spread rapidly throughout the ward and become a barrier to the management of poor performance, it destroys morale in the unit and the performance of employees becomes poor and difficult to manage.

Most workplaces are like “pressure cookers” where negative attitudes, stress and conflict are commonly endured by frontline managers when managing the poor performance in the workplace (Sprenger, 2009:14).

The second research question, did not elicit direct responses to the question however, the participants reiterated their need to be empowered with the skills to discipline nurses in the wards *'Mam, we need to be taught how to discipline nurses!'* (changes tone of voice)

Similar views that discipline is important for correcting the poor performance and poor behaviour of employees (nurses) are held by the PSC (2007:9), Jooste (2010:175-178), Stone, et al. (2014:53) and Shaw and Blewett (2013:11) and elaborated on the steps to be taken in a disciplinary process. A few participants expressed differing views concerning the attitudes and hostility of nurses in their wards. They believed that if nurses are taught acceptable behaviour, it could possibly change the negative attitudes of nurses and the recommendation was that nurses should be taught how to improve their negative attitudes. In this regard a participant said:

'When you teach people you change their attitude because they know that you taught them and they try to do their best to improve. Their performance...' (smiling)

Another participant said that the attitude of the operational manager, is key when teaching nurses to improve their skills in the ward. The operational manager needs to be conscious of the learning abilities of the nurses in the ward and should develop an attitude that accommodates the slow learners in order to improve their poor performance. This particular participant stated the following; *'If you tell yourself that those who will grasp will grasp and those who will listen will listen...its all about your attitude as an operational manager to improve the poor performance...'*

The attitude of operational managers in the management of poor performance could also create a positive or negative environment in the workplace (Jones and Argentino,2010:5). Some managers are concerned about the development of their staff because they understand that empowered workers are better performers consequently, “on the job” training in the workplace is highly recommended.

The researcher believes that a programme of action should be put in place to address negative attitudes in the wards, with clearly outlined activities to deal with these attitudes, such as establishing a Peer Review Team (PRT). A PRT could contribute immensely in peer assessment and in holding team members accountable for the performance of the team and as a result, negative attitudes could be identified and addressed at that level. The next sub theme to be discussed pertains to intimidation and disrespect.

Sub-theme 2. Intimidation and disrespect by labour union representatives

Intimidation and disrespect are associated with harassment and are defined by Claybourn, Spinner and Malcom (2014:34) as follows: 'intimidation and disrespect are unwanted conduct that offends or humiliates the other person, making them timid and fearful and are displayed in harassment.' In this study intimidation and disrespect by labour union representatives, refers to the unacceptable conduct of union representatives who disrespected, humiliated and instilled fear in the operational managers, as they tried to manage the poor performance of nurses. The Labour Relations Act (Republic of South Africa, 1995:43) defines labour union representatives, commonly known as shop stewards, as employees of an organisations that represents and defends the interests of fellow employees in the workplace, who are members of the union. They give advice to members of their union when they have problems at work. The majority of participants in this study said they experienced intimidation and disrespect by labour union representatives when trying to manage the poor performance of nurses, according to one of the participants;

'You see... the unions, they come to intimidate you, and want you to do things the way that they want... they intimidate other unit managers in this way...'

'Unions come into the ward with an attitude, they treat you like you are nothing, you must stop everything else and attend to them...'

Labour unions can be a disruptive force in the workplace if they wield too much power and influence, they can disrupt the functions of line managers from managing the poor performance of employees (Radwan, 2011:2; Barras, 2014:n.p.) . Participants claimed that when they try to do their work, managing the poor performance of nurses, shop stewards interfere in this regard a participant said;

'You see... we try to discipline the nurses mam, but the unions are always on our back, interfering...' (sounding annoyed)

The manager must be able to show that the employees' negative behaviour violates company policy, since no one would question a manager's right to discipline an employee who refuses to follow orders, including labour unions (PSC, 2007:5-6).

The second research question, elicited a response from participants in the form of a suggestion that they needed to be trained to deal with harassment and intimidation by labour union representatives and a participant states quite categorically; *'We have never been trained ma'am on how to deal with this bully behaviour and intimidation of the unions...'* (Becoming agitated)

Radwan (2011:14) recommends that managers should refuse to surrender to the intimidation and harassment of labour representation but should practice assertive skills. A recommendation by Mampane (2014:12-13) that union representatives have to be trained to enable them to engage meaningfully with the management of institutions is relevant. In addition to the above problems, there is a lack of resources

1.3 Lack of resources

According to Robbins (2012:49, 76), resources are defined as the means available to deliver expected services to clients, which include human capital, material supplies, equipment, and the budget. A Lack of resources is simply defined as the deficit in the means to deliver services, which includes insufficient or lack of human resources, supplies, equipment, and the required budget. In this study a lack of resources refers to shortages of nurses (human resources), supplies and equipment to enable the operational managers to maximise the performance of nurses in the wards. Participants claimed that they are expected to solve all the problems in the units and manage the poor performance, despite the fact that they lack the requisite resources to do so as is evident in the response of a participant;

'You have to try to make sure that the patients get the best care, and you find that in the unit we work in nurses are absent, there is no equipment, nurses have to do their best to render care to patients... all these problems come to you as an operational manager, there is no time to look at managing the poor performance... as long as there is no Serious Adverse Event at the end of the day, you are happy.'

Shortages of resources in the health care setting undermines the goals of the health system and challenges the ability to meet the needs of communities according to Bauman (2007:2-3). All the participants in this study mentioned that their wards were understaffed and as a consequence they were unable to run the wards effectively. Additionally, nurses are overstretched, which had a negative bearing on their performance which led to management being unable to rectify their poor performance. Participants also mentioned that their supervisors do not seem to know what is happening in the wards. In particular, a participant stated; *'You see, the managers out there, they don't know what we experience down here. (pause) The ratio that they give us of nurses towards the patients in the unit...iya!, you stretch to an ultimate level that now is unstretchable.. how do you manage the poor performance when nurses are overworked?'* (getting agitated).

The PSC (2007:2-28) agrees that managing the poor performance of nurses becomes a problem when insufficient nurses are allocated to the nursing wards. Poor performance will occur, nurses will become overworked, omissions are likely to occur, and patients' health and safety may be compromised.

When asked what they think could be done to enable them to manage the poor performance of nurses, a participant mentioned that:

'We need more nurses and supplies in the wards, so the nurses can perform well...'

In the midst of shortages of nurses Matlakala, Bezuidenhout & Botha (2014) suggest that, operational managers should be empowered with knowledge and skills to maximise the performance (manage poor performance) of nurses, through skills of work planning such as delegation, task shifting and skills mix in the wards. They are also of the opinion that operational managers need to define the skills and expertise that are required in the ward to meet the objectives of the ward. Theme two is presented below.

Theme 2: Emotional experiences related to managing poor performance

An emotion is described by Hockenbury, & Hockenbury (2007:n.p.) as a complex psychological state that involves three distinct components: a subjective experience, a physiological response, and a behaviour or expressive response. Emotional is simply described as expressing, showing or revealing a very strong emotion. Planalp (2007:11) adds that emotions tend to control our thinking, our behaviour and our actions. Emotional experience in this study refers to the psychological episodes that operational managers, experienced towards the management of the poor performance of nurses in the wards. Participants maintained that they experienced emotional stress as a result

of the supervisors being harsh, and not helping them to manage the poor performance of nurses.

A participant said:

'We have emotional stress mam... our managers are not helpful in managing this poor performance, but are harsh on us...' (emphasising)

'I am exhausted myself, maam, I have to do everything mam, run the ward and be operational... I have burnout!..... I want to go!...deep emotional sigh, followed by a long pause...I can't take this anymore...' (appears overwhelmed, distressed and helpless).

The workplace harbours “toxic” managers who are treating subordinates harshly. They do more damage than good in the workplace by destroying the morale and confidence of subordinates (operational managers), rendering them ineffective in expediting their work, including managing the poor performance of nurses (Dellasega and Volpe,2013:n.p.).

Emotions according to Kurus (2002:n.p.) affect our physical bodies and precipitates physiological changes like exhaustion and illness, and consequently, performance slows down when people are emotionally exhausted due to stress. (Operational managers cannot manage the poor performance of nurses when they are experiencing emotional stress.) The researcher is of the opinion that the supervisors of operational managers could be masking their own lack of knowledge and skills to assist operational managers in managing the poor performance of nurses by behaving in a harsh manner towards the operational managers.

A participant indicated that matrons (supervisors) uttered threatening statements to them, belittling and undermining them.

'Our managers will tell you either "siyophumange gate" (we will walk out the gate)... and we are I wonder if they are aware, their attitude is depressing !... what does it mean," siyophumange gate?...(we will all walk out the gate). (Getting angry)'. walking out the gate means we will be expelled'

Verbal abuse in the workplace happens more often than people realise. It includes yelling, screaming, threatening, cursing, insulting, mocking someone in front of others, or privately. Furthermore in most workplaces verbal abuse is not considered in policy manuals, and employees are left to sort it out themselves, despite the fact that it leads to poor performance (Yourlifecheckup.com, 2015).

In response to the question what they think could be done to enable them to manage poor performance of nurses, the majority of participants did not give a direct response to how the emotional challenges they experienced in this regard could be addressed. A few participants expressed the need for training to deal with their harsh managers.

'Mam ... we need to be trained! We don't know how to handle it when our managers approach us in this harsh way... please help!.' (pleading)

This need for training is corroborated by Parker (2011:207), Qureshi, Rasli and Zaman (2014:245-246), Yadav and Sharma (2007:126) and Jooste (2011:132), who believe that operational managers need to be empowered by offering them emotional support to perform and manage the poor performance of nurses efficiently and effectively, dealing with negative behaviours that lead to emotional stress and prevent them from managing the poor performance of nurses. An article from Lawyer South Africa (2015:n.p.) recommended that the offence should be reported legally, so that operational managers are protected against the verbal abuse of supervisors and are able to manage the poor performance of nurses. A policy on managing threats in the workplace have to be developed The sub theme of fear emerged quite strongly and is presented below.

Sub-theme 2. Fear

According to Planap (2007:89) fear is described as an unpleasant emotion or thought one has when one is frightened or threatened about something. In this study, fear refers to unpleasant emotions and thoughts held by operational managers where they are afraid of managing the poor performance of nurses. Participants expressed emotions of fear during individual interviews as they described their experiences of their management of the poor performance of nurses. They were uncomfortable to speak out about their managers' roles in the management of the poor performance of nurses in the wards. Participants claimed that they were afraid to approach their supervisors because they perceived them as monsters ("gogo" in Sesotho meaning a monster). They also said that they experienced threats from the co-workers

'Mam, when your manager comes to the ward with a face pulled up... what do you do... we are scared...'

'When you are a leader yamotho (of some one), osekabagogo' (do not be a monster)

'There is a lot of threats from the co-workers in such a way that people (operational managers) feel scared, even if they know that this is wrong and this person is doing something wrong, then they decide to ignore because they're scared.' (In a disturbed voice).

There is a culture of fear and intimidation in nursing; a silent morale destroyer in the nursing care environment claims Newcombe (2013:n.p). His study revealed that the majority of nurses have been discouraged or warned about raising certain issues because they did not know what the repercussions would be. It is unacceptable according to Lawyersouthafrica.co.za(2015:n.p.) for a supervisor to approach subordinates in this case operational managers with a negative attitude and instill fear, it is tantamount to harassment and subordinates are used as scapegoats instead of being assisted to manage the poor performance of nurses.

The second question, only elicited the following response from the participants that they needed two things: training on the management of the poor performance of nurses, and support and direction from their supervisor

'for me maam...two things are important, training on the management of this poor performance, support and direction from my supervisor... babe approachable...' (with emphasis)

'...Maam, Ourmanagers are not approachable, you think twice before you approach them for help, the way they will talk to you...mam, you rather ask a colleague who knows what you want...!'(agitated).

In this regard Gaylord, R.W. (2012:32) recommends that operational managers should be encouraged to speak out and not bury their heads in the sand against issues that affect the execution of their roles in the units. The third theme that emerged was the experiences of ineffective leadership practices which is presented below.

Theme 3: Experiences of ineffective leadership practices.

Effective leadership as the art of motivating a group of people to achieve a common goal is how Swansburg and Swansburg (2002:391-394) and Rowling (2011:143), describe effective leadership. Ineffective leadership is the converse of effective leadership which is then described as the inability to influence and inspire others to achieve the goals and objectives of the organisation (Mbaskool.com, 2015:n.p.). In this study ineffective leadership refers to the inability of operational managers to manage the poor performance of nurses in their units. It also refers to the inability of supervisors to assist operational managers to manage the poor performance of nurses Participants did not directly state that they lacked effective leadership in the management of the poor performance of nurses instead they blamed the lack of support that they get from their supervisors. The lack of support and poor communication by superiors is a sub-theme that is discussed next.

Sub-theme 3.1 Lack of support and poor communication by supervisors

A lack of support is defined as not having what is required to offer to someone or a situation (Macmillandictionary.com, 2015:n.p) and communication is described as a two-way process of reaching mutual understanding, in which participants not only exchange information, news, ideas and feelings, but also create and share the meaning (Businessdictionary.com, 2015). In this study a lack of support and poor communication refers to the ineffective leadership practices of supervisors, who do not support the operational managers and do not communicate in a positive manner that assists the operational managers to manage the poor performance of nurses.

Participants affirmed this as seen below:

'Maam, management does not support us... Things we do not know, they do not teach us!'

'Mina ma'am enye into (me mam, another thing) that I want to share with you,... management mayisincede (must help us), they must support us!some of the nurses are even friends to our matrons, sometimes she doesn't think bad behaviour of a nurse is wrong,... you are the only one who sees ukuthi (that it is) wrong, the matron does not say anything about the problem, they must support us!'

A lack of support by supervisors does not build good relationships in the workplace claim Bailey (2014:6,23) and Froschheiser (2008:n.p)which results in operational managers who lack the confidence, to manage performance weaknesses (poor performance) in the unit.

In the researcher's opinion non-supportive supervisors tend to focus on controlling, blaming and scolding when there is poor performance of nurses in the wards, instead of supporting and empowering the operational managers with the requisite skills to manage the poor performance of nurses in the ward, in this regard,participants said;

'Some of the nurses are even friends to our matrons, sometimes she doesn't think bad behaviour of a nurse is wrong,... you are the only one who sees that it is wrong, the matron does not say anything about the problem... they must support us!'

'You don't get an answer that will motivate you when you ask these supervisors! ...some of the things, er... are difficult for us and they'll say "do it!" that's why we are having frustration and stress because they will say " go! go! and do it !like they talk to a small child ...'(raising the voice).

WHO (2008) assert that non-supportive supervisors fail to provide knowledge and skills to operational managers to enable them to manage the poor performers in the nursing care environment.

Participants did not give direct responses to the second research question instead recommended that their supervisors be helped to communicate with them and also receive assistance on how to support them.

'Mam, the way our managers talk to us...it shows they do not support us, they also need help.... to be able to talk to us!' (raising voice)

Support from the supervisor encourages confidence in subordinates, knowing that supervisors care and are concerned boosts morale (Froschheiser,2008:n.p.). Supervisors are perceived as agents of the organisation who inform, guide, correct and teach, with the purpose of ensuring positive patient outcomes through maximum utilisation of staff (in this caseby managing the poor

performance of staff). In any study of this nature, there are inevitably limitations, below are the limitations of this study.

Limitations

The main limitation of this study was that participants did not feel free to relate their experiences of the management of the poor performance of nurses in their wards, they evaded and avoided direct responses to the research questions, therefore, the results cannot be generalised. Comprehension of the concept poor performance is subject to many interpretations. Very little research is documented on what the poor performance of nurses entails. Having highlighted the limitations of the study, the recommendations are discussed next.

Recommendations

The recommended strategies could be incorporated into the curriculum of nursing management training to equip prospective operational managers with knowledge and skills to efficiently manage the poor performance of nurses in the wards in order to have positive patient outcomes. Students placed in clinical settings will know that there is consequence management for poor performance and will strive to improve their performance while placed in clinical settings. A similar study should be conducted in another hospital to refine the experiences of operational managers in the management of the poor performance of nurses.

Conclusion

The majority of participants in the study lacked the knowledge and skills to manage the poor performance of nurses. They were all blaming their supervisors for not guiding and supporting them in managing the poor performance of nurses. They mentioned that they operated in a hostile environment, characterized by negative attitudes of nurses, where labour union representatives were intimidating them, and complicating their job of managing the poor performance of nurses. They claimed that they were overwhelmed by their situation. Conclusions were drawn from the findings, which then formed the basis for the formulation of strategies for empowering the operational managers to manage the poor performance of nurses.

Acknowledgements

We extend our gratitude and appreciation to all who participated in the study, and all persons and institutions who granted permission for conducting this study. Thank you to the University of Johannesburg, Nursing Education Department for the scholarship awarded for this study.

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Abbreviations

- HR: Human Resource
- PSC: Public Service Commission
- UK: United kingdom
- SAE: Serious Adverse Events
- SANC: South African Nursing Council

Table 1: The experiences of operational managers in the management of the poor performance of nurses

CENTRAL THEME Lack of knowledge and skills in managing the poor performance of nurses	
MAIN THEMES	SUB-THEMES
1. Operational managers experience challenges in managing the poor performance of nurses	1.1 Negative attitudes and hostility of nurses towards management of the poor performance 1.2 Intimidation and disrespect by labour union representatives 1.3 Lack of resources
2. Emotional experiences related to managing poor performance	2.1 Fear
3. Experiences of ineffective leadership practices	3.1 Lack of support and poor communication