

**An Investigation of the perceived impact of performance  
management systems on managers and care assistants in  
private care of the elderly in care homes in Scotland.**

**By**

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University, for the award of Doctor of Business Administration.**

## **DECLARATION**

I declare that this Doctorate of Business Administration thesis is my own work and that all sources literary and electronic have been properly acknowledged as and when they occur in the text.

Signed:

Date:

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## **Abstract**

Literature on performance management (PM) indicates that the concept has gained momentum in its use by organisations, with the ultimate goal of improving business performance. It is argued that PM makes significant contributions to individual employees and organisational performance by enabling expectations to be defined and agreed in terms of the role, responsibilities and accountabilities, and providing opportunities for individuals to identify their own goals and to develop their skills and competencies. However, there has been much debate as to whether PM optimises or leads to improved overall business performance as other factors other than human resources policies, such as personality, job role experiences, and structural factors, may have a detrimental influence on job performance. Moreover, several studies have shown that PM, and performance management systems (PMS) has resulted in unintended impacts, both positive and negative, in addition to those sought by organisations.

This research is an investigation into the perception of managers and care assistants in private care of the elderly in care homes in Scotland on the impact of performance management systems. Use is made of both PM literature and empirical research to understand the perceived impact of the PMS with the ultimate aim of developing an enhanced PMS framework.

In addition to documents review, twenty-four in-depth interviews were conducted, comprising of eight managers and sixteen care assistants drawn from eight different private care homes. The interviews focused on eight key PM elements, the PM concept, goal-setting, performance reviews, performance measurement, supporting performance, rewards system, training and development, and managing underperformance. The interview results from managers and care assistants were compared with the normative/ideal PM practice from the PM literature to determine how PMS is being implemented in the private care homes. The research findings reveal an overall positive perception towards PMS implementation by managers. However, the care assistants raised many of concerns which influenced a negative perception towards the PMS implementation. This was used as the basis for developing recommendations for an enhanced PMS framework. The

recommendations are centred around the identified two main problem areas: management/leadership style and the communication process. In addition to staff involvement in performance planning, and a fair underperformance management process, three other theories: power distance, vertical and horizontal trust, and the principal-agent problem were recommended to private care homes. This would help change the negative perception towards PMS implementation by care assistants.

## **Chapter 1: Introduction**

In recent years, there has been a shift in the economy away from the manufacturing toward the services sector; the result of this transition is sometimes referred to as the 'new economy'. The changes have led to large-scale unemployment, especially among those with low levels of education (Mishel et al., 2012). The new economy has also changed the family dynamics in the UK, Europe, and other Western countries. The younger generation now feels the need for having their own space, whereas the older generation struggles to meet the challenges of chronic illnesses arising mainly from increased life expectancy (Bodenheimer, et al., 2009; The Age UK Report, 2016). This demographic change has led to an increase in the demand for care services and frontline health care jobs (Dwyer, 2013), resulting in more people pursuing jobs in the health care sector (Henderson, 2012). Therefore, a number of care homes, especially privately-owned ones are coming up (Henderson, 2012). The consequences of running the care homes become complicated, and to ensure its sustainability, effective performance management (PM) and performance management systems (PMS) implementation become increasingly important. However, not much research on PM and PMS effects on employees has been done in care homes.

The purpose of this research project is to investigate the perceived impact of PM and PMS on managers and care assistants involved in the private care of elderly in care homes in Scotland. This will enable the development of a qualitatively informed framework for an evaluation that enhances PMS implementation. This, in turn, will influence the perceptions and attitudes of the care staff towards its implementation. This study presents a critical evaluation of the PM concept. It starts by considering the importance of PM, discusses its processes, and finally critiques the processes and contributions of PM to organisations. The evaluation aims to provide an accurate and in-depth understanding of why organisations adopt and implement PMS. It studies the challenges faced by organisations in implementing the PMS to achieve their goals and improve the performance of individual employees and organisations.

PM is "a means of getting better results by understanding and managing performance within an agreed framework of planned goals, standards and

competency requirements'' (Armstrong (2009 p.9), and Dessler, (2008 p.289) added that it is "the process that unites goal setting, performance appraisal and development into a single common system whose aim is to ensure that the strategic aim of the organisation be fully supported by the employees' performance". However, PMS is an integrated set of planning and review procedures which cascades down through the organisation to provide a link between each individual and the overall strategy of the organisation (Smith and Goddard, 2002; CIPD, 2014).

Organisations are increasingly adopting and implementing PM and PMS to improve employees and organisational efficiency (McKenna and Beech, 2008; CIPD, 2014). Globalisation and increased competition have compelled organisations worldwide to improve their organisational performance and service delivery efficiency; therefore, they have adopted of PM for managing employees to achieve this objective (Armstrong, 2009). There are several PM evaluation models and frameworks in human resources management literature that debate the benefits and limitations of the PM concept. Proponents of the PM concept have argued that it makes significant contributions to individual employees and organisational performance by defining and agreeing upon expectations in terms of the roles, responsibilities and accountabilities, skills and behaviours; they also provide opportunities for individuals to identify their own goals and develop their skills and competencies (Torrington, et al., 2011; McKenna and Beech, 2008; Armstrong, 2009; CIPD, 2015). Therefore, employees and employers understand that PM is a wholly negotiated and then accepted goal-setting process in which there is an agreement and shared understanding about what is to be achieved and how it should be achieved. However, there has been substantial debate on whether PM actually optimises or leads to improved overall business performance as purported by the literature. Scholars, such as Legge (2005), have criticised the assumption that there is a direct relationship between PM and optimal overall business performance. They argued that the commitment assumed to be generated by the PM concept is affected by other factors over and above the human resources policies, such as personality, job role experiences, and structural factors. This research uses both the literature and empirical research to investigate the perceived impact of PM by the research participants: managers and care assistants in private care of the elderly in care homes in Scotland. The ultimate aim of develop an enhanced PMS framework.

This thesis starts off by identifying the normative PMS outlined and debated in the PM literature review. Then, the normative PMS is compared with the actual PMS practice being used in the participant private care of the elderly in care homes in Scotland. This will help identify the gaps in the PMS implementation by the care homes. PM is a relatively new concept in the care sector, particularly in private care of the elderly care homes. There is very little research on investigating and evaluating how PM is being used and how its impact is perceived by care home managers and care assistants in this sector. The researcher, therefore deemed it necessary to carry out a research in order to provide broad empirical evidence that forms the basis for an enhanced PMS framework.

The research adopts a qualitative approach to investigate and understand how PM is being used in private care of the elderly in care homes in Scotland, and its perceived impact by those directly affected by it, that is, the managers and care assistants. An enhanced, qualitatively-informed PMS framework is developed based on the research findings.

## **1.1 Research Context**

For organisations to realise the potential contributions inherent with PM, they need to invest in developing and implementing a robust and consistent PMS (CIPD, 2014). There is a great need (particularly in Scotland where this research project is focused) for the care sector to adopt PM for an effective and efficient people management process that continually improves employee and organisational performance (Health Services Management Research, 2011). This is necessitated by the increasingly ageing population - a fact highlighted in the Audit Scotland (2014) report. People are living longer in Scotland, and this has implications for organisations that provide services for older people. The report emphasised the need to improve the care quality and care outcomes to help meet the challenges of a rapidly ageing population.

The Audit Scotland (2014) report highlighted that Scotland's population is ageing. Between 2010 and 2035,

- the percentage of the population aged 65 or over is projected to increase from 17 per cent (879,492 people) to 25 per cent (1,430,628 people);

- the percentage of the population aged 75 or over is projected to increase from eight per cent (405,635 people) to 13 per cent (737,871 people);
- the number of people aged 100 years or older is projected to increase by 827 per cent, from 820 to 7,600; and
- the number of older people aged 65 or over is projected to increase in all council areas in Scotland by 2035.

The same report also stated that similar population changes are taking place across the rest of the UK and Europe. Across 27 European Union states, the percentage of the population aged 65 or over is predicted to increase from 17.5 per cent in 2011 to 23.6 per cent in 2030. Projections suggest that, as a percentage of Scotland's population, the number of people of pensionable age will be 2.9 percentage points higher in 2035 than in 2010. The comparable figure across the UK is 1.7 percentage points.

The Care Home Census: Scottish Statistics on Adults Resident in Care Homes (2006 – 2015), published in September 2016, reported that on 31 March 2015, 91% of all residents (32,771 out of 36,193) in adult care homes in Scotland were in Older People care homes, and that during the same period under review, the number of residents in Older People care homes run by the private sector increased by 5% (24,508 to 25,700), while the number of residents in Older People care homes run by the local authority/NHS decreased by 23% (4,876 to 3,747), and the number of residents in Older People care homes run by the voluntary sector decreased by 14% (3,869 to 3,324).

The Age UK Report (2016) also reported the increasing ageing population trajectory, and the increasing life expectancy with more people living with long-term conditions in the UK, (Department of Health, 2012; Barnett et al, 2012). This has resulted in an increased demand for care services and has exerted considerable strain on the financial resources available for the care-providing organisations.

These increasing complexities in business operations, coupled with the fact that organisations and even governments all over the world are under pressure to improve their services and to control costs resulted in the emergence of PM - new and comprehensive concepts in business management (Elias and Scarbrough, 2004).

Both private and public organisations world-over are under pressure to improve their service delivery and to control costs. Many organisations are encountering constrained financial requirements (Cokins, 2002; West, et al., 2014; Acas and CIPD Report, 2015). There is need to develop accountable and efficient business management processes; therefore, PM has emerged as a comprehensive concept in business management. However, the lack of comprehensiveness in terms of its implementation and its practices has contributed to the failure of the PMS (Niven, 2002; Armstrong, 2009; CIPD, 2014).

This research investigates and evaluates how PM is used in private care of the elderly in care homes in Scotland, and how its effects are perceived by care home managers and care assistants in the respective care homes. This is because care in nursing homes was earlier mostly a non-profit enterprise, administered by either charitable or religious organisations in some countries or government-owned facilities; however, in recent decades it has become a market-driven and highly competitive industry (Kaffenberger, 2001; Care Home Census, 2006 - 2015). Stevenson and Grabowski, (2008) asserted that worldwide trends in recent years have shown a gradual expansion of the for-profit sector and the contraction of the market share for non-profit and state-owned facilities. Nursing home ownership by private equity groups is growing (The Care Home Census, 2006 – 2015) in Scotland, and it often uses complex management structures. This phenomenon leaves the care sector wide open, and no longer immune to market forces as before; therefore, organisations in this sector need to find an efficient and effective way of managing the business operations.

Organisations which are still using traditional methods of managing employees are losing their relevancy in the new and enhanced information era (Kaplan & Norton, 2002; Dessler, 2008; CIPD, 2014). Thus, the care sector, especially the private care of the elderly in care homes, is now focusing on PM and PMS to improve their organisational performance and service delivery. However, the adoption and implementation of PMS has not been so smooth as intended, not only by care homes, but by many organisations worldwide because the organisations could not address some drastic changes that occurred in the workplace (Johnson & Kaplan, 1987; Acas and CIPD Report, 2015).

The competitive market environments compel organisations worldwide to change their business operations or management styles to compete effectively in the current business world. Organisations, including those in the care sector, must equip themselves with sufficient market knowledge and with workers having the right skills; this needs to be done through training to remain competitive and relevant in the ever changing internal and external business environments. These changes are mainly necessitated by globalization and the dynamic market place (Atkinson et al, 1997; Burns & Vaivio, 2001; Gunasekaran, et al., 2005; Lukka & Shields, 2001; Schemerhorn, 2001).

There is sufficient empirical evidence indicating that organisations in the care sector, especially in the private care of the elderly in care homes, are aware of these challenges and are committed to improving the performance of their personnel and to changing their organisational culture. This has been reflected by the launch of the Care Standards Act (2000) by health care policy makers, the Health and Social Care Regulators, in the wider UK. The Care Standards Act (2000) laid down the expected minimum operational standards and outcomes in long-term elderly care homes (see **Appendix 1** for details). These systems were designed to get the best out of people in the workplace, and to deliver the best for people who use the service (SCIE, 2006). The philosophy behind PM is not just about achieving targets, but it places emphasis on core social values of respect by locating people who use services at the centre of the business model (Dromey, 2014). This approach to PM promotes excellence in service delivery and results in a more highly motivated and involved workforce (SIE, 2006; West, et al., 2014); this results in cultural changes at the organisational level. To implement the above perspectives, the care homes need to have good governance and effective leadership. There is need for the care home institutions to develop knowledge resources, integrate social responsibility into strategies, hire knowledge workers, emphasize on good corporate culture, and establish knowledge-based professional management structures (Torrington et al., 2011).

The healthcare sector has been projected as a problematic sector in recent years (Gkorezis and Petridou, 2011). It is a sector whose workforce has been endeavouring to improve both the quantity and the quality of its service provision, while simultaneously dealing with financial and human resources shortages



(Gkorezis and Petridou, 2011; Dromey, 2014). It is against this background that the need for effective human resources management practices is being underlined. Hence, the adoption of PM will contribute to the effective management of individuals and teams to achieve high levels of organisational performance (Armstrong and Baron, 2005). Initiatives and concerted efforts have been taken over the past few decades to identify which employee attitudes could drive the management objectives, goals, and missions, and correlate positively with the level of the firm (Misener et al, 1996; Moorhead & Griffin, 1992; Aldag & Kuzuhara, 2002; Acas and CIPD Report, 2015).

## **1.2 Research Rationale**

This research is based on the fact that there are not enough studies on (a) the perceived effects of PMS on employees (especially those involved in the private care of the elderly in care homes) and (b) how the organisational culture could affect the performance of an organisation. From a closer reading of the PM literature (Armstrong, 2009; Bach, 2005; Beardwell and Claydon, 2010; Torrington et al., 2012), it appears that most of the literature is from a managerial perspective and hardly any study mentions any of the consequences of PM on employees; these studies do not even mention or suggest that consequences might be negative for employees. As argued in the literature review chapter, it is assumed (without sufficient empirical evidence) that PM is perfectly beneficial and not detrimental in any form or shape to the employees. It is assumed that those employees who underperform or do not meet the required standards are ‘fairly’ managed and are given the required support to improve. By investigating how PM is used and affects the care staff, this research will empirically find out the staff attitudes and how it affects the organisational performance. This will be used to develop an enhanced PMS framework, and thus, the aim is to fill this knowledge gap. Moreover, Noe et al., 1997; CIPD, 2015) argued that a well-implemented PMS has a positive impact on employee perceptions and attitudes, which is a critical factor in determining the success of the overall PMS implementation.

The researcher has been involved in running a care agency in Scotland and England for over 10 years. The business provides trained nurses and care assistants to care of the elderly care homes, which are mostly privately owned care homes throughout Scotland and England. From speaking to the care homes managers and care

assistants on the management system being used, they all mentioned that the care homes adopt and implement PM and PMS, but seemed to express some concerns about the whole process. This led me to question whether the PM concept and PMS is being implemented as described in the PM literature. Based on this question, the aim and objectives of this research will be formulated.

### **1.3 Research Aim and Objectives**

#### **1.3.1 Research Aim**

The aim of this research is to investigate how PM is being used in private care of the elderly in care homes in Scotland and how its impact is perceived by managers and care assistants, with a view to making recommendations for an enhanced PMS framework.

#### **1.3.2 Research Objectives**

To achieve the purpose of this study, the following research objectives were set:

- 1) To investigate how PM is being used in private care of the elderly in care homes and evaluate PM against the criteria and theory drawn from literature.
- 2) To establish the extent to which managers and care assistants understand why care homes use PM.
- 3) To explore the perceptions and attitudes of managers and care assistants on the impact of PM on themselves.
- 4) To make recommendations to achieve good practices and to improve PMS implementation in private care of the elderly in care homes.

The following research questions were answered by undertaking an empirical research in private care of the elderly in care homes:

### **1.4 Research Questions:**

The purpose of this research will therefore be to address the following pertinent questions:

- 1) How is PM used in care homes?
- 2) What gaps exist in PMS implementation and why do they exist?

- 3) What is the perceived impact of these gaps on the care professionals?
- 4) What should be done to overcome the gaps?

### **1.5 Definitions of Key Terms**

This Section provides working definitions for words, abbreviations, and phrases used in this thesis for clarity purposes.

**Performance Management (PM) is composed of the following:**

- 1) PM is "a means of getting better results by understanding and managing performance within an agreed framework of planned goals, standards and competency requirements" (Armstrong (2009 p.9)
- 2) PM is "the process that unites goal setting, performance appraisal and development into a single common system whose aim is to ensure that the strategic aim of the organisation be fully supported by the employees' performance" (Dessler, 2008 p.289).

### **Performance Management Systems (PMS)**

PMS is "an integrated set of planning and review procedures which cascades down through the organisation to provide a link between each individual and the overall strategy of the organisation" (Smith and Goddard, 2002 p.248).

### **1.6 Structure of the thesis**

This thesis is divided into 5 chapters. Chapter 1 provides the general introduction to the topic along with the research questions.

Chapter 2 covers the literature review and investigates the existing body of scholarly work in PM and PMS. This helps to identify gaps in the existing literature on PM and PMS and enables the development of a qualitatively informed conceptual framework that informs empirical research. Chapter 3 covers the research methodology; an argument for using the interpretivist approach in this thesis is presented and supported. It includes a discussion on the use of semi-structured

interviews (with managers and care assistants), a document review for data collection, and a detailed discussion on the researcher's role as an 'insider'.

Chapter 4 presents the research findings. In this chapter, we compare the existing body of work in the PM literature with the responses from managers and care assistants to answer the research questions.

Chapter 5 presents a detailed discussion of the research and draws conclusions on the research. It summarises the key research findings, addresses the research questions, presents an enhanced framework for evaluating PM and PMS implementation, and reflects on the research's contribution to the existing body of knowledge. A discussion of how the study achieved its aim and objectives are detailed in this chapter. The chapter concludes by making recommendations and direction for future research.

## **Chapter 2: Literature Review**

### **2.1 The Care Sector Context**

To answer the first research question (**How is performance management used in care homes?**), this chapter aims to build a theoretical foundation by using a systematic review of the existing literature on performance management (PM) and performance management systems (PMS). A comparison will be made between the PM literature and the interview responses of managers and care assistants providing private care to the elderly in care homes. Thus, the literature review in this research project serves four main purposes; firstly, it provides full insight into the existing literature on the research topic, secondly, it identifies key research issues and emerging themes in order place the research into context, thirdly, it provides a full understanding of the theoretical concepts and models related to the research topic to develop and produce a relevant theoretical framework for the research, and fourthly, it establishes and rationalises the importance and relevance of the research problem statement (Baker, 2000; Cavana, et al., 2001; Perry, 2002). For this research project, the literature review includes PM theories which form the basis for establishing the PM conceptual framework.

One framework brings together key variables and issues important and relevant to the research, and has four main purposes (Neck, 2008):

- 1) To establish the main research domain
- 2) To identify gaps in the existing body of knowledge on the research problems
- 3) To develop the research questions and or hypotheses to guide the research
- 4) To help with the formulation of the chapter structure.

### **2.2 The Contextual Setting: The Care Sector**

In line with Perry (2002), this section provides an overview of the care sector overview in a bid to provide the contextual setting for the review. The changing nature of the care sector from a once predominantly publicly run, non-profit to

private-run, profit-making enterprise is fascinating. Nursing home care was once mostly a non-profit enterprise, administered by either religious organisations in some countries or by government; however, in recent decades, it has become a market-driven and highly competitive industry, (Kaffenberger, 2001; Henderson, 2012; Dwyer, 2013).

In the United Kingdom, long-term care for older people began over 300 years ago; however, it was not until the early twentieth century that ‘old and infirm’ people began to receive institutional ‘care’ designed to meet their changing care needs (Bajekal 2002; West, et al., 2014). Notable changes took place during the 1980s and 1990s, when funding from the then Department of Social Security opened its doors to new providers. Then, older people’s long-term care provisions moved into the independent sector, which included private (that is, for profit) and voluntary (that is, not for profit) organisations (Bajekal, 2002; West, et al., 2014). The 1980s consequently witnessed the development of regulations using the Registered Homes Act (1984) with a small percentage of homes having dual registrations for offering both residential care and nursing services.

After the devolution, services have developed differently around the United Kingdom, with some areas, particularly in Scotland and Northern Ireland, retaining more NHS-provided continuing care (Bajekal, 2002; West, et al., 2014). Ownership of care homes is now mainly in the hands of either the local authority or the independent sector. The independent sector care homes are owned by charities or other voluntary organisations or are privately owned by large for-profit companies to small, one-person businesses (Bajekal, 2002; Care Home Census, 2006 - 2015).

Since the mid-1990s, there has been an increase in the number of care homes that have dual registrations, most of which fall under the independent sector (Bajekal, 2002; Care Home Census, 2006 - 2015). The Care Standards Act (2000) modified the term ‘nursing homes’ and ‘residential homes’ to ‘care homes’ for institutions that provided accommodation together with nursing or personal care. Care homes for older people are now being classified by the type of care they provide (nursing or personal) and by ownership. Personal care homes provide broad personal care only, whereas nursing care homes are intended for those people who need regular or constant nursing care (Bajekal 2002; Froggatt 2004).

The figures in Table 1 from the Information Services Division (ISD) Scotland, National Statistics report, (The Care Home Census, 2006 - 2015), help highlight the trajectories and structures of care homes in Scotland where the research project was conducted. The report highlights that there are fewer adult care homes in Scotland than there were about a decade ago. This is because the care homes are now larger with more beds. It was reported that from 2006 to 2015, the total number of care homes decreased by 17% (from 1470 to 1216), while the total number of registered places decreased by only 3% in the same period.

The same report highlighted that as on 31 March 2015, there were 892 care homes for older people (aged 65+), which provided 38,164 beds to 32,771 residents in Scotland, of whom 31,547 (96%) were long-stay residents.

The figures in Table 1 (demonstrating private care homes dominance) are for care homes for older people (aged 65+) in Scotland as the research focuses on the private care of the elderly in care homes.

**Table 1: Sector Providing Care**

Service Type	Number of Beds from 31/03/2006 To 31/03/2015	% Change (Decrease)
Private Care Homes	729 To 701	4%
Voluntary Care Homes	503 To 337	33%
Public Care Homes (including NHS and LA)	238 To 178	25%

**Source: The Care Home Census (2006 -2015)**

Table 1 shows three different sectors (private, voluntary and public care homes) providing care for older people (aged 65+) in Scotland during the period under review (2006 – 2015). The figures show a decrease in the number of care homes in each sector, caused by the fact that care homes are now larger with more beds (Care Home Census, 2006 - 2015). The private sector has the lowest decrease of only 4%,

while the other two sectors (voluntary and public) have higher decrease figures of 33% and 25% respectively.

The reports and figures in Table 1 indeed help to demonstrate and justify the dominance of the independent care sector from a wider UK and Scottish perspective. It has been reported that over the past few decades, the balance between the different types of provider has changed, with a shift from the public to the private sector (Care Home Census, 2006 – 2015). The number of homes owned by local authorities has significantly fallen (Office of Fair Trading 2005 & 2016; National Care Standards Commission, 2016) and the private sector is now the major provider (Bebbington et al 2001; Care Home Census, 2006 - 2015). Within the private sector, the proportion of beds supplied by the major for-profit providers in the wider UK has increased over the past decades from 6% to more than 22% (Office of Fair Trading 2005; Age UK Report, 2016).

Netten et al., (2001) and West, et al., (2014) asserted that, historically, there has been a rapid increase in the number of care homes in the UK; a majority of these homes were private care homes. Netten et al., (2001; Age UK Report, 2016) found that this was mainly because of both an ageing population and due to open-ended income support funding, which qualified even anyone with less than a specified amount of savings to pay for their care-home fees. This is believed to have encouraged people to opt for private residential care; it was equally a pulling factor for many people to open private care homes (Andrews and Kendall 2000; West, et al., 2014).

This trend is expected to last for a long time as it is believed that the ageing UK population will continue to become the main driver of demand until the middle of the 21<sup>st</sup> century. The number of people aged 65 and over in the UK has been projected by the Age UK Report (2016) to grow by about 40 per cent from 11.6 million to about 16 million in 2033. The number of people aged 85 years and above has been predicted to more than double within the next 23 years to over 3.4 million.

These estimates assume that there is going to be a major upward trend in life expectancies in the United Kingdom. It also assumes that there will be an increase in the disability and dependence rates with increasing old age, which will result in a significant increase in demand for long-term care in the future (West, et al.,



2014). Dromery (2014) and West et al. (2014) suggested that over the next 50 years the number of care home beds would need to expand by about 150%.

It should be acknowledged, however, that it is difficult to accurately predict future demands because it is influenced by many other factors (Dromery, 2014; West et al., 2014). Demand is not only dependent on people's state of health, developments in healthcare, and the treatment of certain diseases, it is also influenced by government policy, which currently places emphasis on providing alternative forms of care in people's own homes (Office of Fair Trading 2016).

The demographic ageing is not only a UK problem, but a world-over phenomenon. The United Nations, Department of Economic and Social Affairs (2013) stated that fertility has been falling in most regions of the world over the last several decades, and this decline has been the main factor driving population ageing. They also argued that in addition to declining fertility, ageing has also resulted from decreasing mortality, which 'leads to a relative reduction in the proportion of children and to an increase in the share of people in the main working ages and of older persons in the population'. According to the United Nations, Department of Economic and Social Affairs (2013), the global population of older people (aged 60 years or over) increased from 9.2% in 1990 to 11.7 per cent in 2013, and is projected to continue to grow as a proportion of the world population, reaching 21.1% by 2050.

In the United States alone, Harrington et al (2008) reported that two-thirds of the nation's nursing homes operated for-profit, and more than half were owned by multifacility organisations. Stevenson and Grabowski (2008) asserted that trends in recent years worldwide have shown a gradual expansion of the for-profit sector and the contraction of the market share for non-profit and state-owned facilities. Nursing home ownership by private equity groups is growing, often with complex management structures. It is these structural barriers that hinder the provision of quality care to fluctuating care needs of care recipients (Diamond, 1992; Foner, 1994; Glen, 2000; Gubrium, 1975). However, Gittler (2008) argued that these management structures are necessary given the history of institutional abuses in long-term care settings; and that managers in contemporary nursing homes need to spend much of their time and attention on maintaining regulatory compliance. This

monitoring greatly contributes to the well-being of current and future nursing home residents although over and above the managerial intent; it has the negative effect of generating excessive workload demands on care workers (Gittler, 2008).

Against this background, it is argued that care work, especially care of the elderly in care home settings, is characterised by routine duties – physical, emotional, and social support to service users (that is, care recipients). These duties are executed by low-paid care workers who often work under difficult conditions that prioritise profit over emotional care (Castle, 2006; Stone & Dawson, 2008; Bishop, 2014). Care workers face difficult and hazardous work conditions because their job involves lifting and turning care recipients, which may cause lower-back injuries. Worse still, they are exposed to infections, diseases and even physical aggression from residents/care recipients, and this is often coupled with irregular work schedules (Castle, 2006). This is a physically and emotionally draining, a materially and socially devalued job. Therefore, nursing homes have generally depressing and sad working environments and people endeavour to avoid them at all costs (Castle, 2006). Bishop (2014 p.1) described care work as “repetitive, taxing and demeaning”. This is argued to be the reason behind the high turnover and vacancy rates, which creates serious concerns for the long-term care sector (Castle, 2006; Stone & Dawson, 2008; Bishop, 2014). There is, therefore, a great need for an effective management system to improve the organisational commitment of employees (Acas and CIPD, 2015), and ultimately, the quality of care provision (Dromery, 2014; West et al., 2014).

These are the typical characteristics of an increasingly market-driven model of care that seeks to optimise profit margins and operational efficiency, sometimes at the expense of the well-being of the care workers. Bone (2002) added that one study lamented the nearly complete absence of attention to emotion work in official time allocations and staffing criteria in contemporary nursing homes. This sentiment is also echoed by Adams et al (2000), Diamond, (1992), and Foner (1994) who stated that the intensification of work among staff in nursing homes increases demands to do more work with less support, leaving less time for vital social and emotional support for residents.

### **2.2.1 Care Sector: Private Care Homes**

The literature overview given in 2.2 highlights developments in the care sector and provides a relevant background for discussing PM and its changing nature. It helps to illustrate that the care industry, which used to be a publicly owned non-profit enterprise, administered by either religious organisations in some countries or government-owned facilities, and run on a 'centrally controlled economy' basis has now evolved into a highly competitive market-driven industry (Kaffenberger, 2001; Henderson, 2012; Dwyer, 2013). It is no longer immune, but now wide open to competitive market forces just like any other industry. The adoption of PM becomes a necessity because it is an effective management system to improve and optimise the overall business performance (Armstrong, 2009) and to effectively compete in a competitive market environment. The traditional management control systems have now become obsolete (Johnson & Kaplan, 1987; CIPD, 2014).

Competencies for frontline care workers in elderly care homes are managed and assessed on the basis of daily routine tasks such as bathing, dressing, eating, going to and out of bed. This helps to make care more resident-centred, as well as making the environment more homelike (Barry et al., 2005; West et al., 2014). Competencies required for care assistants largely depend on mandatory and other training courses (see **Appendix 2** for care assistants and managers job descriptions). This allows for an effective application of knowledge, judgement and skills expected (Tilley, 2008). Therefore, an in-depth description of the PM background and its global perspective is given in section 2.3.

### **2.3 PM: Background & Global Perspective**

Anguinis (2009) defined PM as a continuous process of identifying, measuring, and developing the performance of individuals and aligning performance with the strategic organisational goals; the concept has progressively gained momentum worldwide in the last two decades (Armstrong and Baron, 2005). The PM definition given by Anguinis (2009) contends that it is what organisations (those that use PM) do to realise their potential against performance targets to deliver high-quality services and to identify opportunities for improvement, change, and innovation. PMSs are designed and meant to get the best out of employees and to deliver the best services for the organisations' customers. There is, therefore, a continuing

debate and a general agreement in strategic human resources management literature that organisations that adopt and implement PMS tend to achieve the intended objective to optimise the overall business performance (Armstrong, 2009). If executed well, PM is proposed to be a powerful tool to focus activity and effort thereby enhancing business performance (Armstrong and Barron, 2005).

However, not everyone believes that PM is as good as it seems. For example, Legge (1995) questioned the assumption of a direct relationship between PM and organisational success. Hall (2004) also echoed concerns over such a causal link, arguing that the methodologies used are frequently flawed.

There should be a way of assessing or measuring whether an organisation is performing well and meeting its business objectives. Measuring and benchmarking performance can identify pathways to improve and create a competitive advantage through efficiency and effectiveness; this will help the organisation to survive in the competitive market place (Elias and Scarborough, 2004). Dinning, (1996) proposed that performance measurements are indicators that serve a variety of purposes. Performance measurements serve as a communication tool, that is, they signal the things that are important for measuring the efficiency of an organisation. These measurements also serve as a motivational tool for employees by specifying what is important and what is necessary for success. In addition, they serve as an important management and decision-making tool by providing information that can be used to make improvements in the organisation's operation, and program design, and service delivery. This indicates that performance measurement is a critical and essential element for efficient PM. The most important aspect is to have an appropriate system for the organisation. All the good systems are those that recognise the importance of workforce engagement (Anguinis, 2009), which is 'the golden thread of PM'.

Literature describes PM as a holistic process that brings together a range of the elements necessary for the successful practice of people management, particularly learning and development; PM is an integrated approach for managing performance on a continual basis. Proponents of the concept argue that PM's 'strength is that it is essentially an integrated approach to managing performance on a continuous basis, and the appeal of PM in its fully realised form is that it is holistic. It transcends

and pervades every aspect of running the business and helps to give purpose and meaning to those involved in achieving organisational success' (Armstrong, 2009). However, the literature seems to be silent about the possible negative impact of PM on the employees, hence the researcher finds this concept – PM, quite interesting and has deemed it necessary to further investigate its perceived impact on managers and care assistants in private care of the elderly in care homes in Scotland.

### **2.3.1 Definition and Application of PM**

Harvey and Bowin (1996) described PM as the total system of gathering information, cascaded down to the employees in order to gain feedback for the benefit and improvement in the organisation. Weiss, (1997), defined PM as a process for establishing a shared understanding about what is to be achieved and how it is to be achieved. It is an approach to managing people that increases the probability of achieving success. Armstrong (2009 p.9) concurs by defining PM as "a means of getting better results by understanding and managing performance within an agreed framework of planned goals, standards and competency requirements". Dessler (2008 p.289) defined PM as "the process that unites goal setting, performance appraisal and development into a single common system whose aim is to ensure that the strategic aim of the organisation be fully supported by the employees' performance". Glendenning (2002 p.161) added that "the distinguishing feature of PM is that it explicitly measures the employees' training, standard setting, appraisal and feedback relative to how their performance contributes to the achievement of the organisation's goals".

The PM concept is a strategic and integrated process that focusses on incorporating the goal-setting, performance appraisal, and employee development processes into a unified and coherent framework for the sole purpose of aligning individual and team performance goals with the organisation's objectives (Dessler, 2008; William 2002). PM is, therefore mainly concerned with how:

- a) people work;
- b) people are managed and developed to improve their individual or team performance; and

c) organisational contribution can be optimised.

The important notion is that sustained organisational success is achieved through a strategic and integrated approach to improve the performance and develop the capabilities of the team and individual employees (Armstrong and Baron, 2005). Although competitive pressures are the driving forces behind the increased interest in the adoption of PM, most organisations are now resorting to the use of these processes to support and drive organisational cultural change and to shift the emphasis to individual performance and self-development (Fletcher and Perry, 2001; CIPD, 2014).

The Chartered Institute of Personnel and Development (CIPD) (2009) identified five fundamental principles underlying the PM concept;

- It is a strategic approach because it aligns employees' objectives to the organisational objectives, and long-term direction.
- It is integrative in nature because in addition to aligning employees' objectives to organisational objectives, it links all aspects of organisational human management together, such as human resource development, employee reward, and organisational development.
- It focuses on performance enhancement to accomplish both individual and organisational effectiveness. The enhancement concept is underpinned by the principles that employee efforts should be goal-directed and the performance improvement is largely supported by the development of employees' capabilities.
- The PM concept encourages communication and understanding between manager and employees. Goal-setting should be agreed upon between the manager and employee, there should be shared understanding of and on-going dialogue about the employees' goals, the expected standards, and the competencies needed in line with the organisation's mission, values and objectives.
- PM is owned and driven by line managers, unlike performance appraisals which are HR function.

CIPD (2014), added that over and above the five fundamental principles outlined above, managers should ensure that the people and teams they manage:

- know and understand what is expected of them;
- have the skills and ability to deliver on these expectations;
- are supported by the organisation in developing the capacity to meet these expectations;
- are given feedback on their performance; and
- have the opportunity to discuss and contribute to individual and team aims and objectives.

### **2.3.2 PM Models**

Johnson and Kaplan (1987); CIPD (2014) stated that the traditional management control systems, such as Balanced-scorecard, Activity-based costing, Benchmarking and Benchtrending, Total quality management, have become obsolete because of their inability to provide relevant information for decision-making. Hence, Otley (1999) and Anguinis (2009) contended that there is a requirement for the emergence of the new PMS, which needs to be relevant, timely, and able to provide the necessary information.

The PM definitions allude to the fact that the new PMS is a process which aims at contributing to the effective management of teams or individual workers to achieve high levels of organisational performance to boost the organisational survival in the current competitive market economy. It is argued that the focus of PMS is “on how to improve performance through the management of people” (Hutchinson, 2013 p.1) through the establishment of shared understanding about what is to be achieved and the adoption of an approach to leading and developing people which ensures that it is achieved. Armstrong and Barron (2005) stated that PM should be the following;

- Effective, ensuring that people have the ability to perform,
- Strategic, encompassing the organisational broader issues and longer-term goals

- Integrated, linking all aspects of the business, people management, teams, and individuals.

The revised CIPD (2014) further stressed that PM ‘is a strategy which relates to every activity of the organisation set in the context of its human resources policies, culture, style and communication systems, and that the nature of the strategy depends on the organisational context and can vary from organisation to organisation’. In addition to the above points by Armstrong and Baron (2005), CIPD (2014) asserted that PM should also incorporate managing behaviour, that is, ensuring that individual employees are encouraged to behave in a way that allows and fosters better working relationships. This aspect of PM requires cultural change from individual employees, which will be discussed in the following section 2.3.3, under subheading culture. Therefore, the study of the perceived impact of PMS on employees (care professions in this case) is relevant and essential. Another PMS attribute is its ability to motivate employees to act in accordance with the organisational goals (Otley, 1999; CIPD, 2014).

### **2.3.3 PM Theories and Models**

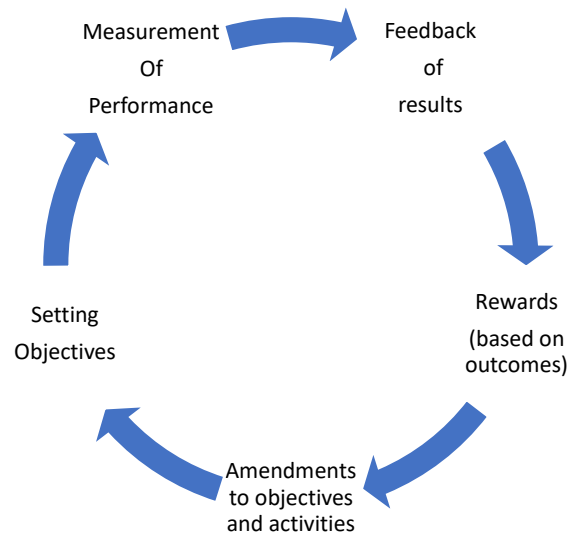
The literature investigation revealed that there are many PM models; however, the author will focus on the ones that are pertinent for this study because they are fundamental for the PM concept. Some authors, such as Mabey et al., (1999) and Anguinis (2009) established and described PMS in the form of 'performance management cycle' in which five elements were to be implemented in an organisation:

1. Setting of objectives
2. Measuring the performance
3. Providing feedback of performance results
4. Using a rewarding system based on performance outcomes
5. Amending objectives and activities.

The performance management cycle is illustrated by Figure 2.1, which is mainly about the performance cycle in routine jobs such as care work.



**Figure 2.1: The performance management Cycle**



**Adapted from Anguinis (2009)**

Other authors, such as Salaman et al. (2005) asserted that there are two theories underlying the PM concept: the goal-setting theory and the expectancy theory.

The goal-setting theory was given by Locke (1968), who studied the power of goal setting since the late 1960s. He suggested that the individual goals established by an employee, and feedback plays a vital role in motivating goals and providing superior performance. This assumes that the employees pursue their goals. Locke (1990) further suggested the following dimensions for the motivational goals to be effective: clarity, challenge, commitment, feedback, and complexity.

Goals need to be clear, measurable, and challenging. The employees must feel involved in the goal-setting process to be committed, and the goals need to be challenging and achievable. There must also be a program that involves feedback, which includes recognition and progress reports; and even more importantly, the goals need to be challenging but not overwhelming with sufficient time and resources availability. Salaman et al. (2005) asserted that, if these goals are not achieved, employees either improve their performance or modify the goals and

make them more realistic. When performance improves, it results in the achievement of the PMS aims.

The expectancy theory is based on the hypothesis proposed by Vroom (1964) that individuals are motivated to adjust their behaviour in the organisation based on expected satisfaction on valued goals set by them. It is believed that individual employees modify their behaviour in a way that most likely results in the attainment of the set goals, for example, employees are likely to be more productive when they believe that their expectations will be realised. This is affected by such things as the availability of the right resources and skills to do the job, and having the necessary support for the job to be done; for example, support from the manager, and having correct information on the job itself. The expectancy theory underlies the PM concept because it is believed that performance is influenced by the expectations concerning future events (Salaman, et al, 2005).

### **The Performance Driver Model**

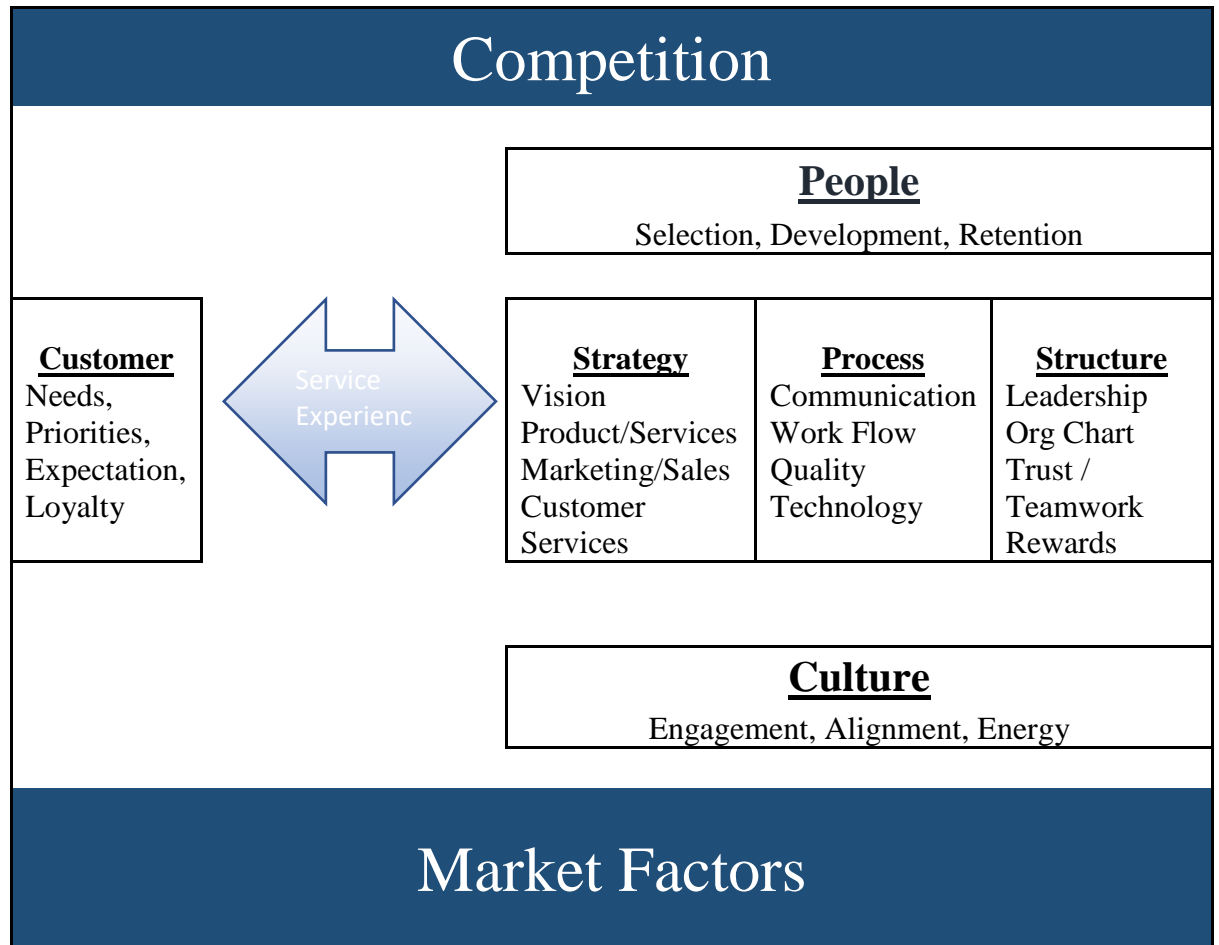
Armstrong's (2009) Performance Driver Model (PDM) was identified and adopted as the existing evaluation framework for this study. The PDM focuses on five key drivers that shape the performance and growth of an organisation, namely, culture, strategy, processes, structure and people; these will be analysed one by one. The focus should be on managing the five key drivers that drive performance, and not managing the indicators that measure performance. The PDM contribution is the evaluation of how an organisation performs as a unit: as a business system, not a collection of individual parts. It emphasises on the alignment of the five drivers, arguing that they are interdependent; what happens in one driver affects the other four. Hence, the best results are achieved when there is:

- an organisational culture that aligns and motivates people;
- an effective strategy that delivers value in response to clients, processes and systems that produce efficient, high quality work;
- an organisational structure that empowers people and facilitates workflow; and

- a people strategy that recruits, develops, and retains the right people (CIPD, 2014).

The PDM model is illustrated in Figure 2.2.

**Figure 2.2: The Performance Driver Model (PDM).**



Adapted from Armstrong, (2009).

Each of the five performance drivers are analysed as follows;

(i)*Culture*. This forms the basis upon which all other four drivers are predicated, and ‘from which they draw their energy and strength’ (CIPD, 2014) because it has the power to engage and align people. Culture is the source of the six "E Factors"; engagement, energy, enthusiasm, effort, excitement, and excellence (Armstrong, 2009). A strong and effective culture encourages people, whereas an ineffective culture discourages people and weakens the organisation. Thus, culture supports

what the organisation and its people do, and an effective culture helps to engage people and strengthens the organisation. Ehtesham et al. (2011) contended that a positive and strong culture can make an average employee perform and achieve better results by removing intermediate barriers and motivating and rejuvenating their efforts. A negative and weak culture may demotivate even an outstanding employee. Hence, organisational culture has an active and direct relationship with PM.

(ii) *Strategy*. This focuses on understanding the competitive environment, delivering value in response to the organisation's clients, achieving strategic and operational objectives, building deep relationships with clients and building loyalty (Armstrong, 2009). It, therefore, brings focus, discipline, and passion to the organisation and its people. The discipline of a strategy is in its ability to follow through; the passion is a deep and unflinching commitment to the services provided to the organisation's clients and to producing results (CIPD, 2014). A good strategy must drive change in response to clients' needs and competitive realities in the market (Hutchinson, 2013).

(iii) *Processes*. These give an organisation the capability to perform and produce results, and any business performance can be improved to the extent that its processes allow (Armstrong, 2009). It is particularly important for organisational leaders to put flawless processes in place rather than relying on a hardworking team or individual employees. The best organisations continuously work within and across the organisation to eliminate dysfunctional activities by assessing how best to make their organisation work better on behalf of their people and their clients (CIPD, 2014).

(iv) *Structure*. This is the design of an organisation, which is essential for its success; it supports people to work effectively as a team and for clients (Armstrong, 2009). The purpose of an organisational structure is to support people and processes to ensure that the right people are in the right jobs doing the right things (CIPD, 2006). Thus, there is need to pay attention to job roles, responsibilities and rewards, and to the informal structure of trust, respect, and interpersonal connections. High performance organisations have great teamwork (Dessler, 2008).

(v) *People*. 'They are the heart and soul of an organisation' (Armstrong and Baron, 2005). It is the people (that is, employees) who determine the difference between mediocrity and consistent high performance. Thus, high performance organisations pay attention to the way they recruit, select, develop, and retain their people (McKenna and Beech, 2008). Successful organisations recruit and select people who fit with their organisational culture, and they train them for life skills and job skills; they create a conducive working environment that brings out the best in people (CIPD, 2015). The success of a business system depends on the effectiveness of the human management system that supports it (CIPD, 2014).

PDM and PM literature contend that among the five key performance drivers, people are the most important; there is no substitute for people. This explains the reason behind the emphasis placed on the employee training and development, and effective organisational people management practices. Most human resources management literature points to the fact that PM is a systematic process for improving organisational effectiveness through the development of the performance of individual workers and teams. The focus is on the alignment of individual employees with organisational objectives, and this alignment is not to be imposed on the individual employees by management (in a top-down manner). McKenna and Beech (2008 p.219) summing it up as "a mutual objective setting and ongoing performance support and reviews".

There are, however, some concerns among other authors, such as Houldsworth (2004) that the PM's focus on continuous improvement of employee performance may, in practice, not work as smoothly as prescribed; it may involve harder managerial practices. However, PM literature regards this development negatively, suggesting that it would be an anomaly, a complete divergence from genuine PM (Torrington et al., 2011; McKenna and Beech, 2008; Armstrong, 2009). They insist on positive developmental and motivational approaches to aligning the individual and organisational goals, which are largely viewed as good examples of good management practice. However, there are several issues that hinder PMS implementation which need to be addressed for its successful implementation (Sparrow and Hiltrop, 1994; CIPD, 2014):

- Top management commitment

- Education and Training
- Cultural change
- Customer focus
- Clear performance metrics
- Financial benefits
- Organisational understanding of work processes.

It is argued that once the above-mentioned issues are addressed, PMS's successful implementation and positive effects on employees becomes almost guaranteed. However, Sparrow and Hiltrop (1994) and CIPD (2009) outlined several reasons that could contribute to the failure of PMS:

- The system not being used and supported by top management
- Line managers view the system as an administrative burden and fail to perceive the benefits and energy invested in making the system work
- Sometimes, the performance objectives are subjectively written which makes measurement difficult or impossible
- In some cases, the performance objectives set out at the beginning of the year seem less important by end of the year if linked to aspects that were not perceived as critical success factors, and
- Sometimes, managers are unable to give feedback, and effectively and constructively handle conflicts resulting from employees' performance assessments.

The PM concept asserts that it is a means of obtaining better results by understanding and managing performance within an agreed framework of planned goals, standards and competency requirements (Armstrong, 2009). It is also a process for establishing a shared understanding about what is to be achieved, and an approach for managing people that increases the probability of achieving success (Weiss and Harte, 1997). The important words here are 'agreed' and 'shared'. PM (as portrayed by most PM literatures) is all about a negotiated and then accepted

goal-setting process by all parties concerned (between employees and managers). Torrington et al. (2011) stated that PM should depend on the voluntary nature of the agreement between the respective parties in the employment relationship. Armstrong (2009) highlighted PM's main contributions as that of enabling expectations to be defined and agreed in terms of the role, responsibilities, and accountabilities (expected to do), skills (expected to have) and behaviours (expected to be). PM would also provide opportunities for individuals to identify their own goals and develop their skills and competencies. PM is thus, a wholly negotiated and mutually accepted goal-setting process by employees and employers in which there is an agreement and shared understanding about what is to be achieved and how it should be achieved. Torrington et al., (2011) concurred with this developmental phenomenon in PM by adding that 'a view is emerging of performance management which centres on dialogue, shared understanding, agreement, and mutual commitment'. Unlike the 'top-down' practices associated with the former performance appraisal systems, PM literature postulates that organisations now place more emphasis on employees taking a greater ownership of their PM, that is, getting involved as much as possible from planning performance, supporting performance and reviewing performance.

The planning performance stage is the starting point of the PM cycle where team and individual, long and short term goals are set. The manager and employees together put in place a shared view of expected performance. In most organisations, job descriptions provide signposts for individual employees' job roles by highlighting key accountabilities, targets, and essential competencies. Work is planned and expectations are set at this stage. This is the stage of the cycle where the establishment of clear goals and future expectations takes place, and this stage may occur directly from, or even be part of, the review meeting that completes the cycle (Armstrong, 2009). It is the stage of the cycle that sets the organisational performance direction where employees may rise to the established expectations. This is done by setting and establishing clear and challenging but achievable goals (Locke, 1990; Armstrong, 2009; CIPD, 2014).

The PM process is a continuous rather than a series of disconnected events and activities. Torrington et al. (2011, p.289) concurred with this sentiment by pointing out that "it is inadequate to simply hand out a job description and a list of objectives

or targets to employees, and that performance expectations need to be understood, and where possible, involve a contribution from the employee". Thus, employee involvement at each stage of the PM cycle is vital to ensure that any barriers to achieving objectives can be overcome; employee involvement also helps evaluate whether an employee's objectives and targets are clear and achievable. Line managers' commitment to planning, training, development, and delivering resources required for employees to meet their objectives is equally important.

Although the literature on PM clearly and categorically lays emphasis on employee empowerment, some authors such as Newton and Findlay (1996) and Barlow (1989) criticised the notion arguing that management have an ulterior motive, (see details below under reviewing performance).

The supporting performance stage should be regular and on-going (Armstrong, 2009). It is a stage that reinforces the theme of PM as a developmental process, where the line manager is seen as an enabler who assumes many different supporting and facilitating roles (Torrington, et al., 2011). Managers are responsible for organising resources for support; they ensure that the necessary training is provided, and they revise performance targets and provide necessary constructive and continuous feedback. They should also provide practical job experiences to enhance the required skills and identify the information sources and people who may be helpful in an employee's development. This is achieved using scheduled meetings and informal chats while 'walking down the hall' or during break periods. According to Torrington et al. (2002, p.289), although PM places emphasis on the employees being responsible for achieving the agreed objectives, the manager must always be accessible for the employee and should continuously provide support and guidance (coaching), and "in oiling the organisational wheels". Armstrong (2009) further stated that providing the basis for self-development means that the line manager(s) must ensure that the support and guidance employees need to develop is readily available. This is the basic training (coaching) for a truly effective situational leadership that helps to establish high engagement between manager and employees. Coaching is particularly useful for helping employees improve skills through observation and feedback, providing opportunities and challenges for development, and building commitment and competence, (Harry and Schroeder, 2006).



Armstrong (2009) asserted that the performance reviewing stage is considered the critical stage in the performance cycle because it provides the scorecard; the performance assessment. Harry and Schroeder (2006) stressed the importance of performance reviewing by arguing that we do not value what we do not measure. The appraisal stage is the highest point and the most powerful and influential phase of the cycle. This is the phase where an appraisal system (discussed in detail later) takes place. The individual employee performance is formally documented, and feedback is delivered at this stage of the cycle. Appraisal here should be considered as only one phase in the performance cycle, unlike in the past few decades when performance appraisal was closely associated with PM. Employees are encouraged to undertake at least part of their own reviews (for developmental purposes) on an ongoing basis, and “to plan their work and priorities and also to highlight to the manager well in advance if the agreed performance will not be delivered by the agreed dates” Torrington et al. (2002, p.298). This is the stage of the PM cycle where good performance is rewarded and poor performance is supposed to be fairly supported so that the concerned employee can achieve the expected performance levels.

This aspect of PM has been under criticism by some authors and scholars. Newton and Findlay (1996 p.45) argued that “management is attempting – through appraisal – to influence the normative orientations of workers so that employee discretion is enacted within the general line of managerial/organisational interests”. It is argued that appraisals may not be specifically focussed on measuring performance, but “rather, it may be more effective as a means of conveying implicit expectations”. Newton and Findlay (1996 p.45) further argued that in view of the “inherent impossibility of objective assessment”, appraisals serve to enforce management’s desire for control, and “increasingly, for control through attitudinal change”.

Barlow, (1989 p.512, as cited in Newton and Findlay, 1996, p.45) asserted that “appraisal systems legitimate managerial actions through demonstrating that human resources are being deployed in a rational and efficient way. Their deficient operation allows for more dominant power groups to continue pursuing their own agendas unchallenged”. The appraisal system and PM is, therefore, nothing more than a mere cover up for bad human resources management practices; the management is the ultimate decision maker regardless of the employee’s consent.

This argument effectively obliterates the notion of mutuality purported by the PM literature. However, despite all the criticisms, the balance of the literature maintains that PM has its advantages for organisations that adopt and implement it.

#### **2.3.4 Advantages of PM**

As already discussed, the literature portrays PM as an effective way of achieving organisational success through the alignment of individual employees with the organisational objectives. Armstrong and Baron (2005), Weiss and Harte (1997), and Hutchinson (2013) highlighted the main values of PM as follows;

- To communicate a shared vision of the purpose and values of the organisation
- To define the expectations of what must be delivered and how it should be delivered
- To ensure that people/employees are aware of what constitutes high performance and how they need to achieve it
- To enhance motivation, engagement, and commitment by providing a means of recognising endeavour and achievement through feedback
- To enable people to monitor their own performance and encourage dialogue about what needs to be done to improve.

#### **2.3.5 Disadvantages of PM**

The main disadvantage inherent with the PM concept is that it is a continuous cycle, a breakdown in one of the cycle elements disrupts the whole process.

From the discussions in the preceding paragraph, it is important to further explore the performance appraisals to fully comprehend why it has been asserted that it is a stage that marks the peak as well as the dominating phase of the PM cycle.

#### **2.3.6 Performance Appraisals**

The reviewing performance stage is considered the most critical stage and it formalises the review part of the PM in the performance cycle. Anderson (1992), Harris et al. (1995), Houldsworth (2007) and Armstrong (2009) stated that there are

two main perspectives on the performance appraisal process; one is evaluative and the other is developmental. They argued that an evaluative appraisal ‘amounts to making a judgement about the appraisee, and that, this is done after a review or analysis of the appraisee’s historical performance over the period under review. The judgement is arrived at by comparing the appraisee’s performance against previously established targets or objectives, or against operational items on the job description. This type of appraisal can be linked to the allocation of extrinsic rewards such as pay (Anderson, 1992, Harris et al. 1995, Houldsworth, 2007, and Armstrong, 2009).

The developmental appraisal is also intended to identify and develop the potential of the appraisee by focussing on future performance (Anderson, 1992; Harris et al., 1995; Houldsworth, 2007; Armstrong, 2009); and it could be linked to career planning and management succession. The main objective of developmental appraisal is to establish the type of knowledge and skill the appraisee should develop; the appropriate development objectives are established by identifying the appraisee’s developmental needs (Anderson, 1992; Harris et al., 1995; Houldsworth, 2007; Armstrong, 2009). However, it is contended that there is need for the appraisee to be open and frank about their perceived personal limitations and difficulties encountered on the job. There should also be a high level of openness and mutual respect between the appraiser and the appraisee (Houldsworth, 2007; Armstrong, 2009).

Both the evaluative and developmental performance appraisals emphasise the need for feedback on both good and bad performances, and underscore the importance of indicating future personal development. Anderson (1992), Harris et al., (1995), and Houldsworth (2007) argued that by doing this, the managers would acknowledge the part played by motivation in feedback sessions. For example, being recognised for good performance or being told where there is scope for improvement has real motivational significance. The frequency with which appraisals are implemented in different organisations vary, but annual appraisals remain common (Wolff, 2008). According to Wolff (2008) and the WERS Report (2015), annual reviews were reported by about 44% of respondents in their survey, and there was an increase of 39% in the number of organisations reporting twice-yearly reviews.

The scope and method of appraisal varies between organisations; the main difference either the qualitative or quantitative form (Beardwell and Claydon, 2010). According to Beardwell and Claydon (2010) the qualitative forms are based upon a text or narrative account, whereas the quantitative forms are based upon numerical rankings of performance against predetermined criteria. Regardless of the appraisal forms adopted in the performance review and appraisal, they nonetheless have the outcome of ranking or rating the individual employee performance (Beardwell and Claydon, 2010).

There are several arguments in favour of appraisal ratings. The most cited ones assert firstly that appraisal ratings will compel managers to formalise evaluations of employee performance rather than just entirely relying on their subjective views (Beardwell and Claydon, 2010). This implies that managers should be held accountable for ratings given, and they should be able to justify them, if required. The other argument is that summary judgements enable managers to identify the exceptional performers or under-performers or the reliable core performers so that the necessary action, either developmental or evaluative, can be taken (Armstrong, 2009). It is argued that this keeps employees feeling valued. The third argument maintains that it is impossible to operate a performance related pay system without ratings; there has to be a method in place to ensure that the amount of reward is commensurate with the level of performance (Armstrong, 2009). The fourth argument is a common supposition that ratings can motivate employees to improve their performance, particularly when related to rewards (Armstrong, 2009).

Literature portrays the rationale behind performance appraisals and reviews as all positive and developmental, and places a lot of emphasis on rewards; it does not mention anything negative about poor performances and their consequences on employees. Most of the literature dealing with the underperformance theme concentrates on issues such as mutual agreement and identification of the causes of underperformance (which are beyond the employee's control) and mutually agreed-upon steps for improvement, support and feedback. Armstrong (2009) asserted that this is about providing the coaching, training, guidance, experience, or resources required to achieve the actions agreed upon. They however, argued that in practice, the organisational intention on underperformance has mainly been disciplinary action, about which the PM literature is not explicit about.

### **2.3.7 Managing Underperformance**

As argued above, the PM literature asserts that the main reason behind performance evaluations is for organisations to drive the continuous improvement in performance. To this end, the PM literature presents a developmental perspective. This sentiment is echoed by Armstrong (2009) who stated that the aim 'should be the positive one of maximising high performance' although it involves taking steps to deal with underperformance. It is asserted that these steps should be constructive and supportive. Managing underperformance should be about 'applauding success and forgiving failure', and mistakes should be used as an opportunity for learning (Handy, 1989). Risher (2003) argued that poor performance is best seen as a problem in which the employer and management are both accountable. It could therefore, be argued that poor performance is unlikely to emerge if people are effectively managed. Managing underperformers is perceived to be a 'positive process' based on continuous feedback, and should help individuals to overcome performance problems; more importantly, managers should always be available to provide the required support, guidance, and resources. Armstrong (2009) proposed the following five steps required to manage underperformance:

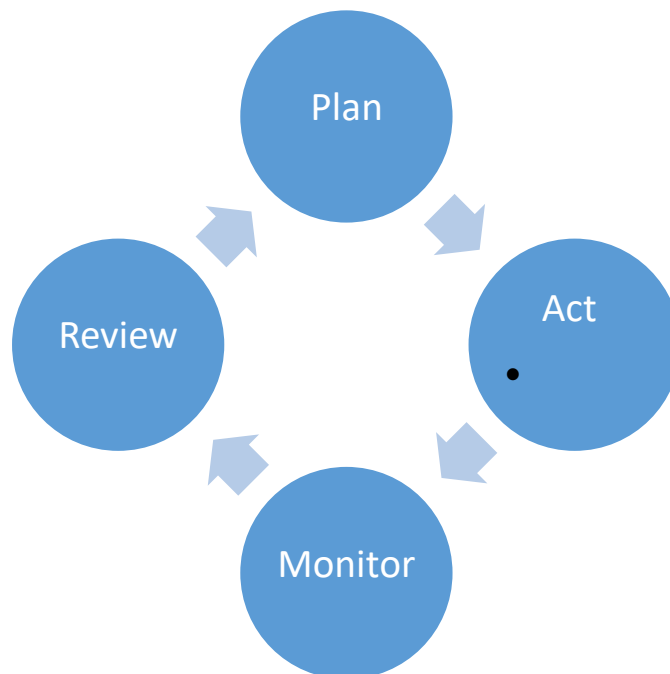
- Identify and agree the problem
- Establish the reason(s) for the shortfall
- Decide and agree on the action required
- Resource the action, and
- Monitor and provide feedback.

To deal with underperformance, PM literature places emphasis on identifying the causes of underperformance, mutually agreeing on ways to improve performance, supporting, and providing continuous feedback. Armstrong (2009) even suggested 'resourcing the action' to describe coaching, training, guidance, experience imparted on individual employees by their respective managers, and making available the resources required to achieve the agreed targets.

### 2.3.8 Evolution of PM

PM has evolved beyond the contemporary annual performance appraisal; therefore, it should no longer be viewed in the same way along with performance appraisals as it used to be in the 1990s. PM's holistic perspective, that is, its integrating strength in aligning various processes with corporate objectives has significant consequences for both the employees and the organisations at large. Some authors (e.g Armstrong, 2009) argued that the evolved PM's actual practice has changed from the former PM versions, which were more employee-sympathetic. Armstrong and Baron (2005) opined that it has become a more robust and continuous managerial control tool. They asserted that this process has become a strategy, which relates to every activity of the organisation. It is a holistic and integrated approach, and it should be noted that it is a process that operates in a continuous cycle, rather than an event, as shown in Figure 2.3.

**Figure 2.3: The Evolved Performance Management Cycle**



Source: Armstrong, (2009)

Figure 2.3 illustrates the evolved PM concept. The meanings of the various terms are as follows:

*Plan.* Clearly identify what performance is required and how it will be measured.

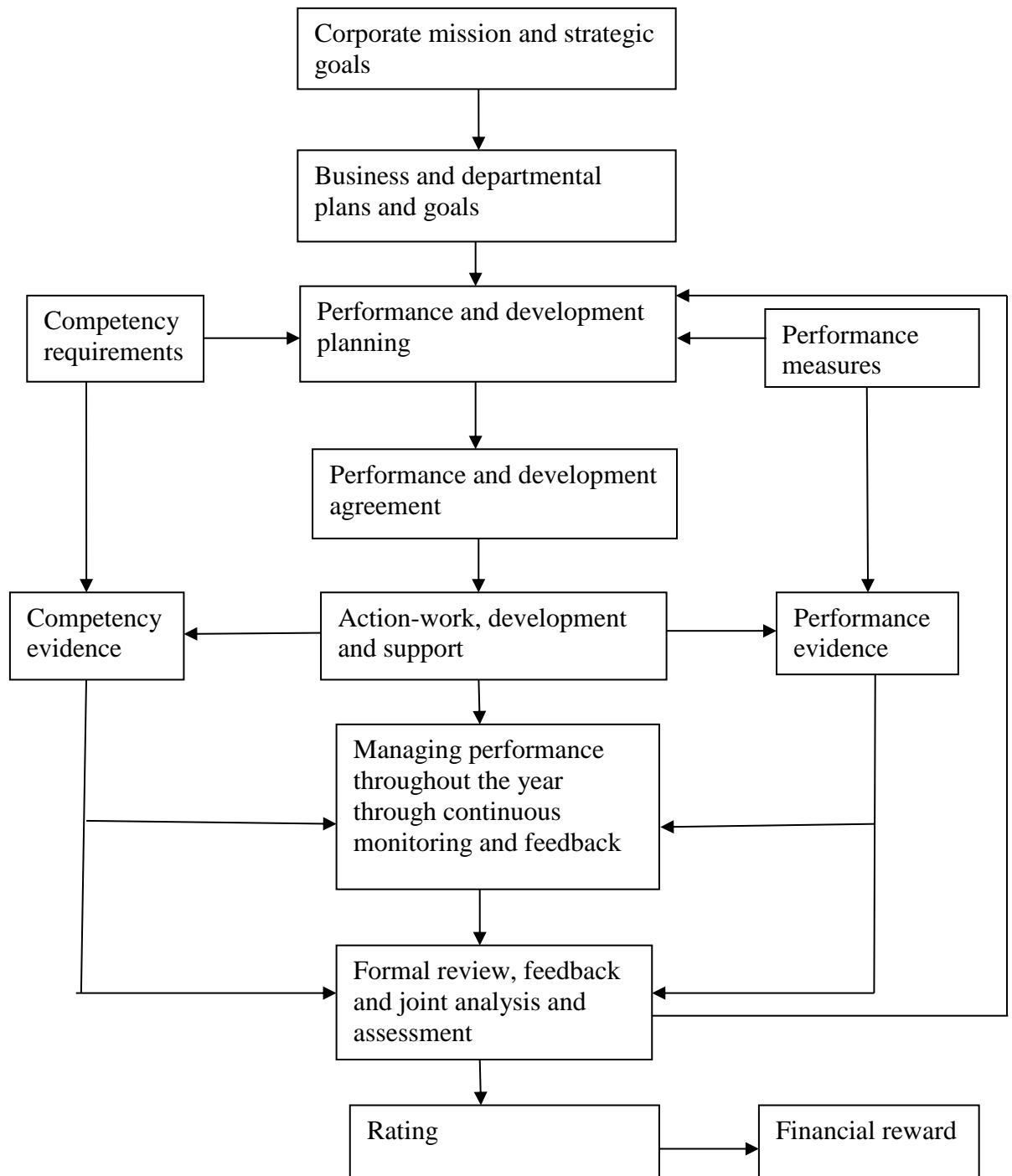
*Act.* Encourage performance to the required standard and provide support and development.

*Monitor.* Check to ensure progress on the performance.

*Review.* Assess and evaluate performance against a variety of measures.

Armstrong (2009) argued that the 'new' PM cycle has evolved considerably and now resembles the continuous improvement process (shown in Figure 2.4). Deming (1996) and CIPD (2009) argued that it is not a coincidence because PM is all about continuous improvement. Boxall and Purcell (2003), Armstrong (2009) and CIPD (2014) argued that now PMS has broadened in scope to not only bring together individual goals, departmental purposes and organisational objectives, but they now cover all the organisational aspects, such as recruitment, induction, training and development, reward management, and even to capability procedures and termination. It has now become the main communication channel through which managers disseminate information on what is required from employees and give feedback on how well they are achieving job goals or vice-versa. This is because the PM concept advocates a two-way communication system. Marchington and Wilkinson (2008) asserted that for some, the evolved PM is perceived as 'the totality of the day-to-day management activity' because it is concerned with how work is organised to achieve the best possible results for the organisation. The PM system has also moved further to become an integrating mechanism for a whole host of organisational activities focused on individual contribution, such as career planning, talent management, and learning and development. This is illustrated in Figure 2.4.

**Figure 2.4: The performance management sequence.**



Source: Armstrong (2009)



Despite the various shortcomings of PM, which have been explained in section 2.3.5 and section 2.5, it is acknowledged that PM has gained in popularity and many organisations are moving towards its implementation. (The statistics about the adoption and implementation of PMS is discussed in section 2.3.8). According to Torrington et al. (2011), PMS is now bound with organisation-wide targets and Key Performance Indicators (KPIs) that cascade down to the business unit, the team, and ultimately to the employee in the form of individual balanced scorecards, which may involve the implementation of hard and soft PM practices (Houldsworth, 2004).

### **2.3.9 Hard and Soft PM**

PM has generally two main purposes: an administrative purpose and a developmental purpose (Ostroff, 1993; Boswell and Boudreau, 2000). The administrative purpose focuses on administrative issues, such as deciding and evaluating an employee's salary/wages, promotion decisions, retention-termination decisions, recognition of an individual employee's performance, the identification of poor performance, and lay-offs. Although most of the PM literature indicates that the administrative purpose is an important aspect of the appraisal process, some critics have argued that it has negative effects on employees. For instance, Boswell and Boudreau (2000) argued that it has negative effects on employees. Boswell and Boudreau (2000), McKenna and Beech (2008), and Armstrong (2009) pointed out that the administrative purpose often results in non-constructive responses such as denial, resistance or discouragement, especially if the assessment is negative. Even if an individual employee receives a positive assessment and a positive reward, they may still react unfavourably to the administrative purpose. Murphy and Cleveland (1995), and McKenna and Beech (2008) argued that a performance appraisal that compares and evaluates employees for administrative purposes causes dissatisfaction and dissent.

The other important element of PM is the developmental aspect that focuses on the identification of employee training needs to improve future performance, and identifies employee career development aspirations and opportunities (Foot and Hook, 2011). It is argued by Tahvanainen, (1998) and Torrington et al. (2011) that development discussions are necessary when employees need additional capabilities

to achieve set objectives, and when performance feedback indicates that an employee did not attain set objectives because of insufficient capabilities. Identifying employee training and career development needs may correlate with employee attitudes and job performance (Nathan et al., 1991, Armstrong, 2009, and CIPD, 2014). Discussing future plans within the scope of PM may have positive effects on employee attitudes (Dipboye and de Pontbriand, 1981; ACAS and CIPD, 2015).

The 'new' PM system, however, has little empirical evidence that it is beneficial and not in any way detrimental to employees. It also assumes that those employees who underperform are fairly managed and supported accordingly. Harley et al. (2010) supported this view by adding that it increases predictability and order because it involves the measurement of performance against targets; therefore, it provides employees feedback on exactly what and how they are expected to perform, coupled with regular feedbacks. They also argued that the on-going interactions between managers and employees mentioned by PM literature has the effect of providing support, thereby making employees absolutely aware of their performance on a continuous basis. This lowers the stress associated with uncertainty. However, as previously argued, this may not happen on the ground because management may not tolerate underperformance.

In their endeavours to benefit from the holistic approach offered by PM, many organisations, both private and public, have adopted the concept over the last decades. The CIPD (2009) survey in the United Kingdom has indicated that 87% of respondents had formal PM systems in place, and the figure is over 90% in the US (Redman, 2006). These statistics point to the fact that it is acknowledged that PM is now a common in the public and private sector organisations.

It has been established that PM seeks to align the activities and objectives of all employees – from the management to operatives and from business objectives to individual goals. Hence, the PM concept is envisaged as a powerful tool for enhancing business performance. PM has been identified as being particularly important for organisations that experience competitive markets. Success in enhancing productivity and service delivery in such circumstances has been related to the formal and frequent linking of organisational goals to individual goals through

effective managerial communication (de Waal, 2007). Lee (2005), and CIPD (2015) added that the real goals of any PMS are threefold: to correct poor performance, to sustain good performance and to improve performance. Armstrong (2009) asserted that PMS is a set of interrelated activities and processes that are treated holistically as integrated. PMS is a key component of an organisation's approach to managing performance through people and developing the skills and capabilities of its human capital. Thus, organisations can enhance organisational capability and the achievement of sustained competitive advantage.

## **2.4 Relevance of PM to Care Homes**

International health care has been identified as a problematic sector in recent years (Gkorezis and Petridou, 2011). It is a sector whose workforce endeavours to improve both the quantity and the quality of its service provision. This is happening in the nursing occupation, which is faced with unprecedented challenges of promoting efficient and effective patient care while dealing with financial and human resources shortages simultaneously (Gkorezis and Petridou, 2011). In the United Kingdom, care homes offering long-term care for the elderly are said to be facing a looming crisis (House of Commons Health Committee, 2005). While these mainly focus on funding issues, staffing is another huge concern cited in the report. The same report explicitly highlighted that there is an acute shortage of staff in long-term care for the elderly care homes in the United Kingdom because of high annual staff turnovers. This is an appropriate time for introducing effective human resources management practices that enhance performance and simultaneously reinforce employees' positive perceptions and attitudes in a bid to attract and retain the employees. Hence, PM has been adopted because it is a process which contributes to the effective management of individuals and teams to achieve high levels of organisational performance, and improve organisational staff commitment (Armstrong and Baron, 2005). It is also a system designed to get the best out of people in the workplace and to deliver the best for people who use the service (SCIE, 2006). PM is not just about achieving targets, but it places emphasis on core social values of respect, locating people who use the services at the centre of the business model. This approach promotes excellence in service delivery and results in a more highly motivated and involved workforce (SCIE, 2006; Acas and CIPD, 2015).

Thus, the care sector is well-placed to adopt PM to improve the quality of care provided to their clients, while simultaneously motivating their employees and enhancing staff organisational commitment. In this study, PDM has been identified and adopted as an evaluation framework because it is concerned with understanding and managing the performance drivers by emphasizing on effective people management first (Perryman and Rivers 2011). The full PDM literature has been elaborated in section 2.3.3, where an argument was presented that among the five performance drivers (culture, strategy, processes, structure and people), culture forms the basis upon which all other four drivers are predicated, and from which they draw their energy and strength. This is because culture supports what the organisation and its people do. An effective culture helps to engage people and strengthens the organisation. However, an ineffective culture discourages people and weakens the organisation. Thus, the focus remains on people, who are ‘the heart and soul’ of an organisation. Therefore, PM practice and proper PMS implementation are relevant for effective staff management in private care homes.

#### **2.4.1 Care Regulatory Bodies**

The care sector is regulated by health care policy makers who lay down the expected minimum standards and outcomes. In the UK, the Health and Social Care Regulators is the responsible body (Care Standards Act, 2000). In the United Kingdom, the responsible body is the Health and Social Care Commission. It comprises of 12 organisations, each of which oversees one or more of the health and social care professions by regulating individual professionals across the United Kingdom. These organisations were set up to protect service users by putting in place standards to be met by the relevant registered service providers. If a service provider was not registered with one of the relevant bodies, they would be breaking the law by practicing or providing services to service users and may be prosecuted.

For this study, research was conducted in Scotland, where the Scottish Social Services Council (SSSC) is the regulatory body. It is the body that sets out the National Minimum Care Standards for certain services in social care, which largely shape the PM framework in the social care sector. The standards are reviewed and enforced by regular inspections (usually done on an annual basis) and are meant to

improve performance and care services provided, (SCIE, 2006). The Care Inspectorate is the regulatory body that carries out care inspections in Scotland.

For care of the elderly in care homes, whether public or private, the National Minimum Standards: Care Homes for Older People (2001) guides and informs the care homes on the expected minimum standards; they have a bearing on the PM framework adopted by care homes in Scotland. It is, however, up to the management of each respective care home or group of care homes to implement certain types of PMS that achieve the required outcomes specified in the National Minimum Standards.

However, as noted in the PM literature, the concept has its own flaws. The literature simply portrays PM as being benign beneficial in effects and impact on both employees and organisations. Even though the literature may present PM in benign terms, in practice, the management might implement procedures in a retributive way. The researcher deemed it necessary to empirically investigate how PM is being used in private care of the elderly in care homes in Scotland and made a comparison with the discussed PM literature to answer the first part of the research questions: How is performance management used in care homes? This was an effort to understand its perceived impact on care home managers and care assistants, ‘the insider’s point of view’, (Haamersley and Aitkinson, 1995). The goal was achieved by interviewing the research participants.

Although the PM literature argues that it can help improve the overall organisational performance, the literature has some gaps, which would make its practical implementation difficult.

## **2.5 Gaps in PM literature**

There have been a number of debates on whether PM actually optimises or leads to improved overall business performance as stated in some literature. Authors, such as Legge (1995), criticised the assumption that there is a direct relationship between PM and optimal overall business performance by arguing that the commitment assumed to be generated by the PM concept is affected by other factors over and above the human resources policies, such as personality, job role experiences, and structural factors. Conway and Monks (2009) raised questions about the

manageability of commitment as purported by the PM literature; they argued that employees may not be ideologically inclined to commitment; that there may be resistance from unions. Iverson and Buttigieg (1999), Armstrong (2009), and CIPD (2015) added that line managers may have their own misguided assumptions about what motivates employees and how to manage them. Hall (2004) concluded that the direct relationship is questionable because the methodologies used are often flawed.

Although there is a general acceptance of the developmental strength highlighted in the PM literature, some authors, such as Beardwell and Claydon (2010) still expressed their concerns about the measurement of performance using appraisal indicators and targets. Callahan (2007) supported this view by arguing that PM and performance appraisals are inherently compromised because they are used for diverse and often, conflicting reasons. They argued that it is contradictory that the line managers who assume a leading role in the PM process and in conducting appraisals are the same people responsible for judging and evaluating the performance of employees; these roles can easily clash with the line manager's responsibility to motivate and develop the same employees. Newton and Findlay (1996) further argued that the manager's role as counsellor is severely compromised by the mere fact that employees are unlikely to disclose their weaknesses and development needs because it might have a negative effect on their ratings in the performance review. This reluctance to betray a weakness is very likely to happen when the performance appraisal is tied to monetary reward (Newton and Findlay, 1996).

Bias is inherent with performance appraisal ratings. Authors, such as Beardwell and Claydon (2010), and Callahan (2007) argued that some line managers may not complete the evaluations with the expected openness and honesty. It may well be that some managers may hesitate to give the appraised employee a poor review for either fear of demotivating the employee or unnecessarily creating conflict or hostility with the employee(s) ((Beardwell and Claydon, 2010; Callahan, 2007). The other reason could be that consistently giving low scores to employees leaves the manager under scrutiny by their own managers who may end up thinking that the problem of underperformance does not lie with the employees, but rather with the

manager's inability to motivate, guide and influence the employees to generate high performance.

Beardwell and Claydon (2010) made additional assertions regarding potential sources of rating bias, especially when the score outcomes determine remuneration. They argued that a 'halo effect', where managers tend to overlook an employee's problematic performance areas that require development, for several reasons, such as prejudices and personal preferences can take place. Managers may also adopt a 'comparing employees' effect, where a manager contrasts an employee's performance against another without considering the different tasks they are required to perform. In the 'recency effect', managers 'compile rankings based on their most recent encounter with employees or their most recent knowledge of their performance'. In the 'central tendency effect', managers are 'reluctant to be overly lenient or harsh' in their ratings, irrespective of the actual level of performance (Beardwell and Claydon, 2010 p.470). Geddes and Konrad (2003), and Thornton and Rupp (2007) also argued that appraisal ratings could be influenced by other factors, such as gender, ethnic origins, physical appearance, and subjective perceptions of attractiveness. Subjectivity and bias may be worse when it includes behaviours, traits, attitudes, personality and characteristics of the individual employee being appraised (Torrington, 2011).

The most important point to note is that there are inherent bias problems that come with employee ratings, which are largely arbitrary, and greatly dependent on the predispositions and prejudices of the managers leading the review and appraisal process (Armstrong, 2009). Subjectivity problems are revealed in many ways but mainly by the apparent difficulty emanating from the failure to consistently come up with comparative evaluations between different managers (Armstrong, 2009). It is argued that this results in difficulties in achieving 'objectivity', when the notion of performance itself is not clear. To sum up, the performance of an employee with a single rating is a gross over-simplification of what may be a complex set of factors that influence performance; it would be almost impossible for a manager to make a decision on a single performance rating after a detailed discussion about an employee's strengths and weaknesses (Armstrong, 2009).

It would therefore be reasonable to argue that although organisations are relentlessly making efforts to construct ‘objective’ methods and improve the use of reliability measures in comparative metrics, it cannot totally address the intrinsic subjectivity dilemma.

The PM literature also failed to incorporate three other important theories which could have an impact on the PMS implementation; the cultural dimension theory (power distance), the vertical and horizontal trust, and the principal-agent theory. These theories and their links to PMS will be discussed separately. Not paying attention to these three aspects could make employees (care assistants) dislike PMS.

*Cultural dimensions.* Culture is considered to be a background factor that is almost synonymous with employees’ nationality, and it influences their beliefs (Hofstede, 2001). Scholars studying culture believe that it is imported by members of the organisation, and has an impact on their actions and patterns of behaviour (Martin, 2006; Ehtesham et al., 2011). This aspect of cultural dimension in different national cultures has been identified by Hofstede (2001) as power distance. Power distance defines the degree to which the lower level employees accept and expect inequality in power distribution throughout the organisation. In low power distance nations, inequality is minimised and decentralisation is prevalent. Subordinates expect to be consulted by their superiors and symbols of status are minimal in low power distance nations. However, in high power distance societies, centralisation dominates, inequalities between different ranks are desirable, and status symbols do reflect these differences. This influences the employees’ actions and patterns of behaviour towards PMS implementation.

*Vertical and horizontal trust.* Eek and Rothstein (2005) described vertical trust (trust in authorities/management) and horizontal trust (trust in others/fellow employees) as a causal relationship that determines the degree to which people/employees’ likelihood to obey the law/concepts implemented by authorities/management. It is emphasised that people/employees’ willingness to obey the law/concept, and to trust the authorities/management implementing the law/concept is directly related to how fairly they perceive to have been treated, in terms of procedures and outcomes. “Procedural fairness concerns are closely related to trust concerns” (Eek and



Rothstein, 2005, p.3). Eek and Rothstein (2005) asserted that increased vertical trust has positive effects on horizontal trust. Where people/employees have high levels of horizontal trust, they also have high levels of vertical trust (Eek and Rothstein, 2005). Vertical trust (that is, employees trusting their managers) is very important in an organisation because it reinforces effective communication, teamwork, and it also increases employee commitment and productivity; which is the PMS objective (Krot and Lewicka, 2012).

*Principal-Agent Theory.* This theory is sometimes called the principal-agent problem (Rutherford et al., 2005). It is concerned with one party, management in this study (the agent) being able to make decisions that have an impact on behalf of another party, employees (the principal). The principal-agent theory focuses on determining the optimal contact, that is, behaviour versus outcome, between the agent and the principal (Eisenhardt, 1989; Rutherford et al., 2005). It assumes that there is goal conflict between the principal and agent (the outcome). The problem arises when the agent (who is assumed to have more information) is motivated to act in their own interests which are contrary to the principal's interests (Rutherford et al., 2005). Management who have more information about the PM concept, and the organisational policies and procedures, could implement PMS in ways that advance their own interests which are contrary to those of their employees.

## **2.6 Achieving the Chapter Objective**

It was stated at the beginning of this chapter that the aim was to build a theoretical foundation for this research project through a systematic review of the existing PM literature. This would help answer the first part of the research question: How is performance management being used in care homes? In this chapter, we thoroughly reviewed the existing PM literature (including its application), examined the relevant PM models to this study, determined the relevance of PM to the care sector, and the identified literature gaps. This led to the identification of the normative/ideal PM practices. These normative PM practices identified in the literature will be used to draw a comparison with the actual PM practice being used in the private care of the elderly in care homes. The interview responses from the sampled care home managers and care assistants (the respondents), including data collected from the

reviewed documents (the mission statement, recruitment and selection policies, job descriptions for managers and care assistants, performance reviews/completed staff appraisal forms and training programmes) will form the basis on which the assessment of how PM is being used in the care homes will be centred.

## **Chapter 3: Research Method**

### **3.1 Introduction**

This chapter provides a detailed account of the method adopted for this research and considers its key elements in relation to the research objectives outlined in Chapter 1. A discussion of the research philosophy is presented before outlining the arguments in favour of adopting the interpretivist perspective. This is followed by a discussion of the interviews used for data collection, the documents reviewed, and the influence of exploratory qualitative research on this research project. This leads to sampling techniques and data analysis methods used in this study, before touching on a section that discusses the researcher's role in the research and the insider/outsider perspectives. Finally, there is a discussion of the strengths and weaknesses of the study.

### **3.2 The Research Philosophy**

This research aims to understand the employees' attitudes and perceptions towards PMS implementation, hence, the interpretivist approach is adopted, which focuses on meaningful social interactions (Bryman and Bell, 2003). The following section describes and justifies this position within the context of PMS implementation.

#### **3.2.1 Ontological assumptions**

An interpretivist approach was adopted for this research. This approach supports the view that reality is socially constructed and is dependent on human/employee cognitions, assumptions, experiences, discourses and actions (Denzin and Lincoln, 2011). This thesis is qualitative in nature, and not quantitative which uses statistical and numeric tools (Benton and Craib, 2011; Saunders et al., 2012). The adopted interpretivist approach allows a deep and rich understanding of social processes, and the discovery of meanings attached to social phenomenon by the social actors. This research assumes that individual employees have different attitudes and perceptions about the PMS implementation, (Benton and Craib, 2011), which will be important for making comparisons. A research into something specific like employees' attitudes and perceptions could not possibly be considered as external to the social actors (the managers and care assistants) who provide accounts of their

own views and reality. This is not about the absolute truth, which can be arrived at through measurement.

### **3.2.2 Epistemological assumptions**

Epistemology refers to “the process of knowing and the relationship between the researcher and that which is to be known” (Guba & Lincoln, 1994:108). Saunders et al. (2012) added that it defines what acceptable knowledge within a research project is. This research is driven by the desire and concern to develop knowledge that is context-sensitive, meaning-rich and the understanding of individual employees lived experiences regarding the implementation of PMS; hence, the interpretivist approach was adopted. A positivist approach which concerns with proofs and development of theories to provide an explanation as natural scientists do (Denscombe, 2002) was rejected because it would not account for individual employees’ attitudes and perceptions which are key to this study. Moreover, a positivist approach requires total separation between the object and the subject of the research (Llewellyn, 2007), which is not possible in this study because the researcher is involved with the subjects. In other words, positivism does not allow a detailed understanding of individual employees’ attitudes and perceptions that are transmitted through face-to-face interview data collection methods embedded in interpretivism; it is also difficult to measure and assign a number to human feelings, emotions, and attitudes, which are very important in this research (Goldkuhl, 2011).

### **3.2.3 Axiological Concerns**

Axiology is concerned with judgement about values and what is worth researching (McGregor and Murnane, 2010). These values shape the researcher’s decision-making process regarding the project and strongly influence both the process and the research output (Saunders et al., 2012). The rationale behind this research was detailed in Chapter 1, and the researcher’s role as an insider-outsider discussed in section 3.10. Three other factors considered as having a major axiological importance to the researcher are, methodological rigour, recognition of subjectivity and a practical interest in enhancing PMS implementation in care of the elderly in care homes. PM literature supports a view that proper PMS implementation results in improved organisational performance (CIPD, 2014; Armstrong, 2009; Dessler,

2008). The main reason for this research was to empirically ascertain this view. This could be achieved by identifying how PM is being used and its perceived impact on managers and care assistants in private care of the elderly care in homes. The researcher also sought to find a better way to implement PMS in care homes, which matches the academic scrutiny. This led to the second important influencing factor, which was understanding (rather than explaining) the perceived impact (that is, the participants' attitudes and perceptions towards PMS implementation). This could not be achieved by numerical averages. To focus on subjective evaluation, the interpretivist research perspective was adopted. The researcher can apply the research findings in the professional arena to obtain a deeper understanding of participants' attitudes and perceptions. A reflection on the researcher's biases and predispositions can help mitigate the researcher's axiological perspectives and their impact in this study.

### **3.3 Research Method**

The adoption of the interpretivist approach in this research demands a research design that would allow deep investigation of individual employees' attitudes and perceptions towards the implementation of PMS. Collins and Hussey (2009) contended that the method used within an interpretivist paradigm is mainly qualitative. Thus, face-to-face, semi-structured interviews were used as a data collection means in this research. A documents review was also undertaken to verify data collected from the interviews. This section describes the data-collection process and consideration, and discusses the elements of the exploratory research adopted.

The use of semi-structured interviews enabled a deep and rich understanding of the individual employees' attitudes and perceptions towards the implementation of PMS; this was superior to making generalisations by observing their behaviours. Packer (1985 p.1089) sums this up by stating that "everyday action is generally taken for granted and goes unexamined. We understand people facilely, ordinarily, that we fail to appreciate the complexity of what we understand or its implications". Thus, thoughts, feelings and actions were made evident in this research through engaging in constructive conversations with participants by way of face-to-face semi-structured interviews to explicitly understand what would otherwise be

invisible. Managers and care assistants have their own unique perspectives and perceptions on the impact of PMS implementation, and the semi-structured interviews technique used for data collection could capture the richness of individual accounts. As asserted by Norman et al. (1992), attitudes and perceptions are based, in part at least, on participants' own unique experiences.

The semi-structured interviews used in this research allowed the researcher to ask predetermined but flexibly worded questions that allowed the research participants to provide tentative answers to the research questions and to ask follow-up questions to answers provided by the participants, thereby probing more deeply issues of interest to both the researcher and the participants (Hancock and Algozzine, 2006). This allowed the participants to freely and openly express themselves, and to define the world from their own perspectives, not only from the researcher's perspective. This interaction with the social actors (participants) aided the deep and rich understanding of 'the insider's point of view' (Haamersley and Aitkinson, 1995).

### **3.4 The Research Design**

An exploratory research design was adopted in this research over other research designs due to its objectives (discovery of attitudes and perceptions), characteristics (it is flexible and versatile in its approach), and data collection methods (qualitative research approach). The choice for the exploratory research design was guided by its perceived ability to allow the full investigation of the research phenomenon to be able to answer the research questions. It also matches the disciplinary perspective of the investigation in this research because the researcher had little information about the perceived impact of PMS implementation in private care of the elderly in care homes by the care professionals. Moreover, Morgan et al. (1999) and Yin (2012) recommended that in the absence of (or having little) information about the subject, the researcher must adopt an exploratory research to grasp the subject matter.

Although there are several private care of the elderly in care homes in Scotland, this research was carried out on two groups of private care homes (Group A & B) based in Edinburgh, Scotland, because they would help achieve the research objectives. A multiple case study approach (as shown in Figure 3.1 below) was adopted because it would enable an investigation that ultimately allows a comparison of attitudes and

perceptions towards PMS implementation between groups: managers in Group A & B, care assistants in Group A & B, and all managers and care assistants from both groups. Case studies are effective when investigating topics, such as individuals' attitudes and perceptions, because they enable researchers to gain an in-depth understanding of the situations and meanings for those involved (Yin, 2012). The insights gained would be used to make recommendations that “can directly influence policy, procedures and future research” (Meriam, 2009, p.40), which is the key objective of this research. Yin (2012) also supported this view by contending that a case study research is most appropriate when conducting an empirical investigation of a contemporary phenomenon within its natural context using multiple sources of evidence.

As argued by Yin (2012), a multiple-case study design adopted in this research is usually much more difficult to implement than a single-case study, but the data collected provided greater confidence in the findings. For this study, a multiple-case study design (Case 1 and Case 2), with two care home groups (Group A & B) was adopted; each case had four embedded units of analysis (that is, four care homes in each group); this ensured that these findings could be replicated. The multiple case study design used in this research can be diagrammatically illustrated in Figure 3.2

**Figure 3.1: Multiple case study**

<u>Case 1 (Group A)</u>		<u>Case 2 (Group B)</u>	
Care Home 1	Care Home 2	Care Home 1	Care Home 2
Care Home 3	Care Home 4	Care Home 3	Care Home 4

A case study resonates with the researcher's “desire to derive a[n] [up-] close or otherwise in-depth understanding of the participants in their real-world contexts” (Yin, 2012 p.4). It is this closeness to the ‘case’ or the participants that brings about an invaluable and deep understanding of the phenomenon. As contended by Yin (2003), the case studies approach opened opportunities for the researcher to explore additional questions by investigating the topic in detail.

Adopting an exploratory qualitative research had a significant effect on this study. Not only did the approach permit flexibility in interviewing style and analysis methods, but it also allowed the researcher to make a choice as to who they wished to interview. This widened the data collection spectrum to obtain a multiplicity of viewpoints on the research phenomenon.

### **3.5 Data Collection**

The primary data collection methods used in this research were in-depth, semi-structured, face-to-face interviews. The rationale was to gain some deep and rich understanding of individual employees' attitudes and perceptions towards the PMS implementation in private care of the elderly in care homes. The next section details the sampling and ethical considerations before discussing the data collection procedure adopted in this research.

### **3.6 Sampling**

For the interviews, twenty-four participants (that is, eight managers and sixteen care assistants) were selected from two private care of the elderly in care home groups; each group consisted of four care homes based in Edinburgh, Scotland. The sample size was mainly influenced by time and need. The focus of the study was to investigate the perceived impact of PMS implementation by care professions, therefore, the sampling was purposive in nature. The selected participants were care professionals directly affected by PMS implementation, and they would share their attitudes and impacts perceived by them. This would aid the development of emerging findings to “discover, understand and gain insight” (Merriam, 2009 p.77) on how PM is being used and its perceived impact on managers and care assistants in private care of the elderly in care homes. A relatively small sample was used in this research because research into management issues should use small sample sizes to enhance the researcher's understanding of the phenomenon (Cuplin et al., 2014). Furthermore, as recommended by Field and Morse (1985), the research participants had specific characteristics in the sense that (a) the care homes are privately owned, (b) they all provided care of the elderly, (c) had almost the same number of residents/service users (approximately 35 residents each), and (d) almost the same staff complement (two trained nurses per each care home during day shift



and one trained nurse on night shift, five care assistants per each care home on day shift and three care assistants on night shift). Their management structures were similar, with one care home manager, and two trained nurses presiding as unit managers in each care home. All of them have two units in each care home, with each unit directly under the Unit Manager (trained nurse in charge on shift). All the care homes have been operating under private ownership for at least 10 years. Thus, they have the necessary expertise to care for the elderly in private care homes; this would support or refute the findings in this research.

The research sample was also to some extent, of necessity, opportunistic. This is because realistically, the care home sector is a highly competitive environment, and the owners and managers are not always willing to give access to external researchers in their care homes for a host of reasons, but most importantly, the competitive nature of the market. The researcher capitalised on his insider position. External researchers could potentially be viewed by care home owners and managers as wasting time for their staff, who already work under tremendous time pressures. They are also unwilling to give permission to unknown researchers who may write about other aspects of the homes that should not be reported (for example, staff shortages), or exposing their good working practices and ideas to competitors. As recommended by Miles and Huberman (1994), the sample diversity strengthened this research findings by:

- facilitating the articulation of the participants' perspectives and realities;
- establishing and highlighting a wide range of perceptions and attitudes on the perceived effects of PMS implementation by the participants themselves;
- identifying themes and emerging themes; and
- developing frameworks which were used to guide and develop further stages of the study.

### **3.6.1 The Sample Participants**

The researcher ensured that the participants were confined to those involved in the day-to-day performance/operations in providing private care to the elderly in care homes because they are directly affected by the PMS implementation. For this reason, Unit Managers, not Care Home Managers, were selected to participate in this study. Marshall et al. (2013) highlighted that there are usually disagreements among qualitative researchers regarding the exact sample size required. Therefore,

Guest et al. (2006) recommended a small sample to allow in-depth interviews. The flat organisational structures (fewer staff to interview) in the participant care homes also influenced the sample size. The respective care homes hierarchy starts with the Director(s) at the top, followed by the Care Home Manager, then the Unit Managers (Trained Nurses) to whom the care assistants report. There are two Unit Managers and five care assistants during day shifts, and one Unit Manager and three care assistants during night shifts. The sample consisted of managers and care assistants working on both day and night shifts. The participant care assistants were randomly selected (in consultation with management), ranging from the shortest to the longest serving members.

In view of Guest et al. (2006)'s recommendation about sample size, a sample consisting of 24 participants was deemed a small but good enough sample size to allow in-depth interviews for extracting the necessary data. The research participants in this study were predominantly females as detailed below.

#### Managers (Unit Managers):

All the managers were female in the age ranges from 45 – 60 years. Only one was in the age range 35 – 40 years. Seven of them had managerial experience in the private care of the elderly in care homes for seven years and a minimum qualification of Scottish Vocational Qualifications (SVQ), and a majority (six out of seven) had a BSc. Degree in Nursing. Only one manager had three years managerial experience in caring for the elderly in care homes, with a minimum qualification of BSc. Degree in Nursing.

#### Care Assistants:

Three out of the 16 interviewed care assistants were males. Their age ranges were from 22- 38 years. Only two had age ranges from 46 – 50 years. All the care assistants who participated had a minimum of two-and-a-half years working experience providing private care for the elderly in care homes. They all had minimum high school education, with specific mandatory care training, such as manual handling, infection control, food hygiene, fire response, and first aid. Three had completed SVQ Level 2 and six were undergoing SVQ Level 2 training.

The data collected from participants as detailed above were then analysed as described below. Some of the data were analysed as they were collected, and a full, final data analysis was done after the very last interview/fieldwork. Ethical issues as detailed below had to be addressed before undertaking a full-scale research.

### **3.7 Ethical Considerations**

It is very important to address ethical issues in qualitative research because an oversight might have negative repercussions on participants' rights. As supported by Miles and Huberman, (1994, p. 289) stated that “if we gloss over the potential power of communicating our ethical questions, decisions and actions ... we (will) ultimately have acted in ways that gloss over the rights of those we study and our responsibilities to them”.

The following ethical approach and protocol were observed during this research:

1. The very first step was to acquire the Edinburgh Napier University Business School ethics approval.
2. The second step was to seek permission to undertake fieldwork in participating sites from the board of directors for the targeted care home groups.
3. Thirdly, after getting permission from the directors, further permission was then sought and approved from the respective eight care home managers.
4. Fourthly, the care assistants in each care home were approached (after consultations with managers about number of years and shifts pattern in the respective care homes) and requested to participate in the research during the visits to interview the managers; fortunately, they all agreed on one condition that interviews would be done during their breaks because they were very busy during working hours.
5. Fifthly, all eight managers were interviewed within a period of seven weeks. Then, the care assistants were interviewed, and the whole exercise lasted for about nine weeks. During the visits to interview the care assistants, the researcher had the opportunity to revisit the managers when in need of clarification.

It is important to highlight that all the 24 participants did so willingly; there was no element of coercion involved.

Ethical considerations were adhered to always. See the information sheet and the consent form highlighting the ethical guidelines in Appendixes 4 and 5 respectively.

### **3.7.1 Steps taken to obtain consent from research participants**

As recommended by the Department of Health (2001g), the following steps were taken to obtain consent from participants in the respective care homes;

- a) Before undertaking research, the consent of all the participants was obtained.
- b) Giving and obtaining consent is not a one-off event, but a process. Participants had the freedom to change their minds and withdraw consent anytime; therefore, the researcher always checked that the participants continued to give their consent to participating in the research.
- c) The participants were given sufficient information and time to decide whether they wanted to give their consent. Their consent may not be valid if they were not given sufficient information and time to decide; concerted effort was made to ensure that the information given was in the form participants understood.
- d) Consent must be given voluntarily: there was no form of coercion or undue influence.
- e) Consent was written. A consent form was signed to record the participant's decision. Older people, whose 'capacity' to consent (in the legal sense) were not included in this study. Even though the targeted participants were not considered 'vulnerable group' of people, they work with vulnerable adults; therefore, the researcher adhered to the ethical guidelines on procedures for research.

### **3.7.2 Confidential Information Protection**

Protection of confidentiality, privacy and anonymity of participants was maintained throughout the course of this research. Coding was used to analyse and interpret data and to ensure that participants are not identified in the published report. Participants' names and the consent forms were kept in a locked cabinet in the researcher's office. Participants' names are not mentioned in the published results, and they are not identifiable even from the quotations of respondents.

The following section details the data collection process before discussing the insider/outsider debate relevant to this research.

### **3.8 The Data Collection Procedure**

The data collection was performed using in-depth, semi-structured, face-to-face interviews with eight managers and sixteen care assistants from both group A & B. Each participant was interviewed once, except those who participated in the pilot study. The semi-structured interviews allowed for variations in the order of topics; they were highly conversational and allowed the flexibility to use open-ended questions (Saunders et al., 2012). As recommended by Alsudiri et al. (2013), the interview guide (see appendixes 3 & 2) was used to keep the researcher focused on the research questions during the interviews. The researcher made an effort to allow the interviews to flow like natural conversations, thereby encouraging natural, honest, and spontaneous participant responses and expression of viewpoints (Qu and Dumay, 2011). Bryman and Cassell (2006) had argued that this data collection approach has been proven to enhance the experience and quality of interviews from both the researcher's and participants' point of view.

Section 3.7.1 describes the first steps taken during data collection for this research. Subsequently, managers and care assistants from the sample were requested to attend interviews on the different agreed scheduled dates and times. Before commencing the interview, an explanation of the research purpose was once again offered to every participant, and it was verified whether they were still open to participating in the research study. They were subsequently asked to sign the consent forms before starting the interview. All the twenty-four participants who initially agreed to participate in the research study participated.

All the interviews were carried out in either the respective managers' offices or in quiet staff rooms to avoid distractions and to ensure confidentiality. Only five participants agreed for the interviews to be recorded; in which case, full interviews were recorded and written interview answers were obtained. The other nineteen (19) participants refused to give recorded permission citing anonymity reasons, despite my assurance of confidentiality, anonymity, and privacy assurances; therefore, only written down interview answers were obtained. The researcher was conscious of time constraints in care homes; therefore, maximum interview times with managers and care assistants were 45 minutes and 25 minutes respectively.

To confirm or contradict the interviews findings, a documents review was carried out in the respective managers' offices to verify and identify any additional or alternative perspectives on the PMS implementation by care homes. The documents of interest included the mission statement, recruitment and selection policies, job descriptions for managers and care assistants, performance reviews/completed staff appraisal forms and training programmes. The process lasted about 30 minutes in each care home.

A pilot study had to be undertaken to test the research instruments, and a pre-test as described below was carried out before the pilot study.

### **3.9 Pre-test and Pilot Study**

Two managers (one from Group A and the other from Group B), and two care assistants (one from Group A and the other from Group B) were interviewed to find out if the interview questions were clearly understood by the participants. The interviews were conducted in English. The two managers clearly understood the questions from the onset, but the two care assistants interviewed did not always understand the questions and in some cases required further clarification.

The participants were asked the following questions: *"How did you find the interview questions, and why"*.

The two managers said that the interview questions were clear and straightforward, but the two care assistants faced some difficulties in comprehending the questions. One care assistant said: *"There is a lot of jargon which takes time to digest"*, and another care assistant said *"This is very theoretical, I need to read about the topic first"*.

This feedback was incorporated by making the terminology simpler. The altered wording in the interview questions was checked with the two care assistants.

Subsequently, it was double-checked with two other care assistants, who confirmed that the interview questions were now clear and easy to understand. Based on this feedback, the re-worded, simplified interview questions were used for care assistants; however, the one for managers remained unchanged.

A pilot study was conducted to assess feasibility of the research approach and to test the 'research instruments' (Baker, 1994). The research instruments for this research were semi-structured interviews. The interviews were performed with five participants (two managers and three care assistants). The five participants who took part in the pilot study were interviewed again in the main study for cross-referencing. This allowed identification of repetition and possible inconsistencies in the participants' responses to the same interview questions, thus, addressing validity issues (Saunders et al., 2012).

During the pilot study research, it was found that some interview questions were not as straightforward and clear to understand. These questions were simplified and re-worded. This would help gathering more accurate data as research participants responded to questions they fully understood.

### **3.10 The Insider-Outsider perspective**

The researcher is a manager in the care sector (by virtue of running a care agency that supplies staff to care of the elderly care homes), and therefore, knew some managers and care assistants who participated in the research; this makes interviewer/researcher simultaneously an insider and outsider. Being an insider could potentially result in power balance problems (Qu and Dumay, 2011), whereas being an outsider could help achieve objectivity in the research. Hellawell (2006) defined an insider researcher as being someone with existing knowledge of an organisation, without necessarily being part of the group. Dwyer and Buckle (2009) defined an insider as someone who shares the characteristics, role, or experience with the group under study, whereas an outsider is a stranger to the organisation. Given the existing relationship, there was a possibility that some participants could give answers that they thought the researcher wanted to hear. A high degree of sensitivity and reflection was required to mitigate the problem (Hellawell 2006). One step taken by the researcher was to dress casually (no suits and ties) when going for the interviews. In addition, the interviews were conducted in managers' offices and quiet staff rooms to maintain privacy and confidentiality (Thompson, 2000).

It is critically important for an insider researcher to be always aware of the inherent biases when gathering data if they do not know anything about the phenomenon under study. “There is no neutrality. There is only greater or less awareness of one’s biases” (Dwyer and Buckle, 2009, p.55). This was the case with the researcher; he assumed that he knew nothing about the phenomenon being studied to avoid any biases and preconceptions. By doing this, the researcher was simultaneously being an insider and outsider. Being an insider had an advantage of permitting participants to discuss issues they would otherwise not discuss with an outsider, whereas being an outsider helped to maintain objectivity. Literature encourages qualitative researchers to ideally be both insiders and outsiders, which would make them both empathetic and objective (Gallais, 2008). The researcher considers this aspect to be a strength of the qualitative, exploratory research approach.

### **3.11 Data Analysis**

Qualitative data analysis was used to show how conclusions were drawn in this thesis. The decision on the choice of the data analysis method was influenced by the research objectives: to understand rather than explain the phenomenon being studied. The method of data analysis for this research stemmed from the themes developed from the literature, and emerging themes from the interviews. This supports the proposal of Tesch (1990) in Croswell (1994) that the key aspect for a successful research is ensuring that the road taken to arrive at the conclusions is clear to others. As advocated by Lynch (2007), documentation for this study was meticulous to ensure that the procedure could be traced clearly.

#### **3.11.1 Data Preparation**

In this research, twenty-four interviews were conducted, which focused on eight key elements of PM: PM Concept, goal-setting, performance measurement, supporting performance, training & development, performance review, rewards system, and managing underperformance. Thus, twenty-four transcripts had to be analysed.

A decision was made at the outset to transcribe the interviews at each stage during the data collection process. This was in line with Thompson’s (2000) proposal that there is no substitute for a full transcript in Qualitative Data Analysis (QDA). Saunders et al. (2012) noted that interview transcription is time-consuming. Each



transcript was allocated a unique code, which was mapped to the interview recording. A documents review was also carried out to verify or refute interview findings.

### 3.11.2 Content Validity

It was important for the researcher to validate the research's interpretative content; hence, a process of inter-coder validity was undertaken before coding all the interviews. This was based on the content face-validity scores to ensure that the researcher was correctly interpreting the research participants' narratives. Three other different individuals (friends, PhD holders from Edinburgh University) were asked to code a full interview transcript (five pages) as a way of cross-checking. For confidentiality, privacy, and anonymity, the transcripts did not have any participants' names on them. The eight key elements pertaining to performance management (PM) extracted from the literature (PM concept, goal-setting, performance measurement, supporting performance, training and development, performance reviews, rewards system, and managing underperformance) formed the basis for coding. The coders were expected to identify the eight themes (codes), where: Agreement – defined by coding of the same piece of text with the same code, and Disagreement – defined by coding of the same piece of text by more than one coders with different codes, as shown in Table 3.2.

Reliability = number of agreements/ (total number of agreements + disagreements).

**Table 3.2: Number of agreements and disagreements between the coders**

	<u>Agreement</u>				<u>Disagreement</u>			
	Interviewer	Coder 1	Coder 2	Coder 3	Interviewer	Coder 1	Coder 2	Coder 3
Interviewer		15	15	13		7	8	6
Coder 1	15		12	11	7		7	8
Coder 2	15	12		13	8	7		5
Coder 3	13	11	13		6	8	5	

Table 3.2 shows that coders 1 and 2 identified 15 themes, and coder 3 identified 13 themes, where coder 1 agreed with coders 2 and 3 twelve and eleven times respectively, coder 2 agreed with coders 1 and 3 twelve and thirteen times respectively, and coder 3 agreed with coders 1 and 2 eleven and thirteen times respectively. It was realised that the coders identified more than eight themes (the eight key PM elements) because of some of the reasons highlighted under reasons for disagreements below.

**Table 3.3: Percentages of agreements and disagreements between coders**

**Agreement**

	Interviewer	Coder 1	Coder 2	Coder 3
Interviewer		68%	65%	68%
Coder 1	68%		63%	57%
Coder 2	65%	63%		72%
Coder 3	68%	57%	72%	

**Aggregate reliability = 66%**

Following the computed validity outcome, a discussion was held with the coders to improve coding. The following issues were identified as reasons for the disagreements:

- 1) The coders misinterpreted code definition. This necessitated the re-writing of code definitions in line with the coders' input. The disagreements emanated from the coders' preferences as stated by Miles and Huberman (1994); they proposed that each coder sees the world through their own reference frame; hence, have their own preferences.
- 2) There were duplications (which resulted in more than eight themes), omissions or oversights by coders in applying some codes to the relevant pieces of the text during the coding process.
- 3) In some instances, coders did not understand the contextual background of a piece of the text.

Basing on the above reasons, the researcher had to carry out an intra-coder validity check by coding the same piece of text in two different intervals. This raised the validity figure from 66% to 83%. Miles and Huberman (1994) recommended a satisfactory validity figure of 80%; hence, the 83% validity figure achieved a more than satisfactory figure for this research.

This paved the way for a full-scale data analysis as described below. We need to bear in mind that coding and analysis are not two separate activities within the context of qualitative research; rather, they are a single task by which all data is considered (Miles and Huberman, 1994; Strauss and Corbin, 1990).

### **3.11.3 Interpretive Data Analysis**

While a descriptive analysis serves to organise information to make it easier to interpret using descriptive key words (Robson and Foster, 1989), the interpretive analysis was used to “generate new information regarding the topic of interest based on previously identified possibilities, as well as the information provided by the research participants” (Brod et al., 2009, p.1268). After the descriptive analysis, an interpretive, thematic (and emerging themes) analysis was undertaken to develop the focal theory of the study and answer the research questions. These were used to assess the normative (literature-prescribed) PM model against the one derived from the managers, versus the care assistants’ opinions towards PM practices to draw a comparison. This was achieved by identifying key quotations in the interview transcripts. The categories remained unchanged from the interview questions, under Key Elements. Again, this was an effort to not deviate from the exact format as presented to the participants and their exact responses, thereby maintaining the breadth of description and the richness of the detail.

The data collection method used, mostly interviews, offered the participants a platform to reflect on the management processes and procedures in place and to explore their individual values, beliefs, subjective experiences, and feelings. However, the qualitative research approach is criticised for being subject to the inherent biases, values and interpretation of the researcher, especially when analysing the interview data. This is always pointed out as a limitation to the qualitative research perspective. Thus, the notion of validity and reliability have always been viewed as problematic in qualitative, interpretative research (Saunders

et al., 2012), which cause difficulties in demonstrating replicability and generalisability. The following sub-section highlight how validity concerns were addressed in this study.

#### **3.11.4 Validity**

Authors such as Ellram (1996) and Yin (2009) contend that validity for quantitative and qualitative research is equally critical, whereas Healy and Perry (2000) insisted that the integrity of a research should be assessed according to the particular research paradigm. Hence, Lincoln and Guba (1985) suggested using the following terms: credibility (that is, the extent to which a respondent's views fit with the researcher's interpretation) for internal validity, and transferability (that is, the generation of sufficient data that case-to-case generalisations are possible) for external validity. These are alternative terms to try and establish the trustworthiness of qualitative research findings (Duxbury, 2012).

Although the researcher had a significant influence in the study, as discussed in section 3.10, the research process was documented clearly; hence, another researcher could easily follow the method adopted in this study using the notes provided.

## **Chapter 4: Findings**

### **4.1 Introduction**

The Performance Driver Model (PDM) of Armstrong (2009) was identified as the existing evaluation framework to be used in this research to investigate and answer the research questions through interviews with managers and care assistants in private care to the elderly care in private homes in Scotland. This chapter will present the findings of the interviews, starting with a brief outline of the categories derived from the PM literature, which formed the basis for data analysis. The categories were then used as sections to present the findings, starting by a theme by theme analysis for managers before repeating the same process for care assistants. Each section concludes by making response comparisons among managers from each group: between the groups (A & B) and among care assistants from each group and between the groups (A & B). Finally, the findings were summarised to address the questions that emerged from the arguments presented in the literature.

### **4.2 Summary of thematic categories**

Eight key elements pertaining to PM were thematically developed from the literature, namely, PM concept, goal-setting, performance measurement, supporting performance, training and development, performance reviews, rewards system, and managing underperformance. These were used to investigate the perceived impact of PMS implementation on the participants. These eight elements were identified and adopted for this research because they could be potential key areas through which participants derive their individual perceptions and attitudes regarding the PMS implementation. They were used as a construct to analyse and compare the data collected from all the eight managers and sixteen care assistants from both care home groups (A & B).

After reviewing the PM literature, it was essential to review how the normative PM is practised in the private care of the elderly in care homes in Scotland and make comparisons to answer the first research question (RQ 1). To present the research findings, the remaining part of this chapter is divided into eight sections according to the themes of the eight key elements as outlined above. It starts with

a theme by theme for managers in both groups A and B, followed by a similar outline for the care assistants.

### **4.3 Findings from Managers**

The initial step taken was to find out responses from managers regarding the first research question (RQ 1) developed from the literature:

**RQ 1.** How is performance management (PM) used in care homes, and do the managers understand why care homes use PM?

The following PM and PMS definitions and applications formed the basis on which the whole concept was centred:

- PM is "a means of getting better results by understanding and managing performance within an agreed framework of planned goals, standards and competency requirements" (Armstrong, 2009 p.9), and
- PM is "the process that unites goal setting, performance appraisal and development into a single common system whose aim is to ensure that the strategic aim of the organisation be fully supported by the employees' performance", (Dessler, 2008 p.289), while
- Performance Management Systems (PMS) is "an integrated set of planning and review procedures which cascades down through the organisation to provide a link between each individual and the overall strategy of the organisation" (Smith and Goddard, 2002 p.248).

It is proposed that understanding the PM and PMS definitions from the literature would provide a basis for assessing the managers' understanding and application of the concept. The Unit Managers (who will be referred to as managers) were the participants in this research because they are directly involved in the daily performance, and they directly work with (or supervise/manage) the care assistants in their respective care homes. They could, therefore, provide narratives of their perceived impact of PMS implementation.

#### 4.3.1 PM Concept

The eight interviewed managers (who will be identified as M1, M2, M3, ... M8) were asked to describe their understanding of the PM concept and its advantages and disadvantages. The managers demonstrated that they fully understood the PM concept; that it is a process that involves managers and care assistants throughout the performance management cycle. They also identified the PM advantages and disadvantages as is evident in the following comments:

*“It is a process which employees and line managers work together to create short, medium or long-term performance objectives, .... The advantages ... are that it allows optimal performance workforce and the best provision of care for our residents. I suppose it’s a good thing but it involves too much paperwork and staff meetings which effectively reduce the amount of time with residents”,* (M1 from Group A)

Another manager (M3) from group A also expressed the same views:

*“Performance management is a process where the manager and care assistants come together to decide and agree on how work should be done. Advantage ... it gives direction to employees on what is to be done and how it should be done. It also helps determine further training requirements for staff, which is effectively motivational. The biggest challenge ... is the additional amount of paperwork that comes along with it”,* (M3 from Group A).

Other managers (M5 & M7) from group B shared the same sentiment about their understanding of the PM concept with their counterparts from Group A by making the following assertions;

*“Performance management involves managers and care assistants coming together to agree on work objectives, whether short, medium or long-term objectives. ... it enables us to have the optimal performing workforce and the best provision of care for our residents due to training and supervision given to staff – it’s great to work with a motivated team. ... however, that managers carry an extra burden; there is a lot of paperwork and staff coaching involved”,* (M5 from Group B).

Another manager (M7) from group B also concurred by stating the following:

***“Performance management is a process that allows managers and care assistants to share and agree performance objectives, ... it’s a good management practice. I see this as a motivational tool and an encouragement to organisational commitment by staff members. ... managers bear the extra workload in the form of paperwork, on-going staff support, review meetings and feedback. I have no qualms with it though”, (M7 from Group B).***

The above extracts from M1, M3, M5 and M7, and the other managers across the two groups whose comments were not cited to avoid repetition, were consistent with all the PM concepts recommended in the PM literature, (Armstrong, 2009; Dessler, 2008) that PM is a process that establishes agreed and shared understanding between managers and care assistants about what is to be achieved and how it is to be achieved. Ultimately, it benefits the organisation through its motivational effect on the care assistants. They also highlighted that PM reinforces staff commitment to the organisation. However, all the eight managers stated that although PM is a good management practice, it adds more work pressure because of paperwork and staff meetings involved.

The focus of this sub-section was to determine if managers understand the PM concept and its application, which would in turn determine the managers’ perspectives on how PM is used in private care of the elderly in care homes. All the eight managers who participated in the research unanimously agreed that PM is being widely used in private care of the elderly in care homes in Scotland. The managers were generally satisfied with its adoption, and understand why, and are generally happy with its adoption, and demonstrated their understanding of the PM concept and its application as identified in the literature. The managers also demonstrated their understanding as to why care homes use PM by highlighting its advantages, such as staff motivation and staff commitment to the organisation brought about by staff involvement in performance planning, training and coaching, appraisals, performance reviews and feedback. However, they also unanimously expressed the view that PM comes with extra work and work pressure emerged as a theme.



**Key findings:** Managers understand PM concept and its application, and understand the staff motivational benefits that come with PMS implementation.

The managers cited work pressure as a negative effect of PM.

#### 4.3.2 Goal-setting

Goal-setting marks the beginning as well as the most important part of the PM cycle where long and short term and team and individual goals are set; the idea of a shared view of expected performance between manager and employees is emphasised. PM literature emphasises that goal-setting should be agreed upon between manager and employee, and there should be shared understanding of and on-going dialogue about the employee's goals, the expected standards, and the competencies needed, in line with the organisation's mission, values and objectives (Armstrong, 2009; Dessler, 2008). It is, therefore, critical in answering the research question: How is performance management (PM) used in care homes?

Armstrong (2009 p.9) defined PM as "a means of getting better results by understanding and managing performance within an agreed framework of planned goals, standards and competency requirements". This was used in the research as guidance on how PM is being used, and to determine if care assistants are involved in the goal-setting process from the managers' perspective.

The eight managers from both group A and B were asked how, and who sets goals in their organisations. This was asked to gain some understanding of how the goal-setting process in the private care homes happens - whether it was done with the involvement of both managers and care assistants as recommended by the PM literature or not.

On the goal-setting process, the following responses were noted from managers across Groups A and B, with one manager (M2) from group A making the following comment:

***“It is a process that involves managers and employees, and it is done during performance action plan meetings arranged by manager where we highlight and discuss performance objectives with care assistants, usually at least once a year, as well as areas of concern about their performance. The idea is to motivate the employees”, (M2 from Group A).***

Another manager (M4) from group A also made the same comments about the goal-setting process:

***“Goal-setting in our organisation involves managers and employees and is done at least once year. We hold supervision and appraisal meetings mostly once yearly to discuss with employees on what will have been done right (which in my opinion motivates the employee) and where there is need for improvement”, (M4 from Group A).***

Managers from Group B also concurred with Group A managers regarding the goal-setting process, with M7 stating the following:

***“Goal-setting is done on a round table with both manager and employee for transparency, so that no one will turn around and say the performance objectives set are beyond their reach. We hold appraisals and supervision meetings once a year to discuss with the employee’s areas of concern and even areas of achievement, that way, the employee feels motivated”, (M7 from Group B).***

M8 from group B also made the following commented:

***“We include the care assistants when setting performance objectives. Their input in the whole process removes the ‘them and us’ syndrome, and to me, it has a huge employee motivational effect. The performance progress or otherwise are further and continuously discussed in supervision and appraisal meetings which take place yearly”, (M8 from Group B).***

From the extracts above, the four managers (as the other four whose comments were not cited) concurred that goal-setting involves both managers and care assistants, and that this happens during appraisals or supervision meetings, which are held annually do discuss areas where objectives have been achieved and areas that need improvements. They all mentioned that the staff involvement in goal-setting has a

motivational effect on the care assistants. This is in line with what was identified in the PM literature (Armstrong, 2009; Dessler, 2008) that for PMS implementation to be successful, both managers and employees should agree on planned goals, and performance feedback should be communicated during appraisals or supervision meetings, which should take place more frequently than annually as stated by the managers.

**Key Findings:** From the managers' view point, goal-setting involves both managers and care assistants during appraisals which take place annually.

#### **4.3.3 Performance Measurement**

PM literature states that performance measurement is one of the key constituents for successful PMS implementation. According to the PM literature, performance measurement is the regular collection of performance data to assess whether the correct processes are being performed, and the desired results are being achieved. The goal for private care of the elderly in care homes is the provision of high quality of care to their service users. Measuring performance allows the care homes to understand how well they are accomplishing this goal. It allows them to analyse where and what needs to be changed to improve performance and the quality of care provided and to determine what is working well. Thus, the purpose of performance measurement in private care of the elderly in care homes is to evaluate, control, motivate, promote, and improve the quality of care provided. The literature identified that care providers mainly use two types of performance measurement, namely;

- a) Process: measuring how care services are provided, and
- b) Outcome: measuring the results of the care provided.

To find out how PM is being used in private care of the elderly in care homes, managers were asked how they measure performance in their respective care homes. The following responses were noted from the interviewed managers concerning performance measurement:

*“Performance measurement is measured against set goals, best practice guidelines, set policy and procedures, National Care Standards and the Scottish Social Services Council (SSSC) Codes of Conduct”, (M1 from group A)*

M2 from group A concurred with M1 by asserting that:

*“Performance measurement is measured against staff job descriptions, set objectives, policy and procedures, National Care Standards and the Scottish Social Services Council (SSSC) Codes of Conduct”, (M2 from Group A).*

Another manager (M5) from group B shared the same views concerning performance measurement by stating, *“Performance measurement is measured against job descriptions, Regulators criticism, job specific requirements and SSSC/MNC Codes of Conduct”, (M5 from Group B).*

All the other managers' responses were similar to the extracts from M1, M2 and M5 above. This supports what is identified in the PM literature that care providers mainly use two types of performance measurement: (a) process, which measures how care services are provided, and (b) outcome, which measures the results of the care provided. These are measured against the staff job descriptions, the set objectives, the care home outlined policies and procedures, and the regulatory boards such as the Scottish Social Services Council (SSSC) codes of conduct, and the National Care Standards (see **Appendix 7** for SSSC details). Performance measurement is particularly important for identifying what has been done right, thereby determining the extent to which the set objectives are being met and determine where there is need for improvement.

<p><u>Key Finding:</u> Private care of the elderly in care homes in Scotland use two types of performance measurement tools: process and outcome performance measurement.</p>
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#### **4.3.4 Supporting Performance**

Supporting performance is another critical key element of the PM cycle that maximises chances of a successful PMS implementation. Managers were asked how they supported care assistants/employees to attain the set objectives, and if they were always there and readily available to provide the support. The following

comments were noted from managers across both Groups A & B concerning supporting performance. M4 from group A commented using the following words:

*“Managers are always around and readily available to give support to care assistants through supervisions, appraisals, 1:1 formal or informal discussions, counselling and nursing team feedbacks. There is also a manager on call 24/7, staff can call anytime on the mobile - it's a 24/7 open door policy”,* (M4 from Group A), and

Another manager (M6) from group B added:

*“I am always available and ready to give support to staff members through identified training needs, coaching, mentoring, formal or informal 1:1 discussions, and a whole host of other support needs on an ad-hoc basis. ... there is a manager on duty around the clock who is equally readily available and willing to give support to staff. We also have an on-call system ... for support on the mobile even if they are off-site”,* (M6 from Group B),

M7 from group B concurred by commenting as follows:

*“A manager is always on the floor ready to give support to the care assistants. The support comes in various ways depending on need really, sometimes it's done through training, supervisions, appraisals, 1:1 discussions which could be formal or informal, or coaching and mentoring - .... There is an on-call system in place that allows staff to phone the on-call manager on the on-call mobile 24/7 if need be, ...”,* (M7 from Group B).

In the three extracts from the three managers above, the managers concurred that the supporting performance system is robust, and managers are always available and willing to give support to staff through training, coaching, mentoring, training and even one-to-one discussions, which could be formal or informal. All the other five managers across groups A and B, whose comments were not cited to avoid duplication and repetition were similar to the ones cited above.

The managers' comments mirror the PM literature, which postulates that supporting performance should be regular and on-going (Armstrong, 2009). It reinforces the theme of PM as a developmental process, where the line manager is seen as an

enabler, assuming many different supporting and facilitating roles. The line manager also organises resources for support, ensuring that the necessary training is provided, performance targets are revised, and the necessary constructive and continuous feedback is provided. Practical job experiences are also provided to enhance the required skills, identify the information sources and other people who may be helpful in an employee's development (Torrington, 2012). Although performance management places emphasis on the employees being responsible for achieving the agreed objectives, the manager must always be accessible for the employee and should continuously provide support and guidance (coaching), and "in oiling the organisational wheels", (Torrington et al., 2012 p.298) The line manager must ensure that the support and guidance employees need to develop is readily available (Armstrong, 2009). This is the basic training (coaching) for a truly effective situational leadership that helps to establish high engagement between manager and employee. It is argued that coaching is particularly useful for helping employees improve skills through observation and feedback, providing opportunities and challenges for development, and building commitment and competence (Harry and Schroeder, 2006).

<p><u>Key finding:</u> Managers are always there and readily available to provide support to employees.</p>
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#### **4.3.5 Training and Development**

The PM literature (Armstrong, 2009; Dessler, 2008) asserted that staff training and development is another very important element in the PM cycle because it imparts the required job competencies on employees. Managers were asked about training programmes they have in place and how effective they are.

On Training & Development, the following comments were noted from managers across both Groups A & B:

***"We have an online training programme which is further supported by practical training sessions held in house. The training programme is split into 3 categories, which are, mandatory training, care and quality training, and any additional training identified as required. The effect of the training requires to be monitored***

*closely and assessment carried out to ensure training is used effectively and put into practice. But yes, it is very effective. We also encourage our staff to take on vocational training courses; SVQ1 up SVQ4, depending on where they are”, (M3 from group A),*

These sentiments were echoed by the other manager, (M4) from group A who explained the mandatory training programmes:

*“We have mandatory training programmes which include skills necessary to perform the job, eg. manual handling, dementia awareness, infection control, etc, to improve quality of care, and yes, ... are very effective, quality of care here is very high due to staff competencies resulting from these training programs. ..., staff are encouraged to undertake SVQ courses as well”, (M4 from group A)*

M8 from group B made the same assertions on the training and development programmes:

*“We have annual mandatory training and additional optional of interest or to meet training needs, that is, SVQs or clinical skills. They are extremely effective as they give our staff greater understanding and improve skills”, (M8 from group B).*

From the three extracts above, the managers stated that the training emphasis is on mandatory courses that directly impact on the quality of care provided. They contended that the training programmes are effective because they improve staff knowledge and skills, which in turn improves the quality of care provided. The managers also highlighted that they encourage staff to take other relevant, non-mandatory training courses of interest such as Scottish Vocational Qualifications (SVQs). Similar comments were noted from all the other managers across the two groups (A and B); hence, the researcher felt no need to document all of them.

It is important to highlight that the comments from the managers mirror what was identified in the PM literature concerning staff training and development that there is need to offer mandatory training to care staff and also identify other training needs to develop the potential of the employee by focussing on future performance (CIPD, 2014; Anderson, 1992; Harris et al, 1995; Houldsworth, 2007). The main objective is to establish the type of knowledge and skills needed for the job; the appropriate

development objectives are established after identifying the employee's developmental needs. This enhances the staff competencies on their job performance, which thus, has a motivational effect on them.

Key finding: Participant private care of the elderly in care homes in Scotland have mandatory training programmes in place, and they also encourage staff to undertake SVQ courses to improve staff knowledge and skills, which ultimately improve the quality of care provided.

#### **4.3.6 Performance Reviews**

Performance reviewing is arguably the most critical stage in the PM cycle because it provides the scorecard, that is, the performance assessment (Armstrong, 2009). Harry and Schroeder (2006) stressed its importance by stating that we don't value what we don't measure. This is the phase where appraisals take place; the individual employee's performance is formally documented and feedback delivered. Emphasis is placed on employees to undertake at least part of their own review (for developmental purposes) on an ongoing basis (Torrington et al, 2011). This is the stage where good performance is rewarded and poor performance is fairly supported to achieve good performance. It is, therefore, critical in helping to answer the research question; How is PM being used in private care of the elderly in care homes? Managers were asked how and what was the purpose of performance reviews in the respective care homes, and what could be its effect on the care staff.

The following comments were recorded concerning performance reviews:

***“Performance reviews are done during staff performance appraisals which are held once a year. The main focus is to identify employees' strengths/weaknesses and training needs. They have a positive motivational effect as manager and employee openly discuss what was done well and areas that need improvement, and any training needs to help employees achieve the set goals”, (M3 from group A)***

M4 from group A explained the how and purpose of performance reviews:

***“We carry out annual appraisals to review performance. The purpose of this is to promote professional development and support any areas of weakness. These***



*appraisals should always have a positive effect on employees by boosting their confidence by way of praising their strength and offering criticism of their weaknesses in a wholly constructive way”, (M4 from group A)*

Comments given by other participants are given below:

*“Performance reviews are done through team feedback, supervisions and appraisals which are done annually. The purpose is to ensure that staff are effective in their role, that they understand and follow set parameters of their job description, recognise achievements and or provide constructive criticism to allow staff to change their practice, promote career development. It is should have a positive motivational effect due to the guidance given to employees”, (M5 from group B)*

*“Performance reviews are done during supervision and appraisal sessions which we hold annually. The purpose is to assess performance; give praise on what was done well and constructively criticise and offer guidance on areas that need improvement. This should naturally have a positive motivational effect on employees”, (M7 from group B).*

The comments from the four managers above concurred with the other participant managers whose comments were not cited. From the four extracts above, the managers commented that the performance reviews are done during appraisals that are held once annually, where good performance is rewarded and constructive feedback and support is offered on poor performance. They concurred that the feedback and support should have a motivational effect on the care assistants. This reflects what was identified in the PM literature, (Armstrong, 2009; Harry and Schroeder, 2006; Torrington et al., 2011; CIPD, 2014), except that the literature advocates for more frequent appraisal intervals (for example, three or four times annually) for more accurate judgement. Literature asserts that the purpose of the performance reviews is to assess employees' performance and reward or praise what was done well and give constructive criticism, guidance and training in areas that need improvement; this should have a motivational effect on employees.

Key findings: The evidence indicates that participant care homes review performance during appraisals that are held annually to assess employees' performance where good performance is rewarded/praised, give constructive criticism on areas that need improvement and identify any training requirements for employee motivational purposes.

#### 4.3.7 Rewards System

All the eight managers interviewed concurred that financial (extrinsic) rewards are not determined by one's performance but by the going market rates. They also mentioned that intrinsic rewards were mostly in the form of mandatory and other trainings offered, which is useful on their job performance, and thus, has a motivational effect on them.

The following comments were noted from the managers regarding rewards system: M1 from Group A said, ***"We do not get financial rewards for high performance here, rewards are in the form of training. This is equally motivating as staff are equipped to effectively and efficiently perform their job"***. M8 from Group B said, ***"We do not get financial rewards here, but we do get non-financial ones in the form of trainings, which is a motivating factor"***.

Sparrow (2008; CIPD, 2015) suggested that the concept of total rewards needs to recognise that reward system should embrace non-financial and financial rewards. The non-financial rewards, such as recognition and growth opportunities (through training), could be provided through PM processes. Financial (extrinsic) rewards usually relate to merit, whereas non-financial (intrinsic) rewards include recognition, development, access to other assignments, career guidance and the quality of working life (Armstrong, 2002). These are based on the appraisal scores. It is questionable whether PMS can achieve both goals at the same time. Williams (2002; West et al., 2014) argued that in focusing on extrinsic reward, there is danger that the intrinsic is diminished; there is such tension between these two aims (Armstrong and Baron, 2005).

Key findings: Intrinsic rewards in the form of training and development are offered in private care of the elderly care in homes instead of extrinsic rewards.

#### 4.3.8 Managing Underperformance

PM literature focuses on organisations driving continuous improvement of performance. The aim should be the positive one of maximising high performance, although it involves taking steps to deal with underperformance, which should be constructive and supportive (Armstrong, 2009). Managing underperformance should be about applauding success and forgiving failures, and mistakes should be used as an opportunity for learning (CIPD, 2015). Managing underperformers is perceived to be a 'positive process' based on continuous feedback, and it should help individuals to overcome performance problems; more importantly, managers should always be available to provide the required support, guidance, and resources. Armstrong (2009) proposed the following five steps to effectively manage underperformance:

- 1) identify and agree the problem,
- 2) establish the reason(s) for the shortfall,
- 3) decide and agree on the action required to achieve the agreed targets,
- 4) resource the action (that is, coaching, training, guidance, experience imparted on individual employees by their respective managers), and
- 5) monitor and provide feedback.

With these recommendations from the PM literature outlining how to manage underperformance, managers were asked to describe how they manage underperformance in their respective care homes so that a comparison could be drawn.

The following comments were noted from managers concerning underperformance management:

***“We ensure that employees have received all relevant training and are aware of the duties expected of their role and the expected standards of performance, ..., Consider what support and/or training is required to help achieve the required standards, ..., Be able to identify: a) what has not been done, b) what should have***

*been done to meet the required standards or comply with policy/procedure, c) what is required to improve their performance, and in what time period, and, d) what, if any, support is necessary to help them achieve the standards required”, (M2 from group A),*

*“Underperformance is managed by discussions with the concerned member of staff - are they aware of underperformance, can they give any explanation why? Discuss training that would be helpful. Set achievable goals - mentor/coach to support”, (M8 from group B)*

The extracts from the two managers (M2 and M8) above concurred with comments from all the other managers from both groups A and B, reflecting how underperformance is managed from the managers' point of view. This is in line with how underperformance should be managed as identified and recommended in the PM literature. The managers clearly stated that they first and foremost ensured that staff are well trained for the job performance. However, should underperformance surface, they manage it by sitting down with the concerned employee to identify and agree on the problem through formal discussions; reasons are established for underperformance, and the next course of action is agreed upon to help employee meet the required standards, offer necessary support and training, and monitor and give feedback on future performance. This reflects the five steps to effectively deal with underperformance recommended by Armstrong (2009).

<p><u>Key findings:</u> From the participant managers' point of view, underperformance is fairly managed. They follow all the steps recommended in the literature when dealing with underperformance.</p>
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#### **4.4 Findings from Care Assistants**

As was the case with managers, the initial step taken was to find out responses from care assistants regarding the first research question (RQ1) developed from literature: How is PM being used in care homes, and do the care staff understand why care homes use PM?

The same PM and PMS definitions and applications formed the basis on which the whole concept was centred.

#### **4.4.1 PM Concept**

The PM Concept from the care assistants' perspective could be mainly understood through the PMS implementation process. The purpose was to avoid directly asking them their understanding of PM and its advantages/disadvantages which could have been difficult for them to understand and describe or define. Instead of asking them about the PM concept, emphasis was put on the key elements of PMS, for example, goal-setting, performance measurement, supporting performance, training and development, performance reviews, rewards system, and underperformance management as discussed below. The care assistants were identified as CA1, CA2, CA3 .....CA16, with C1 up to C8 coming from group A and C9 up to C16 from group B.

#### **4.4.2 Goal-Setting**

The care assistants were asked about the goal-setting process in their respective care homes: who sets goals, were they involved in the goal-setting and how they felt about the inclusion/exclusion in the process.

On goal-setting, the following comments were noted from care assistants across both Group A and B:

***“The managers are responsible for planning and setting performance goals – there is no consultation and any sort of agreement between employees and the managers, .... It disheartens me because the manager just gives you a list of goals, that they would have already set and yet some of them are way beyond reach. Staff contribution to planning and setting up of the goals could be really helpful, ...”,*** (CA1 from group A),

Another care assistant from group A added:

***“I ... have never participated in the goal-setting process, managers set goals and simply ask us what we think about them, that is the practice here. My honest opinion is that I just ‘agree’, we are not given any chance to truly express our***

*opinion here. I do it for the love I have for these old man and women who are more like family members to me”, (CA5 from group A)*

The same sentiments were echoed by care assistants from group B who commented:

*“I have never been asked or given the opportunity to contribute in the goal-setting process, they (the managers) set goals for us, all we do is simply comply, failure to comply is not taken lightly, it is a sure case for getting one fired. I just do it to keep my job, not that I like the way we are treated here, and the other thing that keeps me here is the love for our service users, we are more like a family”, (CA12 from Group B), and that,*

*“Once you walk through that door coming to work is like walking into a police station or military camp where orders are given by superiors and the subordinates simply comply. There is no discussion on how things should get done; let alone setting goals, .... I just come here to do my work as ordered, period. The glue that binds us together here is the love every one of us has for these old folks, otherwise I may not still be around by now”, (CA15 from Group B).*

In the extracts above, all the care assistants expressed their concerns about not being involved in the goal-setting process. This highlighted the fact that instead of the process being shared and agreed upon, managers imposed and dictated how the set goals should be met. The revelations from all the care assistants are contradictory to the managers’ assertions that care assistants are involved in the goal-setting process; the situation did not represent what has been identified in the PM literature (Armstrong, 2009; Dessler, 2008) that there should be an understanding and agreement between managers and employees when setting goals.

Other care assistants even compared the care home environment to a police or military camp where orders must be obeyed without questioning; they stated that failure to comply would result in the loss of their job. Another care assistant mentioned that he/she feels so belittled by the ill-treatment. However, all of them mentioned that they comply with the managers’ orders to keep their jobs and the love of service users who are more like family to them. Thus, emergent themes of love and family and autocratic leadership style surfaced.

Key findings: From the care assistants' point of view, they are not involved in goal-setting. The management style in private care of the elderly care homes is autocratic. The care assistants' love for service users who are like family to them make them keep working in the homes.

#### **4.4.3 Performance Measurement**

Performance measurement is the regular collection of performance data to assess whether the correct processes are being performed and the desired results are being achieved, and is therefore, an important key element in the PM cycle. Care assistants were asked how performance is measured in their respective care homes and how fair they thought it was.

The following responses were noted from both Groups A & B concerning performance measurement:

*“Performance measurement is mainly done through checking how well one is doing according to one’s job specifications on the job descriptions, against the goals set by managers, against national care standards and SSSC codes of conduct. It is a fair process except that sometimes the goals set by the managers are hard to achieve and yet they measure one’s performance against them as well”, (CA2 from Group A)*

*“Performance measurement is checked against best practice guidelines, SSSC codes of conduct, policy and procedure, job specifications on the job descriptions and against the goals set by managers. It is very fair in my opinion except for the goals set by the managers which are sometimes not easy to achieve but used to measure one’s performance”, (CA6 from Group A)*

*“It is measured against SSSC codes of conduct, policy and procedures, best practice guidelines, job specifications on the job descriptions and against the goals set by managers. It is a fair system; the only problem is on sometimes difficult to achieve goals set by the managers used to measure performance”, (CA11 from Group B).*

In the above extracts from the three care assistants, performance measurement is confirmed to be (a) a process, measures how care services are provided, and (b) an outcome, which measures the results of the care provided as highlighted in section 4.3.3. The care assistants contended that it is a fair system except for the goals set by managers, which could be difficult to achieve; yet, they are used to measure their performances.

The other thirteen care assistants whose comments were not cited as they are similar to the cited ones shared the same information and sentiments about performance measurement. Measuring performance allows the care homes management to understand how well they are accomplishing set performance objectives. It also allows them to make an analysis of where and what needs to be changed to improve performance and the quality of care provided, as well as what is working well. Thus, the purpose of performance measurement in private care of the elderly in care homes is to evaluate, control, motivate, promote, celebrate, learn and improve the quality of care provided.

<p><u>Key Finding:</u> From the care assistants' view point, the process and outcome of the performance measurement system is fair, the only problem is that it is sometimes difficult to achieve goals set by managers without their involvement.</p>
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#### **4.4.4 Supporting Performance**

Supporting performance is a key element of the PM cycle that maximises the chances of the successful PMS implementation. Care assistants were asked to comment on the level of support they get from their managers to attain the set goals/objectives and if the managers are always and readily available to provide the support.

The following comments were recorded concerning supporting performance:

*“..., but it doesn't usually happen, I guess the work pressure is too much for them. Manager to staff ratio – .... Sometimes managers end up having an 'attitude' to staff members due work pressure. We have an on-call system where we can call the manager on a mobile for support while they are away from the home, but*



*sincerely, I feel that it takes someone on the scene to give meaningful support”,*  
(CA4 from Group A)

*“Managers are always around physically and presumably readily available to give support to care assistants ..., but the truth is, they are constantly busy trying to meet the service users’ needs, leaving them with very little time to give support to those who may need it. The on-call system in place is of little use to those who need support. I should add that the managers try, it’s just that they work under difficult, high-work-pressured conditions”,* (CA10 from Group B)

*“There is always a manager on the ground but the work pressure, which by the way, make them moody, is way too much for them to be always readily available to give support to staff. Whenever they are free, and that very rarely happens, they give support in the form of supervisions, appraisals, coaching, mentoring, 1:1 formal and informal discussions, and identified training needs”,* (CA14 from Group B).

From the three extracts above, the care assistants expressed a view that they do not always get support from managers due to the managers’ busy schedules, and that there was no room for innovation or creativity when performing their duties.

Similar comments were made by the other thirteen care assistants, who stated that managers try their best to give support to care assistants, but unfortunately, they cannot always do so because of work pressure; they have too many staff members to look after. This has been cited by the care assistants as contributing to the sometimes managers’ moody and mean behaviours of the managers towards staff who need their support. Although there is an on-call system in place, the care assistants feel that meaningful support could be offered when the manager is on the ground, not over the telephone/remotely. The care assistants’ remarks about the managers not always readily available to offer support contradict the managers’ assertions (in section 4.3.4) that they are always there to render support. It also contradicts the PM literature that emphasises that the manager must always be accessible for the employee and should continuously provide support and guidance (coaching) for “in oiling the organisational wheels” (Torrington et al. 2011, p.298) and for providing regular and on-going support (Armstrong, 2009).

The emergent themes here are work pressure and managers' moody emotional state.

Key findings: Care assistants feel that managers are not always readily available to give them the support needed, and those that need support may face resentment from managers who constantly work under pressure.

Emergent themes: Work Pressure and managers' moody emotional state.

#### 4.4.5 Training and Development

Care assistants from both Groups A & B were asked about the training courses offered to them and how effective they thought these were.

The following comments regarding training & development were noted from care assistants across the two groups:

*“We have a very good in house practical training programmes which practical are split into 3 three groups namely, mandatory training, care and quality training, and any additional training identified as required. They are very effective as we put theory into practice straight after training. Managers also encourage us to take on vocational training courses; SVQ1 up SVQ4, depending on what has been achieved up to date”, (CA1 from Group A)*

*“I joined this care home about 3 years ago, without any form of training, but today as I speak to you, I can boast of having done all the mandatory trainings there is to be done and am just about to complete my SVQ Level two – the sky is the limit”, (CA5 from Group A),*

*“We have mandatory training programmes which are essential for the skills necessary to perform the job, these include, moving and handling, challenging behaviour, dementia awareness and infection control, just to mention a few. They are very effective as staff competencies help improve the quality of care to our service users. We are also encouraged by our managers to register for SVQ starting from level 1 to 4”, (CA10 from Group B),*

*“We have compulsory mandatory training every year to refresh and enhance our job role competencies. Our managers encourage us to study SVQs and any other*

*clinical skills of our choice – the sky is the limit here when it comes to studying relevant care courses”*, (CA16 from Group B).

The above extracts concurred with comments from the rest of the participant care assistants from Groups A and B, who mentioned that they were very happy that they receive all the mandatory and relevant clinical training and are encouraged by their managers to undertake non-mandatory training courses, such as SVQs. Although training and development may not guarantee the provision of high quality care to service users, it at least, helps equip and motivate the care assistants, and sets the motion towards a high-performance culture in private care of the elderly in care homes.

The comments from the care assistants mirrored what was identified in the PM literature concerning staff training and development - that staff training and development is essential. For the care assistants, mandatory training is essential. Also, there was need to identify other training needs to develop the employee potential and to focus on future performance to establish the type of knowledge and skills needed for the job (Torrington, et al., 2011; CIPD, 2014; Houldsworth, 2007). It also confirms what the managers claimed (in section 4.3.5) about the training programmes in place and their effectiveness.

<p><b>Key finding:</b> Participant care assistants were happy with the training offered, they feel that the mandatory training and the SVQ courses are relevant and effective as they equip them with the competencies necessary to improve the quality of care for their service users.</p>
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#### **4.4.6 Performance Reviews**

As proposed in section 4.3.6, the importance of performance reviews is equally critical to care assistants. Thus, the care assistants were asked how and what they thought was the purpose of performance reviews in their respective care homes, and what could be its effect on them. All the sixteen care assistants interviewed felt that performance reviews are an essential and motivating element of the performance management process, but should be done more frequently than just once a year.

To that end, the following comments were noted from the care assistants concerning performance reviews:

*“Performance reviews are done during staff performance appraisals which take place yearly. The aim is to identify care assistants' strengths/weaknesses and training needs, ..., they motivate us by discussing with our managers what should be done and how it should be done; what was done well and where there is need for improvement, ..., however, ... should be done more frequently, at least three or four times per year. ... it gives managers at least a longer period to assess and judge someone. It also gives them more information to judge someone a bit more accurately”, (CA1 from Group A)*

*“Performance reviews are carried out during annual appraisals, and the purpose is to promote professional development and support any areas of weakness. I think performance reviews are good and motivating, ... they should be done more often, say 3 or 4 times a year, ... would help managers assess and judge their employees better as their minds would still be fresh about an employee's performance, while at the same time they would have more information on their hands. ... I think it is totally not possible to condense someone's daily work performance on a piece of paper, let alone when it's done once a year”, (CA9 from group B)*

*“Performance reviews are done once a year during supervision and appraisal sessions, and it is a good management practice. The purpose is to assess performance; give praise on what was done well and constructively criticise and offer guidance on areas that need improvement. It has a big positive motivational effect on staff. However, ... should be done more than once a year, maybe at least three or four times annually. This would avoid judging staff with little information”, (CA13 from Group B).*

The comments in the above extracts from the three care assistants concurred with all the other participant care assistants whose comments were not cited. They supported the managers' comments in section 4.3.6 that performance reviews are done during annual appraisal meetings, but recommended that they should be done more frequently, at least three or four times annually. They argued that this would allow managers more time and gather more information, which would help them

make better assessment and judgement on staff performance. This reflects studies that advocate more frequent appraisal intervals (for example, three or four times annually) for a more accurate judgement (Armstrong, 2009; Harry and Schroeder, 2006; Torrington et al., 2011). Literature also asserts that the purpose of the performance reviews is to assess employees' performances, reward or give praise on what was done well, and provide constructive criticism, guidance and training on areas that need improvement. This has a positive motivational effect on employees.

Key findings: The evidence indicates that participant care homes review performance during appraisals that are held annually to assess employees' performance where good performance is rewarded/praised, constructive criticism is given in areas that need improvement, and training requirements are identified.

Participant care assistants would prefer a more frequent than annual appraisals, at least, three to four times annually for a better assessment and judgement of performances.

#### **4.4.7 Rewards System**

All sixteen care assistants interviewed highlighted that non-financial (intrinsic), rather than financial (extrinsic), rewards are offered in their respective care homes. They also mentioned that intrinsic rewards were mostly in the form of training, which paved way for future promotions, although chances of promotion within the same care homes were slim because of the flat organisational structures. To this end, the following comments were noted from the care assistants concerning the reward system:

***“We do not get financial rewards, but training rewards. I will use the training we receive here for better opportunities elsewhere, that's somehow a financial and promotion reward to me”, (CA3 from Group A)***

***“Financial rewards are non-existent here, we get our rewards in the form of training which is very useful for my job performance as well as securing higher posts elsewhere in the care industry”, (CA12 from Group B).***

This statement concurred with the managers' statements in section 4.3.7 concerning the rewards system in private care homes. There is a missing link with the recommendations in the PM literature that the concept of total rewards should embrace non-financial rewards, such as recognition and growth opportunities, and financial rewards (Sparrow (2008; CIPD, 2015). Thus, literature advocates for both intrinsic and extrinsic rewards to motivate employees. The non-existence of extrinsic (financial) rewards to care assistants has been found to be a cause for concern, which would not help prevent high staff turnover reported in care homes (Castle, 2006; Dawson, 2008). This is evidenced by the care assistants' explicit remarks that they would use the training offered to secure jobs elsewhere.

**Key findings:** Only Intrinsic (non-financial), and not extrinsic (financial) rewards are offered in private care of the elderly in care homes in Scotland. This leaves care assistants contemplating securing more financially rewarding jobs elsewhere.

#### **4.4.8 Underperformance Management**

Section 4.3.7 outlined how to manage underperformance by providing constructive and supportive steps (Armstrong, 2009), and mistakes should be used as an opportunity for learning (Torrington, et al., 2011; CIPD, 2014). Based on these recommendations from PM literature, care assistants were asked to describe how the management dealt with underperformance in their respective care homes. This would help drawing a comparison between normative and actual practice.

The following comments were noted from care assistants across both Groups A & B regarding underperformance management:

***“We all receive the relevant training and are fully aware of what is expected of us in terms of performing our daily duties, but we are all different and each working day is different too. Some people are not quick learners, ... in this home, those people are on the receiving end with managers, they are badly treated instead of being helped, ... the managers show that they have nothing to do with them anymore, they are isolated – no help offered. I know the managers work under***

*pressure all the time, but they should at least try to help or show that they care about those underperforming care assistants”, (CA3 from Group A),*

*“Underperformers, or should I say ‘the perceived underperformers’ (because the whole thing is subjective) should be assisted in every way possible, but instead, no, they are made to feel like they committed some offense punishable by isolation, which eventually pushes them out of the door”, (CA5 from Group A)*

*“The managers' attitudes and actions towards underperformers is nothing short of verbally telling them to call it quits. If they don't fire you, they make it a living hell for you here'. I honestly think underperformers need encouragement, support, not ‘attitude’ by someone they look up to for help”, (CA12 from Group B)*

*“The managers' negative attitudes which are much revealed through their actions towards underperformers should change – they make underperformers feel abandoned, rejected and completely unwanted. They should instead help them in every way possible, for example, placing them on a shadow shift with those who perform well”, (CA15 from Group B).*

The comments in the extracts from the four care assistants highlight that managers are not always readily available to support underperformance because they have immense work pressure they work under. These were the same kinds of comments received from all the participant care assistants who expressed their deep concerns about underperformance management. They all pointed out that underperformers are harshly treated and isolated by managers instead of being given the help/support needed to achieve the expected performance standards. This is contrary to assertions made by managers in section 4.3.7 about how they deal with underperformance, and more importantly, the recommendations from the literature (Torrington et al., 2011: CIPD, 2014: Armstrong, 2009). Literature recommends that underperformance should be viewed as an opportunity for improvement through training, coaching, and mentoring, and not as opportunities to punish the underperformers. In dealing with underperformance, PM literature recommends that, firstly, identify and agree the problem, secondly, establish the reason(s) for the shortfall, thirdly, decide and agree on the action required to achieve the agreed targets, fourthly, resource the action (that is, coaching, training, guidance, experience imparted on individual

employees by their respective managers), and fifthly, monitor and provide feedback (Armstrong, 2009; Torrington, et al., 2011). This is a practice that managers claimed to have adopted (in section 4.3.7 of this paper). Adopting the recommended five effective steps for underperformance management would help motivate the care assistants, and consequently, lead to a positive perception towards PMS implementation by the care assistants - a desired behavioural change for improving organisational performance (CIPD, 2015; Armstrong, 2009).

All the participant care assistants expressed deep concerns about the managers' attitudes and actions in dealing with underperformance. They reported that the managers are not always readily available to render support, and their attitudes towards underperformers are negative, often isolating, instead of supporting them through mentoring, coaching, and even pairing them up with high performers, thus, encouraging team work. The reported managers' actions in dealing with underperformance alienate care assistants. This greatly contributes to the negative perception on the impact of PMS by care assistants.

<p><u>Key findings:</u> From the participant care assistants' point of view, underperformance is not fairly managed; instead, managers treat underperformers harshly. This raises deep concerns among the care assistants.</p>
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#### **4.5 Documents Review Findings**

A documents review was carried out separately to verify and identify any additional or alternative perspectives on the PMS implementation by the participant care homes as a way of confirming (or contradicting) the findings from the interviews. Documents of interest included the mission statement, recruitment and selection policies, job descriptions for managers and care assistants, performance reviews/completed staff appraisal forms and training programmes. These were found to be compliant with the interview findings.

The research findings paint a vivid and rich picture about the perceptions and attitudes of care assistants towards PMS implementation in the participant private care homes in Scotland. The goal-setting process and underperformance management are the main cause for concern among the care assistants. All the



sixteen care assistants interviewed expressed deep-rooted dissatisfaction about not being involved in the goal-setting process and how underperformance is managed. They all felt that these should be managed better than the way they are being currently managed. This leads to a negative perception towards PMS implementation by the care assistants in private care of the elderly in care homes.

The findings were used to assess the normative (literature-prescribed) PM model against the one derived from the managers, versus the care assistants' opinions towards PM practices to draw a comparison. The results of the assessment are summarised in Table 4.1.

**Table 4.1 Assessment of PM Practices in Private Care Homes**

<b>Key Element</b>	<b>Ideal/Normative Practice</b>	<b>Managers' Viewpoint</b>	<b>Care Assistants' (CA) Viewpoint</b>
<b>1) PM(S) Concept</b>	Uniting goal setting, performance appraisal and development into a single common system to ensure that the strategic aim of the organisation is fully supported by the employees' performance.  An integrated set of planning and review procedures which cascades down through the organisation to provide a link between everyone and the overall strategy of the organisation.	CAs are involved in establishing a shared and agreed understanding about what is to be achieved and how it is to be achieved, and management of employees in a way that increases the probability of achieving success.	Managers do not share and agree with employees on what and how it is to be achieved. There is no employee involvement.
<b>2) Goal setting</b>	Mutually agreed between managers and CAs.	Managers draw up Action Plans and Care Assistants take part in goal setting during appraisals.	Managers set goals for them and simply tell them what to do.
<b>3) Performance Measurement</b>	To be documented daily by managers and discussed with respective employee(s) during appraisals.	Supervision meetings with CAs during appraisals.	Supervision meetings with managers during appraisals.

<b>Key Element</b>	<b>Ideal/Normative Practice</b>	<b>Managers' Viewpoint</b>	<b>Care Assistants' (CA) Viewpoint</b>
<b>4) Supporting Performance</b>	Managers should always be available and approachable to offer support & encourage team work.	Always available and approachable and encourage team work. They even have an open-door policy.	Managers not always readily available and approachable to give support.
<b>5) Training &amp; Development</b>	Training & development needs to be identified and offered to employees to motivate and encourage high performance.	Training & development needs are identified and offered to employees.	Training & development needs are identified and offered to employees. CAs can identify their training needs and register for training.
<b>6) Performance Reviews</b>	Should be done fairly and frequently through appraisals, say quarterly minimum. Managers to keep notes of employees' daily performance for discussion during appraisals.	Appraisals are fairly conducted yearly. Increasing frequency is good but would add to work pressure.	Appraisals are fairly conducted yearly. Increasing frequency would improve judgement.
<b>7) Rewards System</b>	Rewards (financial and or non-financial) must be offered for good performance to motivate employees.	Intrinsic (no-financial) rewards are offered.	Intrinsic (no-financial) rewards are offered.
<b>8) Managing Underperformance</b>	Underperformance should be fairly managed by offering training or pairing with a peer for learning or allowing HR to follow formal disciplinary procedures.	Underperformance is fairly managed through informal chats, training, counselling or handed over to HR for appropriate disciplinary procedures.	Underperformers are harshly treated instead of being helped to achieve expected performance levels.

Subsequently, a comparison was made to highlight the similarities and differences among the normative PM model, the managerial practice, and the care assistants' viewpoints for each key element in Table 4.1. The findings from the managers and care assistants regarding PMS implementation in the participant private care of the elderly in care homes in Scotland are summarised in Table 4.2. There are notable differences between managers' and care assistants' perspectives on four out of eight key elements. One out of eight opinions are similar; three out of eight opinions have similarities with some differences, and eight out of eight have differences in the PM outcome. These results are particularly important for this study because they paint a picture of the PMS that influences the perceived impact of PMS implementation by the care assistants. The last key finding from the care assistant about how underperformance is managed; it is not fairly managed and managers treat underperformers harshly has a great influence on the attitudes and perceived impact of PMS of the care assistants. This begins to answer the second research question as detailed in Chapter 5.

**Table 4.2 Similarities-Differences in Normative PM practices**

Key Element	Managers' Perspective	Care Assistants' (CA) Perspectives	PM Outcome
<b>1) PM(S) Concept</b>	Sharing & agreeing on performance objectives exists  <b>(Similarity)</b>	Sharing & agreeing on performance objectives exists  <b>Difference</b> – CA's stated that they are not involved.	There is a <b>difference</b> in the impact of this practice as CAs feel that there is no sharing & agreeing on performance objectives.
<b>2) Goal setting</b>	Mutually agreed between managers and CAs exist  <b>(Similarity)</b>	Mutually agreed between managers and CAs exist  <b>Difference</b> – CAs feel that managers set goals for them and simply tell them what to do.	There is a <b>difference</b> in the impact of this practice as CAs feel that they are not involved in the goal-setting process.
<b>3) Supporting Performance</b>	Are managers always available and approachable and encourage team work.  <b>(Similarity)</b>	Are managers always available and approachable and encourage team work.  <b>(Difference)</b>	There is a <b>difference</b> in the impact of this practice as CAs feel that managers are not always readily available to give them the support needed, and those that need support may face resentment from managers.
<b>4) Training &amp; Development</b>	Training & development needs are identified and offered to employees.  <b>(Similarity)</b>	Training & development needs are identified and offered to employees.  <b>(Similarity)</b>	There is a <b>similarity</b> in the impact of this practice as CAs are happy with the trainings offered, they think they are effective as they equip them with the competencies necessary to improve the care quality.

Key Element	Managers' Perspective	Care Assistants' (CA) Perspectives	PM Outcome
5) <b>Performance Reviews</b>	Performance reviews are done fairly and frequently.  (Similarity)	Performance reviews are done fairly and frequently.  (Similarity-difference)	There is a <b>similarity and difference</b> in the impact of this practice as CAs feel that it has a positive motivational effect on themselves but would prefer a more frequent than annual appraisals, for a better assessment and judgement of employees' performance.
6) <b>Rewards System</b>	Rewards (financial and or non-financial) must be offered for good performance to motivate employees.  (Similarity)	Intrinsic (non-financial) rewards are offered.  (Similarity-Difference)	There is a <b>similarity and difference</b> in impact as care assistants are disgruntled by the non-financial rewards. They expressed the intention to use the training to find more financially rewarding jobs elsewhere.
7) <b>Managing Underperformance</b>	Underperformance management is fairly done.  (Similarity)	Underperformance management is fairly done.  (Difference)	There is a <b>difference</b> in the impact of this practice as CAs feel that underperformance is not fairly managed.

## 4.6 Summary

Following on from the assessment in Table 4.1 and its analysis in Table 4.2, a conclusion could be drawn that although private care of the elderly in care homes in Scotland implement all the eight key elements essential for PM normative practices, there is a contradiction between practices claimed by managers, and the output of the practices from the viewpoint of the CAs. There are also differences

between the normative PM model practices and the impacts of the practices from the viewpoints of the CAs and some managers. The findings from Table 4.2 were further investigated to find out and provide an explanation for the reasons behind the differences between the normative PM practice laid out in the PM literature and the actual practice (indicators) in the private care of the elderly in care homes. This leads to answers to the secondary research questions and a platform for making recommendations on better ways of PMS implementation in private care of the elderly in care homes.

## Chapter 5: Discussion

### 5.1 Introduction

This chapter summarises the research findings, proposes and presents a qualitatively informed and enhanced performance management systems (PMS) that could have a positive impact on care assistants. Mabey and Salaman (1995), and ACAS and CIPD (2015) contended that PM is an instrument of cultural change, and that employees' norms, beliefs and values can be changed so that they can contribute to the appropriate behaviours that support management strategies. It also reviews the extent to which the research purpose has been achieved; it reflects on the strengths and limitations of the research, its contribution to the existing body of knowledge, and concludes by suggesting directions for future research.

### 5.2 RQ1 Answered

The most important finding associated with **RQ1** (How is performance management (PM) used in care homes?) is the managers' and care assistants' understanding of the performance management (PM) concept. The evidence in this research suggests that both managers and care assistants understand the PM concept and how PMS should be successfully implemented as suggested in the PM literature frameworks. Managers' overall perception and attitude towards PMS is positive; the only element they perceive negatively is the extra workload that comes with it. However, care assistants who provide most of the direct care for residents are the ones who raised a wide range of concerns regarding the PM and PMS implementation. Table 4.2 helped to answer the research questions. The results from Table 4.2 reveal that from the managers' perspective, the actual practices are very much consistent with the normative/ideal practices proposed in the PM literature (Anguinis, 2009: Armstrong, 2009: Dessler, 2008: CIPD, 2014); there are similarities among all the eight key elements (PM concept, goal-setting, performance measurement, supporting performance, training and development, performance reviews, rewards system, and managing underperformance). There are notable differences between managers' and care assistants' perspectives on four out of eight key elements; one out of eight perspective are similar, three out eight perspectives had similarities with differences (similarity-difference), and four out of eight perspectives had

differences. Four out of eight perspectives had differences in the PM outcome, and another four out of eight perspectives had similarities with differences (similarity-differences) in PM outcome. This is summarised in Table 5.1.

**Table 5.1 Summary of Similarities-Differences in Normative PM practices**

<b>Key Element</b>	<b>Managers' Perspective</b>	<b>Care Assistants' (CA) Perspectives</b>	<b>PM Outcome (CA) Perspective</b>
<b>1) PM(S) Concept</b>	<b>Similarity</b>	<b>Difference</b>	<b>Difference</b>
<b>2) Goal setting</b>	<b>Similarity</b>	<b>Difference</b>	<b>Difference</b>
<b>3) Performance Measurement</b>	<b>Similarity</b>	<b>Similarity-Difference</b>	<b>Similarity-Difference</b>
<b>4) Supporting Performance</b>	<b>Similarity</b>	<b>Difference</b>	<b>Difference</b>
<b>5) Training&amp; Development</b>	<b>Similarity</b>	<b>Similarity</b>	<b>Similarity-Difference</b>
<b>6) Performance Reviews</b>	<b>Similarity</b>	<b>Similarity-difference</b>	<b>Similarity-Difference</b>
<b>7) Rewards System</b>	<b>Similarity</b>	<b>Similarity-Difference</b>	<b>Similarity-Difference</b>
<b>8) Managing Underperformance</b>	<b>Similarity</b>	<b>Difference</b>	<b>Difference</b>

The research findings summarised in Table 5.1 highlight the eight key elements essential for PM normative practices, and the similarities and differences between actual practice in the private care homes from the managers' and care assistants' viewpoints. Managers had similar viewpoints on all eight key elements actual practice.



However, from the care assistants' perspective, there are areas of disagreements when comparing actual practice by managers and ideal practice; differences were identified in four out of eight key PM elements; there was one similarity, and three similarities with differences (similarities-differences) in actual practice compared to normative/ideal PM practice. The impact (in the PM outcome column) of these differences on care assistants scored four out of eight, and four out of eight similarities with differences (similarities-differences).

This is particularly important for this study because it paints a picture of the PMS, which influences the perceived impact of PMS implementation by the care assistants. The findings highlight four areas for concern from the care assistants' perspective that mostly influence their attitudes and perceived impact towards PMS implementation. These are the key PM elements with differences from the care assistants' perspectives; this is illustrated in Table 4.2 and summarised in Table 5.1. The care assistants raised a lot of concerns on (a) PM concept; there is no sharing and agreeing on performance planning, (b) goal-setting; they are not involved, managers set goals and impose on them, (c) supporting performance; managers are not always available and approachable to provide support, and (d) managing underperformance; it is not fairly managed because underperformers are treated harshly. The other four key PM elements (performance measurement, training & development, performance and rewards system) that were identified as having similarities and differences (similarity-difference) have a lesser impact on the influence they have on the attitudes and perceived impact of PMS implementation by the care assistants. This is because they agree and disagree, to some extent, with some other aspects of the actual practice.

Thus, the research findings reveal a positive PMS impact from the managers' perspective, and a negative impact from the care assistants' perspective. This confirms the assertions from Barlow (1989, as cited in Newton and Findlay 1996) that PM legitimates managerial actions through demonstrating that human resources are being deployed in a rational and efficient way.

### 5.3 Findings Analysis

A further analysis of the results from Table 4.2 revealed that there are two main factors upon which these key elements and gaps are predicated:

- Management/Leadership Style (See elements 3, 4, 5 & 8).
- Communication process (See key elements 1, 2, 6 & 7)

These two main factors were used to answer the following secondary research questions (RQ2, RQ3 and RQ4 respectively:

- What and why do gaps exist in terms of PMS implementation?
- What is the perceived impact of PMS on the care professions?
- What should be done to overcome the gaps?

From the assessment in Table 4.1, the analysis in Tables 4.2 and 5.1, the PM literature investigation, and the interviews analysis, it could be concluded that the culture across the participant private care of the elderly in care homes rests on two main factors (management style/practice and communication process) in terms of the actual practice. Culture simply means how things get around (Martin, 2006). Moreover, it has been recognised that culture is the main source of differences in PM practices, and that employees are a valuable asset to an organisation, which require effective management (Daniels et al., 2004; Piercy et al., 2004; Ehtesham et al., 2011). As mentioned in Chapter 2, section 2.3.3, culture forms the basis upon which all other four performance drivers are based and from which they draw their energy and strength (CIPD, 2014). It is the source of the six "E Factors"; engagement, energy, enthusiasm, effort, excitement, and excellence (Armstrong, 2009). There is obviously, a strong relationship between organisational culture and PM practices (Ehtesham et al., 2011). It is, therefore, argued that a strong and effective culture encourages people, whereas an ineffective culture discourages people and weakens the organisation. Thus, culture supports what an organisation and its people do, and an effective culture helps to engage people and strengthens the organisation.

Ehtesham et al. (2011, p.79) defined organisational culture as “patterns of shared values and beliefs over time which produce behavioural norms that are adopted in solving problems”. They added that the organisation’s internal environment is represented by its culture and is constructed by the assumptions and beliefs of the managers and employees. The beliefs and assumptions, values, attitudes and behaviours of an organisation’s members reflect the organisational culture. An organisation’s culture shapes its organisational procedures, unifies its organisational capabilities into a cohesive whole, and provides solutions, thereby, preventing or enabling the organisation to achieve its set goals (Yilmaz, 2008).

These definitions of organisational culture allude to the fact that organisations adopt distinctive management styles and communication processes that suit their belief and value systems based on their historical background. Through the interviews conducted with care assistants from both care home groups, it surfaced that the management style adopted in the private care of the elderly in care homes in Scotland is centralised and autocratic in nature. This is summed up in the following quotations from care assistants who commented on the management style:

***“Once you walk through that door coming to work is like walking into a police station or military camp where orders are given by superiors and the subordinates simply comply”. (CA5)***

***“I feel invisible when it comes to goal setting, we work within the prescribed parameters”. (CA9)***

***“We are not given any chance to truly express our opinion here ... all we do is simply comply, failure to comply is not taken lightly, it is a sure case for getting one fired. I just do it to keep my job, not that I like the way we are treated here”. (CA13).***

The centralised, autocratic management style being used excludes care assistants in the decision-making process, which directly affects them in performing their day-to-day duties. This management practice is contrary to what is recommended in the PM literature, which emphasises on sharing and agreeing on performance objectives between managers and employees. This aspect of PM is portrayed as a strategic and integrated approach to delivering sustained success. The research findings reveal

that the exclusion of care assistants from the decision-making process has a direct negative perception of the PMS implementation by the care assistants.

The management style adopted in private care of the elderly in care homes creates a communication gap between managers and care assistants who feel excluded in making important decisions that affect their daily performance. This top down autocratic management practice makes it impossible for the care assistants to openly voice their concerns out of the fear of victimisation. This generates a negative and weak culture, which demotivates the care assistants and discourages them. It also generates a decrease in vertical trust among the care assistants; a scenario where the care assistants lose trust in the management, and strengthens the horizontal trust; trust among the care assistants (Eek and Rothstein, 2005). Eek and Rothstein (2005, p.2) contended that there is a “causal relationship from vertical to horizontal trust when trust levels are decreased”. Trust between managers and employees is important because it reinforces effective communication, teamwork, and increases employee commitment and productivity (Krot and Lewicka, 2012), and the opposite is equally true. Thus, the management style decreases vertical trust, and affects the communication process, which cause differences between actual practice in the private care homes and the normative PM practice. These observations help to answer RQ2: What and why do gaps exist in terms of PMS implementation?

The lack of care assistants' inclusion in the performance planning/goal-setting process, the supporting performance process, and how underperformance is managed have a massive negative impact on the PMS implementation, as indicated in Tables 4.2 and 5.1. Under the PM Outcome column, there were four out of eight negative (differences) impact ratings and another four out of eight similarities-differences (mixed feelings). This helps to answer RQ3: What is the perceived impact of PMS on the care professions?

The research findings suggest that the participant care assistants in private care of the elderly in care homes in Scotland have a negative perception of the PMS. It can be concluded that the management style and communication processes being used are the main contributory factors to this negativity.

Therefore, the researcher attempted to find a solution to the problem by making suggestions/recommendations in response to RQ4: What should be done to

overcome the gaps?

#### **5.4 Suggestions/Recommendations**

The participant managers painted a positive picture of the perceived impact of the PMS implementation in private care of the elderly in care homes in Scotland. However, the care assistants painted a gloomy picture of the whole process; they scored four out of the eight key PM elements negatively, and four out of eight key PM elements similarities-differences (showing mixed feelings and opinions) on PM outcome in Tables 4.2 and 5.1. There is need for a review of the management style and replace it with one that captures the ‘hearts and minds’ of the care assistants; a management style that changes the care assistants’ negative to positive perceptions towards PMS implementation. Noe, et al., (1997), Dessler (2008), West et al., (2014), and CIPD (2015) stressed that individual employee behaviours and attitudes are critical factors in determining the success (or failure) of overall PMS implementation. Thus, some elements of the PMS require improvements to ensure the proper functioning of the PM concept in private care of the elderly in care homes. The suggestions/recommendations are in line with CIPD (2014); Armstrong’s (2009) proposal that PM is regarded as a communication process that helps managers provide a motivating climate conducive for their employees to develop and achieve high standards of performance. Before making any suggestions/recommendations, it is important to revisit the PM objectives to establish the parameters of a good PMS framework.

##### **5.4.1 PM Objectives**

- 1) To improve the organisational performance by improving team and individual performance
- 2) To clarify expectations on what teams and individuals are required to achieve
- 3) To develop the skills and competencies of individuals and team members within the organisation

- 4) To foster a sound working relationship between managers and employees through the development of agreed objectives, the provision of feedback, counselling and coaching
- 5) To provide a tool for managers to manage the performance of their staff
- 6) To allow employees to become more actively involved in managing their own performance
- 7) To reward those employees whose performance, exceed the output criteria
- 8) To instil a performance-oriented culture throughout the organisation.

(Adapted from Armstrong, 2009)

## **5.5 Recommendations**

The recommendations are going to be centred around the eight key elements embedded in the identified two main problem areas highlighted in section 5.3; management/leadership style (see elements 3, 4, 5 & 8), and communication process (see key elements 1, 2, 6 & 7).

The management/leadership style incorporates four key elements in this research: performance measurement, supporting performance, training and development, and managing underperformance. The communication process incorporates four key elements: PM concept, goal-setting, performance reviews, and rewards system. These two problem areas will be analysed to make suggestions/recommendations that could overcome the PMS gaps in private care of the elderly care in homes in Scotland.

### **5.5.1 Management style and Communication processes**

It has been established that the management style and the communication processes in private of the elderly in Scotland are the main factors upon which the eight key PM elements (PM concept, goal-setting, performance measurement, supporting performance, training & development, performance reviews, rewards systems and

managing underperformance) are centred. It was also established that the management style has a direct influence on the communication processes, and the style is mainly influenced by the organisational culture. A change in the organisational culture would, therefore, bring a change to the management style. A positive and strong organisational culture can motivate employees to achieve higher standards of performance, whereas a weak and negative culture demotivates employees and causes them to underperform (CIPD, 2015). Effective workplace management is a recipe for high performance culture.

There is no single winning formula, but high performance working practices including team working, multi-skilling, employee consultation and autonomy, flexible and 'fair' appraisal systems are needed to improve the PMS implementation in the private care of the elderly in care homes in Scotland. The effective management of ability, motivation, and opportunity (ACAS and CIPD, 2015) would help improve the PMS implementation, which would in turn lead to perceived positive impact of PMS by care assistants in private care homes. Over and above improving performance, this would also help minimise the disruptive high staff turnovers that are reported in long-term care homes (Castle, 2006; Dawson, 2008). This is an undesirable occurrence because it drains the trained care assistants who have the routine duties knowledge from the care homes (CIPD, 2015).

### **5.5.2 Ability**

The research findings showed that the organisational structure in the private care homes that participated in this research project have a top-down leadership culture, which is not consistent with the PM concept (Armstrong, 2009; Dessler, 2008; CIPD, 2014). The care assistants who were interviewed expressed their frustrations about exclusion from the decision-making processes, particularly on matters that directly affect them in the workplace; this is a cultural aspect in the care homes.

Adopting a high-performance culture would mainly help care assistants learn from experience and work in supportive teams, and most importantly, from the immediate line manager (CIPD, 2015). A high-performance culture places emphasis on meeting customer needs, while promoting innovation and creativity on job performance at the same time. This would have a positive impact on care assistants'

perceptions and attitudes towards the implementation of PMS, which in turn helps improve organisational performance.

### **5.5.3 Motivation**

Most jobs depend on employees exercising the discretion they have in their work (Acas and CIPD, 2015). This motivates them to apply their skills and learn more. The two most popular aspects of culture change are freedom and flexibility, and allowing employees to be more innovative and creative (Institute of Leadership and Management (ILM), (2017).

The research findings revealed that the concept of empowerment is non-existent in the participant private care of the elderly in care homes in Scotland. Innovation or creativity among care assistants is not allowed; they are not allowed to think ‘outside the box’ but to follow set procedures when performing daily job tasks, regardless of whether it is effective and efficient or not.

Employees (care assistants) need to be empowered by allowing them to exercise some degree of autonomy and flexibility for innovation and creativity. This injects passion and new ideas into the care homes. The Health Services Management Research (2011) confirmed that employee empowerment is a powerful management tool that provides employees with autonomy, discretion, and self-confidence, and can result in a greater organisational effectiveness. Care assistants in private care homes would perform more effectively when empowered. Manojlovich, (2007) contended that nurses are ineffective and experience job dissatisfaction when they feel powerless in their workplace, and vice-versa.

The recommended empowerment can be classified into two main categories; the structural and the psychological approach (Health Services Management Research, 2011). The structural approach focuses on care home management practices that would grant care assistants power and authority to exercise discretion, taking initiatives, and be flexible when performing their routine duties. This would involve private care home management implementing the following normative PM practices that the care assistants raised concerns about:

- 1) Involving care assistants in the goal-setting and performance process. Their involvement motivates them by sharing information on what needs to be done and



how it should be done, thus, making them feel valued and wanted. The knowledge enables care assistants to understand and contribute to the overall organisational performance.

2) Over and above the intrinsic (non-financial) rewards (training & development) being offered to care assistants in the private care homes, introducing financial (extrinsic) rewards based on organisational performance could be helpful. The interviewed care assistants clearly stated that they would use the training gained to look for better opportunities elsewhere. This is not surprising considering their low wages (Castle, 2006; Dawson, 2008).

3) The research findings revealed that care assistants are not given the power to make decisions that influence work procedures and organisational direction. Allowing them power to exercise a certain degree of discretion when performing their duties would be motivational.

In addition to the structural empowerment discussed above, the psychological empowerment, which places emphasis on the psychological aspect of empowerment would be complimentary. Spreitzer (1995) described psychological empowerment as a process of enhancing feelings of self-efficacy among organisational members through the identification of conditions that foster powerlessness and through their removal by both formal organisational practices and informal techniques of providing efficacy information. Some care assistants may experience no empowerment even though structural empowering practices as discussed above may be implemented in the private care homes. Psychological empowerment positively affects their psychological state and works as a psychological enabler (Conger and Kanungo, 1988) because it is an intrinsic task motivation manifested in four cognitions namely, meaning, competence, self-determination and impact (Spreitzer, 1995), who defined these four cognitions as follows:

- Meaning is the value of work goal or purpose, judged in relation to an individual's own ideals or standards and it refers to the intrinsic caring about a given task.
- Competence or self-efficacy is an individual's belief in his or her capability to perform role activities with skill.

- Self-determination is an individual's sense of having choice in initiating and regulating actions. This involves autonomy in the initiation and continuation of behaviours and processes in the work-place including work methods, pace or effort.
- Impact is 'the degree to which an individual care assistant can influence strategic, administrative or operating outcomes at work. This is an assessment of the degree to which a behaviour is seen as making a difference in terms of accomplishing the purpose of the task, which is, producing the intended effects in one's task environment.

Psychological empowerment could work as an effective intrinsic motivational tool for the care assistants who raised concerns about being left out in the decision-making processes, such as the goal setting process, and who were denied the autonomy to exercise innovation and creativity. Psychological empowerment has the effect of recognising the efforts of care assistants. The Health Service Management Research (2011) made an assertion that it is possibly one of the most powerful, and yet less used and less costly methods, to enforce and motivate employees, and that lack of recognition of employees' efforts may result in sabotage and espionage. Recognition creates positive behavioural attitudes, such as organisational involvement, organisational commitment, and job satisfaction.

Employee engagement is about creating a work environment where care assistants in private care homes become committed to the team members, the line manager, and the whole organisation besides their own work (CIPD, 2015). The engaged, committed and motivated care assistants would have better attendance records, would be less likely to look for another job, would be more likely to help others, and would be good advocates for the organisation as well (CIPD, 2015).

Managers in private care homes could also motivate staff by giving positive feedback for good performance, and providing corrective advice where necessary. It is argued that these types of social reward are often more important than financial incentives, if they are judged to be fair by the employees (CIPD, 2015).

The research findings also revealed that the care assistants preferred a more frequent (three or four times annually) appraisal than the current annual appraisals. Thus,

more formal and frequent appraisal systems would play an important motivational role for the staff. Dromey (2014) and West et al. (2014) confirmed in their NHS survey that staff members were more motivated when they felt that the appraisals helped them improve their job performance and when they were involved in setting objectives. The NHS survey confirmed that staff who experienced poorly conducted appraisal were less motivated than those who had no appraisal at all. The same argument applies to the care assistants in private care homes who expressed the view that the current annual appraisals were not fairly done because they were judged by using insufficient performance measurement data.

#### **5.5.4 Opportunity**

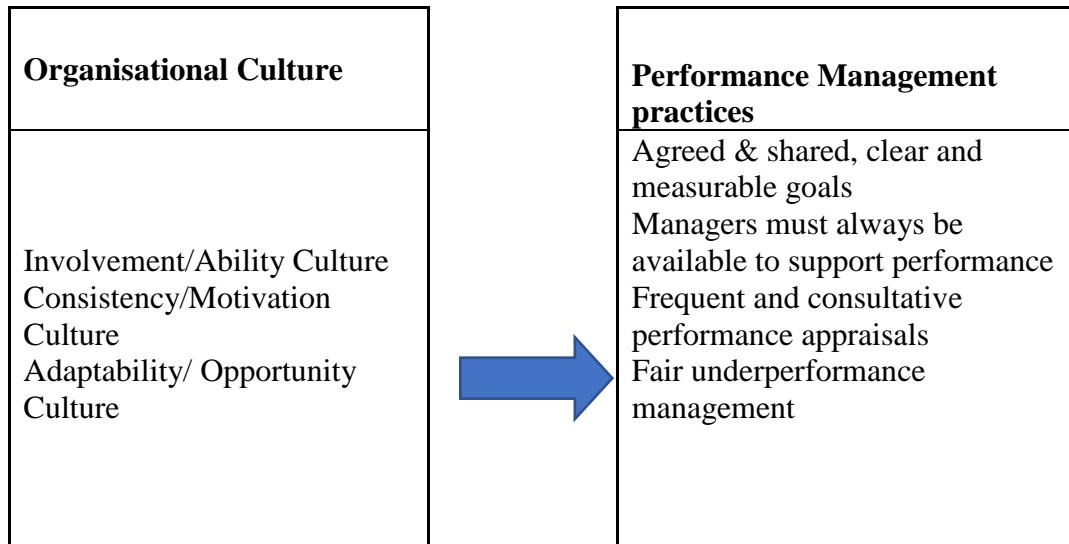
The opportunity to use skills and develop further competency, and participating in decision making is strongly correlated to commitment and performance (Acas and CIPD, 2015). The research findings revealed that care assistants in private care homes are deprived of the opportunity to either be flexible in exercising some discretion other than the set procedures to use their skills and develop further competencies. The care assistants do not even participate in decision making on matters that directly affect their daily job performances. Care home managers should adapt and adopt a participatory culture to enhance care assistants' skills and commitment. Participation can take place on-the-job by sharing knowledge with team members and line managers (Dromey, 2014; West et al., 2014). Participative development could also be better expressed in the way care assistants contribute in team meetings, consultations and or problem-solving groups. The NHS survey (Dromey, 2014; West et al., (2014) revealed that most effective teams had clear objectives, interdependent working, regular performance reviews, and discussions on improvements, which is a desirable outcome for care assistant teams in private care home under study. Teamwork was proven to have links with lower levels of absenteeism and turnover and better care provision outcomes, hence, an economic benefit (Dromey, 2014; West et al., 2014).

#### **5.6 Proposed PM and PMS framework**

The research findings identified two key problem areas that need attention for a successful PMS implementation: management style and communication process.

Contradictions were noticed between practices claimed by managers (which was in line with normative PM practice) and the output of the practices from the care assistants' viewpoint. The contradiction requires the care homes managers to take responsibility by implementing their claimed actual PM practice which is in line with the normative PM practices. A PMS framework which is in line with the performance management driver (PDM) model was identified and proposed for adoption by the care home management. The PDM model proposes that culture forms the basis upon which all other four drivers are predicated, and that people are the greatest asset of an organisation. It is proposed that changing the organisational culture in private care of the elderly in care homes in Scotland would change the management style and communication process (which incorporate the eight (8) key PM elements) to conform with the PDM framework and PM literature. This would, in turn, create a conducive working environment for the care assistants, fostering positive perceptions, and attitudes towards the PMS implementation, and thus, lead to high performances in the care homes. This is illustrated in Figure 5.2.

**Figure 5.2 Proposed PMS Framework**



The performance of individuals, teams and the total organisation is at the core of business success. The ability to bring about the desired behavioural change drives all efforts to create a performance culture.

The next sections review the extent to which the purpose of the research has been achieved by reflecting on the strengths and limitations of the research, discussing

the research contribution to the existing body of knowledge, and exploring directions for future research.

### **5.7 The research strengths**

The strengths of this research can be explained in relation to its quality. This research adopted a qualitative, multiple-case study approach, and it is exploratory in nature. Exploring the PM literature exposed some areas of the PM concept that led to the introduction of a modified and enhanced PMS framework; the PDM is recommended for use by the private care of the elderly in care homes in Scotland. It emphasises on organisational culture change, placing more value and focus on employee management to drive high performance. This is well elaborated in section 2.3.3 and Figure 2.2.

**Construct validity** is another strength for this research. Several practices were extracted from the PM literature review, with numerous authors and their views cited. These practices from literature were used to identify and compare the similarities and differences in actual practice by managers in private care homes to make recommendations for improved PMS implementation. This ensures the existence of construct validity in this research.

**External validity** for this research is highlighted in Table 4.2, which reveals the negative impact of the PM Outcomes on care assistants. The management style, influenced by the organisational culture (Martin, 2006; Hofstede, 2001) in private care of the elderly in care homes in Scotland has been identified as the main factor for this problem.

**Reliability:** This research is a multiple case study, and therefore, is much more difficult to implement than a single-case study (Yin, 2012); however, the data collected provided greater confidence in the findings.

### **5.8 The Research Limitations**

Although every effort has been taken to ensure rigour in this research, this study has still some limitations, which are inherent in the qualitative research approach. The research has used an acceptable research design. The adopted authentic qualitative data analysis techniques ensure that results are credible, applicable, and consistent

(reliability and validity). However, this study has limitations inherent in social science research:

- (i) The research was conducted in a limited geographical area; a limited number of care homes were studied. The respondents in these sampled care homes shared the views that may not be shared in the other parts of the world. The research was conducted in private care of the elderly in care homes in Edinburgh, Scotland, and it might not be possible to generalise the findings to other parts of the United Kingdom or other countries worldwide.
- (ii) As suggested by Hogan and Roberts (1996), social prejudice, bias and discriminating behaviour are not completely avoidable in social science research.
- (iii) The stability of employees' (care assistants) perception and attitudes as a construct may not be valid due to other job or organisational influences (Thoresen et al., 2004). Other organisational hygiene factors, motivation levels, and role clarity could influence employees' perceptions, attitudes, and work performances (Kieffer, 2004).
- (iv) Social desirability could have an influence on the answers given by respondents; the care assistants could have exaggerated or given a wrong impression about the management practices.
- (v) Most of the respondents, especially care assistants, were migrant workers with different cultural backgrounds, which could have had a bearing on their perceptions and attitudes. This is supported by Hofstede's (2001) power distance theory (discussed in the literature review, section 2.5, under cultural dimensions, p.48). This theory from Hofstede (2001) helps to confirm why subordinates were submissive and supported superiors' decisions without discussing them.
- (vi) Although the interview questions were asked in simple and plain English language, some of the migrant respondents could have misunderstood the questions and given wrong responses or they could have failed to fully articulate themselves because English is not their first language.

## 5.9 Contribution to Knowledge

Despite the highlighted limitations, this research contributes to the existing body of knowledge which may be summarised as follows;

- 1) Eight key elements extracted from the PM literature were used as critical key elements to identify the normative practice of each element as recommended in the literature.
- 2) Eight PM key elements actually practiced by managers in private care of the elderly in care homes in Scotland were compared with the normative PM practice to understand the perceived impact of PMS implementation by managers and care assistants.
- 3) The addition of three other aspects/theories (power distance, vertical and horizontal trust, and the principal-agent problem) to enhance PMS implementation.

The comparison of the normative practice and actual practice by managers in the private care homes revealed the differing views between managers and care assistants towards the PMS implementation. The differences were critically important in identifying the gaps that helped to answer the research questions and make recommendations on improved PMS implementation that could bring about positive perceptions and attitudes towards its implementation by care assistants, who are responsible for the day-to-day performance in the care homes. This could be achieved by adopting the recommendations of this study to bring about changes in organisational culture that enhances both the management style and communication process (the two identified problem areas that incorporate the eight key elements). This is done by involving the care assistants in making decisions on matters that directly affect them (on the eight key elements), engaging them in open dialogue with managers, and empowering them by allowing them to be more innovative and creative. This would also help minimise the disruptive power distance (Hofstede, 2001) between managers and care assistants, thereby encouraging a two-way, open, honest, and constructive communication channel.

The vertical and horizontal theory (discussed in the literature review, section 2.5, p.48) helps to demonstrate that addressing the impaired vertical trust (which is decreased) between the care assistants and management would also be helpful. This could be done by adopting the recommended PMS framework which could be

perceived and considered fair by the care assistants. Eek and Rothstein (2005) stressed that it is not easy to gain the lost vertical trust back, but people are willing to voluntarily accept and restore the trust once fair procedures and outcomes are put in place. Eek and Rothstein (2005, p.2) concluded that “increased vertical trust has positive effects on horizontal trust”. Thus, gaining the vertical trust back would also maintain a strong horizontal trust, while restoring effective communication, teamwork, and increasing employee commitment and productivity simultaneously (Krot and Lewicka, 2012).

Paying attention to the principal-agent theory (discussed in the literature review, section 2.5, p.49) would create awareness for management to stop acting in their own interests (because they have more information about PMS, and organisation policies and procedures than the care assistants) which are contrary to those of their subordinates. The research findings reveal differences between the actual PM practice claimed by the managers, which conforms with the normative PM practice, and the practice claimed by the care assistants. This problem could be minimised or eradicated by paying attention to the principal-agent theory which would help create a level playing field between managers and care assistants.

Thus, the addition of these other three theories (power distance, vertical and horizontal trust, and the principal-agent problem) to the PM concept would greatly enhance PMS implementation: the other research contribution to knowledge which cannot be understated.

### **5.10 Directions for Future Research**

Regarding PMS implementation in private care homes, the research findings revealed four main problem areas out of the eight key PM elements, as shown in Table 5.1. These include PM concept, goal-setting, supporting performance and underperformance management, for which care assistants expressed that there were differences between normative practice and actual practice. These elements also showed differences in PM outcome from the care assistants’ perspective, which indicates a negative perception of the PMS implementation. Addressing these problem areas and the other four key elements, which showed similarities-differences (mixed feelings and opinions) would help change the care assistants’ negative perceptions (the sought behavioural change) towards PMS implementation in private care homes.



The proposed PMS framework (Figure 5.2), which advocates for a change in the management style (which is top-down, centralised, and autocratic) is therefore, recommended for private care homes. There is need for the private care homes managers to adopt a high-performance culture, which includes, among other things (discussed in detail in section 5.5.1), involving care assistants in the goal-setting process, ensuring that managers and the necessary resources are always readily available to support performance, and fairly manage underperformance. There is need for a cultural change in private care of the elderly in care homes to achieve this.

However, this research was conducted in a limited geographical area (Edinburgh, Scotland), and it focused on a limited number of care homes, where respondents could share the same views not shared in other parts of the world. There is need for a future research that covers a wider geographical area and cultural backgrounds to conclusively validate the findings. This would determine whether the proposed PMS evaluation framework could be utilised in different areas.

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## **Appendices**

### **Appendix 1: Care Standards Act (2000)**

#### **Care Standards Act (2000)**

##### **Aims**

This document sets out National Minimum Standards for Care Homes for Older People, which form the basis on which the new National Care Standards Commission will determine whether such care homes meet the needs, and secure the welfare and social inclusion, of the people who live there.

The national minimum standards set out in this document are core standards which apply to all care homes providing accommodation and nursing or personal care for older people. The standards apply to homes for which registration as care homes is required.

While broad in scope, these standards acknowledge the unique and complex needs of individuals, and the additional specific knowledge, skills and facilities needed in order for a care home to deliver an individually tailored and comprehensive service. Certain of the standards do not apply to pre-existing homes including local authority homes, “Royal Charter” homes and other homes not previously required to register. The standards do not apply to independent hospitals, hospices, clinics or establishments registered to take patients detained under the Mental Health Act 1983.

##### **Regulatory Context**

These standards are published by the Secretary of State for Health in accordance with section 23 of the Care Standards Act 2000 (CSA). They will apply from 1 June 2003, unless otherwise stated in any standard.

The Care Standards Act created the National Care Standards Commission (NCSC), an independent non-governmental public body, which regulates social and health care services previously regulated by local councils and health authorities. In addition, it extended the scope of regulation significantly to other services not previously registered, including domiciliary care agencies, fostering agencies and residential family centres.

The CSA sets out a broad range of regulation making powers covering, amongst other matters, the management, staff, premises and conduct of social and independent healthcare establishments and agencies.

##### **Introduction**

Under the Care Standards Act the Secretary of State for Health has powers to publish statements of National Minimum Standards. In assessing whether a care home conforms to the Care Homes Regulations 2001, which are mandatory, the National Care Standards Commission must take the standards into account. However, the Commission may also take into account any other factors it considers reasonable or relevant to do so.

Compliance with national minimum standards is not itself enforceable, but compliance with regulations is enforceable subject to national standards being taken into account.



The Commission may conclude that a care home has been in breach of the regulations even though the home largely meets the standards. The Commission also has discretion to conclude that the regulations have been complied with by means other than those set out in the national minimum standards.

### **Structure and Approach**

The National Minimum Standards for Care Homes for Older People focus on achievable outcomes for service users - that is, the impact on the individual of the facilities and services of the home. The standards are grouped under the following key topics, which highlight aspects of individuals' lives identified during the stakeholder consultation as most important to service users:

- Choice of home
- Health and personal care
- Daily life and social activities
- Complaints and protection
- Environment
- Staffing
- Management and administration

Each topic is prefaced by a statement of good practice, which sets out the rationale for the standards that follow. The standards themselves are numbered and the full set of numbered paragraphs needs to be met in order to achieve compliance with the standard. Each standard is preceded by a statement of the intended outcome for service users to be achieved by the care home.

While the standards are qualitative – they provide a tool for judging the quality of life of service users – they are also measurable. Regulators will look for evidence that the standards are being met and a good quality of life enjoyed by service users through:

- discussions with service users, families and friends, staff and managers and others;
- observation of daily life in the home;
- scrutiny of written policies, procedures and records.

The involvement of lay assessors in inspections will help ensure a focus on outcomes for, and quality of life of, service users.

**Source: Care Standards Act (2000).**

## **Appendix 2: Job Description: Care Assistant**

### **JOB DESCRIPTION**

**JOB TITLE:** CARE ASSISTANT

**REPORTING TO:** Line Manager and Management Team

**JOB HOURS:** Flexible, depending on the needs of the business 16 – 40 hours per week.

### **JOB PURPOSE**

- To look after the physical, emotional, cultural and social needs of the Clients using a person-centred approach
- To observe and promote the Client's choice, independence, dignity, privacy, fulfilment and other rights
- To create and maintain good professional relationships with Clients, their family and friends and other stakeholders
- To actively support other Care Workers
- To adhere to all regulatory and statutory obligations and Caring Hand's policies, procedures and guidelines
- To actively market Caring Hands and promote a positive, personal and professional profile, ensuring the good reputation of Caring Hands at all times

### **JOB RESPONSIBILITIES**

#### **1. Care provision**

- To provide personal care and support to Clients with a wide range of needs, illnesses and disabilities
- To know and understand the care and support of the Client
- To undertake the tasks detailed in the Client's care and support plan using a person-centred approach and in the least intrusive way
- To encourage the independence and motivation of the Client and not foster dependent behaviour
- To provide input into the care and support plans of Clients by regularly feeding back to the Field Care Supervisor
- To assist Clients getting up in the morning and going to bed at night
- To assist Clients to wash, bath and shower

- To assist Clients to dress and undress
- To assist Clients to look after their skin, teeth, hair and nails
- To assist Clients with toileting, continence management and personal hygiene
- To assist Clients with their medication at the agreed level of support and as detailed in their Medication Care Needs Assessment
- To prepare food and drink for the Client, being aware of the Client's choice, likes/dislikes, nutritional needs and cultural requirements
- To provide light general household domestic duties, including housework and laundry, as detailed in the care plan or instructed by Management
- To use manual handling equipment safely and correctly
- To take responsibility for the safe handling of property and equipment belonging to the Client
- To maintain good communication and develop effective working relationships with Clients
- To provide companionship to the Client, actively talking and listening to them about their interests
- To help the Client to maintain contact with their family and friends
- To accompany the Client on trips into the community
- To assist the Client to manage their personal affairs
- To ensure as safe as possible the living environment for the Client, whilst respecting the Client's choice and rights

## **2. Recording and reporting**

- To maintain detailed accurate records in respect of care and medication support given and tasks undertaken
- To regularly read care and support plans, acknowledging changes
- To protect the confidentiality of all information relating to the Client and not divulge information to anyone who is not authorised to receive it
- To promptly report to the office or Out of Hours Care Coordinator any issues concerning the care, support, wellbeing or behaviour of the Client and update records accordingly
- To continue to monitor where concerns have been reported and recorded

- To recognise the signs of abuse and immediately report abuse or suspected abuse to a Manager
- To report any complaints to the office or Out of Hours Care Coordinator
- To contact the office or Out of Hours Care Coordinator if running late

### **3. General**

- To dress appropriately, wearing uniform and using personal protective equipment provided by Caring Hands
- To seek out best practice and look at innovative ways to improve the quality and efficiency of service delivery
- To attend and participate in regular Care Worker team meetings and any other relevant meetings
- To attend in house and external training pertinent to the role of Care Worker
- To ensure completed weekly timesheets are submitted on time
- To observe all health & safety rules and take reasonable care to promote health and safety of self and others and raise any concerns to the Field Care Supervisor
- To aim to ensure everyone has equal treatment and equal access to services and employment
- Any other duties requested by Senior Management, which are within the scope of the post

Special conditions attached to post

- Flexible working, as evening and week end work is required

**Last reviewed on 16 December 2014**

## **Appendix 4: Information for Participants**

**Information for participants/prospective participants in care homes to be used for fieldwork.**

**Research Topic:** The effects/impact of performance management on managers and care assistants.

I'm undertaking a study on the above-said topic as part of my studies at Edinburgh Napier University Business School. The information collected from the participants will be used to write my thesis and may be used in future publications. See my contact details below should you require any clarification.

I would really appreciate your help with the study.

The work aims to identify how people are managed and how their work is assessed, and to find out how staff members feel about the management processes in place. The findings from the study will be used to make recommendations (where necessary) on better or alternative ways of managing and assessing staff members' work.

The work is in two stages:

1. The interviews – will be conducted at a time convenient to you but ideally during your break or during less busier times. Each interview session will last not more than forty-five minutes. I will ask you questions about the management processes being used in your organisation, how your work is assessed and how you generally feel about the processes. There will be no 'right' or 'wrong' answers in this, what I want from you is your honest opinion.

The interviews will be audio-recorded and handwritten notes will also be taken. I will later transcribe the data which will be used only by me to help with the research. Your individual identity will not be known to anyone other than me, coding will be used on the written transcripts.

2. Documents analysis – documents of interest will be job descriptions, completed review forms and training programmes, etc. This will be done in the relevant offices and does not involve any individual participation.

I am sincerely grateful for your help.

Please do not hesitate to contact me directly on my personal contact details given below should you require further information.

Brighton Masiye  
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## **Appendix 5: Participant Consent Form**

### **Consent Form**

**Title of Study:** Performance Management Systems: An Investigation of the perceived impact of performance management on Managers and Care Assistants in private care homes – care of the elderly.

Edinburgh Napier University requires that all persons who participate in research studies give their written consent to do so. Please read the following and sign it if you agree with what it says.

1. I freely and voluntarily consent to be a participant in the research project on the topic of performance management: my perception of the impact or how I feel about the use of performance management, to be conducted by Brighton Masiye, who is a postgraduate student at Edinburgh Napier University.
2. The broad goal of this research study is to explore the perceived impact of performance management on Managers and Care Assistants in private care homes – care of the elderly. Specifically, I have been asked to participate by answering some interview questions, which should take no longer than 45 minutes to complete.
3. I have been told that my responses will be anonymised. My name will not be linked with the research materials, and I will not be identified or identifiable in any report subsequently produced by the researcher.
4. I also understand that if at any time during the interview I feel unable or unwilling to continue, I am free to leave. That is, my participation in this study is completely voluntary, and I may withdraw from it without negative consequences. However, after data has been anonymised or after publication of results it will not be possible for my data to be removed as it would be untraceable at this point.
5. In addition, should I not wish to answer any particular question or questions, I am free to decline.
6. I have been given the opportunity to ask questions regarding the interview and my questions have been answered to my satisfaction.
7. I have read and understand the above and consent to participate in this study. My signature is not a waiver of any legal rights. Furthermore, I understand that I will be able to keep a copy of the informed consent form for my records.

Participant's Signature .....

Date .....

I have explained and defined in detail the research procedure in which the respondent has consented to participate. Furthermore, I will retain one copy of the informed consent form for my records.

Researcher's Signature .....

Date

## **Appendix 6: Interview Questions for Managers and Care Assistants**

### **Interview Questions – For Care Assistants**

<b>Key Element</b>	<b>Question to be asked</b>
1. Performance Management concept	<ul style="list-style-type: none"> <li>• Can you briefly tell me what it is like to work here?</li> <li>• What is your understanding of the people management processes and how individual work is assessed in your organisation?</li> <li>• Do you understand why your organisation uses these management processes?</li> <li>• How do you feel about the use of the management in place?</li> <li>• How do you feel in general about your organisation's leadership style?</li> </ul>
2. Goal setting	<ul style="list-style-type: none"> <li>• Who sets performance goals (what needs to be done, how and when it should be done) in your organisation?</li> <li>• Are you involved in the goal setting process?</li> <li>• How do you feel about the inclusion/exclusion in the goal setting process?</li> </ul>
3. Performance Measurement	<ul style="list-style-type: none"> <li>• How does your organisation measure performance?</li> <li>• Is there any particular performance measurement technique or approach used?</li> <li>• How fair do you think the performance measurement approach is on you as an employee?</li> </ul>
4. Supporting Performance	<ul style="list-style-type: none"> <li>• Can you describe how managers support individual employees to attain the set goals/objectives?</li> <li>• Do you get performance feedback from your manager (how often if yes)?</li> <li>• Would you say your manager is always readily available to give the support?</li> <li>• Do you think that you get enough support from your fellow workers as well?</li> <li>• Do you feel that there is room for innovation/creativity within the scope of your job?</li> </ul>

Key Element	Question to be asked
5. Training	<ul style="list-style-type: none"> <li>• What training programmes does your organisation have in place for employees?</li> <li>• How effective or not effective do you think they are in helping you attain the set objectives?</li> <li>• Have you ever discussed your training needs with your manager and what was the outcome?</li> </ul>
6. Performance Review	<ul style="list-style-type: none"> <li>• How does your organisation review performance and how often?</li> <li>• What do you think is the purpose for the performance reviews?</li> <li>• Do you think that these reviews have any effect on you – explain?</li> </ul>
7. Managing Underperformance	<ul style="list-style-type: none"> <li>• May you describe how management deal with people whose performance is below the expected standard in your organisation?</li> <li>• Do you feel that this is the best way to manage/help such people?</li> <li>• Would you prefer it was done differently?</li> </ul>
8. Personal Details	<ul style="list-style-type: none"> <li>• May I have the following personal details from you please? <ul style="list-style-type: none"> <li>- Your age at last birthday</li> <li>- How long with present organisation</li> <li>- How long in present role</li> <li>- Have you worked for other organisations and what role</li> <li>- Highest formal educational level attained.</li> </ul> </li> </ul>



## Interview Questions – For Managers

Key Element	Question to be asked
9. Performance Management concept	<ul style="list-style-type: none"> <li>• Could you describe to me your understanding of Performance Management in relation to your organisation?</li> <li>• What you think are the advantages and or disadvantages of using performance management in your organisation?</li> </ul>
10. Goal setting	<ul style="list-style-type: none"> <li>• How are performance goals set in your organisation?</li> <li>• Who is involved in the goal setting process?</li> </ul>
11. Performance Measurement	<ul style="list-style-type: none"> <li>• How does your organisation measure performance?</li> <li>• Is there any particular performance measurement technique or approach used?</li> </ul>
12. Supporting Performance	<ul style="list-style-type: none"> <li>• Can you describe how managers support individual employees to attain the set objectives?</li> <li>• Would you say you are always there and readily available to give the support?</li> </ul>
13. Training	<ul style="list-style-type: none"> <li>• What training programmes does your organisation have in place for employees and managers alike?</li> <li>• How effective or not effective do you think these training programmes are in helping employees attain the set objectives - Explain?</li> </ul>
14. Performance Review	<ul style="list-style-type: none"> <li>• How does your organisation review performance?</li> <li>• What is the purpose for the performance reviews?</li> <li>• Do you think that these reviews have any effect on employees – explain?</li> </ul>
15. Managing Underperformance	<ul style="list-style-type: none"> <li>• May you describe how underperformance is managed in your organisation?</li> <li>• Do you feel that this is the best way to manage underperformance? (If not, suggest a better way)</li> </ul>
16. Personal Details	<ul style="list-style-type: none"> <li>• May I have the following personal details from you please? <ul style="list-style-type: none"> <li>- Your Nationality</li> <li>- Your age at last birthday</li> <li>- How long with present organisation</li> <li>- How long in present role</li> <li>- Have you worked for other organisations and what role</li> <li>- Highest formal educational level attained.</li> </ul> </li> </ul>

## **Appendix 7: SSSC.**

### **About the Codes**

The Scottish Social Services Council (SSSC) Codes were first published in 2003, setting out the national standards of conduct and practice that apply to all social service workers. The 2016 revised Codes is the second edition and takes account of developments in social services policy and practice.

### **Introduction**

The Scottish Social Services Council (SSSC) Codes of Practice (the Codes) set out: the standards of practice and behaviour expected of everyone who works in social services in Scotland the standards expected of employers of social service workers in Scotland. In setting out these standards, the Codes are a tool for employers and for workers to use to think about how they can continually improve their practice. The Codes let people who use social services and carers know what they can expect from the workers who support them.

### **The Codes are in two parts**

The two Codes are presented together because they are complementary and mirror the joint responsibilities of both employers and workers in meeting the standards.

1. Code for Employers of Social Service Workers If you are an employer, the Code for Employers of Social Service Workers sets out your responsibilities for making sure your workforce is trusted, skilled and confident. You have a responsibility to support your workers to achieve the standards set out in the Code for Social Service Workers and should use both parts of the Codes as a tool for continuous improvement.

2. Code for Social Service Workers If you work in social services, the Code for Social Service Workers sets out clear standards that you are expected to meet. It is your responsibility to meet these standards and you should use the Code to reflect on your practice and identify how you can continually improve.

- 1) Meet relevant standards of practice and work in a lawful, safe and effective way.
- 2) Maintain clear, accurate and up-to-date records in line with procedures relating to my work.
- 3) Tell my employer or the appropriate authority about any personal difficulties that might affect my ability to do my job competently and safely, and tell the SSSC about anything that may affect my fitness to practise.
- 4) Ask for assistance from my employer or the appropriate authority if I do not feel able to, or well enough prepared to, carry out any part of my work or if I am not sure about how to proceed.
- 5) Work openly with and cooperate with colleagues and treat them with respect.
- 6) Recognise that I remain responsible for the work that I have delegated to others.
- 7) Recognise and respect the roles and expertise of workers from other professions and work in partnership with them.
- 8) Respect the responsibilities of colleagues who follow different professional codes.
- 9) Undertake relevant learning to maintain and improve my knowledge and skills and contribute to the learning and development of others.
- 10) Listen to feedback from people who use services, carers and other relevant people and consider that feedback to improve my practice.

The Codes give examples of practice, conduct and behaviour but will not include every possible type of behaviour you may come across.

### **Why are the Codes important?**

- a) Public protection and regulating the workforce: The Codes, along with the National Care Standards, are an important part of regulating and improving the quality of care experienced by people using social services. All employers and workers must make a commitment to work in line with the Codes of Practice. The SSSC regulates the workforce and aims to make sure that the people of Scotland can count on social services being provided by a trusted, skilled and confident workforce. The Care Inspectorate regulates organisations which employ workers and provide registered care services. The Care Inspectorate also provides advice and promotes good practice to improve standards across the social service sector. When a registered worker or employer does not meet the expectations set out in the Codes, action may be taken by the SSSC (for workers), or by the Care Inspectorate (for employers). The SSSC can take action against workers through our fitness to practise process. The Care Inspectorate gives advice to care service providers on following the Codes and, if necessary, can take action against employers.
- b) Supporting good practice every day: The Codes are a tool for continuous improvement and improving practice. For example, you can use them: to support regular Codes discussions at team meetings during induction and for staff learning and development to reflect on current practice. Resources and ideas to support improvement are online at [www.sssc.uk.com](http://www.sssc.uk.com)

**Source: [www.sssc.uk.com](http://www.sssc.uk.com)**

