

**An Examination of
The Performance Management Training Status of Managers
Responsible for the Implementation of Performance Management Initiatives
in a
Hospital Setting**

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I affirm that this dissertation is my own work and that I have acknowledged any material I have used from other sources.

Signed:

Dated:

Views and Opinions

Any views and opinions expressed herein and the conclusions reached are those determined by the author and do not correspond with those of her employer, or the Board of Management of this Healthcare Facility which is funded by the HSE. Errors and omissions are the fault of the author alone.

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Glossary of Abbreviations

Anno Domini	AD
American Society for Training and Development	ASTD
Benefit to Cost Ratio	BCR
General Electric	GE
Haddington Road Agreement	HRA
Health Service Executive	HSE
Irish Nurse and Midwives Organisation	INMO
Irish Medical Organisation	IMO
Health Information and Quality Authority	HIQA
National Health Service	NHS
Organisation for Economic Cooperation and Development	OECD
Performance Improvement Plans	PIP's
Performance Management	PM
Performance Review	PR
Specific Measurable Attainable Relevant Timely	SMART
United Kingdom	UK

Abstract

The aim of this research is a training evaluation exercise, to learn if the managers in this healthcare facility feel that the training and support they receive is sufficient to conduct the Performance Management (PM) initiatives which are a requirement of the Haddington Road Agreement. Purcell & Hutchinson (2007) demonstrate that there is a direct correlation between how managers implement the initiative and how successful the outcome may be. The Healthcare facility where I conducted my research is a Voluntary Hospital which is funded and governed by Health Service Executive (HSE) terms and conditions.

Performance management has been identified as an imperative tool in improving performance which focuses on a company's most important asset, its people. Purcell & Hutchinson (2007) highlights that there is a direct correlation between how managers implement the initiative and how successful the outcome may be. This research aims to look at manager's training to possibly identify themes as to why PM initiatives fall short of expectations by examining the formal and informal training for managers in a healthcare setting. This research aims to get a better understanding regarding line manager's perceptions and experiences of PM training and its effectiveness.

To achieve the objectives, questions were devised from the literature review, to evaluate the training of managers who carry out performance management initiatives. A qualitative research approach was applied in order to achieve the objectives of this study. The approach was chosen in order to obtain a comprehensive understanding of the research participants PM training status, by discovering their motivational situations and to gain indepth information. A qualitative strategy was felt to be appropriate as such methods are conducive to probing more personal questions in relation to attitudes and perceptions Creswell et al., (2008).

All managers within this healthcare setting who are responsible for the implementation of the PM initiatives will be interviewed, to examine the link between an employee's interaction with a PM process and the overarching ability through training for managers to impact on performance and motivation of employees as discussed by Truss et al., (2013). This research identifies how a lack of PM training can increase the ineffectiveness of performance management and can hinder organisational performance.

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1.0 Literature Review

1.1 Introduction

Research has shown that organisations are aware of the importance of their employees' role as a source of competitive advantage. The value of performance management is assessed in terms of organisational effectiveness Purcell & Hutchinson (2007). As part of a multifaceted approach to performance management, organisations are implementing policies and practices to enhance best practice and increase productivity Ikramullah et al. (2016). Research indicates that organisations are tailoring the myriad of performance management initiatives to ensure competitiveness and continued business growth Brudan (2010) through education Wang and King (2009) employee development Leary-Joyce (2008), coaching, mentoring, and career progression Baron, and Armstrong (2004). As performance management is imperative, relevant and vital to maintain quality standards, so too is the importance of training managers to conduct performance management initiatives.

The HSE has committed to implement Performance Management (PM) as part of the Public Service Stability Agreement Haddington & Lansdowne Road Agreements (2013-2018). Unions signed their agreement to the Public Service Stability Agreement, The Haddington & Lansdowne Road Agreements (2013-2018) which committed to introduce PM for all healthcare staff. Relevant Hospital Managers are tasked with the responsibility for ensuring that the PM of staff takes place.

Multinational companies as per Murray, 1984; Gunnigle, 1998; Gunnigle et al., (2003) have significantly promoted the dissemination of performance management in Ireland and across the world Mooney, 1989; Flood et al., (2005). Famously, Mr. Jack Welch from General Electric, (GE) who believed in brutal candour argued that his "rank and yank" performance appraisal, essentially helped differentiate employees and that employees needed to know exactly where they stood within the organisation. While the need for individuals to understand their value in a team and organisation remains a crucial element of performance management, the delivery of this communication has been revised since

Welch's time. For corrective action and improvement to occur, employees must be given feedback about their performance both successes and failures, Armstrong (2009) believes in the "primary elements" as agreement, measurement, feedback, positive reinforcement and dialog". A significant element of managing performance is the chance to correct poor performance and engage and motivate staff to be efficiently productive and align their behaviour with the organisational objectives Caillier (2014). PM should facilitate the identification of future team leaders/managers and assist the organisation regarding their succession planning. This is particularly significant in terms of nursing as staff nurses become Clinical Nurse Managers who lead unit healthcare teams within each healthcare facility. Staff nurses predominantly have formal clinical training but not usually business management or people management training, necessitating an even greater necessity for PM training.

Through effective PM, organisations can promote their branding which is a powerful strategy to control retention and talent pools within the workplace. The employer with a good external image can recruit by word of mouth Gunnigle et al., (2011). The HSE is seriously affected by the lack nursing staff available McCarthy et al., (2003) but through PM, management can build the attractiveness of working within this healthcare facility through good communication, provision of career and personal development, as access to opportunities will attract and retain talent Leary-Joyce (2008).

1.2 Formidable Basis for Performance Management

In relation to the healthcare sector, West (2002) reports his findings in the International Journal of Human Resource Management which demonstrates a direct correlation between PM processes and mortality rates in hospitals. This is a formidable basis for any healthcare facility to substantiate their commitment to engage with staff to build a high quality and sustainable healthcare service. It is imperative to have staff reviews, as regulatory bodies including HIQA require evidence of Performance Review and Continuous Professional Development as stated in the National Standards for Safer Better Healthcare – Theme 6.4.5 relates to 'monitoring, management and development of the performance of the workforce.' In addition, the HSE Staff Survey 'Have your Say' 2015

indicated that healthcare staff want to receive feedback on their performance, to agree goals, objectives and to monitor progress. This research relates to nurse management training in a healthcare facility. It is imperative that managers are trained to deliver through PM training how to build sustainable quality improvement pathways as this has a direct impact on saving lives.

1.3 Why Performance Management

As far back as 1996 it was identified that performance management was good for business. In a Harvard Business review paper Rheem (1996) compared the financial performance of 437 companies who had used a performance management initiative for at least two years with similar companies that did not and the companies who had PM showed increased revenue. The reasons given for success were; the involvement of senior management, the increased focus on PM with clearly defined goals, simplicity of use and limiting the number of goals per employee. Research studies provide evidence of the benefits of performance management such as greater financial performance Rheem (1996) more motivated employees Catano, et al (2008) reduction in employee turnover Purcell & Hutchinson (2007) and increased employee productivity Piekkola (2005).

One of the most significant resource an organisation has is its employees. It can be more cost effective for organisations to look within their own companies to evaluate resources which would be costly to imitate, such as individual employees, where considerable training and investment has been given Barney, (1995, p.60). Performance management provides an opportunity to identify such talent and assists the company with succession planning, career planning, retention, motivation and promotes the best use of employee talent. Wright, Dunford and Snell (2001) support a resource based view to performance management and believe that organisational success can be achieved through developing employees, as they are the human capital of an organisation.

Nurse managers are leaders within their units. They are responsible for allocating resources, unit staffing levels, problem solving, setting operational goals and creating a team atmosphere in order to turn chaos into order and mediate the unpredictability of

healthcare into manageable predictability Sellgren et al., (2008). Leadership skills are essential for nurse managers, to influence staff to remain during difficult transitional times, in order to achieve organisational goals Casida and Parker (2011). This skill is manifested through clear communication of expectations, through clear language which paints a picture for staff of what constitutes good outcomes. Skilled managers also provide feedback for nurses underpinning the value of their work and their performance Vesterinen et al., (2012). Research suggests that providing feedback enhances the effectiveness of performance management.

DeNisi & Smith (2014) established meaningful links between individual performance and productivity and improving individual performance which ultimately improves organisational performance. Performance management systems that provide feedback, goal setting and incentives, encourage employees improved performance and thus adds to organisational value Pritchard, Harrell, DiazGranados, & Guzman, (2008); Pritchard, Jones, Roth, Stuebing, & Ekeberg, 1988) but as research continued, performance management systems, evolved from measurement oriented models to motivational models DeNisi & Pritchard, (2006).

Formal training is explained as learning which takes place as a result of educational activities that are accredited by formal recognition Wang and King (2009). The content of formal training courses is predetermined and the stated outcome of the training is furnished prior to the commencement of the course, for both the participant and the organisation Nassazi (2013). Literature advocates the importance of formal training for managers responsible for conducting Performance Management CIPD,(2014); DBIS (2012); Chamberlin, (2011); Chubb et al., (2011;) This guidance should have strategic objectives, how to give clear unambiguous feedback, how to identify needs and the management of underperformance. It is imperative that managers have access to advice from more experienced managers who have successfully conducted PM initiatives previously Pulakos (2004). This validates the necessity to train managers in implementing PM initiatives and the literature informs the objective to establish if managers have support from internal and or external HR practitioners to assess competence and execute a PM initiative? Training validates competence which is crucial for insuring the delivery of a high quality service and leadership skills are essential for nurse managers, to

influence staff to remain during difficult transitional times, in order to achieve organisational goals Casida and Parker (2011).

1.4 Performance Management Evolution

Performance management is nothing new, as it can be traced back to the Wei Dynasty 221-265 AD Koontz (1971) back then, if your work performance was poor it could cost you your life. Thankfully performance management has evolved from that. It is important to note the difference between PM and performance appraisal is that the former assumes the role of a coach or mentor and regarding the later the supervisor acts as a judge. It is imperative that the role of mentor is adopted as Prasad (2005) states that in this current competitive global environment it is essential that our health services promote and value high performance in order to be successful in attracting and retaining staff in the global market. As overseas career opportunities abound offering better working conditions and better lifestyles it is even more significant for those who remain in Ireland to be valued and motivated.

Healthcare managers must enable, inspire and motivate staff to achieve their potential as per Gunnigle, Heraty and Morley (2011, p.192) and Deming (1982) in support of Caillier (2014) who describes how job satisfaction and organisational commitment are strong contributors to employee satisfaction and how role clarity, effective communication, career advancement opportunities must be harnessed to incentivise employees.

Role ambiguity and role conflict leave employees unclear and uncertain regarding the quality and level of performance expected from them Sethi et al., (2004). In nursing, shift rotation from day to night, long working hours and inflexible work schedules can result in lack of sleep, lower concentration levels, which can impact on job performance Health and Safety (2011); Clarke, (2015).

It is imperative that performance standards are monitored, feedback is given, measures put in place to ensure consistency, and support and training as required, to provide safe patient care.

Performance management, while it continues to be essential, is evolving. Some of the large multinationals have revised their performance management modus operandi. As reported in the Irish Times 21st August 2015, within multinationals such as Accenture, Microsoft, Adobe, Deloitte, and Medtronic there is a shift from annual performance appraisals, as such companies have come to appreciate continuous performance management as the alternative. Ms. Susan Peters head of human resources at GE attributes this change to the millennials who were born into the age of technology and insist on continuous feedback. Employees are currently more self-reliant and place a high value on work life balance and flexible working arrangements and this creates challenges for employers to keep Generation Y engaged and loyal.

The inclusion of ongoing feedback and coaching for staff, which predominantly focuses on the future, underpins the alignment of strategic business plans with staff goals and objectives. Literature supports that employees cooperate with change if they feel support by management throughout the change Giauque (2015). This support provides increased positivity towards specific changes and a change management culture, which mandates constant communication as the change process is perceived as more important than the nature of the change itself Choi (2011).

A guide for managers to Performance Achievement by the Health Service Executive February 2016 demonstrates an evolved PM process. The published Performance Achievement process underpins a Performance Review Cycle (PRC) as a fundamental part of the Performance Achievement (PA) process. The PA process mandates frequent honest discussions and feedback on subjects such as roles, responsibilities, objectives, resources, performance and development goals. “We are what we repeatedly do. Excellence then is not an act, but a habit”. Aristotle.

1.5 Definitions of Performance Management

While there are many laudable definitions of best practice regarding performance management Aubrey Daniels defined PM "as a way of getting people to do what you want them to do and like it" Daniels (2014), while there is no PM training that will guarantee this impossible ask, it is a valued attribute to be able to lead a team, inspiring and motivating individuals to better themselves and improve practices. Particularly in nursing, management style is crucial in achieving organisational goals through restructuring available resources which demonstrates the effectiveness and reliability of such management styles. Performance appraisal provides an opportunity for line managers to engage with individual employees about their performance and pertinent training to support their professional development. Within performance management, the appraisal is just one facet of a much broader performance management arsenal. While performance appraisals are an imperative part of performance management, this is one facet of a multiplicity of tools available within PM Ikramullah et al. (2016).

The results of a performance management system in health care services carried out by Silva and Ferreira (2010) in Portugal showed their PM systems to be disjointed and incoherent. Based on the pillars of an effective performance management system it is the aim of this study to carry out an assessment of PM training when it is given to managers in the healthcare facility I examined in Ireland CIPD (2014).

1.6 Impact of Irish Strategic Health Care Decisions 2009

Public sector spending on health was reduced by 12% since 2009 and staff numbers are reduced by 13% which is 14,000 less since 2007. The recruitment embargo in the HSE in 2009 meant that there were no jobs for the 1500 nurses and 727 doctors who subsequently graduated. Under the Public Service Agreement 2010 – 2014 a significant number of healthcare staff exited the health service and this reduction in staff numbers, the effect of globalisation, (last year 322 Irish nurses joined the register to work in the UK) has left the health system depleted and healthcare units understaffed. On Friday 13th January 2017 the Irish Nursing Organisation's general secretary Liam Doran met with the Government and the HSE to outline the extent of the crisis, the implications for patient care, the workload and the health and safety of staff.

Surveys in Ireland show that nurses are not choosing to go abroad just for financial reasons, but they are also citing feeling of disrespect from management that they feel in Ireland, poor working conditions and a lack of training and career progression as reasons why they are working outside Ireland. Dr. Walley, Irish Medical Organisation (IMO) president states that management in Australia, Britain and the US applauded the work of both nurses and doctors as compared to Ireland Kenny (2016). With regard to training and skill development, research shows that on completion of training an employee's stress level decreases Imitaz and Ahmad, (2015). Rondeau et al., (2009) research shows that nurse shortages if not addressed could result in the demand for nurses exceeding the supply by 30% by 2020.

The pressure from globalisation demands employers to evaluate their human capital, their competencies and talents in order to create competitive advantage as discussed by Elias and Scarbrough (2004) and Mayo (2001) and PM is an excellent opportunity to audit staff to promote best practice. The HSE is the largest employer in the State, with more than 67,000 direct employees and a further 35,000 employed by agencies funded by the HSE. The HSE HR Directorate states its objective is to foster a family friendly work environment that enables all employees to embrace the core values of the HSE named as care, compassion, trust and learning. The HSE Performance Achievement Policy Guide was developed in consultation with staff of different backgrounds and disciplines, including front line clinicians, nurses, administrative staff and support staff. A full evaluated trial took place at several sites within the health service and this guided the PM initiative. The HSE's definition of PM is "a process for establishing a shared understanding about what is to be achieved and how it is to be achieved, and an approach to managing people that increases the probability of achieving success" Weiss and Hartle (1997). Results from research carried out by Farndale and Kelliher (2013) across 22 businesses and 4,422 employees showed that where there is higher trust in management it led to stronger commitment levels from employees particularly if they perceived that management's performance appraisal was fair and the organisation was committed.

Mercille (2015) acknowledges that Irish healthcare lags considerably behind the English National Health Service (NHS) and proffers an Irish NHS based on the UK model. The importance of PM of healthcare employees is long established and the NHS report on performance (2009) states that historically the overall approach to addressing underperformance had not been systematic, transparent or consistent. Fourteen years previously, Sheperd (1995) identified that the NHS was regarded as a poor employer as it was slow to develop strategies to satisfy the career aspirations of well qualified ambitious nurses and who left to find more stimulating, well remunerated employment. Different approaches locally were adopted to address underperformance. Training needs formerly were agreed between the nurses and their managers but evidence from the National Audit Commission (2001) indicated that for many employees including nurses, that no regular assessment of training needs had occurred. The HSE has this data to inform its PM initiative and avoid the stated pitfalls.

1.7 Performance Management Integrated Approach

“Performance management is a strategic and integrated approach to delivering sustained success to an organisation by improving the performance of the people who work in it and by developing the capabilities of teams and individual contributors” Armstrong (1998). Management, as identified by Armstrong (2009) aspire to align work practices to the strategy of the organisation, through developing teams and individuals. This collaborative approach aims to deliver competency through an agreed framework of objectives Armstrong (2009). It is acknowledged that the implementation of performance management in the work place is one of the most challenging duties for managers, but a different interpretation and implementation can affect the process Gunnigle et al (2011).

An integrated approach to strategic performance management was pioneered in the early 1990’s by Kaplan and Norton (1992). They believed that critical points of measurement in relation to business delivery were skills and competencies. The integrated approach is supported by Baron, and Armstrong (2004) as in HR processes such as recruitment, reward, staff development, coaching and succession planning. If appraisals are integrated

into the organisations culture and viewed as a function of quality improvement then appraisals have a very positive impact on both the employee and organisation Schraeder et al., (2007).

1.8 Performance Management and The Psychological Contract

Definitions of the psychological contract emphasize the significance of implicit obligations and the need to understand expectations from both the employer and the employee. Reciprocity is a fundamental core determinant of the psychological contract Atkinson et al (2003). The PM process creates a framework for a psychological contract which is a major contributor affecting motivation and is directly related to employee engagement, commitment, employee relations and employee satisfaction. Guest and Conway (2004) describes that the ongoing necessity for flexibility in the work place, requires that how PM is developed and maintained impacts motivation and is a major contributor to the psychological contract Guest (1987).

A key responsibility of any organisation is to evaluate and manage performance, from planning to achieving improved performance, which are key identifiers to promote individual and organisational growth Brudan (2010). The power and authority to manage a psychological contract is with management and the focus should be on people building rather than people using Guest and Conway (2002). PM must be the forward focusing plan which becomes a reality in the workplace and exists as part of the psychological contract in people minds Wholey (1996).

1.9 Performance Management Engagement

Informal and formal learning is empowering as it builds self-esteem, this is especially evident where employees are consulted and are involved in shaping their educational future Aontas (2007). Nationally and internationally policy makers are targeting how and what education is required as more people live longer and cannot draw down a pension until they are seventy five years more than the previously age requirement of sixty five.

As employees have to work longer, it is imperative that individuals feel engaged with their employer and are emotionally attached to their organisation Markos and Sridevi (2010), engaged employees have a greater sense of connection with their work activities Schaufeli et al., (2003). Engaged employees are more aware of their responsibility in the business and motivate their colleagues to achieve organisational success Anitha (2014). They are happier, more productive which increases work output which is imperative for any organisation to achieve in order to maintain market position and survival Markos and Sridevi (2010).

Within NHS healthcare there is overwhelming evidence substantiating that engaged staff really do deliver better care. West et al., (2002) report how engaged healthcare staff have lower levels of patient mortality, make better use of resources and deliver better financial returns. A difficult aspect of PM is the ability of managers to ensure objectivity in the apportioning of ratings as it acknowledges that managers tend to give average marks in order to avoid confrontation or controversy, Schleicher (2009). These incorrect ratings can adversely affect the employee and the organisation as they deprive both of attaining goals and organisational objectives, as the opportunity to address underperformance issues and develop quality initiatives through upskilling, are squandered Lawler et al., (2012). This behaviour also gives rise to staff disengaging with the PM process if it lacks accuracy and consistency St-Onge et al., (2009).

1.10 Performance Management and Motivation

Mary Connaughton the managing director of CIPD Ireland states it is her experience that changes in how employees are managed and engaged is based on drivers of behaviour and the effect of managers on company culture, motivation and performance. It is a conviction of Pink (2009), that performance management behaviour should concentrate on maximising three motivational elements, autonomy, mastery and purpose. He stresses that the best way to achieve this is by managers having daily staff conversations explaining the organisation's mission and environment and how to align organisational goals with realities.

The HSE guide indicates that formal performance review (PR) meetings should take place three times during the year between the employee and their direct line manager, with an expectation that regular and ongoing communication will take place between the formal meetings. The PR system also encourages reward mechanisms and states that while the HSE offers a competitive base salary and attractive career development opportunities, it tasks managers with imaginatively identifying rewards and acknowledgments for good performance. This it states is to broaden and deepen the experience of staff. This is a situation where managers may excel at being imaginative in rewarding their staff but others may not be able to fulfil this criterion.

It is noteworthy that if the emphasis of a PM focuses on strengths and recognises achievements, it can yield performance improvements of 36.4%. When the emphasis is on weaknesses in performance, this can cause a 26.8% worsening in achieving performance as per the Corporate Leadership Council (2002) Performance Management Survey: HR Executive Forum Research. As part of organisational management strategy, PM is concerned with aligning employee activities with the organisational goals by aligning personnel activities, management objectives and organisational goals **Lowry, (2002)**. Employment should be mutually beneficial where by individuals perform and develop skills for financial and non-financial rewards. Non-financial rewards may consist of training and development and opportunities of further education in preparation for advancement. Performance management offers an opportunity to evaluate, schedule, deliver and monitor the outcome of agreed training and development.

Historically in health facilities it was argued that it was not necessary to manage individuals already affiliated to regulatory bodies Lizarondo et al (2014). The Irish Health Service PM initiative will assess all health professional activities in relation to organisational goals and objectives and deviations will be addressed and aligned in performance improvement plans, training and mentoring.

It is a common belief that those conducting a PM initiatives have the appropriate professional or specialised knowledge to enable them to assess others Leslie, (2012).

Healthcare professionals give their reasons for leaving the profession as lack of training and career progression which culminates in fewer new recruits and current healthcare

professionals leaving the system Smith and Baltruks (2015). It has been identified that an efficient training program for clinical management would contribute towards employee retention Megginson et al., (2000)

1.11 Performance Management and Feedback

It has been identified that within nursing culture, positive feedback is often hard to find Sodeify et. al., (2013). Trends seem to focus only on areas for improvement, which can lead to feelings of demotivation Duffy (2013). Providing feedback can be difficult to give effectively but managers should promote a work environment where everyone gives and receives feedback Chang & Daly (2012). Feedback provides clarity on performance regarding deviations from preferred and actual behaviour. Feedback is essential for professional growth and direction Matua et al (2014). Nurses in particular, need constructive feedback as well as positive feedback in order for them to have a realistic understanding of their work progression and clinical practices and what should be their focus for future learning. Feedback helps minimise poor practices Chang & Daly (2012); Matua et al (2014).

Prior to issuing feedback it is imperative that facts are corroborated and where possible feedback should be influenced from several different sources of information. This adds credibility to the feedback whether it is positive or negative and encourages reflection on behaviours and practices. This reflection assists with training gap analysis, identifying areas for education, enabling staff to reach their full potential Chang & Daly (2012).

1.12 Performance Management Training for Managers

The depth and width of performance management tools available as outlined previously, highlights the significance of the impact performance management can have on a business when conducted well, PM underpins the importance of best practice training for those

tasked with implementing the initiative. Managers must be confident that they can implement an integrated approach to PM developing staff capabilities through fostering reciprocity, a fundamental core of the psychological contract. Managers also need to engage and motivate staff by providing effective and pertinent feedback and mentoring, coaching and training to develop careers.

The Social Exchange Theory examines the role of managers and the influence their behaviours have on employees. The theory goes some way to explaining the link between an employee's interaction with a PM process and the overarching influence managers' attitudes and behaviours have in impacting on performance and motivation of employees which can be either positive or negative Alfes et al., (2013).

Informal and formal training for managers responsible for conducting a PM initiative is promoted as crucial in CIPD (2014); DBIS (2012). Formal training provides instruction on performance measurement, performance feedback, strategic objective setting, identification of underperformance, corrective action and a development needs analysis Chub et al., (2011) Emerson, (2009). The informal training would be provided by way of an advice service, online support and guidance from experienced managers who have successfully conducted PM initiatives previously Chamberlin (2011). While the health service does not have a history of conducting PM, managers lack PM experience, so expertise and training advice can be sought on an informal basis from third party agencies and voluntary hospitals.

Informal learning is experiential and involves learning on the job usually given through mentoring, coaching and the provision of constructive feedback Garavan et al (2011). This forms an integral part of workplace culture affording managers and staff an opportunity to develop their skills while being held responsible for their performance Hart (2012). It is not just formal training that is promoted but blended learning is espoused Gunnigle et al (2006). Work place learning proffers guidance and advice from managers with previous or greater experience on an informal basis Biron et al 2011. On the job training is the most commonly used form of training where employees are given instructions on work practices, by their manager Saks, Haccoun and Belcourt (2010).

Research by Emerson (2009) showed that knowledge sharing through informal but regularly facilitated conversations between experienced PM managers, improved managerial competency, enabling effective PM implementation. Lawler et al., (2012) describes that if senior management and organisational leaders support and contribute to this process, the PM initiative is substantially more effective. This support not only emphasises the importance of the process and defines expectations, but also crucially provides substantiation for the benefits of informal learning.

Lawler et al., (2012) outline the structure of effectiveness of a PM initiative in order of significance

1. Ownership by management
2. Clear Goal setting and employee development
3. Formal training for performance raters
4. Perceived fairness of the system
5. Ongoing feedback
6. Alignment to organisation goals and cultural fit

Nurse managers must be sufficiently experienced, trained and supported by senior management in order to implement this best practice PM initiative effectively. The introduction of a PM Development for public servants demands that management have both the skills and ability to appropriately implement PM systems, this is crucial according to Baird (2012). Surveys in the public sector have shown that management training is required to achieve better effectiveness DEPR, 2015a; 2014a; 2014b; CSO, 2014; IPA, 2014; Department of Finance, (2010).

It is imperative that time is taken to appraise performances, give feedback, conduct training need analysis and garnering agreement for training and development initiatives with staff. The PM initiative is a transferred task from Human Resources to direct line managers as it is the managers who is best placed to access the work of the employee Bainbridge (2015). In order to progress the skills and knowledge of managers formal and or informal training will play some part of the PM process. Managers with responsibility

for PM must be competent to successfully accommodate a learning environment to enact an effective PM initiative Lawler et al., (2012).

CIPD 2014 research found that 81 per cent of managers claimed that training and development was part of their PM consultation with their staff while only 36 per cent of staff claimed that their managers discussed training. Failure to understand the impact of these discrepancy increases the emphasis that the provision of training for managers to effectively conduct these tasks cannot be underestimated DBIS 2012.

Performance management training enables managers to assess and develop their staff which is an enormous feature of what constitutes an effective organisation. In this increasingly competitive work environment, organisations need to use resources wisely to survive and get the best out of their human capital. McMahon and Gunnigle (1994) outline key objectives from the learning as: the enablement of managers to review employee performance and to engage employee in agreeing key objectives to achieve improved results. Training should enable managers to analyse their own strengths and development needs.

The education should assist managers to identify the training needs of employees and to implement remedial initiatives through education, coaching, mentoring, counselling and performance improvement plans, to support the employees advancement and career development prospects. It is crucial that managers are receptive to receiving feedback on their supervision and management skills and to maintain equity in their staff evaluations. Training must enable managers to address substandard performances while motivating staff to develop their skills to assist in staff retention McMahon and Gunnigle (1994).

As part of the PM initiative, managers must identify a level to which processes and competencies must be set and achieved to ensure organisational success Elzinga, Albronda & Kluijtmans (2009). Managers must identify key behaviours to evaluate competency and highlight effective and ineffective key performance indicators Kaplan (2001). Training and development has an impact on retention of employees. Turnover creates costs in order to recruit replacement staff and to induct and train new staff Van Dyk and Coetzee (2012). Furthermore new staff increase the workload for existing

employees, which can cause overwork and burnout Stroth (2010). The avoidance of turnover and overwork and burnout substantiate the need for organisations to continually promote strategies to develop and train staff.

Becker et al., (2011) studies have strongly identified the requirement to formally train managers to fulfil their responsibility to consistently and fairly conduct PM. Chubb et al.,(2011) supports that formal training demonstrates the value and commitment of the organisation through its investment to the PM process, thus creating a culture of respect. The CIPD 2014 survey established that if the PM process lacks credibility it will identify negatively in the minds of the employees and become a futile exercise.

Previous studies validate the importance of formal PM training to enhance the capability and confidence of managers to effectively implement the PM initiative CIPD 2014. The report also identified that not having a PM review is less damaging than carrying out an ineffective one, as to correct the detrimental effects of this can be difficult.

Even where managers have been part of a PM process previously, it has been shown that refresher training has a positive impact in enhancing managers skills, through elaborating their effectiveness in retaining and using the information Chubb et al., 2011. The significance of defined frameworks and practices to avoid ambiguity or inconsistency cannot be stressed enough Bainbridge, (2015). Empowering managers through training enhances their ability to implement the process consistently.

Training should be accessible, regularly refreshed and supported by Human Resource practitioners which would allow for the provision of continuous informal support. Continuous training will create a culture of importance and value for the PM process Lawler et al., 2011. Research states that managers should be trained on how to mark employee appraisals. Managers feedback to staff to explain their rating decisions is critical and it also provides transparency and a sense of fairness Shrivastava and Purang (2011).

Informal training can take place by way of mentoring and coaching. The Grow Coaching Model is a common coaching model used to provide a framework for coaching session or conversations between managers and their employees Wilson (2014, p. 150-154). This enables managers to guide employees to achieving performance objectives, focusing on solutions rather than problems. PM training should support and develop managers' skills to establish a PM culture that embraces PM and which advocates the benefits to employees, fostering this organisational culture is critical Armstrong (2006). Management is tasked with creating a culture which sponsors learning and continuous performance and professional development. Training should strategically educate managers to identify current and future development and training needs for the service and career development of staff. Managers must cultivate a working environment where performance is discussed openly and honestly and is used to improve decision making.

Training is required for managers in the health service today. From 2009 to 2013 approximately 10,000 healthcare professionals have left the HSE this was reported in the Journal in July 2013. Nursing staff has dropped by 3,987 and management/administration is down by 2,266 which provides a clear indication that training is required due to the loss of management skills and people management expertise. On a global basis external demands for training will continue as population growth is declining and countries face ageing societies. The world population is marked by declining fertility and increasing life expectancy. These trends have three major implications for education, skills and training. The challenge of lifelong learning will increase in order to maintain and upgrade the skills of mature and older workers OECD (2008).

1.13 Performance Management Competence Training for Managers

In nursing within Ireland, management development received an injection of new energy with the establishment of the Office for Health Management which includes master classes and leadership development programmes for nurses. It is acknowledged that there are significant gaps in terms of nationwide programmes to assist with transition from nursing to a management role Office of Health Management Report (2004). Recommendations from this report were to develop initiatives to encourage nurse managers to adopt an empowering management style. The expectation was to ensure that nurse managers were seen as good role models for performance development, that they

would develop the necessary skills to implement performance review processes effectively through focusing on role clarification, role enhancement as per Figure 1 Appendix 1.

Competence is considered as a complicated abstract which is problematic to measure, which mandates for clear well defined competence assessment instruments Smith (2012). Training validates competence which is crucial for insuring the delivery of a high quality service, competence is recognised as a core component of all professional standards, Who (2013). It is recommended that from the start of a nurses education and throughout their career, competence should be assessed Schub (2014). Assessments inform organisations of the necessary interventions required for their development which underpins the quality assurance of employees delivery of services Chen & Lou (2014).

As well as formal training, competency based training and capability development can be provided through mentoring and coaching. This can incrementally improve performance beyond results achieved by traditional training Morrow et al., (1999). The Office of Health Management Report also endorsed annual development reviews for nurse managers which they recommended should include 360° feedback and the development of personal development plans as managers should lead by example.

Performance Improvement Plans (PIP's) are time bound improvement plans designed to address performance issues. They should be objective, fair, transparent and work related. Examples of performance that meets the standard required must be explained and discussed DeNizi (2011). Agreed learning and growth action plans may assist as developmental tools. In consideration of skill mix, experience, interests and expertise, mentoring and coaching may be offered. If performance does not improve the next step is corrective or supportive HR processes through an Employee Assistance Programme, Occupational Health or Disciplinary Process Sohail and Baldwin (2010).

1.14 Performance Management Training Evaluation Assessment

The Warr et al. (1970) model of evaluation suggests four aspects of training for assessment: content, input, reaction and outcome. Content evaluation calculates if there is a problem that a training initiative could solve Hogan (2007). Input evaluation assesses all aspects of the training resources. Reaction evaluation considers the multiple reactions of the various participants. Outcome evaluation assesses if the objectives are achieved at an immediate, intermediate and ultimate levels Garavan et al (2003). Kirkpatrick's training evaluation model assesses effectiveness by looking at the participants' reactions, their attitude and the outcome behaviour following the training Kirkpatrick et al (2006).

Post PM training an evaluation of the developmental and career enhancing education should be conducted. An evaluation of training should assess the impact on services, growth potential and promotional opportunities the training afforded to participants. An evaluation of future training plans identifying critical successes and failures should assist to restructure, revise, and develop future successes Tamkin et al., (2002).

1.15 Training Evaluation Models

There are a myriad of evaluation models. An evaluation of the top four models Kirkpatrick, Kaufman, Anderson, and Brinkerhoff will inform on the most appropriate for this study Tamkin et al., (2002) Kirkpatrick's model of learning evaluation has been used for more than 50 years. The model evaluates learning on four levels: Reaction, Learning, Behaviour and Results. A learning program is designed around resolving problems identified. Actions to solve the problem including learning and support are clarified and a program is designed. This can be incorporated into an evaluation metric to meet the business goals.

1.15.1 Kaufman's Model Of Learning Evaluation

Kaufman's model evaluates two significant changes from Kirkpatrick namely input and process. Input is the resources available and process is the actual delivery of the learning. Kaufman added a fifth level which looks at the benefit to society or business clients. Kaufman's model was discounted in relation to PM training the subject of this research in favour of the Brinkerhoff model. The Brinkerhoff model provides two crucial training assessments, the first is that the learning must produce learning changes with efficiency and efficacy and the second sets out that if the training must result in some benefit to the organisation.

1.15.2 Anderson's Value Of Learning Model

Anderson's Value of Learning focuses on the alignment between the learning program and the organisational goals. If the program and goals are aligned it is easy to evaluate the success of the training. The Anderson model is discounted in favour of the Brinkerhoff model as the training will not be chosen unless it is designed to deliver learning in line with organisational goals and Brinkerhoff focuses on the outcomes of the training rather than the planning stages.

1.15.3 A Mixture of Models May Yield Comprehensive Results

Organisations may use Kirkpatrick's model as a starting point measuring the trainees reaction, learning, behaviour and results from the training in conjunction with Kaufman's model measuring input and process to evaluate the resources available. This can be followed by Anderson's goals setting model and finally Brinkerhoff's model to dissect the process to identify critical successes and failures and to restructure, revise and develop to ensure future successes Tamkin et al (2002).

1.15.4 The Model of Choice in relation to PM training is Brinkerhoff's Success Case Method

Brinkerhoff's model identifies the most and the least successful outcomes from the learning program. This evaluation method provides clarity on what requires change to ensure future successes. Following approval to sanction funding for PM training in this healthcare facility, the evaluation of choice will be to employ the Brinkerhoff's model to consistently identify what requires change in relation to performance management training for this hospital, to ensure future success. The Brinkerhoff model has two crucial criteria to assess training, the first is that the learning must produce learning changes with efficiency and efficacy and the second set out that if the training does not result in some benefit to the organisation, then it has no worth.

The Brinkerhoff model will be used to explore qualitatively the assumption that improved research resources will accelerate the translation of science into better clinical practices and ultimately into improved human health, while at the same time advancing careers.

1.16 Ensuring the Performance Management System is Fit For Purpose

There is no one PM system that fits all. PM is a complex initiative which in part involves the manager evaluating the performance of their staff Coens & Jenkins (2002). Unfortunately there are many factors which contribute to failure, some appraisals may be inconsistent Bowles & Coates (1993) thus not fit for purpose Lee (2005). Additional failure factors are if the PM is perceived as a chore which has little to do with reality, it will not succeed Barlow (1989). Failure is inevitable when appraisals focus on the negatives and do not endorse the value of the positives Pulakos, Mueller-Handson & O'Leary (2008). Literature supports that optimal manager employee interaction should

be a ratio of 4: 1 of positive to negative comments Grant (2006) this is also supported by Swinburne (2001) who suggests a balance of 80 per cent positive feedback to 20 per cent constructive criticism. Managers must be trained in understanding PM initiatives, in people management skills, communication and feedback, because when PM systems are implemented poorly, they fail Grint (1993). Literature demonstrates the impact that training has on employee performance and the significant correlation between training and performance, the more training the better the performance Hafeez and Akba (2015). Across the world, a “fit for purpose” workforce is noted as essential to meet the challenges of the increasingly challenging and demanding role of a healthcare professional and this necessitates a fit for purpose PM initiative. In The WHO (2013) forum report it is highlighted that the sharing of resources, the development of a diverse and inter-professional workforce, the advancement of primary care and a strong community focus, all contribute to a world transformational education programme which improves health and maximizes the social and economic return on investment.

Research has supported the importance of the ability to implement effective management skills in the provision of healthcare this is unquestionable as it is vital to nursing leadership from student nurses to directors of nursing as described by Curtis et al., (2011) in the British Journal of Nursing, 2011, Vol 20, No 5. Following cursory examination of the content of undergraduate nursing programmes as reported in The Times (2010) in Trinity College Dublin, Edinburgh, and Seattle Universities, it was established that organisational management skills are fundamental to good practice. The white paper of management competencies proposed were critical thinking, nursing technology and resource management, ethics, provider and manager care. There is evidence that this is being taught to new graduates to assist with their transition from student to nurse. Ongoing and indepth performance management training must be extended to nurses transitioning from nurse to nurse manager.

The attitude of managers has a profound effect on the success of a PM initiative. Managers cite reasons such as lack of time, or lack of understanding or both as reasons not to implement a PM system McMahan (2009), but training managers would resolve these issues. The perfect PM does not exist McMahan (2009). PM should be tailored to

each organisation and should not be copied from one organisation to another McMahon (2009).

Additionally, it is imperative that managers have access to advice from more experienced managers who have successfully conducted PM previously Pulakos (2004). Poorly constructed performance appraisal initiatives, can increase employee dissatisfaction Giangreco, et al., (2012), are not fit for purpose if they have not established clear objectives Wilson (2002).

Research shows that job satisfaction in nursing is influenced by leadership styles Lorber and Skela Savic (2012) cited in Ahmad et al., (2013) so training for manager must be fit for purpose in order to engage and retain staff. Central Statistics Office (2013) reported that over one-third of health expenditure in Ireland is in Hospitals, as such a large proportion of the health budget is allocated to this sector it is vitally important that managers are trained to performance manage their people successfully.

1.17 Performance Management Failings

It has been documented that periodically performance appraisal initiatives have increased dissatisfaction and decreased motivation as clear parameters had not been set. Further identified as a basis for malcontent are biases in the process of evaluation, dissonance between employee needs and organisational goals Giangreco, et al., (2012).

Conflicting purposes for a PM system generates problems so it is important to establish clear objectives Wilson (2002). Some PM systems are used to motivate, develop and train staff while others processes assess performance to apportion rewards Bach (2005). If the ability of the appraiser is weak and the process forms part of their performance reward, this creates reluctance for the appraiser to redress the shortcomings, as their merit, reward or promotional opportunities may be effected Bach, (2005).

Merit rating requires managers to judge their staff against best practice, work performance, personality factors and characteristics in order to rate their staff members on an numerical scale Armstrong (1994). This system is criticised on the grounds that it does not capture cooperation, motivation, conscientiousness and team spirit IBEC (2000). While merit rating is simplistic there is no evidence that it ever improved performance Fowler (1990).

It has been identified that due to the transfer from traditional HR practice of performance management to front line managers a lack of management training combined with work overload, compounded by conflicting priorities has left a gap between best practice and what is actually delivered Purcell and Hutchinson (2007). Purcell proposed that managers can perceive people management activities as less imperative than other tasks. It is imperative that HR play a role in motivating front line managers as performance management is most effective when changes in job descriptions to address the challenges are combined with direct feedback from the manager.

Performance training assists managers to develop their staff through training, providing opportunities to potentially progress their careers Simoneaux & Stroud (2012). “Translating the Vision” is analysing the link between business planning and how to achieve the plans which is a vital component of effective Performance Management. Without feedback and pertinent learning opportunities, engagement dwindles and performance management fails Kaplan & Norton (1996) Gratton & Truss (2003).

The National HR Report January 2017 (HSE) states that a two day legal framework was held and seventeen managers attended from Donegal, Sligo, Leitrim, West Cavan, Cavan Monaghan (CHO 1), Dublin North, Dublin Central, (CHO 9) and the Royal College of Surgeons (RCSI) Hospital groups, as well as some corporate and regional services. The programme aimed to equip managers with the knowledge and skills required to effectively manage staff.

The seven modules focused on Employee Performance, Attendance Management, Grievance, Trust in Care, Equality, Dignity at Work and Contract Management.

Feedback suggested that the course should be compulsory for all managers. The small percentage numbers of attending managers, coupled with the fact that this course is not mandatory for people managers, provides scope for improvement in relation to performance management training in the healthcare environment.

Training is required to learn new skills, refresh past experiences and exchange ideas for future trends. The plan, do, check, act (PDCA) process is a continuum of improvement where by organisations identify areas for improvement, plan improvement processes and implement an action plan. Continual comparison checks should be carried out correcting and amending as required Deming (1986) in order to know how to evaluate one's own management style, develop an assertive style of management and leadership, know how to manage time and delegate effectively, set clear goals for individuals and teams, acquire systematic methods or motivating staff and know how to resolve conflict.

Unilever CEO Paul Polman states that when everyone scores average performance scores, the company was average. Reviews had been about scores as opposed to individual strengths and weaknesses as managers focused on process. Good performance management conversations require courage.

1.18 Conclusion

Training reduces organisational risks, promotes organisational change, builds teams, enhances communication and distributes information and knowledge while developing skills Shenge (2014). Training empowers individuals through a methodical approach that expands and impacts their knowledge, attitude and skills which enhances individual, team and organisational effectiveness Shenge (2014). When an organisation invests in training, employees get a sense of satisfaction, worth, loyalty and empowerment which encourages them to make their workplace successful Lorette (2016). Managers have distinct insight and analysis of their employees required training needs in order to produce the desired performance level Bianca (2016). It is imperative that managers are trained to assess competency and how to choose the right training techniques for their staff.

Training is considered as the most essential aspect of a business environment due to the increased value it gives to both the employee and the organisation Khan, Khan, and Khan (2011). Training is considered so important that in 2011 companies in the U.S spent 150 billion on training Silverman (2012). Training allows for a large number of attendees to receive the same information, taught in the same way, at the same time over a specified period Koltookian (2012). This allows large organisations to standardise best practice approaches as formal training provides the latest and most up to date information including how to conduct PM initiatives.

The objective of a performance management initiative is to promote best practice and efficient delivery of service in line with strategic objectives through engagement, motivation and development of employees. This practice facilitates succession planning as future leaders are identified, developed and supported through education and training Caillier (2014); Siltala (2013). Literature emphasises the necessity to train managers, as the relationship between managerial development directly influences how successful a PM initiative will be Baird (2012). In the HSE report People Strategy 2015 – 2018 “Leaders in People Services”, Michael West , Professor of Organisational Psychology concludes that there is a direct link between feedback and outcomes. If you give people performance feedback it raises the levels of engagement which has a direct influence on better outcomes and improves overall performance. Improvement in appraisals is associated with 12.3% fewer deaths following hip fracture West (2012) which is an imposing basis to train managers in order to ensure the implementation of a successful Performance Management initiative. This is particularly poignant within the HSE and this healthcare facility.

Should organisations carry out PM initiatives? From the literature review it appears that the only answer is yes, as one of the most significant resources that any organisation has is its employees Barney (1995). It is clear that a lack of measurement of human capital performance results in organisations not knowing how to utilise and deploy employees to the advantage of the business. This has a demotivating effect on staff as role ambiguity and role conflict leave staff uncertain regarding quality and best practice. Managers must be competent to set a competency level for staff Elzinga, Albronda & Kluijtmans (2009). Nurse managers are tasked with getting the best out of their resources, setting operational goals and creating a team spirit in order to mediate the unpredictability of healthcare into

manageable predictability Sellgren et al., (2008). This information is key to effective decision making and planning for future requirements and or expansion. It is imperative that managers are trained to align organisational goals with day to day activity.

Training increases an organisations ability to tackle challenges imposed by global and technological competition and promotes greater flexibility in the workforce Garavan et al (1997) thus training managers to identify training needs for the future is imperative. Since January 2005 EU companies are required to report principal risks and uncertainties facing their companies Accounting for people task force (2003). Organisational reports must show a comprehensive analysis of the development and performance of their company including employee matters. This underpins the requirement to train managers to engage employees. Literature supports that engaged employees are more aware of their responsibilities and also motivate their colleagues Anitha (2014). Engaged employees are happier, more productive which increases work output which is imperative for any organisation to achieve in order to maintain market position and survival Markos and Sridevi (2010).

Leadership skills are essential for nurse managers to influence staff to remain during difficult transitional times, in order to achieve organisational goals Casida and Parker (2011). It is important to measure and account for key performance indicators in order to identify where the company is in the market place, where it wants to be and how it is going to achieve this aim. Performance management and performance training are imperative building blocks for companies to progress, grow and expand. Human capital within healthcare, demands the development and the implementation of a corporate strategy to provide developmental and promotional opportunities to attract and retain staff Leary-Joyce (2008). The strategy would assist with developing new areas of expertise, sustain best practices and attract and retain talent. The longevity and sustainability of any business or service depends on having the right people in the right jobs and training and developing staff through performance management plays a key role.

Human Capital should be perceived as a precious, albeit a precarious asset, as employees can leave at will which has the potential to undermine the organisations ability to deliver.

Training for managers in relation to the psychological contracts is vital as managers influences the relationship between the employer and employee and manage expectations and behaviours. At the core of this relationship is reciprocity Atkinson et al (2003). Training for performance management should enable managers to bridge the business and HR strategies with the day to day operations Chub et al., (2011). While it is very difficult to measure qualities such as innovation, flexibility and commitment, performance management if carried out by a training professional, offers a realistic pathway to identifying such qualities and recognising and promoting them. Performance management is not a simple process, but is a process that identifies how people and business are motivated and progressed.

A key responsibility of any organisation is to evaluate and manage performance, from planning to achieving improved performance, which is the most used function for identifying individual and organisational growth Brudan (2010). Training is vital to enable the management of the psychological contract which focuses on people building rather than people using Guest and Conway (2002). Training managers in performance management will allow for the development of analytical models to assess the processes and practices from a strategic perspective. Careful analysis and tracking can help to measure and assess business successes and or gaps. Managers must be able to strike a balance between supporting people management processes and integrating the qualitative assessments with hard data. With training, managers can become more sophisticated in refining and adjusting their measuring to support and project organisational strategy. During the economic downturn the first move most companies made was to reduce their budget for training and this has proved detrimental as reduced training results in reduced productivity Imran and Elnagol (2013). Training is hugely important as it contributes to the long term performance of employees Garavan, Hogan and Cahir-O'Donnell (2003). Training managers to analyse the gap in employees performance and the desired performance level and the ability to provide the optimum and relevant training to improve competencies is essential Bianca (2016)

A collaborative approach aims to deliver competency through an agreed framework of objectives Armstrong (2009). Managers trained in performance management can promote best practice and high standards which endorses excellence and promotes branding such as employer of choice. The challenge is to develop systems that assess human capital in a reliable and fair way, while aligning the business strategy and the

organisational values while concurrently evaluating the impact on staff performance. Managers through training need to be able to facilitate mentoring in the workplace, whereby the experienced employees use their knowledge to facilitate the development of inexperienced employees CIPD (2015). Training should also facilitate the ability to job rotate staff so that individuals can experience a variety of jobs and tasks to become more efficient Saks et al., (2010). This is particularly relevant in healthcare where experienced nurse mentor more junior nurses in order to expand their knowledge, hone their skills and confidence.

The IBEC HRM survey shows an increase of almost one percent in expenditure on training from 3.15% of payroll in 2004 to 3.91% in 2006. Training is viewed as an investment in an organisations human capital as opposed to being an expense. Organisations who may have evaluated training on the business impact on return of investment, now evaluate learning on an individual basis and the return of that investment is the retention and progression of individuals, making their workplace a workplace of choice IBEC (The Essential Guide to Human Capital Management and Measurement).

Training validates competence which is crucial for insuring the delivery of a high quality service, as competence is recognised as a core component of all professional standards, WHO(2013). Performance management includes but is not limited to: individual performance evaluations, feedback and coaching, goal setting, performance improvement plans, individual developmental plans, organisational goal setting, self-appraisal, 360° feedback, team performance evaluation, peer review, mid-year review and performance review following an induction and probationary period. It also entails absence management, return to work interviews, occupational health reviews, while promoting best practice, motivation and team building. Performance management encourages and promotes great place to work confidence, inspiring and developing staff so that they recommend the place they work in as a work place of choice.

Trends in relation to PM are focusing on Generation Y as millennials will constitute nearly 50% of the active workforce by 2020. Millennials are self-reliant and place a high value on work life balance and flexible working arrangements and this creates challenges for employers to keep Generation Y engaged and loyal. Managers need to be trained to

support and enable employees to cooperate with change. If employees feel supported by management throughout change Giaque (2015) this support provides increased positivity. Organisations must embrace a change management culture, which in turn demands constant communication, as the change process is regarded as more important than the nature of the change itself Choi (2011).

Literature advocates the importance of formal training for managers responsible for conducting Performance Management and states that for complex roles or tasks, personal development objectives focusing on learning and behaviour have significantly greater performance outcomes than Specific Measurable Attainable Relevant Timely (SMART) performance goals CIPD (2014). As identified previously a basis for malcontent are biases in the process of evaluation and dissonance between employee needs and organisational goals Giangreco, et al., (2012). Developing a performance management matrix to evaluate recruitment and induction, engagement and communication, performance and productivity, employee profile, employee health and employee reward expectation, being needs that demonstrate the evolution from ratings to driving motivation to deliver the strategy. It is essential that managers are trained to formulate key performance indicators and to conduct evaluations. The company GE is a great example of an organisation who switched from ratings to constructive feedback and personal development. Training is essential to enable managers to provide employees with input forums where they can have their say and contribute. It is imperative that managers allow for increased employee autonomy and avoid micromanaging. As previously identified, inflexible work schedules can result in lack of sleep and lower concentration levels, which impact on job performance Health and Safety (2011); Clarke, (2015).

As part of nursing registration in Ireland currently nurses are required to continuously develop their knowledge and skills through Continuing Professional Development (CPD). Training programmes award Continuing Education Units (CEU's) and while currently there is no minimum number of CEU's required by nurses to maintain their license or pin registration with the National Midwifery Board of Ireland (MNBI) this requirement is planned and is under discussion between the NMBI and the Department of Health.

In healthcare particularly in nursing, experienced nurses who are excellent in their nursing roles were promoted to clinical nurse managers in charge of staff. The economic downturn since 2008 in Ireland has exacerbated the lack of PM training, as funding was not available for education for non-essential and non-clinical training. All of the above research provides compelling evidence why training is imperative for healthcare managers. The change to have CEU's in order to maintain pin registration for nursing staff is an additional reason for nurse managers to have training to implement a PM initiative to assist their staff to comply with the registration educational criteria and nursing staff career development. The introduction of a PM initiative for HSE employees' demands that management have both the skills and ability to appropriately implement PM systems, this is crucial according to Baird (2012). Training validates competence which is crucial for insuring the delivery of a high quality service and leadership skills are essential for nurse managers to influence staff to remain during difficult transitional times, in order to achieve organisational goals Casida and Parker (2011). Training to ensure the ability for managers to implement and use clear concise, competence assessment instruments is essential, in order to measure competence Smith (2012).

“The complexity of our present trouble suggests as never before that we need to change our present concept of education, its proper use is not to serve industries, either by job-training or by industry-subsidized research. Its proper use is to enable citizens to live lives that are economically, politically, socially and culturally responsible” Berry (1990).

In healthcare as within the HSE, increments are paid annually to staff subject to satisfactory service in the preceding year. However, as there has not been any formal measurement of what is satisfactory, no PM initiatives were ever carried out, remuneration was not based on performance but rather on the completion of service. Nationally there is a considerable awareness for healthcare staff to be held accountable for their actions and decisions.

As reported by Sarah Bardon in the Irish Times on 27th April 2017 The Public Accounts Committee was furnished with details regarding “Grace” an intellectually disabled woman who was left in the care of a foster family in the south-east for 20 years despite physical abuse, neglect and possible sexual abuse yet four of the five staff centrally involved in making decisions about her care, were later promoted. Also in April 2017

the High Court approved a 6.3 million settlement for Grace. This incident highlights the need to performance manage staff and increasingly benchmark performance against best practice Garavan et al., (2003).

Chapter Two

2.1 Aims and Objectives

This research aims to evaluate if managers are trained to carry out a PM initiative and if they feel that the training and support they received was sufficient. There is a direct correlation between how managers implement a PM initiative and how successful the outcome may be Purcell & Hutchinson (2007). This research aims to take a fresh look at manager's training to possibly identify themes as to why PM initiatives fall short of expectations by examining the formal and informal training for managers in this healthcare setting. This research aims to get a better understanding as to line manager's perceptions and experiences of PM training and its effectiveness. Whether manager received their training while working in the public or private healthcare setting demonstrates the difference that accreditation criteria within the private sector to be vetted against best practice has had since 2008, which has not been a necessity within the public healthcare sector.

Having reviewed literature on PM the researcher designed a framework of questions for managers. The aim is to gauge if manager are trained to engage and motivate staff by

providing effective and pertinent feedback , fit for purpose coaching/mentoring and training to develop careers. The focus of the research is to ascertain whether managers and implementers of PM initiatives consider that the PM policies and procedures are unambiguous, relevant, effective, and sufficiently informative. Consideration will be given to evaluating the possible lessons learned in relation to the ineptitude of the training in other public sector facilities which previously proved that manager training and support was not fit for purpose **CSO (2014)**. I hope my research will add to the substantiation that it is imperative that all healthcare facilities invest in training for managers in Performance Management.

2.2 Objectives

PM process creates a framework for a psychological contract which is a major contributor affecting motivation and is directly related to employee engagement, commitment, employee relations and employee satisfaction Atkinson et al (2003). Literature advocates the importance of formal training for managers responsible for conducting PM initiatives Chub et al., (2011). The researcher wishes to investigate the formal training provided to managers in the Hospital in order for them to conduct and implement a PM initiative.

Lawler et al., (2012) outlines the structure of effectiveness of a PM initiative in order of significance:

- Ownership by management
- Clear Goal setting and employee development
- Formal training for performance matters
- Perceived fairness of the system
- Ongoing feedback
- Alignment to organisation goals and cultural fit

Gunnigle et al., (2006) were advocates of blended learning and the researcher wishes to investigate further how managers perceive the effectiveness of their training. An integrated approach is supported by Baron, and Armstrong (2004) as in HR processes such as recruitment, reward, staff development, coaching, and succession planning.

The introduction of a PM Development for public servants demands that management have both the skills and ability to appropriately implement PM systems, this is crucial according to Baird (2012). To investigate do managers consider that the policies and procedures provided clearly and adequately support them to implement the PM initiative? Nurse managers are leaders within their units. Leadership skills are essential for nurse managers, to influence staff to remain during difficult transitional times, in order to achieve organisational goals Casida and Parker (2011). This skill is manifested through clear communication of expectations, through clear language which paints a picture for staff of what constitutes good outcomes. The researcher wished to find out if managers feel that they have clear insight into what is required to perform this task and are knowledgeable about the best practice policies and procedures underpinning this task.

Clear concise, competence assessment instruments are required to measure competence Smith (2012). Training validates competence which is crucial for insuring the delivery of a high quality service, as competence is recognised as a core component of all professional standards, WHO(2013). It is recommended that from the start of a nurses education and throughout their career, competence should be assessed Schub (2014). These assessments inform organisations of the interventions required for development and underpin their quality assurance Chen & Lou (2014). To investigate if the managers have access to informal support from more experienced PM practitioners.

2.2.1

Objective 1
managers

Do managers receive formal training to enable them to implement a PM initiative? What proportion of received formal training?

This objective is influenced by Gunnigle et al., (2006) blended learning and Baron and Armstrong (2004) integrated approach to staff development, coaching and succession planning.

2.3

**Objective 2
them**

Do managers consider the training sufficiently enabled to effectively implement the PM initiative.

This objective is influenced by Baird (2012) who supports that it is crucial for managers to be appropriately skilled to implement a PM initiative. PM training enables managers to engage their employees which is key to organisational success as engaged staff are aware of their responsibility in the business and motivate their colleagues to achieve organisational success Anitha (2014).

2.4

Objective 3

Do the hospital policies and procedures comprehensively provide instruction on a fair and consistent implementation approach from recruitment to competency assessments?

*i.e. Recruitment, Induction and Performance Management Policies
Training and Education Policies
Time and Attendance & Force Majeure Policies
Breaks Policy, Flexible Working Policy
Sick Leave, Carers Leave and Unpaid Leave Policies
Annual, Maternity, and Parental Leave Policies
Competency Assessments*

This objective is influenced by Adams (1963) who clarifies that employees have a perception of fairness in how they are treated in comparison to their colleagues and seek a direct correlation between inputs, (the hard work they put into their jobs) and outputs the return or recognition or promotion potential as a result. Healthcare managers must enable, inspire and motivate staff to achieve their potential as per Gunnigle, Heraty and Morley (2011, p.192) and Deming (1982) in support of Caillier (2014) who describes how job satisfaction and organisational commitment are strong contributors to

employee satisfaction and how role clarity, effective communication, career advancement opportunities must be harnessed to incentivise employees.

2.5

Objective 4 **Do managers have support from internal and or external HR practitioners to assess competence and execute and PM initiative?**

This objective is influenced Simoneaux & Stroud (2012) are managers supported in effectively “Translating the Vision” the link between business planning and implementation. Is there provision for career and personal development, as access to developmental opportunities will attract and retain talent Leary-Joyce (2008).

2.6

Objective 5 **Do managers consider themselves as good role models for staff ?**
Do managers have support from internal and or external HR practitioners to assess competence and execute and PM initiative?

This objective is influenced by Office of Health Management Report (2004) where recommendations were to develop initiatives to encourage nurse managers to adopt an empowering management style and to be seen good role models for performance development themselves.

2.7

Objective 6 **Do managers have support from Senior Management to effectively implement the PM initiative?**

This objective is influenced by Lawler et al., (2012) who identified that if senior management and organisational leaders support and contribute to this process, the PM initiative is substantially more effective

3.0 Research Structure

This research study will be divided into three sections. The first section is the introduction which outlines the aims and the reason for the research study. This is followed by the literature review which discusses literature on performance management, why performance management, performance management evolution and the Impact of Irish Strategic Health Care Decisions made in 2009.

Section two outlines the research questions and research hypotheses. Section two also discusses the methodology used in collecting data for this research study. This includes a justification as to why the method was the most appropriate for the study. Ethical considerations are also included in this section.

Section three is the result and analyses section, this section analyses and shows the result of the data collected through interviews. Within this section the research findings in relation to previous literature are discussed and the conclusion and recommendations. This also includes a suggestion for further study.

3.1 Research Strategy Epistemology and Ontology

Research is filtered through a personal lens and thus it is impossible to escape the personal interpretation brought to qualitative data analysis Creswell (2003). However, following consideration a qualitative strategy was chosen for this research topic, in order to obtain a more comprehensive understanding of the performance management training status of managers, the training needs and training aspirations of the participants, by discovering their current managerial, people management, role competency and career development skills. The chosen research design was an emergent approach to allow for greater flexibility at all stages of the data collection, which resulted in the progressive generation of theory. The emphasis of this approach was to gain knowledge from the participants in order to address identified problems in the research Creswell (2007). Where quantitative research might seek to find what percentage of people do one thing or another, qualitative

research pays greater attention to individual cases and understanding features or emerging themes.

“Qualitative research begins with assumptions, a worldview and the study of research problems enquiring into the meaning individuals or groups ascribe to a social or human problem. To study this problem, qualitative researchers use an emerging qualitative approach to enquiry, the collection of data in a natural setting, sensitive to the people and places under study and data analysis that is inductive and establishes patterns or themes.

The final written report or presentation includes the voices of participants, the reflexivity of the researcher and a complex description and interpretation of the research theme, the importance of training, the need for training, the value of training as it extends to the literature or signals in a call for action” Creswell (2007).

The research method employed was critical ethnography, which is appropriate when examining issues of power and empowerment and hegemony as this research sought to establish if management through educating their managers were empowering and controlling the increase of knowledge, education, and best practice in relation to implementation of PM initiatives. This method is employed to research issues of hegemony, empowerment, inequality and repression which are relevant to this study. Fit for purpose PM training would provide managers with the expertise and competence to take control of their units, empower their staff, conduct PM initiatives and appraisals with fairness and equity and avoid repression of any individual or group within their domain. Critical ethnographic research, critically analyses the interconnections between social practices and overarching macro cultural principles used in the interpretivist paradigm. It aims at understanding the dynamics of a sociocultural system as well as understanding how people interpret their world Sotirios (2005). In relation to this research this allows for the critique of the influences such as economic down turn, employment embargos, immigration, lack of funding, time pressure, lack of empirical learning in PM initiatives or continued guidance from experienced managers who have successfully conducted PM initiatives previously Chamberlin (2011).

Epistemology is knowledge that is not discovered but constructed, which means that knowledge is not waiting for someone to come upon it, but more accurately knowledge

is constructed by humans as they engage and interpret the world Crotty (1998). The researcher's observations will be broadly interpretivist in epistemological consideration. Interpretivism is the framework within which this qualitative research looks for culturally derived and historical interpretations of the healthcare world, Crotty (1998).

The emphasis is on understanding the PM training status of managers by examining this through the lens of the participants, but as Creswell (2007) observes "*the researcher's interpretations cannot be separated from their own background, history, context, and prior understanding*".

The ontological position guiding this research is that of constructionism. Constructionism is the view that all knowledge and therefore all meaningful reality, is contingent upon human practice being constructed in and out of the interaction between human beings and their world and developed and transmitted within an essential social context Crotty (1998). Constructionism aligns with epistemology where meaning is generated by individual engagement in the world. Within this ontological approach, and as already cited, people construct meaning in different ways which challenges the suggestion that categories such as organisation and culture are pre-given and therefore external remedies have no role to play in transforming Bryman (2008). Knowledge under this paradigm is assumed to be constructed through social interactions.

4.0 Research Sample

The sampling in this thesis is a selection of people from a cohort of nursing professionals of the same grade with the same responsibilities and experience. There are two types of sampling, probability and nonprobability samples. Probability or random sampling is when every individual in the universe has a calculable chance of being selected for inclusion Szwarc (2005 p.113) which ensures that the sample is random and without bias Explorable (2009). A sample was chosen as due to time constraints it was not possible to test every single individual. A non-probability sample is selected on a particular basis Cook (2004) in this case because the sample of managers, were by profession clinical

nurse managers, who will be tasked with introducing PM initiatives in this hospital. This form of sampling can also be deliberately selected by the researcher as the chosen individuals will participate in the study. Baker and Edwards (2012) identified that in relation to a specified topic the recommended sample size should be between six and twelve participants. This will influence the number of participants for this research.

The hospital has a total of fourteen clinical managers and all fourteen managers were asked if they would participate in the interview process. Twelve of the fourteen managers agreed to participate. The sample of health sector managers responsible for implementing a PM initiative in the Hospital included one Director of Nursing one Assistant Director of Nursing, eight Clinical Nurse Managers one Principal Social Worker and one Occupational Health Manager. The participants were selected in relation to their job category as these individuals would be tasked with implementing a PM initiative in this facility, in direct relation to this piece of research which is purposive sampling. This strategic sampling is used as far as is practicable, to gain a good correlation between the research questions and the sample to ensure that validity in the findings is determined Bryman (2008).

Interviews were conducted on site, in a private office where the managers could speak candidly. The interview questions were based on the research objectives. Semi structured interviews provided an opportunity to capture a wide range of responses. The main research method used was qualitative interviews, the emphasis was placed on the respondents speaking for themselves regarding their own experience McNeill and Chapman (2005) while endeavouring to gain a comprehensive understanding of the interviewees insights and understanding. The interviews allowed for some latitude in order to ask further question in response to significant replies Bryman (2008). Semi-structured interview were employed which helped to find similarities and difference in backgrounds through open ended questions, which afforded dense descriptions of the topic under investigation. Interview notes were taken during the interview, which provided the researcher with an opportunity to highlight specific issues and attitudes that required expansion, clarification or further development through subsequent interviews. The topic and themes explored were drawn from the literature review.

5.0 Research Methodology

There are four main types of qualitative research: phenomenology, ethnography, grounded theory and case study. Qualitative data is commonly collected using face to face interviews and focus groups Bryman, and Bell, (2011). Commonly researchers choose one or more of three research methodologies, quantitative, qualitative or mixed-methods Cohen, Manion, & Morrison (2013) and combining one or more research method is called triangulation Burrell and Morgan (1979). Qualitative research does not draw conclusions from statistical data and is often employed when trying to understand feelings, values, and perceptions that influence behaviour Quinlan (2011). Qualitative research is a means of drawing data from assorted groups of people in varying contexts; it is flexible and is suited to understanding subjective view-points Saunders et al (2009). This is the substantive reason why a qualitative research method was employed as the researcher wished to draw information from assorted groups of clinical managers, clinical nurse managers, occupational managers and medical social workers.

As explained by Long (2014) both qualitative and quantitative research results must be interpreted by the researcher. While a combination of quantitative and qualitative analysis as reviewed by Tashakkori and Teddlie (2012) supports that using both methods can add quality to the research

but due to nature of the individual training status information in relation to this hospital and required for this research, the author chose qualitative research only.

Methodology refers to the framework or paradigm which directs the research. Methods are the ways in which data is collected. The paradigm or belief system explains the way we look at the world which includes assumptions that inform the way we think and act Mertens (2010). These assumptions govern the research methods adopted for either scientific or social research. The nature of research is shaped by the area of interest of

the researcher, the beliefs of mentors and advisors, and by past research. Four major paradigms in literature are positivism/post-positivism, constructivism, advocacy/participatory and pragmatism. Positivism and post positivism methodology takes the approach that knowledge is based on scientific observation and experiment which was discounted as it was not applicable to this research.

Constructivism is to view reality as a social construct allowing the researcher to make sense of the world around him Creswell (2009). Advocacy/participatory focuses on ways of empowering groups, particularly groups who are marginalised. Pragmatism adopts a mixed approach to increase knowledge, drawing on methods from other paradigms. Pragmatism allows for a “what works” approach Tashakkori & Teddlie (1998) and mixed methods research has come into its own in the last 20 years Creswell and Garrett (2008). Sectors who embrace mixed methods research are counselling, psychology, physics, education and leadership Plano Clark (2005). This approach of drawing knowledge from what is expected from HIQA, The Haddington Road Agreement, data regarding what works and individual interviews is applicable to this research.

A deductive approach focuses on testing a theory while an inductive approach is concerned with creating a new theory from the data collected. On the basis of what is known about a particular area the researcher is tasked with deducing a hypothesis that must be subjected to empirical scrutiny Bryman & Bell (2011). A deductive approach was adopted for this research as the author was testing the theory that historically in healthcare clinicians are promoted to managerial status without management educational support and experience.

A qualitative research approach is deemed appropriate when:

- There are multiple realities in a given situation and the researcher intends to analyse these constructs at a specific point in time.
- If the focus of the research is on the implementation or improvement of a particular programme and the researcher is seeking a greater

understanding of the perceptions of the training received in order to implement the programme.

- When the humanistic nature require a more personal approach due to the subjective nature of the issue Creswell (2009).

Following consideration of a variety of data sources, a single method approach of qualitative interviews was employed to facilitate a more thorough analysis of the managers' opinions and perceptions in order to fulfil the research aims and objectives of this study. Unlike methodologies modelled under the positivist paradigm, qualitative enquiry and specifically critical ethnography, does not aim for a representative sample arrived at statistically but instead considers the quality of information supplied by the concept under investigation. A qualitative thematic analysis will be conducted on the transcripts of conducted interviews Creswell (2009) to compile information into similar topics, unique topics, and the remainder.

The interpretive approach is concerned with how humans interpret the world around us. The logic to using a qualitative research method is that the data collected will be much richer and more in depth due to its subjective nature Saunders et al., (2009). The theories that guide this research are related to the nature of reality, as in do managers think they are sufficiently trained or experienced to conduct a performance management initiative and the subjective context of this question based on their experiences and perceptions. In order to understand what managers derived from their training and experiences, the epistemological frame of interpretivist is considered the most appropriate approach. This is the basis which draws from social constructionism and informs the research design. In keeping with social constructionism, this research study adopted a qualitative methodology using an exploratory analysis study approach Crotty (1998).

6.0 Data Collection

Primary data in this project involved the researcher gathering data through communication and interview interaction with respondents via semi structured interviews Bryman & Bell (2011). This method was a tool which provided confirmation of a lack of formal and informal training in PM for healthcare managers in this hospital.

Data collection and analysis was conducted in an iterative manner, which is a process for analysis or a cycle of operations in pursuit of a result. This task is in keeping with grounded theory which allows concepts to be confirmed, rejected or modified as the study progressed Strauss & Corbin (1990). The Framework method of data analysis was applied across categories and themes identified from the transcripts Ritchie & Spencer (1994).

The emphasis of this approach was gained as knowledge from the participants and through addressing their problems Creswell (2009). The construction of meaning in this study is fluid and was constructed through social interactions that are culturally and historically new for this workforce in this healthcare workplace.

7.0 Data Analysis

Researchers build qualitative research into patterns, categories and themes from the bottom up, increasingly organising the data into more abstract units of information Creswell (2007). Fixed qualitative analysis is favoured in analysing written transcripts Sarantakos (2005).

All interviews will be transcribed in full to ensure that the interviewees' thoughts and perceptions are captured Bryman (2008). The main emerging themes were extracted, labelled, and organised. The data will be delineated and recorded Creswell (2009). The material obtained from transcripts will be analysed and a conclusion to the research question will be reached in a similar approach taken by Attride-Stirling (2001). Once the final dissertation is completed and submitted to the college, all data collected will be destroyed. All data acquired for this project will be retained in a strictly confidential

manner. Copies of the transcripts and final research project will be available to participants upon completion.

Primary data in this project involved the researcher gathering data through communication and interview interactions with respondents in semi structured interviews. This method was a tool which provided confirmation of a lack of formal and informal training in PM for healthcare managers in this hospital. Thematic analysis was applied in analysing and writing up the data Braun & Clarke (2013). Validity in my research was gained from listening to the respondents and constructing balanced findings Wolcott (1990). Time did not permit me to interview other healthcare managers in other hospitals to compare their training status in relation to PM initiative implementation, or their previous empirical or direct experience of implementing a PM initiative.

The time frame for data collection was two months, which incorporates time for all e-mail requests for interviews, following up requests and undertaking interview and writing up interview notes.

8.0 Interviews

Interviews were recorded and conducted in a semi structured style. The questions for each sub objective were asked of all participants with a focus on keeping the terms and phrasing the same. Howitt & Cramer (2014) support that the ideal style of qualitative research allows for probing questions in order to extract the maximum relevant information.

Interviews were conducted with managers across nine different departments in an effort to evaluate if managers feel that the training and support they received in their career to date would enable them to conduct a PM initiative.

Thematic analysis is the process of identifying patterns or themes within the qualitative data. It is a method rather than a methodology which means it is not tied to a particular epistemological or theoretical perspective, and thus is very flexible. The researcher

identified themes. Thematic analysis was applied in analysing and writing up the data Braun & Clarke (2013). Validity in my research was gained from listening to the respondents and constructing balanced findings Wolcott (1990). Time did not permit me to interview other healthcare managers in other hospitals to compare their training status in relation to PM initiative implementation, or their previous empirical or direct experience of implementing a PM initiative. I was conscious of my privileged position as a Human Resource manager in this Hospital and the potential trepidation the respondents might have in giving candid responses. In order to alleviate this challenge, respondents were assured from the outset that their responses and the organisation would remain confidential.

9.0 Ethical considerations

In order to avoid any complications from this research, ethical consideration to context was conducted including to whom I am responsible? Is it the organisation for which I work? My profession? The people who participated in the research? Kane et al (2005). Each of these questions is addressed individually and also as an amalgam.

Criticisms and critiques of the hospital current modus operandi in relation to this research topic would be dealt with sensitively and anonymously, recorded as either key to the findings or peripheral to the findings. Hospital managers were fully informed of the nature of the research and their right to decline and or withdraw from participating at any time.

Managers will be informed of the data collection method and how this data will be treated confidentially. All participants will be asked to sign a consent form prior to taking part.

10.0 Limitations

The main limitation of this study is time constraints. The researcher acknowledges that due to the sample size, the results cannot represent all health service facilities; however,

the hospital is a microcosm of the larger healthcare providers and reflects the training and ongoing support provision in the wider health service sector. It is acknowledge that due to the sample size of participants that the results are not guaranteed to be representative of the entire Health Service population. This is a recognised limitation of qualitative approach of this research Saunders et al., (2009) Quinlan (2011).

Research into manager's PM training, particularly managers in healthcare facilities, the scope of their training and its effectiveness is not a common topic and previous research is unavailable. Thomas A. Edison famous quote remains true, "Our greatest weakness lies in giving up. The most certain way to succeed is always to try just one more time".

Chapter Three

11.0 Findings and Discussion

The researcher designed questions to answer the objectives of this thesis. These objectives were influenced by Lawler et al., (2012) criteria which outlines a structure of six goals of effectiveness in relation to PM systems:

1. Ownership by management
2. Clear Goal setting and employee development
3. Formal training for performance raters
4. Perceived fairness of the system
5. Ongoing feedback
6. Alignment to organisation goals and cultural fit

The findings were sub divided according to the emerging themes in relation to the objectives of this research regarding the training status of clinical managers in relation to performance management training in the healthcare facility I examined.

Objective One considered “formal training for performance raters.” and sought to find out if managers received formal training to enable them to implement a PM initiative.

Findings in relation to Objective One;

The key findings in relation to objective one demonstrated that no managers received PM training either formal or informal in the healthcare facility under examination. Peripheral findings highlighted that there is no history of PM training and currently there is no

integrated approach to cultivating managers in relation to staff development, staff coaching and succession planning Gunnigle et al., (2006) Baron and Armstrong (2004).

Despite the fact that the regulatory body HIQA requires evidence of Performance Review and Continuous Professional Development as stated in the National Standards for Safer Better Healthcare and the HSE Staff Survey 'Have your Say' 2015 indicated that healthcare staff want to receive feedback on their performance, to agree goals, objectives and to monitor progress, no PM initiative training has been given to managers in this healthcare facility in order for them to implement such initiatives.

Managers who had received PM training did so while working in a private healthcare setting, this training is a required standard of the accreditation criteria within the private sector which is not replicated within the public healthcare sector. The two managers who had participated in prior training had done so approximately 10 years ago and had not received PM training in this healthcare facility or within the public health system.

Objective Two is based on "Clear Goal setting and employee development" and sought to find out if managers considered the PM training they received enabled them to effectively implement the PM initiative. Findings in relation to Objective Two;

In this healthcare facility, the key findings in relation to objective two demonstrated that managers did not have sufficient training to conduct PM initiatives in this facility. This research has found that there is no PM system in place in this healthcare facility. There is no opportunity for managers to formally assess their staffs work performances, work ethics, attitude to colleagues, attitude to patients or address training needs as they may be identified.

Managers are not enabled to align organisational goals with developing staff and services. Peripheral findings are that while some managers had some previous training, knowledge and or experience of PM systems from working in other healthcare facilities, their experience related to a time before 2007 nearly 10 years ago, it related to the private sector

and none had any experience of PM systems in public sector facilities. Managers did not consider themselves sufficiently trained to conduct a PM initiative in this facility.

Training for nurse managers responsible for setting operational goals and creating a team atmosphere is essential in order to mediate the unpredictability of working, environmental and skill mix circumstances in the provision of healthcare into a manageable likelihood Sellgren et al., (2008), the absence of PM training must be addressed. The lack of PM training has left managers tentative and reluctant to endeavour to influence staff to remain during difficult transitional times in order to achieve the hospital's organisational goals Casida and Parker (2011). Managers in this healthcare facility must be enabled to mentor staff Prasad (2005). The findings of this research agree with Evans and Huxley (2009) report that job dissatisfaction makes employees want to leave their current employment. It is important to address PM training for managers in order to increase job satisfaction to reduce the turnover in this healthcare facility.

Objective Three is based on "Perceived fairness of the system" and sought to find out if the hospital policies and procedures comprehensively provided instruction on a fair and consistent implementation approach from recruitment to competency assessments? Findings in relation to Objective Three;

In relation to objective three, the primary finding was that 58% of those surveyed in this healthcare facility raised concerns that a PM system would not be implemented fairly or consistently. While performance appraisals are an imperative part of performance management, they are just one facet of performance management's multifaceted arsenal Ikramullah et al. (2016). These managers expressed concern in relation to how policies are applied inconsistently across the hospital, citing specifically, absence management, recruitment in relation to open and fair competition, the rest breaks allowed/taken. They raised concern that appraisals in particular would not be implemented fairly. Staff including managers need to feel that they are treated equally and fairly in comparison to their colleagues and training would assist managers to comprehend and implement policies fairly Adams (1963). Research carried out by Farndale and Kelliher (2013) shows that where there is higher trust in management it led to stronger commitment levels from employees particularly if they perceived that management's performance appraisal was fair.

Managers cited that staff would have a preconceived misconception that the focus of a PM system would be on appraisals and would concentrate on negative issues and thus staff would place little or no value on this exercise Pulakos, Mueller-Handson & O’Leary (2008). Managers raised concerns that some managers may not assess/appraise difficult staff correctly due to their volatile or argumentative nature. This would be viewed as unfair treatment. As this health care facility is seriously affected by the lack of nursing staff available McCarthy et al., (2003) it is imperative that managers foster the attractiveness of working within this organisation through good communication, provision of career and personal development, as it is propagated that this will attract and retain talent Leary-Joyce (2008). Training is recommended for managers so that they would be enabled to conduct a PM initiative objectively, fairly, openly and transparently.

Objective Four is based on “Ongoing Feedback” and sought to find out if managers have support from internal and or external HR practitioners to assess competence and execute a PM initiative?

Findings in Relation to Objective Four;

The primary finding in relation to objective four of this research was that managers require training in relation to providing a training gap analysis for their staff. Managers require training on assessing competence to enable them to devise career development plans for their staff Simoneaux & Stroud (2012).

The HSE Transformation Programme (2007-2010) expressed the need for continuous improvement and ongoing learning for all healthcare professionals. The HSE Education and Development Plan (2009-2014) espoused the virtues of Continuous Professional Development and endorsed the development of recording, monitoring and reviewing mechanisms for all education initiatives. It cites that continual professional development is a vital component in building and maintaining competence and fitness to practice to ensure that personal and professional development goals are both set and achieved. HIQA’s National Standards for Safer and Better Healthcare also support this requirement

for professional development. The theory and support for training is not unidentified or a new concept, but is not implemented in relation to PM training in this healthcare facility. Training and education is recommended to enable managers on an evolving basis, to assess competence and develop people through PM initiatives, competency assessments and mentoring and training staff, to implement an integrated approach to staff development, coaching and succession planning.

Objective Five is based on “Ownership by management” and sought to find out if managers had the support from Senior Management to effectively implement a PM initiative? Findings in relation to Objective Five;

The key finding of objective five of this research was that managers saw themselves as good role models but did not have the training or empirical support from senior management to effect a PM initiative. Nurse Managers considered themselves as good role models as they delivered excellent patient centred care daily. Managers felt they were good role models in that they endeavoured to exemplify good practice as clinicians and believe that they abided by hospital policies and procedures.

Managers expressed that they were not role models in relation to PM development, or by encouraging staff development as advocated by the Office of Health Management (2004). Managers considered competence problematic to measure and deemed it would require clear well defined, competence assessment instruments/tools Smith (2012). In order to assess others we must be certain of our own practices and understand critical thinking Paul, R. (1995). It is a recommendation that managers be trained to assess competence and to manage training to address any training gaps identified.

Managers expressed that skill mix and having the right people in the right jobs is enormously important in the delivery of care CIPD 2010. Managers were very definite that they could assess the clinical competence of their staff but expressed concern about who would assess their competency as managers in charge of a unit and welcomed the

idea that this could be achieved through an agreed framework of objectives Armstrong (2009).

It is acknowledged that the implementation of performance management in the workplace is one of the most challenging duties for managers, but a different interpretation and implementation can affect the process Gunnigle et al (2011). However, despite managers' best practices and best efforts they stated that consistent staff shortages made it impossible to develop themselves and staff as both time and funding have been in short supply since 2008. This forms the basis of their concern regarding being assessed as PM implementations. It was stated that within this facility there were no PM initiatives and staff are unwilling to act up into roles for annual leave or sick leave without being compensated, which in the past was a way of gaining experience and developing skills.

Turnover creates costs in order to recruit replacement staff and to induct and train new staff Van Dyk and Coetzee (2012). New staff on the unit increases the workload for existing employees, which can cause overwork and burnout Stroth (2010). The national and international difficulties in attracting and retaining staff has left little belief that significant change will occur soon, in other words that it may get worse before it gets better. Rondeau et al., (2009) research shows that nursing staff shortages if not addressed could result a 30% excess in demand over supply by the year 2020.

Managers identified that it was their belief that staff did not comprehend the difficulties in managing units on a day to day basis. Research shows a direct connection between job satisfaction and inspirational motivation Sullivan (2012) and the greater the manager's enthusiasm to motivate, the higher the job satisfaction of employees. As there is no PM training, and no PM initiatives, there is a distinct lack of staff motivation in this healthcare facility. It is recommended that managers have training in relation to leadership, inspiring motivation for staff and how to lead a team and generate job satisfaction.

Objective Six is based on "Alignment to organisation goals and cultural fit" and sought to find out if managers consider themselves as good role models for staff and if they have support from internal and or external HR practitioners to assess competence and execute and PM initiative?

Findings in relation to Objective Six;

The last key finding of this research was that managers felt that there was a significant chasm between the Board of Managements understanding of operational management and the day to day operational management in this facility. Line managers stated that the staff shortages and the operational difficulties they encounter are not being addressed by the Board of Management and so it appears that they either do not understand or that the Board underestimate the severity of the situation. Managers have not been consulted in relation to PM initiatives. Line managers have not had internal or external human resource support in relation to training, competency assessments, performance appraisals or training analysis. In this healthcare facility, no formal or informal training has been offered in relation to PM initiatives. It is imperative that managers have access to advice from more experienced managers who have successfully conducted PMS previously Pulakos (2004).

Literature emphasises the relationship between managerial development and the success of a PM initiative Baird (2012). It is crucial that trust is reaffirmed as this leads to stronger commitment levels from employees particularly if they perceived that management are fair Farndale and Kelliher (2013). Lawler et al., (2012) outlined the structure of effectiveness of a PM initiative in order of significance: ownership by management, clear goal setting, employee development, formal training for performance raters, perceived fairness of the system and ongoing feedback focusing on the alignment to organisation goals and cultural fit. Lawler's framework would empower managers enabling them to motivate employees Catano, et al (2008). The findings of this study show a distinct lack of PM training to equip line managers with the knowledge, skills and confidence to carry out PM initiatives.

12.0 Recommendations

“Conclusion represents inferences drawn from the findings. An author is sometimes reluctant to make conclusions and leave this task to the reader. Avoid this temptation when possible. As a researcher you are best informed of the factors that critically influence the findings and conclusions” Cooper, D. R., & Schindler, P. S. (2014).

12.1 Recommendation in relation to Objective One

“Training for Performance Raters”

While the perfect PM system does not exist according to McMahon (2009), research provides substantiation in relation to the how the knowledge and attitude of managers has a profound effect on the success of a PM initiative. This is a valid reason to train managers to enable them to implement a PM initiative successfully.

The research distinguished that there is no existing PM system in this healthcare facility and this provides an ideal opportunity for the organisation to establish a clear and non-conflicting, fit for purpose PM system Wilson (2002). Peter Drucker states “Plans are only good intentions unless they immediately generate hard work” that statement outlines the imperative for planning and organising and training managers to implement a PM initiative. It is a recommendation from this research for senior management to demonstrate ownership and support for the PM initiative though outlining their aims and objectives for the initiative and identifying and communicating same clearly to all staff. It is a recommended opportunity for management to assess where the facility is now, how it wishes to develop and grow and what training and development of staff is required to achieve the stated goals.

12.02 Recommendation in relation to Objective Two

Setting Clear Goals and Developing Employees

The research in relation to this facility identified that there is no relationship between individual performance and productivity and no current strategy in place to improve performance DeNisi & Smith (2014). It is imperative that the managers take on the role of mentors to improve staff performance as per Prasad (2005) to develop their staff through training, providing opportunities to potentially progress their careers Simoneaux & Stroud (2012). It is recommended that managers be trained to provide guidance and support to staff in relation to bettering their work performance and enhancing their careers.

Training is recommended for managers to enable them to increase job satisfaction and potentially reduce the number of staff leaving as job satisfaction and retention is dependent on the establishment of positive relationships between managers and nurses (Martins and Procena 2012).

It is a recommendation that managers be trained to attract and retain staff with an emphasis on implementing feedback and communication systems (Brun and Dugas 2008). The objective of performance management initiatives is to promote best practice and efficient delivery of services in line with the strategic objectives to engage, motivate and develop employees. This healthcare facility, requires a succession plan to identify future leaders, to develop and support them through education and training Caillier (2014); Siltala (2013).

12.3 Recommendation in relation to Objective 3

Formal Training for Performance Raters

From this research and based on HIQA requirements, it is a recommendation that managers are trained to implement Staff Performance Reviews and Continuous Professional Development Plans as stated in the National Standards for Safer Better Healthcare – Theme 6.4.5. Additionally, the HSE Staff Survey ‘Have your Say’ 2015 indicated that healthcare staff want to receive feedback on their performance, to agree goals, objectives and to have their progress monitored. Training is recommended for

managers to conduct Professional Competency Schemes, Personal Development Plans, Performance Management Systems, Performance Improvement Plans (PIP's) and Team Based Performance Management.

It is a recommendation from this research that managers have PM training so that they would feel enabled to effectively implement a PM initiative. The recommended training could also encompass behavioural science; training in barriers to communication, training in challenging behaviour, training in how to conduct training needs audit and analysis, training in conducting competency assessments, training in recognition and reward and training in how to motivate staff and how to design carer pathways.

It is a recommendation from this research that PM training occur off site, as through surveying managers in this healthcare facility and communicating with other managers from other facilities, exchanging information on issues, resolutions, themes and future developments was cited as being enormously beneficial.

12.4 Recommendation in relation to Objective 4

Perceived Fairness

An objective of this research was to find out if managers considered it imperative to implement policies and procedures fairly and consistently, as staff perception of fairness in how they are treated in comparison to their colleagues is critical Adams (1963). Manager's ability to treat staff fairly is a significant basis to developing the psychological contract and an imperative part of PM training Farndale and Kelliher (2013). It is a recommendation of this research that managers are trained to implement policies and procedures fairly.

In relation to the National Service Plan 2016 Ms. Laverne McGuinness the Deputy Director General of the HSE stated that the HSE is a transparent and accountable organisation with performance monitoring and management arrangements in place to focus on driving operational performance improvements. Performance and accountability in the HSE measures Access to Services, Quality and Safety, Financial and Human Resources/Workforce.

The Human Resource currently accounts and reports overall figures for numbers of employees in each work category in each healthcare facility, leavers, retirees and new starters. It is a recommendation that it would be a significant inducement for this facility if the implementation of PM formed part of this hospital's budgetary requirement. In a wider context if the completion of this statistic for each healthcare facility was recorded in the HSE Human Resource/Workforce sections in addition to what is currently being recorded, this would provide insight into required training other than mandatory training and also provide indications as to retention or turnover in facilities based on PM implementation.

It is recommended that managers are trained to provide greater support for employees and to recognise accountability of not just hospitals' CEO's, CFO's and hospital decision makers, but accountability to include each healthcare worker. It is recommended that unit/front line managers have input into defining staff to patient ratio plans at the start of each year so that realistic goals may be planned and achieved.

The staff patient ratio remains flexible in order to take account of the acuity? level of patients, so the sicker the patients are the fewer patients may be treated in order to attend to these sick individuals. However, it is completely within the bounds of predictability to plan for full occupancy and know exactly the required number of nursing staff needed to run each hospital unit. Figures from the National Treatment Purchase Fund website outline the increasing numbers of patients waiting on both outpatient appointments and inpatient treatment is a good indicator of the volume of patients who will likely be attending hospital in the coming year. This recommendation is proffered to foster better and more intimate relationships and accountability, to increase perceived fairness and to allow input from all staff and to improve communication between management and staff.

12.5 Recommendation in relation to Objective 5

Ongoing Feedback

The research carried out in this healthcare facility identified that there is no performance assessment and no feedback to staff and without feedback staff engagement dwindles and performance management fails Kaplan & Norton (1996). There is no feedback to underpin the value of staffs work and their performance Vesterinen et al., (2012) which is an essential component to assist with improving performance in order to achieve organisational goals Casida and Parker (2011). It is recommended that emphasis be placed in relation to the importance of feedback and communication with staff.

This research contributed to substantiating and identifying the need to train nurse managers in PM. The research identified the deficits and failures in people management systems training across this healthcare facility. There remains considerable potential for expanding this study across other healthcare facilities to increase the substantiation that training for nurse managers in relation to implementing PM initiatives is non-existent and is required urgently.

It is a recommendation of this research that an audit of incidents submitted from the healthcare facility to the State Claims Agency be evaluated and re-evaluated following the introduction of a PM initiative to identify if there is a lowering of mortality rates and incident in hospital

in keeping previous report by West (2002). This would be the most compelling reason to continue with a PM initiative and to continue with PM training if the training provided corroboration of Wests findings and if this healthcare facility had fewer reportable incidents or deaths from its implementation of a PM system.

As the millennial generation (The Snowflake Generation) has instant access to cheap travel, global job opportunities and job choice, managers must constantly feed information to staff about where they stand, what is expected of them and the steps required for each individual to achieve organisational goals. Allowing 360° feedback for staff to constructively criticise management was suggested for knowledge sharing that could be used to better this healthcare facility. The introduction of a PM Development in a public healthcare facility demands that management have both the skills and ability to appropriately implement PM systems, this is crucial according to Baird (2012).

12.6 Recommendation in relation to Objective 6

Alignment to organisation goals and cultural fit

This research identified that the healthcare facility does not have the benefits of performance management in terms of financial benefits as per Rheem (1996) or the benefit of having more motivated employees Catano, et al (2008). It is recommended that managers are trained with insight into the organisational benefits of motivated staff.

This research found that the investment in PM training is non-existent in this facility and this is an opportunity for this organisation to invest in training, giving employees a sense of satisfaction, worth, loyalty and empowerment which encourages them to make their workplace successful Lorette (2016). It is recommended that managers are provided with training to empower and encourage them to make their workplace successful. This will evoke a culture of learning and development.

This research established if nurse managers in this healthcare facility are significantly aware of how to appraise staff and maintain staff motivation through an integrated approach to development, coaching and succession planning Baron and Armstrong (2004).

It is a common belief that those conducting a PM initiative should have the appropriate professional or specialised knowledge to enable them to assess others Leslie, (2012). This project sought to establish the link between a manager's performance in relation to the success or failure of a PM initiative. Developing staff generates a strong relationship between supervisors and employees which has a direct influence for the retention of staff Cowden et al., (2011) which supports the argument to train managers to enable them to performance manage their staff.

12.7 Recommendation - Timelines for implementation

Context analysis throughout this research has been employed, analysing the business needs and reasons the training is required. Furthermore, this research method will be

employed to substantiate why training is recommended and the solutions to non-compliances with HRA and the potential organisational benefits anticipated from this training. User analysis identifies the employees for this training, their level of existing knowledge if any on the subject and identifies who will conduct the training. This research has provided that the candidates for training have no current knowledge of PM systems. Work analysis will provide details on the tasks analysis and the main duties and skill level required to provide training at the correct level for the participants.

Content Analysis will be carried out to provide what knowledge or information, regulations, documents or policies to ensure that the training does not conflict or contradict job requirements.

Between 1996 and 1998 a three year study by the American Society for Training and Development (ASTD) (1999) found that of 575 US companies who spend more on training per capita did much better than those who spent less and that the most highly regarded US firms spend four per cent of payroll on training, which is twice the industry average of two per cent. Skillnets Ireland has identified that in Ireland, the training investment budget is way below this and needs to be re-evaluated based on the validation of the benefits to organisation of training.

If there are workplace improvements related to training they must be evaluated accurately and credibly. Validating training as a business tool, justifying the costs incurred in training is often best carried out by quantitative analysis. The training whether it is classroom, on the job, on-line or a combination of many training interactions, a rational decision must be made regarding which method of evaluation to employ. It is a recommendation from this research that delivered PM training will be tested with the application of the Brinkerhoff evaluation model with regard to formulating the positives of the training delivered, identifying what is working and how, and investigating the experiences that contributed to the successful training.

The Brinkerhoff model will be implemented as it establishes the worth of training which is defined as the value to the organisation it produces at a reasonable cost. Efficacy is explained as the power or capacity to produce a desired effect Brinkerhoff (2002) & Brinkerhoff (2005).

Brinkerhoff is a comprehensive six stage evaluation model that examines the business and industry results as well as the improvement aspects of educational models. It is a system perspective with an emphasis on return on investment, never losing sight that the primary reason for evaluation is to improve the programme, improve skills, knowledge, attitudes, and behaviours. The six stages are needs assessment, evaluation of the programme plan and design, evaluation of implementation, evaluation of learning, evaluation of usage and endurance of learning and finally the benefit to the organisation. Concurrent with this dissertation a proposal was submitted to the Hospital's Board of Management for sanction to fund five Clinical Nurse Managers to attend PM training and that at least five managers could be scheduled per month thereafter, in order that in the four months from September to December 2017 all managers would have attended training.

Commencing in January 2018 in the healthcare facility I examined, there will be an organisation wide PM initiative undertaken, implementing the HSE guidelines, approved by the Board of Management, senior management team and with input from Human Resources. A recommendation from this research based on the evidence from ASTD and Skillnets Ireland is that greater investment should be made into training nurse managers in performance management, as job satisfaction and retention is dependent on the establishment of positive relationships between managers and nurses Martins and Procena (2012).

12.8 Recommendations for planning and evaluating training and associated costs

Trainers often focus on the development and delivery of training as their primary concern and evaluation is something of an afterthought Foxon (1989). The Phillips ROI model is a system to evaluate if a learning intervention was a positive influence on an organisation or not. Phillips et al., (2000) identified that the first step in relation to Return on Investment (ROI) strategy is: "Business Alignment & Project Objectives". This is a worthwhile opportunity for an organisation to capture positive improvements through identifying the business needs. A needs assessment starts with a comprehensive understanding of the opportunity that can be realised if the project is implemented

correctly. The specific business needs to be met is training managers to implement a PM initiative. Managers should embrace the opportunity to learn new skills as recommended; commencing with the relationship between the needs assessment, the subsequent objectives identified and the evaluation that training is required. This insight will add enormous value to the organisation, to individuals, to the stakeholders and patients.

The project should be developed with managers and re-evaluated at each interval of the training project, developing critical alignment of organisational goals with the training objectives. As per Phillips et al., (2000) who identified the next step in relation to ROI is: "Plan for Evaluation". The training plan is agreed and in the facility I examined it will be sanctioned by the Board of Management and Senior Management Team in relation to key deliverables as recommended from this research. Modules will be chosen based on the outlined key components of PM training. A documented evaluation plan for how the training will be delivered will be drawn up, the schedule and the analysis plan for evaluating the outcome of the training will be agreed. The next step will be to agree feedback questionnaires following the training, if written tests will be implemented and agreement as to whether interviews, focus groups or presentations will be required. The selected course provider will be IBEC due to the specific subject headings for training and their correlation to the hospital's organisational objectives and goals.

The preferred and sanctioned modules for PM training are:

- Best practice in effective performance management systems
- Managing conflict
- Influencing others
- Coaching and management Models and Theories
- Coaching Skills and the psychology of behaviour
- Self-Awareness, understanding others and personality profiling
- Raising the profile of training & development in your organisation
- Developing training plans
- Systematic approach to training
- Training needs analysis
- Issues in training implementation

- Evaluation of training

There are no criteria in content analysis in relation to size, number of participants, objects to study, or the volume of transcribed data Patton (2002). Content analysis may be used on all types of written texts no matter where the material comes from. Content analysis can be used on all types of written texts no matter where the material comes from according to Berg, (2001); Burnard, (1991); Catanzaro, (1988); Downe-Wambolt,(1992), for example, deep interviews Wann-Hansson et al., (2005), focus group interviews Golsäter et al., (2011), one single written question Bengtsson et al., (2007), open-ended questions as in a questionnaire Donath et al., (2011), or observations of situations Eastwood et al., (2011), as well as from pictures and films Krippendorff, (2004), there are no specific rules that must be followed.

The evaluation tool The Brinkerhoff Model will be employed annually to formulate the positives of the training delivered on an ongoing basis, identifying what is working and how, and investigating the experiences that contributed to the successful training. The Brinkerhoff model will be implemented as it establishes the worth of training which is defined as the value to the organisation it produces at a reasonable cost.

Skillnets Ireland “Strategy 2016-2019” has identified that it is imperative to prove the benefits of training if Irish companies are to increase their training budgets beyond their current low level which is below the two percent US average. They outline the importance of evaluation tools and processes to substantiate this claim and make it more credible. Skillnets Ireland asserts that reactions through a smile monitor will not suffice or provide the validation required. It is imperative that the training is evaluated.

Skillnets Ireland state that pressure to evaluate training and ROI is due to market forces, which have placed a premium on a skilled and flexible workforce which elevates the importance of training. Renewed focus in evaluating ROI is associated with improving professionalism and accountability.

Following the implementation of all of the above, a follow up survey will be conducted, a follow up questionnaire, observation on the job and performance records to critically assess if the training is having an impact.

Patton (2002) explains the complexities of calculating time and effort invested by researchers and work teams and expressing this in financial terms, however, this element is often carried out as part of the normal working day and in some organisations may not form part of the overall calculation. In this healthcare facility, all participants in training are paid for the time they spend at mandatory and agreed training, so this is an additional cost which must be met by the organisation. The cost for performance management training ranges from €315.00 per person to €450.00 per person for the one days training.

The next part of the plan is to compare data from a control group, (a group with no training) with the group who have completed training. This will also assist in identifying and converting the benefits to the organisation into a monetary value. An opportunity to account for intangible benefits which cannot be converted to money will be addressed.

The total costs in relation to the training which includes all direct and indirect costs will be tallied Phillips et al., (2000). If the PM training assisted in just one less recruitment process within the hospital, which averages as €1500 for placing of an advertisement, an average of thirty euro per hour multiplied by three persons on an interview panel, which is a total of one thousand and ninety euro, the cost of one managers PM training will be money well spent. A cost benefit analysis will evaluate the calculated benefits from training, calculated in monetary terms, in relation to the costs through a benefit to cost ratio (BCR) Phillips (1997).

13.0 Conclusion

Performance management traditionally was not carried out in the healthcare sector as historically in health facilities it was argued that it was not necessary to manage individuals already affiliated to regulatory bodies Lizarondo et al (2014) but as agreed under Haddington Road Agreement (HRA) PM will be part of every public sector/healthcare worker's working life. This research supports the importance of formal

training for managers responsible for conducting Performance Management CIPD,(2014); DBIS (2012); Chamberlin, (2011); Chubb et al., (2011). The introduction of a PM Development for public servants in healthcare demands that management have both the skills and ability to appropriately implement PM systems, this is crucial according to Baird (2012). As previously cited in this research, in the healthcare sector, West (2002) reports a direct correlation between PM processes and a lowering of mortality rates in hospitals which is a compelling argument to implement training in PM processes.

The Haddington Road Agreement set out key goals in relation to PM namely that the manager will be held accountable for managing performance and development of their staff. Managers must

deal with underperformance, it is imperative that it is managed and assessed against agreed objectives. Managers must develop improvement action plans to address issues and the plans must have a defined timeframe. It will be explained to staff that where no improvement occurs, disciplinary action may apply.

Excerpt from Haddington Road:

“The performance of senior managers is critical to supporting the effective delivery of quality health services and never more so than in a climate of significantly reduced resources. Measures will be introduced to further develop and enhance a culture of performance across the management cohort of the entire Public Service. These measures will include the introduction of management performance agreements.”

In order to enable improvements, all staff must be given feedback about their performance both successes and failures, Armstrong (2009). A significant element of managing performance is the chance to correct poor performance and engage and motivate staff Caillier (2014). Skilled and trained managers also provide feedback for nurses underpinning the value of the work and their performance Vesterinen et al., (2012).

Managers must be competently trained to set competency levels for staff to achieve in order to ensure organisational success Elzinga, Albronda & Kluijtmans (2009). The State Claims Agency in its report “Analysis of cases reviewed by the Clinical Risk Team at the State Claims Agency Cases Settled and Resolved in 2012” identified that within the cases

reviewed, over 65% of root causes relate to miscommunication of policies, procedures and protocols. This substantiates the importance of training managers to ensure effective communication with their staff and to enable them to develop and implement competency assurance programmes as lives can depend on it.

From interviews and HR records in this healthcare facility, there are no regular training needs assessments carried out. Managers must be trained to understand and aspire to develop, coach and reward their staff.

Healthcare managers must be enabled to inspire and motivate staff to achieve their potential as per Caillier (2014) who describes how job satisfaction and organisational commitment are strong contributors to employee satisfaction and how role clarity, effective communication, career advancement opportunities must be harnessed to incentivise employees.

A lack of management training combined with work overload, compounded by conflicting priorities leaves a gap between best practice and what is actually delivered and renders PM processes not fit for purpose Purcell and Hutchinson (2007). Research in this work place demonstrates that managers did not receive formal or informal PM training and the economic downturn since 2008 in Ireland has exacerbated the matter as funding was not available for education and training for non-essential and non-clinical training.

14.0 Personal Learning Statement

Prior to engaging in this research, the author had some basic research skills from previous studies, but these skills were improved as a result of conducting this research. With regard to the volumes of data sources such as books, journals, magazines, newspapers and internet it was not possible time wise to analyse all the available data related to the research question. This research experience enhanced my ability to set criteria in order to prioritise the secondary data into categories such as authority applicable to the topic and within the same work environments, credentials of authors and date of publication.

As a result of this prioritising of work the most substantial knowledge acquired increased the validity of the research findings.

Advice given by the college in relation to liaising with tutors early and the consistent and continuing scheduled communication on completion of sections was invaluable. My advice to others would be to start writing early and to seek assistance and advice from the outset. Talking through data and objectively assessing how this relates to the topic, its expansion and critiquing the thesis, is imperative. No matter how prepared you think you may be time spent on the thesis grows exponentially as the submission deadline approaches.

Conducting this dissertation afforded the researcher a significant amount of personal learning through experiential learning which is the process whereby skills and knowledge are gained, contributing to an individual's self-development Jones (2012). Even the first steps in deciding a research question was daunting as there are so many differing topics to choose from. Defining within PM the depth of the research, its relevance to this project, also how to determine the research method all presented particular challenges in their own right. Having to make decisions in relation to what data was included elucidated a confirmation bias which is where a researcher deliberately looks for information confirming their preconceived evaluations Delaney (2009). This potential imbalance was addressed and balanced by looking at PM initiative failings, substantiation on what makes a fit for purpose PM, the new trends in PM in healthcare and deciding on what training is required to support best practice.

A critical analysis substantiated the positive contribution that PM training makes. These benefits are in stark contrast to the significant lack of PM training attained or provided to the managers in this healthcare facility. The research enabled the author to identify key areas which must be taught, experienced and practiced for a manager to successfully implement a PM initiative. The research honed the critical mindset of the author in terms of analysing data which is and will be beneficial in their professional life as a Human Resource manager who must identify training needs within the organisation.

The research process required extensive planning for each stage in order to meet targeted completion criteria. The research dictated many increases to allocated study periods and readjusting study periods was a constant throughout the project. Through extensive preparation and thorough decision making regarding the research methods employed for this project, this process enhanced the author's time management skills on a personal and professional level.

This research experience has provided the author with an insight into alternative critical thinking assessment methods for nursing Henrichs et al., (2002) Nehring et al., (2002), Parr & Sweeney (2006) which provides interactive evaluation with the added benefit of debriefing to facilitate learning Henrichs et al. 2002, Feingold et al. 2004, Bearnson & Wiker 2005, O'Donnell et al. 2005, Trossman 2005. This critical assessment is evolved and experimental as it requires time and commitment for wide-scale use but was an invaluable part of this project as interacting with my mentor, interacting with other managers and having debriefing reviews following the accumulation of information is how this project evolved.

The project increased the researcher's self-confidence as the relationship between theory and practice in the workplace was explored, refined, and reflected upon critically evaluating the professional development training requirement for managers in relation to the implementation of Performance Management Initiatives. The implications of the findings in this project addressed an area of personal and professional concern where values of the organisation were denied in practice Whitehead (1993). The research substantiates the requirement for PM training in this healthcare facility.

At work, a key performance indicator is now established for the completion of PM training and the implementation of a PM initiative commencing in January 2018. This researcher is nominated as the training coordinator, retaining for accreditation purposes that the delivery of the training is accredited and retaining the training certification record for all managers. The researcher is tasked as the designer of the appraisal format, which will be agreed with the Board of management, the senior management team and all

implementers of the PM initiative. Completing this research has enabled me to project manage a PM initiative to include competency assessment, performance appraisal, plans to enable, inspire and motivate staff to achieve their potential as per Gunnigle, Heraty and Morley (2011, p.192). A PM initiative will be integrated into the organisation's culture and viewed as a function of quality improvement Schraeder et al., (2007). The criteria set for the PM initiative is that it is fit for purpose Lee (2005) and tailored to this hospital.

I learned enormously from the positive and supportive contributions of my dissertation supervisor, who provided invaluable, clear, constructive advice when my focus had waned or salient information was not correlated to the thesis subject, succinctly. This exercise expanded my ability to envelop a myriad of threads in relation to the topic, the workplace, the issue to be addressed, the desired outcome and most of all the learning, which will assist me in all future aspects of my job as a Human Resource Manager. Poorly designed PM systems that are administered ineptly generate more harm than good as they are counterproductive by design Lee (2005).

It remains imperative in this highly competitive marketplace to attract and retain talent Leary-Joyce (2008). This research exercise has enlightened me as I continue my work in the healthcare environment, to assist the organisation to motivate employees Catano, et al (2008) reduce employee turnover Purcell & Hutchinson (2007) and motivate staff DeNisi & Pritchard, (2006). Through PM, this hospital will be enabled to influence staff to remain during difficult transitional times, in order to achieve organisational goals Casida and Parker (2011). The management will be enabled to mentor staff Prasad (2005) so that they may achieve their potential as per Gunnigle, Heraty and Morley (2011, p.192) and Deming (1982) in support of Caillier (2014) who describes how job satisfaction and organisational commitment are strong contributors to employee satisfaction.

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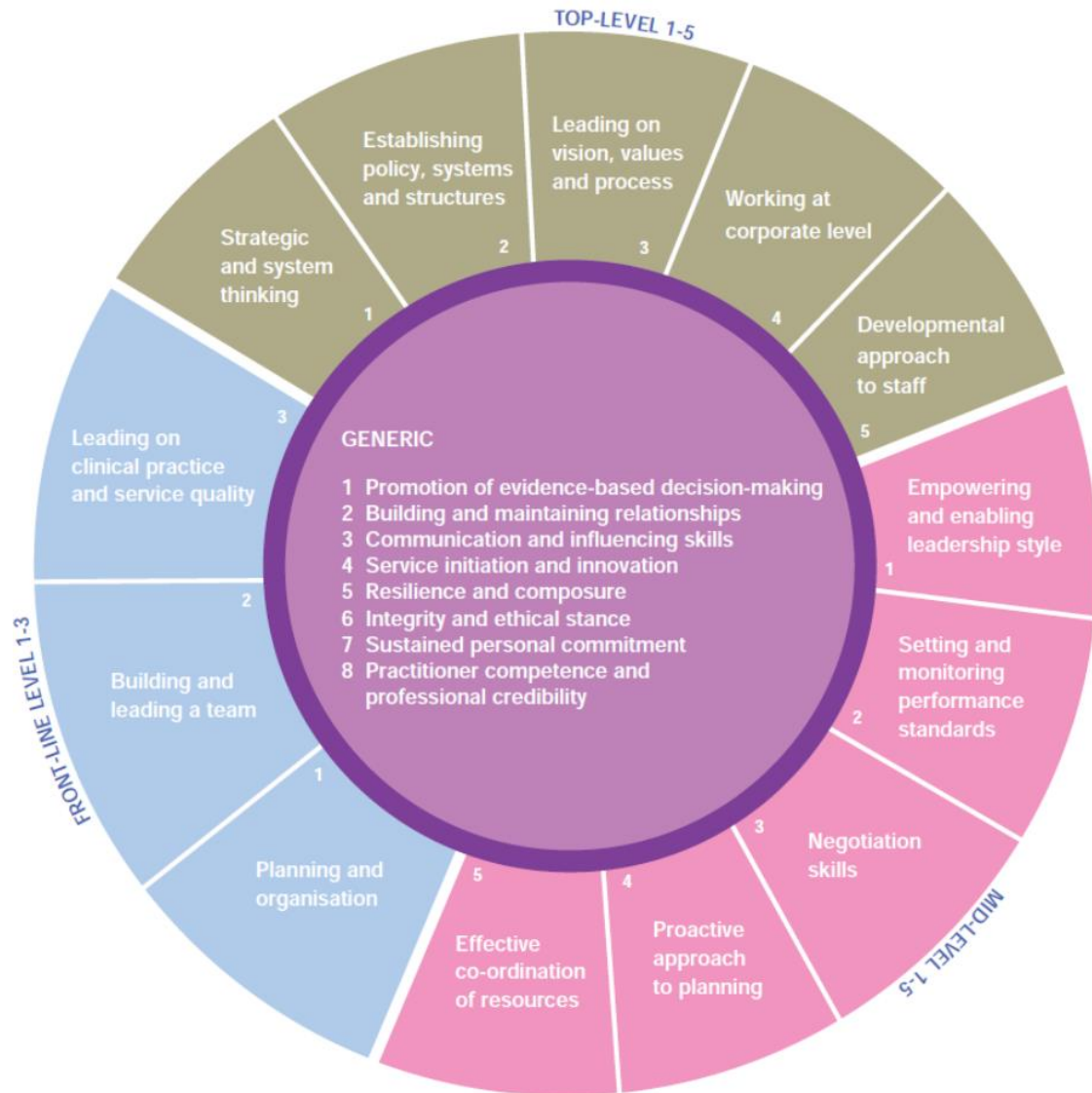
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Nurse Competency Model



Interview Questions

Do you agree that managers should receive formal PM training?

Were you provided with formal PM training?

What was the level of training you received FETAC Level, Diploma, Degree, Post Grad?

As a result of the funded training, are you obliged to remain employed for a further two years or if cessation of your employment occurs within two year post training, are you obligated to pay back the fees incurred?

Where did you get your training in the Public or Private Healthcare Sector

Did the training prepare you to effectively implement PM?

Does the formal training ensure consistency of approach and implementation?

To effectively grow in competency, would you require refresher training?

If yes, how often?

Do you know your employees' skills, competencies and weaknesses?

Did the training empower you to address performance issues?

Did the training empower you to motivate staff through the PM process?

How do you empower your staff?

Is performance management used as a strategic tool to inform development planning for staff?

What are the main planning objectives, tasks and key performance indicators identified for your unit?

Is the PM adapted effectively for your unit?

Do you have clear role profiles for your staff?

Have you had management training?

Have you conducted a PM previously?

Have you used a competency framework before?

Do the policies support impartiality and a non-biased approach?

Do you understand Halo and Horns effect?

Were managers included in the compilation of the policies and procedures for PM?

Do you agree that PM initiatives would be performed fairly across the Hospital in all units?

Do you feel the policies reflect your perceptions of effective PM?

Has the hospital got explicit documentation to assist managers to perform the PM consistently throughout different departments?

Do you use different engagement methods with Generation X and Generation Y?

How do you measure effectiveness of PM process?

INTERVIEW CONSENT FORM

Please sign your name to indicate your consent to participate in interviews for this study regarding training in performance management initiatives. I wish to take this opportunity to thank you very much for taking the time from your busy schedules to speak with me. Please do not hesitate to contact me if you have any questions. Once again, thank you very much for your sincere cooperation

I hereby give permission to Louise Gorman to document, record and publish results from my interview preserving anonymity in publishing results.

- I understand the purpose of this research and I am participating voluntarily.
- I agree to my interview being audio-recorded.
- I understand that all information I provide for this study will be treated confidentially.
- I understand that in any report on the results of this research my identity will remain anonymous.
- I understand that disguised extracts from my interview may be quoted in a dissertation
- I understand that signed consent forms and original audio recordings will be retained securely until the exam board confirms the results of this dissertation.

Signature of participant

Signed:

Date:

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