



*A realist evaluation of NHS managers' experiences of managing staff poor performance.*

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**A realist evaluation of NHS managers' experiences of managing staff poor  
performance**

**David Peter Broomhead**

**A doctoral project report in partial fulfilment of the requirements of**

**Sheffield Hallam University**

**for the degree of Doctor of Professional Studies**

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Finally to my beautiful wife, Paula and children Amy and Tom. I thank you for humouring and supporting me and I hope more than anything that this has been worthwhile for all of us and may inspire you in your own lives.

## **Abstract**

Managing staff underperformance is one of the most difficult things that a manager is required to do and is often avoided. The management of staff underperformance has not previously been explored from the managers' perspective.

This study examines NHS managers' experiences of managing staff underperformance using a realist methodology in order to deal with the complexity of research in a social situation and to offer explanations of the described events. Seven NHS managers that had managed staff underperformance using the Trust's 'Managing Employee Performance Policy' were interviewed using a semi structured interview format. The interviews covered 21 cases. The interviews were recorded and analysed to identify specific case studies, features and themes associated with their experiences. Further literature searches were carried out based upon these themes and the case studies and the themes discussed in relation to the literature, and realist explanatory theories proposed.

The main themes were that: there was no organisational culture of performance management (which included a lack of training for managers in how to manage staff underperformance and staff not knowing how to respond to critical feedback on performance); the performance management process was time consuming, took longer than was necessary and was expensive; and more time and resources were devoted to supporting non-compliant than compliant staff. The time and financial costs of managing underperformance had not been previously described.

The management of underperformance hinges on the delivery of negative feedback to staff which can trigger one of three responses; i) acceptance, ii) overt (explicit) rejection or iii) covert (hidden) rejection of the feedback; these require different management strategies to deal with them. Covert rejection of feedback has not been previously

described in the literature; consequently managers fail to recognise covert rejection and do not manage it appropriately.

Managing underperformance had the potential to have a large emotional impact on the manager especially when staff members rejected feedback. The emotional impact on managers from their perspectives was not described in the available literature. Avoidance of the emotional impact played a large part in managers not managing underperformance.

Twenty one interacting theories were proposed relating to performance management as a change management process, staff responses to negative feedback, the staff contexts that led to these responses, manager training and credibility, the impact of managing or not managing performance on the managers and on the organisation. These theories were refined with the addition of information from secondary literature searches and two were discounted as there was a lack of corroborating evidence or it was felt that the theory could be explained by an alternative means.

It is intended that this thesis may offer useful theories that inform organisational change with respect to performance management of staff, the training of managers and organisational norms and form the basis for future research.

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## 1) Introduction.

*'We met informally to talk about her performance, about some of the issues that we'd found, and immediately she went off sick with stress and then hit both me and the matron with a bullying and harassment claim. That frightened me initially, because I .... play everything with a straight bat and people know that I have high expectations of them and where there's policies I expect them to be followed etc., it did frighten me because I didn't think that I was bullying at the time.'*

(Subject 5 describing her experiences of managing underperformance.)

The overt intention of managing staff performance is to assess and ensure that the employee is carrying out the duties which they are employed to do in an effective and satisfactory manner; in the case of the NHS, this is for the benefits of patients and the wider community that it serves whilst demonstrating good use of the public purse. Managing staff performance does not always seem to result in this outcome.

This is a qualitative study that investigates the use of the Managing Employee Performance Policy (PM Policy) (appendix 1) in an NHS Trust. It uses case histories to examine what happened from the managers' perspectives. This was undertaken with the intent of informing change within the Trust with respect to the PM Policy, how it is used, how its use is situated and how managers might be better trained and supported to use it.

A realist approach to the research was used. This is a suitable methodology for exploring complex social interactions and the choices that individuals make as it is able to model and theorise about the interplay of explanatory mechanisms that lead to outcomes such as unsuccessful performance management. In providing explanatory theories, it provides the basis for suggestions for change in practice that may increase the likelihood of successful outcomes.

The Background to this study is a brief history of the researcher's own experiences of managing staff underperformance which is consistent with the experience of colleagues but inconsistent with management texts.

These experiences which contrast with the view of management text books led to the proposal of three initial theories and three research questions which start to offer some explanation for these differences and form the basis of 1.2 The Study. The overall structure of the thesis is summarised in table 1 at the end of the chapter.

## 1.1 Background

The stated aims of the National Health Service (NHS) described in the Patient's Charter (Department of Health 2013) are to deliver safe, high quality, cost effective care to the communities that it serves. NHS trusts do this on behalf of the NHS and need to have systems in place to demonstrate safe effective care and financial probity. To do this successfully requires efficient use of resources including staff (accounting for 70% of the NHS' budget (King's Fund 2010)), which involves monitoring outcomes of care, activity and behaviours of staff, and highlighting areas for improvement using performance management processes. Management of performance can result in the identification of underperformance of systems and staff.

Managing staff underperformance is one of the most difficult things that a manager is asked to do (Gennard and Judge 2010), gathering performance information, deciding that it is below standard and giving this negative feedback to the staff member.

I have worked for fourteen years in a variety of middle management roles in a NHS trust (the Trust). In these roles, I was responsible for the management of financial and human resources to deliver therapy services across hospital and community settings.

Effective management required monitoring of staff performance and encouraging performance improvements when this was not satisfactory. This was managed informally in the first instance and, if this failed, by implementing the PM Policy.

Fourteen years ago, when I was in my first NHS middle management post, I worked with a newly appointed senior therapist. In order to support her in her new role, I took some of her clinical work from her to allow her time to develop in other areas; teaching junior staff and implementing evidence based practice in her work area. After six months I expected her to resume her clinical workload. However, she was reluctant to do this and passed the work onto others or left the work incomplete. When she was on leave, others could easily manage her entire workload.

I discussed this with her, reviewed her workload, showed her how to prioritise and arranged for her to discuss this with other senior staff, to no avail. In accordance with the PM Policy, I documented my expectations of her work and the support that was to be given to her. I discussed these with her and then asked her to sign an agreement document.

The next morning I was asked to attend a meeting in the Human Resources (HR) Department at which I was presented with a grievance from the staff member claiming that I was bullying her. I was told that unless I withdrew the document concerning her performance, she would proceed with the grievance against me.

I was frightened by this and tried to defend my position; however, the claim of bullying would not be withdrawn. I felt that she was supported by HR in the claim of bullying, whilst I had no support for implementing the performance expectations. So, isolated and frightened I withdrew the document.



Since then I have worked in different posts and have managed staff underperformance more successfully, but the impact of this experience on me meant that it was six years before I attempted performance management again.

Recently I met with the staff member's current line manager. She knew that I was investigating managers' experiences of managing underperformance. She mentioned that she was having problems managing a staff member, who each time her performance was raised took sickness absence and lodged a claim of bullying against the manager. The current manager was asking for my advice about how to proceed with the same, still unmanaged issues with the same staff member that I had failed to manage effectively.

## 1.2 The study

Anecdotal information from other managers within the Trust and other NHS organisations seemed to suggest that my own experience is not uncommon and that managing employee underperformance is problematic for managers.

Our shared experience of managing employee performance did not reflect what the policy and textbooks described. These did not mention that managing performance might lead to grievances, absence from work and staff resignation, or that the process could be time consuming, frustrating and emotionally distressing. Little reference was made to this in the standard management textbooks, or management and health management journals. Instead the literature was critical of managers, describing them as unprepared to manage staff performance, and avoiding managing it as they lack the skills and training to undertake it successfully, they also warned of potential legal proceedings against managers when they do. These statements were not backed by research evidence. I was reassured that this area of work had not been previously explored; hence it was the starting point for research on this topic which it is hoped will

have an impact within the NHS, the wider public sector, and the private sector.

This led to a wish to explore other managers' experiences of managing staff performance and staff member responses in different contexts.

Initial theories were based upon personal and anecdotal experience without which there can be no ideas to initiate the work (Pawson 2013).

Theory 1; is the programme theory (Pawson and Tilley 2011). The programme theory describes how implementing the PM policy is expected to lead to improved performance and in which conditions it should do so.

Theory 1: When staff are given negative feedback on their performance, they accept that they have a performance problem and work to improve their performance.

However, based upon personal experience and anecdotal information, two further initial theories are suggested;

Theory 2: Managers do not know how to manage performance well which leads to a varied staff response to the performance management process.

Theory 3: Managers are frightened of giving feedback about performance to staff because they are frightened of the staff member's response.

This research starts with a literature review looking at what is known about managing employee performance. This was informed by the initial theories above. The review finds no research examining

managing employee performance from a manager's perspective; what was found however was a range of management textbooks containing processes for managing employee performance, but little assistance on what to do if and when it went wrong. Wilkinson and Redman (2013) suggest that there is a gap between research into management practice and actual management practice. Some textbooks blamed managers for failing to manage employee performance effectively; Gennard and Judge (2010) refer to discipline in the workplace as one of the most difficult areas that managers have to deal with; Cunningham (2008) talks of cultures where managers are frightened to give feedback on poor performance for fear of accusations of bullying and where unions encourage staff to accuse managers of bullying as a defence against poor practice. As a result, managers avoid and ignore staff poor performance (Yariv 2006 and Yariv and Coleman 2005) and even alter individuals' performance scores in order to avoid confrontation with them (Spence 2011) due to genuine concern for the security of their own positions (Gennard and Judge 2010).

The initial theories were refined following the literature review and then explored further in interviews with NHS managers about their experiences of managing employee performance. From these interviews, common themes were identified using the twenty one cases that they described. The cases were analysed against the theories that had been taken forward from the literature review and new theoretical positions developed. The reporting of results and theories was structured in relation to staff, the organisation and to managers. This structure was followed through into subsequent sections to aid the reader. The theories were in turn set against further literature searches in order to reach a final (from the point of view of this thesis) theoretical position which proposes explanatory mechanisms that might lead to the observed outcomes. These inform recommendations for organisational change with respect to managing

staff performance and for further research. The thesis structure is outlined in figure 1 at the end of this chapter.

The research questions were framed to allow the development of theories to understand the experiences of using the PM Policy and how the use of the PM Policy might be improved (Rycroft- Malone et al 2013). Broadly, these questions were:

RQ1 What are the possible outcomes of implementing the PM Policy?

RQ2 What factors lead to the different outcomes?

RQ3 What are the mechanisms that may link 1 and 2?

This body of work represents, I believe, an original contribution to knowledge by looking at managers' experiences of managing employee performance in realist terms, offering potential solutions for managers and organisations that find themselves in similar situations and by identifying fields of work for further development to support or refute the ideas developed in this thesis. It also provides a voice to managers whose experiences have thus far been overlooked.

Figure 1. Summary of the thesis structure

<p>1) Introduction. Initial theories based upon anecdote and personal experience Research questions</p>
<p>2) Methodology Describes the realist approach that underpinned the research method used in this study</p>
<p>3) Initial literature search To scope the literature and to find identify existing research related to anecdotal experience and the research questions</p>
<p>3.8 Initial literature review A review of the literature found in 3.0 the initial literature search, to allow development of the initial theories. This is the first cycle of theory development</p>
<p>4) Interviews Description of the interview method and process</p>
<p>5) Results of the interviews Analysis of interviews. Identification of themes. Development of and addition to the initial theories from 3.8 the Initial literature review. This is the second cycle of theory development</p>
<p>6) Second literature review Explore themes and ideas arising from the interviews. This is the third cycle of theory development.</p>
<p>7) Synthesis of results, and the initial and second literature reviews. In order to test the theories suggested in 5.0 the results of the interviews and allow further development or discounting of theories. This is the fourth cycle of theory development.</p>
<p>8) Recommendations Organisational recommendations based upon the findings of 7.0 the synthesis and discussion Further research recommendations</p>

## **2) Methodology**

A professional doctorate requires study in the field or area of the student's professional setting (Lee 2009), in this case, managing a therapy service in the NHS. The intention was to develop theories to explain observed occurrences and ultimately influence changes in workplace practice, policy and the application of policy in response to the findings (Scott et al 2004). In order to begin a process of change, it is important to understand the processes and offer explanations as to why events may occur (Collier 1994). To achieve this, a realist methodology was adopted; this is a research strategy rather than a method (Pawson 2014). This chapter outlines the realist methodology. The actual methods that were used to gather, evaluate and synthesise data are described at the beginning of each relevant chapter.

### **2.1 Realist Methodology**

The management of staff underperformance takes place in a social environment and follows social rules and conventions. Implementing performance processes occurs in workplace environments in which different actors play their parts. Based upon my own and others' subjective experiences there was a belief that there may be different sets of circumstances that could lead to different outcomes within and as a result of managing staff underperformance; there is not a situation of one cause leading to one effect, one context leading to one outcome (Denzin and Lincoln 2008). This was a reasonable assumption given the complexity of the contextual back drop against which the process takes place.

A realist methodology underpinning an investigation into the application of policy in a healthcare setting is appropriate as it allows for and expects a background of contextual complexity and rather than try to control or deny these contextual variables, it acknowledges and embraces them rather than trying to limit or

eliminate them (Crotty 2010). It tries to make sense of their relevance to outcomes by identifying the different contexts that may exist and which lead to different outcomes (Pawson and Tilley 2011). In order to do this the realist approach goes beyond a simple cause-effect model and offers instead a range of explanatory mechanisms for outcomes (Pawson and Tilley 2011).

Realism takes the view that the observed world has underlying it processes that are for the most part hidden. In the case of Bhaskar's (1975) critical realist approach, the whole of reality can be thought of as layered; our immediate experience is the first, empirical domain. But underlying this layer are two others: the domain of the actual and the domain of the real (see figure 2). In the domain of the actual, various mechanisms interplay. To use an example from natural science, when an object falls, gravity takes hold but so also do mechanisms such as friction. The interplay of these various mechanisms results in the empirical outcome of an object falling at a certain rate to a certain place. The forces such as gravity and friction belong to the domain of the real. This is the underlying reality of forces and laws that are always potentially active but only active in the domain of the actual, where they (sometimes) emerge as events and finally (sometimes) as experiences (Collier 1994). A key feature of a realist evaluation is its emphasis on identifying and proposing these underlying mechanisms to explain experiences and events (Pawson and Tilley 2011). These mechanisms are responsible for the behaviour and interrelationship of the processes which are responsible for the experiences and events (Pawson and Tilley 1997). These mechanisms are dependent upon the contexts in which they operate (Pawson and Tilley 2011).

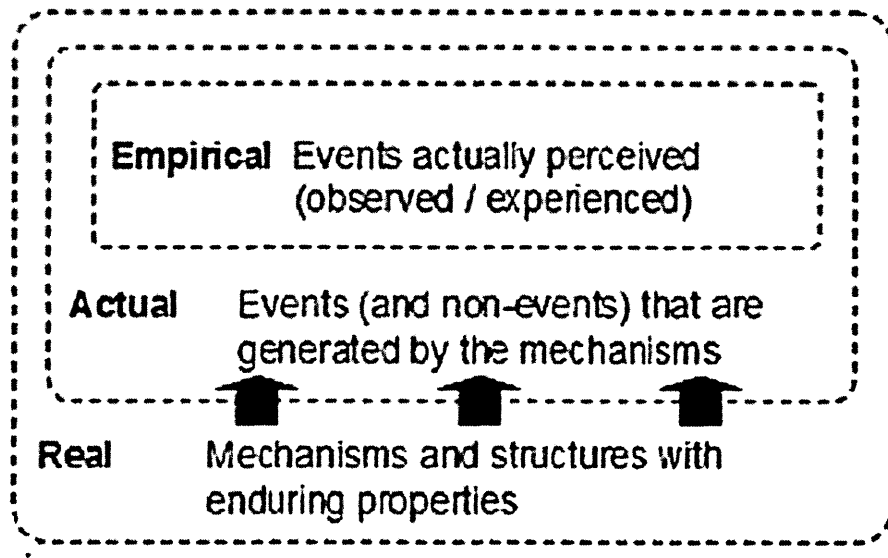


Figure 2. The three domains of the real (Mingers 2002)

An important concept in realism is that of open and closed systems. Closed systems are those in which every input is, or can be, known and of which a full explanation of outcomes can be given without reference to any factors outside the system. Experiments in natural science attempt to create such systems as far as possible. Society, however, is an open system. This is not only because it is difficult to isolate external factors from, say, the observation of what goes on in a hospital. It is also because one change to an internal factor at one time changes the system (or context) in such a way that a similar subsequent change to the same internal factor may have different effects. For example, a management initiative that is effective in one hospital might not be in another which has, say, a different balance of staff ethnicity, experience or class.

In a closed system, a factor in a context will trigger a mechanism that reliably leads to an outcome, but in an open system, contexts will never be identical. A group of contexts may trigger different mechanisms leading to a different outcome or a tendency to produce a different outcome (Collier 1994). A mechanism will only be triggered if the context is right this will then lead to the predicted outcome;



causal outcomes follow from mechanisms acting in context (Pawson and Tilley 2011). However, different mechanisms may act simultaneously and may be in competition with one another (Collier 1994), this may affect the final outcome of a process.

#### Context + Mechanism leads to Outcome

This study was focussed upon identifying regularities of managerial experience which are the sum of a context and a proposed mechanism which provide an explanation of how and why outcomes are observed (Pawson and Tilley 2011). These explanations and mechanisms are conceived of as real phenomena and not merely abstract models (Collier 1994, Putnam 1990).

The workplace in which this study was situated is an NHS hospital and community trust. It provides health care services to a local population and is comprised of clinical and non-clinical departments. They all operate under a combination of NHS regulations, clinical standards (Department of Health 2013b), service specifications, professional standards, custom and practice of the individual teams and an additional range of other influences that it would be impossible to catalogue (Pawson and Tilley 2011). As an open system, the interaction between the different influences and contexts contained within it are likely to be complex and difficult to control or predict. Unlike a laboratory where the conditions for the effective triggering of causal mechanisms can be created, no such opportunity exists in the social world (Pawson and Tilley 2011)

When staff performance fails to meet the required standard, the staff member's manager may (or may not) intervene using the PM Policy. The intention of implementing the PM Policy is to support the staff member to improve their performance to the required level. This intervention is itself a theory, the programme theory (Rycroft-Malone et al 2012), by doing X, we achieve Y; by using the PM Policy to

support the staff member, the staff member's performance will improve.

However, the process of the application of the PM Policy is complex; the staff member may choose to accept feedback on their performance, that there is a performance problem or not, cooperate or not, continue to be involved or not, learn from the process or not, apply lessons learned or not, continue to participate or not. Experimental evaluation is not sensitive enough to consider these variables, as it seeks to negate or ignore the variables to achieve standardisation (Pawson and Tilley 2011)

Realism is not a research method; it advocates the use of the appropriate method for the research question. A realist approach was used to interpret the data and in the overall construction of the project. The methodological approach was influenced by ideas about realist synthesis taken from Rycroft- Malone et al (2013) Pawson et al (2004) and Wong et al (2013). These were adapted to allow the addition of empirical evidence to the synthesis process in order to gain an understanding of what works or does not work for who and in what circumstances.

The research process took the form of four cycles of theory development, each based upon the initial theories which arose from the personal and anecdotal evidence, described in the introduction, from which any research may start (Pawson 2013). This informed an initial literature search and first cycle of theory development based on the initial theories with the addition of supporting evidence, discussed in the next chapter. Managers' experiences of managing employee performance were then gathered using interviews which were then examined for consistent features and outcomes and a second cycle of theory development.

These theories informed second literature searches leading to refinement of the theories (Pawson and Tilley 2011, Astbury and

Leeuw 2010) by cross referencing with other studies in order to challenge and refine our inferences with other evidence in the third cycle (Pawson 2013, Rycroft- Malone et al 2012).

The literature review was constructed in phases, as suggested by Pawson et al (2004) in 'Realistic Synthesis'. They suggest conducting an initial background search to understand the scope of the literature which allows the formation of initial theories based upon this literature.

Empirical evidence was then generated by interviews with managers about their experiences of managing employee underperformance using the PM Policy. These are displayed in the results section and further theories are proposed.

A second literature review is generated using search terms identified as a result of theories developed from the analysis of these interviews. The second literature searches were more purposive and based upon the themes that emerged from the interviews conducted as part of this study (Pawson et al 2004).

The results of these second literature searches are discussed in relation to the results in the discussion and synthesis section; the fourth and final cycle of theory development in which the theories are refined, their interactions described and realist explanatory mechanisms are proposed. This leads to the final section in which recommendations for change for the trust and for further research are made.

### **3) Initial Literature Search.**

This study identified initial theories about the application of the PM Policy formed from personal experience and anecdotal evidence that i) managing performance could be difficult, stressful and time consuming; ii) managers are often unprepared to undertake performance management; and iii) it can be confrontational and can result in claims of bullying against managers and some staff may respond to claims of underperformance by taking sickness absence.

Any study is situated in the context of what has gone before and so a background literature search was conducted to get a 'feel' for the topic; what has already been done, what was known, the volume of work. From this initial literature search and review of the literature, the early hypotheses were developed and a further theory was proposed. The theories were developed from a realist perspective and considered the different contextual features that may exist that may trigger different mechanisms leading to observed outcomes (Pawson 2013, Pawson and Tilley 2011, Collier 1994).

#### **3.1 Search for research studies**

This study focuses on managers' experiences of managing individual staff member underperformance, specifically when PM Policies have been implemented. A research strategy was constructed accordingly. Literature was sought that involved the management of underperforming staff, and utilisation of the PM Policies.

The aim of the literature search was not for a complete systematic review of all of the available literature but to achieve a good understanding of it and stopped when no new information or ideas were added (Pawson et al 2004). This idea of theoretical saturation was borrowed by Pawson et al from Glaser and Strauss (1967). This required judgements to be made about which literature to include and when to stop looking (Pawson et al 2004).

The literature search used the standard management texts from the management section of the University library and two journal databases; Scopus and Emerald Management Xtra. These databases were both available online through the University's library gateway and provided access to the full text of articles. It was felt that using these would provide a reliable, comprehensive, quality assured source of research published on health management or management in the public and private sector. (See Initial literature review appendix 2 and 3 for details of the literature search)

The term "performance management" was not utilised until the 1970s (Fryer, Antony and Ogden 2009) but is now an established feature of public sector life, with journals producing special editions on the subject. Despite this high degree of interest, Brown et al (2010) note at least 17 different, and at times conflicting, reasons for introducing performance management, each with variations on the definitions of performance management, providing an indication of the levels of confusion surrounding the subject.

Advice was sought about use of search terms from the Director and Assistant Directors of HR as experts in the field of HR and performance management and as the authors of the hospital trust's PM Policy, in order to identify possible synonyms and reduce missed information (Frants et al 1999).

The initial literature search used the search terms; "performance manage\*". This was to capture research containing performance management, performance manager and performance managing.

As this study was concerned with informing staff of their underperformance, "negative feedback" was used as a search term.

"Manager\* Experience\*" was searched as a main area of interest to capture manager and manager's plus experience and experiences and this was combined with other areas of interest using the Boolean

systems built into the literature databases. (See appendix 3 initial literature review).

### 3.2 Search for management textbooks

Many textbooks are published each year on the subject of performance management. As a scoping exercise in order to get a feel for the relevance of the literature, a selection of ten standard textbooks on management were chosen from the library shelves. This selection was based on the numbers of copies and publication edition; more copies and later editions led to greater likelihood of selection. The sections in the books that dealt with performance management of staff were focussed on for reference to managers' experiences of managing staff underperformance.

The textbooks broadly agreed on the content of performance management processes which work on individual, team, department, and organisational levels. It works well when each of these levels is aligned with and supports the objectives and performance of the next (Armstrong 2012a, Armstrong 2012b, Marchington and Wilkinson 2012, Mullins 2010, Price 2011). Performance management is linked to some form of appraisal and staff development process and together forms an idealised version of performance management.

The Employment Relations Act (1999) is law that relates to the practice of performance management. It is summarised in the ACAS (2010) booklet, 'How to Manage Performance'. The PM Policy is written in relation to this guidance and the themes within this are all reflected in the sections on managing employee performance in standard British management textbooks summarised in Table 1.

Table 1. Management texts related to the sections in ACAS (2010)

ACAS (2010) 'How to Manage Performance'	Relevant Reference Texts
How and why to manage performance	Armstrong 2012, Bratton and Gold 2012, Sheilds 2012, Beardwell and Claydon 2010, Edis 1995
How systems of performance management should be developed	Armstrong 2012, Price 2011, Torrington et al 2011, Beardwell and Claydon 2010, Armstrong 2009, Rodman and Wilkinson 2009, Edis 1995
Introduction and planning of performance management systems	Torrington et al 2011, Edis 1995
Personal development of staff	Armstrong 2012, Beardwell and Claydon 2010, Fletcher 1997
Reviews of staff performance	Beardwell and Claydon 2010, Armstrong 1998
How underperformance should be managed	Sheilds 2012, Torrington et al 2011, Beardwell and Claydon 2010, Armstrong 2009
Measures of performance; competencies and behaviours	Price 2011, Torrington et al 2011
The need for regular feedback to staff	Sheilds 2012, Price 2011, Armstrong 2009, Rodman and Wilkinson 2009, Fletcher 1997
Annual reviews	Sheilds 2012, Price 2011, Torrington et al 2011, Beardwell and Claydon 2010, Armstrong 2009, Rodman and Wilkinson 2009, Fletcher 1997, Edis 1995

### 3.3 Appraisal of Quality

As a whole, the papers were of poor quality and would have been disregarded in a review of healthcare literature when appraised using tools such as Cochrane Handbook for Systematic Reviews of Interventions (Higgins and Green 2008) or the Critical Appraisal Skills Program (CASP 2010). Systematic reviews of literature usually exclude all but the most rigorously conducted controlled trials, which reduces the numbers of included papers to small numbers. This is desirable in systematic reviews of interventions in relatively closed systems (e.g. a drug on a human body). It is problematic in open systems, for example, when considering social interventions (Pawson et al 2004) such as the PM Process. This is for two reasons, firstly, there is not a defined pool of relevant papers and secondly, excluding

papers may reduce the ability to generalise the findings (Pawson et al 2004).

The papers that were identified were not written to satisfy healthcare standards of rigour, but instead, to inform HR practice. The level of scientific rigour expected of these papers is different. Therefore papers that are relevant by topic have been retained and the ideas within them considered as suggestive of evidence rather than absolute evidence. Limiting the literature search to refereed academic journals (and omitting non-refereed material), would have excluded international management textbooks, professional/ practitioner articles, books and sources of information that are relevant in practice and contribute to HR management and which are considered as grey literature (Claus and Briscoe 2009).

In common with Traynor et al's (2014) scoping study of disciplinary action and poor performance amongst UK nurses, little directly relevant literature and a paucity of empirical evidence was found. The identified literature fell into one of five categories; editorials, models, research papers, standard management textbooks and the PM Policy itself. (See appendix 1 and 2).

### 3.4 Performance management and the staff member

Little was found written about the staff themselves, they were viewed as recipients of management who acted for the staff and organisation's benefit (Voronov 2008). Underperforming staff should be offered training and development to support them to develop and improve their performance, (Armstrong 2012a, Armstrong 2012b, Beardwell and Claydon 2010, Farnham 2010) and as long as they feel that they are treated fairly and understand their position are likely to be engaged with the PM process (Gupta and Kumar 2013). The PM policy reiterates this in section 3 (appendix 1). This represents an idealised view of performance management that is different from the anecdotal experiences of managers.



Harvey and Drolet (2004) offer a different view and discuss the management of thirteen types of difficult people who either participate in the PM Process, fail to improve performance or may be dismissed as a result of non-participation; it then offers strategies for how to deal with them, although with no mention of managers' experiences.

### 3.5 Performance management and the organisation

#### 3.5.1 Purpose of the PM policy

The explicit purpose of the PM Policy is to provide guidance to managers as to how to manage the performance of staff by assessing their performance and ensuring that the employee is carrying out their duties that they are employed to do in an effective and satisfactory manner, and managing any underperformance on behalf of the employing organisation by guiding them through organisational processes (Torrington et al 2011). The policy clarifies roles and responsibilities (Mullins 2010, Leat 2007) and provides the principles to guide decisions to reach rational outcomes (Heery and Noon 2012). It also makes the process clear to staff and to their representatives about what they can expect if underperformance is alleged (Burns 2011). It is a statement that demonstrates that the organisation is consistent with employment law and it provides a process that managers as representatives of the organisation are required to follow so that the process remains lawful and provides evidence that due process has been followed (ACAS 2010, Hollinshead et al 2003). The ACAS (2010) Code of Practice No 1 stresses the importance of having explicit procedures for managing performance and discipline.

Policy is a statement of intent; the procedure describes the step by step process by which the policy will be achieved. The Trust's PM Policy incorporates the poor performance policy and poor performance procedure into one document.

The Trust's PM Policy is born out of and is written to meet the guidance set out in the Advisory, Conciliation and Arbitration Service's (ACAS 2010) booklet, 'How to Manage Performance', on managing employee performance. This booklet provides guidance to employers as to how to interpret and implement the requirements of the Industrial Relations Act (1971) and the Employment Relations Act (1999).

The PM Policy/ process is constructed in a series of steps; identification of a problem, making the staff member aware of performance problems and offering support to improve the performance. If this is followed then the staff member accepts and participates in the support and development that is offered, the staff member is re-evaluated and if there is a positive outcome, the staff member's performance improves to the required standard.

If this process fails then the process changes and disciplinary procedures may be used (ACAS, 2009. Code of Practice 1). Grievance and Disciplinary Procedures outline the legal framework that employers can use to discipline employees that they perceive to be in breach of their employment contract. Failure to meet the required standards may result in notice of failure and a period of time to improve performance, followed by sanctions, followed by more extreme intervention, suspension, and loss of contract/ dismissal.

### 3.5.2 Personal Development Review/ Appraisal

The components that make up an effective performance management/ performance appraisal cycle are; agreement of the components between the manager and the staff member, an agreed measurement system, timely feedback, reinforcement of good performance, an open dialogue between the manager and the staff member and agreed relevant performance targets, standards and performance measures (Armstrong 2012a, Armstrong 2012b, Beardwell and Claydon 2010, Farnham 2010, Marchington and

Wilkinson 2012, 233, Price 2011, Torrington et al 2011). These ideas are contained within the first section of the PM policy which says that employees have a duty to perform according to the requirements of the post which will be explained to them during the induction process and then as part of annual development reviews. Where the required standards and levels of performance have been explained and are not achieved, then the appropriate manager should deal with the matter in accordance with PM policy.

The intention of staff development is to improve staff performance leading to an improvement in overall organisational performance, staff behaviour and motivation. In some instances development is used as a reward for performing well (Armstrong 2012a, Armstrong 2012b, Beardwell and Claydon 2010, Farnham 2010).

### 3.5.3 Standards of performance

Agreement of performance expectations is part of a two sided communication process, the manager describes what is expected and this is negotiated with the staff member. Grimshaw et al (2006) present four aspects of accountability. They do not provide evidence to support the four statements but say that their research has found that in order to have a culture of accountable performance, 1) employees must understand expectations, 2) expectations must be credible and reasonable, 3) good performance results in positive consequences and 4) poor performance results in negative consequences.

Harvey and Drolet (2004) devote a chapter to the setting of norms for teams. They define norms as the 'behaviours that are widely accepted' (Harvey and Drolet 2004 p61). They discuss approval and disapproval of behaviours, tacit or explicit norms and the need for norms to be documented and shared. When staff do not perform at the expected levels there may be conflict and conflict resolution may be required. The PM policy is clear that setting of standards is the

employer's responsibility and should be outlined in the staff member's job description.

Dyer et al (2007) warn of the problems of implicit rather than explicit expectations in a team which creates a two sided problem between manager and staff member by creating a potential conflict of opinion. This is especially problematic where there is a new team or new manager introducing new expectations of performance. In this instance, clarification of roles and expectations of performance is important. Dyer et al (2007 p137) describe raising performance issues as 'confrontation between the team leader and problem person'. This might suggest that there might be no problems arising from managing performance as long as expectations are explicit. There is no writing from the perspective of the manager.

#### 3.5.4 Performance measures within the NHS

Within the NHS, benchmarks or targets for performance have been established at all levels from the corporate to the individual. Some targets are set nationally by central government, some regionally by NHS England, some locally by commissioners (Institute for Innovation and Improvement 2011), through professional standards (Health Professions Council 2011), and individual performance objectives (ACAS 2010).

These standards are monitored/ regulated by a variety of means; The Audit Commission, The Centre for Public Scrutiny, NHS England, Care Quality Commission, Monitor, commissioners (The Kings Fund 2008) down to supervision by more senior staff at an individual level.

The textbooks recommend that a combination of quantitative and qualitative measures contribute to the measurement of individual performance (Farnham 2010, Mullins 2010, Price 2011, Torrington et al 2011) and that the measures should be directly linked to organisational objectives (Armstrong 2012a, Armstrong 2012b,

Hendry 1995, Marchington and Wilkinson 2012, Mullins 2010, Price 2011, Torrington et al 2011).

Measurement against a set of competences that are accepted as the standard are recommended in professional arenas rather than process based quantitative objectives that might be used in for example, manufacturing (Armstrong 2012a, Marchington and Wilkinson 2012, Price 2011, Torrington et al 2011, Wilkinson and Redman 2013).

#### 3.5.5 Feedback to staff

The textbooks advise that performance information should be clearly articulated and explained to staff members as part of regular feedback to staff (Armstrong 2012a, Armstrong 2012b, Beardwell and Claydon 2010, Farnham 2010, Marchington and Wilkinson 2012, Price 2011, Torrington et al 2011).

In order for feedback to be useful it must be specific and elaborated; any performance problems must be described with clear explanations of the performance expectations (Raemdonck and Strijbos 2013, Steelman and Rutkowski 2004). Performance management and the delivery of negative feedback can be a potential point of conflict (Schein 2004). Open communication is correlated with a more productive response to conflict resolution (Ayoko 2007, Steelman and Rutkowski 2004). The PM policy says that the initial stage in resolving underperformance is for the manager to be absolutely clear about the precise nature of the perceived performance problem and to record specific instances that should be discussed with the staff member at the time that they occur.

#### 3.5.6 When performance slips

Once underperformance has been identified, staff members should be given time to resolve them. ACAS (2010) suggests that there is a plan for improvement which is limited to a two to three months period with progress meetings held at least fortnightly to provide positive

reinforcement about progress (Armstrong 2012a, Armstrong 2012b, Marchington and Wilkinson 2012, Price 2011, Torrington et al 2011, Beardwell and Claydon 2010, Farnham 2010, Gennard and Judge 2010).

Advice to managers is that they should adopt coaching skills to support staff to improve (ACAS 2010, Champathes 2006, Trinkka 2005). It is important that managers support staff who may have lost interest in work or have psychological problems (Marchington and Wilkinson 2012). Failure to provide adequate training by the employer may result in a finding of unfair dismissal at any subsequent tribunal (Yew 2013).

In line with ACAS (2010) the PM Policy is written in supportive terms in the first informal section; offering support, staff development and coaching (Torrington et al 2011, Armstrong 2009).

If performance does not improve then the tone of the PM Policy (appendix 1) changes and begins a process in which stage 1 is in the form of written notice of failure to perform (Armstrong 2009, Leat 2007), with time to correct the poor performance.

If there is no improvement, then the policy progresses to stage 2 in which stage 1 is reiterated or, if it is decided that the staff member is not likely to improve then alternative employment may be offered. Another time period may be offered to demonstrate improvement, or disciplinary action may be taken with reference to ACAS (2009) Discipline and Grievances at Work.

If the staff member is given more time to improve their performance then at the end of the third stage, if the performance still has not improved, alternative employment may be offered or the staff member dismissed. It is impossible for an employer to lawfully dismiss an employee on the grounds of poor performance without first warning the employee that improvement is required, giving appropriate time

and training for the improvement to take place and warning the employee of the consequences of failure to improve (Yew 2013, ACAS 2010).

In the majority of cases, dismissal due to poor performance is as a result of continuing underachievement over a sustained period of time. However, it can be as a result of one single incident that results in dismissal on the ground of capability, or in rare circumstances, conduct (Yew 2013).

### 3.6 Link between performance and pay

The textbooks suggest that there is often a link between staff appraisal and payment, through profit sharing linked to merit (Hendry 1995), so incentivising a commitment to improvement (Torrington et al 2011). Within the NHS, there are broad competency bands that are linked to payment under the Agenda for Change terms and conditions (AfC). Armstrong (2012, 2012b) and Torrington et al (2011) talk about other incentives; job satisfaction, promotion and development that are used instead of pay that are utilised in the public sector in Britain. Successful reward systems are strongly linked to improved levels of performance (Armstrong 2012a)

### 3.7 Performance management and the manager

Traynor et al (2014), Armstrong (2012a, Armstrong 2012b) and Torrington et al (2011 p278) say that managers are the 'weak link' in the performance management system, as they are poorly trained and lack the skills to administer the performance management process.

Goodhew (2008) and Yariv (2006) examined the management of poor staff behaviour and the delivery of negative feedback from the manager's perspective, by examining manager's cognitive scripts (Goodhew 2008) and by interviewing principal teachers about their thought processes and actions when delivering negative feedback (Yariv 2006). They agree managers are inconsistent in their

approaches, that delivering negative feedback is difficult, and avoiding or ignoring the problem is commonplace in early or less serious cases. Price (2011) says that managers view appraisals negatively and are reluctant to engage with the performance appraisal processes because they are confrontational, fail to motivate staff, based in a reward/ punishment based psychology and have the potential to hurt the other person (Towers 1998). As a result, Holloway et al (1995) say that managers deliberately inflate staff members' performance feedback in order to preserve morale, avoid conflict, damage to relationships or the creation of documents that may later harm the employee's career (Beardwell and Claydon 2010, Marchington and Wilkinson 2012, Price 2011).

This avoidance may be to protect themselves; Gennard and Judge (2010) refer to discipline in the workplace, which may be one of the outcomes of managing underperformance, as one of the most difficult areas that a manager has to deal with when discussing performance, capability and conduct. They go on to say that managers believe that the disciplinary processes are cumbersome and heavily biased in favour of the staff member, who may disagree with their ratings in performance reviews which may lead to appeals, grievances, arbitration or lawsuits.

Cunningham (2007) extends this idea and talks of cultures where managers are frightened to give feedback on poor performance for fear of accusations of bullying and where union representatives encourage staff to search for spurious evidence that they are being bullied in order that their managers will be too frightened to enforce change. This suggests an awareness of the imperfection of the process.



### 3.8 The initial literature review. First cycle

#### 3.8.1 Performance management as a change process

The PM Policy is used to support the staff member with the intention that the staff member's performance will improve. This is the program theory, which refers to how the use of the policy is expected to lead to improved safe performance and in which conditions it should do so (Pawson and Tilley 2011). The PM Policy is constructed in a series of steps discussed previously: identification of a problem, making the staff member aware, offering support to improve the performance, the staff member accepts and participates in the support and development that is offered, the performance is re-evaluated and if there is a positive outcome, performance improves to the required standard.

For this to work there are systems that must underpin the process; clearly articulated performance standards, monitoring of performance, feedback of performance to staff. This is well described by ACAS (2010) and standard management textbooks (Armstrong 2012, Beardwell and Claydon 2010, Bratton and Gold 2012, Edis 1995, Fletcher 1997, Price 2011, Rodman and Wilkinson 2009, Sheilds 2012, Torrington et al 2011)

Performance management is not described in the textbooks as a change management process. However, it can be reframed as such (Schön 2009) since the process of managing employee performance is undertaken with the intention of changing an individual's performance. It mirrors ideas found in Lewin's (1947) three stage change model from which many more recent models of change are derived;

1) creating forces that motivate change towards a goal through creating dissatisfaction with the status quo and bypassing the individual's defence mechanisms (unfreezing). In the case of

managing employee performance, this results from the provision of negative feedback on performance

2 ) a process of transition during which change takes place (transition), in the managing employee performance process; the staff member engages with the support and development that is offered and works towards improving their performance

3) consolidation in which the new practice becomes the norm (freezing); once performance has improved, it is maintained at the required level and becomes the normal performance level.

In order for change to take place, the forces that drive change must be greater than the resisting forces. No change takes place until there is a shift in the balance between driving and resistive forces (Lewin 1947). In order to create the imbalance in forces, either the driving forces increase or resisting forces reduce or a combination of the two.

Driving forces = Resisting forces	No change (equilibrium)
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Driving forces > Resisting forces	Change takes place
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In order to overcome the inertia of equilibrium, Kotter (2012) describes an eight step change process. This identifies the problem and establishes that the individual owns (or acknowledges) the problem, then creates dissatisfaction with the current situation (stages 1 and 2), an alternative vision for how the situation might be better (stages 3 and 4), the solutions as to how change might be started (stage 5), positive feedback to assure staff that the change is possible and further motivation (stage 6) and ongoing feedback and motivation (stage 7) during the time it takes for the changes to become normal and embedded (stage 8)

The eight step change process described by Kotter (2012) focuses on change leadership and like other management texts describe change as something that managers do to staff. Kotter discusses change in the context of organisational change, which is led by managers

inspiring and motivating change in a workforce or group of staff. Although many of Lewin's (1947) change ideas relate to group behaviour and changes in relation to groups, he does also discuss individual change using the same process. If an individual changes they go through a similar process in which their own dynamic equilibrium must change and there must be a shift in their personal driving and resisting forces.

Pawson (2013) introduces a model of change that describes the steps that an individual must go through for a personal change, starting with a realisation that there is a problem with the current state. This model (Pawson 2013 p128) describes the change process using realist mechanisms in relation to change management programs; he suggests that in any change program there is a sequence of seven mechanisms that are triggered that are common to all change programs (Pawson 2013 p131). Pawson's seven stages for behavioural change that an individual must pass through;

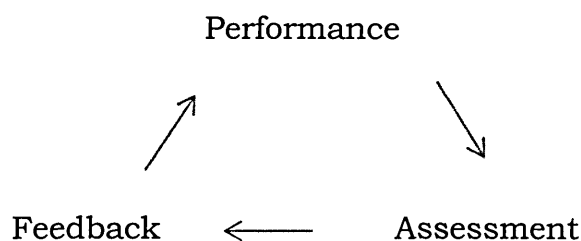
1. Disaffection- the problem is identified and the staff member questions the wisdom of continuing current behaviour is raised
2. Self-doubt- alternative courses of action are suggested
3. Anticipation- a solution is agreed and planned
4. Equivocation- short term successes and feedback, quick wins
5. Rumination- reflection on progress and test resilience
6. Adoption- the staff member becomes more independent and control is relinquished to them
7. Conversion- the change is complete and sustained as a long term improvement

The application of the PM Process can be thought of as implementing a change process; however, instead of influencing change of a group of staff, it is directed at an individual. In the large majority of cases, staff performance is managed informally and negative feedback from the manager on performance is enough to trigger Pawson's 'disaffection' and initiate the change mechanisms.

When the PM Policy is used, Kotter (2012) becomes relevant; the manager realises that there is a problem which must then be communicated to the staff member in order to create the environment for 'disaffection'. By doing this the manager would hope to initiate the mechanisms in Pawson's stages for behavioural change with the individual. When the manager feeds back to the staff member to inform them that there is a performance problem, the staff member is asked to change their performance by their manager instead of coming to a realisation that they may need to change by themselves.

Kotter's eight stages include developing a guiding coalition which may or may not be required as part of Pawson's process in the form of additional support for training, support from more senior managers, and HR.

The management textbooks discuss the need for regular feedback to staff so that they are aware of how they are performing against agreed standards of performance or performance targets. Positive feedback is given in order to reassure staff of their performance and to reinforce performance, negative feedback is given with the intention of creating 'dissatisfaction' on behalf of the staff member creating the desire to change their performance and improve their feedback (Beardwell and Claydon 2010, Torrington et al 2011, Hollinshead et al 2003). Govaerts et al (2012) summarises this cyclical three sided process in a diagram below;



### 3.8.2 Articulation of performance expectations

In a healthcare setting, clinical and behavioural standards should form the benchmark against which performance is judged and evaluated. When expectations are clearly articulated, there is little room for error in understanding. This is part of a two-sided communication process; the manager articulates expectations leading to a shared construct of what is expected from the staff member, the support that will be offered and what will happen if the staff member does not achieve expectations (Grimshaw et al 2006). This view of management is that of something that managers do; Grey and Wilmott (2005) highlight that it is not only a role of managers but any activity that regulates the activity of others. There is an inherent danger in managers not understanding the hidden processes that are actually employed by staff to achieve objectives when articulating expectations and only focussing on outcomes (Brown and Duguid 2001).

### 3.8.3 Feedback

In reference to Pawson's (2013) seven stages for behavioural change, the manager is an agent of change, identifying problems and feeding back to the staff member so that they understand that they have a performance issue that needs to change. This should create 'disaffection' within the staff member. Offers of support, training and development by the manager should create 'self-doubt', leading to the agreement of a development plan which the staff member 'anticipates'.

At the first review meeting the staff member should be able to demonstrate participation in the support that has been offered and improvements in performance providing 'equivocation' that the initial changes have been worthwhile. This meeting provides the opportunity for 'rumination' and planning further support and development

Improving performance leads to 'adoption' of the changes leading to 'conversion' when the required level of performance is achieved and maintained without support to maintain the required level of performance.

Table 2. Summary of context and outcomes proposed in idealised performance management. The program theory.

Context		= Outcome
Performance standards are identified and articulated	Results in	Staff knowing what the expected standards of performance are
Monitoring of performance is normal practice		Staff accepting continuous monitoring of performance
Staff are monitored against accepted standards		Staff accepting evidence relating to underperformance
Underperformance is quickly identified		Underperformance being quickly addressed
		Low levels of poor performance
		Acceptable performance that is in reference to the accepted standards

#### 3.8.4 Support and development for staff

Staff should be offered training and development to support them to develop and improve their performance, advice to managers is that they should adopt coaching skills to support staff to improve. This helps the staff to work through self-doubt and creates anticipation of a range of options that may be employed to improve performance (Pawson 2013).

Staff member accepts the negative feedback that is given to them, and tries to change their behaviour and performance so that future feedback is no longer negative. Staff who feel that they are treated fairly and understand their position are likely to be engaged with the

solutions that are offered by performance management process (Gupta and Kumar 2013).

### 3.9 Gaps in the literature

This literature leaves the research questions unanswered.

Q1 What are the possible outcomes of implementing the PM Policy?

Q2 What factors lead to the different outcomes?

Q3 How might 1 and 2 be linked?

Q4 How might the PM Policy be better utilised in light of Q1, 2 and 3?

It does not describe or account for different outcomes to implementing the PM process or staff members' noncompliance nor explain how there is a move from offers of support and development to claims of bullying and litigation. It does not take into account contextual variations and it offers no advice to managers when the process does not proceed as expected.

There is a gap between research into management practice and actual management practice and research has little impact on practice (Wilkinson and Redman 2013, Alvesson 2011), instead it is based upon 'so called expert opinion' (Jones 2010). 'It is ironic that the "health" business is probably one of the most research based sectors with the use of sophisticated methods such as randomised controlled trials, yet HR management in health is under-researched' (Harris, Cortvriend and Hyde 2007). Despite this lack of evidence, performance management is universally and uncritically adopted within management practice in the public sector (Waxin and Bateman 2009). More critical sources suggest that management processes are not replicated as the textbooks might suggest, but are transformed and changed to suit local use and contexts which is not acknowledged in the texts (Alvesson 2011).

Critical management texts accept that there needs to be some performance mechanism to ensure that organisations are well managed, without which they would probably not operate effectively (Alevsson 2011) but point out that the research informing management literature is often conducted from an uncritical, limited, senior management viewpoint, excluding middle management and staff perspectives, who are viewed as subjects of higher management action acting in the interests of staff, the organisation, customers and society (Alvesson and Willmott 1992). The texts do not explore managers' experiences of managing employee performance which is the thrust of this doctorate.

### 3.10 Summary of the Literature Review

The literature, especially that found in the management textbooks support, inform and allow the development of theory 1, that if performance management is to be successful, then staff should clearly understand and accept negative feedback on their performance and as a result wish to change their performance, they will then accept and participate in support and development that is offered to them triggering Pawson's 7 stages for behavioural change.

Theory 1: When negative feedback on performance is undertaken effectively, staff accept that there is a performance issue leading to their participation in the performance management process.

However, the initial literature review also finds statements to the effect that managers often lack the training and skills to be able to manage staff performance effectively (Traynor et al 2014, Armstrong 2012a, Armstrong 2012b, Torrington et al 2011). When they do feedback to staff, the evidence is that this is managed inconsistently instead; managers ignore or avoid feedback to staff on negative performance which they find confrontational as they are not



adequately trained (Goodhew 2008 and Yariv 2006). This leads to development of theory 2;

Theory 2: Managers are not trained to manage staff underperformance, so manage the process ineffectively leading to a range of outcomes.

Cunningham (2007) suggests that alternative organisational cultures exist in which managers are frightened of retaliation by staff in response to negative feedback, compounding the already difficult task of confronting underperformance (Gennard and Judge 2010) resulting in managers avoiding managing staff performance to protect themselves from accusations of bullying and potential legal proceedings (Cunningham 2007). This idea of organisational cultures in which managers are frightened of implementing the PM Process is developed in theory 3.

Theory 3: Managers are frightened of staff responses to feedback on their performance, so performance is not managed leading to an absence of a culture of performance management.

Harvey and Drolet (2004 p140) offer the idea that staff may accept that they have performance issues and participate in the PM process, or that 'difficult people' may not readily participate in the process. In some cases staff may eventually be compliant and improve their performance, others who do not may be dismissed. This leads to the first idea of a fourth theory below;

Theory 4: There are different staff responses to the PM process even where it is performed consistently and well.

The next chapter seeks to identify empirical data to further explore managers own experience of managing staff performance that has so far not been identified in the literature.

#### **4) Interviews. Second cycle**

The initial literature review failed to reveal information that reflected the anecdotal experiences of the researcher and colleagues of managing staff underperformance. In order to add managers' histories of managing performance to the study, a sample of managers who had managed staff underperformance were interviewed about their experiences. The interviews were then analysed and cross referenced in order to make sense of the information and identify consistent themes and case studies. This analysis was based upon Collier's (1994 p162) process of resolution, redescription, retrodiction, and elimination (see below for more detail).

##### **4.1 Method**

This chapter describes the means by which the empirical data for the study were gathered; how subjects were recruited, how subjects were protected, how interviews were conducted, data from the interviews were analysed and checked.

##### **4.1.1 Research Sample**

The study focussed on the experiences of managers that had experience of implementing the Trust's PM policy. A purposive sample was used to satisfy the needs of the project (Patton 1990). This is very different to statistical generalisation of a sample of a population (Creswell 2013, Robson 1999, Patton 1990) as purposive sampling directs all data collection efforts towards gathering information that will support development of emerging theories (Glaser & Strauss 1967) lending itself to a higher level of external validity (Robson 1999).

##### **4.1.2 Ethical considerations and recruiting of subjects**

The study proposal and methodology was approved by the University's Research Degrees Sub- Committee, Faculty Research

Ethics Committee and the Trust's Research and Development Department. The study did not require NHS Research Ethics Committee approval as it involved NHS staff and not patients (Health Research Authority 2015).

Recruitment of potential participants was undertaken to avoid coercion by protecting their identities from the researcher until they agreed to make contact (Health Research Authority 2014).

Whenever the PM policy is used, the HR Department are involved and maintain a database of all instances. Nine managers had implemented the policy in the previous two years. HR sent a letter to all of these managers inviting them to be participants in the study, excluding managers that had ongoing cases as there was no desire to influence the course of ongoing cases.

The managers were provided with details of the study (appendix 6) and were invited to volunteer to participate in the study by contacting the HR department with expressions of interest.

The letter inviting managers to participate in the study made it clear that their participation was entirely voluntary and a participant information leaflet outlining the intentions of the study and consent information was included (appendix 6). The contact details of managers that responded to the letter were passed on to the researcher to arrange convenient times and locations to meet and to complete the consent process; their own offices, quiet areas in the hospital that are used for patient interviews, the researcher's own office. Interviews took place at a time convenient to the subject. The researcher tried to maintain an informal atmosphere and to achieve a naturalistic approach to the interviews without too much obvious structure (Yin 2014).

Care was taken to protect the emotional wellbeing of subjects (National Institute for Health Research 2011). Corbin and Morse

(2003) suggest that while there is a potential risk of emotional harm arising from interviewing, there is no evidence that interview subjects have ever actually come to any harm, as the subject remains in control of the interview and can withdraw at any time or refuse to discuss a topic, in contrast to their vulnerability, for example, in a controlled trial where the researcher has more control of the subject.

One subject became distressed during her interview when discussing the emotional aspects of managing staff underperformance. The interview was suspended at that point. Once she had regained her composure she wished to continue the interview, although the subject matter that was being discussed was changed from that point. The use of independent counselling was discussed with the subject, which is freely available to all Trust staff through the Occupational Health service, the subject declined the offer of referral. The subject reported afterwards that she had felt the discussion to be useful and viewed it as a form of counselling (Hutchinson, Wilson and Wilson 1994).

Subjects were also asked to reaffirm their consent to use their data when further contact was made with them and they were asked to check that the researcher's interpretation of their data was consistent with their experiences and views.

#### 4.1.3 The Interviews

Qualitative interviews are useful when little is known about a subject (Crotty 2010) allowing researchers to gather information about individual's life experiences that may be relevant for further exploration (Denzin and Lincoln 2008, Morse 1991). A semi-structured format was followed (Punch 2005) using a pre-prepared topic guide (Wengraf 2004, Wimpenny and Gass 2000, Silverman 1997) (appendix 7), although in practice this was used to ensure that all areas of interest were discussed rather than the questions on the guide being asked directly. The subjects were willing to talk about

their experiences and the interviews developed naturally. As a result little prompting was needed from questions in the topic guide which was used as a reference to ensure that areas of interest had been covered. Discussions often went beyond the planned topics of discussion without prompting and raised new topics. The topic guide was modified as new topics emerged from the ongoing analysis of previous interviews in order to allow expansion on and development of themes raised by previous subjects and to seek confirmation or disconfirmation that subjects' experiences were similar (Yin 2014, Creswell 2013, Pawson and Tilley 2011)

Some of the subjects had brought their own notes about their own experiences of using the PM policy and had clearly thought about what they wanted to say, so the interviews flowed easily and were in some cases structured by the participants.

With the subject's permission, the interviews were digitally recorded (Patton 1990) and notes were made during the discussion that proved to be useful to prompt further discussion, whilst trying to be discrete so as not to distract from the interview (Patton 1990). The digital voice recordings were stored on a secure area within the NHS data storage network (National Institute for Health Research 2011). The digital recordings were sent securely to a transcription company who transcribed the interviews as the author's typing ability is limited and slow (Creswell 1998, Patton 1990). The transcription company assured confidentiality and security and this was felt to be a cost effective measure. The transcriptions and digital recordings were analysed together and the occasional mistakes in names, medical terminology and punctuation were corrected prior to the analysis taking place (Creswell 1998).

#### 4.1.4 Analysis of the data

Miles and Huberman (1994) feel that this is a valid part of the analytic process. The researcher is not intending to describe the

experience, but to create a summary of the experience that is honest and authentic, and serves the needs of the community it represents (Creswell 2013, Morse 1991).

### Thematic Analysis

The process of analysis is summarised by Collier as four stages (1994 p162) (in common with Miles and Huberman (1994) who summarise the process as data collection, reduction, display and drawing conclusions).

1. Resolution, breaking complex events into their components and looking for causes, this data reduction is part of the analysis and involves segmenting, editing, annotating, coding and summarising the data.
2. Redescription of component causes by reorganising and reframing them, the process of organising, compressing, reconstructing and reporting the information. This is documented in the Results chapter.
3. Retrodiction is the proposition of theories and explanatory mechanisms that may arise. This is documented in the Results and Synthesis and Discussion chapters.
4. Elimination of alternatives. This is documented in the Synthesis and Discussion chapters.

### Resolution

Having recorded the interview, Creswell (2013) talks about undertaking the task of reducing large amounts of data to a few themes and categories. A complete description would impede analysis as there would be too much data to process; there only needs to be enough information for the researcher to examine and restructure events in order to gain new insights (Schön 2009).

The analysis followed two strands. The first strand explored experiential themes; the second strand identified the information relating to individual case studies that could be compared.

#### Experiential themes.

The transcripts were read and recordings listened to together and themes identified which were categorised as they emerged (Denzin and Lincoln 2008, Creswell 2013, Patton 1990). The data from each subject was analysed separately to create a summary of each subject's experience. The text was then broken down line by line and each line analysed, compared and grouped according to content, these groups made up categories of related themes. This was an open coding process which decontextualised information found within the original data. Sections of data often related to multiple themes and were copied to each.

This was carried out using the cut and paste function of Microsoft Word. This was a flexible process and categories were modified, developed and new ones allowed to emerge as the grouping and rereading progressed. Keeping the themes simple aided the categorisation process and re-ordering of related categories helped to redefine the initial theories.

#### Case Studies

Individual case studies were also drawn out from the interviews. The interviews were analysed to identify the staff member features, manager features, reaction to feedback, outcome of the PM process, stage of policy at conclusion, impact on the subject and a time line of events was written for each individual case (Creswell 2013).

Contextual features of the case studies were simplified using a categorisation process in order to make the data more manageable, for example, the performance issues were categorised as relating to time, communication, conduct, managerial, knowledge, technical or



absence issues. These categories were themselves emergent and allowed cases to be compared and grouped for description (see results section). Microsoft Excel spreadsheets were used for this process as they allowed a linear presentation and a colour coding system was used for ease of comparison.

The categorisation aided the cross referencing of contextual features in which events took place to try to make sense of events and strategies used to manage events and their outcomes.

### Redescription

The data from each of the subjects was then aggregated as consistent themes were identified. Many of the descriptions given by the subjects were similar and it was felt that legitimate connections could be made and the different contextual features and potential mechanisms behind the subjects' experiences of performance management were identified, both positive and negative. None of the themes were lost during the process.

Related themes were merged or grouped, for example text relating to empathy and fear were grouped together under the heading of emotion. In this way, the text in each of the categories was further reduced and reconstructed.

An inductive approach to the analysis was used to allow themes to emerge from the data, rather than searching for pre-defined themes in a pre-existing framework. To this descriptive interpretations were added to give representative meaning to the categories. (A section of text from subject 5 the coding and redescription can be found in appendix 8.)

Copies of this stage of analysis were given back to each of the subjects to check and they were reminded at this stage of their consent and freedom to withdraw from the study (Creswell 2013, NIHR 2011, Oakley 2002, Miles and Huberman 1994, Morse 1991).

All of the subjects reaffirmed their consent to participate. They were asked to read the analysis of their experiences and case studies and agree that the interpretation represented their experiences or to offer corrections (Morse 1991). Six of the subjects agreed that the analysis represented their experiences, one offered minor corrections regarding the timeline of one case. This process offered assurance that the process was rigorous and that bias was not being introduced to the study (Punch 2005, Robson 1999).

The contextual features, outcomes and possible theories accounting for the emergent themes were discussed with the subjects and agreed as plausible (Pawson and Tilley 2011, Astbury and Leeuw 2010), then reported (see 5. Results). Pawson and Tilley (2011 P159) suggest discussing the theories with the subjects to confirm, falsify and clarify them and to provide assurances of authenticity.

## Checks

The analysis was undertaken by a single researcher which is not usual for this type of analysis; multiple researchers are often used to analyse the same text in an attempt to avoid bias (Creswell 2013, Chalmers 1994, Miles and Huberman 1994, Morse 1991). The single researcher can only interpret the data from their own perspective, bringing their own knowledge and preconceived ideas based on in this case their own professional and working background and prior experience of managing performance. Pawson (2013) views this prior knowledge and experience as an advantage when undertaking realist evaluation as it allows researchers to develop plausible theories. Pawson (2013) refers to researchers in the plural form and the risk of bias of a single researcher remains.

To mitigate this bias, the analysis of the individual subjects' stories were checked with the subjects to ensure that the interpretation

represented their experiences. The emergent contextual features, outcomes and possible explanatory mechanisms were also sense checked with the subjects to ensure that they were plausible, in a spirit of cooperative enquiry (Willis 2007, Oakley 2002). In an attempt to control for bias, sections of transcripts and coding were discussed with supervisors who critically analysed and discussed the interpretation.

One of the transcripts was recoded three months after the original coding to check the internal reliability of the coding; there were few differences between the two analyses (Neuman 2006).

## Reporting

The results of the thematic analysis and individual cases are reported in the next chapter; Results, along with proposed explanatory theories. A second literature review was then undertaken informed by these theories in a search for supporting or disputing evidence. The results, theories and published evidence is then brought together and discussed in the Synthesis and Discussion chapter and the theories modified and refined accordingly.

Creswell (2013) likens this analysis to a spiral, going round from theory to evidence and back, modifying and refining themes into theories. This spiral of themes to theory with the addition of new evidence continued through each of the three cycles to reach the final theories and inform recommendations for future research and organisational change.

## 4.2 Summary of the method

This chapter has described the recruitment, data collection and data analysis methods used for the staff interviews including the ethical considerations and the processes used to ensure rigour and reliability. In the following chapter, the findings from that analysis will be presented.

## **5) Results of the interviews. Second cycle.**

In this section the results of the analysis of the interviews are presented. These are structured as topics related to staff members, the organisation and to managers. Within each topic, emergent theories related to that topic are proposed. 17 additional theories were proposed.

The results chapter reports contextual features related to managing performance that emerged from the interviews with these subjects (see table 1 for breakdown by profession). Together, they recalled 21 individual cases of staff members that they had managed using the PM Policy. Three of the cases referred to one individual staff member.

At this stage a judgement of the success of the use of the PM Policy or otherwise was based upon the final outcome of the process and depended upon whether the staff member was able to demonstrate improvement against the required performance criteria or not. Cases where staff members left the organisation before completion of the PM Process were described as unsuccessful. As we will see in the synthesis and discussion section, a successful outcome to the process from the perspective of patients and the organisation might also be the rapid removal of a member of staff that is not prepared to or cannot improve their performance to a satisfactory level. Quotes from subject interviews have been used to illustrate the results. They are numbered Q1, Q2... etc for reference in further sections.

The contextual features are presented below along with proposed theories relating to the feature. These are tested further in the second literature review and in the synthesis and discussion chapters which examine the features and theories identified in the results.

### **5.1 Recruitment to the Study**

Invitations were sent by HR to all line managers who had implemented the PM Policy in the previous 2 years inviting them to

be involved in the study. Nine invitations were sent out and seven managers responded; all seven respondents agreed to be interviewed (referred to in the research as subjects) (Table 3). This is a 78% participation of the target population of managers.

Table 3. Response to invitations to participate in the research

	Invitations sent	Respondents
Ward Managers	1	1
Matrons	4	2
AHP Managers	3	3
Business managers	1	1

## 5.2 Staff Member Contextual Features

### 5.2.1 Feedback and support for the staff member

In all of the cases the subjects reported that they were consistent in how feedback was delivered to staff; a clearly written plan for the support and development of the staff member as stated in the PM Policy, offering staff support, training and development, reducing workloads, allowing staff time to develop and moving staff to areas where there was less pressure, sometimes at the expense of the development of other, more capable staff members.

*Q1 'we used to sit and talk through the actions, what I expected, what I wanted achieving, and we talked through it they actually could see things differently, that was a real positive'. (Subject 4)*

The subjects reported that the approach taken to communicate performance issues was similar to all staff. Issues were documented, and when staff members agreed to meet with managers, issues were discussed, action plans were written at times in collaboration with the staff member's union representative, the result of not meeting the expected levels of performance were explained in line with the PM Policy.

In 12 of the 21 cases, the staff members accepted the support that was offered. 8 of these staff actively participated in the process and

used the support that was offered to them. 6 of these staff made satisfactory improvements to their performance and continued in their roles, the 2 that tried but were unable to demonstrate satisfactory improvements were offered alternative roles at lower pay bands.

*Q2 'he wasn't able to work at the level even with the support that we offered him, so we gave him a few options... [Continued in employment at a lower pay grade]' (Subject 1)*

*Q3 'Yeah, he did, he slipped in very well and ended up actually getting a job on our step down ward, and worked there up until recently. So no problems' (Subject 3)*

These 8 cases appeared to proceed as the program theory, theory 1, would suggest; staff accept negative feedback on their performance and participate in the support and development that is offered to them.

However, 5 of the 12 cases formed a distinct group of staff that did not appear to resist negative feedback from the subjects. These 5 'passive' staff attended the training and development that was offered to them but did not make effective use of the support or make the required changes to their performance. 1 of these staff left the organisation soon after the issues were highlighted, the remaining 4 were eventually offered alternative roles. Of these 4 staff, 1 retired, 2 left the trust and at the time of writing, 1 was seeking early retirement. Subjects reported that this group of staff did not seem to understand the performance problems or to understand the implications of the problems

This category of 'passive' is discussed at length in the discussion section.

*Q4 'this was not the first time this had happened but with this lady there was no acknowledgement of any failings, of anything that was wrong, she couldn't see it'. (Subject 2)*

*Q5 'this lady she was so nice and just so unaware of her surroundings almost in a way like she was just not on the same page as you, that's*

*the thing. I'm not saying she was slow in her demeanour; she just was unaccepting of the situation up until this final day'. (Subject 2)*

*Q6 'it was like herding kittens, you gave him one objective he'd achieve that but then he'd fail to do something else. Then we said, "Right well you need to work on this." He achieved that, but then something else he didn't do.' (Subject 1)*

*Q7 'And then I think, 'Well how can they not see that?'' (Subject 4)*

*Q8 'some of the actions that I gave her to read, SOPs (standard operating procedures) to read, her job description and tell me if there's anything she didn't understand. She just, it was like talking to a child. It was like either that she wasn't bothered, she didn't appreciate the seriousness or it just didn't register, it was really, really hard.' (Subject 5)*

*Q9 'it was very difficult because the inconsistencies were still the same, so no matter what you said, he didn't actually put it into action.' (Subject 7)*

In 8 cases staff did not accept negative feedback; they are referred to here as 'non accepting'. These staff denied that there was a performance issue and refused to engage in the performance management process. Some of these staff responded aggressively to managers. These results suggest that there may be three different staff responses to negative feedback; acceptance, passive-acceptance and non-acceptance.

The subjects reported that they had tried to use the same strategies that they had used successfully with other staff to manage similar issues informally, in previous cases. If this is the case, then the approach to feedback used by the subjects if consistent had no impact on the staff members' response to it.

*Q10 'the individual didn't hear that, didn't want to hear that at all and that's [the] difficulty ain't it? Making sure the message that you're trying to get over is received in the way that it's intended to be received.' (Subject 5)*

3 cases were attributed to 1 staff member; he never acknowledged that there was a performance problem throughout a three year period working with 3 separate managers. Although he attended training and development that was offered over this time, he made no changes in his performance. In the other 5 cases, the staff members did not participate in any of the support, training or development that was offered to them. By the conclusion of the PM Process, all of the staff members in this group had left the organisation.

*Q11 'we met informally to talk about her performance, about some of the issues that we'd found, and immediately she went off sick with stress and then hit both me and the matron with a bullying and harassment claim. That frightened me initially' (Subject 5)*

Theory 4: The results suggest that there are three different staff responses to negative feedback; acceptance, passive-acceptance and non-acceptance.

Theory 5: The approach to feedback used by the subjects if consistent had no impact on the staff members' response to it.

### 5.2.2 Grievances and sickness absence

Staff who accepted negative feedback on their performance were compliant with the PM Process which proceeded as the textbooks and literature suggest; poor performance is identified, expectations are articulated along with support and training, the staff comply with this resulting in improved performance;

*Q12 'quite upset really that they thought that they were failing. But they were very responsive' (Subject 3)*

Other staff were less receptive to negative feedback and responded with sickness absence or with grievances against managers

*Q13 'they have got their own agenda. And they can either succumb to it with ease or they'll fight you tooth and nail, and that's the bit that's*



*very difficult to deal with because you've got all your guidelines that you should follow' (Subject 4)*

Only 1 of the 8 staff (case 17) that accepted that there was a performance problem took out a grievance against the subject, this staff member also took sickness absence. This staff member's predecessor had also been through the PM process and had also accused the subject of bullying, coinciding with their poor performance.

1 of 5 staff in the passive group took sickness absence (Case 4). None of the 'passive' group of staff took out a grievance against the subjects. None of these staff demonstrated adequate improvements in their performance. All were offered alternative work within the organisation at lower pay bands; 2 staff negotiated voluntary redundancy, 1 staff member sought early retirement and 2 staff members resigned.

*Q14 'one of the nurses that was down banded didn't engage in the process at all. Didn't have a supervisor, didn't have a union rep, didn't matter what you said or how nice I tried to be to get them to buy into it and, 'Come on this is about your job, you know, this is your registration on the line, what do you need, what support do you need?' Weren't interested, went off, did their own thing for that period of time, turfed up [arrived] for their review meeting, no evidence, no demonstration, nothing' (Subject 5)*

*Q15 'it didn't seem to register, and that was a theme that went on and on and on, she just didn't seem to get the basics of the role' (Subject 3)*

5 of the 8 staff in the 'non-accepting' group took out grievances against subjects, accusing them of bullying. None of the staff had raised concerns or accusations of bullying against the subjects before they raised the issue of poor performance. 3 of these staff members had made claims of bullying against previous managers when they had made suggestions of staff underperformance. In all of these cases, their managers had not pursued the PM process in return for withdrawal of the grievance. An additional staff member threatened the subject with undertaking a grievance claim if she pursued the

claim of poor performance, but did not carry out the threat. Subjects reported that some staff were very quick to respond with the grievances. None of the claims of bullying against subjects was upheld by the end of the investigation process;

*Q16 'straightaway, within a matter of hours and got cited with bullying.' (Subject 2)*

*Q17 'I left and from the time it took me to get from the (meeting room) to my office in (another building) she'd slapped in a grievance against me' (Subject 5)*

In 2 cases subjects reported physical and verbal aggression against them by the staff members.

*Q18 'I mean he'd lost his temper at one point and he's a guy who was like six foot-odd, quite tall and when he lost his temper and it was quite intimidating and I did feel quite intimidated at times.' (Subject 7)*

In 7 of the 8 cases when staff did not accept that there was a poor performance problem, staff took sickness absence. They all had a history of prior sickness absence when performance issues had been raised by previous managers

*Q19 'when I told her last year that she was going to be performance managed, she went off sick promptly, because that's what a lot of people do as well, don't they?' (Subject 5)*

*Q20 'she'd got a history of if anybody would try to manage her in the past she always went off sick' (Subject 2)*

*Q21 'the first time I started performance managing her before, she went off sick for the twelve months' (Subject 5)*

*Q22 'I think it was every time anybody put any pressure on her she went off sick. But she also went off sick with really spurious complaints.' (Subject 5)*

*Q23 'I mean he, basically once the pressure started to be put on him to perform as an independent autonomous practitioner, he basically crumbled, was completely unable to perform, became very aggressive, and then once we sort of said to him these are the issues, kept pointing out the issues, being sort of supportive, he basically went off sick, because we said right well we're going to have to bring in the performance monitoring.' (Subject 7)*

5 of these staff would not participate in the process in any way. 4 staff members refused to meet with subjects;

*Q24 'she went away and refused to meet with me on an informal basis. Refused to accept the action plan, refused, refuted all, and I've got emails, I kept all the emails, refuted all the claims of poor performance, even though I'd given her the examples' (Subject 5)*

In all of these cases the staff members left prior to final stage meetings; 3 staff negotiated redundancy deals with the organisation, 1 staff member resigned following allegations of fraud against them, the staff member involved in cases 5, 20 and 21 resigned

*Q25 'Prior to the final stage meeting, the week before, he handed his resignation in. He was three years qualified and working by the time we got him. So he would have been qualified when he was four years I think by the time he left' (Subject 1)*

*Q26 'She refused to meet with me, locked herself in her office, not physically, but she went over to her office ...and I went over knowing that she was there, knocked on the door, she slammed the door in my face and told me to get out.' (Subject 5)*

In case 19, the staff member refused to participate in the PM Process and following an aggressive response, the process was escalated from the original subject and handled by more senior managers through the disciplinary process.

Table 4. Grievances and sickness absence response of staff members to negative feedback on performance

Case	sickness	bullying	Acknowledgement of poor performance issues	Outcome
Case 1			accepted	Continued in post
Case 2	√	√	did not accept	Voluntary redundancy
Case 3			accepted	Participated in process. Did not demonstrate satisfactory improvement. Down graded
Case 4	√		passive	Offered work at lower grade. Resigned
Case 5*	√		did not accept	Resigned
Case 6			passive	Offered work at lower grade. Early retirement
Case 7		√	did not accept	Voluntary redundancy
Case 8			passive	Offered work at lower grade. Voluntary redundancy
Case 9			accepted	Continued in post
Case 10			accepted	Continued in post
Case 11			passive	Offered work at lower grade. Resigned
Case 12			accepted	Continued in post
Case 13			accepted	Continued in post
Case 14			accepted	Continued in post
Case 15			passive	Offered work at lower grade. Voluntary redundancy
Case 16	√	√	did not accept	Voluntary redundancy
Case 17	√	√	accepted	Offered post at lower grade
Case 18	√		did not accept	Resigned (fraud)
Case 19	√	√	did not accept	Resigned (disciplinary)
Case 20*	√	√	did not accept	Resigned
Case 21*	√		did not accept	Resigned

\*These cases relate to the same individual

These results suggest that;

Theory 6: Where staff do not accept negative feedback they are more likely to a) take sickness absence and b) take out grievances against managers, accusing them of bullying than staff that accept the negative feedback.

And that;

Theory 7: Cases where the staff members do not accept negative feedback and undertake grievances against managers and take sickness absence seem likely to have resigned from their posts by the end of the PM process.

These acceptance, passive and non-accepting responses were also linked in the subjects' histories to the factors identified below.

### 5.2.3 Factors linked to staff response

#### 5.2.3a Time in post

Table 5. Table time in post related to acceptance of negative feedback

	Accepted	Passive	Non accepting
New to post ( $\leq 1$ year)	4	1	3 cases (1 individual)
Long time in post	4	4	5

Staff that were in their post for less than 1 year were classed as new to post. There were eight cases when the staff member was new to the existing team. In these cases the team member did not meet the subject's expectations of performance. In 4 cases the staff accepted that there was a performance issue and participated in the support and development that was offered. In the other cases involving new staff members, one was 'passive', described by their manager as 'apathetic' and did not understand what the performance problem was, 'they just didn't get it'. The other new staff member who did not

accept the performance issues and did not participate in the performance management process (accounted for 3 cases).

*Q27 'he had a month to settle in, and then the objectives were given to him on the performance paperwork. HR was involved. He didn't want his union rep there because he wasn't in a union... He was given the objectives. He then went off sick' (Subject 1)*

When staff had been in their posts for longer than 1 year, 4 out of 13 (approximately 1/3) accepted that there was a problem and actively participated in the PM Process, 4 out of 13 (approximately 1/3) were 'passive' and 5 out of 13 (approximately 1/3) were 'non- accepting' that there was a performance issue.

*Q28 'those two individuals who just didn't take it so well were sitting at a higher level within the team' (Subject 4)*

*Q29 'I think she had just got into the practice of not doing work and just shirking and hiding places, and it had been allowed to happen, because again people don't like fronting this up.' (Subject 5)*

These results suggest that;

Theory 8: there is a difference in staff acceptance of negative feedback related to length of time in post, where staff that are in post for shorter lengths of are more likely to accept negative feedback on their performance than those that have been in post for longer lengths of time.

#### 5.2.3b Staff member registered or unregistered

Table 6. Table staff acceptance of negative feedback related to registration

	Accepted	Passive	Non accepting
*registered	4 Nurses 2AHP	2 Nurse 1 AHP	2 specialist nurse 3 AHP (1 staff member)
**unregistered	2 health care assistants	2 administrative	3 administrative
Total staff	8	5	8

\*Registered and \*\*unregistered refer to staff who are or are not registered with a professional body (eg qualified nurses vs healthcare assistants)

*Q30 'I think sometimes the more qualified, rather than taking it as a positive feedback and taking it forward, they tend to take it on a defensive manner rather than a positive and moving it forward. Not all of them though.'* (Subject 5)

*Q31 'the difference between the healthcare assistants and the nurses. My experience so far is generally the healthcare assistants are more engaged.'* (Subject 3)

*Q32 'there could be all sorts of reasons for that around whether job security and probably can't afford to lose their job, and they might be of a, it might be a group of people who can take it.'* (Subject 4)

These results suggest that;

Theory 9: there is a difference in staff acceptance of negative feedback related to being registered or unregistered, and within the unregistered group between clinical and administrative staff.

### 5.2.3c Number of performance issues

The performance problems were grouped into the following categories for ease of comparison;

- Time- organisation of their own time and/ or the time of those that they are responsible for
- Communication- failure to communicate effectively with the rest of the team
- Conduct - failure to act professionally
- Managerial - failure to effectively manage the staff that they are responsible for
- Knowledge – lack of knowledge that would be considered normal for the staff member's role and grade that would be necessary for the staff member to undertake their role. This is more relevant to qualified staff
- Technical- lack of skills that would be considered relevant for the staff member's role and grade that are required for the staff member to undertake their role. This may include staff members failing to update their practice

- Absence- this relates to absence from work and links closely with the trust's sickness and absence policy.

Tables 7. Acceptance of negative feedback related to number of performance issues

Accepted

Case 1	Case 3	Case 9	Case 10
time, knowledge	time, knowledge	time, technical	time, technical, knowledge
Case 12	Case 13	Case 14	Case 17
time, managerial	time, managerial	time, communication	time, managerial

In the 3 cases where it was identified that there was a lack of knowledge, it transpired that the staff members did have the knowledge but lacked to self-belief to apply it.

Case 10 was thought to have issues in 3 areas; however, once moved to a different clinical team for support, they demonstrated both technical ability and knowledge. The subject responsible for the support and development of this staff member attributed the poor performance to the environment in which they worked. These issues were all readily addressed with additional training and support.

*Q33 'when he was with us he was fine, because he saw how our team worked and the structure of it and how healthcare assistants worked on (a different ward)' (Subject 3)*

In Case 17 the staff member responded with a claim of bullying against the manager and took immediate sickness absence (this case is discussed later).



‘Passive’

Case 4	Case 6	Case 8	Case 11	Case 15
time, knowledge, technical, managerial, absence, conduct	time, technical	time, managerial	knowledge, technical, managerial, conduct	time, knowledge, technical, managerial

In case 4 the staff member’s response to negative feedback about the performance issues was to take sickness absence

Non-accepting

Case 2	Case 5	Case 7	Case 16
time, managerial, absence, conduct	time, knowledge, technical, managerial, absence, conduct	absence, conduct	time, technical, managerial, absence, conduct

Case 18	Case 19	Case 20	Case 21
time, technical, absence	time, managerial, absence, conduct	time, knowledge, technical, managerial, absence, conduct	time, knowledge, technical, managerial, absence, conduct

All of the staff responded to the feedback on their performance with sickness absence. The staff in cases 2, 7, 16, 19 and 20 also made accusations of bullying against their managers.

Theory 10: There is a difference in staff acceptance of negative feedback related to the number of different performance issues

Theory 11: Staff whose performance issues related to absence are more likely to take sickness absence and staff whose performance is related to conduct to take out grievances against managers in response to negative feedback on their performance than staff without these performance issues.

#### 5.2.3d Learned behaviour

Subjects expressed the feeling that some staff learned their responses to feedback by observing the responses of others

Three staff had performance problems identified by previous managers. The performance management process was abandoned by these managers when staff took sickness absence and made claims of bullying against the managers. In all of these cases, managers had not pursued the PM process further and there had been no sanctions taken against the staff members.

In two other cases, one staff member worked closely with another colleague who had responded with sickness absence and claims of bullying (Case 17) and a second staff member had family members who had made claims of bullying and taken sickness absence in response to identified poor performance, in these cases, the PM Policy was not pursued. Both staff members took sickness absence and made claims of bullying against subjects as their initial response.

The individual who was involved in three cases of performance management made accusations of bullying in response to the first case of underperformance, the manager continued with the PM Process. This staff member did not make claims of bullying in the subsequent cases.

*Q34 'I've looked back through the file notes has had this procedure before a couple of times, and again we're on the third one.'* (Subject 4)

Q35 'They're being advised by all these different people who know how to play the game, the policies. All it would take is for the Trust to take a stronger stance against these people.' (Subject 5)

Theory 12: There is a tacit belief amongst staff that claims of bullying made against managers or taking sickness absence lead to withdrawal of claims of underperformance.

### 5.2.3e Staff gender

Table 8. Acceptance of negative feedback and outcome related to gender

	Accepted the Performance Issues	Passive Acceptance of the Performance Issues	Denied the Performance Issues	Good Outcome	Unable to demonstrate improvement but offered alternative role	Poor outcome. Left the organisation
Female	5	3	6	4	4	6
Male	3	1	3 (1 staff member)	2	1	4 (2 staff members)

Male staff are proportionately over represented when considered against the organisation's staffing levels (see Synthesis and discussion).

Theory 13: There is a difference in gender response to negative feedback on performance in which male staff are more likely to accept and act upon negative feedback.

It is worth emphasising again at this point that these are tentative theories or hypotheses based on the data from this phase of the study and, sometimes, from the literature review; they are not conclusions of the study.

## 5.3 Organisational Contextual Features.

### 5.3.1 Norms of team performance

Within a hospital environment there are different teams that work together for a common purpose and are managed or coordinated together to achieve those purposes.

One of the subjects was a ward manager in a highly regulated area, a high dependency unit. She referred to her experience of managing the underperformance of a staff member who had been moved from a less regulated ward;

*Q36 'they'd been stuck on there for yonks under an awful system, to come to an area where it seemed organised, the team was really tight, that basically to a patient was quite well seen [the patient was well cared for], he actually felt refreshed and rejuvenated, and actually he felt, he said he felt completely motivated and was pleased that he'd been performance managed.'* (Subject 3)

Subjects discussed cases relating to hospital and community services in both clinical and non-clinical areas; community and inpatient therapy teams, high dependency nursing teams, general medical and surgical wards, maternity and family services, administrative support and other clinical support services.

Subjects referred to the situations created by other managers in teams with different norms of team performance, standards and cultures;

*Q37 'chaotic, a mess really, sickness is very poor, attitudes are very poor and she's like one of the gang, she's not like the team leader and I'm trying to say to her you need to, so we've got issues with individuals below her that she's not addressed'* (Subject 5)

This absence of standards of performance had led in some cases to potentially dangerous practice

*Q38 'On the basic needs of the patients weren't being carried out, you know, pressure area care, mouth care, daily hygiene needs'* (Subject 3)

Q39 *'the issues I found on (the ward) were all around poor standards of nursing care, so if people weren't washed, fed, hydrated, toileted, clean, comfortable, pain free, they were cold, dirty, not fed, not hydrated, in soiled beds, not receiving medications, the whole method of patient allocation was haphazard, it was chaotic, nobody knew what was going on, they didn't have a handle of anything.'* (Subject 5)

Q40 *'I don't know how much you know about that, but the whole ward, the whole ward, so (all of the staff) were performance managed, the whole nursing team.'* (Subject 3)

Q41 *'(The manager is) managing a failing unit and they've just put their head down and ignored it, rather than recognise it, because then ultimately it's about their performance'.* (Subject 5)

There was an expression that as a result of an absence of a culture of performance management, staff did not know how to respond to critical challenge to their work or clinical reasoning. This may have led to defensive responses by staff rather than accepting critical challenge as part of a constructive process to improve care and performance.

Q42 *'One of the things that I was told last year when I came here through all the (when questioning staff performance) was, 'We don't do challenge here, we don't do challenge, nobody challenges us'. They said, 'When you challenge us we don't know how to take it'. So that was part of how it was here.'* (Subject 5)

Q43 *'even though you and I might understand that performance managing somebody is not a punitive process, it should be supportive and enabling and training and blah, blah, blah, ... they only kind of whip out the policy when they're at a point of where they almost feel like it's punitive'* (Subject 5)

Q44 *'it takes a lot to break down those barriers, doesn't it, because it's different to how they are or what they've done'* (Subject 4)

Subjects felt that as a result, managers feared the threat of retaliation by staff and the emotional upset caused by accusations of bullying, fear of challenging a well-respected member of staff, or member of a social group.

Q45 *'people are frightened of performance managing, because they get slapped with a grievance or bullying, and I was frightened for a long time'* (Subject 5)

*Q46 'an easy life, maybe frightened of confrontation with the staff, maybe not knowing how to deal with it, maybe not finding the right managers' (Subject 4)*

Previous attempts by other managers to manage the performance of staff had been withdrawn in response to claims of bullying by the staff member; they had also been withdrawn in response to sickness absence either because managers feared that the staff member would take further sickness absence leading to an adverse effect on workloads for the remaining workforce or because of a lack of continuity of the PM Process.

*Q47 'I was gingerly going through it because I'm frightened that they go off sick and that's going to, so it's that balance of, I'm trying to tell you something but I still want you to come to work, I don't want you to go off sick.' (Subject 2)*

Subjects suggested that managers who were promoted from within the team that they manage are more likely to perpetuate existing cultures. This includes maintaining existing social structures and norms at the expense of supervising and managing the team.

*Q48 'she can't see how anybody could do anything any different, she's doing the best she can, there's all these problems, everything's a problem, everything's a negativity.... and she's one of the gang, one of the girls.' (Subject 2)*

*Q49 'I think it's always been in-house, to keep people in-house, so to give those roles to somebody although that person might not have been the right person to have that role'. (Subject 4)*

*Q50 'they'd started there as junior staff nurses and then worked their way up'. (Subject 5)*

*Q51 'She was one of these managers that wanted to be everybody's friend as well – which I'm not saying that you can't be, but for some people it blurs the boundaries.' (Subject 4)*

Another theme reported by three of the managers was that of hidden issues, where other staff would make up for a staff member's lack of ability, or do work for another staff member.

*Q52 'lovely lady, lovely woman, just couldn't keep up with the flow of the work, but nobody liked to, because she was so nice nobody liked*

*to complain until it all went wrong or until there was a backlog and things' (Subject 2)*

*Q53 'I think people, because they've known her for so long, felt they had to protect her, although they knew things were not right'. (Subject 2)*

*Q54 'I said I need examples, I said I can't just do it on hearsay...they had to stop masking it for me, so that was another factor actually when I think about it, that was part of the whole thing, you know, other people's involvement because you've got a nice individual.' (Subject 4)*

This can also occur if more senior staff may encourage or coerce junior staff to take on work.

*Q55 'She was so much of a bully that the (team members) girls have told me, some of them used to be sick before work because she was that bad' (Subject 2)*

Alternatively senior staff may take on the work of more junior staff just to get through the work load more quickly, this creates two problems, the junior staff does not get the opportunity to learn, the problem is never properly identified or addressed. Staff may not be aware that this behaviour takes place, they may simply have a workload to complete as a team and some team members are more efficient at their jobs than others and therefore do more of the work.

*Q56 'staff weren't telling me anything, and staff were being protective towards her because she's been the manager for years and years and years, all socialised, all knew each other's children' (Subject 4)*

Theory 14: Despite the existence of the PM Policy, the pervading organisational norm is not one in which performance management routinely takes place. Instead, social relations may take precedence over the team's performance and addressing team development and problems.

When performance management took place it was as a last resort and used in a punitive rather than supportive manner, resulting in defensive responses from staff rather than their participation in a supportive improvement process.

## 5.4 Manager Contextual Features

### 5.4.1 Manager's training and prior experience of performance management

The subjects described mixed experiences of performance management. These ranged from first cases with no prior experience to one that had pursued five cases, gaining experience each time. The managers had a mix of successful and unsuccessful outcomes and a mix of staff responses.

As suggested in theory 2, none of the subjects had received training in managing employee performance or in implementing the PM Policy. Some referred to teaching themselves how to implement the policy;

*Q57 'Me has taught me how to manage performance, but that's because it's my personality, I suppose.'* (Subject 1)

Others referred to a lack of management related training;

*Q58 'I have not received significant management training at all.'* (Subject 3)

Only one of the subjects reported having a recognised management qualification, a master's degree in Managing Health and Social Care.

2 subjects (numbers 6 and 7 in the table below) reported that they had followed procedures used for managing poorly performing students for which they had received training from the relevant universities, neither of these was successful.

1 of the subjects that had tried to manage the underperformance of four staff commented,

*Q59 'I've not managed to turn anyone round...they'd got to such a bad stage that they couldn't be turned around.'* (Subject 2)

There is evidence of a pervading culture of unmanaged performance within the organisation. This extends from a lack of training of managers in the PM Policy, how to implement the policy, a lack of



agreed performance standards, how to monitor staff performance and how to feedback to staff. In turn staff did not know how to respond to negative feedback on their performance. This culture may be perpetuated by internal promotions from within teams.

The same issues of a lack of organisational culture of performance management apply to the line managers as well as to staff, managers do not know what to do or how to do it. Reasons why line managers do not manage staff performance reflect an avoidance of the difficulties that the managers found when managing staff including an avoidance of the emotional issues experienced by the subjects (see also emotion).

*Q60 'I suppose the thing with performance, you either grasp it don't you and you know it's going to take a lot of energy or you do the easy thing and you bury your head and don't deal with it.'* (Subject 5)

*Q61 'I can remember her sitting in front of me with her union rep and she started crying and I just thought, 'Oh my god, what am I supposed to do, do I just sit here?''* (Subject 3)

*Q62 'she knew what buttons to press...I just found it frustrating sometimes, because I think she felt she could manipulate me because she knew me.'* (Subject 4)

#### 5.4.2 Articulated expectations of performance

##### 5.4.2a Manager new to the team/ new staff member to an existing team

In all of the cases, the subjects reported that they had clearly articulated their expectations of performance to the staff that they managed. This took time to implement in some cases as there were no established standards against which the staff worked. In 12 of the 21 cases, the subject was new to a team and introduced new standards of performance. Negative feedback from a new manager to a member of an existing team was accepted in 4/12 of the cases, a passive response in 3/12 cases and non-acceptance response in 5/12 cases.

In 8 of the 21 cases the staff member was new to an existing team. Negative feedback was accepted in 3/8 cases, 2/8 staff responded passively and 3/8 non acceptance responses (attributed to 1 staff member).

There was one case involving an established manager and an established team member, they accepted the negative feedback.

*Q63 'That's my role, I try and get the processes to be the same so we know what we should expect off each site and I know that the level of quality is lower at that site than it is at this site and that's what I'm trying to manage' (Subject 5)*

Subjects referred to increased difficulties when staff members' performance had been poor for long periods of time, in some cases years, but had never been addressed by previous managers.

Theory 15: It is more likely that underperformance will be identified at the point of introduction of manager and staff member.

Theory 16: New staff are more likely to accept negative feedback from an existing manager than existing staff are from a new manager.

#### 5.4.3 Emotion

Subjects talked at length about the emotional impact of managing performance. They reported, '*dreading it*' and a fear of repercussions against them by the staff members,

*Q64 'I was scared that he would perhaps try and get me, I don't know, in trouble. I just felt very uncomfortable with the whole situation.'*  
(Subject 7)

When the PM Process had successful outcomes, there was little description about the personal emotional impact, they were, '*pleased with the outcome*', and were more likely to manage staff performance in the future. Descriptions were in relation to being pleased for the staff member and their achievements,

Q65 *'I found out last year she was going for the nurse practitioner role I was over the moon for her, because I thought that's fabulous' (Subject 4)*

Some managers made rationalised justifications for pursuing the PM Process

Q66 *'I think it takes a lot of work. You've got to go through these difficult conversations haven't you?' (Subject 3)*

Q67 *'just focus on the fact that you're performance managing this person because she's not performing to NMC requirements, her code, and that she's actually not caring for the patients. Would you want her to look after your mum?' (Subject 4)*

Q68 *'If you can honestly hold your hands up and say that you're doing this for the right intention, for the right reasons, then, you know, I'm not frightened anymore, and I think that's the difference. But if you start something then I think you've got to follow it through, otherwise you do look like you're doing it for wrong reasons. And none of those cases were for personal reasons, none of them were bullying, it was just for the pursuit of proper standards, proper expectations of people, and this is public purse.'* (Subject 5)

In some cases subjects had previous working and social relationships with the staff members. These relationships created their own problems of acceptance and staff taking matters seriously and influence the PM Process, or the manager themselves, *'she knew what buttons to press.'*

The emotional impact is discussed below in themes relating to empathy, fear, damage to reputation and home life.

#### 5.4.3a Empathy

Subjects who expressed empathy for the staff member who was being performance managed felt personal responsibility for inflicting the PM process on them and reported feeling guilty for doing so.

They felt unprepared for the responsibilities of decision making about another member of staff's future when on one hand they were aware of the staff member's poor performance but at the same time they had responsibility for the implementation of the consequences.

*Q69 'I knew in my head that she shouldn't be practicing, but then I thought, 'Oh my god, I've suddenly like got this power or control over somebody.' And I found it quite awesome really, and it did worry me for several weeks, and still does now,' (Subject 3)*

*Q70 'I just went in and I know I did put my head in my hands and said, 'Oh my God, is it me?' but I very clearly said to my line manager and also J at the other side, 'If you feel I'm being too harsh then you must tell me,' or if I, but because you're you, you don't know do you, but for me everything has to be right.' (Subject 2)*

They worried about the impact of the PM Process on the staff member's life and viewed the process as something that was done to the staff member rather than being action taken as a result of the staff member's failure to improve performance. When the outcome was unsuccessful, they felt a personal responsibility towards the staff member, guilt for imposing the PM Process upon them and felt the need to justify their own actions.

*Q71 'I'd be thinking god, if she goes and does something or, it's that emotional side, that you are actually affecting somebody's life, you know, emotionally, financially, professionally'. (Subject 3)*

*Q72 'the frustration came in with this last individual, I just couldn't get her to understand. I just couldn't get that cog to go in there, I just couldn't get it and I tried and tried and tried,' (Subject 5)*

*Q73 'making a decision on somebody's profession and life, then I was thinking god if I've got, what happens if I've got it wrong?' (Subject 3)*

*Q74 'I would see her on reception I would have to force myself to say, 'hello.' and it was because I felt guilty. What all that's about, I don't know, I just felt, oh no, poor, you know, I felt guilty.' (Subject 2)*

#### 5.4.3b Fear

Cases where staff overtly rejected the negative feedback about performance issues produced the largest amount of description about the emotional impact from the subjects. The greatest of these was as a result of fear of accusations of and actual accusations of bullying made by the subjects. This was especially when staff members had a history of making claims of bullying against other managers.

This fear was cited by the subjects as a reason why other managers did not implement the PM Policy. All of the accusations of bullying were found to have no basis when investigated.

*Q75 'I was really aware that he was quite capable of making these allegations and I was scared that he would say things about me. I was scared that he would perhaps try and get me, I don't know, in trouble' (Subject 7)*

The impact of accusations of bullying was marked, subjects found it to be distressing and it impacted on their work and home lives. One interview was stopped when the subject became upset whilst talking about the emotional impact upon them and their life outside of work as a result of being accused of bullying. They were able to continue after a break.

In all cases, the subjects reported that they had good evidence of staff underperformance and approached the PM process in a supportive manner. They were not informed how the bullying process would proceed and felt a loss of control.

*Q76 'I was frightened, I thought I was going to lose my job, through as I could see it I wanted to try and make things better.' (Subject 5)*

Accusations of bullying were quick in response to negative feedback. In some cases, the subjects did not have time to inform the staff member what the performance issues were, or what support was to be offered,

*Q77 'I had to go and see my manager straightaway within a matter of hours and got cited with bullying.' (Subject 5)*

Some subjects had already spent time informally supporting and training staff members prior to implementing the formal PM Process. They were upset because from their perspective, relationships were good and they were working for the benefit of the staff member,

*Q78 'he was putting in a claim of bullying and harassment against me that I was quite floored by really. Because the amount of time I'd actually spent with him and at the end of the day with poor*

*performance, it has to be seen as a positive thing, you're actually trying to help somebody.'* (Subject 6)

On one occasion the subject reported that the claim of bullying came six months after the last contact with the staff member when another line manager raised performance issues,

*Q79 'I still was floored by it, by the accusation, because there hadn't been a cross word and we tried to put things in place, I'd written the competencies specifically you know, got everything written down very clearly and he waited until the April afterwards to bring it up and never once brought it up during the rotation.'* (Subject 6)

Subjects felt loss of control when accused of bullying. They did not know what the accusations were for long time periods,

*Q80 'she [staff member] wouldn't commit anything to paper. It went on for months and months and months until the regional steward [representing the manager] said either put your claims on paper or we'll cite you as a grievance, because you left me dangling.'* (Subject 5)

One subject reported that even after the bullying claim had been investigated and there had been a hearing, she was never told what the accusations against her were,

*Q81 'I think it's difficult to know how you get over something like that really. Especially if it had been something specific and you know, still to this day they won't clear, it was just under the umbrella allegations of bullying and harassment and really if I went to court for something, surely I would be told what I'm actually going to court for and it would be very clear that this incident occurred'* (Subject 6)

When staff members were also absent from work on sick leave, there was a policy of not contacting staff, as a result, managers were left not knowing what the instances of bullying related to, so were unable to prepare any defence,

*Q82 'immediately, she went off sick with stress and then hit both me and the matron with a bullying and harassment claim.'* (Subject 5)

Clinical subjects were anxious about having to provide support and work closely with staff members who had previously accused other managers of bullying whilst themselves being frightened of retaliation.

*Q83 'I had to follow him and watch him very closely, so it increased the workload on me and it increased stress on me.' (Subject 7)*

Two subjects referred to physical intimidation by the staff member and being frightened, especially when staff members had lost their tempers and had been physically aggressive, one tried to mitigate against this by being accompanied by a third member of staff when supervising the staff member,

*Q84 'he could be quite intimidating. I did request that I didn't have to be on my own with him at any time and that I could have a band 2 member of staff to be with me all the time.' (Subject 7)*

When subjects were accused of bullying the PM Process had negative impacts on their physical and mental health, from being upset at work,

*Q85 'I locked myself in my office crying and daren't come out.' (Subject 5)*

*Q86 'I thought I was going to have a nervous breakdown, I was in a right state. I look back at it now and I think I would never want to go back to that stage again' (Subject 5)*

*Q87 'It had a very significant impact. I lost a lot of sleep. I got quite stressed with the whole thing to a point where it was probably, well one of the major contributing issues to me going off with stress for five weeks' (Subject 7)*

3 of the subjects required time off work with stress and in one case a nervous breakdown, others saw sickness absence as a sign of their inability to cope with the role of their jobs and refused to take sickness absence despite medical advice,

*Q88 'my GP wanted to sign me off on stress straightaway, but I saw that as a weakness' (Subject 5)*

#### 5.4.3c Damage to reputation

3 of the subjects talked about the differences that were expected of them and the staff member when it came to discretion and confidentiality. The subjects involved as few people as possible in the

PM Process and felt the need to be discrete about the staff member's issues, only discussing them with people who needed to know. The staff members on the other hand, especially when they were making claims of bullying against the subjects felt free to discuss their perspective on events with other staff within and outside of the organisation.

The subjects felt aggrieved by this and felt that damage was done to their reputation, whilst they were unable to defend themselves;

*Q89 'the gossipmongers were absolutely on overtime and we had no comeback me and the matron. In fact at the time I can remember us both being worried about discussing it with each other.'* (Subject 5)

*Q90 'I also felt very bitter because I know the individual that actually spread the word wide and far really and that was frustrating having worked here for a long time and you would hope to build up quite a lot of respect in your professional area and within the hospital, I was devastated really that so many people knew about it and really, because it was a bullying and harassment, that I felt there were all on his bandwagon that I'd done it to him, he hadn't actually done anything wrong, he hadn't got any clinical issues but I doubt they would know about the other side of that, but I kept quiet and never told anybody about that.'* (Subject 6)

#### 5.4.3d Home life

Managing underperformance, especially, for those who were accused of bullying, had a significant impact on subjects' home lives. This impact was long term and far reaching,

*Q91 'I did lose a lot of sleep, to the point where when I went on honeymoon in January and pretty much, well it ruined it, well it spoilt it a lot for me because I couldn't stop thinking and worrying about what was going on...back at work.'* (Subject 7)

*Q92 'I did feel very bitter I suppose, very hard done by because I didn't understand the process, didn't understand the accusation, and certainly it has a significant effect on personal life outside of home because all you think about is what you're going through at work so you can't actually focus on any of that stuff.'* (Subject 6)

*Q93 'I think the knock-on on a personal level is quite significant and dramatic I think at home. And I think it's just the knock-on effect on*



*you at home over this period of time that you begin to feel a little bit better about it, that didn't really seem to be the case really.'* (Subject 6)

Subjects were relieved when staff resigned, that the process was ended and it was an end to the pressure on them,

*Q94 'I'd been building myself up, because he'd been on sick leave for such a long time I'd been building myself up every Monday, 'Right, he's coming back, I'm going to have to work with him one on one.'* and then he handed in his resignation and I went, 'Phew...' ' (Subject 7)

The emotional aspects of managing performance took up the largest proportion of the interviews with the subjects.

Theory 17: Managing employee performance when staff do not accept negative feedback on their performance has a negative emotional impact on managers exacerbated by accusations of bullying.

These results also offer supporting evidence for theory 3, that the avoidance of negative emotional aspects associated with managing performance is a large contributing factor to managers not managing staff performance within the organisation.

#### 5.4.5 Support for the subject

Subjects reported receiving varying degrees of support; some received no support whilst others received support from family members, more senior managers within their own line management structure and in more recent cases from HR.

In the more recent cases, where subjects praised individual HR managers, subjects said that they found the support from them very helpful in providing advice and reassurance as to how to proceed and to talk through what to expect at each stage of the PM Process. In older cases, subjects reported that they received no support from the organisation; this reflects a change in the role and structure of HR in the organisation in more recent times.

*Q95 'As a manager it feels like there's a difficult culture within the organisation and I've never felt as supported in managing people as I do now.'* (Subject 5)

Subjects reported that the support that they received from senior managers was very useful, especially when they acted in a mentor role, allowing managers to assist with or shadow another poor performance case. The subjects found this helpful and looked to senior managers as role models as to how to act and behave and as sources of advice and encouragement to see the process through.

Many of the subjects referred to family support. Family members working outside of the public sector had different experiences of PM Processes, where underperformance is less tolerated, and where underperforming staff are dismissed with little notice although the same employment laws apply.

In two older cases, support from HR was not available, although one of these did get support from a regional union representative that was particularly helpful because of accusations of bullying against the subject.

*Q96 'regional steward who came from the northwest of England felt that our policies certainly erred on the side of the employees rather than the managers and left us out on a limb'* (Subject 5)

The subject said that they felt that providing support for managers, especially for those with little experience of managing poor performance was key to success in pursuing the process. In older cases managers felt that they had not been supported by the organisation;

*Q97 'I think it's sometimes easy for management to say, 'Right, you can performance manage that person, get on with it''* (Subject 3)

*Q98 'nobody sort of like said, 'Yes, you've done that all right.' Or, 'No you've done that wrong.' or I didn't have to report back to anybody'. (Subject 3)*

Some subjects commented on the difference in support for the staff member; occupational health, counselling, training, peer support, reduced workloads, mentoring, HR, union representatives compared

to the support for themselves; HR. They felt that there was a large amount of resources devoted to staff members and very little to them.

Q99 *'I mean right from the outset I always felt as though the balance of power for want of a better phrase always erred on the subordinates' (Subject 5)*

Q100 *'the other person was there done up to the nines, her hair was immaculate, her nails were immaculate, she looked fabulous, she'd got brand new clothes on and played the stress card, and had been well versed in what to say. I mean you could have picked up a bullying and harassment book and she virtually recited stuff verbatim. And at that point I decided just to sit there and say nothing.'* (Subject 5)

Q101 *'the duty of care to me and those who were obviously also brought into it through interviews etc, I don't think we were given a second thought at all, about there was no particular help for us. There was almost a - I just felt I was tried as guilty before I'd even got there just because it was umbrella bullying and harassment and that has to be taken seriously'* (Subject 6)

Q102 *'I think there needs to be a lot more thought given to those who are accused whereas I think a lot of thought goes to those who are making the accusation and they actually have no, I don't think the people who are actually making the accusation either have any concept of what impact that will actually have. It's very easy to say well, I'm being bullied and harassed isn't it, but they don't have an understanding of the actual impact and the implications of that. I think as much of a duty of care that you have to a staff member who's being poor performance managed and making the accusation, I think there needs to be an equal duty of care to the other staff that are involved and I think sometimes you're bound by the policies and procedures really more than anything else.'* (Subject 6)

Q103 *'in the policy there is a paragraph about, it's in the bullying and harassment policy sorry, spurious allegations or unfounded allegations where you can take it back on that. Now in my opinion three out of those four people that cited me for bullying, they should have had disciplinary taken against them because they did it purely as a result of the performance management, and that was founded in the outcomes.'* (Subject 5)

Theory 18: A lack of organisational support for managers is a barrier to managers implementing the PM Policy.
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Theory 19: There is a perceived imbalance in the support for managers and staff.

## 5.5 Time

The amount of time devoted to managing the process was frequently referred to, and the need to absorb this into the existing workload. Subjects referred to having to take work home in order to complete it;

*Q104 'It ended up being very time consuming, very draining, I spent a lot of time writing up numerous notes at home so I could actually keep on top during the day. I ended up having to rely on other staff to help out so we could actually get through the caseload that we actually had, even though his caseload had not been any different from any other junior member of staff's case load.'* (Subject 6)

*Q105 'it takes up so much of your time, it's unbelievable and everything else gets parked for weeks and weeks.'* (Subject 4)

*Q106 'It became very, very stressful, just because of the amount of time really, and I felt I gave him so much time it was unsustainable really, and very difficult on all the other aspects of the caseload.'* (Subject 6)

*Q107 'it is time consuming..., I could quite easily just leave that but it impacts on my work as in performance so I need to tackle it,'* (Subject 1)

Subjects reported being unsupported with respect to the amount of time involved in implementing the PM Process and the additional stresses that this placed upon them personally and the teams in which they worked.

### 5.5.1 Length of time and stage of policy reached

Table 9. Acceptance of negative feedback, stage of policy and time to complete the PM Process

#### Accept

Stage of policy reached at completion	Time to completion of process
Informal	2 months
Informal	2 months
Informal	4 months
Informal	6 months
Informal	1 year
Informal	1 year
Informal	1 year
Stage 1	Few months

#### Passive

Stage of policy reached at completion	Time to completion of process
Informal	6 months
Stage 1	8 months
Stage 2	9 months
Stage 2	13 months
Stage 2	24 months

#### Non-accept

Stage of policy reached at completion	Time to completion of process
Informal	6 months (sickness did not return)
Stage 1	12 months
Stage 1	18 months
Stage 2	6 months
Stage 2	9 months
Stage 2	13 months
Stage 2	18 months
disciplinary	3 years

*Q108 'She never came back off sick. She applied for a job elsewhere'*  
(Subject 5)

Some subjects commented that the PM policy was useful as a procedure to follow,

*Q109 'the policy gives you a structure and I think that's important because you know your next step.' (Subject 4)*

However they were critical in relation to the length of time taken to administer and the number of stages that the subjects expressed as excessive

*Q110 'the process was just far too long' (Subject 4)*

and the need to shorten the process,

*Q111 'the policy, we need to condense it.' (Subject 5)*

They also commented that the policy did not support them in the management of services

*Q112 'I think some of our policies need changing quite drastically to support that management role, to support everybody else as well but actually to say clearly this is what will happen, and I don't think they do some of them at the moment' (Subject 4)*

Theory 20: The time and resources taken to implement the PM Policy is a major consideration for managers in when and if to implement the policy.

## 5.6 Avoidance of performance management

*Q113 'I don't know, an easy life, maybe frightened of confrontation with the staff, maybe not knowing how to deal with it, maybe not finding the right managers above to discuss it with.' (Subject 3)*

*Q114 'some people can't deal with being unpopular, but it's hard and it's draining,' (Subject 4)*

## 5.7 Estimated costs to the organisation

*Q115 'which has added up to thousands of pounds worth of money taken from our budget, which is our budget for our whole department and an already stretched budget, so the amount of time I've not taken students, there's been a lot of time that's been missed by very competent members of staff in teaching and one on one working, so really it's been extremely draining financially and time and personally, emotionally, and with really no results other than he's handed in his notice and is free to apply for another job.'* (Subject 1)

*Q116 'it was just for the pursuit of proper standards, proper expectations of people, and this is public purse'* (Subject 4)

If the largest cost in the process is staff wages, and assuming that there is no pay distinction between accepting and non-accepting staff, then compliant staff typically took 8 months to demonstrate their competence, although demonstrated compliance with the process much sooner. The process typically took 13 months with non-compliant staff before the staff member left the organisation (see table 9). In addition to the wages bill for the non-compliant staff is the cost of additional support; in many cases the staff were made supernumerary, this meant that another member of staff was employed to do the job and the staff member attended work for the purpose of learning, this doubles the costs associated with that post.

There was an absolute five months wage bill difference between compliant and non-compliant group to complete the process and reach their final outcome. However, if it assumed that all of the staff will either demonstrate improvements or progress to the second stage of the poor performance process in four months, then there is a potential nine month period in which non-compliant, underperforming staff may be supernumerary prior to leaving the organisation. In addition to this are the costs of arranging and providing additional training which have not been estimated.

Assuming staff are on the midpoint of their grade, then for a band 3 staff member this cost is approximately £13,345, for band 4 £15478,

for band 5 £18,599, for band 6 £22,319, for band 7 £26,652 and for band 8a £32,866.

If staff who are in their posts for a long period of time are less likely to accept the poor performance process then these cost could be as high as £16,512 for band 4 unqualified staff and £35,316 for band 8a qualified staff members. See Appendix 9 for costing estimates

Staff in the accepting group typically were not made supernumerary and additional staffing costs were not incurred. Any additional costs were related to training.

Only one staff member in this group was made supernumerary incurring £9,634 in additional costs (band 3 for 6months)

None of the passive group was made supernumerary, so incurred training costs only.

The most prolonged period of supernumerary support was for a band 5 staff member that lasted for 3 years. They were supported at different sites within the trust and incurred travel costs in addition to supernumerary support totalling £63,863.60. This staff member left the organisation without demonstrating improvements in performance.

<p>Theory 21: The organisation spends more resources supporting staff that are non-compliant and likely to leave the organisation than on staff who are compliant and who are likely to stay</p>
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## 5.8 Summary of Results

The results demonstrate that managing staff performance does not proceed in the simplistic manner that the textbooks and PM Policy might suggest. Instead they offer a picture of complexity with a variety of outcomes and factors which may interact together to influence these outcomes that operate at staff, manager and



organisational levels. On the basis of these results, 21 theories have been proposed and will be tested in the next cycle of the project.

These theories arise from the redescription (Collier 1994) of the interviews with the subjects which provide new evidence relating to the experience of managing performance that was not found in the initial literature review and was contrary to the picture of performance management portrayed in the management texts.

Theories were proposed based upon the results in the first round of retrodiction (Collier 1994). The results were checked by the subjects of the study who confirmed that they represented their experiences, and that the proposed theories were plausible.

The results show that which is more representative of what might be expected of a change process situated in a social environment (Pawson 2013).

## **6. Second Literature Review. Third Cycle**

The thematic analysis of the cases identified common contextual features and developed theories that informed a second round of literature searches to find support for or disconfirm these theories in relation to; staff resistance to poor performance, negative feedback, managers' experience, bullying of managers, sickness, staff retaliation and embitterment.

A second round of literature searches was carried out based upon the themes drawn from the interview cycle of the study to find further evidence to support or contradict the findings; these searches informed developments upon the initial theories to theories that are more plausible and supported by evidence (Astbury and Leeuw 2010). Further literature reviews were then undertaken using search terms suggested by the emergent themes and theories developed further (Wong et al 2013, Pawson et al 2004, Oakley 2002).

This chapter describes that second literature search and review and leads to the next chapter, synthesis and discussion, which brings together the literature reviews and the findings of the results section.

### **6.1 Literature Search**

As in the first literature search, terms were searched in The Emerald Management Xtra, and in Scopus databases (detailed in appendix 3). In this way 29 relevant papers were identified.

Within the literature considered in our paper and especially within the health related literature, there is little understanding of the lived experience of managing the poor performance of staff. Harris et al (2007) systematic review of HR management and performance literature found little research that looks at the link between HR policies and performance in the healthcare. Traynor et al's (2014) more recent review of disciplinary processes and poor performance in UK nurses found an absence of empirical evidence or studies relating

to healthcare or the NHS. Overall the standard of the existing literature was poor; Jones (2010) calls for an increase in evidence based management and decries the paucity of literature.

An additional 31 papers were identified by a process of 'snowballing', these were identified from reference lists of the papers above, or from additional searches as ideas developed again from Emerald Management Xtra and Scopus data bases but also using Google (Wong et al 2013) (see also appendix 4 and 5).

As in the first literature review many of the papers were not written to satisfy healthcare standards of rigour. The literature fell into one of six categories; editorials, a news report, models, a review, discussion papers on a specific theme and research papers. (see appendix 5).

This chapter is organised into three sections retaining the structure from the previous chapters, reviewing the literature found in the second round of literature searches related first to staff features, next to the organisational and the use of the PM Process and finally to contextual features related to managers.

## 6.2 Staff Contextual Features

### 6.2.1 Feedback to staff

The contextual features that related to feedback were all related the staff members' responses to feedback on their performance and behaviours afterwards. Feedback to staff was identified in the first literature review as an important topic within the management textbooks; however the books did not cover staff members' responses. These give the view of feedback from a managerialist perspective, as something that managers give to staff along with tips about making it measurable, timely, fair etc. The searches for responses to feedback were written more from the perspective of the staff member acknowledging that there may be different staff member responses.

Ilgen et al's (1979) literature review paper on feedback, did not describe how the review was constructed or sources searched, but talked about the usefulness of feedback to the individual, how it is perceived, its acceptance by the recipient and the willingness of the recipient to respond to it. If the source is credible, the feedback is timely and specific and from a credible source then there is a greater likelihood of it being acted upon. This paper discusses staff members' response to feedback as intention to act or not to act upon the feedback.

In further work by Steelman and Rutkowski (2003) 405 US steelworkers were surveyed in 2 American manufacturing companies to assess the effects of the credibility, source, quality and delivery of the negative feedback on performance, on motivation to use the feedback constructively, satisfaction with the feedback and effects of negative feedback itself. They suggest the possible rejection of feedback from a manager that is seen as less credible. The intention to act upon this feedback was also linked to quality of feedback.

The idea of feedback credibility was also found in Podsakoff and Farh's (1989) study of 90 students receiving feedback on an experimental task. Feedback was given on performance in an experimental task along with information about the how the feedback was derived suggesting greater or lesser feedback credibility. They found that credible negative feedback led to a greater improvement in performance than positive feedback but performance was worse with non-credible negative feedback when the experimental task was repeated.

Raemdonck and Strijbos (2012) examined responses to feedback amongst 173 academically qualified and non-qualified administrative staff in of 12 Dutch organizations. They found that more educated staff attended more to the content of feedback rather than who provided it. They had expected to find that there would be more

resistance to feedback from employees that were longer in their jobs as suggested by theory 8; staff that are in post for shorter lengths of time are more likely to accept negative feedback on their performance than those that have been in post for longer lengths of time, but instead found that as long as the feedback was specific and provided enough information as to be useful, it would be accepted.

Wu and Leung's (2000) survey of Chinese workers found that the interpretation of the motives behind the feedback and the response to the feedback are linked; when the employee feels that the feedback is constructive, clear and for their benefit it was received more favourably. This was similar to Fedor et al's (1999) findings when they studied 184 workers comparing positive and negative feedback, the behaviour of the supervisor and supervisor intention. The opposite was also found to be the case.

These papers together suggest that the manager's approach to feedback given the variables of feedback content, perceived intention of the manager and manager credibility would have a large impact on staff response and not support theory 5; that the manager's approach to feedback has no impact on its acceptance by staff, or theory 8; which suggests that staff that are in post for a long period of time are less likely to accept negative feedback on performance.

Building upon the ideas of different responses to feedback (Kluger and De Nisi 1996), further evidence also suggests that unfavourable feedback can result in denial and defensive responses from staff (Podsakoff and Farh 1989, Ilgen et al 1981). The responses can include rejection of the feedback (Ilgen et al 1979). Staff are less likely to accept negative feedback and consider it to be less accurate than positive feedback (Fedor et al 1989).

Rather than seeing negative feedback as constructive criticism, it may be perceived by some staff as a social injustice (Linden et al 2007 and Linden 2008). Linden et al (2003) propose the existence of

'Post Traumatic Embitterment Disorder' (PTED) which is similar to post traumatic stress disorder but is in response to every day subjectively stressful or intimidating events. Dobricki and Maercker (2010) dispute that PTED exists stating that the observed behaviour of some staff is a type of adjustment disorder, they discuss whether a violation of beliefs and a feeling of being treated unjustly is a big enough stressor to qualify as being a traumatic stressor. When negative feedback conflicts with the recipient's self-image, (Ilgen et al 1979) then they are likely to respond with psychological defence responses (Bowins 2004, Kluger and DeNisi 1996). Whether due to an adjustment disorder or PTED, some staff may become embittered, feel helpless and or enraged in response to an event that they perceived as humiliating, unjust or an insult; this may further adversely affect performance in daily activities and work is negatively affected.

Two 'primitive responses', denial and devaluation, are defence responses first described by Sigmund Freud (Bowins 2004). On receipt of negative feedback, the individual initially defends their position and denies then ignores unpleasant facts and rejects data that conflicts with their self-image and preconceived ideas of the world (Iles et al 2007). Iles (2007) found that negative feedback given to students performing a task had a negative impact on their self-esteem and subsequent task performance was adversely affected. This may take place in conjunction with devaluation, where negative or inferior traits are attributed to the manager in order to punish them and to reduce the impact and importance to the staff member (Bowins 2004). Bowins describes denial and devaluation as immature responses to stressful events. A large amount of negative feedback that is not sensitively delivered may fulfil these criteria suggesting that the way in which feedback is delivered does have a large impact on staff acceptance of the feedback contrary to theory 5, but provides support for theory 10; that there is difference in staff acceptance of

negative feedback related to the number of different performance issues.

Freud's theories of defence mechanisms relate to defending the individual against 'instinctive desires' but also against having to confront personal weaknesses (Whitbourne 2011). Whitbourne identifies the nine most common defence mechanisms as; denial, repression, regression, displacement, projection, reaction formation, intellectualisation, rationalisation and sublimation. Denial and regression behaviours are expressed externally; repression, displacement and projection behaviours may or may not be expressed externally; intellectualisation, rationalisation and sublimation are less likely to be expressed. These responses are consistent with a lack of emotional resilience (The American Psychological Association 2014) and start to offer some support for theory 4; that there are three expressed responses to negative feedback, the third being acceptance.

The management textbooks do not comment about non-acceptance of negative feedback about performance, although some do discuss failure to improve performance, in terms of a breach of the staff member's contractual obligations (Beardwell and Claydon 2010, Torrington et al 2011, Hollinshead et al 2003).

Staff are likely to attribute positive feedback internally and negative feedback externally, which means that they are likely to portray themselves as victims if they receive negative feedback (Yagil 2005) this feeling of being a victim may contribute to feelings of embitterment. This may also apply to the managers' recollections of events described in our results.

#### 6.2.2 Rejection of feedback

Ayoko (2007) examined the impact of openness in communication in the workplace leading to conflict in culturally diverse groups through

a series of questionnaires to public and private sector workers in Australia. These were self-rated and did not explore actual events. They found that according to the staff ratings, lower levels of conflict correlated with better outcomes, poor communication between individuals led to poor outcomes, staff who avoided the issues involved in the conflict became more focussed on trying to win the fight rather than resolving the issues.

Analoui and Kakabadse (1989) discuss staff defiance, defining it as 'a meaningful, goal-seeking yet unorthodox behavioural strategy which is adopted by an individual... in an overt or covert manner, in order to cope with, modify, alter and even transform the situations with which they are confronted and with which they disagree to that which is preferred'. This can include absenteeism with the intended goal of regaining control over the manager and forcing them to abandon the managing PM Process by using a form of coercive power against the manager (Mullins 2010). This is consistent with control theory where defiance is symptomatic of rejection of the suggestion of underperformance (Kluger and DeNisi 1996). This study identifies not only staff rejection of negative feedback but retaliation against it. Analoui and Kakabadse offer support to theory 4, that there are three different responses to negative feedback and to the idea that staff may respond with overt defiance behaviours against managers in response to negative feedback, developed in theory 6 and introduces a new idea of covert retaliatory responses not previously considered.

Analoui and Kakabadse (1989) six year observational study was undertaken to gain an understanding of deviant workplace behaviour. The researcher was employed as a bar keeper in a nightclub in order to be immersed in, gain the trust of, and observe the behaviour of the staff that also worked there. They were interested in 'unconventional behaviour' and were able to discuss staff members' motives for this behaviour as colleagues. They observed and discussed discontentment among staff; this is an



internal process that is expressed (explicit) or not (implicit) through their behaviours. Implicit behaviours are covert, such as failure to complete work, non-cooperation, inaction or non-communication.

Explicit discontent, or defiance, is overtly expressed including absenteeism, non-cooperation and destructive practices. These acts of defiance are goal seeking behaviours, that is, there is an intended outcome or aim from perpetrating them. The outcomes can be:

Facilitative- they get the result that they want; in the case of performance management this might be to force the managers to change or withdraw negative feedback (Kluger and DeNisi 1996);

Inhibitive- they make the achievement of the other parties' objectives more difficult; or

Futile- 'incompatibility of the value systems of the people involved and the absence of effective conflict resolution machinery creates frustration and helplessness that eventually results in futile defiance' (Analoui and Kakabadse 1989). In these cases, staff outwardly rejected the manager's feedback and may remove themselves from the situation both physically and mentally (Kluger and De Nisi 1996). This could extend to not accepting the solutions that are offered to staff intended to prolong their employment resulting in their ultimate dismissal and ending of career as suggested in theory 7; i.e. that cases where the staff member does not accept negative feedback and undertake grievances against managers and sickness absence seem likely to have resigned from their posts by the end of the PM process. It may also be as suggested by theory 11; i.e. that staff whose performance issues related to absence are more likely to take sickness absence and staff whose performance is related to conduct to take out grievances against managers in response to negative feedback on their performance than staff without these performance issues, once staff have started to exhibit these behaviours that they continue to exhibit them.

Sickness absence levels are symptomatic of staff dissatisfaction (Audit Commission 2011). Public sector workers take on average 10.7 days of sick leave per year compared with private sector workers, 6.4 days of sick leave per year (Boorman 2009). Boorman suggests that public sector workers take advantage of generous sickness policies and that non-management of sickness absence may be symptomatic of poor management practices in the public sector and offers strategies to improve the management of sickness absence and reduce staff sickness rates. Generous sickness absence policies in the public sector may make it easier for staff to respond with sickness absence as defiance behaviour (Analoui and Kakabadse 1989, Kluger and De Nisi 1996). However, this explanation does not recognise that staff may genuinely experience more sickness as a consequence of being in more frequent contact with contagious illness than the general population and the stress of working with unwell or dying patients and increasingly raised levels of public expectations.

Bailey's (1988) discussion paper is a guide on how to identify and manage stress in the workplace. He talks about work related stress leading to loss of productivity and staff sickness that results in absence from work which generally takes place over a long period of time, rather than as a result of a single event. In the life changing events list he talks about single stressful life changing events such as a death of a close relative or divorce, dismissal from work features as a possible consequence of the PM Policy. This is rated as slightly more stressful than imminent retirement.

De Dreu et al (2004) discussion paper describes conflict and wellbeing in the workplace. They describe the need to separate the task from the emotion. If the conflict can be maintained with task focus then differences can be resolved positively; however if conflict becomes emotional then it becomes a threat to self-esteem and can have adverse health consequences. They discuss different

organisational cultures' impact upon this, describing a conflict culture that views criticism in purely negative terms rather than as an opportunity to develop positive outcomes from it. They identify that there is a strong link between health and conflict in the workplace that is under researched.

### 6.2.3 Registered and Unregistered Staff

No papers were found discussing differences in staff acceptance of negative feedback between unregistered clinical and administrative staff (theory 9).

### 6.2.4 Staff Gender

Theory 13 suggests that there is a gender difference in staff response to negative feedback. Acceptance of negative feedback could be accounted for by Dedovic et al (2009) who suggested that there is a difference in gender response physiologically and socially to feedback with males less adversely affected by negative feedback than females. This formed the basis for research by Franz et al (2009) that supposed that there would be gender differences in response to negative feedback in an experiment that provided false negative feedback to the first of two tests which they expected would lead to poorer performance in the second test; however they failed to show any gender difference in response in their small study of 20 subjects, 10 male, 10 female. It may be that the significance of feedback to an experimental test was not enough to produce a physiological response.

## 6.3 Organisational Contextual Features

### 6.3.1 Performance culture

The absence of performance cultures in the public sector was explored by Lewis (2004). Lewis interviewed 10 nurse managers and found that instead of a culture of performance management, there was instead a culture of bullying of middle managers by their

managers and by subordinates. Lewis suggested that there was a fine line between being an effective manager and being accused of bullying by staff, perhaps encouraged by union representatives. Whilst there must be instances when managers do bully staff, Cunningham's (2007) unreferenced paper describes public sector cultures where managers are frightened to give feedback on poor performance for fear of accusations of bullying and where unions encourage staff to accuse managers of bullying as a defence against poor practice. Cunningham also suggests that staff members unwilling to develop and improve their work habits, are encouraged by union representatives to search for spurious evidence that they are being bullied in order that their managers will be too frightened to enforce change. Cornett (2009) has written a well referenced article discussing conflict in the health workplace and the management of difficult employees. Cornett cites research demonstrating a negative correlation between workplace conflict and team performance. Cornett goes on to compare difficult employee behaviour with bullying behaviour, as both engage in negative social interdependence. When challenged, their response is often the criticism of others based upon distortion, misrepresentation or fabrication. These papers support theory 12, which suggests that there is a tacit belief amongst staff that claims of bullying against managers or taking sickness absence leads to withdrawal of claims of underperformance. No further research was found to support or quantify this.

An absence of a performance culture and norms of performance also inform: theory 14, that there is no organisational norm of performance and an absence of standards of performance or accountability and theory 15, the point of introduction of manager and staff member presents an opportunity for standards to be articulated and performance to be examined.

Articulated expectations are well documented as a necessary requirement for successful performance management within the standard management texts as discussed previously (Armstrong 2012a, Armstrong 2012b, Marchington and Wilkinson 2012, Price 2011, Torrington et al 2011, ACAS 2010, Beardwell and Claydon 2010, Farnham 2010) this is also stated in the PM Policy. Standards of performance are discussed in these texts in simple terms; however performance may be complicated by staff performing well in some areas but not in others rather than the simple dichotomy of performing or not performing.

Failure on the part of line managers to articulate the expected performance expectations denies the staff member the opportunity to perform to a known standard and it could be argued that this creates the underperformance. In this situation, staff will perform their job roles either satisfactorily or not. If there is no challenge to this performance then staff will assume that their performance is satisfactory and develop their own norms and team standards (Dyer et al 2007, Harvey and Drolet 2004, Schein 2004). The longer that this goes unchallenged, the harder it is to address the problem.

This is described as the organisational component in Fleet and Griffin's (2006) discussion paper on dysfunctional organisational culture. They discuss two of the components needed for dysfunctional behaviour; the staff member with the tendency to dysfunctional behaviours and an organisational culture that provides the context in which dysfunctional behaviours are allowed to take place. The organisation provides stimulants to dysfunctional behaviour; the factors included that are relevant to this paper are 1) unclear performance expectations, 2) unclear performance feedback, 3) perceived unfair treatment, 4) violations of trust, 5) changes in norms of performance such as when a new manager with new expectations takes charge.

Fleet and Griffin (2006), Grimshaw et al (2006) and Lebas (1995) all talk about the link between the need for enforcement of the need to meet standards, 'Any attempt to separate the two will end in vain' and failure to meet the required standards must have consequences. In a healthcare context these must be balanced with professional standards and professional autonomy. Cunningham (2007) as previously mentioned talks about the culture of fear that inhibits managers from enforcing standards in the public sector because of fear of reprisals resulting in a separation of performance and enforcement.

Ellinger et al (2007) studied ineffective coaching by managers. They found that ineffective behaviours included poor communication with staff, tolerance and ignoring of underperformance and avoiding addressing underperformance. Randell (1998) says that not managing problems is a symptom of organisational sickness where management roles are poorly defined and left to individual efforts and policies and practices do not align with organisational activities, this often takes place where multiple changes without time for consolidation are the organisational norm (Dwan 2001).

### 6.3.2 Performance process

The view found in the textbooks in the first literature search is that performance management is supposed to be a supportive process in the first instance, which if not improved by the member of staff may lead to punitive action later on and emphasis was on support for the member of staff to allow them to address their performance issues (Armstrong 2012b, Marchington and Wilkinson 2012, Torrington et al 2011, ACAS 2010, Beardwell and Claydon 2010, Farnham 2010, Mullins 2010, Hendry 1995).

The introduction of new performance standards must be followed by a period of time for staff to adjust and receive any required training and or development before any judgement about poor performance

can be made (Dyer et al 2007). The introduction of new performance expectations can be difficult especially when there has been a poor existing culture of performance management (Dyer 2007).

Applebaum et al's (2005) literature review of deviant workplace behaviours suggests that deviant behaviour is more likely during periods of organisational change including changes to management, procedures, work expectations and social structure in the workplace. Applebaum et al offer no indication how their literature search was performed, which is a weakness of their study. Staff response to feedback on their performance during organisational change may be as a result of the changes that were occurring rather than just in response to negative feedback. Successful change would require change management processes such as Kotter's (2012) change management process described earlier including establishing ownership of the problem.

A lack of evidence when underperformance is suspected is a difficulty for managers who then find themselves unable to correctly identify or quantify performance. This is not just attributable to a lack of performance standards, gathering evidence may be resisted by other staff. Moore and McAuliffe (2009) report on a survey study carried out in Ireland amongst nurses and found that 88% of 124 nurses and 96% of 27 nurse managers had witnessed poor practice. Of these, 65% of the nurses and 88% of nurse managers reported what they had witnessed. The reasons for not reporting were 'fear of retribution' 47%, 'would not want to cause trouble' 44%, 'would not be listened to' 41% and fear of 'hurting a colleague' 41%. The reported figure for actual repercussion was 59%, with reported victimisation at around 5% and bullying at less than 5%. This study relies on self-reporting by staff and the aim of the study was to examine whistle blowing, it had a response rate of 26%. This response may reflect the national survey referred to in the paper of

40% disappointment of staff with organisations dealing with reported incidents.

## 6.4 Manager Contextual Features

### 6.4.1 Managers' skills and experience

The textbook view of performance management and the manager was covered in the initial literature review. There is little in the literature about managers' experience of managing staff performance (Daley 2008). Even textbooks devoted to the management of change and the transformation of staff performance offer little; Thorne (2004) for example, devotes one page to the management of discord but offers little in the way of management of resistance or any acknowledgement that there may be refusal by staff to change; Caruso and Salovey (2004) devote a chapter to managing conflict but do not examine the retaliation of staff or hostile resistance.

Soika (2008) points out that there are three options when dealing with problem employees; 'Fire them, live with them, or convert them to non-problem employees.' Within the law (ACAS 2010), this suggests two options for managers when faced with performance issues; address the problem and risk having to dismiss staff or ignore it.

Cooke (2006) studied disciplinary process in nursing also found that managers were not trained to implement disciplinary processes. This is consistent with Armstrong (2012a, Armstrong 2012b, Yariv (2006) and Torrington et al's (2011) criticism that managers do not have the skills needed for effective performance management and are poorly trained to administer the PM Process. NHS managers are poorly qualified for their roles in comparison with managers in other European countries (Stirling 2010); few NHS managers have clinical qualifications and clinical managers in the NHS are often promoted from their professional clinical roles without any formal training in



the management aspects of their management posts. This contrasts with the private sector, where managers are more likely to have management qualifications, and are trained in management theory (Baker et al 2012). These all offer support to theory 2 that managers are untrained in managing performance.

Segal (2011) commenting on 'Minzberg's 'Managers: Not MBA's' (2004) points out that learning management techniques alone is not the solution, the solution is in knowing which techniques to apply and in what contexts. Clydesdale (2009) agrees, criticising management training for focussing on models and processes and not attending to managing interpersonal relationships which he suggests is a more difficult area to teach. The literature does not address the complexity of the work environment and instead presents a simplistic view of manager vs staff based upon management models. Flinn and Mowles (2014) suggest that these management models can allow managers to understand and have some insights into management problems once they appreciate the complexity of the workplace, rather than providing the solutions to them.

The value of experience alone in delivering feedback may be limited. Govaerts et al (2013) explored feedback by GP clinical educators to trainee GPs. This study was standardised and limited by using videotaped trainee/patient consultations and the clinical educators asked to rate performance. They found little difference in feedback content between experts having more than 7 years' experience, and non-expert clinical educators, and failure to communicate issues despite all having issues in their assessments. The study was limited by a lack of dialogue and all feedback was written as opposed to verbal which would be the norm.

There is also the issue of manager inconsistency regarding feedback. Goodhew et al (2008), Yariv (2006) and Yariv and Coleman (2005) examined the management of poor staff behaviour and the delivery of

negative feedback from the manager's perspective. Goodhew et al (2008) by examining manager's cognitive scripts and Yariv (2006) and Yariv and Coleman (2005) by interviewing principal teachers about their thought processes and actions when delivering negative feedback and managing poor performance in schools.

Goodhew et al (2008) found that managers with more experience in managing staff underperformance were more consistent in their scripts suggesting they were more consistent in how they approached managing performance. They did not examine staff responses to different feedback approaches. Yariv (2006) and Yariv and Coleman (2005) found inconsistencies between manager's approaches to negative feedback but consistency within individuals. This lack of training of managers and lack of manager consistency provides counter-evidence to theory 5, that the approach to feedback used by the subjects if consistent to all staff had no impact on the staff members' acceptance or rejection of it. The literature would suggest the opposite. The key to managing feedback links to earlier ideas on credibility of feedback and the perceived intention of the manager (Raemdonck and Strijbos 2012, Steelman and Rutkowski 2003, Podsakoff and Farh's 1989, Ilgen et al 1979).

Roberts (2003) paper discussed how managers ought to undertake performance appraisals suggesting that staff resistance to performance management comes from feeling unfairly treated, a lack of agreed standards, the unfair application of standards, and irregular feedback on performance. McConnell (2004) adds that negative responses from staff are associated with 'resistance to change and lack of complete understanding of what is expected.' This unreferenced paper is also written to inform managers how to manage employee performance and is consistent with Trinkka (2005) and Roberts (2003) in its message; the manager needs to provide regular frequent contact with each employee, regular feedback, and

adds the need for support, coaching, counselling, and training to rectify problems as they are identified.

Kline and Sulsky (2008) present a literature review of measurement and assessment issues in performance appraisal, without identifying their search strategy or any methodology. They discuss rating formats, the meaning of performance, measures of output, competency models, and warn managers against staff disagreements with their ratings which may result in appeals, grievances, arbitration or lawsuits. They refer to the discussion between the manager and staff member about underperformance as adversarial and confrontational (Daley 2008, Yariv 2006, McConnell 2004). Price (2011) and Towers (1998) describe the performance appraisal process as one of confrontation and conflict, which fails to motivate staff and, is based on a reward/ punishment based psychology (Holloway et al 1995)

These papers are consistent with the information contained in the textbooks or in ACAS (2010) about how to manage performance. McConnell (2004) moves into advice on change management before coming back to the importance of specifying performance expectations and training of staff. McConnell additionally highlights the need to distinguish between performance (or capability) and conduct which managers often confuse; the difference between achieving an acceptable standard of work and breaking the rules. Capability falls into two categories, skill or ability, which can readily be addressed with training and suitable targets, whilst conduct results from the staff member's choice of action (Gov.uk 2014). A lack of manager training is likely to contribute to misapplication of policy and unsuccessful performance management.

#### 6.4.2 Manager new to team

Theory 15 (It is more likely that underperformance will be identified at the point of introduction of manager and staff member) and theory

16 (new staff are more likely to accept negative feedback from an existing manager than existing staff are from a new manager) concern the increased likelihood of performance management taking place when there is a new manager brought into a team, or a new staff member is introduced to an existing team. The literature does not examine these conditions, but Hornsey et al (2007) considered the differences in the acceptance of criticisms of staff practice by newcomers, outsiders and old timers. They set up three experiments to examine criticism of the group, the second of which is pertinent to this study. They gave physiotherapy staff an extract of a criticism of their work practice supported by one of three demographics about the author; one was a nurse (outsider), one a newly qualified physiotherapist (newcomer) and the third an experienced physiotherapist (old timer). They found that criticism by old timers was likely to be treated positively and accepted, justified by the staff that it was rooted in knowledge, experience and concern for the betterment of the team, whereas criticism by outsiders and newcomers was met with suspicion and likely to be rejected as they were seen to have little attachment or loyalty to the group.

#### 6.4.4 Avoidance by managers

The avoidance of managing performance has parallels with Duffy's (2003) work considering failure to fail underperforming students. Duffy identified reasons that led to mentors not failing poor nursing students' clinical placements. These included a lack of recording of problems, not identifying that students were failing to perform adequately early enough so that problems had time to become established, mentors ignoring problems that they are aware of, mentors not being trained to deal with underperforming students, discrepancies in policy and the impact on an appeals process and less experienced mentors were unsure of the legitimacy of their concerns. Duffy (2003) refers to the large emotional impact required

to fail a student. Mentors feared retaliation from students including personal attack, industrial action and legal action.

Not all managers avoid managing performance; Daley (2008) found that while some managers found performance management challenging, the more difficult the experience of performance management, the greater the likelihood that they themselves will become disengaged with their job and fail to perform or leave.

The standard management texts (reviewed in the initial literature review) suggest that some managers are inclined to avoid managing staff underperformance and are the weakness in the performance management process (Marchington and Wilkinson 2012, Price 2011, Beardwell and Claydon 2010, Plump 2010, Kline and Sulsky 2008). To do this they may fabricate feedback to make it more positive (Spence 2011, Beardwell and Claydon 2010, Marchington and Wilkinson 2012, Price 2011). Duffy (2003) describes the justification by clinical mentors of their lack of action with a belief that failing students needed more time to develop or not wanting to jeopardise a staff member's career.

Lewis (2004), examining grievances against managers found that managers perceive that they are bullied by subordinate staff when trying to make changes, or when criticising problem staff. Albrecht (2005) agrees that there is a need to differentiate between the performance management of staff and bullying by managers, saying that in the workplace they are at times confused. Reid (2010) extends ideas about bullying and grievances beyond managers to staff peers and cautions staff who speak out against poor practice as they are also likely to become victims of bullying, and whilst there are calls from the leaders of nursing to stamp out malpractice, those who do are likely to be the victims of retribution from their peers.

Yariv and Coleman (2005) found that as a result of managers' avoidance, performance issues were often never resolved with over

half of problem staff remaining in the school and one third moving to another school; very few problem staff were dismissed or made redundant. Daley (2008) also found widespread avoidance by managers, in 664 cases of poor performance or misconduct identified in the Merit Principles Survey (2000), further action was taken in fewer than half (253) cases.

Yariv (2006) also discussed the frustration of managing performance felt by managers (school principals) in Israel. Feelings in relation to managing performance most commonly described as negative. In the early stages managers described compassion towards staff members, especially when they were liked, which then led to frustration when attempts to improve performance did not work. This may reflect the feelings of the managers in our study when discussing the passive group of staff. This frustration may be linked to a lack of training of managers, or may be linked to unrecognised resistance behaviours of staff, this idea is developed further in the discussion and synthesis.

The avoidance of managing performance would seem to be largely about 'experiential avoidance'; an unwillingness to experience unpleasant events, using deliberate efforts to control or escape from them even when doing so is detrimental in the long-run (Kashdan et al 2006). This is avoidance of confrontation; difficult conversations, breakdown of relationships and fear of staff retaliation. It is the avoidance of negative emotional outcomes for the manager, theory 17.

## 6.5 Summary of the literature

The literature review finds evidence to support and rebut many of the theories that have been proposed thus far. There is literature discussing different aspects of feedback to staff, a potentially litigious area especially where feedback in appraisals can affect financial rewards. Managers are criticised in the literature as the weak link in the performance management process; however, the literature

suggests that there is a lack of a performance management culture within the public sector.

The credibility of the manager and the usefulness of the feedback are key to acceptance of performance feedback, however, managers are poorly trained to be able to undertake this process successfully and so avoid giving feedback on performance.

The impact of negative feedback on the staff member is explored particularly which can result in a range of different responses from positive change to deviant workplace behaviours.

Little was found exploring managers' experiences of managing performance although there is some evidence that talks about emotional stress and fear of reprisals. No literature was found relating to theories 7, 16, 19, 20, or 21

## **7) Synthesis and Discussion. Fourth Cycle**

In this section, limitations of the study will be outlined. In the discussion that follows, the empirical evidence, findings of the literature reviews and theories generated so far are brought together with the intention of synthesising a better understanding of managing staff underperformance (Pawson et al 2004, Wong et al 2013). The theories are refined in light of the strength or weakness of the supporting evidence and try to make sense of the observed trends (Pawson 2013, Jones-Devitt and Smith 2007). These offer tentative explanations for the observed contextual features by suggesting and then substantiating the mechanisms that may have produced them with evidence from other studies (Pawson 2013, Collier 1994). Three additional theories emerged during this process.

All of the theories were written with the intention of transcending beyond individual cases to provide explanations of which the individual case is an example (Pawson 2013). At the end of the chapter, explanatory mechanisms are proposed that link the various contextual features with the observed outcomes (Pawson et al 2004), these are summarised in a table at the end of this section (table 12).

### **7.1 Limitations of the study**

The high participation rate (78%) of potential volunteers may reflect the emotive nature of the topic and gives confidence that the results are representative of managers that have implemented the PM Policy within the Trust, and confirming results with data from literature searches increases the confidence in their wider applicability.

Creswell (2013) suggests a sample size of 4-5 in case study research should be sufficient to identify themes and for cross case analysis. In this study, 21 cases were reported by the 9 subjects. The contextual features that emerged from the interviews were similar between



subjects, suggesting some homogeneity in their experiences of following the PM Process.

Volunteers for the study had all implemented the PM Policy, as the focus of this study was on manager's experience of the PM Process. As a result, managers who had not implemented the PM Policy because they had managed performance informally, had decided not to implement the Policy or not attempted to manage staff performance were excluded from the study. The number of instances where staff underperformance is managed informally without recourse to the PM Policy is not recorded and therefore we are unable to estimate numbers.

The study considered only subjects' own accounts of their experiences of managing employee performance. It included a mix of cases with positive and negative outcomes as the subjects who were interviewed reported them. This is a limited perspective; in particular, it excludes those who were performance-managed. Attribution of blame for an event depends upon perspective and blame for one's own negative behaviour is often attributed to the victim (Yagil 2005); it follows that any shortcomings on behalf of the managers is unlikely to be acknowledged by them. We need to reflect on this point in interpreting and understanding the results.

The interpretation of the results was undertaken by a single researcher. This has a potential to lead to bias which was mitigated by encouraging subjects to read the results and confirm that interpretations were representative of their experiences and by challenge from the doctorate supervisory team.

The study focusses on one NHS Trust which forms a suitable population for a professional doctorate study; however, not all of the findings of this study will be contextually applicable beyond that Trust. Conversations with managers from other public sector organisations suggest that the findings of this study seem to resonate

with their experiences of managing staff underperformance and add support to the generalisability of the findings and that the theories were sensible and likely to have wider application.

## 7.2 Discussion of initial theories

The theories 1-4 were suggested in relation to anecdotal experience and standard management texts relating to performance management and to the idea of managing staff underperformance as a change management process. The remainder of the theories were suggested in response to the results and are grouped according to whether they are related to staff, manager or organisational features.

Theory 1: When negative feedback on performance is undertaken effectively, staff accept that there is a performance issue leading to their participation in the performance management process.

a) Evidence from the study

Q1-Q3 provide evidence that the performance management can work as the PM Policy and management textbooks suggest, this is the program theory. In eight of the cases, staff were actively engaged with the PM Process and used the support that was offered to them. In two of these cases the staff members tried but were unable to make the improvements required of them and were offered alternative roles at lower pay bands.

These cases were not stressful for managers who were pleased with the staff members' improvements.

b) Evidence from literature

These cases proceeded as the standard management textbooks and the PM Policy would suggest and are consistent with the mechanism proposed by Pawson's (2013) 7 steps for behavioural change discussed in the initial literature review.

c) Overall strength of evidence

This is supported by the empirical evidence from this study in cases of managing employee performance that proceed according to the management textbooks demonstrating support for the initial theory and mechanism that is triggered in the suggested CMO configuration below.

<b>Context</b>	<b>+ Mechanism</b>	<b>= Outcome</b>
<p>The staff member is given negative feedback</p> <p>The feedback clearly articulates expectations of the required performance.</p> <p>Staff member understands and accepts the performance issue</p>	<p>The feedback creates 'disaffection' with the staff member about their current level of performance</p> <p>Pawson's 7 stages for behavioural change mechanisms are triggered</p>	<p>The staff member wishes to change and is likely to accept offers of help from the manager</p>

Theory 2: Managers are not trained to manage staff underperformance, so are not prepared to manage the process, leading to the process being managed poorly and staff responding with accusations of bullying and sickness absence.

a) Evidence from the study

The subjects reported that they had not received any training in managing staff performance Q57-Q58. They suggested that it was the individual responsibility of the manager to address problems which was as a result of the manager's character Q60.

b) Evidence from literature

Managers are criticised by the literature as lacking the skills to be able to manage performance effectively (discussed in the second cycle). This results in cultures where performance is not managed and staff not knowing how to respond to suggestions of underperformance.

c) Overall strength of evidence

There is good evidence to support this theory. This may contribute to ineffectiveness in identifying underperformance, feeding back effectively to staff and managing the PM Process effectively. This is also a major contributing factor to managers failing to manage staff performance

Theory 3: Managers are frightened of staff responses to feedback on their performance, so performance is not managed leading to an absence of a culture of performance management.

a) Evidence from the study

Managers referred to fear of retaliation by staff, fear of confrontation, fear of adverse effects on home life. This was especially when staff made accusations of bullying against managers; the fear was exacerbated by not knowing what the accusations of bullying were. Q75-Q94 (see also theory 18).

Managers also referred to an absence of support for managers and a lack of a duty of care to them that was shown to staff members Q101-Q103

b) Evidence from literature

The literature refers to cultures in which managers do not manage performance because of reluctance to confront staff over performance issues and fear of accusations of bullying against them (Plump 2010, Reid 2010, Cunningham 2008, Kline and Sulsky 2008). (Discussed in the second cycle 3.4 (see also theory 18). The literature does not refer to effects of stress on the managers outside of the workplace, although Daley (2008) does refer to managers that may themselves leave their roles as a result of the personal impact of managing underperformance.

c) Overall strength of evidence

There is good evidence that fear of staff responses inhibits performance management by managers and that fear is a large component of the emotional aspects of managing performance if staff do not accept that there is a performance problem (see theory 18).

### 7.3 Staff Member Contextual Features

There are a range of similar features that may contribute to staff members' responses to the PM Process. These responses emerge at the point of feedback of the performance issue to the staff member. The feedback to the staff member about underperformance is described as negative feedback in the literature.

Theory 4: There are three different responses to negative feedback.
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Theory 5: The manager's approach to feedback had no impact on the staff member's response.
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Collier (1994) says there can be two means of explanation of social events. Horizontal explanation is an explanation of events by mechanisms and antecedent causes; vertical explanation is the explanation of one mechanism by a more basic one. As each layer or strata is identified, so our understanding becomes deeper, so, for example, social events may be explained by psychological processes. The provision of negative feedback to the staff member about their underperformance is potentially adversarial (Kline and Sulsky 2009) and confrontational (Marchington and Wilkinson 2012, Price 2011, Beardwell and Claydon 2010, Daley 2008, Yariv 2006, McConnell 2004, Towers 1998, Holloway et al 1995) this suggests that it can be an unpleasant experience for both the staff member and the manager. De Dreu et al (2004) suggest that if the conflict between the manager and staff member can be limited to the tasks involved and avoids emotional conflict then it will lead to a less distressing process.

The staff member's response to negative feedback may be explained by Kluger and De Nisi (1996) using 'control theory' (figure 3);

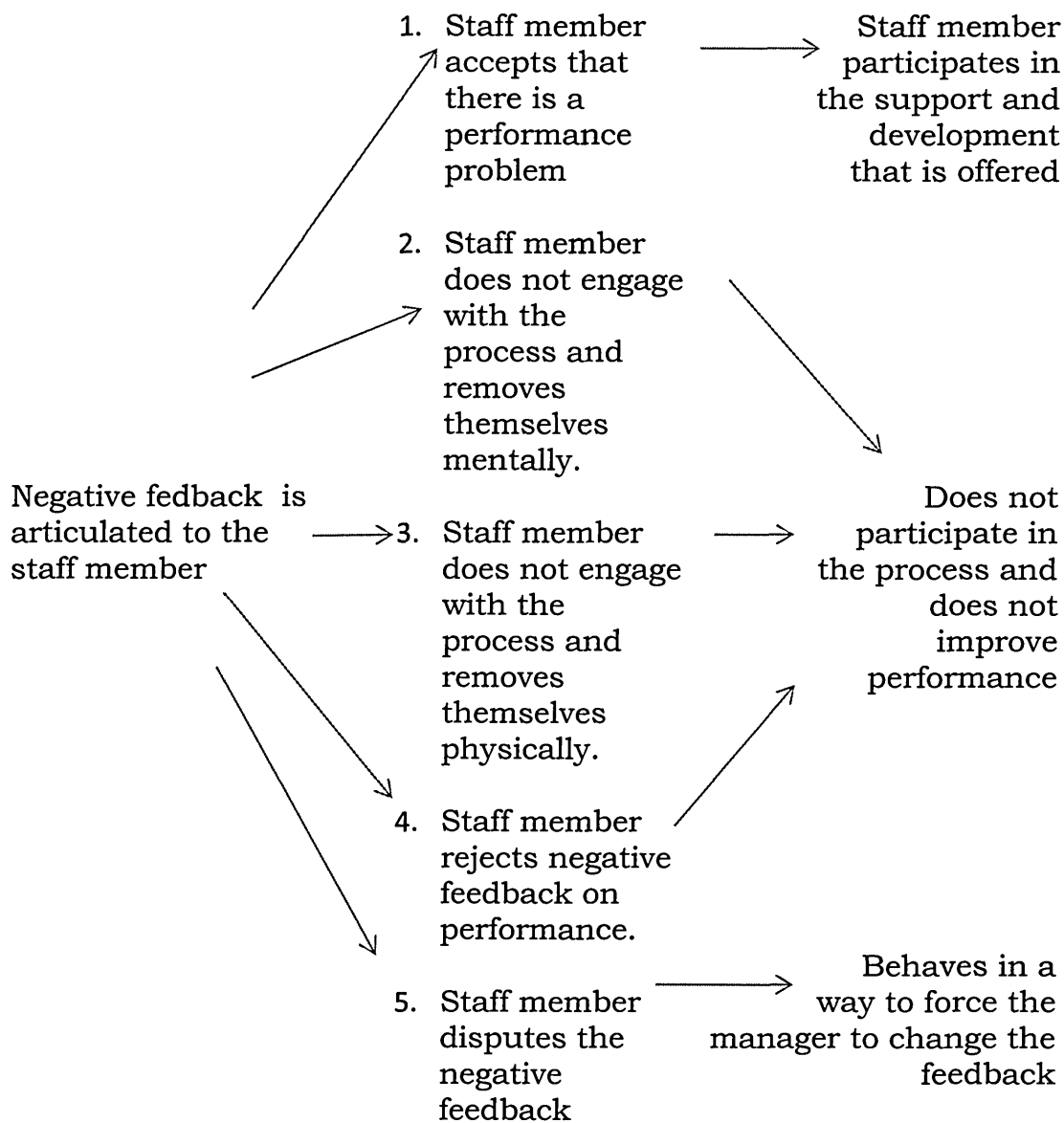


Figure 3. Staff member's response to negative feedback

The first of these responses is consistent with the response suggested by the management textbooks this is discussed in the initial theories section, in which the staff member accepts negative feedback on their performance and is an active participant in the PM Process. This is discussed in the initial theories section and relates to theory 1.

#### a) Evidence from the study

There were nine initial contextual features that emerged from the cases that led to staff accepting that there was a performance problem;



- The staff member was newly qualified
- the staff member was an unqualified clinical staff member (healthcare assistant),
- the staff member was new to the team
- The team was highly regulated
- Continuous monitoring was in place
- There were well articulated standards of performance
- The poor performance was in relation to a recognised standard
- The staff member was offered support and development opportunities
- The staff member had a small number of performance problems

Staff member acceptance that they are underperforming does seem to be a key to the PM Process proceeding favourably. Q1-Q3

These nine features can be reduced to five, as team regulation, continuous monitoring, the existence of articulated standards, comparison of performance against these standards and offers of support and development to achieve these standards are all components of an established culture of managing performance (ACAS 2010).

- The staff member was newly qualified
- the staff member was an unqualified clinical staff member (healthcare assistant),
- the staff member was new to the team
- an established culture of performance management
- The staff member had a small number of performance problems

None of these exists in isolation; they interact with one another. The features combine in a pattern whereby acceptance of poor performance leads to a mechanism of a greater likelihood of the staff member being compliant and participating in the poor performance

process resulting in a greater likelihood of their performance improving.

Conversely a member of staff not accepting that there is a performance problem seems likely to lead to the mechanism of them not participating in the PM Process and a likelihood that their performance does not improve; these are described by Kluger and De Nisi's responses 2-5 and are discussed further in the factors below.

Table 10. Pattern of response and outcome by subject

subject	First Case	Second Case	Third Case	Fourth Case	Fifth Case
1	A/ I	NA/ LO	A/ DNI	P/ LO	NA/ LO
2	P/ DNI	NA/ LO	P/ DNI		
3	A/ I	A/ I	P/ DNI		
4	A/ I	A/ I	A/ I	P/ DNI	
5	NA/ LO	A/ DNI	NA/LO	NA/ LO	
6	NA/ LO				
7	NA/ LO				

A= Acceptance that there was a performance problem

P= 'Passive' acceptance of the performance problem

NA= Non acceptance that there was a performance problem

I= Performance improved to a satisfactory standard

DNI= Performance did not improve to a satisfactory standard

LO= Left the organisation before the PM Process was complete

There is no apparent pattern of staff acceptance or rejection of feedback. It might be thought that with more experience, subjects' ability to construct and deliver feedback on performance would improve and success rates would improve as they would adopt more effective strategies however the results do not reflect this. The lack of improvement with increased experience suggests that other factors are more important and that the delivery of feedback has little impact on staff response.

## b) Evidence from the literature

The literature says that the credibility of the manager and the quality and delivery of the feedback are all important factors that influence acceptance or non-acceptance of feedback on performance (Raemdonck and Strijbos 2012, Steelman and Rutkowski 2003, Podsakoff and Farh's 1989, Ilgen et al 1979). The management textbooks only comment about failure to improve performance, in terms of a breach of the staff member's contractual obligations (Beardwell and Claydon 2010, Torrington et al 2011, Hollinshead et al 2003). However they also say that managers are ineffective and lack skills to manage performance effectively. There was no discussion about other contextual factors in the textbooks.

### A) Non acceptance

In 13 cases, the staff did not progress along Pawson's (2013) change steps (Theory 4), they either were passive (not engaged) in their response or did not accept that there was a problem. This possibility is not acknowledged in the performance management textbooks. In all of these cases, the problems with implementing the PM Process started at the point of feedback to the staff member when, according to theory 1, Pawson's (2013) 7 stages for behavioural change mechanisms is triggered (see second cycle).

In change management terms this first point is about creation of a vision and creating dissatisfaction with the current state in order to create the right psychological context for change to take place (Pawson 2013, Kotter 2012, Lewin 1947). Pawson's (2013) change steps refer to an individual realisation of the need for change, whereas in the context of managing staff performance, the manager highlights the problem to the staff member, guiding them to this realisation and providing an alternative vision of how and why the performance might be better. Managers tried to provide this by offering support, development and training; however some staff either

refused to acknowledge the problem, or did not engage with the process (see tables 4 and 11).

Instead some other psychological mechanism or mechanisms were involved with the result that the staff members chose to reject the feedback. This was attributed by different authors to psychological defence responses (Bowens 2004, Ilgen et al 1979, Podsakoff and Farh 1989), perceived breaches in psychological contracts with managers (Middlemiss 2011), traumatic stress responses (Linden et al 2007, Linden 2008, and Linden 2003) or one of the control theory responses (Kluger and DeNisi 1996).

These responses can be summarised by the term 'rejection of the negative feedback' which results in a range of discontentment behaviours that could be i) covert such as psychological defence mechanisms (Whitbourne 2011, Bowins 2004, Analoui and Kakabadse 1989); self-removal from the situation or non-cooperation or ii) overt such as absence from work or grievances against managers (Dobricki and Maercker 2010, Linden 2008, Linden et al 2007, Analoui and Kakabadse 1989).

#### Ai) Passive response

The idea of 'covert rejection' responses brings into question the managers' interpretation of the actions of the 'passive' staff group. Rather than '*passively accepting*' that there is a performance issue, their responses suggest that staff are *covertly rejecting* the negative feedback. As they did not exhibit overt resistance to the process, the managers did not perceive this group as not accepting the negative feedback, instead they perceived that staff did not understand what the issues were, or understand the significance of the issues. Q8-Q15

It seems that at least some staff covertly rejected the feedback and removed themselves mentally from the situation (Kluger and DeNisi 1996). Thus it would be better therefore to say that instead of there

being eight staff that accepted, five 'passively' accepted and eight that did not accept that there was a performance problem, the five passive staff covertly rejected the negative feedback and will be reconsidered as covertly rejecting the PM Process in this discussion.

Even in the face of seemingly overwhelming evidence and articulating the issues in simple terms, managers could not get these staff members to understand the performance issues *Q4-Q10*.

The managers were frustrated by the non-acceptance, had no understanding of it and did not know how to manage it *Q6-Q9*

Subjects were frustrated with this group of staff members' lack of engagement with the PM process. They perceived that the staff member had accepted that was a performance problem and expected them therefore to proceed along the process suggested by Pawson's (2013) change mechanisms, when in fact they had not accepted that there was a performance problem and a different mechanism had instead been triggered.

Managers proceeded with the PM Process nevertheless; staff were offered support and training that they did not utilise nor demonstrate any change in their actions or improvement in their work.

Had the subjects thought of the passive group of staff as not accepting that there was a performance issue, their management approach may have been different. Offering support and development in these cases will not achieve the desired effect because the preceding steps in Pawson's change process (theory 1) have not been triggered.

#### Aii) Overt non- acceptance

When staff explicitly did not accept that there was a performance issue it was easier for managers to recognise, the discontent was undisguised and included absence from work, refusal to cooperate and physical and verbal aggression (Analoui and Kakabadse 1989) (Table 3). These behaviours were intended to exert control over the

manager (Analoui and Kakabadse 1989) and force them to change or withdraw the negative feedback (Kluger and DeNisi 1996). In these cases, staff outwardly rejected the manager's feedback and may remove themselves from the situation both physically and mentally (Kluger and De Nisi 1996) Q11, Q19, Q22, Q24.

It may be that staff who exhibit these negative responses lack the emotional resilience to deal with negative feedback (American Psychological Association 2014)

Mullins (2010) considers how individuals might be able to exercise power in the workplace, which may have an additional impact upon an individual's likelihood of accepting or rejecting feedback. These are based upon French and Raven's (1959) 5 bases of power;

- Reward power arises from the ability of the manager or staff member to offer incentives such as pay rises, promotion or work privileges.
- Coercive power is when the manager or staff member is in a position to affect change by threatening negative or undesirable consequences.
- Legitimate power stems from an acceptance that there is a right of one individual to expect change from the other.
- Expert power results from having some superior insight or knowledge
- Referent power is the power of an individual over others based upon admiration or respect.

These five bases of power can be placed into two categories, position power and personal power. Position power (reward, coercive and legitimate) arises from the position that is held in an organization whereas personal power (expert and referent) relates to an individual's effort or ability. These will be referred to later in the discussion.

c) Overall strength of evidence

There is good evidence to support the idea that there are in fact three responses to negative feedback on performance (Theory 4); acceptance, covert rejection and overt rejection. Managers failed to recognise covert rejection, mistaking it for passive acceptance.

Our study did not look at feedback content but relied on managers' self-reporting, all reported that it was of a high standard. If not, it may contribute to feelings of embitterment (Linden et al 2007, Linden 2008). There is no means of checking this but as none of the managers had received any training in managing employee performance, it may have been poor.

Subjects involved in more recent cases said that they had received support from HR which would have included support in preparing feedback to staff members which offers some support to the claims of higher quality feedback.

There is little support for Theory 5 as the credibility of the manager and usefulness of feedback would appear to have a large effect on the acceptance or otherwise of negative feedback on performance.

Theory 5 is therefore re written as;

Theory 5: The credibility of the manager and usefulness of the feedback that they give has a large impact on the staff member's response.

Theory 6a: Staff that are not accepting of negative feedback are more likely to take sickness absence

a) Evidence from the study

Table 11. Instances of sickness absence and bullying claims related to rejection responses

Case	Sickness absence	bullying claim	Rejection response
Case 2	√	√	Overt
Case 4	√		Covert
Case 5	√		Overt
Case 6			Covert
Case 7		√	Overt
Case 8			Covert
Case 11			Covert
Case 15			Covert
Case 16	√	√	Overt
Case 18	√		Overt
Case 19	√	√	Overt
Case 20	√	√	Overt
Case 21	√		Overt

8 of the 13 cases where staff did not accept that they were performing poorly resulted in staff taking sickness absence attributed to work induced stress (tables 4 and 11). Absence from work resulted in an inability to participate in the poor performance process and a suspension of the poor performance proceedings. Q11, Q20- Q23

8 of the staff members with a prior history of poor performance had previously been absent from work with sickness. In all of these previous cases, the PM Process had not been pursued further when the staff member had returned to work. The subjects suggested that the sickness absence response to negative feedback is learned by staff as an effective way of avoiding the PM Process Q19- Q22, Q82.

Sickness as a result of work-related stress was a common theme and in many cases occurred within hours of being told that they are



underperforming. Subjects reported some staff members had taken sickness absence before being informed about what the poor performance issues were or support that would be offered to them. Subjects were advised by occupational health not to approach staff members on sick leave to discuss their performance issues. This meant that months could pass between the staff member being informed of there being a performance issue and finding out what the issue was. In several cases this absence from work is six months or more. This absence of communication will inevitably lead to poor outcomes (Ayoko 2007) Q21, Q22.

The period of sickness absence delayed the process and suspended continuity (Table 9). It may be that the intended outcome for the absent staff member is loss of will on behalf of the manager to pursue the PM Process. As a result of their absence, the length of time for the PM Process was protracted and record keeping about the process becomes difficult and training/ support difficult to arrange. There is separation of training and implementation of training. It was felt that this led to progression further through the stages of the PM Process. None of these cases resulted in a successful outcome.

When staff returned to work in a phased return after a long absence, subjects were again advised not to discuss poor performance during that period. Some staff had several periods of sickness absence Q19- Q21.

The response may be used as a strategy that is preferred by some staff to accepting that there is a performance issue and engaging with the process Q19- Q22.

Boorman (2009) suggests that there may be a public sector culture of higher levels of sickness absence compared with the private sector and staff in the public sector may be more inclined to take periods of sickness absence to avoid unpleasant situations at work, which may contribute to the sickness absence observed in this study. However,

it may also be that having performance managed is seen as a source of stress by staff which results in sickness absence (de Dreu et al 2004). Some staff members' stress response to suggestions of sickness may be genuine. The absence may be counterproductive, as not knowing what the poor performance issue is or having any understanding of support that was available to improve performance whilst being absent from work may actually contribute to the stress felt by staff members rather than help to alleviate it.

All 8 of the staff in the overt non-acceptance group and 1 of the staff in the 'passive' non-acceptance group had previous absence from work as one of the underperformance issues compared with none of the staff in the group that accepted that there were performance issues (Table 7).

Subjects also suggested that they have not pursued or have delayed implementing the PM Process because of fears that the staff member might take sickness absence, adversely affecting the staffing of the rest of the team.

They would rather have a poorly performing member of staff doing some work than no staff member at all Q47. None of the cases where the staff responded with sickness absence resulted in the staff member remaining with the organisation.

#### b) Evidence from literature

Absence from work is one of the denial responses (Kluger and DeNisi 1996) and defence strategies (Bowins 2004, Ilgen et al 1979, Podsakoff and Farh 1989) previously discussed.

Control Theory (Kluger and De Nisi 1996) explains sickness absence as physically absenting from the problem. This is an expression of staff not engaging with the PM Process and Pawson's (2013) change process. Analuoi and Kakabadsi (1987) discuss this absence from work as overt defiance by the staff member, withdrawing labour and

triggering a mechanism to regain control of the situation from the manager.

Genuine sickness absence results from the perception that the PM Process was in fact a source of stress

c) Overall strength of evidence

There is good evidence that sickness absence in response to the PM Process exists. Our study was not designed to explore staff members' motives, so these are inferred from the subjects' stories. Two explanations for sickness absence are plausible; some staff members experience genuine stress as a result of the PM Process and take sickness absence and, developing on theory 3, some staff use sickness absence as a strategy to avoid the PM Process and to try to regain control of the situation from the manager. Additionally a mechanism where there is a loss of continuity in providing feedback on performance and supporting the staff member in developing leading to discontinuation of the PM Process is also plausible.

Theory 6b: Staff that are not accepting of negative feedback are more likely to take out grievances against managers.
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a) Evidence from the study

(Tables 4 and 11) 6 managers were accused of bullying and another threatened with accusations of bullying unless they withdrew the claim of poor performance. None of the claims was upheld after investigation.

Half of the staff who made allegations of bullying against the subjects had previously accused managers of bullying when faced with the PM Process. In each case the manager had agreed not to pursue the PM Policy in return for a withdrawal of the claim of bullying by the staff member. In this way the staff member had managed to use their behaviour to gain control over the manager in order to change their

feedback and not have to change their own behaviour (Analoui and Kakabadse 1989). It was felt by the subjects that accusations of bullying are a usual response to suggestions of poor performance and this was also cited by the subjects as one of the main reasons why other managers are afraid to manage staff performance (Cunningham 2008) Q16, Q17, Q75, Q76.

#### b) Evidence from literature

Like sickness absence, another expression of denial and non-acceptance of feedback on performance is an accusation of bullying against the manager (Cunningham 2008, Kluger and De Nisi 1996, Analoui and Kakabadse 1989). Control Theory (Kluger and De Nisi 1996) explains this behaviour as trying to influence the feedback in an attempt to change the terms by which the staff member is judged; this rejection of the negative feedback is a behavioural choice made by the staff member (Pawson 2013). The staff member attempts to change the manager's behaviour by forcing the withdrawal of the suggestion of underperformance in return for withdrawing the claim of bullying; in this way the level of performance may continue unchanged. This is an exertion of coercive power by the staff member against the manager (Mullins 2010). This is documented in the literature as a common response (Reid 2010, Cornett 2009 and Kline and Sulsky 2008)

#### c) Overall strength of evidence

There is good evidence from the literature and from our findings that accusations of bullying against managers in response to the PM Process is a common response. Our study was not designed to explore the motives behind staff members' actions which are inferred from the subjects' stories. Staff members may genuinely believe that their accusations of bullying against managers were genuine, however none was upheld. It is also plausible that, developing on theory 3, accusations of bullying are used with the intention of

gaining control over the manager and forcing a change in the manager's behaviour.

Theory 7: Cases where the staff member does not accept negative feedback and undertake grievances against managers and sickness absence seem likely to have resigned from their posts by the end of the PM process.

a) Evidence from the study

All of the staff overtly rejecting feedback on performance issues took sickness absence or grievances against managers. All of these staff had left the organisation by the end of the PM Process. One of the covert rejection group took sickness absence, none of this group took out grievances against their manager. All of these staff had also left the organisation by the end of the PM Process. This compares with only one of eight cases where staff accepted that there were performance issues, all of whom were still employed by the organisation at the conclusion of the process (see table 4).

b) Evidence from literature

No literature was found relating to this topic

c) Overall strength of evidence.

The empirical evidence for this theory is strong, however, based on the empirical evidence alone the theory should be reconsidered as all of the staff that covertly or overtly rejected feedback on their performance had left the organisation by the end of the PM Process. Theory 7 is therefore reframed as;

Theory 7: Cases where the staff member does not accept negative feedback are likely to have resigned from their posts by the end of the PM process.

Theory 8: Staff that are in post for shorter lengths of time are more likely to accept negative feedback on their performance than those that have been in post for longer lengths of time.

a) Evidence from the study

(Tables 5 and 10) In the 8 cases involving new staff, half (4) of the staff accepted that there were performance issues and were compliant with the PM Process, in the other 4 cases, staff rejected the negative feedback on their performance, 1 covertly and 3 overtly. The 3 overt rejection cases involved the same staff member, an AHP. This led to three episodes of performance management with three managers Q27.

These 8 cases in fact involved 6 new staff members, 4 of the 6 staff members (2/3) accepted and 1/3 did not accept that there was a performance problem; 1 (1/6) 'covert' and 1 (1/6) 'overt'.

The staff that had been in their posts for a longer time were more evenly distributed between 1/3 accepted, 1/3 covertly rejection and approximately 1/3 overt rejection of feedback. Whilst this study is primarily qualitative and the figures are too small for generalisation, the results suggest the potential importance of this factor.

Considering all of the staff that covertly rejected negative feedback on their performance, 4 of the 5 cases involved staff members that had been in their post for longer periods of time Q28, Q29.

3 of these 4 longer serving staff had been in their posts long enough to negotiate early retirement. These 3 cases were set against a background of organisational and team restructure. The fourth case involved a nurse who had worked on the ward '*for a long time*' which was set against a background of wholesale performance management issues of all of the ward staff amongst whom she worked. Q36- Q40.

These staff worked in teams of staff who were subject to the same changes and offered the same support and development as their colleagues who did accept the need to change, and did improve their performance

Considering covert and overt rejection together as rejection of feedback; 4 new staff accepted negative feedback and 2 rejected it, compared with 4 staff that were a long time in post accepted feedback and 9 rejected it.

The evidence from the study therefore suggests that staff who are in posts for a shorter period of time, less than 1 year, are much more likely to accept negative feedback and participate in the PM Process as staff that are in post for longer periods of time.

#### b) Evidence from literature

When a staff member is new to a team they enter into a period of cultural acclimatisation in which they learn the cultural rules of the new team and if entering the team as a senior member of staff, may have an effect on the rules and team dynamic, which will be a compromise between the changes that they effect and the existing team dynamic (Schein 2010, Harvey and Drolet 2004). During this acclimatisation it is reasonable to assume that the staff member may be more susceptible to change with regard to their performance (Pawson 2013) and so be more accepting of feedback on their performance to facilitate change.

The management strategy of removing a staff member from their usual work team and work duties and to transpose them into a similar team to support their development has been used successfully, perhaps because it recreates some of the conditions that occur when the staff member is newly in post; the staff member is new to the team, they move to a (hopefully) better performing environment with different cultural norms. As the new member they



are more likely to change and adopt the existing culture than to maintain their previous cultural behaviour (Schein 2010). In this scenario, the performance expectations have been articulated to them and to the new manager, making greater use of Kotter's guiding coalition (2012); they are placed into the new team for a finite period for the purpose of developing and demonstrating improvements in performance, usually as a supernumerary staff member.

Conversely, Schein (2010) would suggest that when a staff member has been in a team for a long time, they are more likely to be conditioned to the culture and the rules of that team. If management of performance is not the norm for that team, then team members are likely to be resistant to it and deny the need to change when it is introduced. Staff are also less likely to trust feedback from a new manager, who is seen as an outsider, than one who is longer in post (Hornsey et al 2007).

When questioned more specifically about individual cases, subjects said that some previous line managers may have had concerns about the individuals, but didn't like to raise them. This may be counterproductive as staff may not have been offered the support that they needed. This is similar to the findings of Duffy (2003) when failing student nurses were given the benefit of the doubt, justified by clinical educators that the student would improve later, and they just needed a bit more time.

#### c) Overall strength of evidence.

The literature would suggest that staff that are longer in post would accept negative feedback on their performance as long as it is specific and useful to them (Raemdonck and Strijbos 2012) and high quality (Steelman and Rutkowski 2003). However evidence from this study finds staff that are longer in post are less likely to accept negative feedback than staff who are newly in post.

4 staff that had been in post for a long time received negative feedback on their performance at the same time as undergoing large work pace changes. The response of these staff members to feedback on their performance may be more to do with the organisational changes that were occurring rather than just in response to negative feedback (Applebaum et al 2005).

Resistance to changes in team culture brought about by the manager including performance expectations (Schein 2010) may be as a result of poor quality non-specific feedback. There is a danger that new managers do not understand the complexity of hidden or 'tacit' knowledge involved in undertaking tasks at work, this may contribute to their lack of credibility compared to managers who have been longer in the posts and have gained an understanding of how tasks are undertaken (Brown and Duguid 2001) (see theory 2).

Theory 8 cannot be supported; further work examining the content and quality of feedback and its effect on acceptance rates is needed.

Theory 9: There may be a difference in staff acceptance of negative feedback related to being registered or unregistered, and within the unregistered group between clinical and administrative staff.

a) Evidence from the study

(Table 6) In the 21 cases studies, there were 14 registered staff; 6 accepted and 8 did not accept (3 'covert' and 5 overt rejection) that there was a performance problem, compared with 7 unregistered staff; 2 accepted and 5 did not accept (2 covert and 3 overt) that there was a performance problem. As a proportion of nursing staff within the organisation, 40% are unregistered (source employer's Nursing Directorate) so it might be expected that of 21 cases, 8 or 9 would involve unregistered staff. The proportion of staff in the results of 14 registered and 7 unregistered (33%) is approximately representative of the organisation.

The managers interviewed suggested that there is a difference between registered and unregistered nursing staff in respect of responding to criticisms of their performance Q30-Q32.

If the numbers of cases of performance management involving only clinical staff is reconsidered, 14 registered and 2 unregistered, then the proportions change significantly (87.5% registered 12.5% unregistered rather than 60% registered, 40% unregistered which would be expected from the overall trust nurse staffing proportions)

This represents a lower than expected number of performance cases involving unregistered clinical staff and a higher than expected number involving administrative staff.

Both (2/2) of the unregistered clinical staff accepted the negative feedback and participated in the PM process, compared with the fourteen cases involving registered staff, where 6/14 accepted and 8/14 did not accept (three covertly and five overtly).

In all 5 cases involving administrative staff the staff rejected the feedback, 2 covertly and 3 overtly.

It may be that as normal working practice, unregistered clinical staff tend to work under the direction of registered staff, with registered staff accepting the clinical responsibility for the patients who are being cared for. Unregistered clinical staff will therefore be more used to receiving direction and supervision and to working in a position that is subordinate to registered staff and have a low base of power in comparison to managers (Mullins 2010). When unregistered clinical staff are challenged about their practice they are more likely to accept the challenge as they are used to their work being monitored by the registered staff that they work with.

If this is the case then problems with unregistered staff are more likely to be resolved informally and therefore are not managed using the performance management policy which may account for their proportionally smaller numbers Q30- Q32.

It may be that the administrative staff do not have the same qualified/ unqualified hierarchy that is present in clinical areas and the same degree of monitoring, or lines of accountability that are present in clinical areas. Challenges to their performance are therefore met with a different response. As previously discussed, the time period that the subject managing the administrative staff referred to was one of restructure (see theory 5). Historically, departments recruited, employed and managed their own administrative staff. The administrative staff were managed by the manager of the team that they worked in. Administrative staff held unique positions in these teams where they could exert positional and expert power as they were often the only person to control and understand the administrative systems and processes of the team (Mullins 2010).

It may be that administrative staff themselves do not represent a distinct context and that they represented the contexts of; comprehensive change to their work structure roles and responsibilities, no previous experience of performance management, a new manager, and the mechanisms that were initiated were consistent with resistance to change rather than being specific to being unqualified, non-clinical staff members (see previous discussion on time in post)

Unregistered staff can be in posts for many years, as there may be fewer opportunities for career progression than for registered, therefore this must be balanced against the length of time that a staff member has been in their post (see theory 5).

b) Evidence from literature

No literature was identified discussing differences between registered and non-registered or qualified and non-qualified staff with respect to performance management or negative feedback.

c) Overall strength of evidence to suggest that:

There are confounding factors that may have influenced the response of the non-clinical staff; the group of administrative staff were undergoing wholesale changes to their work structure and according to the evidence discussed in the initial literature review, their rejection of negative feedback on their performance could be predicted as symptomatic of their resistance to organisational change (Dyer 2007), therefore this is removed from the final theory

There were disproportionately small numbers of unregistered clinical staff involved in the reported cases which is suggestive that there is some support for theory 9;

- Unregistered clinical staff may be more willing to participate in the PM Process at an informal level,

- there are fewer instances of underperformance among this group of staff
- managers may have failed to identify underperformance in this group of staff.

In the interviews subjects suggested that these staff are more engaged and compliant with the PM process. No other evidence was found to support or refute this.

There are no cases represented from other non-clinical areas of the Trust. No other managers from other non-clinical areas had implemented the PM Policy in the two year selection period. This may be because these areas have no problems with underperforming staff, that all cases of staff underperformance were resolved informally, so that the policy was not implemented or that managers in these areas did not manage staff underperformance.

Theory 9 is re written as;

Theory 9: There may be a difference in staff acceptance of negative feedback related to being registered or unregistered.
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Theory 10: There is a difference in staff acceptance of negative feedback related to the number of different performance issues.

a) Evidence from the study

The staff that accepted that they were underperforming had fewer performance issues than staff that covertly rejected, who in turn had fewer issues than staff who overtly rejected. (See tables 7).

An increasing number of issues seem to be more associated with taking sickness absence, although this is not true in all cases; case 17 had only two problem areas but took immediate sickness absence, case 11 and case 15 each had four problem areas but neither took sickness absence, case 7 in the overt rejection group had two problem areas but did take sickness absence.

The increasing numbers of performance issues may also be associated with grievances against managers; cases 7 and 17 had only two problems areas, cases 2 and 19 had four problem areas, case 16 had five problem areas and case 20 had six problem areas.

The identification of a larger number of performance issues may feel like more of a challenge to the identity of the individual, so be perceived as a personal attack rather than a criticism of performance and be harder to come to terms with. Fewer issues may feel like less of a personal attack and are easier to accept. Staff may be overwhelmed by the prospect of multiple issues and it is easier to focus on fewer issues.

It may be that more performance issues are symptomatic of longer term non-management and established culture than the actual number of issues. This would allow staff to accumulate more areas of underperformance which have been tacitly approved of by managers for a longer period of time (Schein 2010) (theory 14). In these situations, staff may not know how to respond to challenge, or see

challenge to their performance as a threat which results in psychological defensive responses (Bowens 2004, Ilgen et al 1979, Podsakoff and Farh 1989).

b) Evidence from literature

Long periods of non-management of performance allow problems to accumulate, and become perceived as a larger problem for the staff member to come to terms with (De Dreu et al 2004). Certainly a larger number of performance problems are also associated with a greater likelihood of accusations of bullying against the manager, and sickness absence which have both been attributed to a psychological defence response (Bowins 2004, Kluger and DeNisi 1996) in response to feedback that conflicts with the staff member's self-image (Bowins 2004, Ilgen et al 1981, Fedor et al 1989, Podsakoff and Farh 1989, Ilgen et al 1979) although this may not be the case when there is high quality, specific, useful feedback (Raemdonck and Strijbos 2012, Steelman and Rutkowski 2003).

This is compounded by staff not knowing how to respond to challenge when it is not part of the cultural norm. This is a lack of resilience on the part of the staff where resilience is described by the American Psychological Association (2014) as the ability to listen to negative feedback or a perceived adverse event and deal with it to develop a positive outcome.

c) Overall strength of evidence

No direct evidence in the literature was found to support the empirical evidence that supports theory 10. Evidence about psychological defence has been used to infer an explanation and possible mechanism of action. This is an area for possible further research. It might be that strategies that focus on one area of underperformance at a time might be more successful.



Theory 11: Staff whose performance issues related to absence are more likely to take sickness absence and staff whose performance is related to conduct to take out grievances against managers in response to negative feedback on their performance.

a) Evidence from the study

(Tables 4, 7 and 11) None of the staff that accepted that they had performance issues had problems with sickness absence or conduct.

Problems with absence featured in one of the covert rejection cases and in all of the overt rejection cases. All of these staff responded with sickness absence on receipt of negative feedback. Only one staff member that did not have an issue with sickness absence responded with sickness absence, case 17.

It may be that staff that already had issues with sickness absence were predisposed to stress and the additional stress of the PM Process resulted in legitimate sickness absence (discussed in theory 6).

Problems with conduct featured in two of the cases where staff covertly rejected feedback and in all of the cases where staff overtly rejected feedback on their performance. All of the staff that overtly rejected feedback about their performance took out grievances against managers, making accusations of bullying. Only one other staff member that did not have an issue with conduct responded with a grievance against their manager, case 17.

b) Evidence from literature

The time, communication, managerial, knowledge and technical problems are relatively easy to address in that they are specific, quantifiable and can be easily taught as these are associated with standards of work (McConnell 2004) so are more easily addressed according to the processes described by standards management texts

and the PM Policy than issues of conduct (Armstrong 2012a, Armstrong 2012b, Marchington and Wilkinson 2012, Price 2011, ACAS 2010, Mullins 2010).

Absence and conduct both feature in Analoui and Kakabadse (1989) defiance behaviours. If misconduct and sickness absence are viewed as 'defiance' behaviours, then they are already expressed by these staff members as part of their performance issues, so it is unsurprising that they express further defiance behaviours in response to negative feedback in order to exert control over the manager.

c) Overall strength of evidence

There appears to be strong evidence supporting theory 11, associating sickness absence as a performance issue with sickness absence as a response and with problems with conduct and grievances against managers.

These associations of staff with sickness absence taking sickness absence and staff with conduct issues making claims of bullying against managers seem to be stronger than the associations with the number of performance issues discussed above.

Theory 12: There is tacit belief amongst staff that claims of bullying against managers or taking sickness absence lead to withdrawal of claims of underperformance.

a) Evidence from the study

It was suggested by managers that there is a learned response to claims of poor performance. When a staff member had made claims of bullying against their first manager in case 20 but the manager had pursued the PM Policy, the staff member did not claim bullying subsequent when managers had raised poor performance for a second and third time cases 21 and 5 (tables 4 and 11) Q34, Q35.

When staff members observe other underperforming staff take sick leave or make accusations of bullying or harassment against managers resulting in claims of underperformance being withdrawn then managers believe that staff members learn that this is acceptable behaviour and that this is a successful strategy.

Case 17, was unusual in that the contexts were present that might suggest that they would engage with the PM process; newly upgraded and newly into post, however, she had not had sufficient training to fulfil the expectations of her post. She accepted that she was underperforming, participated in the training and development that was offered but also took sickness absence and made a claim of bullying against the line manager. This staff member's predecessor who she worked closely with had also made claims of bullying against the manager and taken sickness absence in response to the subject's negative feedback (case 16). This is a 'hybrid response', a combination of learning from observed behaviour combined with a context that ought to lead to acceptance of the poor performance process (table 4).

None of the claims of bullying was upheld. In several cases the subjects never found out what the accusations of bullying against them were, so were unable to defend themselves. None of the staff was held to account for their accusations of bullying Q80, Q81, Q92.

The subjects also reported that they were not aware of any consequences for staff that had made unsubstantiated claims of bullying against managers despite clauses in the Bullying and Harassment Policy about performance management and bullying not being confused and the need for staff to be aware of repercussions from malicious claims of bullying Q98.

#### b) Evidence from literature

Control theory (Kulger and DeNisi 1996) would explain these rejection behaviours by staff as intended to dispute the negative feedback and act in such a way that the feedback is altered without having to change their own behaviour. Analoui and Kakabadse (1989) would agree that this defiance behaviour is goal oriented towards getting the managers to alter the feedback or ceasing to proceed with managing their underperformance by exerting coercive power over the manager (Mullins 2010). This leads to avoidance of managing performance by managers due to fear of accusations of bullying (Cunningham 2007). Managers referred to these responses as '*the usual response*' which may be endemic in the public sector (Cunningham 2007, Lewis 2004).

There is evidence that this is a strategy also used by underperforming teachers, as 'feedback from head teachers has suggested that the current capability procedures are sometimes stalled indefinitely because of sickness absence or suspended if there is a grievance procedure' (Department for Education 2011).

When the PM Process is not completed staff members learn that there are no consequences arising from non-compliance which then

becomes the organisational norm (Parthiban and Goh 2011, Grimshaw et al 2006, Fleet and Griffin 2006 and Lebas 1995).

c) Overall strength of evidence

There is strong evidence in support of theory 12, that a strategy of using sickness absence and/or claims of bullying can be a successful defensive response used by staff. It is a low risk strategy as none of the staff that took out grievances against managers was held to account despite sections in the grievance policy referring to malicious grievances and to the inappropriate use of the grievance policy in response to managing employee performance.

This failure to pursue or complete the PM Process once initiated does seem to lead to a separation of consequences from the need to change, this results in the staff learning that resistance to change through overt or covert means is a low risk response for them that is perpetuated until consequences do arise (Fleet and Griffin 2006, Grimshaw et al 2006 and Lebas 1995).

Theory 13: There is a difference in gender response to negative feedback on performance in which male staff are more likely to accept and act upon negative feedback.

a) Evidence from the study

None of the subjects mentioned any difference between managing male and female staff underperformance, however, after collating the cases studies there is a gender difference in the proportions of cases and responses (Table 8).

The Trust employs 6773 staff and has a ratio of 5533 (82%) female to 1240 (18%) male employees. This employee gender ratio is similar to the NHS workforce in England which is 80.9% female 19.1% male (Health and Social Care Information Centre 2012).

There were 14 cases of staff underperformance involving female staff and 7 cases involving male staff. The 7 cases involving male staff involved only 5 staff members, so only 19 staff members made up our cases. The ratios of staff members involved therefore is  $14/19 = 73\%$  female to  $5/19 = 27\%$  male. This female to male ratio is proportionally different than would be expected from the Trust's gender staff ratio. These results may be indicative of a larger problem of male underperformance being identified compared to female staff within the organisation (see also theory 17).

Five of the fourteen (approximately  $1/3$ ) female staff accepted that there were poor performance issues and participated in the process compared with  $3/5$  of the male staff, suggesting that male staff were more likely to accept negative feedback on performance than female staff.

In the group of 5 female staff that accepted that they had performance issues, two had been in posts for a longer time with managers that were new to them. The group of 3 male staff that

accepted that they had performance problems had all been in post for a longer time although one was moved into a new team for the purposes of improving his performance so was considered by the reporting manager as a new staff member. These results suggest that male staff who have been in their posts for longer are more likely to accept negative feedback on performance than female staff who have been on post for longer time periods.

All of the female staff that did not accept that there was a performance problem had also been in posts for a long time. Five were unqualified administrative staff, four were qualified nurses.

The 2 male staff that covertly or overtly rejected the performance issues were not consistent with the other staff features that would suggest acceptance of underperformance in that they were also newly qualified. There may therefore be other factors that influenced their actions.

However, confounding these assertions on gender difference, all of the accepting male staff were health care assistants, compared with none of the female staff and the female staff that made up the covert rejection group were all administrative staff both discussed in theory 9.

#### b) Evidence from literature

Female managers may be disproportionately critical of male staff compared to female staff, or there may genuinely be more performance issues among male staff compared to female staff (Furnham and Stringfield 2001) (theory 17).

The literature on staff member responses is inconclusive in this area; Dedovic et al (2009) describe physiological and social response differences to negative feedback between genders, Franz et al (2009) experimental study in gender response to negative feedback found no

difference however this is weaker evidence as it relates to a single piece of feedback on an experimental task.

c) Overall strength of evidence

The strength of empirical evidence suggests that while there may have been proportionally more identified problems with male staff performance, they were more likely to accept that there were performance problems and comply with the PM Process. This may be an area for further research.



## 7.4 Organisational Contextual Features

Theory 14: Despite the existence of the PM Policy, the organisational norm is not one in which performance management routinely takes place.

### a) Evidence from the study

One of the subjects, a senior nurse who had worked for the Trust for approximately 2 years, referred to a lack of supportive challenge within the Trust. This idea embodies staff being able to justify their actions, and decisions with clinical reasoning. This suggests a possible mechanism where staff do not know how to respond to challenge to their practice behaviour or to negative feedback on their performance, so respond defensively to challenge rather than initiate Pawson's change mechanisms Q42, Q45 (theory 1). As a senior staff member who had worked in other organisations, she was in a good position to comment on organisational culture (Schein 2004)

She went on to say that this led to resistance to the PM process from staff and union representatives and to a retaliatory response of accusations of bullying against managers Q58. This subject referred to the lack of a culture of performance management as '*a separation between day to day management and the poor performance policy*'. This describes the position where supervisors may correct staff performance and offer informal coaching and development on a day to day basis, but this is not recorded in any way and is not seen as part of the continuum of managing performance.

She reported that managing performance was often viewed as punitive action against staff, described by de Dreu et al (2004) as a conflict culture where the mismatch between expectations and performance is viewed in negative terms rather than treated as an opportunity to develop and learn Q48, Q49.

These ideas lend support to the idea that there is no organisational norm of performance management, no organisational infrastructure to support the monitoring of performance and that staff do not know how to respond to negative feedback. This is despite the PM Policy saying that 'Employers are responsible for setting realistic and achievable standards and making sure employees understand what is required. Standards should be capable of being measured in terms of quality, quantity, time and cost', this has not been routinely implemented within the Trust. In its extreme, this resulted in compromised and unacceptable levels of patient care Q37-Q39, Q41.

In 15/21 cases, staff underperformance had not been challenged by previous managers. Failure on the part of previous line managers to articulate performance expectations had denied the staff member the opportunity to perform to a known standard and it could be argued that this reinforced the underperformance. In this situation, staff will perform their job roles either satisfactorily or not Q46.

The subjects reported that when they took over the management of teams;

- Teams were poorly regulated
- There were no standards of performance/ monitoring of standards

If there are unclear performance expectations and a lack of performance feedback then it is the organisational culture and the managers that are at fault if staff do not know what the acceptable levels of performance are and how to respond appropriately to feedback.

The PM Policy was only referred to once underperformance was suspected by subjects, and was not referred to as the basis against which staff members' performance was evaluated despite the requirement for articulated standards and expectations referred to in the first section of the PM Policy.

The PM Policy is written in supportive terms, as described by ACAS (2010), staff should be offered support, training, coaching in order to address any gaps in training needs to give them the opportunity to improve their performance, it is not a punitive process, although subjects referred to the historic punitive use of PM Process within the organisation.

Rather than referring to standards, subjects from nursing backgrounds referred to the fall-back position within the Trust of achieving the nursing and midwifery council (NMC) code. However, this relates to conduct, performance and ethics which are professional standards rather than performance standards and while some of the staff who were discussed were in breach of the NMC code of conduct, there ought to have been additional role specific standards and standards of performance Q67.

Other subjects referred to the 'granny test'- *'Does the staff member provide the standard of care we would want our family members to receive?'* This was used in the absence of other standards to indicate that there was a problem that needed to be addressed Q67.

A lack of documentary evidence of underperformance also links to a lack of performance culture. The PM Process was described by managers as bureaucratic as it relies on documentary evidence to be robust, equitable and fair. The process depends upon this evidence if it is ever disputed or goes to tribunal. Gathering evidence is cited as a main reason for delaying the process.

Linked to this, subjects described problems with the identification and quantification of problems with popular or well respected staff members. Other members of staff would *'carry them'*, that is would do their work for them. Schein (2004) talks about part of belonging to a group involves overlooking one another's shortcomings and justifying one another's behaviour.

Helping a colleague was seen as part of team working which managers applauded and felt that helping someone who was busy was part of team spirit and camaraderie. In the longer term, however, it could mask underlying problems and managers had to ask other team members to stop helping underperforming members of staff so as to be able to quantify the extent of the underperformance and to get an understanding of how to address it. This taking on of another staff member's work can arise when the staff member is popular but struggling and the team feel supportive of the staff member Q52-Q54. Alternatively staff may be coerced into undertaking another staff member's work because of power imbalances; there was a reported instance of a manager delegating her own responsibilities to other staff and doing little work herself, this was acknowledged within but hidden by the team Q55, Q56.

#### b) Evidence from literature

Traynor et al (2014) found that performance was poorly managed in nursing in the NHS and systemic organisational failures were attributed to individuals, in the cases in our study, a lack of rigorous systems of performance management resulted in staff not knowing what level of performance was expected and not knowing how to respond to challenge. A lack of challenge to performance leads to assumptions that performance is satisfactory and staff develop their own implicit norms and team standards (Dyer et al 2007, Harvey and Drolet 2004, Schein 2004). The longer that this goes unchallenged, the harder it is to address the problem.

Staff must be allowed time to make changes to their practice when standards have been changed (Dyer et al 2007). It is unfair to introduce performance standards to staff and at the same time accuse staff of failing to achieve the standards.

Raising concerns over performance without previously establishing an acceptable level of performance is therefore likely to be met by

resistance from staff members. Staff are likely to resist any suggestion of poor performance if they do not know what the expected level of performance is as this would be perceived as being treated unfairly resulting in staff members rejecting the negative feedback and a defensive response as an alternative to becoming 'disaffected' by the negative feedback (Pawson 2013).

In the context of a culture of non-management of performance, problems will only come to light when the culture is changed and a manager tries to introduce performance expectations. This is a change to the previous condition and as with any change process there will be some resistance to the changes, inertia is itself a tendency (Collier 1994). If this occurs as a part of the introduction of new performance expectations, the change can be difficult to separate from the PM process (Dyer et al 2007).

Where there is an absence of performance management there will also be an absence of evidence of underperformance so the manager will be unable to support suspicions of underperformance and begin to influence changes in performance (Kotter 2012, Yariv 2006)

Kotter (2012) says that any change will fail if there are insufficient facts to support the need for change or the need is poorly thought out and planned. This is described in Kotter's first step to change, suggesting that it is fundamental to the process in order to create a sense of a need to change, triggering Pawson's 7 stages for behavioural change (theory 1).

Yariv (2006) found that a lack of evidence obstructed school principals in managing the performance of teachers. Clear reliable evidence combined with well-articulated performance standards are most likely to lead to a successful acceptance of underperformance (Govaerts et al 2012). The opposite also applies, a lack of evidence coupled with poorly articulated or unclear performance standards result in staff being unsure of their expected performance and the

manager not being able to provide evidence of underperformance and non-acceptance of poor performance by the staff member (Steelman and Rutkowski 2003).

A lack of evidence resulting from poor management systems is different to hidden underperformance which occurs when the staff member is popular or influential within the team (Yariv 2006). Others may voluntarily do work to help and support the individual or may be coerced by the individual to do work for them. Coercion is an abuse of power or position in which staff take on work to gain favour, or because of fear of adverse repercussions or bullying (Moore and McAuliffe 2009). In either case, if the work is done, then the underperformance is hidden and remains undetected.

#### c) Overall strength of evidence

There appears to be good evidence supporting theory 14, that managing performance is not usual practice. This creates problems of assumptions about acceptable performance for staff and a culture where there is a lack of challenge and accountability. Staff in turn do not know how to respond to challenge and negative feedback and see it as a personal attack rather than constructive criticism of work with the intention to support development. This evidence also supports theories 2, 10, 12, 21.

There should be a balance between supporting team spirit and team members supporting one another and allowing staff that are underperforming within a team to be identified and supported to improve their performance. These are separate issues to the situation where staff coerce others to do their work for them.

## 7.5 Manager Contextual Features

One of the social functions of a group is to maintain stability; in order for this to be achieved, group members overlook one another's shortcomings and try to make other members feel good about themselves (Schein 2004). Performance appraisals violate these social norms by highlighting the other persons flaws and are described by Schein (2004 p123) as 'social murder'. The traumatic nature of this 'confrontation' can have a simultaneous adverse effect on the manager delivering negative feedback and the staff member and provides one explanation why managers avoid managing staff performance (Steelman and Rutkowski 2009)

Theory 2: Managers are not trained to manage performance.

### a) Evidence from the study

None of the subjects had any training in performance management, in implementing the PM Policy or in delivering negative feedback to staff Q57, Q58 (see also theory 14). Subjects were unsure of their actions and the outcomes, which can be linked to their lack of training in managing performance, and looked for reassurances from their peers and more senior staff Q74, Q69, Q70. They felt that implementing the PM Policy even at an informal level is as much about managing emotion as it is about being a managerial decision. It was referred to as one of the reasons why managers fail to manage staff performance Q60.

Clinical subjects contrasted the difference between caring roles that they were trained in where they are expected to be caring and compassionate and impartiality of management roles that they were not trained in. They did not know how to act in situations that were distressing for the staff member Q74, Q69-Q73.

Managers who successfully completed the PM process were more likely to apply it again, especially where staff were compliant. Subjects reported being pleased for the staff member's progress.

b) Evidence from literature

Subjects being untrained and unprepared to implement PM Policy is reflected by the management textbooks that describe managers as the 'weak link' in the PM Process resulting from poor training to administer policies or to be able to give negative feedback effectively (Armstrong 2012a, Armstrong 2012b, Torrington et al 2011, Yariv 2006).

c) Overall strength of evidence

There is strong evidence that the subjects were not trained in how to manage performance, in how to manage the PM Process or how to deliver negative feedback to staff. This is entirely consistent with the view given in standard management texts. Theory 2 is supported and the evidence also informs theory 5 in that it may not be the feedback that leads to the variance in staff response, but the absence of training and quality of feedback.

This may have a large impact on manager avoidance of managing staff performance discussed later (theory 19, 20).

Theory 2b: Managers fail to recognise covert rejection so do not manage it effectively.
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This is an additional theory developed from consideration of theory 6.

a) Evidence from the study

Covert behaviours were not recognised by managers as rejection of the negative feedback (theory 4). This may be because there was little outward expression of rejection of the feedback or because managers



interpreted a lack of overt rejection as acceptance- analogous to a false negative.

This failure to recognise or misinterpretation of covert rejection by staff led to subjects treating the staff as if they had accepted the negative feedback and who then did not participate in the PM Process. This led to much frustration on the part of the subjects. This frustration was borne out of a mismatch between the subjects' expectations of behaviour and the staff members' actual behaviour when staff members had mentally removed themselves from the situation (Kluger and De Nisi 1996). The managers persevered with trying to gain an agreement from the staff member about performance issues and actions without success. The staff non-compliance was attributed to staff members' lack of understanding. If the subjects had understood that these staff had rejected the feedback they may have used different strategies to deal with the performance management *Q4-Q10, Q14, Q15, Q61*.

#### b) Evidence from literature

Covert rejection is discussed earlier in this section (theory 6) and there is good plausible support for its existence. This topic of non-recognition of covert rejection by managers is not discussed in the literature, however, by its covert nature, it is difficult to recognise.

#### c) Overall strength of evidence

The idea of non-recognition of covert rejection whilst not discussed in the literature does seem plausible. Discussions with clinical and occupational psychologists and HR managers add to the confidence that this is a plausible explanation which may warrant further research, but provides a good working theory to develop better management of this group of staff.

Theory 15: It is more likely that underperformance will be identified at the point of introduction of manager and staff member.

Theory 16: New staff are more likely to accept negative feedback from an existing manager than existing staff are from a new manager.

a) Evidence from the study

In all but one of the cases underperformance was identified and the PM Policy used by a subject who was new to managing the individual that had the performance issue, either a new manager to the team, or a staff member that was new to the team. These contexts bring together a set of expectations on the part of the manager with failure to meet the expectations on the part of the staff member. The manager identifies the failure to meet the expectations of performance and provides this information in the form of negative feedback to the staff member with the intention of triggering Pawson's 7 stages for behavioural change (theory 1).

(Table 5) There was 1/21 case where the existing manager identified and managed the underperformance of an existing team member. The staff member accepted the negative feedback on the performance and participated in the PM Process.

12 out of the 21 of the cases that subjects reported shared the feature of a new manager moving into an existing team. They reported that there was a lack of articulated and understood standards of performance that they had to create and communicate to staff then give time and support to adjust and change their practice in order to achieve the new standards Q63.

There was a difference in our results, in the two situations. A new manager providing negative feedback to a member of an existing

team was accepted in 4/12 (1/3) of our cases and rejected in 2/3 (covert 3/12, overt 5/12 cases).

When an existing team manager provided negative feedback to a new team member negative feedback was accepted in 3/8 cases, however the 3 cases where staff rejected the negative feedback involved 1 staff member. The numbers may be reconsidered as 3/5 staff members accepting and 2/5 rejecting feedback (1 covert and 1 overt).

This might suggest that staff that are new to a team are more likely to accept negative feedback from an existing manager than existing staff from a new manager.

#### b) Evidence from literature

In each case that took place where the subject was new to the team, they introduced new standards of performance as a legitimate function of their role (Mullins 2010). This was consistent with the textbooks' descriptions of how to introduce and implement new standards and expectations of performance and the PM Policy (Beardwell and Claydon 2010, Torrington et al 2011, Hollinshead et al 2003). This is a key point in Kotter's (2012) eight steps to change and is the point of initiation of the first mechanisms described by Pawson (2013); the point when the manager provides negative feedback to the staff member about their performance needs to be conducted well for the next steps in the changes in staff behaviour to follow.

The introduction of new performance expectations can be difficult especially when there has been a poor existing culture of performance management (Dyer 2007); the natural response of some existing staff is to resist these changes in order to maintain the cultural status quo (Schein 2010). Subjects reported that they implemented performance and new standards equally across the whole team at the same time and that these standards were

articulated in a similar manner to each staff member (Beardwell and Claydon 2010, Torrington et al 2011, Hollinshead et al 2003). The majority of the staff accepted the changes and altered their performance to meet the new standards. 14/21 cases occurred when the subject was new to the team, each resulted in single cases of staff not achieving the required performance rather than multiple cases which might be expected if the standards were excessively high or difficult to achieve.

It may be that by implementing new expectations of performance a new manager breaches the 'psychological contract' with the staff member (Middlemiss 2011) which can lead to conflict. In addition to transactional contracts in which the employee exchanges payment for work, explicitly documented in the employment contract, there may be many thousands of unspecified expectations that are implicit, forming the psychological contract. The response to the breach of psychological contract can be varied; acceptance, partial compliance, withdrawal of goodwill and effort, absenteeism or resignation from the workplace depending upon how the employee perceives the breach and how aggrieved they are. Folger and Skarlicki (1999) paper on unfairness and resistance to change suggests that staff do not reflexively resist changes, their resistance or acceptance is related to how changes are implemented. During periods of change, staff become sensitised to perceived injustices and react more strongly to them. Staff resist perceived unfairness. Resistance may be averted by clear explanations and maintaining the staff member's dignity.

As discussed previously in theory 8 the staff seemed, according to the empirical evidence, more likely to trust feedback from an existing manager than from one who is new to a team (Hornsey et al 2007) who is perceived to have better insight into how work is done (Brown and Duguid 2001)

c) Overall strength of evidence

Theory 15 is well supported in the empirical findings but not in the literature. The managing of underperformance seems to require the pairing of a staff member with a new set of performance standards that the staff member fails to meet. There was only one instance of a manager identifying and managing the underperformance of a member of their team when both had been in post for a long time.

If the identification and management of underperformance relies on these pairings, then the number of opportunities for managing underperformance is quite small without a significant change in the performance culture of the organisation, requiring existing managers to introduce and enforce performance expectations to the teams that they manage.

The evidence from our results appears to support theory 16 that there is a difference in acceptance between staff that have been in post a long time with a new manager (4/12) versus a new member of staff with an existing manager (3/5). This may however be a reflection of theory 5; the credibility of the manager and usefulness of the feedback that they give has a large impact on the staff member's response. The existing managers are thought to be more credible than new managers. Based upon this, theory 16 is rejected as it is felt that these results can be accounted for by theory 5.

Theory 17: Managing employee performance when staff do not accept negative feedback on their performance has a negative emotional impact on managers exacerbated by unfounded accusations of bullying.

Theory 3: Managers are frightened of staff responses to feedback on their performance, so performance is not managed leading to an absence of a culture of performance management.

a) Evidence from the study

The emotional impact on managers was linked to the degree of support that they received and to the staff response to negative feedback. When staff responded favourably, subjects were pleased for them Q1-Q3, Q33, Q65.

Accusations of bullying by staff members appeared to have the greatest emotional impact upon the subjects and resulted in feelings of loss of control related to not knowing the details of the accusations which resulted in expressions of fear for their own positions, fear of job loss and fear of the impact of the accusations on their own reputations Q11, Q12, Q16- Q26, Q45, Q64, Q75- Q85, Q89-Q94. The emotional impact extended to home life and relationships outside work and in some cases had a negative impact on the subjects' health Q86-Q88.

In order to cope with the emotional aspects of the PM Process, subjects tried to rationalise and justify the need to apply the process. Some referred to professional guidelines, some applied the family test, or the 'Granny test' to the situation, others referred to a responsibility to be a guardian of the public purse, to spend public money wisely Q67. These rationalisations are a psychological defence strategy that some of the managers used to allow them to counter the

emotional conflict or consequences that they anticipated by providing themselves with a justification for their actions (Whitbourne 2011 and Bowins 2004) Q68.

None of the subjects in the study had received any training in managing employee performance. This plus the fear of accusations of bullying by staff were the two main reasons cited by the subjects to explain why managers avoided managing the performance of their own staff. It is proposed that avoidance is a psychological defence response used by managers (Kluger and DeNisi 1996). This protects them in the short term from dealing with the issues before them. The outcome of this is a perpetuation of the staff performance problem and of the culture of non-management of performance (theory 3); living with underperforming staff is possibly easier than managing the employee performance (Soika 2008).

Implementation of the PM Policy is undertaken in an attempt to convert the employee, but with the possible implicit threat of firing them as a consequence should performance not improve, although it must be recognised that in the 13/21 cases in this study where the employee was no longer employed by the trust as a conclusion to the PM Process, none was actually dismissed.

The subjects were critical of other managers who had not managed the performance of staff. This was attributed to; lack of courage, fear of confrontation, lack of training, not wishing to upset staff, not wishing to upset team dynamics, not having the time, fear of staff taking sick leave, fear of accusations of bullying, lack of solid evidence and being friends with the staff member Q113, Q114.

The catchment area for staff in the trust is relatively small with a small number of schools, therefore it is highly likely that staff know one another in and out of work and staff members within a speciality may have been supervised or managed by staff that they now supervise or manage themselves Q48-Q51.

These prior relationships have an impact on the staff members' willingness to accept being performance managed. Staff are more likely to question the manager's legitimacy and authority if they have known them for a long time, seen them develop, make their own mistakes and may be in a position, or think that they are in a position to manipulate the manager Q56, Q62.

b) Evidence from literature

Kline and Sulsky (2009) characterise the discussion between the manager and staff member about underperformance as challenging and potentially hostile (Daley 2008, Yariv 2006, McConnell 2004). Price (2011) and Towers (1998) describe performance appraisals as confrontational, failing to motivate staff and based on the psychology of reward or punishment (Holloway et al 1995). Segal (2011) and Clydesdale (2009) talk about the need for managers to have emotional intelligence and the ability to handle relationships as being as important as the ability to manage a management process.

Often managers will artificially improve feedback to preserve relationships and morale and avoid managing staff performance instead of addressing it (Spence 2011, Beardwell and Claydon 2010, Marchington and Wilkinson 2012, Price 2011). Avoidance can be due to genuine concern for the security of their own positions. Kline and Sulsky (2008) warn managers that staff who disagree with their feedback may pursue appeals, grievances, arbitration or lawsuits against them.

Subjects reported being frightened of personal repercussions against them, especially when staff members had a history of claims of bullying against other managers (Plump 2010, Reid 2010, Cunningham 2008, Kline and Sulsky 2008).

The largest section of the results arose from subjects talking about the emotional impact of managing performance. Events associated



with negative emotions are better recalled than those associated with positive events, the more profound the emotional impact of the event has, the more attention is directed to it and the stronger the memory of it that is created as a result (Cahill and Mc Gaugh 1998). This may explain the more extensive description of cases that involved overt rejection of negative feedback and what the subjects felt were personal attacks upon them.

Quite marked was the sense of loss of control, as the staff member used the grievance policy to exert control over the subject, especially when subjects were not told the details of the accusations and so were unable to create any defence (Analoui and Kakabadse 1989). Our study does not explore the staff members' motives for their actions. Yariv (2006) discussed the emotional impact of managing performance on managers (school principals) in Israel, feelings most commonly described were negative. In the early stages managers described compassion towards staff members which then led to frustration when attempts to improve performance did not work (see Theory 2b).

As a result managers avoided performance issues which were often never addressed. Yariv and Coleman (2005) found instead, half of problem staff remaining in the school and one third moving to another school, formal action was rarely pursued. Daley (2008) also found that formal action was pursued in fewer than half of identified cases of underperformance and that managers that did pursue cases were themselves likely to leave their jobs in complex cases as a result of the personal emotional impact.

Yariv (2006) found that some managers were unable to manage the stress of giving negative feedback so avoided it. This 'experiential avoidance' is an unwillingness to experience unpleasant events, using deliberate efforts to control or escape from them even when doing so is detrimental in the long-run (Kashdan et al 2006). In this

way the managers mentally remove themselves from the situation and do not address it (Kluger and DeNisi 1996) themselves, thus covertly rejecting the problem and, in the short term, protecting themselves and the staff member. However in the longer term avoidance of addressing issues leads to dissatisfaction and can affect health negatively (de Dreu et al 2004).

Delivering negative feedback is difficult and avoidance or ignoring the problem is one of the strategies that is used in early or less serious cases. This is described by Yariv (2006) as the 'mum effect' and hides negative thoughts and feelings towards staff, so as not to have to deal with the negative emotions that might be evoked. Ignoring the problem is instead, according to Schein (2004 p252), tacit approval of the problem; if there is no negative feedback, the performance is seen to be acceptable. It was notable that one defence given by staff under review was that no-one had said there was a problem in the past.

This avoidance of managing performance has parallels with Duffy's (2003) work considering failure to fail underperforming students. Duffy identified reasons that led to mentors not failing poor nursing students' clinical placements. These included poor recording of problems, not identifying failing students early enough so that problems had time to become established, mentors ignoring problems, mentors not being trained to deal with underperforming students, discrepancies in policy and the impact of appeals processes.

Duffy refers to the large emotional impact required to fail a student. When mentors identified problems, they were not sure how to give negative feedback to students. Some dropped hints to avoid giving formal feedback. There was a fear of retaliation from students including personal attack, industrial action and legal action. Duffy also refers to a lack of time and the increased time pressures required to support a failing student (see Theories 17 and 20)

c) Overall strength of evidence

Our study provides evidence that subjects did experience a large emotional response to managing employee performance that had in many cases a negative effect upon them; affecting relationships at work and at home, damage to reputation, personal upset, fear, loss of sleep and sickness absence due to stress. These effects are described by the Health and Safety Executive as major causes of workplace stress (Health and Safety Executive 2014). Fear of these responses were thought by subjects to be large contributors to other managers avoiding managing staff performance and is consistent with the view of managers' lack of training and ability to manage performance found in standard management texts.

There is little in the literature about managers' experiences of managing staff performance (Daley 2008). Even textbooks devoted to the management of change and the transformation of staff performance offer little; Thorne (2004) for example, devotes one page to the management of discord but offers little in the way of management of resistance or any acknowledgement that there may be refusal by staff to change; Caruso and Salovey (2004) devote a chapter to managing conflict but do not examine the retaliation of staff or hostile resistance. This is an important area requiring further in depth examination.

There is good evidence for the non-management of staff performance, both from our study and the literature. There are several plausible reasons for this, lack of training, fear, impact on relationships, lack of evidence, lack of support, which did not prevent the subjects in our study from attempting to use the PM Policy.

Theory 18: A lack of organisational support for managers is a barrier to managers implementing the PM Policy.

Theory 19: There is a perceived imbalance in the support for managers and staff.

a) Evidence from the study

Subjects who reported experiences from more than 4 years ago said that they had less support then for implementing the policy than in more recent times, when HR managers take a more active role in supporting the managers. This reflects more recent restructuring and the development of more supportive roles in the HR department Q95.

All of the subjects said that there should be better systems in place for monitoring routine standards of work. When implementing the PM Process with staff, they wished for a network of managers with experience in managing performance who could act as mentors to 'novice managers' and for training that utilised illustrative cases where the process has not run according to the policy and text book descriptions. This may help prepare them for and to mitigate the negative emotional side of performance management and the intended emotional impact of overt rejection responses from staff members referred to above. De Dreu et al (2004) discuss the importance of attending to the emotional wellbeing of all parties during any workplace conflict as ignoring this leads to physical and mental ill health.

Some subjects talked about the lack of support that was available to them, as it was assumed that they were capable and competent to manage the PM Process, this was contrasted with the perceived high level of support and preparation given to the staff members Q58, Q100.

They felt that there was an imbalance in support for them compared to the staff members and they needed reassurance and encouragement to pursue the PM process, especially in the face of overt rejection responses *Q96-Q100*.

When accused of bullying by staff, the subjects felt that the organisation did not support them as managers through the grievance process *Q101- Q103*.

During the PM process and once the process was completed, subjects wished to have feedback and reassurance on their own actions which was lacking *Q98*.

#### b) Evidence from literature

The important context seems to be that some support exists and many subjects felt that a support network of managers to help and mentor managers who are new to the PM Process might be a good solution to many of the problems. Support for managers is one of the solutions also suggested by the Health and Safety Executive (2014) to help to mitigate against stress.

Kotter (2012) talks about a guiding coalition of support when considering change, this provides organisational support to the manager which in the case of pursuing the PM Process would include moral support for the manager

Gennard and Judge (2010) say that disciplinary processes are often weighted in favour of the underperforming staff member, however they do not discuss support for staff and managers.

#### c) Overall strength of evidence

A support process was identified by the subjects and in the literature as an important feature to give reassurance that correct actions are taken and emotional support to proceed with the PM Process, countering the negative emotional consequences that can be experienced (Theory 18).

Theory 19 is supported by the perceptions of the subjects, as subjects expressed a lack of support for those who were acting in good faith as agents of the Trust but who were in turn unsupported by it and felt victims of it. This may be an important area for the organisation to explore.

Theories 18 and 19 relate to the same topic, at the root of which is a perceived lack of support for the managers. The theories are therefore combined into a new theory 18;

Theory 18: There is insufficient organisational support for managers, which is a barrier to managers implementing the PM Policy.
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Theory 20: The time and resources taken to implement the PM Policy are a major consideration for managers concerning when and if to implement the policy.

a) Evidence from the study

(Table 9) The time to administer the process was a concern for subjects who referred to delaying the PM process until staffing levels were high enough to be able to cope. This involved a cost/ benefit analysis by managers who weighed the need to address a staff member's performance against the possible impact of this on staffing levels should the staff member respond by taking leave and the extra demands of supporting the staff member's development *Q47*.

The additional time that was needed to support the underperforming staff member had to be absorbed by the remainder of the team and represented an additional stress for the remaining team members. No additional capacity was given to managers to support the underperforming staff member *Q104, Q107*. Subjects referred to having to take home work related to the PM Process to complete as there was not time during the working day *Q104*.

Several of the subjects admitted to delaying managing the performance of staff during times of staffing shortages (such as school holiday times) as the risk of staff taking sickness absence would put excessive demands on the remaining staff in the team.

Subjects referred to the time that the process took to reach a conclusion as being far too long. Subjects reflected that the PM Policy supported and protected the needs of the employee at the expense of the needs of service provision. The three stages in the policy were blamed for the process taking longer than necessary, for the process being abandoned or avoided and for increasing costs to the

organisation. It was felt that the policy did not fit with the needs of the managers as representatives of the organisation.

This time pressure represents costs to the organisation and has two components, the additional capacity required to support an individual staff member to allow them to develop and the length of time taken to administer the PM Process.

b) Evidence from literature

The two literature searches did not reveal any papers relating to the time taken to administer PM Processes.

The PM Policy has an additional stage not required by ACAS (2010) that extends the time to completion. This is in common with other NHS organisations; a Google search of 20 other NHS trusts found similar three stage structures to their policies, however, trusts that had policies written more recently, had moved to two stage policies in line with ACAS (2010) guidance.

c) Overall strength of evidence

There is empirical evidence that the time taken to administer the PM Policy is a consideration for managers. The policy has an additional stage not required by ACAS (2010). A reduction in the number of stages in the policy and in the length of time taken to administer the policy, referred to by many of the subjects *Q133-Q135*, would reduce the time taken to administer the policy and may result in managers being more prepared to undertake performance management.



## 7.6 Costs to the organisation

Theory 21: The organisation spends more resources supporting staff that are non-compliant with performance management and likely to leave the organisation than on staff who are compliant and who are likely to stay.

### a) Evidence from the study

The experiences described in this study suggest that managing underperformance is time consuming and resource intensive for the manager and other team members who may be involved in the support of the staff member. This may be compounded by extended periods of absence of work due to stress or stress related illnesses Q115- Q116.

There is a marked contrast in expenditure in the worked examples between staff where performance issues (see appendix 5)

- a. resolved informally; no additional costs,
- b. compliant staff that were supernumerary; 6 months' salary
- c. staff that did not accept that there was a performance issue; 3 years' salary plus travel costs (£63,863.60)
- d. theoretical tribunal costs that may have arisen from a finding of unfair dismissal had the staff member c. been dismissed instead of supported (£14307.16)

(Table9) Cases where staff were complaint were all resolved in the informal stage except for one that started at stage 1 of the PM Process as part of a wholesale ward underperformance action. Only one case incurred any additional staffing costs (6 months supernumerary salary). Cases took between 2 months and one year to resolve, the longer cases due to accessibility of training courses.

Cases where staff covertly rejected performance issues took between 6 months and two years to complete. One staff member left at the

informal stage, one at stage 1 the remainder at stage 2. At the end of the PM Process all five of these staff had left the Trust.

In cases where staff overtly rejected the process cases took between six months and three years. Much of this time was taken with sickness absence. These staff denied that there was a problem, avoided development that was offered and refused to comply. In this group, one staff member left and one staff member was down banded in the informal stage, four cases reached the second stage (first formal stage) of the process, five cases reached the third stage (second formal stage) and one had become a disciplinary case. None of these staff was employed by the Trust at the end of the process. This is reflected in theory 20, the time and resources taken to implement the PM Policy are a major consideration for managers concerning when and if to implement the policy, and managers may avoid implementing the PM Process when there are staff shortages.

There are also emotional costs that the managers discussed in terms of the emotional impact upon them which again was much greater when underperforming staff were not compliant with the PM Process (Theory 17).

#### b) Evidence from literature

In common with other NHS trusts, the PM Policy has an additional stage not required by the ACAS (2010) guidance (see theory 20). This stage adds time to complete, around two to three months to the process and the option for staff members to delay the process further with sickness absence. This reduces the immediacy of the staff members' need to improve their performance and adds to the organisational wage costs during the process. None of the cases that entered into the second formal stage of the policy resulted in improved performance or in the staff member remaining in employment with the Trust.

There is no estimation within the literature of the resource implications of performance management in time, and finances in order to support an underperforming staff member to undertake a period of coaching and development and review mechanisms.

c) Overall strength of evidence

The greatest amount of resources were expended on the staff that were least compliant with the process, none of whom was employed by the Trust at the end of the PM Process.

## 7.7 Outcomes

If the PM process is pursued, then the outcome of the process will be:

a) the staff member improves their performance and becomes a more productive employee who is better able to do their job, b) the staff member is moved to a role that is better suited to their abilities and skills, so is a more productive employee (often at a lower pay scale), or c) the poorly performing employee leaves the organisation and can be replaced by another employee who is capable of fulfilling the vacant role.

In cases where managing performance went well, the subjects indicated that they gained positive experiences that they could apply again in the future and satisfaction that they had successfully developed their staff, the staff member gained experience and improved their performance and ability to work more effectively, some staff felt new confidence in their ability and a new enthusiasm for their work. In the current culture however, managers were often left stressed and demoralised and reluctant to undertake the PM process in the future.

Patients benefit from having a more competent workforce whether in face to face contact or in administrative roles, organising and supporting the clinical work. The organisation benefits from a more effective, capable, safe efficient workforce that is better able to work

for the community that they serve. Retraining a workforce that is already trained is more cost effective than training or recruiting a new workforce.

Not pursuing the PM Process results in the continuation of poor and at times unsafe performance, presenting a significant risk to the Trust, and a perpetuation of the culture of non-performance and manager dissatisfaction.

Shortening the PM Process by reducing the number of stages in the policy from three to two, training and supporting managers in the implementation of the policy, constructing useful, timely feedback and delivering feedback to staff, better recognition of the passive group of staff and setting short but reasonable deadlines for the demonstration of improvement in performance have the potential to save the organisation time and money and reduce staff and manager stress.

**Table 12.** Summary of context mechanisms and outcomes proposed from cycle 4

Context	Context Specific	Mechanism	Outcomes	Outcomes Specific	Relevant Theory/Theories
<b>Staff Member Features</b>	<b>Staff Character</b>				
	Staff member is given negative feedback and accepts the need for change	Pawson's 7 stages for behavioural change are triggered	Good	Staff member wishes to change and accepts offers of support and development from the manager	Theory 1
	The staff member is given negative feedback but staff member does not want to change	Staff member tries to exert control over the manager Views PM as manager's error of judgement	Poor	Covert behaviours and Overt defiance behaviours Rejection of negative feedback Behaviour intended to change the manager's behaviour-bullying claims, sickness absence	Theory 4 Theory 10
	<b>Job role</b>				
	Qualified staff	Question/ deny the credibility of the feedback source	Poor	Rejection of negative feedback	Theory 10
	Unregistered staff	Accept feedback routinely as part of	Good	Accept negative feedback and	Theory 9

		normal work		participate in support that is offered	
	<b>Staff member gender</b>				
	Female staff	Female staff may have a larger negative physiological and psychological response to negative feedback than male staff	Poor	Female staff may be more likely to reject negative feedback than male staff	Theory 13
	<b>Response to workplace change</b>				
	Changes to team structure and work pattern	Resistance to change	Poor	Resist the PM Process as part of resisting other large workplace changes	Theory 9
	<b>Performance issues</b>				
	Small number	Easy to accept feedback on a small number of issues	Good	Staff accept and act on negative feedback	Theory 11
	Large number	Difficult to come to terms with a large amount of negative feedback Feedback is inconsistent with own beliefs about what is an acceptable standard of work	Poor	Denial behaviour	
	Sickness absence features as a performance issue	Negative feedback is seen as a source of stress Loss of continuity of the PM Process	Poor	Staff member physically removes themselves from the situation- sickness absence PM Process is discontinued	Theory 6a

		Staff member wishes to control the manager's behaviour		Time to implement and complete the PM Process is extended	
	Misconduct features as a performance issue	Staff member wishes to control the manager's behaviour	Poor	Defiance behaviours- accusation of bullying	Theory 6b
		Staff member views PM as a personal attack		Accusation of bullying against the manager	
	<b>Learned behaviours</b>				
	Accusations of bullying against managers	No perceived consequences if unfounded	Accusations of bullying against managers are seen as a low risk option used to change manager behaviour	Staff are likely to respond with accusations of bullying against managers when PM is identified	Theories 11,12
	Taking sickness absence	No perceived consequences to taking sickness absence	Sickness absence against managers are seen as a low risk option used to change manager behaviour	Staff are likely to respond with sickness absence when PM is identified	
	Staff attempt to control manager behaviour by using defiance behaviour	Manager behaviour does not change	Poor (however may be seen as positive from the Trust and patient perspective)	Staff member resigns	Theory 7
	<b>Organisational Features</b>				
	Well established culture of performance management	Staff members know the expected levels of performance and understand the PM Process	Accept negative feedback and participate in the support and	Low levels of underperformance	Theory 14

			development that is offered to them		
	Demonstrable poor performance against an accepted standard. Staff member is compared with a recognised comparator. Difficult to dispute evidence	'disaffection' created leading to triggering of Pawson's change mechanisms	Good	Evidence of poor performance is accepted	Theory 1
	Poor culture of performance management	Staff members do know what the expected levels of performance are, do not understand the PM process and do not know how to respond when their performance is challenged	Reject negative feedback and the support and development that is offered to them	High levels of underperformance	Theory 5, 14
	No recognised performance standards	Tacit approval by managers of the existing standards of work			
	Manager voices previously unarticulated expectations of work	Staff resist change			
<b>Manager Features</b>	<b>Identification of underperformance</b>				
	Mismatch of performance	Identification of underperformance	neutral	Can be positive or negative depending upon how it is	Theory 15



	expectations and level of performance				managed	
	Lack of evidence	Manager is unable to substantiate suspicions of underperformance	Unable to proceed with managing staff performance	Underperformance persists/ Manager has to delay commencing the PM Process whilst gathering evidence	Theory 14	
	Manager is new to post	Staff question manager's credibility	Poor	Staff reject feedback from a less credible manager	Theories 5, 8, 10, 17	
	<b>Training</b>					
	Manager untrained to manage the PM Process	Manager is not prepared to implement the PM Process	Poor	Manager avoids managing performance/ manages the PM Process ineffectively/ delivers feedback ineffectively	Theory 2	
	Non recognition of covert rejection of feedback by staff	Manager frustration at staff non-compliance	Poor	Manager manages the staff member using inappropriate strategies	Theory 4	
	Feedback to staff is of poor quality	Staff member does not understand the relevance of the feedback	Poor	Staff member rejects the feedback	Theory 5	
	Feedback is of high quality	Staff member understands and recognises the relevance of feedback on their performance	Good	Staff member accepts the feedback	Theory 5	
	<b>Avoidance</b>					

	Staff exhibit defiance behaviours	Manager is frightened/ intimidated, feels isolated	Poor	Manager withdraws the negative feedback and does not pursue the PM Process	Theories 3, 19, 20
				High levels of manager stress	
				Avoidance behaviour by the manager	
	Manager is frightened of the potential emotional consequences of staff defiance	Manager chooses to ignore performance issues	Poor	Poor performance is not addressed	Theories 3, 21
	Manager is well supported	Manager feels confident and has their emotional needs met	Good	Manager pursues the PM Process	Theories 18, 20, 21
	Time				
	Time and staffing pressures	The manager perceives that the time and/or resource costs are greater than the need to manage underperformance	Poor	Performance remains unmanaged	Theory 21

## 7.8 Interaction of the theories

The PM Process takes place in a complex social environment. The theories that have been proposed do not exist or act in isolation, instead they interact with one another and each may enhance or reduce the effect of another (Pawson 2013). The main interactions that were observed are described below. This is not definitive and is intended to illustrate the complexity of the interactions. This may serve as the basis of an algorithm that may be used to influence the outcomes of the PM process.

At an organisational level, theory 14 is an overarching theory that links to several other theories that relate to the managers, the staff and the organisation.

Theory 14: Despite the existence of the PM Policy, the organisational norm is not one in which performance management routinely takes place.

This theory interacts with theory 2; the organisational norm is not one in which performance management takes place. Perhaps as a result of this organisational norm, managers are not trained to manage performance, or, perhaps because managers are not trained to manage performance, performance management does not routinely take place.

Theory 2: Managers are not trained to manage performance.

A lack of training in performance management (theory 2), results in managers' fear of staff responses (theory 3), this in turn feeds back to an absence of a culture of performance management (theory 14)

Theory 3: Managers are frightened of staff responses to feedback on their performance, so performance is not managed leading to an absence of a culture of performance management.

Theory 18: There is insufficient organisational support for managers, which is a barrier to managers implementing the PM Policy.

Theory 20: The time and resources taken to implement the PM Policy are a major consideration for managers concerning when and if to implement the policy.

There is a lack of organisational support for managers (theory 18) which causes managers to feel isolated and adds to their fear of staff

responses (theory 3) which managers are not trained to manage (theory 2).

This together with an awareness of the time and resources taken to implement the PM Policy (theory 20) and insufficient organisational support to implement the PM Policy (theory 18) will influence a manager's decision to implement the policy or not.

Since the management of performance is not routine in the organisation (theory 14) it is more likely that the implementation of the PM Process will be as the result of the actions of individual manager's efforts. This is most likely to occur at the point of introduction of manager and staff member (theory 15).

Theory 15: It is more likely that underperformance will be identified at the point of introduction of manager and staff member.

If the manager does decide to give feedback to the staff member on their performance, then the manager's credibility and the quality of their feedback will have a large effect on the staff member's response to it (theory 5). Since the managers are not trained to manage performance (theory 2), it is likely that the feedback will be of poor quality.

Theory 5: The credibility of the manager and usefulness of the feedback that they give has a large impact on the staff member's response.

The staff member's response to the feedback will be influenced by the quality of the feedback (theory 5) and theories that relate more specifically to the staff;

Theory 9: Staff who routinely work under supervision are more likely to accept negative feedback about their work.

Theory 10: There is a difference in staff acceptance of negative feedback related to the number of different performance issues.

Theory 12: There is tacit belief amongst staff that claims of bullying against managers or taking sickness absence lead to withdrawal of claims of underperformance.

Theory 13: There is a difference in gender response to negative feedback on performance in which male staff are more likely to accept and act upon negative feedback.

Theory 16: New staff are more likely to accept negative feedback from an existing manager than existing staff are from a new manager.

The belief amongst staff that claims of bullying against managers or taking sickness absence will lead to withdrawals of claims of underperformance (theory 12) is symptomatic of an absence of routine performance management (theory 14). The effect of this is compounded by a lack of organisational support (theory 18) and training of managers (theory 2) and adds to their fear of staff responses (theory 3) and perpetuates the norm in which performance is not managed (theory 14).

Theory 15 and theory 16 coexist closely; a new manager to a team is likely to identify the underperformance of staff in that team, however, staff in that team are less likely to accept negative feedback from a new manager. Conversely, an existing manager is likely to identify underperformance in a new team member who is in turn more likely to accept negative feedback on their performance.

Together theories 9,10, 12, 13 and 16 interact to influence the staff member's response to the feedback on their performance.

If the feedback is done well, then the staff member accept that there is a problem and participates in the PM process (theory 1).

Theory 1: When negative feedback on performance is undertaken effectively, staff accept that there is a performance issue leading to their participation in the performance management process.

However, this response is one of three responses (theory 4).

Theory 4: There are three different responses to negative feedback; acceptance, covert rejection or overt rejection.

Acceptance and overt rejection of negative feedback are apparent to the managers. Covert rejection is not recognised (theory 2b) by the managers as they are not trained (theory 2).

Theory 2b: Managers fail to recognise covert rejection so do not manage it effectively.

Staff that overtly reject feedback on their performance are more likely to take sickness absence (theory 6a) and/ or grievances against the managers (theory 6b). This links with theories 3 and 12 as these responses are seen to be low risk responses by staff and cause fear in managers and influences the organisational norm (theory 14).

The likelihood of these responses is increased in staff whose performance issues relate to sickness absence or to misconduct (theory 11). This may be because staff believe that claims of bullying against managers or taking sickness absence lead to withdrawal of claims of underperformance (theory 12).

Theory 6a: Staff that are not accepting of negative feedback are more likely to take sickness absence.

Theory 6b: Staff that are not accepting of negative feedback are more likely to take out grievances against managers.

Theory 11: Staff whose performance issues related to absence are more likely to take sickness absence and staff whose performance is related to conduct to take out grievances against managers in response to negative feedback on their performance.

These responses have a profound negative emotional impact upon managers (theory 17) and reinforce the managers' fear of staff responses (theory 3).

Theory 17: Managing employee performance when staff do not accept negative feedback on their performance has a negative emotional impact on managers exacerbated by unfounded accusations of bullying.

However, when managers do pursue the PM process with these staff, the outcome of the results of the study showed that all of these staff resigned, after at times a protracted PM Process (theory 7). The organisation was much more likely to spend more resources on

supporting staff that were non-compliant with the PM Process than those that were compliant despite the evidence that none of these staff were employed by the organisation at the conclusion of the PM Process (theory 21).

Theory 7: Cases where the staff member does not accept negative feedback are likely to have resigned from their posts by the end of the PM process.
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Theory 21: The organisation spends more resources supporting staff that are non-compliant with performance management and likely to leave the organisation than on staff who are compliant and who are likely to stay.
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**Table 13.** Table of theories

Key

√ indicates some support for the theory

√√ indicates moderate support for the theory

√√√ indicates strong support for the theory

X indicates no evidence found to support the theory

XX indicates only contradictory evidence was found

Wording in **bold** refers to the final version of the theory~~Strike through of the theory~~ indicates that it has been discounted

Theory 1	Strength of support	
	Empirical	Literature
When staff are given negative feedback on their performance, they accept that they have a performance problem and work to improve their performance.	√√√	√√
Theory was refined in light of the empirical evidence and literature searches.		
<b>Theory 1. When negative feedback on performance is undertaken effectively, staff accept that there is a performance issue leading to their participation in the performance management process.</b>	√√√	√√√

Theory 2	Strength of support	
	Empirical	Literature
Managers do not know how to manage performance well which leads to a varied staff response to the performance management process.	√√√	√
The theory was refined in light of the literature to separate the aspects of managers' lack of training and the choices that may or may not be made by staff and the proposal of theory 4. Managers do not recognise covert rejection of negative feedback which is a new theory proposed by this research		
<b>Theory 2a. Managers are not trained to manage performance.</b>	√√√	√√√
<b>Theory 2b. Managers fail to recognise covert rejection so do not manage it effectively.</b>	√√√	X

Theory 3	Strength of support	
	Empirical	Literature
Managers are frightened of giving feedback about performance to staff because they are frightened of the staff member's response.	√√√	√√
Theory was refined in light of the empirical evidence and literature searches.		
<b>Managers are frightened of staff responses to feedback on their performance, so performance is not managed leading to an absence of a culture of performance management.</b>	√√√	√√√



Theory 4	Strength of support	
	Empirical	Literature
There are three different responses to negative feedback.	√√√	
The theory was refined to proposed the three responses, acceptance, overt rejection and covert rejection which is hypothesised from the literature		
<b>There are three different responses to negative feedback; acceptance, covert rejection or overt rejection.</b>	√√√	√√

Theory 5	Strength of support	
	Empirical	Literature
The manager's approach to feedback had no impact on the staff member's response.	√√√	X
The empirical evidence was explained by other confounding factors and the theory was unsupported. The literature would suggest that the contrary is probable, so the theory was rewritten		
<b>Theory 5. The credibility of the manager and usefulness of the feedback that they give has a large impact on the staff member's response.</b>	√√√	√√√

Theory 6	Strength of support	
	Empirical	Literature
Where staff do not accept negative feedback they are more likely to a) take sickness absence and b) take out grievances against managers, accusing them of bullying than staff that accept the negative feedback.	√√√	√√
Theory was refined in light of the empirical evidence and literature searches to produce two separate theories.		
<b>Theory 6a. Staff that are not accepting of negative feedback are more likely to take sickness absence</b>	√√√	√√
<b>Theory 6b. Staff that are not accepting of negative feedback are more likely to take out grievances against managers.</b>	√√√	√√

Theory 7	Strength of support	
	Empirical	Literature
Cases where the staff member does not accept negative feedback and undertake grievances against managers and sickness absence seem likely to have resigned from their posts by the end of the PM process.	√√√	X
There was strong empirical evidence and no evidence in the literature however, in light of the reframing of passive acceptance as covert rejection the theory was refined		
<b>Theory 7: Cases where the staff member does not accept negative feedback are likely to have resigned from their posts by the end of the PM process.</b>	√√√	√√

Theory 8	Strength of support	
	Empirical	Literature
Staff that are in post for shorter lengths of time are more likely to accept negative feedback on their performance than those that have been in post for longer lengths of time.	vvv	XX
The empirical evidence suggests a plausible theory; however the literature suggests that other factors such as quality of feedback and manager credibility are more significant (Theory 5) so this theory is discounted		
<del>Staff that are in post for shorter lengths of time are more likely to accept negative feedback on their performance than those that have been in post for longer lengths of time.</del>		

Theory 9	Strength of support	
	Empirical	Literature
There may be a difference in staff acceptance of negative feedback related to being registered or unregistered, and within the unregistered group between clinical and administrative staff.	vvv	X
There was strong empirical evidence and no evidence in the literature to support this however, the response of the administrative staff can be explained by other factors. There is more evidence to support the idea that staff who work under supervision are more responsive to feedback. The theory was refined		
<b>Theory 9: Staff who routinely work under supervision are more likely to accept negative feedback about their work.</b>	vvv	vv

Theory 10	Strength of support	
	Empirical	Literature
There is a difference in staff acceptance of negative feedback related to the number of different performance issues.	vvv	vv
Support for this theory was found in both the empirical evidence and literature searches so it remains unchanged		
<b>Theory 10. There is a difference in staff acceptance of negative feedback related to the number of different performance issues.</b>		

Theory 11	Strength of support	
	Empirical	Literature
Staff whose performance issues related to absence are more likely to take sickness absence and staff whose performance is related to conduct to take out grievances against managers in response to negative feedback on their performance.	vvv	vv
Support for this theory was found in both the empirical evidence and literature searches so it remains unchanged		
<b>Theory 11. Staff whose performance issues related to absence are more likely to take sickness absence and staff whose performance is related to conduct to take out grievances against managers in response to negative feedback on their performance.</b>		

Theory 12	Strength of support	
	Empirical	Literature
There is tacit belief amongst staff that claims of bullying against managers or taking sickness absence lead to withdrawal of claims of underperformance.	√√√	√√
Support for this theory was found in both the empirical evidence and literature searches so it remains unchanged		
<b>Theory 12. There is tacit belief amongst staff that claims of bullying against managers or taking sickness absence lead to withdrawal of claims of underperformance.</b>		

Theory 13	Strength of support	
	Empirical	Literature
There is a difference in gender response to negative feedback on performance in which male staff are more likely to accept and act upon negative feedback.	√√√	√√
Support for this theory was found in both the empirical evidence and literature searches so it remains unchanged		
<b>Theory 13. There is a difference in gender response to negative feedback on performance in which male staff are more likely to accept and act upon negative feedback.</b>		

Theory 14	Strength of support	
	Empirical	Literature
Despite the existence of the PM Policy, the organisational norm is not one in which performance management routinely takes place.	√√√	√√√
Support for this theory was found in both the empirical evidence and literature searches so it remains unchanged		
<b>Theory 14. Despite the existence of the PM Policy, the organisational norm is not one in which performance management routinely takes place.</b>		

Theory 15	Strength of support	
	Empirical	Literature
It is more likely that underperformance will be identified at the point of introduction of manager and staff member.	√√√	√√√
Support for this theory was found in both the empirical evidence and literature searches so it remains unchanged		
<b>Theory 15. It is more likely that underperformance will be identified at the point of introduction of manager and staff member.</b>		

Theory 16	Strength of support	
	Empirical	Literature
New staff are more likely to accept negative feedback from an existing manager than existing staff are from a new manager.	√√√	√
Strong empirical evidence, however, the results can also be explained by theory 5, which relates to a manager's credibility, so this theory is discounted.		
<del>New staff are more likely to accept negative feedback from an existing manager than existing staff are from a new manager.</del>		

Theory 17	Strength of support	
	Empirical	Literature
Managing employee performance when staff do not accept negative feedback on their performance has a negative emotional impact on managers exacerbated by unfounded accusations of bullying.	√√√	√√√
Support for this theory was found in both the empirical evidence and literature searches so it remains unchanged		
<b>Theory 17. Managing employee performance when staff do not accept negative feedback on their performance has a negative emotional impact on managers exacerbated by unfounded accusations of bullying.</b>		

Theory 18 and Theory 19	Strength of support	
	Empirical	Literature
A lack of organisational support for managers is a barrier to managers implementing the PM Policy.	√√√	√√
There is a perceived imbalance in the support for managers and staff.	√√√	√
It was felt that theories 18 and 19 related to the same subject so were combined		
<b>Theory 18: There is insufficient organisational support for managers, which is a barrier to managers implementing the PM Policy.</b>	√√√	√

Theory 20	Strength of support	
	Empirical	Literature
The time and resources taken to implement the PM Policy are a major consideration for managers concerning when and if to implement the policy.	√√√	√√
Support for this theory was found in both the empirical evidence and literature searches so it remains unchanged		
<b>Theory 20. The time and resources taken to implement the PM Policy are a major consideration for managers concerning when and if to implement the policy.</b>		

Theory 21	Strength of support	
	Empirical	Literature
The organisation spends more resources supporting staff that are non-compliant with performance management and likely to leave the organisation than on staff who are compliant and who are likely to stay.	√√√	X
Support for this theory was found in the empirical evidence and is undescribed in the literature searches. However the empirical evidence for this theory is very strong and the theory is retained.		
<b>Theory 21. The organisation spends more resources supporting staff that are non-compliant with performance management and likely to leave the organisation than on staff who are compliant and who are likely to stay.</b>		

## 7.9 Summary

The intention of this study was to gain a greater understanding of the experience of managing staff underperformance from the manager's perspective, develop theories to explain observed occurrences, find confirming or disconfirming evidence for these and propose explanatory mechanisms in order to influence changes in workplace practice, policy and the application of policy in response to the findings (Scott et al 2004). The results and discussion of these can be found in chapters 5 and 7 respectively. Explanatory mechanisms for these were proposed in Chapter 7 and summarised in Table 12 at the end of the chapter, recommendations for change follow in the next chapter.

In order to begin a process of change, it is important to understand the processes and offer explanations as to why events may occur as it is only by producing explanations about how systems work or do not work within organisations that they can be successfully changed (Collier 1994).

It is intended that the evidence and explanations produced in this study might influence organisational and policy changes within the Trust, by allowing the creation of more contexts that result in successful outcomes and may also have broader application by answering the question, 'How might the PM Process be better utilised?' (Pawson 2013, Pawson and Tilley 2011 p12).

The research questions were reframed to allow the development of theories to understand managers' experiences of using the PM Policy and how the use of the PM Policy might be improved (Rycroft- Malone et al 2013).

RQ1 What are the outcomes of implementing the PM Policy?

RQ2 What are the contexts that lead to the different outcomes?

RQ3 What are the mechanisms that may link 1 and 2?

These questions have been answered in the synthesis and discussion section which describe a variety of contexts that interact to lead to a variety of outcomes which are described individually and linked in the section describing the interaction of theories.

RQ4 How might the PM Process be better utilised in light of Q1, 2 and 3? This additional fourth question is answered below in the form of recommendations for the organisation

There is support for the PM Process working as described in the standard management texts. The cases in which the PM Process worked well were set against background contexts;

- an established culture of performance management including well recognised standards of performance
- the staff member had a small number of performance problems
- the manager delivers high quality feedback on the performance issues

These contexts would suggest a greater likelihood of a mechanism being triggered in which the staff member accepts the feedback on performance and recognises the need to change so participates in the PM Process.

Alternatively, this study has identified that despite having a policy related to performance, some staff choose to reject feedback on their performance. This is because;

- the infrastructure and organisational culture that should underpin performance management is not in place
- managers are not trained to manage performance
- managers are not trained to construct and deliver good quality feedback
- staff do not know how to respond to feedback on their performance
- systems to monitor performance are not routine
- staff dispute the manager's credibility and the credibility of the feedback

- staff have a large number of performance issues that are difficult to come to terms with.

If a staff member is not informed by their manager that their performance is not at the required level then they cannot be blamed for believing that their level of performance is acceptable.

Some managers are unwilling to raise concerns and consequently the staff member receives satisfactory assessments of their performance in the absence of other evidence. This is because of;

- a lack of training of managers to manage performance
- managers avoidance of negative emotional consequences of delivering negative feedback
- managers are frightened of accusations of bullying by staff
- the time pressures of managing performance are too great

This study has explored the management of staff underperformance from the manager's perspective using a realist methodology. It has proposed explanatory theories related to those experiences, however, this body of work forms only the beginning of an understanding and further work is required to explore each of the theories in order to develop and refine them further.

'The coverage of research is always partial and the understanding of any intervention is always imperfect, impermanent and thus corrigible. One issue after another may be grasped but with each discovery other imponderables are unearthed and the chase continues- permanently.' (Pawson 2013 p85)

## **8) Recommendations**

The study gives rise to a number of practice and policy recommendations as well as indications for further research. A number of the recommendations have already been implemented in the NHS Trust in which the study was undertaken. Where this has occurred, details are provided.

### **8.1 Recommendations for the Trust**

1. A change in the PM Policy from a 3 stage to a 2 stage policy.

This would still be compliant with ACAS (2010) guidance but would increase the urgency for staff to start to demonstrate changes in performance and would allow the organisation to initiate appropriate sanctions against staff that were non-compliant. This would not affect the safeguards that are also in place to protect staff members against misapplication of the PM Policy.

2. Building a culture of supportive, critical challenge within all areas in the organisation. This will result in a change in the perception of managing employee performance from a punitive to a supportive one.
3. The importance of developing an action plans to support the staff member.
4. There should be consideration at a policy level about passing on information relating to staff performance when staff are rotational or when staff move internally from post to post.
5. There should be a formal mechanism where managers record concerns raised by other staff members regarding performance as this does not presently appear to be the case.

Support for managers was very important for them and led to their being more likely to continue to pursue the PM Process whilst a lack



of training in using the PM Policy and fear of reprisals by staff led to a culture of non-performance management of staff.

6. Training for line managers focussing on the early stages of managing underperformance, especially the construction and delivery of negative feedback on performance.
7. A debriefing of a manager that has been involved in managing an underperforming staff member and identification of further emotional support for the manager.
8. Training to raise awareness that staff that appear to be 'passive' may not have accepted that there is a performance issue and may in fact have rejected the feedback
9. Unsubstantiated claims of bullying against managers should be pursued by the Trust as stated in the Trust Grievance Policy. This would have the effect of improving managers' confidence in the Trust and in its policies and would change claims of bullying from being a low risk response to the PM Policy.
10. Additional resources should be made available to managers that have implemented the PM Policy. This will allow for
  - a) the staff member to become supernumerary during their development or
  - b) backfill for the staff member should they decide to take sickness absence

The additional resources to allow the implementation of these recommendations creates a cost pressure for the Trust which may prove to be a barrier to implementation. However, an increase in staff acceptance of the PM Process and a reduction in the time taken to complete the PM Process may result in a reduction of overall costs. Successful completion of the PM Process may also improve staff retention where staff accept and act upon feedback on their performance. Improving the organisational culture and staff

acceptance of performance issues will reduce the negative emotional costs to managers.

## 8.2 The implementation of recommendations

There has been change throughout all areas of the organisation;

- Each business group within the Trust now has a variety of key performance indicators and objectives that are developed to department and then to team levels. Each tier in the organisation is held accountable to these and their performance is monitored and managed more routinely. This has been driven by requirements for increased accountability in the current financial and business environment and external pressures from for example; the Care Quality Commission, Monitor and Clinical Commissioning Groups, but has been influenced by the findings of this study in terms of how training and support for managers and staff has been developed and implemented.
- Performance standards are now monitored and reported to the next tier on a monthly basis with the tier below held accountable to the tier above. As a result, there is a changing requirement for the day to day monitoring of performance and activity of staff in all areas.
- Line managers are ultimately responsible for the actions of their teams and have been supported with additional training
- The PM Policy has been rewritten to become a two stage policy in line with ACAS (2010) Guidance. This has been implemented across the Trust.

Senior staff in all disciplines are working with staff to change the organisational culture by introducing critical challenge and working towards a position where:

- PM is now a matter of day to day practice should improve staff performance by addressing performance issues quickly and reduce the rejection of negative feedback by staff. This will lead to better acceptance of feedback and reduced resource implications to address performance.
- Managers are aware of the professional consequences of not identifying and managing staff underperformance.

Training for managers on how to manage performance has been implemented and now includes;

- how to construct useful negative feedback
- the issue of how to deliver negative feedback effectively
- dealing with staff members' responses
- recording the discussions
- how to construct a useful management plan
- awareness of the support that is available from other managers, their own line management, HR
- the emotional aspects of managing employee performance are acknowledged and discussed as part of line manager training.

### 8.3 Further Research

This area of work is ripe for further research, as Jones (2010) said; performance management has been implemented in the public sector with little or no evidence or empirical research to support its efficacy or relevance. Areas recommended for further research include;

- A follow up study of managers' experiences of managing performance since the organisational changes have been made including the use of the new, two stage policy.
- Repeated exploration of managers' experiences using the same methodology in different NHS and other public sector organisations to assess whether the findings from this study

are relevant elsewhere. Discussions with managers from other public sector organisations - prison service, teaching, local authority and other NHS organisations suggest that the findings of this study resonate with their experiences.

- Research from the staff member's perspective into the same topic exploring their perception of their motives and experiences.
- Research into feedback quality to inform managers how to undertake negative feedback more effectively.
- An evaluation of the interaction of theories as a predictive tool or algorithm to assess the state of an organisation or team with respect to performance management and the likely response of individuals to the PM Process.

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## **Appendix 1 Managing Employee Performance Policy.**

Directorate of Human Resources and Organisational Development

### **MANAGING EMPLOYEE PERFORMANCE POLICY**

Reference: HRP006

Version: 2.0

This version issued: April 2008

Result of last review: Minor Changes

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Number of pages: 9 (including front sheet)

Author / Contact: Claire Smaller

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust actively seeks to promote equality of opportunity and good race relations.

The Trust seeks to ensure that no employee, service user, or member of the public is unlawfully discriminated against for any reason, including their religion, beliefs, race, colour, gender, marital status, disability, sexual orientation, age, social and economic status or national origin.

These principles will be expected to be upheld by all who act on behalf of the Trust, with respect to all aspects of this document.

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## 1.0 Purpose

1.1 All employees of the Trust have a responsibility to achieve a satisfactory level of performance within the limitations of the post. The duties of the post and general expectations for achieving these should be communicated to the employee on commencement of their duties as part of the induction process, and then reinforced through operation of the Appraisal and Development Review (ADR). Where the required standards and levels of performance have been explained and are not achieved, then the appropriate manager should deal with the matter in accordance with this procedure.

1.2 In accordance with the Employment Relations Act 1999, capability (the legal phrase which covers poor performance) includes skill, aptitude, health or any other physical or mental quality.

Issues which relate to health are covered by the Trust's Policy on the Management of Sickness Absence. Issues which relate to poor behaviour or conduct, that is where employees fall below the appropriate standards because of carelessness, or negligence or lack of their own effort, are covered in the Trust's General Disciplinary Policy.

1.3 This policy specifically relates to the employee's performance of their duties under his/her contract of employment. Lack of capability is not a disciplinary offence and it is therefore not appropriate to deal with capability issues through the Trust's Disciplinary Policy. Where instances arise which include both conduct and capability, the manager with advice from Human Resources will decide upon the most appropriate procedure to follow according to individual circumstances.

1.4 This procedure does not apply to Non-Executive Directors nor does it apply to Professional Competence or Conduct issues for Medical and Dental Staff, who are subject to separate arrangements for matters of Professional Conduct and Competence, it does however cover all other employees of the Trust.

1.5 At any stage, the employee may seek advice from their Trade Union or Professional Organisation.

1.6 Managers should provide a copy of this policy to any employee whose performance is being managed under this procedure, even at the informal stage.

1.7 Employers are responsible for setting realistic and achievable standards and making sure employees understand what is required. Standards should be capable of being measured in terms of quality, quantity, time and cost.

1.8 Job descriptions should correctly convey the main purpose and scope of each job and the tasks involved.

## 2.0 Assessing the Situation

2.1 Each individual employee will participate in some form of regular review of their duties and performance. This will be achieved through the ADR or annual appraisal, and should highlight where improvements in performance are required. However, poor performance relating to capability need to be addressed separately through this procedure as it arises.

2.2 The initial stage in resolving the situation is for the manager to be absolutely clear about the precise nature of the perceived performance problem. It is vital therefore to investigate thoroughly and establish the facts. It is very easy to lapse into rather general descriptions such as referring to an employee who is 'not up to scratch' or 'not fitting in'.

These descriptions do not create a proper or fair baseline against which the individual can achieve or maintain performance standards, or improve future performance, and so they should be avoided.

2.3 To establish a clear definition of the perceived problem, it may be helpful to track the employee's performance over a given period of time, and make brief notes on specific examples where he/she fails to perform to the required level. These instances must be discussed and addressed with the employee at the time they arise, to enable the employee to address them as they occur. At the same time it is helpful to describe carefully what was/is expected of the employee.

2.4 Any notes taken should include the background context to the situation, and any external factors which may have been outside of the employee's control but which affected or are affecting his/her performance. A copy of the notes and actions agreed by both parties should be given to the employee.

### 3.0 Suggestions for Improvement

3.1 Quite often it is sufficient simply to reinforce the standards required, or discuss performance improvements and expectations required with the employee for an improvement to occur. However, it is possible that the manager will need to provide some form of support or instigate other development actions for the employee to achieve the required standards. Requirements for support may vary from working alongside a more experienced employee doing the same job, for example, coaching, mentoring, formal training input, or temporary reallocation of work.

3.2 Providing regular and timely feedback to the employee is especially important. This should cover their perceived performance on general job aspects as well as the specific areas which have been highlighted as requiring improvement. Such feedback should include positive as well as negative aspects of the employee's performance.

### 4.0 Performance Review Stage I

4.1 If there is no improvement following action under Sections 2 and 3, and the manager wishes to proceed to Performance Review Stage 1, the manager should discuss this with Human Resources. It is important to arrange a meeting with the employee as soon as possible. This must be conducted by the appropriate line manager.

Employees may contact their Trade Union representative or a friend or colleague not acting in a legal capacity for advice and support at any stage.

4.2 During the meeting the perceived performance issue should be described to the employee in detail, supported by some specific examples.

4.3 The aim of the meeting should be to determine greater degree of common understanding, where possible, between manager and the employee, regarding both the nature of the problem or difficulty, and the performance level and standards required in the future. This agreed understanding should be confirmed in writing by the manager who conducts the meeting and must set out:

- i) Details of the problem
- ii) An explanation of the standard of performance expected
- iii) The training or development needs identified, how this will be provided, and when
- iv) The period of time allowed for the improvement to take place
- v) The date the situation will be reviewed
- vi) An explanation of the next stages of this procedure.

4.4 The timing of the review meeting will depend on factors such as the nature of the job, and how long it will take for the manager to determine there has been an improvement.

By carrying out the review and monitoring progress, the employee can see that the issue is sufficiently important to warrant this level of attention and support. It is important to continue to give feedback during the intervening period, rather than just wait until the end of the allotted time.

4.5 In many cases the review meeting to follow up from the Stage I meeting will merely be a formality, confirming that the employee has improved his/her performance sufficiently. Where this is the case the meeting will be conducted by the line manager who conducted the original Stage I meeting, who will also confirm the outcome to the employee in writing. It is still vital however, to confirm to the employee that he/she is now performing at a satisfactory level that this is good progress and it will be expected to continue in the future. Where performance has not improved, and the manager intends to proceed to Performance Review Stage II, the employee will be notified and the decision confirmed as under paragraph 5.1.

## 5.0 Performance Review Stage II

5.1 In instances where the employee's performance has not improved to the required level, despite the ongoing provision of feedback/training etc, and there is clear evidence to demonstrate this, following the review meeting held under Section 4, a letter noting that performance has not improved to the required level will be sent to the employee prior to a Stage II review meeting. The letter should also include the fact that the employee may be

represented at this Stage II Review by a staff organisation or trade union representative, or a friend not acting in a legal capacity. The employee should be given sufficient notice of the date, time and venue for the meeting in order to arrange for representation if required.

5.2 It is important that the employee is fully aware of his/her perceived performance issues. Therefore a letter outlining the areas of concern where performance does not appear to have improved, together with supporting documentary evidence, should be sent to the employee at least 7 working days before the Stage II Review meeting. The employee should already be aware of the issues from the Stage I discussions and meetings, and will already be aware of the date of the meeting, as noted in 5.1 above.

5.3 The Human Resources Manager must be present at this meeting, and the individual must be notified of this when writing to them to confirm the Stage II Review meeting. It is appropriate that the line manager is involved during discussions, and if this is the case, it should be notified to the employee when writing to them.

5.4 At the meeting, the employee and/or his/her representative must be given every opportunity to state his/her view of the matter, and explain any relevant circumstances.

If there has been some improvement a further period of time will be agreed, as under Section 4.

5.5 If it is deemed that such a further period would not be beneficial, it may be appropriate at this stage to discuss the possibility of redeployment with the employee. If this is appropriate, the Human Resources Manager will assist the manager in finding the employee alternative work. Alternative work cannot however be guaranteed, as vacancies cannot be created. Where a suitable vacancy does exist, the affected employee will receive prior consideration over external applicants, but appointment will be on the basis of meeting the requirements of the post. A trial period in the new post may be required, dependent upon the particular individual circumstances of the case, as advised by HR.

5.6 Other measures to resolve the situation may also be considered. For example, if the employee has recently been promoted and is unable to perform at the higher level then a return to the previous grade (together with the relevant salary/conditions) should be considered, if available, such actions must be agreed with HR. The employee's right of appeal against downgrading, addressed to the Director of Human Resources, must be explained to the individual. This, together with the reasons for downgrading, must be confirmed in writing to the employee. The right of appeal in instances of capability is the same as that noted under the Trust's Disciplinary Policy.

5.7 At the end of the meeting there should be a common understanding between the manager and the employee regarding the outcome of the meeting and the next steps.

If a further period of time in the current post is given, the employee must be left in no doubt that continued failure to improve his/her performance to the required level may result in dismissal on the grounds of poor performance. The alternatives of redeployment or downgrading (paragraphs 5.5 and 5.6) will remain an option. The outcome of the meeting must be confirmed by the manager in writing to the employee.

5.8 The letter will include:

- i) details of the problems or difficulties and actions in respect of these to date
- ii) confirmation of the performance level and standards required
- iii) details of any further training/development needs identified and how and when this will be provided
- iv) the period of time for the improvement to take place
- v) the date the situation will be reviewed
- vi) alternatives which have been explored to date, and the outcome of these discussions
- vii) that failure to reach the necessary standards will mean moving to the final stage (Stage III) and could result in dismissal on the grounds of poor performance
- viii) The letter must also include a statement to the effect that the employee may continue to be represented at Stage III by a staff organisation or trade union representative or a friend not acting in a legal capacity.

5.9 The review meeting may be merely a formality if the employee has improved his/her performance sufficiently. Where this is the case the meeting will be conducted by the manager who conducted the Stage II meeting, with a Human Resources Manager present.

It is still vital however, to confirm to the employee that he/she is now performing at a satisfactory level that this is good progress and it will be expected to continue in the future. The outcome of the meeting will be confirmed in writing to the employee by the manager who conducts the meeting. Where performance has not improved, and the manager intends to proceed to Performance Review Stage III, the employee will be notified and the decision confirmed as under paragraph 6.1.

#### 6.0 Performance Review Stage III

6.1 In instances where the employee's performance has not improved to the required level, despite the ongoing provision of feedback/training etc, and there is clear evidence to demonstrate this, following the review meeting held under Section 4, a letter noting that performance has not improved to the required level will be sent to the employee prior to a Stage III review meeting. The letter should also include the fact that the employee may be represented at this Stage III Review by a staff organisation or trade union representative, or a friend not acting in a legal capacity. The employee should be given sufficient notice of the date, time and venue for the meeting in order to arrange for representation if required.

6.2 It is important that the employee is fully aware of his/her perceived performance issues.



Therefore a letter outlining the areas of concern where performance does not appear to have improved, together with supporting documentary evidence, should be sent to the employee at least 7 working days before the Stage III Review meeting. The employee should already be aware of the issues from the Stage II discussions and meetings, and will already be aware of the date of the meeting, as noted in 6.1 above

6.3 A Human Resources /Manager must always be present at a Stage III Review meeting, and a note to this effect should be included in the letter to the employee.

6.4 The Stage III Review meeting will be conducted by the appropriate manager with the authority to dismiss, who has not been involved previously in the case (next line manager). The employee must be given every opportunity to state his/her view of matters.

6.5 The manager with the relevant authority will decide on the most appropriate course of action. Depending on the circumstances, the manager may dismiss the employee on the grounds of poor performance, in agreement with Human Resources, with the appropriate contractual notice, paid in lieu.

6.6 The employee's Right of Appeal, addressed to the Director of Human Resources, must be explained to the individual. This, together with the reasons for dismissal, must be confirmed in writing to the employee. The Right of Appeal in instances of poor Performance is the same as under the Trust's General Disciplinary Policy.

6.7 Where it is necessary to dismiss under this procedure, it is vital to ensure that the procedure has been carried out objectively and fairly, taking special care to ensure that no potential issues of discrimination arise. To ensure the Trust complies with these requirements it is essential that:

- i) Records have been kept throughout the process of all discussions with the employee relating to his/her performance and provided to the employee
- ii) The improvements required from the employee are reasonable in terms of the needs of the job and the ability of the employee, and the time allowed for improvement is reasonable and realistic
- iii) Appropriate support has been offered to the employee, for example training, mentoring, coaching, and feedback
- iv) All of the stages in this procedure have been fully exhausted, and alternatives to dismissal or action short of dismissal have been fully considered.

## 7.0 Professional Bodies

Employees who are subject to the standards of performance laid down by professional bodies, for example NMC, GMC, HBC Professions Supplementary to Medicine, etc are advised that the Trust also has a duty to report serious instances of sub-standard performance to the appropriate body. Any employee affected by this will be advised by his/her manager that such a report is being made by the Trust.

## 8.0 Human Resources Department Support

Support and advice, both for managers and staff is available from the Human Resources Department at every stage of this procedure. Advice must be sought from Human Resources before commencing and throughout the procedure.

## 9.0 Area

This Policy is applicable to all employees of Northern Lincolnshire and Goole Hospitals.

## 10.0 Monitoring Compliance and Effectiveness

The Director of HR/OD will be responsible for reviewing the policy on a 3-yearly basis in conjunction with staff side colleagues and other key stakeholders to ensure the policy remains fit for purpose, identify where changes are required in order to comply with any relevant nationally agreed policies and/or legislation and monitor its overall efficacy.

Awareness of the policy will be tested via staff surveys/intranet polls, and appropriate action taken depending on the outcome of such surveys.

Key HR performance indicators will be monitored and reported to the Trust Board, Directorates/Divisions and Staff Side on an agreed basis.

## 11.0 Associated documents

General Disciplinary Policy

## 12.0 References

[www.acas.org.uk](http://www.acas.org.uk)

Agenda for Change Handbook Version 2 2007, Updated October 2007

## 13.0 Definitions

None

## 14.0 Consultation

This Policy has been developed following extensive consultation with key stakeholders including Staff Side and the Trust Management Group.

## 15.0 Dissemination

Via Directorate and Divisional meetings, the Trust's intranet and training and development events including line managers training.

## 16.0 Implementation

The Human Resources Managers will provide appropriate training and advice to aid the successful implementation of this policy.

## Appendix 2

### Initial literature search

Search terms	Emerald / Emerald Management Xtra	Abstracts read and discounted Emerald	Scopus	Abstracts read and discounted Scopus
"Performance Manage*"	76,795 too many articles, search refined		4,927 too many articles, search refined	
"Negative feedback"	11,034 too many articles, search refined		20,357 too many articles, search refined	
"manager* experience*"	4,765 too many articles, search refined		38 of which 0 relevant	3 Staats (2012) Rosengren and Bondas (2010) Katsanis (2006) Foust (2004)
"Performance manage* " AND "Negative feedback"	664 too many articles, search refined		3 of which 2 relevant Ilies et al (2007) Yariv (2006)	1 Adams (2005)
"Performance manage* " AND "Negative feedback" AND "employee"	65 of which 10 relevant Govaerts et al (2013) Raemdonck and Strijbos (2013) Clydesdale (2009) Cunningham (2007) Goodhew et al (2007) Grimshaw et al (2006) Yariv (2006) McConnell (2004) Steelman and Rutkowski (2004) Furnham and Stringfield	8 Pope and Burnes (2013) Tse and Troth (2013) Davis (2012) Adhikari (2010) Brown et al (2010) Fryer et al (2009) Prowse and Prowse (2009) Cox-Edmondson and Munchus (2007)	0	

	(2000)			
"manager* experience*" AND "Performance Manage*"	6 of which 0 relevant	3 Leung et al (2011) Cogin and Fish (2010) Temporal (1990)	0	
"manager* experience*" AND "Negative feedback"	1 of which 0 relevant	1 Thakurta and Suresh (2012)	0	
"Performance Manage*" AND "realis*"	0		0	
"Negative feedback" AND "realis*"	0		0	
"manager* experience*" AND "realis*"	0		0	

### Appendix 3.

#### Summary of initial literature search.

Author	Type of paper	Supported by evidence	Referenced	Topic
Cunningham (2007)	editorial	x	x	
Grimshaw et al (2006)	model	x	√	how to promote accountability in the workplace
McConnell'S (2004)	model	x	x	the performance appraisal/ improvement process and suggests solutions to possible resistance to change
Clydsedale (2009)	Discussion paper	√	√	The teaching of interpersonal relationships to management students

Author	Type of paper	Supported by evidence	Referenced	Comments
Yariv (2006)	Survey	√	√	Acceptable methodology, rigor and relevance. Examined the management of underperformance of teachers in Israel through interviews with school principals
Goodhew, Cammock and Hamilton (2008)	Survey	√	√	Acceptable methodology, rigor and relevance. Looked at consistency of managers' cognitive scripts to investigate consistency of management approach.
Steelman and Rutkowski (2004)	Survey	√	√	Examined the receipt of negative feedback, they used a similar methodology of an estimation of variables using self-reported questionnaires. Possible limited real world applicability
Iles et al (2007)	Survey	√	√	Examined the receipt of negative feedback, of 197 students using self-reported questionnaires. Possible limited real world applicability
Govaerts et al		√	√	well-constructed and well

(2013)				referenced paper, compared feedback on student GP performance between experienced and less experienced GP assessors
Raemdonck and Strijbos (2013)		✓	✓	well-constructed and well referenced paper. Compared employee response to manager feedback at different career stages of 173 administrative staff.
Furnham and Stringfield (2001)		✓	✓	well-constructed and well referenced paper. Compared rating of employee performance by 810 female and male managers within the airline industry in New Zealand

## Appendix 4

### Second literature search

The initial results from the cases led to the following additional searches in The Emerald Management Xtra the Universities' main management database and in Scopus, a broad health and social care database that incorporates management and health policy

Search terms	Emerald / Emerald Management Xtra	Abstracts read and discounted Emerald	Scopus	Abstracts read and discounted Scopus
"Performance Management"	76,795 too many articles, search refined		4,927 too many articles, search refined	
"Performance Appraisal"	10,299 too many articles, search refined		5,860 too many articles, search refined	
"Resistance"	26,540 too many articles, search refined		1,313,601 too many articles, search refined	
"Poor performance"	27,071 too many articles, search refined		14,393 too many articles, search refined	
"Negative feedback"	11,034 too many articles, search refined		20,357 too many articles, search refined	
"manager's experience"	4,765 too many articles, search refined		38 of which 0 relevant	3 Foust (2004) Rosengren and Bondas (2010) Katsanis (2006) Staats (2012)
"Bully*"	1,061 too many articles, search refined		5,808 too many articles, search refined	
"sickness"	2,303 too many articles, search refined		37,704 too many articles, search	

			refined	
"staff retaliation"	287 of which 6 relevant Moore and McAuliffe (2009) Middlemiss (2011) Kisamore et al (2010) Van Eckert et al (2011) Folger and Skarlicki (1999) Appelbaum et al (2005)	11 Sabetzadeh and Tsui (2011) Lewis (2006) Line (2003) Rollinson (2000) Palaiologos (2011) Vigoda-Gadot (2007) Harris and Ogbonna (2013) Pope and Burnes (2013) Hallier and James (1997) Alias et al (2013) Humphreys et al (2013)	1 of which 0 relevant	
"Performance appraisal" AND "resistance"	1,828 too many articles, search refined		29 of which 4 relevant Gupta and Kumar (2013) Baker et al (2012) McConnell (2004) Hornsey et al (2007)	3 Anderson (2006) Bergström, Hasselbladh, Kärreman (2009) Langan-Fox et al (1998) Schaffer (1991)
"Performance Appraisal" AND "resistance" AND "negative feedback"	33 of which 0 relevant	3 Prowse and Prowse (2009) Pemberton et al (2011) McDowall and Fletcher (2004)	0	
"Performance management " AND "Negative feedback"	664 too many articles, search refined		3 Yariv (2006) Ilies et al (2007)	Adams (2005)
"Performance	65 of which 10	8 Pope and	0	



management ” AND “Negative feedback” AND “employee”	relevant Govaerts et al (2013) Raemdonck and Strijbos (2012) Clydesdale (2009) Cunningham (2008) Goodhew et al (2008) Grimshaw et al (2006) Yariv (2006) McConnell (2004) Steelman and Rutkowski (2003) Furnham and Stringfield (2001)	Burnes (2013) Tse and Troth (2013) Davis (2012) Adhikari (2010) Brown et al (2010) Fryer et al (2009) Cox- Edmondson and Munchus (2007) Prowse and Prowse (2009)		
“Poor performance” AND “bully*”	34 of which 2 relevant Cunningham (2008) Yagil (2005)	2 Pech and Slade (2007) Miller (2009)	5 of which 0 relevant	
“Negative feedback” AND “bully*”	160 of which 4 relevant Cunningham (2008) Ayoko (2007) Fleet and Griffin (2006) Yagil (2005)	7 Bryant (2006) Appelbaum and Roy- Girard (2007) Pech and Slade (2007) Ekaterini (2011) Pope and Burnes (2013) O’Connor (1993) Cooper- Thomas and Wright (2013)	5 of which 1 relevant Cunningham (2008)	

"Performance appraisal" AND "sickness"	78 of which 2 relevant Harris et al (2007) Randell (1998)	3 Strauss (2005) Aggerholm et al (2009) Parry et al (2005)	9 of which 0 relevant	2 Ida et al (2009) Khanduja et al (2009)
"Poor performance" AND "sickness"	77 of which 1 relevant Bailey (1988)	2 Collins and Cartwright (2012) Shapira-Lishchinsky and Ishan (2013)	21 of which 0 relevant	
"Negative feedback" AND "sickness"	20 of which 1 relevant Analoui and Kakabadse (1989)	2 Wright et al (2005) Cox-Edmondson and Munchus (2007)	15 of which 0 relevant	
"manager's experience" AND "sickness"	3 of which 1 relevant Bailey (1988)	0	0	0
"manager's experience" AND "bully*"	1 of which 0 relevant	0	0	0
"embitterment"	11 of 1 which relevant van Eckert et al (2011)	0	87 of which 4 relevant van Eckert et al (2011) Dobricki and Maercker (2010) Linden et al (2007) Linden (2008)	0

In this way 29 papers were identified

An additional 31 papers were identified by a process of 'snowballing', these were identified from reference lists of the papers above, or from additional searches as ideas developed again from Emerald Management Xtra and Scopus data bases but also using Google (Wong et al 2013).

Topic	Results
Manager training	Baker et al (2012), Segal (2011), Stirling (2010)
Psychological defence	Whitbourne (2011), Bowins (2004), Cahill and Mc Gaugh (1998)
Retaliation against managers	Plump (2010), Reid (2010), Kline and Sulsky (2008), Albrecht (2005), Lewis (2004)
Higher level knowledge workers	Blackler (1995)
Staff sickness rates	Boorman (2009)
Workplace conflict	Cornett (2009),
Staff acceptance of negative feedback	Wu and Leung (2000), Fedor et al (1989), Podsakoff and Farh (1989), Dobbins (1986), Ilgen et al (1979)
Staff gender and acceptance of negative feedback	Dedovic et al (2009), Franz et al (2009)
Management skills	Soika (2008), Ellinger et al (2007), Champathes (2006), Trinkka (2005), Roberts (2003), Lebas (1995)
Disciplinary action	Cooke (2006)
Avoidance of managing performance	Yariv and Coleman (2005), Duffy (2003)

## Appendix 5.

### Summary of second literature search.

Author	Type of paper	Supported by evidence	Referenced
Jones (2010)	editorial	√	√
Reid (2010)	editorial	x	x
Cunningham (2008)	editorial	x	x
Albrecht (2005)	editorial	x	x
Stirling (2010)	news report	x	√
Cornett (2009)	model		
Kline and Sulsky (2008)	model		
Soika (2008)	model		
Trinka (2005)	model		
McConnell (2004)	model		
Roberts (2003)	model		
Lebas (1995)	model	√	√
Boorman (2009)	national review	√	√
Segal (2011)	Discussion paper	√	√
Middlemiss (2011)	Discussion paper	√	√
Whitbourne (2011)	Discussion paper	√	√
Dobricki and Maercker (2010)	Discussion paper	√	√
Clydesdale (2009)	Discussion paper	√	√
Linden (2008)	Discussion paper	√	√
Fleet and Griffin (2006)	Discussion paper	√	√
Grimshaw et al (2006)	Discussion paper	√	√
Appelbaum et al (2005)	Discussion paper	√	√
De Dreu et al (2004)	Discussion paper	√	√
Folger and Skarlicki (1999)	Discussion paper	√	√
Cahill and McGaugh (1998)	Discussion paper	√	√
Randell (1998)	Discussion paper	√	√
Bailey (1988)	Discussion paper	√	√
Ilgen et al (1979)	Discussion paper	√	√

### Research Papers

Author	Type of paper	Supported by evidence	Referenced	Comments
Gupta and Kumar (2013)	Survey	√	√	Well designed, low response rate
Baker et al (2012)	Survey	√	√	Self-assessment of manager proficiency

Van Eckert et al (2011)	Survey	√	√	Correlation of nurse qualification and embitterment. Higher qualified nurses tended to be in management rather than front line jobs
Kisamore et al (2010)	Survey	√	√	Part time student questionnaires looking at workplace conflict
Moore and McAuliffe (2009)	Survey	√	√	Well constructed
Goodhew et al (2008)	Survey	√	√	Looked at cognitive scripts for consistency of management approach
Ayoko (2007)	Survey	√	√	Self-assessment of communication and workplace conflict
Cook (2006)	interview	√	√	Well constructed
Yariv (2006)	interview	√	√	Israeli high school principals about managing teacher performance
Yariv and Coleman (2005)	interview	√	√	Israeli high school principals about managing teacher performance
Yagil (2005)	Survey	√	√	Attribution of negative behaviour.
Duffy (2003)	interview	√	√	Well constructed.
Wu and Leung (2000)	Survey	√	√	Intentions of negative feedback from managers
Fedor et al (1999)	Survey	√	√	Perceived intentions of feedback and intention to act upon it.

Author	Type of paper	Supported by evidence	Referenced	Comments
Spence and Keeping (2011)	Literature review	√	√	No identification of search strategy or databases searched
Martinez, Pavlov and Bourne (2010)	Literature review	√	√	No identification of search strategy or databases searched
Plump (2010)	Literature review	√	√	No identification of

				search strategy or databases searched
Dedovic et al (2009)	Literature review	√	√	No identification of databases searched
Kline and Sulsky (2009)	Literature review	√	√	No identification of search strategy or databases searched
Waxin and Bateman (2009)	Literature review	√	√	No identification of search strategy or databases searched
Ellinger et al (2008)	Literature review	√	√	No identification of databases searched
Harris et al (2007)	Literature review	√	√	No identification of databases searched
Kidder (2005)	Literature review	√	√	No identification of search strategy or databases searched
Bowins (2004)	Literature review	√	√	No identification of search strategy or databases searched
Fletcher (2001)	Literature review	√	√	No identification of search strategy or databases searched
Blackler (1995)	Literature review	√	√	No identification of search strategy or databases searched

Author	Type of paper	Supported by evidence	Referenced	Comments
Brown et al (2010)	correlational study	✓	✓	Correlation of self-reported variables
Chullen et al (2010)	correlational study	✓	✓	Correlation of self-reported variables
Medlin and Green (2009)	correlational study	✓	✓	Correlation of self-reported variables
Daley (2008)	correlational study	✓	✓	Correlation of self-reported variables

Author	Type of paper	Supported by evidence	Referenced	Comments
Analoui and Kakabadse (1989)	Observational study	✓	✓	Well constructed six year observational study

Govaerts et al (2013)	Experimental research	✓	✓	Well described study using vignettes as the control measure
Raemdonck and Strijbos (2012)	Experimental research	✓	✓	Well described study using vignettes as the control measure
Franz et al (2009)	Experimental research	✓	✓	Well described study using vignettes as the control measure
Hornsey et al (2007)	Experimental research	✓	✓	Well described study using vignettes as the control measure
Ilies et al (2007)	Experimental research	✓	✓	Well described study using vignettes as the control measure
Furnham and Stringfield (2001)	Experimental research	✓	✓	Well described study. Feedback from employees' perspectives
Podsakoff and Farh (1989)	Experimental research	✓	✓	Well described study using

				vignettes as the control measure
Dobbins (1986)	Experimental research	√	√	Well described study using vignettes as the control measure
Ilgen et al (1981)	Experimental research	√	√	Well described study. Feedback from managers' and employees' perspectives



# Sheffield Hallam University

Title of Research Study: An assessment of how intra organisational differences in culture and understanding impact upon line managers' experience of the management of poor performance

## INFORMATION SHEET FOR PARTICIPANTS- Interview

Dear ,

You are invited to take part in a research study to examine the experiences of line managers who have performance managed underperforming staff. This experience will be compared with an analysis of the culture of the organisation and its attitudes to performance management. I would like to interview you to ask you about your experiences of performance managing staff. This research is part of a thesis for a professional doctorate at Sheffield Hallam University. It is also intended to inform the development of future policy with respect to performance management within NLaG

Before you decide whether to take part in the study it is important that you understand what the research is for and what you will be asked to do. Please take time to read the following information and discuss it with others if you wish. It is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep. You will also be asked to sign a consent form. You can change your mind at any time and withdraw from the study without giving a reason.

The purpose of the research study is to examine / explore your experiences of performance managing staff. I would like to ask questions about what the performance management process is like for you, your thoughts, your feelings as well as situations, events, places and people connected with your experience.

You have been chosen because you have experience of performance managing staff and using the managing poor performance policy. The study will involve approximately 6 participants, who will all be interviewed separately. The interview will take up to an hour. If you choose to take part I will organise a location for the interview convenient to you.

The information gained from this research will be used to make recommendations for possible changes to the performance management process and will offer insights into the experiences of line managers. The results of the study may also lead onto further studies into the application of other policies.

Talking about some aspects of your experiences may be upsetting for you, and whilst it is not anticipated that there are any risks of harm to participants in this study, you are free to stop the interview at any time if you do not wish it to continue. If the interview upsets you and you feel you would like some additional help after the interview I will be able to advise you who to contact, for example counseling services

The interview will be recorded using a digital voice recorder and the recording will be transcribed and anonymised. The digital recording and transcription will be stored in a limited access, password protected folder on the Trust's computer mainframe.

Your responses will be treated with full confidentiality and anyone who takes part in the research will be identified only by code numbers or false names, however, if I am provided with information which constitutes gross misconduct, illegality or gross immorality, then I may be obliged to disclose this information to the appropriate authorities. You can request a copy of the interview transcript if you wish. The transcribed interview will be analysed by me and themes identified and summarised. These will be compared with interviews with other participants, to identify common themes and experiences.

I would like to discuss and review the summaries of their own interviews with you, as a check that I have understood their meaning, but also to allow you the opportunity to correct my interpretation or to allow you to withdraw your interview or part of your interview if you have concerns about it.

At the end of the research I will write a report and the results may be published in peer reviewed journals and conference presentations.

No research participant will be identifiable from any publications.

This study has been reviewed and approved by the Research Ethics Committee at Northern Lincolnshire and Goole Hospitals NHS Foundation Trust and by the Research Ethics Committee at Sheffield Hallam University.

You are free to withdraw your consent and your interview from the study at any time.

If you have any complaints or concerns that you wish to raise about this research or about the researcher, please contact Stella Jones Devitt, Director of Studies, Sheffield Hallam University, or Debrah Bates, Research Ethics Coordinator, NLaG.

Please do not hesitate to contact me if you need further information

Thanking you in anticipation,

Yours sincerely,

David Broomhead, Head of Physiotherapy, Diana Princess of Wales Hospital, Grimsby.

Other Contact details;

Stella Jones Devitt, Director of Studies, Centre for Leadership in Health and Social Care, Sheffield Hallam University

Collegiate Crescent Campus, Sheffield, S10 2BP

Debrah Bates, Research Ethics Coordinator, Northern Lincolnshire and Goole Hospitals NHS Foundation Trust, Cliff Gardens, Scunthorpe DN15 7BH

# Sheffield Hallam University

**Centre Number:**

**Study Number:**

**Patient Identification Number for this trial:**

**Full title of Project:** An assessment of how intra organisational differences in culture and understanding impact upon line managers' experience of the management of poor performance

		Please Initial Box	Date
1	I confirm that I have read and understand the information sheet for the above study		
2	I have had the opportunity to ask questions.		
3	I have received satisfactory answers to all of my questions		
4	I have received enough information about the study		
5	I understand that my participation is voluntary and that I  am free to withdraw at any time, without giving reason.		
6	I agree to take part in the above study.		
7	I agree to the interview / focus group / consultation being audio recorded		
8	I understand that any information I provide, including personal details, will be kept confidential, stored securely and only accessed by those carrying out the study.		
9	I understand that any information I give may be included in published documents but all information will be anonymised.		

Name of Participant

Date

Signature

David Broomhead, Head of Physiotherapy, Diana Princess of Wales Hospital, Grimsby.

Other Contact details;

Stella Jones Devitt, Director of Studies, Centre for Leadership in Health and Social Care,  
Sheffield Hallam University, Collegiate Crescent Campus, Sheffield, S10 2BP

Debrah Bates, Research Ethics Coordinator, Northern Lincolnshire and Goole Hospitals  
NHS Foundation Trust, Cliff Gardens, Scunthorpe DN15 7BH

## **Appendix 7**

### Interview Topic Guide

Introduce self and project

Consent form – review procedures, confidentiality, voluntary,

Are they happy to participate?

Appreciation for participation

Free to withdraw at any time

Would like to invite them to review the write up and interpretation in order to confirm the validity of the work

Introduction

There are three main parts to this interview.

I want to discuss your experiences of Performance management and how your experiences have affected you, positive, negative and emotional aspects

Demographics/ prior experience

So to start off can you tell me a little bit about yourself, just to introduce yourself and who you are and that type of thing?

How long have you been managing staff and in what kind of capacities?

What is your experience of managing staff?

Have you had times when you've had to be involved in performance management of staff?

Positive experience of Performance Management

Can you tell me about when you've been involved in performance management where it's gone well? Formal or informal

What were the issues?

Do you feel that the performance management policy helped you?

Did you go to human resources for support?

What was the support like?

Did you get support from anywhere else?

Had anyone previously had performance issues with the staff member?

Had they previously tried to tackle the issues?

What had the outcome been?

Were any other policies involved?

Is there anything that you learned from it that will be useful for you in the future for performance managing other people?

What was that initial meeting with the staff member like?

How do you manage the performance of your staff? What measures/ outcomes are in place?

#### Negative experience of Performance Management

Have you ever had any experience of performance management of staff that has been less positive? What happened?

What were the issues?

Do you feel that the performance management policy helped you?

Did you go to human resources for support?

What was the support like?

Had anyone previously had performance issues with the staff member?

Had they previously tried to tackle the issues?

What had the outcome been?

Is there anything that you learned from it that will be useful for you in the future for performance managing other people?

What was that initial meeting with the staff member like?

#### Emotional Effect

And how did managing the staff member affect you emotionally?

Can you remember what it was like beforehand or during?

How supported did you feel through this?

Were any other policies involved?

Did it affect you at home? Did it affect you outside of work?

And how did it affect you?

(if negative) Did it impact on your personal life? How

#### Training

How well trained did you feel to deal with performance management, or do you feel that you had training about dealing with it?

How helpful was the training?

Had anyone advised you as to how the process might proceed?

(if negative) Had anyone suggested that the process might not go smoothly?

#### Timescales

How long did the performance management process take?

Is there any difference in the time involved if you compare your positive and negative experiences?

#### Time

How much time was involved?

Did you get any additional resource?

#### Advice to others

If you were to compare the two where one seems to have gone really well, and the other seems to have gone less well, what would you offer to a new manager in terms of advice of where they might seek support about how to proceed?

Is there anything that needs to be changed about how line managers or service managers are trained and developed?

(if raised) Why do you think it is that managers or line managers don't tackle issues of performance?

**Appendix 8. Section of transcript from subject 5.**

**Script in bold is the researcher.**

**So when you're saying that there were things that needed doing, what sort of?**

What in terms of the individual?

**Yeah, of what she wasn't doing.**

She wasn't attending training. She wasn't particularly supportive of training, and obviously that's a message that she needed to pass onto her staff as well. She was quite old fashioned, and she'd dipped in and out of seconded roles for certain levels, to which I'd got the impression that she liked just sitting in office and appearing to be important and not wearing uniform and then strutting around not in uniform carrying paperwork etc., but never really delivering on anything. And that dated back to before I was in post, but it was just something that I observed and it took me a while to get the confidence and to get the knowledge before I faced it. She wasn't particularly good at people management herself. I think she evaded some of the issues that needed to be addressed and got embroiled in the culture as well. She was one of these managers that wanted to be everybody's friend as well – which I'm not saying that you can't be, but for some people it blurs the boundaries.

**It's a fine line though isn't it?**

It makes it more difficult for them. So I think she was one and she's not the only one that I've had experience of who had been promoted out of her ability and then obviously, and again that's something I've learnt don't promote people out of their ability, because you end up either putting them back down for their own good or they end up dropping huge clangers and you end up cleaning up after them anyway. It's not fair to the individual, it's not fair to the organisation, but yeah, her ward had got in a real mess. It was dirty, staff weren't trained, staff had got attitudes. She'd got these practices going on on the ward that flew in the face of all the guidelines, which she'd supposed to have developed as well and there were some real risk issues.

She'd got these intermittent periods of sickness, which culminated in a sickness absence, you know. And every time, and I think if my memory serves me right



she'd got a history of if anybody would try to manage her in the past she always went off sick. And this is something that I'd become aware of as we were putting a little bit more pressure on or raising our expectations of her in her role and she would go off. And we went on the ward me and the matron and we had to stop certain things immediately. She was on leave at the time, we had to change a couple of practices immediately because it was putting babies at risk of infection. When she came back she took great exception to this, and we'd got a plan in place, when she came back off holiday to start performance managing her.

As soon as we did I think we met informally to talk about her performance, about some of the issues that we'd found, and immediately she went off sick with stress and then hit both me and the matron with a bullying and harassment claim. That frightened me initially, because I don't, whilst I am renowned for my managerial approach being I play everything with a straight bat and people know that I have high expectations of them and where there's policies I expect them to be followed etc., it did frighten me because I didn't think that I was bullying at the time.

### **How did it affect you personally?**

I would think that I was probably under as much pressure as the individual, under as much stress.

### **Affect your home life?**

My home life at the time wasn't particularly good anyway. It was at the time that me and my first husband started splitting up. So I'd got no support at home. I also, throughout my entire life my dad's had a very controlling influence on me and would always, if we were sat here now discussing anything he would always blame me for whatever. So it would always be my fault, and my first husband was similar, and it's not until you get older in life that you realise not to put yourself in that position where people do drag you down totally, but he did. And he was very good at doing what he was doing. He was a senior police officer at the time and he was trained in no end of techniques.

So I was getting it from home, I was getting it from work and it did affect my health, and my GP wanted to sign me off on stress straightaway, but I saw that

as a weakness. And my dad would definitely have seen that as a weakness, you know. So I didn't feel that I'd got any support from my manager at the time. She herself had been cited for bullying in the CQC, no community, CHC.

**Initial Analysis of the transcript. Bracketed text is the researcher's coding. The transcript has been sectioned into topic areas.**

**Context**

She wasn't attending training. She wasn't particularly supportive of training, and obviously that's a message that she needed to pass onto her staff as well. She was quite old fashioned, and she'd dipped in and out of seconded roles for certain levels, to which I'd got the impression that she liked just sitting in office and appearing to be important and not wearing uniform and then strutting around not in uniform carrying paperwork etc., but never really delivering on anything. (failure to manage own performance)

And that dated back to before I was in post, but it was just something that I observed and it took me a while to get the confidence and to get the knowledge before I faced it. (failure to manage others)

She wasn't particularly good at people management herself. I think she evaded some of the issues that needed to be addressed and got embroiled in the culture as well. She was one of these managers that wanted to be everybody's friend as well – which I'm not saying that you can't be, but for some people it blurs the boundaries. (failure to manage others) (relationships over management)

So I think she was one and she's not the only one that I've had experience of who had been promoted out of her ability and then obviously, and again that's something I've learnt don't promote people out of their ability, because you end up either putting them back down for their own good or they end up dropping huge clangers and you end up cleaning up after them anyway. (organisational culture)

It's not fair to the individual, it's not fair to the organisation, but yeah, her ward had got in a real mess. (organisational culture) (failure to manage others)

It was dirty, staff weren't trained, staff had got attitudes. She'd got these practices going on on the ward that flew in the face of all the guidelines, which she'd supposed to have developed as well and there were some real risk issues. (failure to manage others)

She'd got these intermittent periods of sickness, which culminated in a sickness absence, you know. (sickness absence)

And every time, and I think if my memory serves me right she'd got a history of if anybody would try to manage her in the past she always went off sick. (learned behaviour)

And this is something that I'd become aware of as we were putting a little bit more pressure on or raising our expectations of her in her role and she would go off. (fear of PM)

And we went on the ward me and the matron and we had to stop certain things immediately. She was on leave at the time, we had to change a couple of practices immediately because it was putting babies at risk of infection. When she came back she took great exception to this, and we'd got a plan in place, when she came back off holiday to start performance managing her.

As soon as we did I think we met informally to talk about her performance, about some of the issues that we'd found, and immediately she went off sick with stress and then hit both me and the matron with a bullying and harassment claim. (staff response to PM) That frightened me initially, because I don't, whilst I am renowned for my managerial approach being I play everything with a straight bat and people know that I have high expectations of them and where there's policies I expect them to be followed etc., it did frighten me because I didn't think that I was bullying at the time. (emotion fear)

#### **Were there clearly articulated expectations of performance?**

As soon as we did I think we met informally to talk about her performance, about some of the issues that we'd found, and immediately she went off sick with stress and then hit both me and the matron with a bullying and harassment claim. (staff response to PM) That frightened me initially, because I don't, whilst I am renowned for my managerial approach being I play everything with a straight bat and people know that I have high expectations of them and where there's policies I expect them to be followed etc., it did frighten me because I didn't think that I was bullying at the time. (emotion fear)

#### **Staff Behaviour**

every time, and I think if my memory serves me right she'd got a history of if anybody would try to manage her in the past she always went off sick. (learned behaviour)

And this is something that I'd become aware of as we were putting a little bit more pressure on or raising our expectations of her in her role and she would go off. (fear of PM)

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### **Emotion**

immediately she went off sick with stress and then hit both me and the matron with a bullying and harassment claim. (staff response to PM) That frightened me initially, because I don't, whilst I am renowned for my managerial approach being I play everything with a straight bat and people know that I have high expectations of them and where there's policies I expect them to be followed etc., it did frighten me because I didn't think that I was bullying at the time. (emotion fear)

I would think that I was probably under as much pressure as the individual, under as much stress (emotion stress)

My home life at the time wasn't particularly good anyway. It was at the time that me and my first husband started splitting up. So I'd got no support at home. I also, throughout my entire life my dad's had a very controlling influence on me and would always, if we were sat here now discussing anything he would always blame me for whatever. So it would always be my fault, and my first husband was similar, and it's not until you get older in life that you realise not to put yourself in that position where people do drag you down totally, but he did. And he was very good at doing what he was doing. He was a senior police officer at the time and he was trained in no end of techniques. (lack of support at home)

So I was getting it from home, I was getting it from work and it did affect my health, and my GP wanted to sign me off on stress straightaway, but I saw that as a weakness.(emotional response ill health)

And my dad would definitely have seen that as a weakness, you know. So I didn't feel that I'd got any support from my manager at the time. She herself had been cited for bullying in the CQC, no community, CHC. (lack of support at home)

### **Learned Behaviour**

every time, and I think if my memory serves me right she'd got a history of if anybody would try to manage her in the past she always went off sick. And this is something that I'd become aware of as we were putting a little bit more pressure on or raising our expectations of her in her role and she would go off. (learned behaviour)

As soon as we did I think we met informally to talk about her performance, about some of the issues that we'd found, and immediately she went off sick with stress and then hit both me and the matron with a bullying and harassment claim. (learned behaviour)

That frightened me initially, because I don't, whilst I am renowned for my managerial approach being I play everything with a straight bat and people know that I have high expectations of them and where there's policies I expect them to be followed etc., it did frighten me because I didn't think that I was bullying at the time. (learned behaviour- intention to frighten the manager)

### **Training and support for managers**

My home life at the time wasn't particularly good anyway. It was at the time that me and my first husband started splitting up. So I'd got no support at home. I also, throughout my entire life my dad's had a very controlling influence on me and would always, if we were sat here now discussing anything he would always blame me for whatever. So it would always be my fault, and my first husband was similar, and it's not until you get older in life that you realise not to put yourself in that position where people do drag you down totally, but he did. And he was very good at doing what he was doing. He was a senior police officer at the time and he was trained in no end of techniques. (lack of support at home) (additional stress to home life)

So I was getting it from home, I was getting it from work and it did affect my health, and my GP wanted to sign me off on stress straightaway, but I saw that as a weakness. And my dad would definitely have seen that as a weakness, you know. So I didn't feel that I'd got any support from my manager at the time. She herself had been cited for bullying in the CQC, no community, CHC. (lack of support at home)

### **Avoidance by Managers**

I think she evaded some of the issues that needed to be addressed and got embroiled in the culture as well. She was one of these managers that wanted to be everybody's friend as well – which I'm not saying that you can't be, but for some people it blurs the boundaries. (failure to manage others) (relationships over management)

### **Staff member Acknowledgement of problem**

As soon as we did I think we met informally to talk about her performance, about some of the issues that we'd found, and immediately she went off sick with stress and then hit both me and the matron with a bullying and harassment claim. (rejection of feedback on performance- learned behaviour)

That frightened me initially, because I don't, whilst I am renowned for my managerial approach being I play everything with a straight bat and people know that I have high expectations of them and where there's policies I expect them to be followed etc., it did frighten me because I didn't think that I was bullying at the time. (learned behaviour- intention to frighten the manager)

### **Culture**

So I think she was one and she's not the only one that I've had experience of who had been promoted out of her ability and then obviously, and again that's something I've learnt don't promote people out of their ability, because you end up either putting them back down for their own good or they end up dropping huge clangers and you end up cleaning up after them anyway. It's not fair to the individual, it's not fair to the organisation, but yeah, her ward had got in a real mess. (internal promotion, perpetuation of culture)

## Summary

The case was summarised along with the relevant text

### Context

Managers first case took place after 18 months in post. The case was identified by a matron, who was newly into post. The case should have been managed by the staff member's immediate line manager, a matron, however, as the matron was new to the job, it was managed by the manager. This could have created problems if the case needed to be escalated to a higher level, as is often required following the policy, as it would have been taken to director level which is unusual.

The staff member was a ward manager. The issues that were identified were, lack of training of herself and her staff, and a lack of management ability, the staff member failed to manage her ward, *'She was one of these managers that wanted to be everybody's friend'*, and ward practice was out of date and presented risks to patients, *'staff weren't trained, staff had got attitudes. She'd got these practices going on on the ward that flew in the face of all the guidelines, which she'd supposed to have developed as well and there were some real risk issues.'*

The staff member also had multiple extended periods of sickness absence that were unmanaged.

She wasn't attending training. She wasn't particularly supportive of training, and obviously that's a message that she needed to pass onto her staff as well. She was quite old fashioned, and she'd dipped in and out of seconded roles for certain levels, to which I'd got the impression that she liked just sitting in office and appearing to be important and not wearing uniform and then strutting around not in uniform carrying paperwork etc., but never really delivering on anything. And that dated back to before I was in post, but it was just something that I observed and it took me a while to get the confidence and to get the knowledge before I faced it. She wasn't particularly good at people management herself. I think she evaded some of the issues that needed to be addressed and got embroiled in the culture as well. She was one of these managers that wanted to be everybody's friend as well – which I'm not saying that you can't be, but for some people it blurs the boundaries.

So I think she was one and she's not the only one that I've had experience of who had been promoted out of her ability .

It's not fair to the individual, it's not fair to the organisation, but yeah, her ward had got in a real mess. It was dirty, staff weren't trained, staff had got attitudes. She'd got these practices going on on the ward that flew in the face

of all the guidelines, which she'd supposed to have developed as well and there were some real risk issues.

She'd got these intermittent periods of sickness, which culminated in a sickness absence, you know. And every time, ... she'd got a history of if anybody would try to manage her in the past she always went off sick.

And we went on the ward me and the matron and we had to stop certain things immediately. She was on leave at the time, we had to change a couple of practices immediately because it was putting babies at risk of infection. When she came back she took great exception to this, and we'd got a plan in place, when she came back off holiday to start performance managing her.

### **Outcome**

In this Case the staff member took sick leave in response to the poor performance and left the trust whilst on sick leave.

### **Were there clearly articulated expectations of performance?**

there was an informal meeting to discuss the performance issues with the intention of supporting the staff member through the process..

As soon as we did I think we met informally to talk about her performance, about some of the issues that we'd found, and immediately she went off sick with stress and then hit both me and the matron with a bullying and harassment claim.

I am renowned for my managerial approach being I play everything with a straight bat and people know that I have high expectations of them and where there's policies I expect them to be followed etc.

### **Staff Behaviour**

The staff member had a history of *'if anybody would try to manage her in the past she always went off sick.'*

Case 13 took sickness absence and took out a grievance claiming bullying and harassment against the manager and her immediate line manager.

every time, and I think if my memory serves me right she'd got a history of if anybody would try to manage her in the past she always went off sick. And this is something that I'd become aware of as we were putting a little bit more pressure on or raising our expectations of her in her role and she would go off.

As soon as we did I think we met informally to talk about her performance, about some of the issues that we'd found, and immediately she went off sick with stress and then hit both me and the matron with a bullying and harassment



claim. That frightened me initially, because I don't, whilst I am renowned for my managerial approach being I play everything with a straight bat and people know that I have high expectations of them and where there's policies I expect them to be followed etc., it did frighten me because I didn't think that I was bullying at the time.

### **Emotion**

In this case the manager refers to being frightened by claims of bullying initially and felt that this put her under a great deal of stress. The manager's GP felt that the stress had an adverse effect on her health and was prepared to sign the manager off from work because of the stress.

immediately she went off sick with stress and then hit both me and the matron with a bullying and harassment claim. That frightened me initially, because I don't, whilst I am renowned for my managerial approach being I play everything with a straight bat and people know that I have high expectations of them and where there's policies I expect them to be followed etc., it did frighten me because I didn't think that I was bullying at the time. (fear)

I would think that I was probably under as much pressure as the individual, under as much stress (Stress)

My home life at the time wasn't particularly good anyway. It was at the time that me and my first husband started splitting up. So I'd got no support at home. I also, throughout my entire life my dad's had a very controlling influence on me and would always, if we were sat here now discussing anything he would always blame me for whatever. So it would always be my fault, and my first husband was similar, and it's not until you get older in life that you realise not to put yourself in that position where people do drag you down totally, but he did. And he was very good at doing what he was doing. He was a senior police officer at the time and he was trained in no end of techniques.(Support at home)

So I was getting it from home, I was getting it from work and it did affect my health, and my GP wanted to sign me off on stress straightaway, but I saw that as a weakness. And my dad would definitely have seen that as a weakness, you know. So I didn't feel that I'd got any support from my manager at the time. She herself had been cited for bullying in the CQC, no community, CHC. .(Support at home)

### **Learned Behaviour**

In this Case, previous attempt to manage performance had been met with sickness absence.

every time, and I think if my memory serves me right she'd got a history of if anybody would try to manage her in the past she always went off sick. And this is something that I'd become aware of as we were putting a little bit more pressure on or raising our expectations of her in her role and she would go off.

As soon as we did I think we met informally to talk about her performance, about some of the issues that we'd found, and immediately she went off sick with stress and then hit both me and the matron with a bullying and harassment claim. That frightened me initially, because I don't, whilst I am renowned for my managerial approach being I play everything with a straight bat and people know that I have high expectations of them and where there's policies I expect them to be followed etc., it did frighten me because I didn't think that I was bullying at the time.

### **Time scales**

over 6 months

### **Training and support for managers**

My home life at the time wasn't particularly good anyway. So I'd got no support at home.

and it did affect my health, and my GP wanted to sign me off on stress straightaway, but I saw that as a weakness. So I didn't feel that I'd got any support from my manager at the time. She herself had been cited for bullying in the CQC, no community, CHC

### **Avoidance by Managers**

I think she evaded some of the issues that needed to be addressed and got embroiled in the culture as well. She was one of these managers that wanted to be everybody's friend as well – which I'm not saying that you can't be, but for some people it blurs the boundaries.

### **Staff member Acknowledgement of problem**

The staff member in this case did not acknowledge that there was a performance issue. The process never actually got any further than that initial informal stage and the manager felt that the accusation of bullying 'was

*a direct reaction to us identifying issues and telling her we was going to performance manage her.'*

As soon as we did I think we met informally to talk about her performance, about some of the issues that we'd found, and immediately she went off sick with stress and then hit both me and the matron with a bullying and harassment claim. That frightened me initially, because I don't, whilst I am renowned for my managerial approach being I play everything with a straight bat and people know that I have high expectations of them and where there's policies I expect them to be followed etc., it did frighten me because I didn't think that I was bullying at the time.

### **Culture**

The subject was critical of organisational culture, the unionisation the organisation where staff tried to treat the management

So I think she was one and she's not the only one that I've had experience of who had been promoted out of her ability and then obviously, and again that's something I've learnt don't promote people out of their ability, because you end up either putting them back down for their own good or they end up dropping huge clangers and you end up cleaning up after them anyway. It's not fair to the individual, it's not fair to the organisation, but yeah, her ward had got in a real mess.

The results were then combined with those of other subjects. A section on the emotional impact is contained below

### **Emotional impact on the manager**

All of the managers discussed the emotional impact of managing performance on them during their interviews. The impact that it had on them depended upon the outcome of the process, on the staff member's acceptance that there were performance issues and the staff member's response to the performance issues.

Managers were better able to recall events that had a negative emotional impact on them. When the poor performance process had successful outcomes, there was little description, when they did, they described it positively, they were, *'pleased with the outcome'*, and were more likely to work to support staff in their development in the future. Much of the description was in relation to the staff member and being pleased for them and what they had achieved, or been inspired to go on to achieve *'I found out last year she was going for the nurse practitioner role I was over the moon for her, because I thought that's fabulous'*

There was much more extensive description when the managers described negative experiences of the poor performance process, these descriptions were all in relation to those experiences that had negative outcomes.

In the normal course of events, those that result in mildly positive emotions are better recalled over time than those that are associated with mildly negative events.

In traumatic events however, those associated with negative emotions are better recalled. The more profound the emotional impact of the event has on the individual, the more attention is directed to it and the stronger the memory of it that is created as a result.

Field reporting- reported as done to self, happens when the observation is consistent with the subjects ideas about themselves

Observer reporting- reported as if observed happens when the observation is not consistent with the subject's ideas about themselves. Observer perspective creates distance and an emotional buffer.

It seems that implementing the poor performance policy even at an informal level is as much about managing emotion as it is about being a managerial decision. *'I think it takes a lot of work. You've got to go through these difficult conversations haven't you?'*

It was referred to as one of the reasons why managers fail to manage staff performance, *'I suppose the thing with performance, you either grasp it don't you and you know it's going to take a lot of energy or you do the easy thing and you bury your head and don't deal with it.'* (see why managers fail to manage poor performance). Managers reported, *'dreading it'* and a fear of repercussions against them by the staff members, *'I was scared that he would perhaps try and get me, I don't know, in trouble. I just felt very uncomfortable with the whole situation.'*

In some cases managers had previous working and social relationships with the staff members these relationships created their own problems of acceptance and staff taking matters seriously and influence the poor performance process, *'I think she felt she could manipulate me because she knew me'* or perhaps have be able to influence the manager themselves, *'she knew what buttons to press.'* Managing staff that they were friends with could lead to a breakdown of that friendship and fear of this prevented action, or was one of the obstacles to be overcome by managers, *'personally I can cut off, I'm work is work and play is play.'* Close relationships with staff members that they manage is another of the reasons given by managers why other managers avoid managing poor performance (see why managers fail to manage poor performance).

## **Time pressures**

The emotional impact was discussed in relation to time and the additional pressure of supporting and developing a member of staff whilst still having to maintain a normal workload with no additional resources.

Another consideration for the manager was absorbing the work created by the poor performance process (see time) this created additional work stresses for managers and the teams that the staff members worked in, no additional capacity was given to them to allow the underperforming staff member to develop, *'It became very, very stressful, just because of the amount of time really, and I felt I gave him so much time it was unsustainable really, and very difficult on all the other aspects of the caseload.'*

Managers refer to the option of delaying the poor performance process, *'it is time consuming..., I could quite easily just leave that but it impacts on my work as in performance so I need to tackle it,'* to avoid the additional work stress and work related to the poor performance process being done outside of the working day, *'Time initially was a big impact because I spent so much time writing things at home just so that I wouldn't forget it'*

## **Empathy with the staff member**

Managers who expressed more empathy for the staff member who was being performance managed felt personal responsibility for inflicting the poor performance process on the staff member. *'I would see her on reception I would have to force myself to say, 'hello.' and it was because I felt guilty. What all that's about, I don't know, I just felt, oh no, poor, you know, I felt guilty.'*

They worried about the impact of the poor performance management on the staff member's life, *'I'd be thinking god, if she goes and does something or, it's that emotional side, that you are actually affecting somebody's life, you know, emotionally, financially, professionally'*. They viewed the process as something that was done to the staff member rather than this was action taken as a result of the staff member's poor performance. When the outcome was unsuccessful, they felt a personal responsibility and questioned their

own actions, *'making a decision on somebody's profession and life, then I was thinking god if I've got, what happens if I've got it wrong?'* Managers were unsure of their actions and the outcomes, which may be linked to their lack of training in managing poor performance, and looked for reassurances from their peers and more senior staff, *'I just went in and I know I did put my head in my hands and said, oh my God is it me, but I very clearly said to my line manager and also J at the other side, if you feel I'm being too harsh then you must tell me or if I, but because you're you, you don't know do you, but for me everything has to be right.'*

When staff failed to demonstrate improvements in their performance, or did not participate in the support that was offered, the managers felt a responsibility to find a way to demonstrate improvement, *'If there was any room in there where I could have brought her on I would have done that, most definitely, but there was nothing left, there was absolutely nothing left,'*

### **Frustration at non acceptance**

The staff member's response to the identification of poor performance was variable as previously discussed and the varied responses by the staff member had different impacts upon the managers. These varied from non-acceptance of the issues in isolation, but increased when there were also allegations of bullying against the manager and staff members taking sickness absence

Managers' most common response to non- acceptance of the poor performance issues was frustration, when staff members had mentally removed themselves from the situation (Kluger and De Nisi 1996). The managers persevered with trying to gain an agreement from the staff member that there was a performance issue without success.

*'the frustration came in with this last individual, I just couldn't get her to understand. I just couldn't get that cog to go in there, I just couldn't get it and I tried and tried and tried,'*

Even in the face of seemingly overwhelming evidence and other staff also pointing out the staff members performance issues with well documented,

audited evidence to illustrate the issues, *'And then I think, 'Well how can they not see that?''*

Managers tried articulating the issues in simple terms, but still did not gain the acknowledgement of staff, *'I had to talk very, very bluntly with her and it just didn't seem to register at all.'*

The managers were frustrated by the non-acceptance had no understanding of it and did not know how to manage it, *'It was like either that she wasn't bothered, she didn't appreciate the seriousness or it just didn't register, it was really, really hard.'*

The poor performance process proceeded never the less. Staff were offered support and training that they then did not implement and did not show any change in their actions or improvement, *'it was very difficult because the inconsistencies were still the same, so no matter what you said, he didn't actually put it into action.'*

### **Not prepared for the role of performance manager**

Clinical managers contrasted the difference between caring roles that they were trained in in which they are expected to be caring and compassionate and impartiality of management roles that they were not trained in. They did not know how to respond to situations that were distressing for the staff member, *'I can remember her sitting in front of me with her union rep and she started crying and I just thought, 'Oh my god, what am I supposed to do, do I just sit here?''*

They also felt unprepared for the responsibilities of decision making about another member of staff's future when on one hand they were aware of the staff members poor performance but at the same time they had responsibility for the implementation of the consequences, *'I knew in my head that she shouldn't be practicing, but then I thought, 'Oh my god, I've suddenly like got this power or control over somebody.' And I found it quite awesome really, and it did worry me for several weeks, and still does now,'*

In order to cope with the emotional aspects of the outcomes, managers tried to rationalise and justify the need for the poor performance process to



themselves, some applied the family test, or the Grandma test to the situation, *'just focus on the fact that you're performance managing this person because she's not performing to NMC requirements, her code, and that she's actually not caring for the patients. Would you want her to look after your mum?'*

Others also referred to a responsibility to be a guardian of the public purse, to spend public money wisely, *'If you can honestly hold your hands up and say that you're doing this for the right intention, for the right reasons, then, you know, I'm not frightened anymore, and I think that's the difference. But if you start something then I think you've got to follow it through, otherwise you do look like you're doing it for wrong reasons. And none of those cases were for personal reasons, none of them were bullying, it was just for the pursuit of proper standards, proper expectations of people, and this is public purse.'*

### **Accusations of bullying**

When implementing the poor performance policy, managers were frightened of personal repercussions against them, especially when staff members had a history of claims of bullying against other managers

*'I was really aware that he was quite capable of making these allegations and I was scared that he would say things about me. I was scared that he would perhaps try and get me, I don't know, in trouble'*

This fear is one cited by the managers as a reason why other managers do not implement the poor performance policy. In all of the cases where managers had accusations of bullying against them were found to have no basis.

The impact of accusations of bullying was marked, managers found it to be distressing and it had an impact on their work and home lives. In all cases, the managers felt that they had good evidence of poor performance and were approaching the management of the process in a supportive manner. They did not know how the bullying process would proceed and felt a loss of control, *'I was frightened, I thought I was going to lose my job, through as I could see it I wanted to try and make things better.'*

The accusations of bullying were quick in response to the poor performance. In some cases, the managers did not have time to inform the staff member what the performance issues were, or what support was to be offered, *'I had to go and see my manager straightaway within a matter of hours and got cited with bullying.'*

When managers had already spent time informally supporting and training staff members prior to the poor performance policy being initiated, the managers felt that relations with the staff members were good. They were upset because from their perspective, relationships were good and they were working together for the benefit of the staff member, *'he was putting in a claim of bullying and harassment against me that I was quite floored by really. Because the amount of time I'd actually spent with him and at the end of the day with poor performance, it has to be seen as a positive thing, you're actually trying to help somebody.'*

On one occasion the manager reported that the claim of bullying came six months after the last contact with the staff member when another line manager raised performance issues, *'I still was floored by it, by the accusation, because there hadn't been a cross word and we tried to put things in place, I'd written the competencies specifically you know, got everything written down very clearly and he waited until the April afterwards to bring it up and never once brought it up during the rotation.'*

When the staff member was absent from work on sick leave, there is a policy of not contacting staff. This resulted in delays in proceeding with claims of bullying. The managers were left not knowing what the instances of bullying related to, so were unable to prepare any defence, *'immediately, she went off sick with stress and then hit both me and the matron with a bullying and harassment claim.'*

Managers felt loss of control when accused of bullying. They did not know what the accusations were for long time periods, *'she wouldn't commit anything to paper. It went on for months and months and months until the regional steward said either put your claims on paper or we'll cite you as a grievance, because you left me dangling.'*

One manager reported that even after the bullying claim had been investigated and there had been a hearing, she was never told what the accusations against her were, this had an adverse effect on her work and home life, *'I think it's difficult to know how you get over something like that really. Especially if it had been something specific and you know, still to this day they won't clear, it was just under the umbrella allegations of bullying and harassment and really if I went to court for something, surely I would be told what I'm actually going to court for and it would be very clear that this incident occurred'*

*'I did feel very bitter I suppose, very hard done by because I didn't understand the process, didn't understand the accusation, and certainly it has a significant effect on personal life outside of home because all you think about is what you're going through at work so you can't actually focus on any of that stuff.'*

Clinical managers were anxious about having to work closely with the staff members who had previously accused other managers of bullying to give them the support whilst themselves being frightened of retaliation *'It was very intense having to work with somebody, you know, one on one in that situation.'*

*'I had to follow him and watch him very closely, so it increased the workload on me and it increased stress on me.'*

Two managers referred to physical intimidation by the staff member and being frightened, especially when staff members had lost their tempers and had been physically aggressive, one tried to mitigate against this by being accompanied by a third member of staff when with the staff member, *'I mean he'd lost his temper at one point and he's a guy who was like six foot-odd, quite tall and when he lost his temper and it was quite intimidating and I did feel quite intimidated at times, although I knew, you know, I wasn't scared intimidated but he could be quite intimidating. I did request that I didn't have to be on my own with him at any time and that I could have a band 2 member of staff to be with me all the time.'*

When managers were accused of bullying the poor performance process had negative impacts on their physical and mental health, from being upset at work, *'I locked myself in my office crying and daren't come out.'* To more serious mental health problems, *'I thought I was going to have a nervous breakdown, I was in a right state. I look back at it now and I think I would never want to go back to that stage again'*

Some of the managers themselves required time off work with stress and in one case a nervous breakdown, *'It had a very significant impact. I lost a lot of sleep. I got quite stressed with the whole thing to a point where it was probably, well one of the major contributing issues to me going off with stress for five weeks'*

Others saw sickness as a sign of their inability to cope with the role of their jobs and refused to take sickness absence despite medical advice, *'my GP wanted to sign me off on stress straightaway, but I saw that as a weakness'*

Two interviews had to be stopped when managers became upset whilst talking about the emotional impact upon them and their life outside of work. They were able to continue after a break. Both had been accused of bullying b the staff member.

### **Lack of support for the manager**

Managers talked about the lack of support that was available to them, it was assumed that they were capable and competent to manage the poor performance process, *'nobody else really I could speak to, and I was tasked with it'*, They had no feedback on their progress or how the process was proceeding, *'nobody sort of like said, 'Yes, you've done that all right.' Or, 'No you've done that wrong.' or I didn't have to report back to anybody'*.

*'I think it's sometimes easy for management to say, 'Right, you can performance manage that person, get on with it''*

This was contrasted with the support and preparation given to the staff members, *'the other person was there done up to the nines, her hair was immaculate, her nails were immaculate, she looked fabulous, she'd got*

*brand new clothes on and played the stress card, and had been well versed in what to say. I mean you could have picked up a bullying and harassment book and she virtually recited stuff verbatim. And at that point I decided just to sit there and say nothing.'*

Managers felt that the organisation did not support them as managers through the poor performance process, especially when they were accused of bullying staff, *'the duty of care to me and those who were obviously also brought into it through interviews etc, I don't think we were given a second thought at all, about there was no particular help for us. There was almost a - I just felt I was tried as guilty before I'd even got there just because it was umbrella bullying and harassment and that has to be taken seriously'*

*'I think there needs to be a lot more thought given to those who are accused whereas I think a lot of thought goes to those who are making the accusation and they actually have no, I don't think the people who are actually making the accusation either have any concept of what impact that will actually have. It's very easy to say well, I'm being bullied and harassed isn't it, but they don't have an understanding of the actual impact and the implications of that. I think as much of a duty of care that you have to a staff member who's being poor performance managed and making the accusation, I think there needs to be an equal duty of care to the other staff that are involved and I think sometimes you're bound by the policies and procedures really more than anything else.'*

### **Confidentiality**

Managers were upset by the differences that were expected of them and the staff member when it came to discretion and confidentiality. The managers involved as few people as possible in the poor performance process and felt the need to be discrete about the staff member's issues, only discussing them with people who needed to know. The staff members on the other hand, especially when they were making claims of bullying against the managers felt free to discuss their perspective on events to other staff within and outside of the organisation. *'the gossipmongers were absolutely on*

*overtime and we had no comeback me and the matron. In fact at the time I can remember us both being worried about discussing it with each other.'*

The managers felt aggrieved by this and felt that damage was done to their reputation, whilst they were impotent to do anything to defend themselves, *'I also felt very bitter because I know the individual that actually spread the word wide and far really and that was frustrating having worked here for a long time and you would hope to build up quite a lot of respect in your professional area and within the hospital, I was devastated really that so many people knew about it and really, because it was a bullying and harassment, that I felt there were all on his bandwagon that I'd done it to him, he hadn't actually done anything wrong, he hadn't got any clinical issues but I doubt they would know about the other side of that, but I kept quiet and never told anybody about that.'*

### **Home life**

The poor performance process for those who were accused of bullying had a significant impact on their home life. This impact is long term and far reaching,

*'I did lose a lot of sleep, to the point where when I went on honeymoon in January and pretty much, well it ruined it, well it spoilt it a lot for me because I couldn't stop thinking and worrying about what was going on...back at work.'*

*'I think the knock-on on a personal level is quite significant and dramatic I think at home. And I think it's just the knock-on effect on you at home over this period of time that you begin to feel a little bit better about it, that didn't really seem to be the case really.'*

*'I think it's difficult to know how you get over something like that really'*

Some of the managers were relieved when staff resigned that the process was ended and it was an end to the pressure on them,

*'I'd been building myself up, because he'd been on sick leave for such a long time I'd been building myself up every Monday, 'Right, he's coming*

*back, I'm going to have to work with him one on one.' and then he handed in his resignation and I went, 'Phew...'*

## Appendix 9. Worked examples of costs of performance management

The following are three cost estimates for the longest cases in the 'accept' and the 'non-accept' groups of staff. These look at additional costs to the organisation. These cases refer to a band 6 nurse, a band 3 HCA and a band 5 therapist respectively.

### band 6 nurse

The band 6 nurse's PM Process took just over one year to complete. She remained in her post and role throughout the process. The PM Process was managed within the informal stage throughout. She was given objectives to complete and attended training that she should have attended previously. As such no additional costs were incurred beyond attending training days that she should have attended as part of her role development.

### Band 3 HCA

The only case in the 'accept' group that proceeded beyond the informal stage, involved a band 3 HCA. Their case started at the first formal stage of the PM Process as part of a wholesale poor performance management of a ward. The staff member was immediately compliant and proactive in gathering a portfolio of evidence to demonstrate their competence. The process which involved them being supernumerary on a different ward in the same hospital lasted for six months.

#### Additional costs

The staff member was supernumerary for 6 months; band 3 salary is £19,268 per year.

$(£19,268/12) \times 6 = £9,634$  (for 6 months)

£9,634 plus the costs of training and support. There were no additional travel costs.

### band 5 therapist

In the case of the band 5 therapist, the PM Process took 3 years. The informal stage took six months, after which time, no improvement had been demonstrated. To support the staff member's development further, they were made supernumerary for a total of thirty months.

#### Additional costs

The staff member was supernumerary for thirty months; band 5 salary is £24,799 per year.

$(£24,799 /12) \times 30 = £59,562.50$  (for 30 months)

£59,562.50 in wages, plus the costs of training, support and travel during nine months deployment at a second hospital within the organisation

#### Travel costs

Travel between hospitals is 54 miles per day. Standard mileage repayment is 45 pence per mile.



$(£0.45 \times 54 \text{ miles}) = £24.30$  per day.

9 months = 39 weeks, A working week is 5 days

9 months' work =  $(39 \times 5) = 195$  days

Annual leave entitlement (2 days annual leave per month; 9 months  $\times$  2 days) = 18 days

Days in work  $(195 - 18)$  days = 177 days

Travel costs for 177 days =  $(£24.30 \times 177) = £4301.10$

The total costs  $(£59,562.50 + £4301.10) = £63,863.60$ . In this case, the member of staff resigned having failed to demonstrate clinical competency, the ability to risk assess clinical situations safely, or demonstrate consistent clinical reasoning. This time does not include working time lost by the senior members of staff, or additional costs incurred in other staff training opportunities that were lost as a result of the additional support for the staff member.

#### **Comparison of estimated costs and possible tribunal award**

Had this staff member been dismissed on day one of the process and been awarded unfair dismissal at an industrial tribunal, the financial award would be calculated as; one week's pay for each year of employment, plus loss of earning to the date of the tribunal (<https://www.gov.uk/employment-tribunals/taking-a-case-to-an-employment-tribunal>)

Band 5 salary £24799 per year. The staff member had worked for three years.

$(£24,799/52) \times 3 = £476.90$  plus loss of earnings

#### **Estimated loss of earnings**

Claims to industrial tribunals must be made within three months of dismissal. The typical time to tribunal is 18 weeks (<http://www.justice.gov.uk/tribunals/employment/claims/making-a-claim>). Assuming that the staff member does not make a claim until the end of the three month period and that the time to tribunal is typical;

Total time to tribunal is  $((3 \text{ months} = 12 \text{ weeks}) \text{ plus } 18 \text{ weeks} = 30 \text{ weeks})$  thirty weeks wages lost.

Thirty weeks wages  $(£24,799/52) \times 30 = £14307.16$

Total tribunal award in this case would have been £14,307.16 if there had been a judgement of unfair dismissal.