Title: An investigation of the influence of social system on performance management

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Abstract

This paper reports on an investigation of Performance Management (PM) in the Nigerian public health sector highlighting how the interrelated social systems - national, sectoral and organisational - influence practice. An interpretivist philosophy and abductive reasoning were adopted using two case studies, hospitals owned by the Nigerian Federal Government. Thematic analysis of data from forty semi-structured interviews was conducted using NVivo. Findings suggest how these social systems influence the practice of PM within the study, the implications of which are discussed for performance management in this context and with suggestions for future research.

Keywords

Introduction

Performance management is considered an essential strategic tool that can optimise the potential and output of employees to improve performance and add value (Fryer, Antony and Ogben, 2009; Sahoo and Mishra, 2012; Rashidi, 2015). Extant studies emphasise the need to study PM contextually (Budworth and Mann, 2011; Haines III and St-Onge, 2012; Goh, Elliot and Richards, 2015), situated within a social system that reproduces and maintains itself through the operation or communication of its actors (Parsons, 1991; von Schlippe and Frank, 2013). PM remains an affluent and fascinating field of study and there is a need to focus more on understanding the dynamics in context rather than to presume a level of substantive or functional knowledge from study that will remain valid over time (Otley 2003). This paper reports on an investigation of the interpretation of PM in practice in the Nigerian public health sector and the effect of the social system on practice. The complexity of the social system, therefore, comprises the interrelated national, sectoral and organisational social systems.

The context of this investigation is the Nigerian public health sector. Nigeria, located in the western region of Africa, is currently classed as the most populous developing country in the continent. It is commonly referred to as the "Giant of Africa" and has established its Public sector as a product of colonialism from the late 19th Century as one of the former British colonies (Inyang, 2008). The health sector in Nigeria comprises of privately owned and public or government owned healthcare facilities. The country operates a Federal system of Government, which divides the country into three major arms. The public health sector is therefore classified to reflect the organisational hierarchy of the three tiers of Government, primary healthcare, funded by local government; secondary healthcare, funded by the state government and tertiary health care, funded by federal government.

Literature: Performance management and its challenges within the social system

Den Hartog, Boselie and Paauwe (2004) suggested that since a significant number of organisations are seeking to improve their output with the implementation of performance management system, there is a need to research the context in which PM is being implemented or practice. This would enable academia to understand how and why performance management works in these various social systems based on the different contextual interpretation given by researchers.

Knies, Boselie, Gould-Williams and Vandenabeele (2015) suggested the need to research PM within the public sector since the majority of the studies on PM have focused on multinational companies and privately owned organisations. This would enable scholars once again build an understanding of how PM is being interpreted within the public sector, given that the sector is being required to provide its citizens and service users with efficient and effective services. Buchelt (2015) attributed the reason why previous research in PM have focused mainly within the multinational and private organisation is because it is use mostly as a strategic tool to manage employee performance with the aim of improving organisational success. Similarly, its use as a strategic tool helps to drive towards maintaining a competitive advantage and maximising of profit in a long run (Rashidi, 2015). Within the public-sector, PM as a strategic tool has potential to improve employee performance (Goh, Elliott and Richard 2015), in order to achieve more with less, improve organisational services by adding value to services rendered and ensuring that public fund is used appropriately and not wasted. Within the Nigerian context, Mamman, Baydoun and Adeoye (2009) assert that PM is being used as a strategic tool in private and multinational organisations in Nigeria while Esu and Inyang (2009), on the other hand, assert that the Nigerian public sector generally is devoid of the use of it within its sector. Hence, there is a need for an in depth study of PM within this social system.

Furthermore, healthcare in many countries are under pressure to improve service quality to patients wellbeing and optimise efficiency level as well (Veld, Paauwe and Boselie 2010; Adindu 2013). Similarly Adindu and Asuquo (2013) argue that clinical competence is no longer sufficient to manage effectively and efficiently, the complex healthcare sector in Nigeria, as such recommends the need to improve the skills of health care professional in Nigeria especially in the area of health care management. However, Adindu and Asuquo's (2013) conceptual research paper did not indicate that PM is being used in the healthcare sector of Nigeria either privately or publicly as a strategic tool in managing employees' performance neither was the paper suggestive of its use as a tool to improve healthcare management. Nevertheless, Mettler and Rohner, (2009) acknowledged that PM within the health care optimise efficient and effective service delivery. Again, based on studies, PM is being perceived to be a strategic tool that could be used to improve organisational success regardless of the field, since its primary aim within the organisation is to ensure appropriate use of organisational resources with an ultimate aim of improving and maintaining organisational success.

In their conceptual paper, Esu and Inyang, (2009) suggest that the lack of performance management system in the public sector of Nigeria contributes to the inefficiency, ineffectiveness, and failure to deliver services within the sector. Further, Abah, (2014) suggests on the need to the review human resource management practices within the Nigerian public sector because of the unprofessional attitude of the workforce. Claus and Briscoe (2009) highlighted that studies on PM in less developed countries lack sound conceptual or theoretical framework because they loosely connect their studies to a conceptual framework or used no theoretical framework at all. Researchers have failed to address this gap.

The complexity of PM (Ferreira and Otley, 2009) draws on multidisciplinary and interdisciplinary perspectives (Chau, Thomas, Clegg and Leung 2012) including human resource management and accountancy, for example. This initiates the different perspectives in which the phenomenon is being studied. Similarly, the complexity could also be as a result of its incorporation of different components "internal and external communication, financial management, decentralization, and other processes" (Campbell, 2015 p. 56). Andersen, Henriksen and Aarseth, (2006) earlier suggested that there is no common or collective definition of PM, so identifying its boundaries is problematic (Atkinson, 2012). An increase in the diversity of research over the past decade both locally and globally (Fryer, Antony and Ogben, 2009) result in different interpretations of PM (Buchelt, 2015).

This study adapts two influential frameworks (Ferreira and Otley 2009; Atkinson 2012) to investigate PM in the Nigerian public health sector. These frameworks were adopted because they (Ferreira and Otley 2009; Atkinson 2012) are informed by different disciplinary perspectives. Atkinson's (2012) framework relates with the employee management perspective and identifies more with the soft human resource management approach in acknowledging the need for consultation and engagement of employees. In contrast, Ferreira and Otley's framework (2009) identify more with a hard human resource management approach in managing performance because it paid less attention to human resource and it has a management control perspective. Both frameworks however, support a holistic study of the phenomenon within the social system because the various aspects or activities involved in PM can be explored. A summary of Ferreira and Otley's (2009) frameworks is illustrated in the figure below.
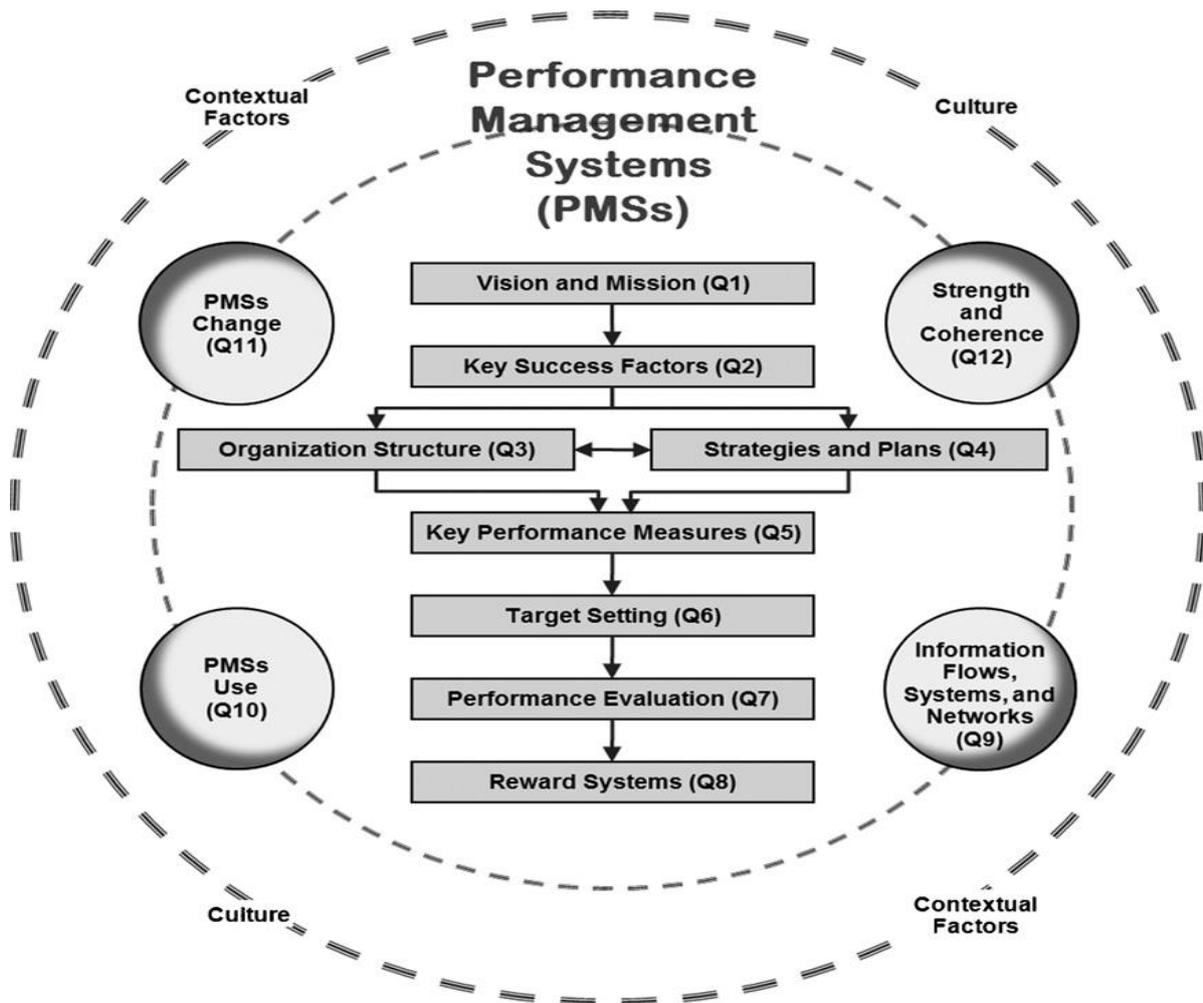
Figure 1 - The Performance Management Systems Framework (Ferreira and Otley, 2009 p. 268).

Ferreira and Otley (2009) developed their conceptual framework from relevant literatures, observations, and experience and argued it's a useful research tools to enable researchers understand the various aspects of PM empirically and describe key aspects of the performance management system within the social system. They acknowledged in their framework the influence of more than one social system on PM thus included contextual factors and culture. They however highlighted that it varies across the different social systems and these factors are outside the direct control of the social system (Ferreira and Otley, 2009)

Atkinson's (2012) framework developed from the plan-do-review-revise cycle with the aim to define corporate performance management and explains how useful the framework will be in enhancing organisational success. This framework however highlights only one social system – organisational. This is because the framework was designed from a single case study for a single organisation. Therefore more emphasis was on the factors that influence PM at the organisational level. Nevertheless, adapting both provides a rich interpretation of the Phenomenon and would identify which of these two practises of HR - soft or hard HRM the Nigerian public health sector is more peculiar to or if it is a hybrid of both, which is significant in the designing of effective performance management system. A summary of Atkinson's (2012) frameworks is illustrated in the figure below.
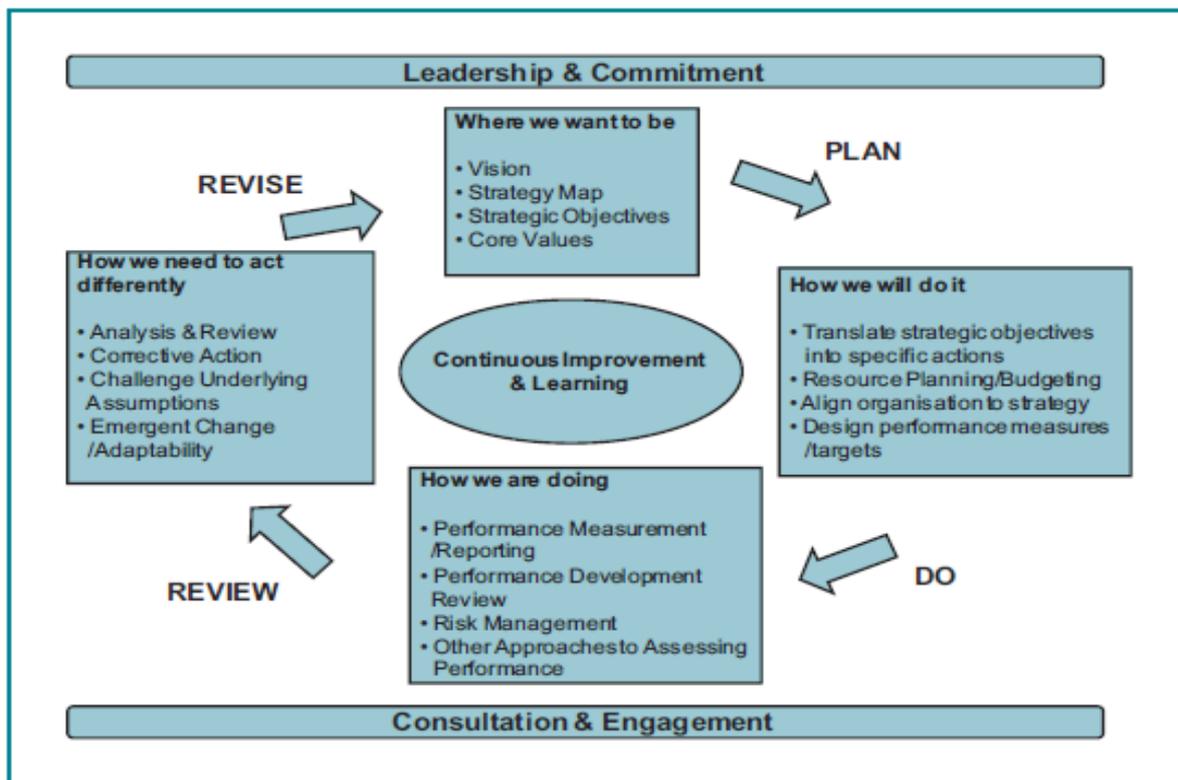
Figure 2 – RQIA Performance Management Framework by Atkinson (2012 p. 49)

The impacts of the social systems create additional consideration for the implementation of PM because of how these social systems influence on its practice.

National - One of the challenges PM's practice encounters within this social system is culturally related and this affect the meaning and implementation of the practice because people's thinking is partly conditioned by their national culture (Hofstede, 1983, 1993). Nigerians have deeply rooted culture and tradition.

Sectoral - The complex setting in which public sector operates (Arnaboldi, Lapsley and Steccolini, 2015) needs to be considered within this social system because this affects the efficacy of PM in improving organisational performance (Fryer, Antony and Ogden, 2009).

Organisational -: Within this social system, additional consideration are needed because of the influence of governing body of the healthcare, organisational structure, staff attitude and the strategic target of the organisation (Mettler and Rohner, 2009).

The influence of the social systems is supportive of extant literatures which emphasise the need to study PM contextually. Ferreira and Otley (2009) acknowledged these additional considerations as culture and contextual factors in their framework. In addition, they highlighted that they both differ across organisations and include factors that are beyond the direct control of the organisation. Therefore this study aims to contribute to the gap in research on PM in developing countries, adapting two influential frameworks (Ferreira and Otley 2009; Atkinson 2012) to explore PM in the Nigerian public health sector, which cuts across three social systems – national, sectoral and organisational. This leads to the research question - How will the social system influence performance management?

Methodology

This investigation is designed to address the research question, "How might interrelated social systems influence PM in the Nigerian public health services"? To adequately explore interpretation of a phenomenon (PM) in-depth demands that phenomenon be studied within its context. Thus, a case study strategy (Flyvbjerg, 2006; Stake, 1995; Eisenhardt and Graebner, 2007; Vissak, 2010; Farquhar, 2012; Yin, 2014) and a social constructivist philosophy (Marshall and Rossman, 2011; Robson, 2011; Silverman, 2013; Flick, 2014) were adopted. The adopted philosophy was guided by an abductive reasoning because of the adapted frameworks that guided the study. The essence of this reasoning allows the identification of original and/or unanticipated finding (Kovács and Spens, 2005) and supports the construction and presentation of findings and conclusions in a coherent manner (Levin-Rozalis 2004).

Two hospitals owned by the Nigerian Federal Government were purposefully selected because they offer all the levels of medical care and are highly regarded. 20 staff (clinical and non-clinical) from each hospital participated in a semi structured interview that lasted averagely for 45 -60 minutes. Data collection was undertaken in two phases. The first phase of data collection employed questions developed from both Ferreira and Otley's (2009) and Atkinson's (2012) frameworks. Questions for the second phase of data collection process were developed from the findings of the first phase of data collection. Prior to the collection of data, ethical approval was obtained and all ethical code of conduct was observed in both phases of data collection. All interview sessions were recorded to enable the researcher capture all of the interviewees' responses (Kvale and Brinkmann, 2008) in order to allay bias (Robson, 2011; Silverman, 2013; Flick, 2014) because the transcripts reflected these interviewees' audible thoughts (Voss, Tsikriktsis and Frohlich, 2002). To further alleviate bias, 24 out of 40 participants who participated in the study read through their transcript and confirmed that their thoughts were presented accurately before the commencement of data analysis (Robson, 2011; Silverman, 2013; Flick, 2014).

Analysis

Data collected through semi-structured interviews were analysed using Nvivo (CAQDAS - Computer Assisted Qualitative Data Analysis) adopting a thematic analysis approach, following Braun and Clarke's (2006) 6 phases: familiarisation with data; generation of initial codes; searching for themes; reviewing themes; defining and naming theme; and producing the report. The themes were created inductively – themes that are data driven, because of the need to develop a rich understanding of the data (Braun and Clarke, 2006), supporting the social constructivist philosophy. These themes where grouped into – superordinate, main, subordinate and child subordinate themes. Again, to allay bias, 3 colleagues not related to this study read randomly through some of the transcripts to verify that the initial codes and themes generated adequately reflect the data collected.

Findings

Issues affecting the practice of PM within the context identified during the data analysis are presented under two main themes: national context and organisational context. The former highlights the factors from the national and sectoral social system that influence PM's practice while the latter highlights the factors from both the sectoral and organisational social system. The findings highlight the interrelatedness of these social systems as well as their distinctiveness.
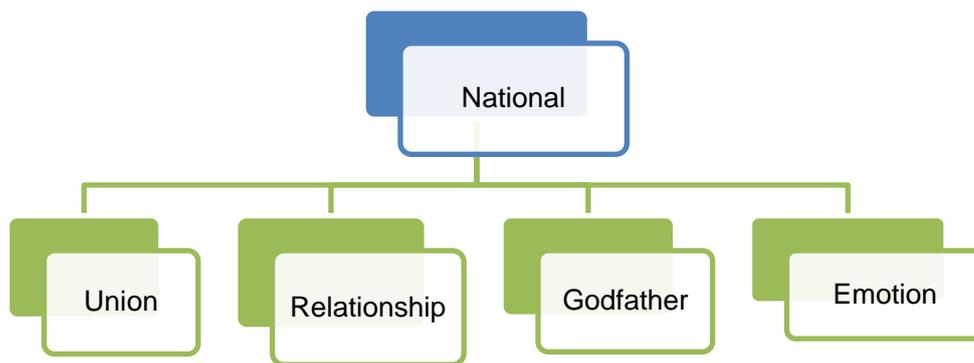
Figure 3 - *National social system and its influencing factors*

In the national social system, there is the influence of unions because they are responsible for employees' welfare within the work place which gives them the opportunity to argue for or against some of the employees' working policy in place within the organisation. Furthermore, there exist several kinds of relationship, including nepotism, leading to an exhibition of emotional consideration towards staff in managing their performance. Likewise, the influence of 'Godfather' (an influential person within the society or organisation that uses his/her influence to assist family and friend within an organisation) is another factor. Figure 3 illustrates the factors at the national social system that influences the practice of PM. Unions, relationships, godfatherism and emotions are the additional consideration at the national that influence PM. Data extracts that supports these factors are summarised in Table 1.

Table 1 - *Data extracts to support the factors at national social system*

Factors	Extract from data
Union	*"…number one they fight for the staff improvement, giving the staff the right things, the right tools to work and well, they take care of the welfare of the staff. That is the work of the union…"*
Relationship	*"…somebody comes to work late, habitual late comer and no query is issued, that is because the person that is supposed to give the query… … maybe share some resemblances with that particular person and you do not want to annoy the person…"*
Godfather	*"…godfatherism is what is killing our performance in the health sector, frankly speaking. Sometimes most of us shy away from talking about this because we don't want to be cut in the middle of what we don't really understand..."*
Emotion	*"…somebody comes to work late, habitual late comer and no query is issued, that is because the person that is supposed to give the query… … maybe share some resemblances with that particular person and you do not want to annoy the person…"*

At the level of the sectoral social system there is evidence of beliefs or views that concern lack of direct responsibility, accountability or ownership, "…*It's government work, it's government business it is not really my business that is it…"* This suggests that nobody takes responsibility within the public service hence, anything might happen within the sector. Again, there are rules guiding the public service, which need to be maintained and these represent additional influence on PM in the public sector. Figure 4 illustrates the factors at the sectoral social system that influence the practice of PM. Data extracts that supports these factors are summarised in Table 2.
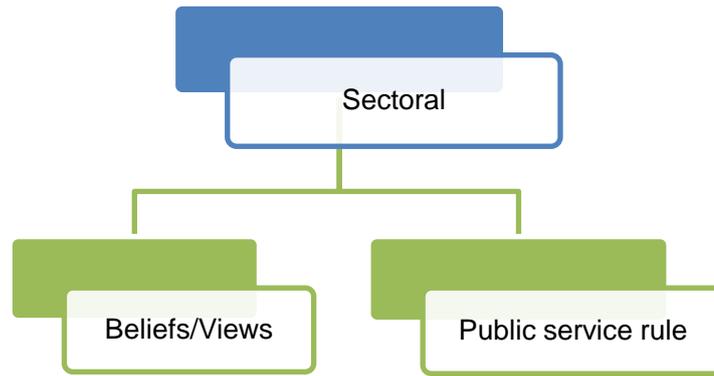
Figure 4 - *Sectorial social system and its influencing factors*

Table 2 - *Data extract to support the factors at sectoral social system*

Factors	Extract from data
Beliefs/Views	"*..Its government work, its government business it is not really my business that is it…*"
Public service rule	"*…It is restricted to the civil service policy because we have the civil service rule and there are some certain things you don't go to certain point and there are some certain things you are allowed free hand…*"

At the organisational level the social system presents additional factors that influence on the practice of PM, including a lack of necessary resources. There is also issue with the attitude of some the staff responsible for managing performance since they display a laissez-faire attitude to managing the employees. The display of such leadership attitude and staff attitudes to work can be linked to the dogma at the sectoral social system. However, in some instances staff attitude is attributed to the fact that they are situated within job roles they are not suitable for because they lack the required qualification to execute the task within that role. Also the lack of adequate attention to staff's welfare for instance when employee salaries are owed also results in employees' wrong attitude to work.
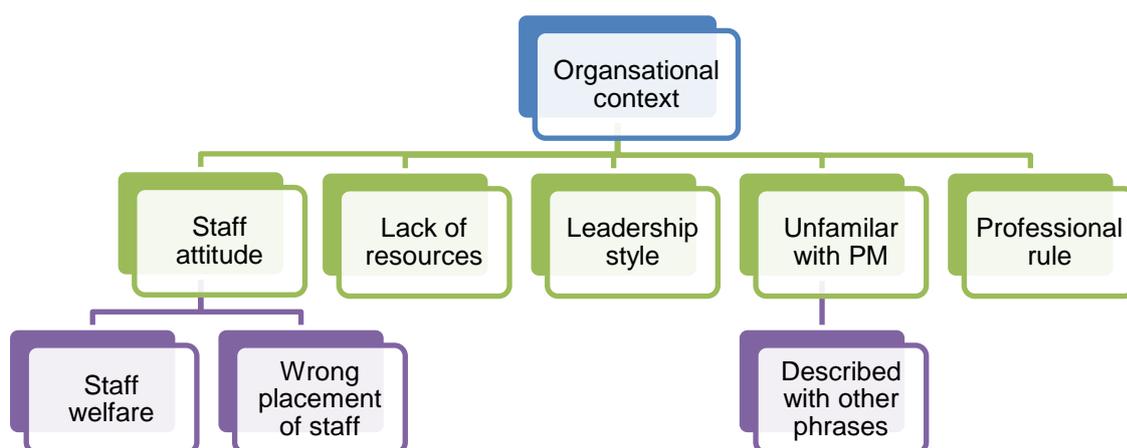

Figure 5 - *Organisational social system and its influencing factors*

Some employees within the organisation are unfamiliar with the word 'performance management' making them use other phrases to describe performance management such as clinical audit and morning review. Finally, there is the issue of professionalism within the organisation and needs consideration as this influence on the practice of PM. Figure 5

illustrates the factors at the level of the organisational social system that influence the practice of PM

At this social system, some of the factors identified further factors that creates the additional consideration that influences PM. For example, staff attitudes to work also have factors that influences it. Likewise, unfamiliarity to PM. The other additional consideration at organisational level includes lack of resources, leadership style and professional rule. All of these factors affect PM at the organisational level. Data extracts that supports these factors are summarised in Table 3.

Table 3   Data extracts to support the factors at Organisational social system

Factors	Extract from data
Leadership style	"…where a leader is not up and doing, you are not following up. You are just relaxed. You have set the goal and then employee doesn't meet up and the leaders don't do anything, which is the lapse on the part of the leader…"
Professional rule	"…I would say the culture of this hospital has been the culture of respecting the Hippocratic Oath which is the first, trying to bring the cordial relationship between the various cadres of health workers and also trying to maintain ultimate care of our patients…"
Staff attitude	"…most times you would find out that it's not everybody that is even around especially when you become a consultant and you have a lot of people in your team, you rarely come around to find out what and what is happening which is not supposed to be in our setting. Nobody is really there to monitor what is really going on or to monitor if the consultant is really coming to work…"
Staff welfare	"…if salaries are not been paid, allowances are not been paid, then there is a problem with performance. You will see an employee coming late to work, and when you ask, the response is I have not been paid salaries and I had to work home and I live far away, so I had to take my time to walk down to work…"
Wrong staff placement	"…A typical example is a unit in which we have 4 workers in the same unit and you realise that out of this 4 people only 2 actually understand and know what they are doing in that department…"
Lack of resources	"…hmm, improvement basically. Provision of utility, equipment and man power to bring out the performance management to its very best, there is really no way we can keep doing magic to bring out the best when we want to manage our performances, we just cannot do magic…"
Unfamiliar with pm	"…I think maybe we have not coined that word performance manager in our discipline. We don't have that word in as much as we have been doing performance managing in different way, it's not been clear cut to say all the clinicians will be having performance check at the end of the year…"
Described with other phrase	"…basically what I know about performance management is that it has to be in form of clinical audit regularly and quality assurance to make sure things work smoothly…"

The findings highlight the influence of various levels of the social system on PM – national, sectoral and organisational - and the distinctive factors within each as well as the

interrelatedness of others such as godfatherism. These findings will now be interpreted in the discussion.

Discussion

The findings identify three social systems – national, sectoral and organisational - and their corresponding factors within each that influence PM. All of these are typical to the context and beyond the direct control of the organisation (Ferreira and Otley, 2009). Within this social system the cultural impact highlighted in Ferreira and Otley's, (2009) framework is evident in the influence of unions, relationship (nepotism), emotions and godfatherism, and in the lack of ownership dogma that appears to be embedded in the prevailing culture.

There is a ripple effect of the across the social systems, for example, a failure to take responsibility dogma that presents itself at the sectoral level might be translated as the poor leadership style displayed by the actors responsible for PM within the organisation. This supports Atkinson's (2009) inclusion of leadership and commitment in their framework of PM. Likewise, the godfather issue at the level of the national social system highlights the influence of nepotism plays out in the recruitment process resulting in the deployment of staff to a department whose skill set do not match with the job role. The result leads to the wrong placement of staff within the organisation which is an issue identified at the organisational social system. This dampens the engagement of staff, Mettler and Rohner, (2009) identified staff attitude as one of factors that needs additional consideration within the orgainstion because of its influence on PM and, again, supports the consultation and engagement aspect of PM in Atkinson's (2012) framework.

The sectoral social system presents additional considerations due to the complexity of the public sector (Arnaboldi, Lapsley and Steccolini, 2015), in which guiding rules to ensure smooth and proper running of the sector, also influences on PM. Fryer, Antony and Ogden's (2009) argument on the efficacy of PM to improve performance in the public sector could be because of the influence of the sectoral social system. For example, one of the influencing factors on PM at the organisational social system that needs additional consideration is professionalism – employees struggle to maintain between working as a health professional and working within the confines of the organisational rule. Mettler and Rohner, (2009) did highlight the need to consider healthcare governing body because that is the engineering force driving the health profession. Therefore, the need for research to seek understanding of the dynamic of PM (Otley 2003) within various contexts could be attibuted to the interrelated influence of social systems and its contextual factors.

The practice of PM is emerging within the context because of the misconception of the phenomenon that is presented as suggested from the findings. Participants described PM using different phrases such as clinical audit and morning review. This however, alters Esu and Inyang's (2009) assertion - the lack of performance management system in the public sector of Nigeria contributes to the inefficiency, ineffectiveness and failure to deliver services within the sector. This paper, therefore suggests that the lack of understanding on how the interrelated social system influence the practice of PM results in the inefficiency, ineffectiveness and failure to deliver services within this sector.

Conclusion

In conclusion, the factors identified highlight the additional considerations that influence PM within the interrelated social systems in the context of the Nigerian public health services. The gap identified by Claus and Briscoe (2009) was responded to by adapting two frameworks from alternative perspectives to explore the phenomenon. This led to the knowledge contribution that PM within the study context underpins a hybrid of both frameworks suggesting the influence of both the hard and soft performance management

practices. This might usefully provide guidance in the development of effective performance management systems in the Nigerian public health sector because there would be a balance in the application of the soft and hard approach while managing employees' performance.

This informs the development of the performance management system since understanding of the dynamics of PM is achieved (Otley, 2003) and contributes to knowledge within the public sector in less developed countries because academia would understand how the social systems influence PM. This responds to Den Hartog, Boselie and Paauwe's (2004) call for contextual researches on PM and Knies, Boselie, Gould-Williams and Vandenabeele (2015) call for studies within the public sector.

The limitation of the paper is that, the factors identified at the different levels of the social systems are limited to this context. Therefore, it is recommended that future research should focus on identifying the influencing factors of the social system(s) that affects PM within their various context of study.

Acknowledgement

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