

Background and Context

Seven volumes of this research-based HR Journal were prepared for IPMZ between 1996 and 2002. Twenty-one issues, totaling 330 pages of material summarizing mainly Zimbabwean HR micro-studies were printed and posted to all IPMZ members during those years.

As editor/publisher, my long-term vision was to see the profession move beyond re-cycling common international HR 'received wisdom' and, over several decades, to help infuse local HR practice with local research-based knowledge about principles and practices proved useful in local workplaces. The Research Dissertations then being written under supervision for the IPMZ Higher Diploma provided a good source of such micro-studies. Since research is partly a process of aggregating empirical data by a 'community of scholars' over decades, I also saw a role for a research-based journal in stimulating and enriching further research, gradually improving both theory and practice. The value of this publishing exercise was summed up in the editorial in Volume 6, Number 2, 2001 of the journal (containing 14 executive summaries of local HR research) as follows – "This substantial and authentic corpus of research-based HR knowledge, built up over 10 years, is reduced within the following pages to clear principles and precepts that practitioners and students alike can use." Publication of the journal ceased after 2002 due to hyperinflation but I remained convinced of the soundness of the original vision.

By arrangement with IPMZ, here is the first in a series of Occasional Papers reporting Dissertations by IPMZ Higher Diploma students, for the information of Members. Four Occasional Papers, each of which will carry a number and date, will together constitute the next volume of the **HR Research Journal of Zimbabwe**. We begin with 'Volume 8', continuing from where we stopped in 2002. Each report will summarize the research Methodology used, followed by the research Findings of possible use to HR practitioners. Reports will conclude with suggested Areas for Improvement, for the guidance of future researchers. The first report appears below. Some editorial changes have been made in the interests of brevity and clarity.

GRACE NDLOVU's 2011 investigation into the CAUSES OF POOR PERFORMANCE and NEGLECT OF DUTY by PROFESSIONAL MEDICAL EMPLOYEES at a NATIONAL HOSPITAL

Introductory comments

This is a case study of one hospital, surveying the views of a sample of medical employees about the level of work performance at the hospital and the causes of any problems in that regard. Note that employees were not asked to rate their own performance – a tricky area for reasons both psychological and organizational, even where responses are anonymous – but to make general ratings of the performance of all medical personnel.

The Research Question

Ndlovu formulated her research question as, "What are the causes of poor performance and negligence of duty among professional staff at Mpilo Central Hospital?" To focus the study, she formulated seven 'hypotheses'. In research terms, an hypothesis is an assumed answer to the research question. A researcher usually has some early ideas about possible answers to the research question. Note that it does not matter whether the results of the research eventually prove your hypotheses to be right or wrong. Hypotheses merely focus the researcher's attention. They are not attempts to guess the results in advance. In fact, if you are 100% convinced what the answers are before you even start researching, why bother to carry out the research at all? In this sense, if the research shows your hypotheses were wrong, it helps you to free yourself from bias and pre-judgment – which is one of the goals of collecting real information in the field.

Ndlovu's Hypotheses

She hypothesized that the causes of poor performance/neglect of duty were –

- Failure –
 - by doctors to exercise authority over subordinates
 - by subordinates to recognize higher authority
 - by professionals to prioritize critical cases
 - by the procurement committee to stock the necessary medical supplies
 - by management/HR staff to educate/enforce policies/rules/regulations (two overlapping hypotheses)
- Low motivation due to poor salaries/management styles/working conditions.

Definition of Abstract Terms used in the research question and hypotheses

'Abstract' terms are concepts and ideas. Because they are abstract (e.g. 'motivation') the people from whom you will be seeking information may interpret a term in different ways. In this study, for example, some of the abstract terms used are poor performance, neglect of duty, authority, insubordination, critical cases, low motivation, and so on. If the researcher does not indicate in concrete and observable terms what she means by 'poor performance', for example, when two people with different interpretations of that abstract term answer a question, they may in fact be answering two different questions. (One person may think poor motivation is shown by being late for duty, while another may think 'not clearing bedpans timeously' shows poor motivation.) Since the purpose of data collection in survey research is to be able to aggregate responses from different people to see a trend, it is necessary to try and ensure that all who answer your questions have the same understanding of those questions. Hence the need to define abstract terms concretely and observably. For example, in this case, the researcher defined poor performance as 'failure to achieve set work standards' (as laid down in job descriptions).

Among other important definitions she set out –

- Neglect of duty – not willing to work; ignoring one's duties; not taking enough care
- Insubordination – being disrespectful; not obeying instructions
- Critical cases – those who are seriously ill; those who are seriously injured
- Low motivation – unwillingness to act.

We shall return to these at the end of this paper and offer comments at that point.

Population of interest – and the sample selected from that population for research

In research terms, a 'population' consists of all those about whom the researcher wishes to obtain information. In this case, Ndlovu was interested in all 836 professional staff employed at Mpilo Hospital. These were doctors, matrons, sisters-in-charge and registered general nurses, who comprised her population of interest.

As is usual in survey research where large numbers of responses can be unwieldy, she chose a sample of 30% of these staff, totaling 251. Conventionally, a researcher tries to ensure that the sample is representative of the population – i.e. that it mirrors the characteristics of the wider population of interest, so that one can safely generalize the results of the sample to the wider population. This representativeness is achieved by selecting the sample on a random basis.

In research, 'random' has a special meaning. It does not mean 'haphazard', as it can do in everyday life.

In research, for a sample to meet the requirements of simple random selection, every element in the population (836 people in this study) must be given an equal and independent chance of being selected. The classic method of doing so, in this case, would be to put 836 slips of paper each containing a name into a bucket and to individually pull out 251 names. Ndlovu does not describe how she actually chose the 251 persons in her sample. We shall return to this point at the end of this paper.

Instrument used to collect data from the sample

In research terms, there are a number of 'instruments' that one can use in a survey. One of these is the face-to-face interview, where the researcher asks questions and records answers on a schedule. Another is the self-administered questionnaire where the people in the sample record the answers to questions on their own, i.e. the researcher is not present. This is particularly appropriate where numbers of respondents are large, as in Ndlovu's study, and interviews are impractical.

Her questionnaire, designed to be self-administered by respondents, consisted of 14 questions, 13 of which were 'closed' questions, i.e. asking respondents to choose from a range of options, with the 14th question being open, asking for 'any additional information' – in effect a safety valve in case respondents felt that the closed questions did not cover all the important issues. The first 4 questions sought information about gender/age/length of service/level of education of the respondents in the sample, constituting a profile, in effect. The next 9 questions sought information relevant to her hypotheses, or assumed 'answers' to the research question about poor performance and neglect of duty.

Ndlovu pre-tested her questionnaire in a pilot study at a different hospital. As a result of feedback, certain questions were altered 'to give the same meaning to all respondents' before she carried out her main study at Mpilo Hospital in the early part of 2011, when 251 of the modified questionnaires were distributed to her sample.

Response rate of questionnaires

Conventionally, a questionnaire is accompanied by a brief letter. This should explain, among other things, why the particular recipient was singled out to receive the questionnaire. If the researcher does not explain that there is no special significance in the selection, the recipient may modify his responses, perhaps thinking he is being scrutinized – for punishment, say, or for advancement. This could obviously impact on the truthfulness of his replies. So it is important to address this.

The covering letter should also clearly explain how and by what date questionnaires should be returned. For example, if they are to be handed back to a person's senior, and are not enclosed in a sealed envelope then, despite the promise of anonymity, the senior would be able to read what his or her subordinate has written. This could also affect the truthfulness of responses. Such a method of returning questionnaires could also affect the response rate, since a respondent may feel it is almost compulsory to return the questionnaire to his senior.

In this study, questionnaires were distributed by the sisters-in-charge, presumably to both doctors and nurses. Ndlovu does not indicate whether each questionnaire was individually-addressed to the 251 persons in her sample and, if not, how the sisters-in-charge knew which employees in their departments to give them to. Nor does she describe how the questionnaires were to be returned to her by each respondent. We shall return to the significance of this at the end of this paper. Within a week all 251 questionnaires were returned.

A 100% response rate is out-of-the-ordinary, as the researcher recognizes. Where there is no external compulsion to respond (e.g. 'return this form to me by Friday'), one could assume as a working model that there are three possibilities regarding response – voluntary response ("I'll fill this in"); voluntary non-response ("I can't be bothered to fill this in"); and involuntary non-response (the person is away from work, on leave, ill etc so does not receive the questionnaire). Assuming all things are equal, one might then expect a one-in-three (33%) response rate.

Alternatively, where distribution and return is done through the 'chain of command', then one could assume four possibilities regarding response – in addition to the three above, there is the possibility of 'involuntary' response. That is, a recipient may not wish to complete the questionnaire but feels external pressure to do so. Assuming all things are equal, one might then expect a two-in-four (50%) response rate – made up of voluntary and involuntary responses.

These response rates may be increased by various means – a well-designed and easy-to-complete questionnaire; a promise (and guarantee) of anonymity; an appealing topic; the possibility that completing the questionnaire might lead to some good personal outcome, and so on. In this case, one could surmise that the respondents felt strongly about the salaries they were receiving, anticipated the research might lead to an increase, and so were motivated to complete and return the questionnaire. (In itself, that could form the topic for further research, of course. Pending that, one can only 'hypothesize' about the reasons for such a high response rate.)

Limitations of the research

Researchers are encouraged to recognize the limitations of their research and to draw these to readers' attention, so that professional HR practitioners do not read more into the findings than they should. Here are some of the limitations that Ndlovu recognized.

- The findings will not necessarily be representative of other hospitals. She mentions various common-sense reasons for this, such as differing management styles, customs and practices. From a research point of view, one can add that Mpilo Hospital was not randomly selected from a wider group of similar hospitals, in which case it might have been taken as a representative sample. However, that was not the researcher's intention here. Mpilo was treated as a case study, in that it was studied on its own.
- Some respondents might not give honest answers to questions. The reason she gives deals with the sensitivity of the information (about one's own poor performance and neglect of duty). From a research point of view, this relates to validity (or 'truth') of what people say. One way of trying to minimize this issue – always an issue in research – is to promise anonymity of responses, as Ndlovu did in her letter accompanying the questionnaire.
- People tend to interpret things differently 'no matter how simplified the language may be'. From a research point of view, this is why it is always advisable to define abstract terms in concrete and observable terms – and to use these concrete/observable indicators in the questions. We return to this at the end of this paper.

Comments on the reliability and validity of the data

We have alluded above to the perennial issue of **validity** or ‘how truthfully’ respondents answer questions in research.

There are various measures a researcher can take to try and increase the likelihood that answers are truthful. One of them is to **promise anonymity** – i.e. ‘There will be no personal consequences, positive or negative, when you complete the questions, so there is no reason not to be truthful’. It is important not only to promise anonymity but to take steps to reassure recipients of the questionnaire that this is guaranteed – for example, by providing an envelope in which the completed questionnaire can be sealed before return. Or to provide a secure receptacle (akin to a ballot-box) at, say, the main exit into which the questionnaires can be deposited. Another measure is to **reduce the possibility of ambiguity** in the questions themselves, so that all respondents know exactly what the researcher is asking – by defining any abstract terms in concrete/measurable terms; and by pre-testing and then improving the wording of questions. Yet another, where feasible, is to check responses (which can veer toward the subjective where a respondent is asked for his views/opinions in a questionnaire) against **objective indicators** such as disciplinary records. This can be problematic on a one-to-one basis where a questionnaire is completed anonymously, although broad trends can be checked. In her study, Ndlovu addresses various of these measures.

In research **reliability** is related to, but different from, validity. Reliability in this study really asks whether the questionnaire would yield consistent results if it was used again on, say, another 251 randomly-selected people from among the 585 professional staff at Mpilo who had not been selected in the original sample. As Ndlovu aptly indicates, the link between reliability and validity can be shown by the example of ambiguous questions, such that “A question about which the respondent says, ‘I do not know what he or she wants’ is unreliable.”

The difference between reliability and validity in research is that respondents may lie consistently – i.e. they always provide the same answers (‘reliable’) but their answers are always untrue (‘invalid’). These are perennial problems in research. Researchers cannot eliminate them – but they may not ignore them. One must acknowledge them and seek to minimize them – as Ndlovu ably does.

The findings of the research

Ndlovu clearly summarizes the answers to 13 questions from the 251 respondents in her sample, using both tables and pie-charts.

Then she uses the data to check her original hypotheses. Certain hypotheses were accepted and others were rejected, based on the research findings. Question 6 was central to the study, asking respondents to indicate what they thought were the causes of poor work performance/neglect of duty. Was it poor remuneration; or poor working conditions; or poor management style; or all three? One-third (35%) selected ‘all three’. Adding this to the 27% who selected ‘poor remuneration’ shows that around two-thirds of those surveyed saw poor remuneration as the major cause of work problems.

This and other data enabled her to answer the research question with which she began the investigation - “**What are the causes of poor performance and negligence of duty among professional staff at Mpilo Central Hospital?**”

The usefulness of Ndlovu’s research to HR practitioners

Broadly, this study confirms the widely-held view, seen in both professional literature and everyday practice, that pay/working conditions/management style all impact on performance at work.

Of course, conventional HR wisdom holds that motivation and satisfactory work performance are not merely a direct function of feelings about the adequacy or otherwise of one’s pay. Ndlovu’s study reinforces that. Her empirical data collected from the field show that despite inadequate pay etc, a substantial percentage of doctors in her study still exercise authority and a substantial percentage of subordinates still respect that authority; three-quarters of critical cases are prioritized; and so on.

What gives her study added poignancy and adds weight to its contribution to conventional wisdom, in my view, is that this is so despite the country’s recent emergence from the ravages of the world’s worst hyperinflation – and the associated significantly inadequate remuneration of medical workers.

Editor's Suggested Areas for Improvement

Research is a creative exercise. It involves careful thought; uncommon design skill; and considerable analytical ability at all stages of the process. Anyone who can conceive and execute a research project deserves admiration. Therefore, the following suggestions are not in any way intended to diminish the considerable achievement that this investigation represents.

However, because research is a 'community' enterprise (using the term 'community' to refer to a group of scholars and practitioners with common interests), once a researcher puts a research report in the public domain, this provides other interested parties with the opportunity for scrutiny, comment and further learning.

These suggestions are offered here in that constructive spirit – and to assist future researchers.

- The reason for defining abstract concepts (like 'motivation' and 'negligence') in concrete and observable terms is to use these terms in the instrument's questions. This will increase validity of responses. One defines to communicate firstly with the research supervisor (so he or she can help the researcher focus) but more importantly to communicate with the respondents so as to minimize possible misunderstandings about what is being asked.
 - It is important not to put two questions in one statement. For example, 'Do doctors recognize their authority and do they exercise their authority?' is actually two questions. A doctor may recognize but not exercise. The researcher is really interested only in the exercise – so need only ask that question. If a question is made up of more than one question, the researcher cannot be sure which part of the question is being answered.
 - It is always a good idea to explain how a sample was selected, so that readers can verify that it was really randomly selected. If it was not random, then one cannot confidently generalize the results to the whole population of interest. In this study, the fact that not one of the 251 persons selected was away on leave, ill, or traveling, raises the possibility that the 'random' selection might have been left to the sisters-in-charge who handed the questionnaires to those who were available on the day of distribution. If such a method were to be used, the sample would not be randomly chosen, in research terms, but would actually be non-random. One cannot confidently generalize from non-random samples.
 - In any survey, to try and increase validity of responses by setting potential respondents' minds at rest, it is advisable to cover certain points when sending out a questionnaire (by means of a covering letter) or when filling out an interview schedule (by means of a short verbal statement).
The 6 points in a covering letter for a self-administered questionnaire are set out in an illustrative letter in Appendix Four of the IPMZ **Research Methods** module for the Higher Diploma. Briefly, these points are –
 - who is conducting the research
 - why the research is being carried out (not merely 'part of a study programme', but relating the research to the interests of the potential respondents)
 - an appeal for care and accuracy in completing the questionnaire
 - how to complete the questionnaire
 - to whom the questionnaire has been sent, i.e. why the potential respondent was chosen
 - the date for return and to whom the questionnaire should be returned.
 - Finally, there is an apparent anomaly in the data in this study. While only one-third of the respondents (81 out of 251) rated performance/execution of duty as poor, with the remaining two-thirds (170/251 respondents) rating performance as good/excellent, all 251 answered the question about the causes of poor performance. One way to circumvent such internal inconsistency is to frame the follow-up question on causes of poor performance in such a way that only those who chose 'poor' are invited to answer the follow-up question, with those who chose 'good/excellent' being directed further ahead in the questionnaire.
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