

**CHALLENGES FACING HEALTH PROFESSIONALS IN OR TAMBO HEALTH
DISTRICT MUNICIPALITIES**

by

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DECLARATION

I hereby declare that this study and its report are my own unaided work except for those citations where the original contributors have been acknowledged. I declare further that this document has not been submitted to any other university in South Africa or elsewhere for the purpose of obtaining a qualification.

ABSTRACT

My motivation to conduct this study was triggered by my exposure to the challenges which form the basis of this study. Being employed in the same environment as the respondents, it became natural for me to resolve to investigate the challenges facing these Health Professionals with the purpose of not only establishing what the challenges are but simultaneously propose remedial solutions to mitigate their impact.

This study is both qualitative as well as quantitative to make sure that both the numerical as well as the social issues which impact these professionals' work were captured in the study.

The assumptions from which the study moved were largely confirmed by the respondents. The recommendations which the researcher proposes to mitigate the challenges are informed by her own experience as well as the responses which were elicited from the respondents.

While the study does contribute in a way to the body of knowledge, it is cautioned in the concluding chapter that recommendations made must be considered with this caution in mind as the study was limited to a specific environment – the OR Tambo District Health Municipality.

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CHAPTER ONE: INTRODUCTION

This chapter deals with the setting of the study, nature and extent of the problem, the problem statement, the study hypothesis, significance of the study and the objectives of the study. While this chapter deals with aspects of the research methodology, a more in depth discussion forms the focus of chapter three.

1.1 Setting of the Study

This study is conducted in the OR Tambo District Health Municipality which is the second largest district in the province of the Eastern Cape, following Amathole District, which has a population of 1862218. OR Tambo has an estimated population of 1833917 which is broken down per municipality, as follows:

- KSD – 466 084
- Nyandeni - 457 560
- Qaukeni - 690 227
- Mhlontlo - 220 046

For a mostly rural district, OR Tambo has a high population density of 108 per square kilometer. OR Tambo District Health Municipality, which is at the centre of this study, is situated on the eastern part of the Eastern Cape Province. It is composed of some of the following hospitals; St Barnabas, Canzibe, Isilimela, Bambisana, Zitulele, St Lucy's, Nessie Knight, Holy Cross, Greenville, St Patricks and Madwaleni Hospitals which are clustered into four clusters, namely, KSD, Nyandeni, Qaukeni, Mhlontlo. Each cluster is headed by the Cluster manager, while each hospital is headed by a Hospital Manager who is the overall overseer of the institution, then the district, on the other hand, is headed by a District Manager who is accountable for the whole district including the Primary Health Care services in the form of sub-districts that are composed of community health centres and clinics.

The district is in a very remote and deep rural area, characterized by very poor infra structure especially in terms of the access roads to the hospitals, as well as

accommodation for staff. This makes it difficult to attract and retain scarce skills. Because of the scarcity of these requisite skills, it becomes difficult for hospital and district management to meet their service delivery obligations. According to Barron (2007) in the District Health Barometer, OR Tambo District Municipality is reflected as the poorest and most deprived of all the districts in the country.

There is minimal economic activity compared to the rest of the province, with the government being the main employer, both in the formal and informal sectors (Barron, Day, & Monticelli, 2007).

Following is the map of the OR Tambo District Health Municipality:

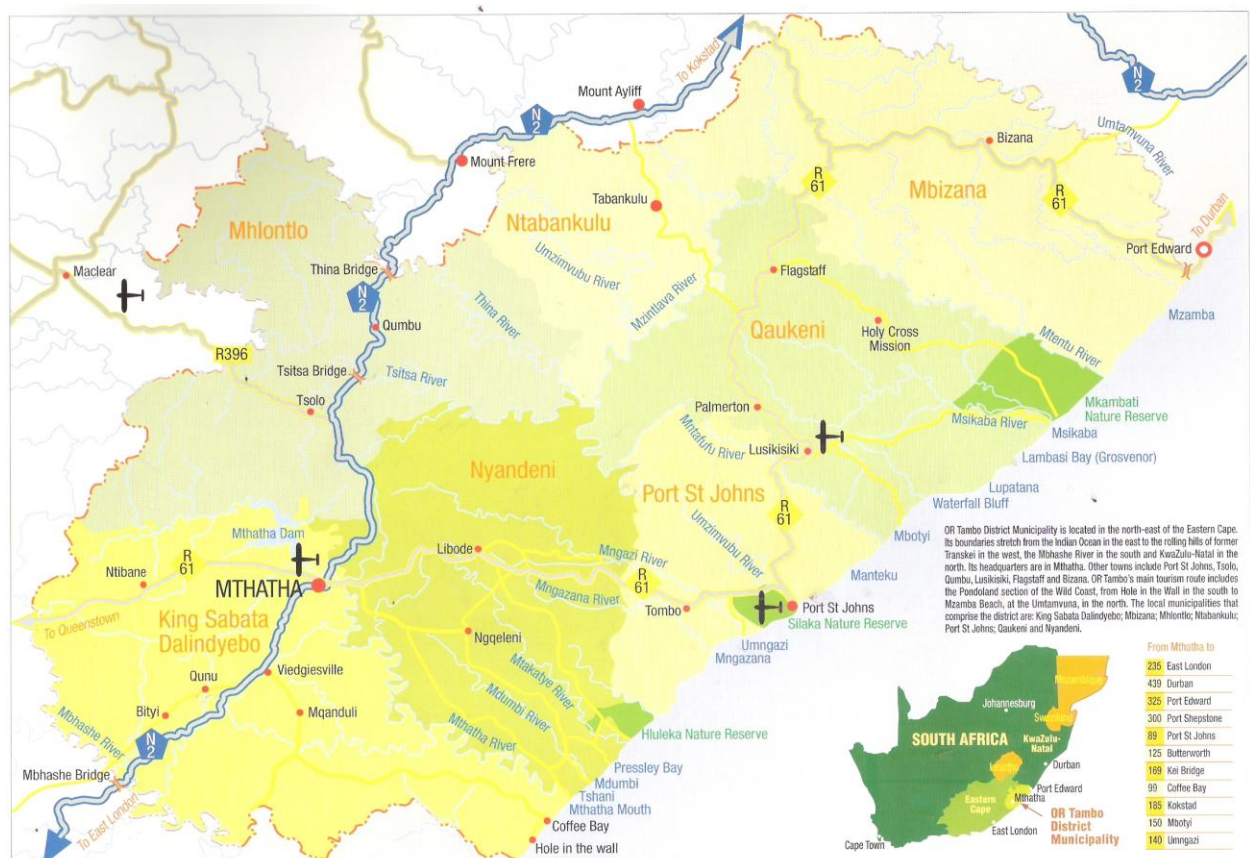


Figure 1.1 - Map of the OR Tambo Health District Municipality

1.2 Nature and Extent of the Problem

Public district hospitals fulfil a vital role in the state's healthcare system. Without them many people would be unable to receive healthcare in their own communities. District hospitals are authorized not only to operate a hospital, but to deliver any service to help people stay healthy—physically, socially, and mentally. Because they operate to render health services to the community, district hospitals have to align their services to the unique needs of their respective communities.

Hospitals are unique institutions, by virtue of the fact that they deal with sick people who are mainly dependent on Health Professionals for the management of their health issues. Among the challenges facing these institutions is the shortage of skilled Health Professionals. What worsens the situation is the fact that once they get qualified, some of them are attracted to 'greener pastures' by international health organisations, while others open private practices. What further compromises the quality of health service can be attributed, among others, to the current nurse/patient ratio of 1:40 as opposed to the required 1:25.

Staff shortage further exerts pressure on the few existing clinical staff, resulting in the failure to meet the set quality requirements. Such a situation, especially where it relates to benefits and conditions of employment, causes further tension and increased levels of dissatisfaction. The human resources and finance support functions which are tasked with providing a support service to these clinical personnel, face a further challenge of ensuring that the already 'stretched' clinical personnel feel equitably treated. The above challenges may be regarded as some of the root causes which led to the conducting of this study.

It is the responsibility of every employer to ensure that employees are not only imparted with the skills which they need to discharge their duties but also to equally ensure that employees are timeously supplied with the resources and the equipment which they need to perform their duties. This is the responsibility of the Supply Chain Management and Finance components, which must see to it

that the required equipment is procured in time to meet the Health Professionals' target dates. This unfortunately is not always the case, as the delays in the purchasing of equipment are such that de-motivation sets in as a result of the Health Professionals' non-accomplishment of their contracted work.

The South African Health Sector is notorious for its negative image. Whether or not these perceptions have merit is a matter which falls outside the scope of this study. The Eastern Cape Department of Health has, in the light of the above situation, embarked on a number of remedial and preventative interventions. Among others, is the implementation of quality assurance programmes, intensification of performance management and development and the decentralization of corporate services to bring it closer to the population being served.

1.3 The Problem Statement

The health sector and the Department of Health in the Eastern Cape in particular are currently experiencing a high staff turnover. Health Professionals are leaving in high numbers and those who are left behind are manifesting signs of severe dissatisfaction, stress and burnout. There are various theories as to why this is the case. This study seeks to explore the challenges to which this situation can be attributed. While it is not the intention of this study to discuss the remedial actions which could be taken to mitigate the situation, this study attempts to create an understanding of the nature of the problem, what the possible causes could be and what actions could be undertaken flowing from the discussion.

While the focus of this study is on clinical personnel, it is acknowledged that support personnel may also be affected by the diminishing numbers in the clinical personnel and the 'snowball' effect of the turnover has implications for the overall quality of the health service delivery. While it is, again, not the focus of this study to discuss the clinical personnel's conditions of service, the equity theory to motivation holds that, where employees perceive an imbalance between their

inputs and their outputs, de-motivation is likely to be manifested. This seems to be the situation in the Eastern Cape Department of Health.

Flowing from the above discussion, this study's problem statement is as follows:

'Clinical personnel in the OR Tambo Health District Municipality are displaying symptoms of dissatisfaction and de-motivation. This is resulting in them either underperforming, displaying symptoms of stress and even resigning to join sectors which they perceive to offer better conditions of employment'.

1.4 Hypothesis

Following the discussion of the problem statement above, the following hypotheses are formulated and presented:

Null Hypothesis: No challenges face the OR Tambo Health District Municipality regarding its Health Professionals.

Research Hypothesis: There exist challenges in the attraction and retention of Health Professionals in the OR Tambo Health District Municipality

1.5 Research Objectives

The Objectives of the Study

- Identify challenges that health workers are facing which impact their capacity to deliver effective health services to the people negatively;
- to propose mechanisms to mitigate the experienced challenges; and
- to obtain opinions on how the affected stakeholders perceive the problem, its nature, causes and how the situation could be turned around.

1.6 The Significance of the Study

The study is significant in that:

- there is a huge need for Health care workers to deliver services effectively and efficiently;
- it will provide information to Department of Health on those challenges that workers are faced with and will also provide strategies to address them; and
- it is aimed at enhancing service delivery on the ground.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This study will move from the assumption that the Health Professionals in hospitals of OR Tambo are leaving in high numbers, leaving the communities with gross shortage of personnel to deliver health care services. The study seeks to establish opinions on the nature and reasons for the exodus on part of these young professionals and the solutions that will possibly reduce the turnover, especially because most of them were granted bursaries by the Eastern Cape Department of Health. The workplace environment should be structured and maintained such that it is conducive and appropriate strategies should be in place to attract and retain staff. It must be understood that employees spend a large part of their lives at work and therefore assisting and supporting them in their endeavours to perform their complex duties will increase their level of interest in their work (Clark, Riley, Wilkie, & Wood, 2000: 9).

The literature that has been reviewed in this study contains definitions of 'District Hospital' and 'Health Professionals'. Views and opinions of various authors are discussed and some will look at the concepts of 'Human Resource Management' with its processes such as staffing, turnover rate, attraction and retention strategies, human resources policies and processes, performance management system, human resource development, motivation, supply of resources, service delivery, customer satisfaction, challenges facing Health Professionals in each of the cited phenomena from various perspectives. There will be those who will propose strategies to mitigate these challenges and minimise service delivery issues and thus improve customer satisfaction (Clark, Riley, Wilkie, & Wood, 2000: 9).

2.2 Definition of terms

- (i). White Paper on Transformation (Batho Pele White Paper: 1997).

The purpose of the 'Batho Pele Principles' is to provide a policy framework and a practical implementation strategy for the transformation of public service delivery. The introduction of the White Paper on Transformation of the Public Service in 1995 as well as the White Paper for Transformation in 1997 pertaining to service delivery and transformation changed the manner in which the South African Public Service functioned. The main aim of the White Paper on Transformation is to transform the South African public sector in totality, putting emphasis on the need for quality service delivery in all areas of government. Special attention will be paid to health care in this study. The National Department of Health also published a national policy for Quality in Health Care that serves as a framework to guide provincial departments in developing and implementing their own strategies to implement the program (DPSA, 1997).

(ii). Service delivery

Service delivery is defined by Blundel and Murdock, 1997: 170 as the ability to convey the result of physical labour or intellectual effort to a client.

(iii). South African Public Service

Public Service which is part of the broader public administration, must function, be structured in terms of the national legislation, and must execute policies of the government of the day. The ANC (1994: 126) argued that the public service should be composed in such a manner that it is capable of, and committed to the implementation of government policies and delivery of basic goods and services to the electorate.

(iv). Effectiveness and Efficiency

Although in the past effectiveness, efficiency and productivity were recognized only within the confines of the private sector, since the emergence of the current political dispensation, the objectives of the public administration incorporate the

need for efficiency, effectiveness and productivity in public service delivery. The foregoing concepts entail the extent to which the public servants utilise the available resources optimally in the performance of their duties.

Mashwari (2002) defines effectiveness and efficiency as the ratio of the total output to inputs. This involves how well one does his/her work. Inputs on the one hand are seen as whatever is good for production of goods and services, while the output on the other hand, refers to the goods or services actually produced (Mashwari, 2002: 269).

According to Masango (2002), the machinery that converts inputs into outputs has an impact on the quality of the outputs. In other words effectiveness refers to the quality and quantity of output, relative to a certain standard. This means that when there are no resources to do the work, it is unlikely that quality outputs will be realised. This also poses a challenge for the department to play its role in ensuring that resources are adequate for the quality of health care services. If for example there is inadequate budget for the patients' food people in the kitchen are likely to produce poor quality food for the patients, which will also affect the status of health (Masango, 2000: 61).

(v). A District Hospital

Health systems are often organized in a 'hub and spoke' arrangement, with a large district hospital (the hub) having more and better trained personnel and better equipment than the peripheral clinics (spokes). The district hospital provides first referral level care for both outpatients and inpatients. They may also serve a 'gate-keeping' role for those patients with less common problems, for whom skills and resources are most effectively concentrated at higher levels of care provided at a regional or national levels (English, Claudio, Ngugi, & Smith, 2009: 5).

(vi). Health Professionals

According to the World Health Organisation (WHO), human resources for health are men and women who make health care happen. They include nurses and midwives, pharmacists, physicians, dentists and other Health Professionals. They also include auxiliary health care workers, community health care workers, and practitioners of traditional medicine, technicians and other para-professional personnel.

All these professionals are important as they contribute to the ultimate quality of service and promotion of health, the prevention of illness and the reduction of morbidity and mortality rate, the cure and rehabilitation of the sick. Their contribution on the betterment of the patients' lives depends on their specialized knowledge, skills and the extent to which they are motivated. Health workers are important as a resource for health promotion of the communities. Their ratio is 1:20, to employed workers in the global economy and they perform key social roles in all societies. For this reason it is important that countries ensure that their health systems get the right number of service providers with the right skills at the right place and at the right time (Tawfik & Kinoti, 2006: 2-3).

2.3 Challenges Facing Health Professionals

Challenges facing Health Professionals in the OR Tambo Health District Municipalities will be discussed under various perspectives in this section of the study.

2.3.1 Human Resource Management

Management in all types of organisations, such as, production- or service-oriented, has to manage a variety of resources. Of all organisational resources, human resources are probably the most critical and difficult to manage. The effective use of all other resources directly depends on efficient utilization of human resources (Alam, 1967: 2).

While management faces multiple challenges in producing results in general, they cannot adequately face these challenges and achieve results by themselves without people to do the tasks. This follows the contention that the backbone of any successful organisation is an effective and well-run human resources department. Without a talented workforce, cultured, and skilled employees, the organisation is doomed to fail. What makes human resources difficult to manage is the unpredictable nature of human behaviour. It differs not only from individual to individual but often on the part of the same individual at different points (Alam, 1967: 2)

Alam (1967: 2) further writes that, in spite of biological and cultural similarities, human beings not only differ in their appearance, but also in capabilities based on their respective backgrounds, values, training and experience. They differ in their personality characteristics as reflected in their sensitivity, intelligence, initiative, interest, commitment and motivation, and in their susceptibility to peer and group pressures.

As much as Arinez, et al. (2002: 1-22) believes that managers must rely on the efforts of their staff and colleagues, day in and day out, he also argues that, that does not end there, but managers also have a responsibility to ensure satisfaction to retain their employees. Central to this endeavour is the rethinking of strategies to retain employees on a continuous basis. Of importance in succeeding to attract and retain employees is the surveying of employee satisfaction, the identification of causes for unhappiness and the implementation of proposed remedial interventions. Included among issues which are often cited as causes for unhappiness are often staff residential accommodation, remuneration and benefits and good workplace relations. For these needs to be fulfilled there is a need for effective management and leadership; and implementation of resolutions taken to improve conditions of employment. Management principles that include planning, organizing, directing and

controlling must also form the bases for all managerial activities as failure to take these basic principles into cognisance often result in failure (Arinez, et al., 2002: 1-22).

While management, on the one hand is about coping with the complexity of practices and procedures to make organisations work, leadership on the other hand is about setting the direction of the organisation and coping with change (Smith, 2004: 284). While managers are only concerned with short term problems in the organisation, leaders take a much broader perspective and concern themselves with the internal and external environment of the organisation. In this manner leaders focus on vision, on strategic development and initiative, whereas managers deal with the implementation of the vision. For success in an increasingly complex business environment it is necessary that both management and leadership be present and work together. An ideal situation is when a person is endowed with both attributes as both sets of activities are necessary in order to increase the performance of the organisation. Successful organisations seek out good managers with the leadership potential or to develop managers into leaders (Nel, 2003).

Blackwell Publishing (2006) concurs with this contention when he argues that managers have responsibilities that include planning, organising, leading and controlling, which are necessary when working as a manager in any level within the organisation. Although one might view management principles as the separate skill levels or the basic duties of a manager, whichever view one might hold it is important to know that a great manager will possess all of these skills and be a vital asset to their organisation (Blackwell Publishing, 2006). To this point the researcher finds it important to show the definition and importance of these Health Professionals.

The human resource challenges facing Health Professionals were seen during the national strike that took place in July 2009. It was reflected that the issue of

salaries and benefits are the ones that led Health Professionals to resign in big numbers. Schegelmilch (1998: 23) emphasises that the society expects organisations to take a certain degree of responsibility for their employees, and if an organisation fails to look out for the welfare of its employees, its ethical stance may be called into question. (Grobler, 2006: 321) concurs with Schlegelmilch (1998) that in the strategic management of their employees hospitals must understand that their opportunities within the organisation are dependent on the success of their organisation.

The following topic (Importance of the Health Workforce) will be discussed to show the challenges facing Health Professionals in the OR Tambo Health District Municipalities with the review of the relevant literature to support arguments and contentions. Such issues as staffing, high turnover rate, attraction and retention strategy, human resources policies and implementation, performance management system, human resource development, motivation, supply of resources, service delivery challenges facing Health Professionals according to will also be discussed and examined against the situation in OR Tambo health District Municipalities. This will be followed by suggestions on how to mitigate those challenges (African National Congress, 1994).

2.3.2 Staffing

Staffing is regulated by the Employment Equity Act No 55 of 1998 which enforces employment equity and to provide for matters incidental thereto. However equity in employment of Health Professionals in OR Tambo is not possible because of scarcity. The researcher wishes to express the common belief that civil servants are often accused of practising nepotism, wherein those charged with recruiting take that as an opportunity to favour their relatives, friends and comrades. In this regard Schlegelmilch (1998: 22) emphasises the importance of an ethical environment in an organisation which he argues can influence the attitude and performance of its current employees, as well as the calibre of future employees

which the organisation can entice to work for them. He goes further to say that if a hospital, for instance, promotes a cut-throat environment; employees will be less likely to have any loyalty towards fellow employees or to the hospital as a whole. He adds that, an environment in which employees are encouraged to act ethically will inspire a cooperative atmosphere which will create motivated and loyal employees.

With staffing issues, looking at attracting new employees, Grobler (2006: 232) emphasises the importance of the organisation's growth as well as the one of having a properly designed and satisfactory staffing program in place that the government expansion generally results in filling new positions by promoting existing employees. He therefore advises that managers have to strive at all times to assist employees to perform effectively by creating an environment within which personal growth and satisfaction are possible (Grobler, 2006: 228).

Among the duties expected from managers there is the job design process which is critical for motivation and morale of workers. Boring jobs carried out under adverse conditions are de-motivating and it is suggested that, in designing jobs, managers must pay attention to relationships between the demands that they make and capabilities of the incumbent and future employees (Naylor, 1996: 136). Naylor (199) makes mention of few concepts that are applied during the process of staffing in order to enhance employee satisfaction, and thereby attract Health Professionals as well as customers.

- (i). **Job enrichment** - is a process of redesigning the job with the express intention of increasing its influence on motivation. In many cases the core job can be changed, skill variety requiring that a range of skills be used e.g. manual, planning, leading, communicating, calculating, monitoring etc. This may apply in the case of nurses whose salaries have already reached the maximum notches, to stretch the scale to allow them to be continuously upgraded.

- (ii). **Task identity** – this enables a person to complete task with a meaningful outcome e.g. assembling a complete unit or handling all requirements of a customer.
- (iii). **Task significance** – this entails designing a job to be important so that others depend upon its successful completion, encouraging others to see others as customers of their work.
- (iv). **Autonomy** - allows individual discretion in how the job is paced, sequenced and checked (Naylor, 1996: 139).

In the main, once management has implemented the above mentioned job design strategies, it is assumed that the problems of Health Professionals' salaries reaching top notches and getting stuck there would be resolved. Job enrichment may benefit a lot of employees who had been in hospitals for years sitting on the same salary scales leading to de-motivation and ultimately resigning and leaving their posts.

2.3.3 Turnover Rate and Retention Strategy

As alluded in the section where human resource management was dealt with, issues that contribute to high turnover rate in the hospitals being studied are dealt with in this part of the study. The Eastern Cape Department of Health has put in place a turnaround strategy to ensure that the factors listed below are resolved:

- (i) **Infra structure** - dilapidated infra structure in Greenville, Nessie knight, Canzibe, Isilimela, Sipetu and Bambisana Hospitals with centralised maintenance budget which makes it to access funds. This includes very old TB buildings in all 11 hospitals.

- (ii) **Very bad access roads to the hospitals** – such roads as the one to Canzibe, Isilimela, Greenville Hospitals and Isipetu are typical examples of the problem roads.
- (iii) Lack, poor and **shortage of residential accommodation** for staff in some hospitals – making it difficult if not at all impossible to attract and retain competent personnel in these mainly rural locations.
- (iv) **Problems of Water and Sanitation.** One would remember the media headlines this year when these hospitals were run without water - compromising theatre procedures, maternity and many other surgical procedures in the process.
- (v) **Lack or shortage of vehicles for staff.** Some hospitals like Zitulele have not even one vehicle except for one truck which also is in a terrible state of repair.
- (vi) **Irregular incentives** - the same rural allowance rate in Mthatha and Lusikisiki/Bizana, resulting in personnel especially doctors leaving rural areas for Nelson Mandela Hospital in Mthatha/ Frere Hospital or Port Elizabeth, if not leaving the province.
- (vii) **Benefits** - delays in paying benefits and salaries to Health Professionals and this leads to dissatisfaction and ultimately resignations.

Based on a recent survey, reports are that South African employees rank among the best in the USA, Italy, Germany, Brazil and Britain, a warning is posed that organisations will continue to lose valuable employees to competitor organisations unless managers are able to identify and apply appropriate retention strategies that will help in reducing the frequent turnover of key

employees. Nursing shortages are not just a problem for nursing, but are a health system problem, which undermines health system effectiveness and requires health system solutions. Without sustained intervention global nursing shortages will persist, undermining attempts to improve care outcomes and health of the nation (Chang, et al., 2006).

It is imperative for managers to reduce to the minimum, the frequency at which employees, particularly those that are crucial to its operations leave. To this end it is not very easy for the hospital managers themselves to correct the above issues as they themselves are not at the appropriate decision-making level to effect any meaningful change. A hospital manager has to play a coordinating role and to only report to the district manager who also does not have sufficient decision-making powers but reports to the General Manager at the Provincial office. Until the information reaches the Member of the Executive Council's (MEC) office for the issues of roads and accommodation to be solved, these issues are likely to remain un-provided. It is often the general feeling hospital management that if the powers to deal with these issues resided at the district level, they would be able to deal with them effectively.

In the light of the above-stated problem issues, there is a strong need for decentralisation of some powers, especially operational, from the province to the district, while other powers need to be decentralised to the actual service-rendering institutions as hospitals. It stands to reason therefore, that strategies to eliminate the above cited challenges should be looked at very seriously by those at the strategic level to ensure that the Department does not lose competent Health Professionals who are of the utmost importance to the delivery of its core business. It is in this context that management has to think and rethink retention strategies to be designed to motivate these young professionals to avoid seeing them leave to seek 'greener pastures'. Samuel and Chipunza, (2009: 411) argue that the retention of high performing employees has become more challenging for managers, as this category of employees frequently move

from one job to another as they are being attracted by more than one organisation at the same time.

One is reminded by the road show that the Eastern Cape Department of Health Human Resource Development recently undertook. This entails calling an event where the health provincial and district officials visit all districts, where student professionals are allocated in hospitals to do the community service as their final year, with the aim to recruit them for the following year. This started at the Chris Hani District, and all other Districts had to be there and promote their districts to these young professionals. An approach – approach conflict is experienced by these young professionals when various district officials recruit them for their respective districts, and that is what often causes them to move from one job to another in a 'job-hopping' fashion. This is a positive competition which is aimed at creating diverse opportunities for them to stay within the Eastern Cape Province even if moving from hospital to hospital.

The concern is whether or not the institutions being studied will ever be able to provide an environment which is conducive enough to attract and retain these scarce resources. Another issue that raises a concern is the fact that the Eastern Cape Department of Health grants bursaries every year according to its needs to the local candidates for various fields related to health. Of concern is whether or not the Department has adequate policies in place to ensure that these professionals are contracted to stay after completing their studies and the compulsory community service.

The human resources plan reflects the expected number of staff as 9341 to operate in all health facilities of OR Tambo, but only 5149 staff was in the employ of the district at the end of July 2009. This results in a high vacancy rate of 4192 and a staff shortage of approximately 45%. For example O R Tambo had the lowest Bed Utilization Rate (BUR) of 51% against the district norm of 72% as per the District Health Barometer (2006). Even if the hospitals would be

able to retain Health Professionals, various other challenges such as the one cited above, it would be difficult utilize them fully. The emphasis in this regard is the importance of a proper internal staffing program which will help to avoid employee dissatisfaction because people will have a chance to grow.

2.3.4 Human Resources Policies and Implementation

A policy is a deliberate plan of action to guide decisions and achieve rational outcomes. The term may apply to government, private sector organisations, groups and individuals. Presidential executive orders, corporate privacy policies, and parliamentary rules of order are all examples of policy. Policy differs from rules or law. While law can compel or prohibit behaviours such as a law requiring the payment of taxes on income, policy merely guides actions towards those that are most likely to achieve a desired outcome.

A policy is a set of interrelated decisions taken by a political actor/or group of actors concerning the selection of goals and the means of achieving them within a specified situation where those decisions should in principle, be within the power of those actors to achieve (Jenkins, 1978).

Policies and procedures are a set of documents that describe an organisation's policies for operation and the procedures necessary to fulfil the policies. They are initiated because of some external requirement, such as environmental compliance or other governmental compliance or other governmental regulations (Jenkins, 1978).

The policy formulation process includes an attempt to assess as many areas of potential policy impact as possible, to lessen the chances that a given policy will have unexpected or unintended consequences. However because of some complex adaptive systems such as societies and governments, it may not be possible to assess all possible impacts of a given policy (Jenkins, 1978).

It is noted that the Department of Health introduced good policies related to benefits, in trying to motivate personnel, what matters most is the manner in which those policies are implemented. One may think of the rural allowance which is aimed at motivating Health Professionals to work in the rural hospitals. Although this may be considered a good intervention by the Department, the rate of payment of the allowance for the rural hospital like Greenville for example is the same for Health Professionals working at the Nelson Mandela Academic Hospital – this defeats the purpose for which the policy was intended. This means that if there is no difference between the two, then Health Professionals will most prefer working at the Nelson Mandela Academic Hospital which is less rural. This therefore challenges the management of the Department to consider an alternative to this approach.

Another example is found in the Occupation Specific Dispensation (OSD) as the allowance that is aimed to improve salaries of the Health Professionals. The strikes that were seen in July 2009 by all Health Professionals including the doctors were as a result of the implementation of OSD which favoured some of them but not the others. This exclusion created disparities among levels of nurses. Anderson, Walberg and Weinstein (1999) define policy as a relatively stable purposive course of action, followed by the government in dealing with some problems or matters of concern. Hannekom (1994) defines public policy as a formally articulated goal that the legislator intends pursuing. He defines policy as a directed guideline in the allocation of resources necessary to realize societal goals and objectives decided upon by the legislator, and made known either in writing or verbally. In the public sector, policies are the output (end result) of the political process, and serve as initiators of executive action (Hannekom, 1994).

Based on the above definition it can be deduced that policy is a course of action agreed upon by the government to achieve the aims and objectives.

In the light of Jenkins' (1978) argument, assessment of the impact is crucial in policies that are related with upgrading of salaries and any other benefits by the department to see if the purpose of the policy was in fact a solution.

2.3.5 Performance Management System

The Department came up with the performance management system known as the Performance Management and Development System (PMDS). The main aim was to ensure that performance of employees is managed holistically in terms of controlling and monitoring, as well as motivating for excellent performance. This involves appraisal of excellent performance through the bonus awards to those with outstanding performance, as well as developmental endeavours including training to the poorly performing ones using the set criteria. Based on employee perceptions the implementation is marred by the fact that the bonus awards are not paid at times, and sometime some employees are excluded

Gerber, Nel, and Van Dyk (1989) write that performance appraisal helps to satisfy the needs of both employers and employees by offering managers an opportunity to show interest in employee development, as well as identifying areas where specific training is needed and lastly, encouraging employees who have tried hard to perform well. Mullins (2005: 763) concurs with Gerber when he argues that an effective appraisal scheme offers a number of potential benefits to both individual and the organisation in that it can identify strengths and areas for development and indicate how such strengths may be utilized and weaknesses overcome. In this regard Heinemann and Zeiss (1986) suggest that to be effective, performance measures must aid management in meeting two requirements; firstly, the measurement system must identify in what ways there can be positive employee contribution to the organisation and secondly, the system must establish standards of contributions for each performance dimension identified in the first step.

In the case of the PMDS there are quarterly reviews conducted between the employer and an employee, and that is where processes like counselling are effected. The review process allows for identification of weak points as well as strengths which help inform the employer on the exact intervention strategies that are needed to develop the employee. If there is any excellent achievement seen, bonus award are usually paid to the employee. The selective payment of performance bonuses results in employees developing negative attitudes in the process of contracting and the implementation of the PMDS as a whole. This is contrary to the objective of performance management system, as seen by Mullins (2005: 763) – the improvement of performance of individuals, leading to the improvement in the performance of the organisation as a whole. This often results in the collapse of services in a certain sections of the department. Looking at the concept of 'performance' Schemerhorn, Hunt and Osborn (2005) see it as the bottom-line for people at work, a cornerstone of productivity which should contribute to the accomplishment of organisational objectives. Schemerhorn, Hunt and Osborn (2005: 392) in their theory provide what they call the Individual Performance Equation as follows: “**performance = ability x support x effort**”. The summary of the equation is understood as follows: **performance** begins with **ability**. The ability and skills result in an individual's capacity to achieve the highest levels of accomplishment.

If OR Tambo health care government departments can implement this system correctly, it is likely to add value to enhance the retention of scarce resources. This therefore challenges the Health Management to strengthen effective implementation of the Performance Management and Development that is already in place, to ensuring that the award bonuses are paid to excellent achievers, and training is done on the basis of the identified needs i.e. training for the sake of impact, not just for activity. That may coincide with what Rudolf (1997) is citing that private sector hospitals pay for performance programs. This may not be far from that if the Performance Management and Development

System that is in place in the Eastern Cape Department of Health can be implemented effectively, as there are allowances paid already in place.

In conclusion, performance management according to Ledza (1996) was originally designed to utilise the balanced scorecard which is seen by focusing on putting strategy and vision at the centre. The balanced scorecard as seen by Simeka (2001: 11) is an analytical tool that supplements traditional financial measures of performance with criteria that measure performance from the perspective of service delivery, organisational processes, learning and motivation. One will notice that the processes cited here are of benefit both to the organisation as well as the employees for effective service delivery; however the issue of training during the course of performance management should not be undermined as to ensure relevant skills are acquired to enable the ability of individuals to improve productivity.

In the main, once a performance management system is implemented effectively the environment allows for personal growth and development because within it there is counselling of employees, training and development. This means therefore that even before thinking of recruiting from outside the organisation, management has to check within the organisation whether there are no relevant skills. That approach is likely to add value and motivate employees.

2.3.6 Human Resource Development

Among the basic democratic values and principles governing the public administration as espoused in the Chapter 10 of the Constitution of the Republic of South Africa, is that, good human resource management and career development practices must be cultivated to maximise human potential.

A mere change in organisation climate is not enough to yield the desired results. Planned efforts should be made to develop human relations skills in managers at

all levels, helping them to adopt a more balanced approach towards human resources management. Besides, they should be encouraged to practice these skills capitalising on human dignity, capability and potential through healthy interpersonal relations – formal and informal, positive rewards, extrinsic and intrinsic and greater people's involvement in terms of the exercise of discretion, decision-making and use of ingenuity. A program of life-long development could be a best strategic arrangement for continuous human resource development (Alam, 1967: 2).

Every aspect of an organisation's activities is determined by the competence, motivation and general effectiveness of its human organisations (Alam, 1967: 01).

Looking at the complexity of performances done by Health Professionals it is important that continuous learning is promoted. Fortunately the Department has a Human Resources Development component which ensures skills development, with each district having its skills development facilitator at an assistance manager level. One thing that needs to be looked at is whether the training that is taking place does in fill the gaps that have been identified through a targeted skills audit.

The RMC Resource Management (1997-2008) who write the organisational character of a corporate entity affects its capability to implement corporate plans. This capability is governed by three broad factors: (i) the manner in which organisational functions are structured (ii) the motivational climate within the organisation and (iii) the quality of the organisation's leadership. The consultants further recognize that the quality of the management team is the governing determinant of organisational effectiveness and that a high quality management team is necessary to sustain the most appropriate organisation development.

Skweyiya (1997) at the launching of the 'Batho Pele' document advised that good human resource management and career development practices, in order to

maximise human potential, must be cultivated. One way to change attitudes and add value to promotion of morale is through training and development, career development as well as organisation development. McCoy et al (1998) writes that an important principle in the development of district health administration is that both structural reform and skills development are required, and the skills development of the people who are to do service delivery is critical because attitudes and practices are hard to change. However, one may argue that this is possible if only the people charged with human resources development are able to implement relevant interventions as solutions to identified problems. This is important in rural areas where administrative skills and experiences are often located in hospitals because of the way health services are managed. For effective service delivery, McCoy (2006) argues that these administrative personnel need to be re-orientated so that they no longer perceive themselves as 'hospital personnel', but as 'district personnel' (McCoy, 2006).

2.3.7 Motivation as the Enabler

The correct implementation of the PMDS can act as a strong motivation to the employees who have to ensure excellent health for the people of OR Tambo. Concerned with challenges facing Health Professionals that our health care staff performs complicated procedures in much pressurised environments and they feel unappreciated in their endeavours to reverse a failing system (DUP-HEALTH, 2005: 2). Managers have to ensure empowerment of staff at all organisational levels and are responsible for producing sustainable results - strengthening institutional capacity, expanding access to health care, and improving the quality of services (Arinez, et al., 2002: 1-22). It is further cited that these managers are asked to enhance organisational, programmatic and financial sustainability, while they strive to reduce health risks, morbidity and mortality in their communities. Masualle (2009) confirms the problems with working conditions as experienced by Health Professionals when he argues that, *"It is with great humility and respect for the work done by Health Professionals in*

the tough and trying conditions of our province". There is a morale problem among Health Professionals who are frustrated that they cannot deliver the optimum service due to various challenges and this should change if the best of our Health Professionals are to be retained within the National Health System (DUP-HEALTH, 2005: 2).

Cummings and Worley (2005: 378) emphasise the importance of understanding the concept of motivation as the main building block of satisfaction and as such the improvement in the employees' commitment. This, in other words is suggesting that recognition and motivation becomes the strongest tool in retaining the Health Professionals (Arinez, Bouzidi, Koo, Sayeed, Serenata, & Saurez, 2002: 4). In this regard he cites that healthcare managers are under pressure to achieve sustainable results, and it is advised that to meet this challenge, managers must develop high performing work groups and cultivate a positive work climate that fosters staff motivation. Good work climate is therefore seen as contributing to the solution as it encourages and sustains staff motivation. The job design strategy of autonomy may fit in the creation of a conducive climate because it involves allowing employees to come up with the ways of how the job can be paced, sequenced and checked (Arinez et al, 2002: 4).

The role of rewards as a powerful incentive for employee and group performance in an organisation in this manner may not be undermined as rewards can contribute high levels of employee satisfaction (Cummings & Worley, 2005). Once Health Professionals are rewarded, there is likely to be a highly satisfied team of employees. It stands to reason therefore that even, the tendency for them to leave after qualifying can be reduced because they are likely to be satisfied with the local compensation and external benefits will be less attractive. Managers should determine what the employees need and offer commensurate rewards for good performance (Grobler, 2006: 452). It is generally known that to determine the needs of employees and create an environment in which those

needs are addressed is one of the managers' most challenging tasks. Grobler (2006: 452) provides the decision-makers with the techniques for motivating the unmotivated personnel as follows:

- Create meaningful goals that are challenging but attainable;
- Invite and use employee participation in decision making;
- Keep employees informed on where they stand;
- Reward good work - be generous with praise; and
- Treat employees fairly (Grobler, 2006: 452).

This concurs with Mayo's research which indicates that the physical environment or even financial considerations were no guarantee for improved productivity, but factors like rest periods should be emphasised and workers allowed determining their own rest periods. Taking from Mayo's theory, one may make the assumption that once employees are allowed freedom to carry their tasks they are likely to become more responsible and be more productive (Mayo, 1998-2009).

Although the techniques listed above may seem somewhat simple, it is still a challenge for the managers to implement them. Employees must also be praised as part of recognition which does not need any resource to be expended. In the case of Eastern Cape Department of Health, particularly in the OR Tambo District, this may require management to be flexible by adding to the salaries at least one notch to the basic salary additional to the rural allowance as an incentive. This challenges the department's top management to come up with a policy to allow management in hospitals to counter the offers made by other hospitals to serving Health Professionals. That initiative can add a big value in fighting shortage and lowering the staff turnover of Health Professionals. Other conditions and fringe benefits should also be looked at, as Mayo alludes that money alone may fail as a motivator in changing the behaviour, but the conditions of service may need reviewal.

Maximum use of highly trained personnel is also suggested by the DUP, and they argue that it is inappropriate to have specialists performing tasks that others less qualified could do instead. The DUP Health, Wikipedia (2005: 2) proposes that the administrative bureaucracy should be decreased, not just to save money but to streamline decision-making and create a more efficient system. One may think of a strong need for the department to decentralize functions with the aim that the service will reach the client at the time the client needs it. A case in point is the processing of salary payments and/or suppliers, not only for efficiency of the service, but also for reduction in the potential for corruption.

The need to retain Health Professionals within the management of the Department has been there for the past many years. It is the implementation that is always problematic.

2.3.8 Finance

2.3.8.1 Efficiency in Supply of Resources

While hospitals are major consumers of the Department of Health's budget, there is a paucity of good evidence even in industrialised countries on their effect whereas the body of theory and opinion on their role is wide (Mckee & Healy, 2002). Chapter 10 of the Constitution of the Republic of South Africa has provided the basic democratic values and principles governing the public service, one of them being efficient, economic and effective use of resources. The resources are always limited and hence the need for efficient, economic and effective use by those charged to deliver service. Skills of employees in this regard are the most important requirement which also needs the commitment on the part of the Department. Efficient, economic and effective use of resources in the public service refer to the budget and financial management process with the emphasis on accountability for results focusing on outputs, responsibility and value for money (Parliament, 1996).

‘Allocative’ efficiency entails the desire to allocate resources to secure the maximum health benefit from the inputs available (Hensher, 2001). Within this paradigm planners search for the balance between community care, primary care, and facility-based care that result in the greatest health benefit at the least cost. At the level of an individual hospital, the issue of ‘allocative’ efficiency arises when decisions must be made to allocate resources to different services. Cost-effectiveness in ‘allocative’ efficiency deals with the desire to allocate resources to secure the maximum health benefit from the inputs available (Hensher, 2001). In theory, cost-effectiveness studies with a global health status outcome measure such as the disability-adjusted life (DALY) year which should inform debate on ‘allocative’ efficiency, because such studies provide a direct means of comparing alternative strategies (Hensher, 2001).

The Eastern Cape Department of Health considers internal factors like the bed utilization rate (BUR), average length of stay (ALOS) caesarean section rate, that determine the performance of the institution, and also the District Health Information System, as well as the external factors like the catchment population served by the institution and the disease profile of the community (Hensher, 2001).

2.3.8.2 Financial Resources

The Public Finance Management Act No. 1 of 1999 (as amended by Act No. 29 of 1999) is one of the most important pieces of legislation passed by the first democratic government of South Africa. The Act promotes the objective of good financial management in order to maximise accountability. A fundamental role of policymakers is to determine the geographical distribution of hospitals and functions they should undertake (English et al, 2009: 57).

The key objectives of the Act may be summarized as being to:

- Modernize the system of financial management in the public sector;

- Enable public sector managers to manage, but at the same time be held more accountable;
- Ensure the timely provision of quality information;
- Eliminate the waste and corruption in the use of public assets;
- Service delivery through the effective and efficient use of the limited resources; and
- Allocation of financial resources is regulated by the act and accountability is also enforced to those entrusted with the government funds.

2.3.8.3 Human Resources Budget

The budget is not allocated according to the needs related to the compensation of employees. This adds to shortage of staff because vacant posts that were vacated the previous years are no longer funded and therefore advertising is not possible. This results in that those who are in the employment are over-stretched and the possibility is that they may be tempted to leave for other districts or provinces. The use of Employment Agents also adds to the delays that lead to many of vacant posts being unfunded while institutions are waiting. The practice of posts that has been vacated being unfunded if a period of one financial year has been exceeded without the post getting filled is a further practice which needs to be done away with.

This is the same with budget for goods and services which makes it difficult for hospital staff to implement programmes as required. Implementation of Quality Assurance programmes for example is not up to standard because there are times when the hospital operates without fuel to fill the lawn mowers for cutting grass in hospitals as per the requirement to maintain the upkeep of hospitals.

2.3.9 Goods and Services:

The supply of health care resources to address the problems has been continuously declining, thus jeopardising the progress towards achieving the health-related Millennium Development Goals.

Another challenge is that the budget that is allocated for Hospital services is hardly ever enough, which compels management to rethink strategies of optimal use of the existing resources. This goes so far that essential services are compromised and it is very unfortunate that the people who are in positions of authority to allocate funds are barely aware of the situation in hospitals. This affects the end users/patients opportunity to get quality services while it happens at the expense of the management and Health Professionals who have to ensure provision of these quality services, and who are now stuck with no means to do the job. It is not uncommon for Health Professionals and management to pay from their pockets for services to the patients including food. This situation results in a high turnover rate which makes things worse in the O R Tambo Hospitals.

According to the Public Finance Management Act policy on allocation of financial resources (1989: 1), generating, spending, and conserving of resources must reflect the programs and priorities of the institution. The policy further suggests that in order to obtain financial resources for one's organisation, one needs to make out a clear and persuasive case for the ideas of generating finance. This should take a variety of efforts on the part of management to ensure that revenue collection exceeds the target for each institution because even allocation of funds is also based on the potential of the institution to reach the target in that regard.

In order to succeed in generation and allocation of financial resources the management needs to gather accurate and up to date information on how their department generates and allocates finance. It is advisable further advises that

proposals for expenditure need to be evaluated and managers need to select fair criteria and explain these to the colleagues and also provide help and support when the proposals are made, and costs, benefits and other relevant factors need to be evaluated.

2.3.10 Material Resources

Because of insufficient budget there are shortages of resources for employees to effectively implement hospital programmes in some areas. At times a manager of an institution finds him/herself also tempted to resign and leave if an opportunity avails itself.

It is noticeable that the challenges affecting Health Professionals mostly originate from administrative processes. McCoy (2006) confirms it that some of the main problems in the delivery of effective service of Primary Health Care and hospitals include problems of:

- administration and modification of existing administration structures;
- logistics and supply;
- Transportation;
- maintenance capacity; and
- delays in the release of funds.

As far as logistics and supply is concerned in the case of OR Tambo Health facilities, this relates to resources that are needed for effective service delivery. There is a problem of poor supply of medical equipment. For example there are hospitals that have been without X-ray machines for months and patients have to be referred to other medical complexes, thus causing a high load for the hospital which accommodates this shortfall.

The Eastern Cape Department of Health is characterised by a centralised hierarchical structure which causes a lot of delays in the implementation of service delivery. This is the case in centralised budget for maintenance where in the district; access to this is not so easy. This means that once decentralisation of all services is done, in other words the flatter the structure, the quicker the services (DUP-HEALTH, 2005).

2.4 Service delivery

The government of South Africa has identified ten priorities for a major improvement in the healthcare system in the next five years:

- implementation of the National Health Insurance Plan;
- improve quality of health service;
- overhaul management system;
- improved human resource management;
- physical infrastructure revitalization;
- accelerate implementation of the HIV and AIDS and sexually transmitted;
- infection control (STI) plans;
- attaining better health for the population;
- social mobilization for better health;
- drug policy review; and
- research and development (Masualle, 2009: 2).

There are also the Millennium Development Goals (MDGs) initiated by the United Nations (2000) to be achieved by year 2015 - three of which talk directly to the Department of Health listed, as follows:

- Goal 4: Reduce child mortality;
- Goal 5: Improve maternal health; and
- Goal 6: Combat HIV/AIDS, malaria and other diseases.

The Department of Health recognises its responsibility to ensure that healthcare becomes what it should be - a human right for all. For health to be a human right for all, it is necessary that the health profession is an attractive and rewarding profession and that all our healthcare facilities are places where patients, their families and the employees feel comfortable and safe development (Masualle, 2009: 2).

This statement shows the commitment of the department to ensure satisfaction to its employees. If the management, however, can also commit and come up with suitable strategies to implement the policy, the next five years is likely to see a variety of Health Professionals remaining in the province, particularly in OR Tambo. It should be mentioned that although there are hospitals that have been revitalised from mud to more durable structures, employees inside should do as much as they can to promote the quality of health care standards that will be consistent with the buildings from which they operate development (Masualle, 2009: 2).

Highlighting challenges facing doctors worldwide, Human (2009) writes that governments across the world are facing increasingly complex and demanding problems in delivering health care to their population, and as they struggle with the solutions physicians are coming under new pressures that could determine the future role of the medical profession globally. Human (2009) also notes that the global trend facing individual physicians is the inability of public sector health care systems to cope with demands for health care services, and the response to that is the expansion of the private health care sector.

Concurring with the statement by Human (2009), the private institution in the OR Tambo area like St Mary's Hospital is full of all medical-aid class with the belief that there is more care than in the public institution. Confirming this, Rudolf, (1997) writes that as many as 98000 Americans die from medical errors committed in hospitals each year and further believes that it is just over 50% patients who receive all the recommended care.

Masualle (2009) cites that our public health system is characterized by some weaknesses that might appear insurmountable, and these are:

- weak Financial Management Systems (FMS) and procedures, including reporting;
- poor Human Resource Management (HRM);
- lack of utilisation of reliable Information and Communications Technology (ICT);
- infrastructure backlog and dilapidating facilities;
- lack of total quality management; and
- poor performance management (both organisational and individual).

He further commits himself when he argues that:

I would like to assure the citizens of the Eastern Cape that we will do everything humanely possible to improve the quality of health services and accelerate the turnaround of the departmental performance. In our endeavour towards improving the health profile of the province we will put in place clear and measurable plans to achieve the national priorities and also address these weaknesses of our health system in the Eastern Cape (Masualle, 2009).

One at this time would agree that the MEC is committed to resolve these problems; the evidence is in his appearance in hospitals uninvited and do the assessments. Evidence in that regard is seen when a Portfolio committee visited the institutions and revealed a lot of embarrassments, but after that, a park home was procured by the provincial office for the gateway of Isilimela hospital as this was also one of the those challenges. Following his unannounced visits, water problems in Holy Cross and Zitulele Hospitals were resolved. This means that if the senior management can be as committed as the MEC in the Eastern Cape Provinces' Department of Health, service delivery might improve.

Rudolf (1997) identifies challenges that are encountered by hospitals in USA, followed by key developments in that regard. The challenges facing Health Professionals in USA hospitals, he identifies as:

(i) Quality Assurance challenges;

When health institutions lack quality in the care of their patients it often puts the lives of these needy patients in danger as often what needs to be done has implications for the quality of the health and may even result in death. The rate at which the diseases are increasing is very high, which challenges the management to ensure that quality is the foundation for all activities entailed, taking into consideration the rate at which people are dying in hospitals. Rudolf (1997) confirms this when he writes that some die of maternity-related carelessness in treatment, while some lose their lives because of delays in attending patients, and that demands quality standards to be put in place.

Rudolf (1997) identifies the following:

- the ***increasing demand of health care*** - this is also the case in OR Tambo hospitals which takes the form of increased rate of the HIV/AIDS pandemic disease, TB followed by Multi Drug Resistance (MDR or XDR), together with the (H1 N1) or Swine Flu that has also set in and claimed many lives in the Province of the Eastern Cape.



Figure 2.1 – Health Professionals at Work

- ***workforce shortages*** - this also is evident in OR Tambo Hospitals as cited many times in this study, where the local doctors after qualification leave their rural hospitals for urban areas within or outside the province for job opportunities irrespective of the fact that one was granted bursary to obtain his medical qualification. In this case one may add that there is also lack of systems to ensure adherence to bursary conditions of serving the department once completed studies. This qualifies the fact that the bursary contract between the Department and the bursar are not complied with.
- ***High severity adjusted mortality rate*** - This is also seen in some hospitals resulting from badly performed procedures. This is also evident in the maternal deaths figures (Rudolf, 1997). However, taking from Masualle (2009) as cited above, where he mentions the ‘Saving Mothers’, ‘Saving Babies Project’, the department seems to have put strategies in place to address the issue of mortality hospitals.

(ii) **Key developments as seen by Rudolf (1997)**

Rudolf (1997) provides the following as solutions to the above challenges in service delivery:

- Greater Emphasis on Patient Safety

Rudolf (1997) emphasizes the creation of national hospital quality reporting indicators as well as financial incentives from the government to encourage hospitals to join in national quality reporting efforts. There are monthly, quarterly and annual reports done in the department with some reports using national, while some uses provincial reporting with the assistance of Monitoring and Evaluation being in-charge of the reporting system. Pertaining to the issue of financial incentives, one may think of the Occupation Specific Dispensation (OSD), although it does not accommodate all of the Health Professionals as there are still other categories left behind.

- **Private sector quality improvement institutes initiatives (e.g. Institute for Health Care Improvement)** the hotel services strategy that the department has introduced may have emanated from the private hospitals perspective - this is however not yet implemented due possibly to the above mentioned challenges that the public sector is encountering.
- **Improving quality of care towards customer satisfaction.** Once the health service workers know how the customers perceive the services received, satisfaction is possible. Suggestion/complaints boxes are introduced to allow customers to express their feelings with the service they receive. The public service at large is however still challenged by the lack of resources as well as the various challenges as already alluded.



Figure 2.2 - The Big Picture - Balanced Scorecard Institute

According to the Balanced Scorecard by (Ledza, 1996), management philosophy has shown an increasing realization of the importance of customer focus and customer satisfaction, as well as loyalty in any business. These are leading indicators. If customers are not satisfied and there are low loyalty levels, they will eventually find other suppliers that will meet their needs. Poor performance from this perspective is thus a leading indicator of future decline, even though the current financial picture may look good. In the case of a hospital the bed utilisation rate tells clearly if the facility is under utilised by its communities, and therefore the extent of satisfaction by its clients will be determined.

Human (2009) suggests that doctors should treat patients as they themselves would like to be treated, and put the patient's interest above their own. He emphasises the uniqueness of the patient-physician relationship within the health profession, and views it as the single most important advantage that the profession has. Human (2009) states that patients generally trust doctors and the doctors will literally lose the profession if they lose trust in them. Although Human (2009) is referring the warning to doctors, this applies to all Health Professionals dealing with patients including nurses, physiotherapists, radiographers, pharmacists and even administrators for that matter because

these patients are the customers to the hospitals, or in other words they are the reason everybody in there is employed.

The National Health Act (2003) with its 'Prevention is better than cure' strategy, provides in an equitable manner the population of the Republic of South Africa with setting out the rights and duties of health care providers, health workers, health establishments as well as users. This includes protecting, respecting, promoting and fulfilling the rights of the people of South Africa to the progressive realisation of the constitutional right of access to health care services, including reproductive health care; the people of South Africa to an environment that is not harmful to their children, to basic nutrition and basic health care services contemplated in section 28(i) (c) of the Constitution, together with vulnerable groups such as women, children, older persons and persons with disabilities.

The issue of access to health care services is fulfilled by various strategies including ensuring signage to the facilities to direct people for health assistance. The second one is to ensure accessibility in the manner of changing the physical structure in which the hospital is constructed to accommodate the disabled / handicapped with their various disabilities. In compliance with the National Health Act, Turban (2002: 1) defines Customer service as a series of activities designed to enhance the level of customer satisfaction – that is the feeling that a product or service has met the customer expectation. He believes that customer service is an integral part of an organisation's value proposition. Turban (2002) also argues that the quality and level of customer service has decreased in recent years, and this can be attributed to lack of support or understanding at the executive/management levels of an organisation or a customer service policy. He suggests that many organisations have implemented feedback loops that allow them to capture feedback at the point of experience. He emphasises that this has been shown useful as it allows organisations to improve their customer service

before the customer defects, thus making it far more likely that the customers will return next time.

Dolamo (2008: 26-27) introduces important Quality Assurance concepts to be addressed namely, 'we belong', 'we care' and 'we serve'. He believes that 'We belong' is about teamwork and caring for each other, while 'We care' is about looking after one's internal and external customers, and 'We serve' entails going an extra mile to put people first. This is related to the strategy adopted by Department of Public Service and Administration (DPSA) in the implementation of 'Batho Pele' principles which serves as the guide to public servants in trying to meet the demands of our communities. Dolamo (2008: 26-27) puts the whole responsibility to the leadership which has the responsibility to influence towards quality service delivery.

Skweyiya (1997) reminds that, all should be aware that the Constitution of the Republic of South Africa calls:

- For the public service to be provided impartially, fair, equitably and without bias;
- For resources to be utilized efficiently, economically, and effectively;
- For the public service to be responsive to people's needs;
- For the public to participate in public service policies; and
- For public service to be accountable, transparent and oriented towards development.

This aligns with the Constitution of South Africa (1996) that stipulates that public administration must be governed by democratic values and principles, including the following:

- a high standard of professional ethics must be promoted and maintained;
- public administration must be development-orientated;
- services must be provided impartially, fairly, equitably and without bias;

- people's needs must be responded to, and the public must be encouraged to participate in policy-making;
- public administration must be accountable; and
- transparency must be fostered by providing the public with timely, accessible and accurate information.

The above constitutional principles help in guiding the transformation of public services to provide appropriate services to all the people of the country.

But we all know that public service does not measure up well to these requirements. The minister further believes that access to decent public service is no longer a privilege to be enjoyed by a few, as opposed to the previous public Administration, as it is now the rightful expectation of all citizens, especially those previously disadvantaged. This is why the guiding principle of public service transformation and reform is 'service to the people'. Skweyiya (1997) continues to warn also that the transformation of our Public service is to be judged, rightly, by the practical difference people see in their everyday lives.

The Government Gazette, Vol. 382: 21) enunciates that the mission of the Department of Health is to provide leadership and guidance to the National health System in its effort to promote and monitor the health of all South Africans, and provide caring and effective services through the Primary Health Care approach. Parliament (2000) indicates that the National Health Council's function is human resources planning, production, management and development (22 (1) (a) (iv), hence (Resolution 9 of 2000) of Public Service Commission (PSCBC) pinpoints the need to attract and retain high calibre senior managers. This indicates the importance of leadership development as perceived by the health system and it also qualifies the fact that service delivery is largely dependent on a leadership perspective to make people work and deliver services to the needy communities who have no other alternative but to be helped by the Department of Health.

The White Paper on Transforming Public Service Delivery (1997) addresses two categories of people in leadership; the internal customer (subordinate), and the external customer (citizens/clients/patients). Once the internal customer's needs are satisfied, that will lead to the satisfaction of the external customer. This means that once the needs of Health Professionals are met, patients who have no other alternative to take will get excellent services.

A simple well known key to success in business is 'know your customers and meet or exceed their expectations, and a new twist to old wisdom is 'define customers as both internal and external customers (Lussier, 1996: 467). Patients in this case are the external customers while on the other hand our Human Resources /employees or Health Professionals are the internal customers. Lussier (1996: 467) also suggests that the way to get to know customers is to talk to them. This is not difficult to do, as there are Governance structures in the form of Hospitals Board that were established on behalf of communities. While in relation to the internal customers forums may be established in addition to the Transformation Units for sharing of information, and that will allow leadership to know their grievances for correct interventions.

In alignment to that, Dwyer (2006: 5) believes that customer service, like a brand, is what the customer perceives and remembers of the service they received. What a customer perceives is the service they receive, is not necessarily the service they actually receive. What a customer remembers about a service is not just dependent on the usual suspects of first and last impressions. It is dependent on the "moments of truth. A moment of truth according to Dwyer (2006) is when an interaction occurs between a customer and the service provider that can leave a lasting positive or negative impression on a customer. This challenges leaders of the Department of Health to empower people on Batho Principles which entail the whole package towards service delivery.

Megginson (2006: 453) has provided the following as the aims surrounding service delivery or customer satisfaction:

- To serve the public as nearly as possible as we can to its complete satisfaction. One is reminded of the Batho Pele Principles which emphasizes the importance of taking services to the people;
- To expect for the service we render, a fair remuneration. To do all in our power to pack the customer's dollar full of value, quality and satisfaction; and
- To continue to train ourselves and our associates so that the service we give will be more intelligently performed to improve the human factor. It is unfortunate that hospitals have no skills development program, they depend on the SDF of the sub district. If the trainings can be prepared for by the facilitators who are able to align the interventions to the problem, that is preferable.

Van der Waladt, Van Niekerk, Doyle, Knipe, and Du Toit (2002: 19) suggests that in South Africa there should be one common goal in terms of Batho Pele, namely, achieving the highest possible standards of service delivery for those who rely on public services. Vander Waladt, et al (2002) further suggest that the main contribution of the new public management approach has been the identification of the key principles for modernizing government, namely:

- Responsive public service: public service delivery should meet the needs of citizens or business. Taking from this one it means then challenges the management to continuously conduct the research / needs analysis;
- Efficient, high quality public service: public services must match the best anywhere in the world in their ability to innovate, share good ideas, control costs and above all, deliver;

- Information age government: technology must be harnessed to improve public service delivery. The challenge in this regard is incorrect data that is usually collected which results in misinterpretation to take place; and
- Promote a culture of improvement and innovation in the public service. Once employees are allowed autonomy in performing their tasks as alluded in the HRM paragraph, this is very much possible to happen.

Trying to address the issue of lack of coordination of services among all spheres and Public institutions, Xundu (2002) argues that in the eyes of the public we are all public servants as the public did not care about the differentiation in the three spheres of government. The people need good and efficient public services for improvement of their health status. The DPSA (1997) in its White Paper on the Transformation of the Health Systems argues that because the public service was a control mechanism against majority population, it became of necessity highly authoritarian, centralized and rule bound in its operation. It was characterized in particular by the development of a vertical, top down management structure in which the lower levels (as well as clients) were hardly consulted.

South Africa as a developing country, tries its best to satisfy the needs of its citizens. This has led to the introduction of a White Paper on 'Batho Pele' Principles which on the other hand has promoted awareness to our communities on the rights they have to the services. Government institutions are expected to provide people with quality services in every corner. However there have been complaints that government departments do not deliver services to the public as expected by the Constitution and White Paper on Transformation of public service delivery.

An example of this is when there are clients in front of a service provider waiting to be attended at, but a provider is busy talking on the phone for a long time for his/her personal issues, forgotten at all about the customers in front of her. According to Skweyiya (1997) access to decent public services is no longer a

privilege to be enjoyed by a few but it is now the rightful expectation to all citizens, especially those previously disadvantaged.

The Constitution of South Africa (1996) stipulates that public administration must be government by democratic values and principles, including the following:

- A high standard of professional ethics must be promoted and maintained
- Efficient, economic and effective use of resources must be promoted
- Public administration must be development orientated
- Services must be provided impartially, fairly, equitably and without bias
- People's needs must be responded to, and the public must be encouraged to participate in policy making
- Public administration must be accountable
- Transparency must be fostered by providing the public with timely, accessible and accurate information
- Good human resource management and career development practices, in order to maximise human potential, must be cultivated.
- Public administration must be broadly representative of the South African people, with employment and personnel management practices based on ability, objectivity, fairness and the need to redress the imbalances of the past to achieve broad representation.

The above constitutional principles help in guiding the transformation of the public service to provide appropriate services to all people of the country.

2.5 Importance of Leadership

In the experience of the majority black population, the former South African public service failed to serve the people to the extent that they participate in partnership of the quality of the service they received. The notion that the

public service could or could not play an important developmental role did not enter into an apartheid lexicon. The purpose of the state officials was to administer, control, and at best to hand down services, not to work closely with communities in ways that might enable them to take control of their own development and empowerment.

Frissen and Snellen (1990: 27) point at the necessity for change leadership – pattern and management techniques in public organisations of the traditional bureaucratic culture into a managerial culture. He argues that some of authors do emphasize that excellent management cannot be simply compared with excellent government ‘time honoured’ values like neutrality, objectivity and passivity seem no longer appropriate by themselves to enable the staff and organisations to respond and tackle complex problems of today. He further believes that the assimilation of the modern management methods, skills and philosophy in public administration is no longer regarded as an option but regarded as an option but rather as a necessity. This then challenges for development of leaders with relevant skills in order to assimilate those modern changes.

In fact in order to rectify the escalating problems in the public sector at large, strengthening of leadership is necessary, which will assist in influencing those who are responsible to ensure satisfaction of our communities.

Hence one has found it proper to provide also the theory on leadership. In fact in order to rectify the escalating problems in the public sector at large strengthening of leadership is necessary, which will assist in influencing those who are responsible to ensure satisfaction to our communities. According to Frissen and Snellen (1990: 27) a leader is a person who finds out which way the parade is going, jumps in front on it, and shouts, ‘Follow me’.

Thakhathi (2008: 5) defines the term leadership as follows:

- Leading is the process of cheering people up and directing them towards organisational goals, vision and mission;
- Leadership is the influence and ability to enable others to work willingly to accomplish their tasks well; and
- A leader is the one who exercises his or her leadership authority or mandate.

Thakhathi (2008: 5) believes that leadership is a function and not a position. By that he means that there are many roles that leaders have to perform to ensure that the organisation is running optimally, one of them being creation of a vision and mission, selling the vision in such a manner those employees will accept and implement it passionately. One can then say that it is this leadership that changes the situation for the better.

Smith (2004: 275) defines leadership as the activity that infuses energy into the organisation to activate its members and resources to things moving and keep them in motion. It entails activities such as formulating the organisation's mission, goals and strategies. Leadership deals with issues that relate to the influencing of subordinates to focus their efforts on attainment of organisational goals.

Thakhathi (2008: 7) talks about the importance of vision in leadership, where he sees it an idealized picture of the future of the organisation. He views vision articulation as one of the aspects that distinguishes a leader from a manager. Thakhathi (2008: 7) argues that leader's communication has to be carried out in a compelling way to persuade people to work towards the same organisational goal articulation and communicating the vision effectively requires leaders to understand the language, concerns perspective of their followers.

In Mbeki's (2002) 'State of the Nation Address' he emphasises that improvement of performance in the public service depends on the quality of leadership provided by the executive and senior management. Further, it is critical to enhance the commitment of public employees to their duties – a task that according to him belongs to the leadership, the public servants themselves and the trade union movement.

Dolamo (2008) in this regard provides different types of leaders based on four concepts as follows,

Vision – a visionary leader always sees a larger perspective, for visioning means to think big and new. The visionary leader is able to create a culture of collaboration for service delivery.

Reality – a realistic leader always responds to the facts, for realism means to think illusions. No customer - no business; caring for one's customers.

Ethics – an ethical leader is always sensitive to people's needs; treating them with dignity; for ethics means to be of service "delighting in ones clients by exceeding their expectations.

Courage – a courageous leader always claims the power to initiate, act, and risk; for courage means to act with sustained initiative (Dolamo, 2008).

Adding to that Thakathi (2008: 85) writes that it is vital to create an actualizing climate, one which is positive, stimulating and challenging. He argues that management must always empower their employees to do more and to excel in reaching their targets and goals, by removing controls over the employee and holding him or her accountable for results.

Noting failures of leaders, Saanborn (2007) talks about '*risk aversion*' which in his explanation argues that leaders at risk often begin to be driven by a fear of failure rather than the desire to succeed. Past successes create pressure for leaders: 'Will I be able to sustain outstanding performance?' 'What will I do for an

encore?' In fact, the longer a leader is successful, the higher his or her perceived cost of failure. He believes that when driven by the fear of failure, leaders are unable to take reasonable risks. To him they want to do only the tried and proven; attempts at innovation -- typically a key to their initial success -- diminish and eventually disappear.

Secondly, Saanborn (2007) mentions a lack of focus and its resulting disorientation that typically lead to poor communication. According to Sanborn followers can't possibly understand a leader's intent when the leader is not sure what it is! And when leaders are unclear about their own purpose, they often hide their confusion and uncertainty in ambiguous communication.

Thirdly, Saanborn (2007) provides another concept A Shift in Focus which he believes can occur in several ways. Often, leaders simply lose sight of what's important. The laser-like focus that catapulted them to the top disappears, and they become distracted by the trappings of leadership, such as wealth and notoriety.

To him leaders are usually distinguished by their ability to "think big." But when their focus shifts, they suddenly start thinking small. He says that they micro manage, they get caught up in details better left to others, they become consumed with the trivial and unimportant. And to make matters worse, this tendency according to Sanborn can be exacerbated by an inclination toward perfectionism.

Stahl (1983) stresses the importance of leadership that is participative in nature which results in multiple participant nature of decision making. Emphasising its impact on achievement Stahl (1983: 232) argues that managers who keep employees in a state of preparation for high quality work and high performance goals before them, the participative and communicative type of performance can be demonstrated in many different ways, probably as diverse as human

personality is varied. For example we know better how to identify what behaviours than when an individual exemplify these behaviours.

Thakhathi (2008: 16) concurs with this and defines the interacting leadership, as the type of leadership that enhances active participation and involvement of workers, which creates a space for a relationship between the leader and the workers and that allows open discussions on all issues including contingencies, rewards, organogram and systems.

Meiring (2001: 31) views a leader as 'a person who enables people to work together to attain objectives, such a person will be responsible for communication, motivation, counselling, disciplining, punishment and evaluation of subordinates. He further describes leadership as a relationship between a person exerting influence and those who are influenced."

In their definition of effective leadership Fox, Schwella, and Wissink (1991: 93) see it as an interactive process of influencing individuals and group behaviour towards the attainment of enterprise's objectives. Occasionally leader effectiveness is measured in term of the leader contribution towards the quality of group processes as perceived by his followers or by outside observers. To Fox, et al (199: 93) the most common way of measuring leader effectiveness is the extent to which the group or organisation of the leader performs its task successfully and achieve its objectives.

Looking at the concept of leadership, one may conclude that a leader is somebody who is sitting at the driver's seat to drive the vehicle (manner towards attainment of the organisation's goal) towards the right direction. Therefore a leader is one who uses his skills to influence his followers in a very harmonious way.

2.6 Conclusion

In the main, for the communities to benefit get satisfaction from hospital service delivery a reward system should be strengthen in the form of performance management system. In staffing, creation of positive climate will make it very easy for management to work with positive attitudes when serving clients. The department should fast track the revitalization process to the remaining hospitals so that they'll get attracting environment. Change in attitudes through continuous training will build on investment on people. Early payments of employees' salaries and benefits will also motivate them to work more. Job designing through enrichment and allowing them autonomy will also open opportunities to those whose salary scales were already on ceiling. Leadership capacity building to hospital management to know the value of investing on people is necessary.

In fact interventions aimed at improving hospital administration and clinical management at the district hospital level warrant investigation. For clinical management, intervention such as clinical guidelines, supervision and feedback, audit and continuing professional development, quality improvement strategies and accreditation, improvements in referral and integration with PHC may improve the hospital performance and be relatively cost effective.

Such interventions deserve attention, along with more traditional research aimed at optimizing treatment of specific diseases (English et al, 2009: 36).

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

Clark et al (2000: 7) defines the word 'research' as a study and investigation especially to recover new facts. He defines the word especially in this context as referring to the fact that research may be directed towards the confirmation of existing facts. This study is aimed at investigating the challenges facing Health Professionals in their working places as well as to coming up recommendations to enhance service delivery in OR Tambo District Hospitals. The Millennium Development Goals (MDGs) set out goals for reducing child mortality, improving maternal health and combating HIV/AIDS, malaria and other diseases. The major reason for concern in investigating the challenges is to obtain a full understanding so that hospitals find ways of improving services to the communities which they serve. Tawfik (2006:49) notes that in order to achieve the Millennium capacity the situation requires new policies at the global, national, organisational and community levels. Policies will need to be developed and implemented that scale up human resources, bring new knowledge and skill mixes to health workers and provide them with sufficient incentives to provide high-quality service.

3.2 Research Design

In trying to ensure validity and reliability of data the researcher used both qualitative and quantitative designs. Bryman and Burgess (1999: 143) believe that a quantitative approach has an advantage that it is possible to measure the reactions of a great number of people to a limited set of questions, thus facilitating comparison and statistical aggregation of the data. He also argues that the advantage of a qualitative approach permits the evaluator to study selected issues in depth and detail.

3.3 Sampling

The researcher in this study has followed a stratified sampling approach. In statistics, stratified sampling is a method of sampling from a population and when sub-populations vary considerably, it is advantageous to sample each sub-population (strata) independently. Therefore stratification is the process of grouping members of the population into relatively homogeneous sub groups before sampling (Wikipedia, 2009). A stratified sample was selected to ensure that all of the district hospitals in O R Tambo are represented. Stratified sampling is a way of getting an 'average' which represents the population being studied or everything that exists which the researcher wishes to count or measure. The population is broken down into groups that do not overlap and a 'sample' is taken from each group.

If it is done to the satisfaction of statisticians, it can be as accurate, if not more because of the problems of counting and measuring everything, than a total count of measurements.

The study focused on eleven district hospitals, and representation involved management from each hospital and included Hospital Managers, Chief Medical Officers (CMO), who will also represent Health Professionals, and Middle Managers Nursing. The total sample size therefore was 36 (N= 36).

3.4 Research Technique

An opinion survey was conducted where the respondents who have experienced the phenomenon were asked to provide their opinions. Hakim (1987: 48) argues that one of the main attractions of the sample survey design is its transparency or accountability taking it into account the methods and procedures used which are visible and accessible to other parties. The approach facilitates the assessment of the implementation as well as the overall research design. The researcher selected people to represent the identified strata of each hospital. The questionnaires were completed by the respondents in person and where this was

not practical telephonic interviews were conducted where the researcher completed the research questionnaire based on the respondents' responses. This approach was considered the best method, as more information was needed in order for the data to be more useful in examining the hypothesis. This afforded the researcher a better chance to probe the responses given by the respondents especially where the respondents were expected to explain their 'YES/NO' responses. Telephonic interviewing was necessary in this study because of the distance between the location of the researcher and site of the study. In some cases emailing and faxing of the questionnaires was used. Due to the vastness of the area the researcher did experience some problems in covering the entire research area but these were overcome.

3.5 Data Collection

Data analysis is a systematic gathering of data for a particular purpose from various sources, including questionnaires, interviews, observation, existing records and electronic devices. The process is usually preliminary to statistical analysis of the data ([http://www. \(Http://www.HealthArticles.com\).com](http://www.HealthArticles.com) – Accessed on the 11th December 2009). Collection of data in this study took the form of questionnaires, interviews. Interviews assisted in interrogating those issues that were not written in the questionnaires.

3.6 Description of Data

3.6.1 Primary Data

There are two types of data, namely, primary data generated by the researcher, and secondary data generated by another researcher. Primary data are the original data (Shao, 1999: 151). According to Leedy (1989: 117), primary data is the data that lie closest to the source of the ultimate truth underlying the phenomenon. He writes that primary data reflect truth more faithfully than any other approach to truth. When the researchers collect their data for the purpose of a particular study the data is called primary data (Bless & Higson – Smith,

2000:97). The researcher in this study has used questionnaires, interviews as well as direct observation as sources of primary data.

3.6.2 Secondary Data

Bless and Higson-Smith (2000: 97) believes that very often researchers must use data collected by other investigators in connection with other problems or as part of the usual gathering of social data in the case of population census and such data is referred to as secondary data. The researcher has also used documentary sources of the department of Health as the secondary data including the strategic planning as well as the District Health Barometer.

3.6.3 Questionnaires

A Likert Scale type of Questionnaire was developed and distributed to 36 respondents that include management of all district hospitals in OR Tambo. The questionnaires were designed and distributed to the respondents according to the positions they occupy, for example, the Hospital Managers, Chief Medical Officers and Middle Managers Nursing. While the CMOs and the Middle Managers Nursing formed part of management, they are also Health Professionals. Therefore the Health Professionals' points of view were most expected from the two of them in the feedback. Open-ended and closed ended questions were used. Although the questionnaires were distributed to 36 respondents, 25 questionnaires came back. Therefore the results will be generalized on that basis. The rate of response is dealt with in more detail in the next 'Data Presentation' section of this study.

3.7 Conclusion

In the foregoing chapter the researcher outlined the methodology which she followed in conducting this study. The research techniques and design employed, data collection instruments used and how both primary as well secondary data were treated form the core of this chapter. The stratified sampling approach which the researcher followed was intended to ensure that opinions were spread

over all the strata within the study population's hierarchy. While it was the researcher's initial intention to allow the respondents to personally complete the questionnaires, staff movement and the mobile nature of the respondents' jobs resulted in some of the respondents being interviewed using the questionnaires as a guide. Throughout the interviewing process the researcher ensured that the content of the interview was the same as that of the questionnaire with no alterations effected.

CHAPTER FOUR: DATA PRESENTATION

4.1 Introduction

In this chapter the researcher presents the research data, outlines the findings without necessarily drawing conclusions. Trends and tendencies are graphically explained to enhance meaning and elaborate on the points which the researcher wants to make. The value of the diagrams which the researcher used is in the pictorial presentation of the trends, tendencies and contrasts. How the presented data is interpreted and conclusions drawn are dealt with in detail in the following chapter (Chapter Five).

4.2 Return Rate

In this chapter the researcher presents the data obtained from the completed questionnaires. Of the 36 questionnaires which were distributed, 25 were returned – this constituted 69,4%. Babbie (1998) argues that a 50% response rate is 'adequate', a 60% is considered 'good', while a 70% response rate is considered 'very good'. A low response rate is not acceptable, as many survey researchers have found that responses obtained from a small portion of a sample cannot be generalised to the sample. The 69,4% response rate in this study is considered good.

4.3 Item Analysis - Demographics

4.3.1 Gender Distribution

Of the 25 respondents whose questionnaires were returned correctly completed, 72% were females while 28% were males as depicted in the following diagram:

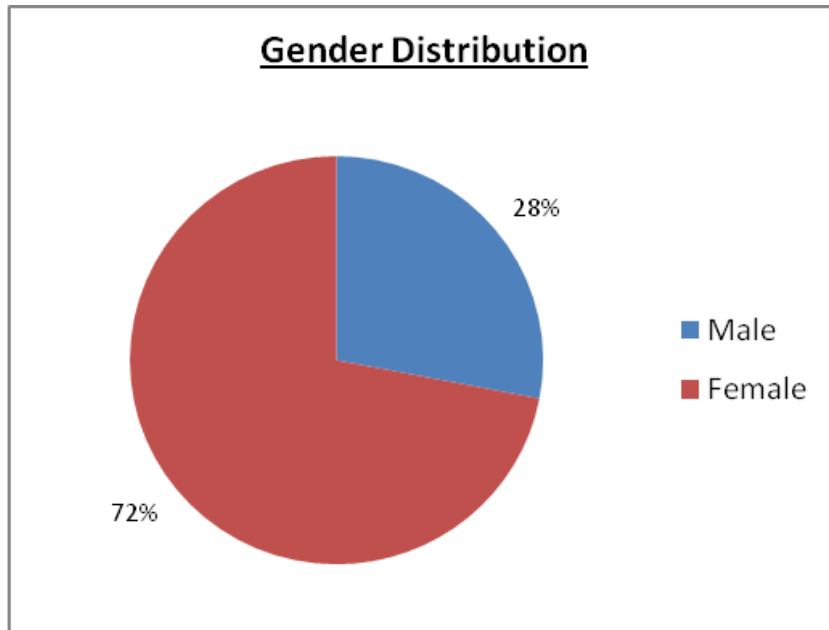


Figure 4.1 - Gender Distribution

Due to the fact that the Health Sector is constituted of predominantly female employees who operate either as nurses or other para-medical professionals, it is not unusual to have a gender distribution as is reflected in the distribution of this study. The purpose for including this item in the questionnaire was aimed at assisting with the identification of inclinations in the opinions drawn as to whether they favoured males or females. This distribution will therefore be used to understand the rest of the items in the questionnaire.

4.3.2 Position at Work

Respondents were also requested to provide information on the positions they occupied at work. The reason for including this information was to establish the categorisation of opinions by position at work. This was considered important as conditions of employment and the manner in which the various respondents experienced the issues raised in this study could vary depending on what position the respondent occupied at work. The following diagram shows the breakdown of the 25 respondents who returned their questionnaires per 'Position at Work':

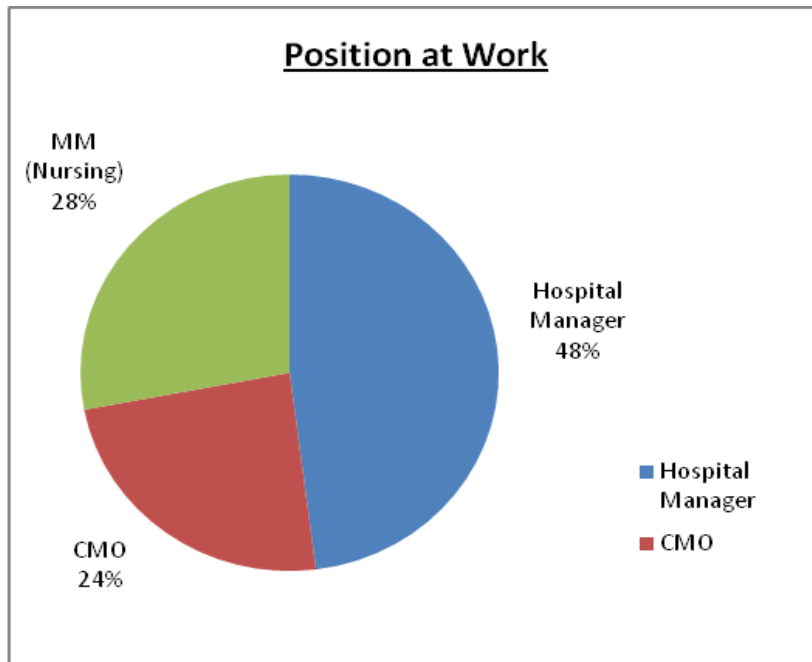


Figure 4.2 – Position at Work

4.4 Item Analysis – Respondents’ Opinions

The items in the questionnaire are presented and interpreted below. Not all items are dealt with but only those which impact the trends and opinions sought, as such the reader will establish that some items have either been skipped or not included in the analysis. This is due to the insignificant nature of their impact on the study trends.

4.4.1 Staff Turnover - Item 1

The respondent were required to give an opinion as to whether they agreed with the following statement, *“OR Tambo has seen a high number of Health Professionals leaving their posts in hospitals for other districts or provinces, and even internationally”*. Diagram 4.3 below, shows the breakdown of the respondents’ opinions on the statement:

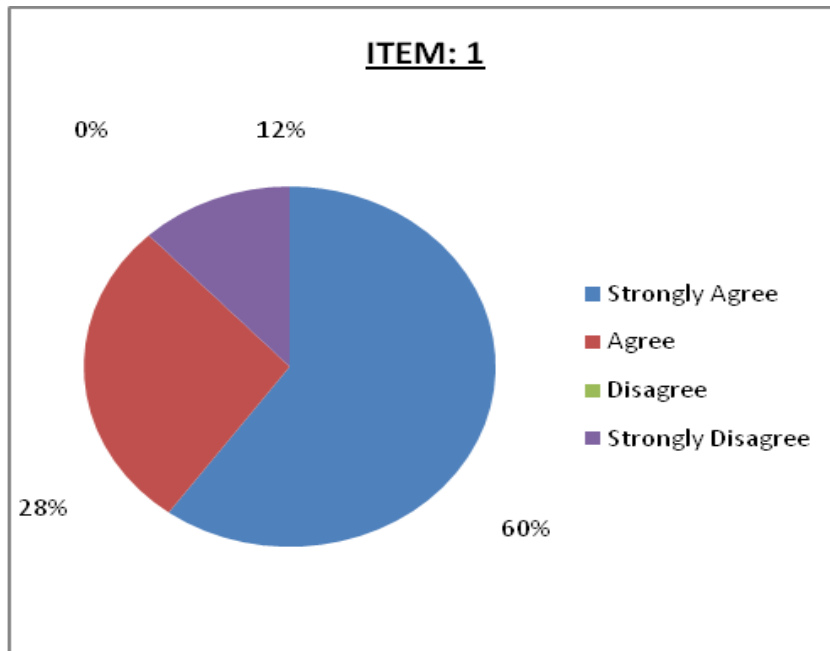


Figure 4.3 – Staff Turnover

As can be seen in the above diagram the respondents largely agree with the statement cited above with 60% strongly agreeing and 28% agreeing. This constitutes 88% agreement with the statement while 12% disagreed and with no respondent strongly disagreeing.

4.4.2 Employee Involvement in Decision-making - Item 4 (i)

When the respondents were requested to give an opinion on whether or not they were involved in decision-making, there was an overwhelming affirmation of the statement with 84% affirming that employees were indeed involved in decision-making and only 16% gave a negative 'No' answer. The following diagram demonstrates the distribution of the responses:

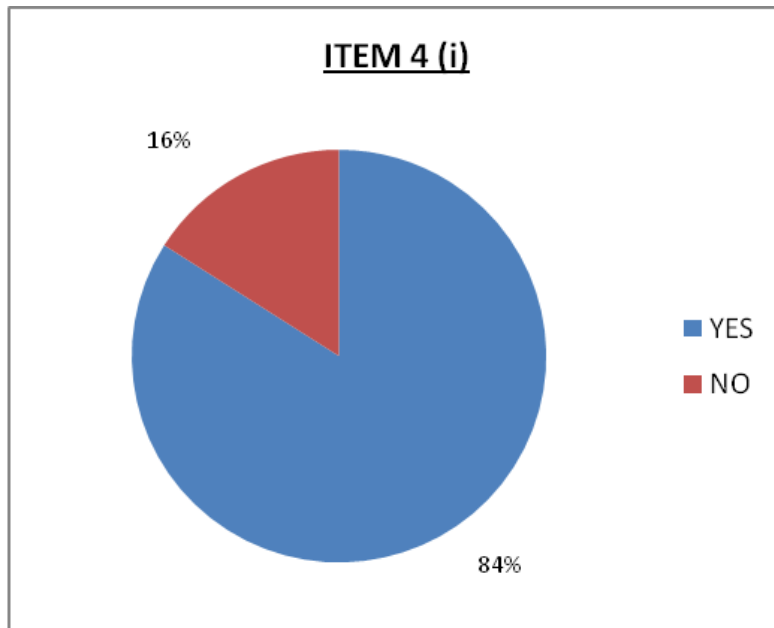


Figure 4.4 – Employee Involvement in Decision-making

4.4.3 Feedback on Policy Changes - Item 4 (iv)

The respondents were requested to provide opinions on whether or not feedback was given to them whenever there were changes on policy. An overwhelming 92% confirmed that feedback was given whenever changes were effected on policy against 8% who denied that this was the case. Diagram 4.5 below illustrates the distribution of their responses.

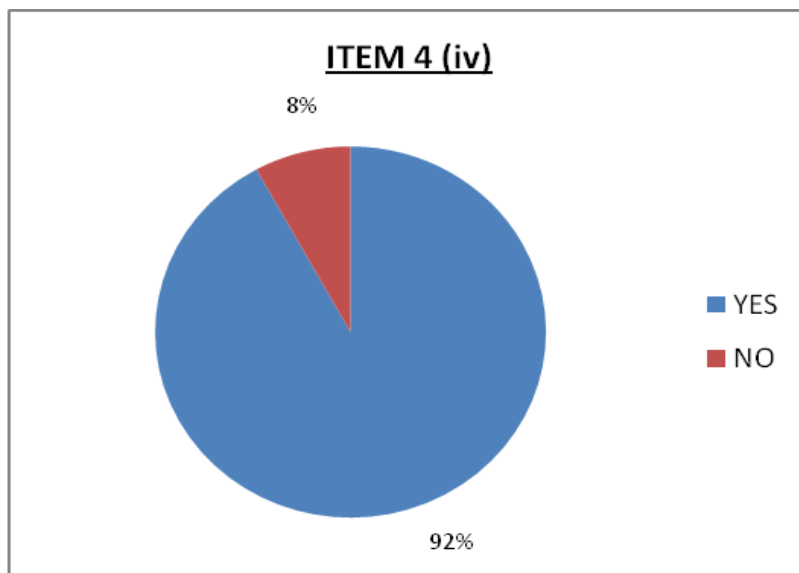


Figure 4.5 – Feedback on Policy Changes

4.4.4 Required Resources to do Job Supplied Timeously - Item 5 (i)

When the respondents were requested to give opinions on the above statement, their responses were distributed in accordance with the diagram below:

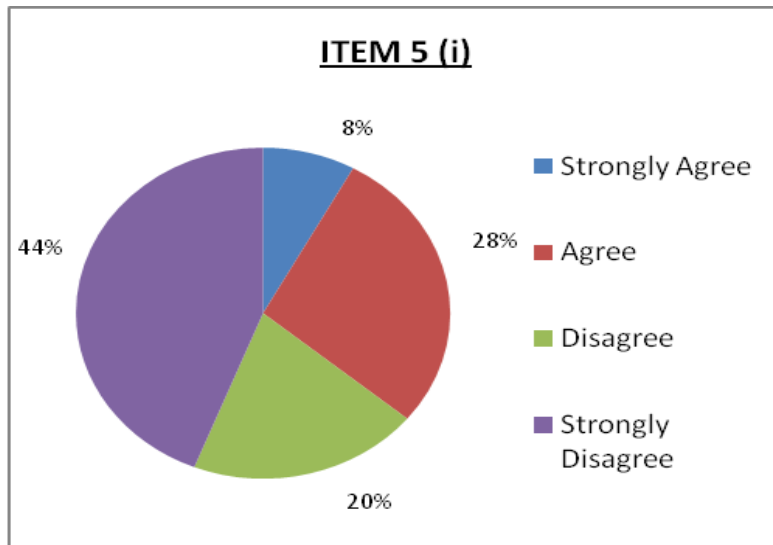


Figure 4.6 – Required Resources to do Job

While respondents who strongly disagreed with the fact that resources are supplied for them to do their work timeously are in the majority (44%), there seems to be an even distribution of opinions on this item. This could be due to the manner in which the respondents were distributed broadly among various institutions, some of which had benefited from foreign donations.

4.4.5 Required Budget to do Job Provided Adequately - Item 5 (ii)

Respondents were also requested to provide their opinion on whether or not in their opinion, budget was provided adequately for the assignments which they had to carry out. Of the 25 respondents whose responses were presented and analysed, 68% strongly disagreed with the statement that adequate budget was provided for the assignments which they were expected to carry out. Twenty-eight percent disagreed while an insignificant 4% agreed or strongly agreed.

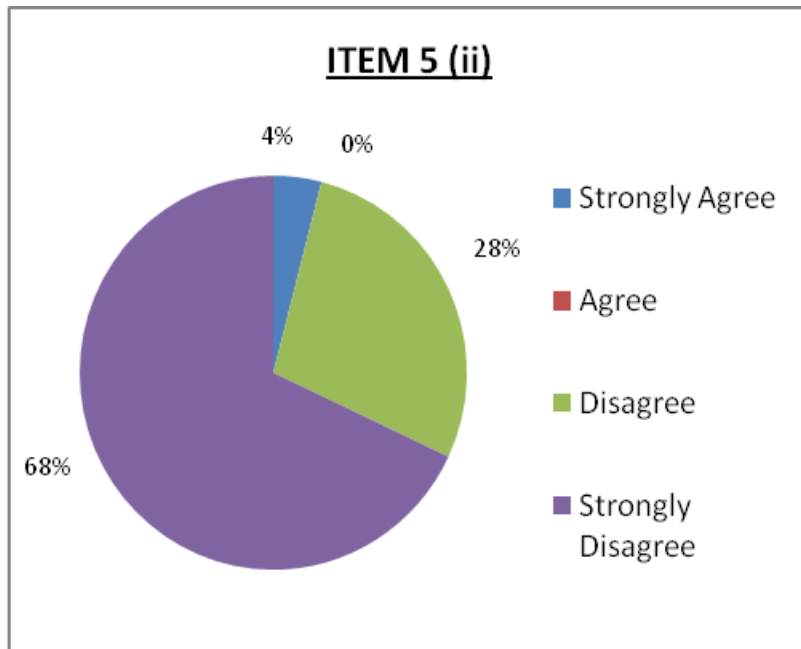


Figure 4.7 – Budgetary Provision

4.4.6 Required Infrastructure in Place - Item 5 (iv)

When the respondents were requested to give their opinions on whether or not infrastructure was in place to assist them to achieve their set goals, their responses were as demonstrated in the following diagram 4.8:

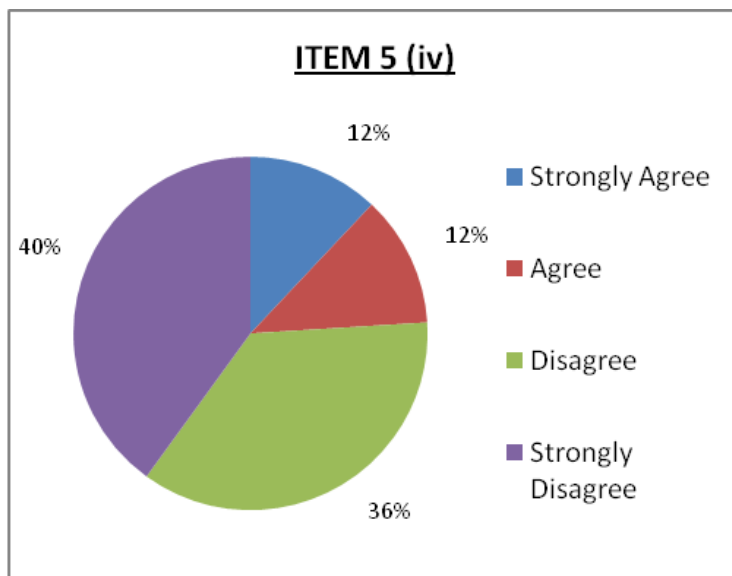


Figure 4.8 – Infrastructure Provision

4.4.7 Met Transport Needs - Item 5 (v)

The respondents were also requested to give their opinions on whether or not in their opinions their transport needs were met when required. The following diagram (Fig. 4.9) shows an outline of the opinions:

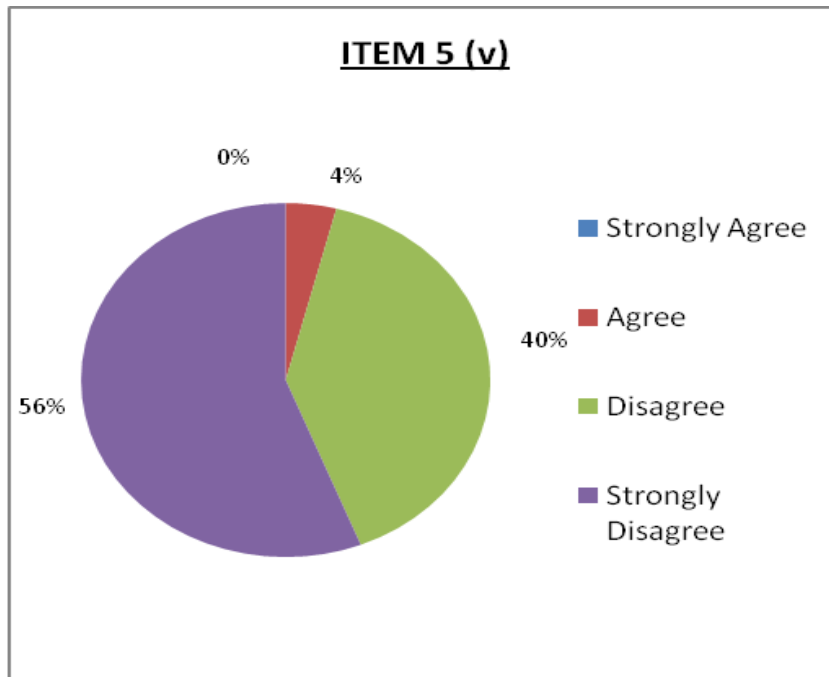


Figure 4.9 – Met Transport Needs

An overwhelming majority of respondents disagreed with the statement that their transport needs were met when requests for such were made. Ninety-six percent of the respondents denied that their transport needs were met. Only an insignificant 4% suggested that their needs were met.

4.4.8 Welfare Needs of Employees met - Item 6 (i)

When the respondents were asked to give an opinion on whether or not the welfare needs of employees were met their responses were distributed in accordance with the following diagram:

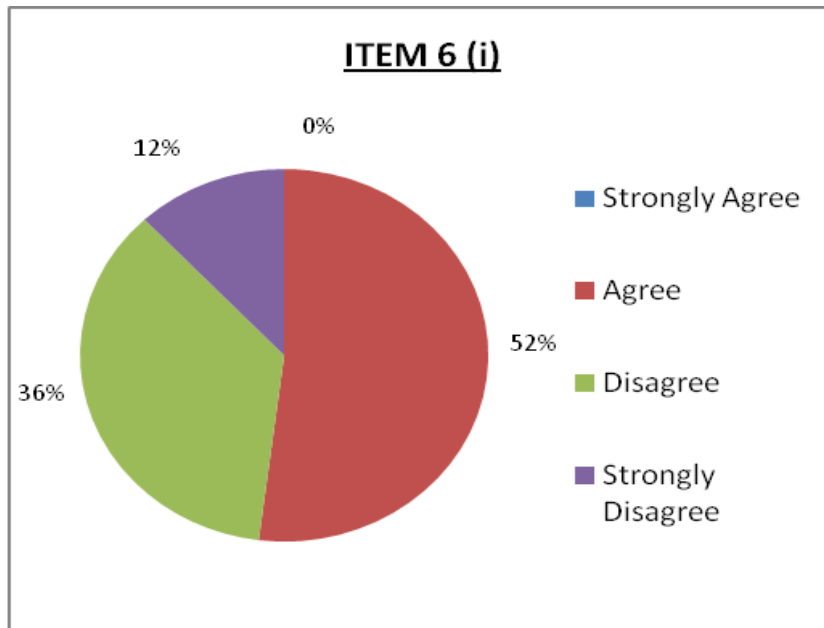


Figure 4.10 – Meeting of Employees' Welfare Needs

There is an even distribution of opinions on this item, with 52% agreeing that welfare needs of the employees are met while 48% disagree or strongly disagree. This is a unique distribution in this study which is characterised by strong opinions of 'either/or' as opposed to evenly distributed opinions.

4.4.9 Staff Satisfaction and feeling Good about Conditions (Item 6 (ii))

The diagram below outlines the distribution of opinions regarding their satisfaction with the current conditions of employment:

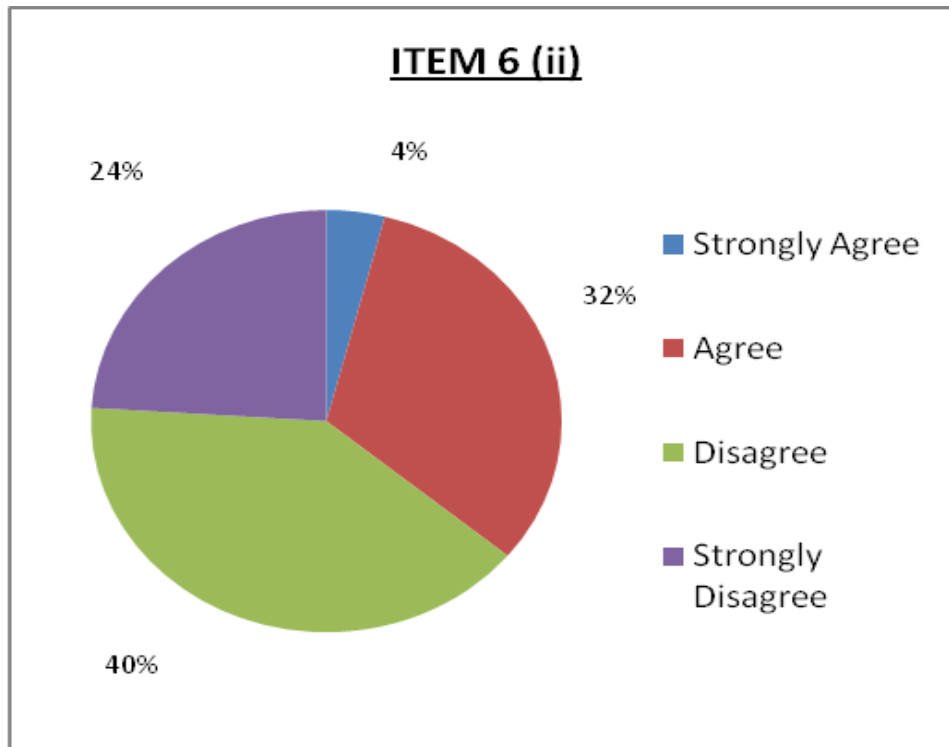


Figure 4.11 – Staff Satisfaction

Of the 25 employees who responded to this item, 36% either agreed or strongly agreed while 64% either disagreed or strongly disagreed.

4.4.10 Performance Excellence and Productivity - Item 6 (iv)

An overwhelming 80% of the respondents denied that employees in the institutions being studied performed excellently or the productivity was high. Fifty-two percent disagreed while 28% strongly disagreed. The diagram below outlines the distribution of the respondents' opinions.

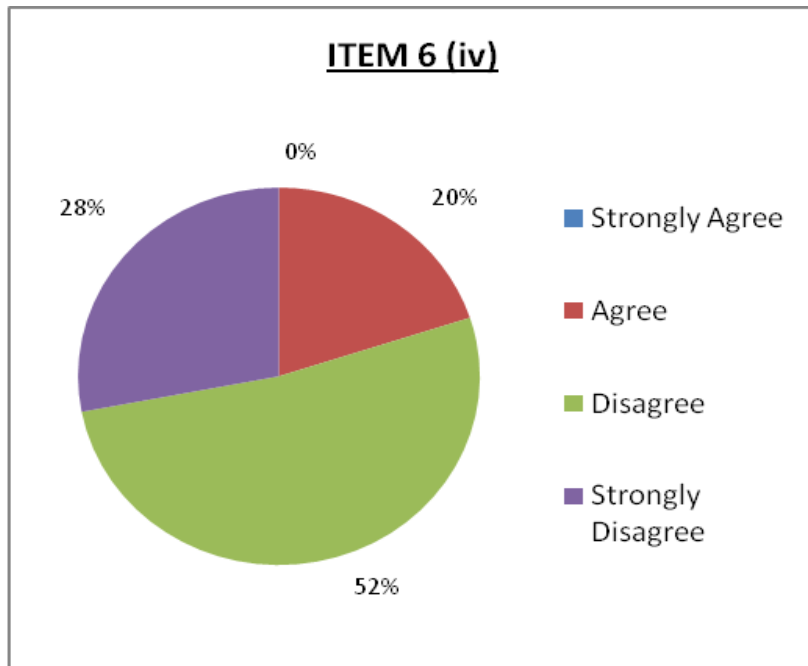


Figure 4.12 – Performance Excellence and Productivity

4.4.11 Work Commitment - Item 6 (iv)

Respondents were requested to provide opinions on whether or not, in their opinion, staff is committed to their work and their morale is high. The majority of respondents (64%) either disagreed or strongly disagreed with the statement while only 36% agreed. The diagram (Fig. 4.13) below outlines the breakdown of these opinions:

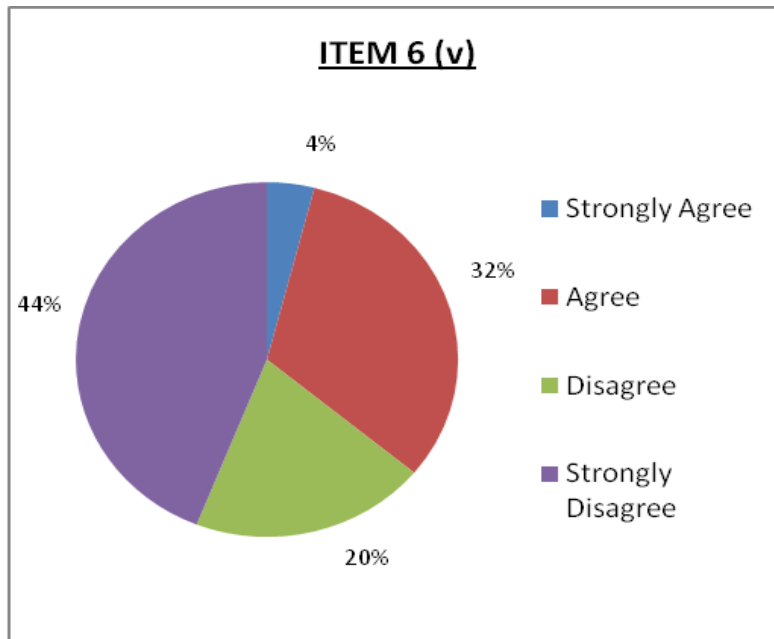


Figure 4.13 – Staff Commitment and Morale

4.4.12 Human Resources Development - Item 6 (vi)

Respondents were further required to indicate their opinions on the importance of human resources development. The diagram below (Fig. 4.14) outlines the opinions as obtained from the completed and analysed questionnaires:

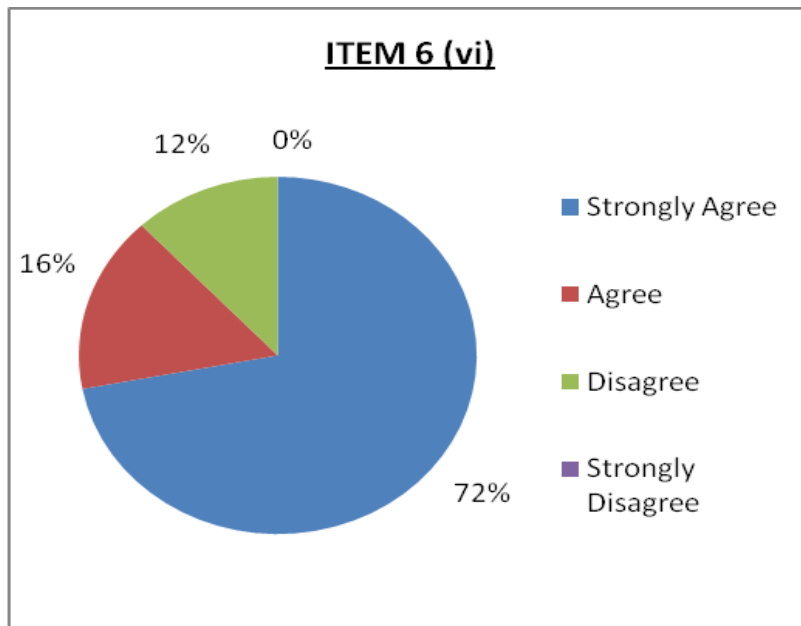


Figure 4.14 – Human Resources Development

Only 12% of the respondents disagreed while 88% either agreed or strongly agreed with the statement that development for health Professional is important.

4.4.13 Motivation to undertake Further Studies - Item 6 (vii)

Of the 25 respondents who provided their opinions on whether or not employees were encouraged to undertake further studies, an overwhelming 80% affirmed that employees were indeed encouraged to undertake further studies. This is as opposed to the 20% who either disagreed or strongly disagreed.

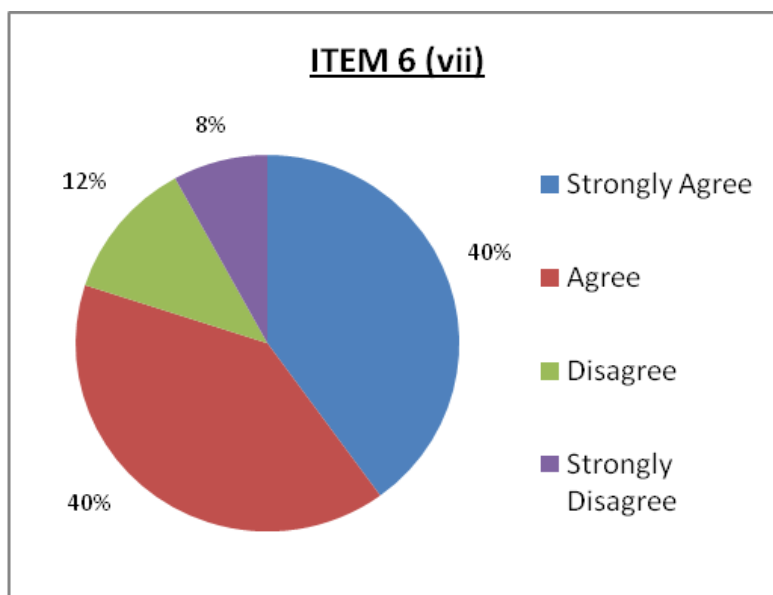


Figure 4.15 – Motivation to Study Further

4.4.14 Implementation of the 'Batho Pele' Principles - Item 6 (viii)

Of the 25 respondents whose opinions are presented in this section, 76% of them affirm that the principles of 'Batho Pele' are implemented in the institutions that are the subjects of this study. This is as opposed to the 24% who deny that this is the case. The diagram (Fig. 4.16) below outlines these opinions.

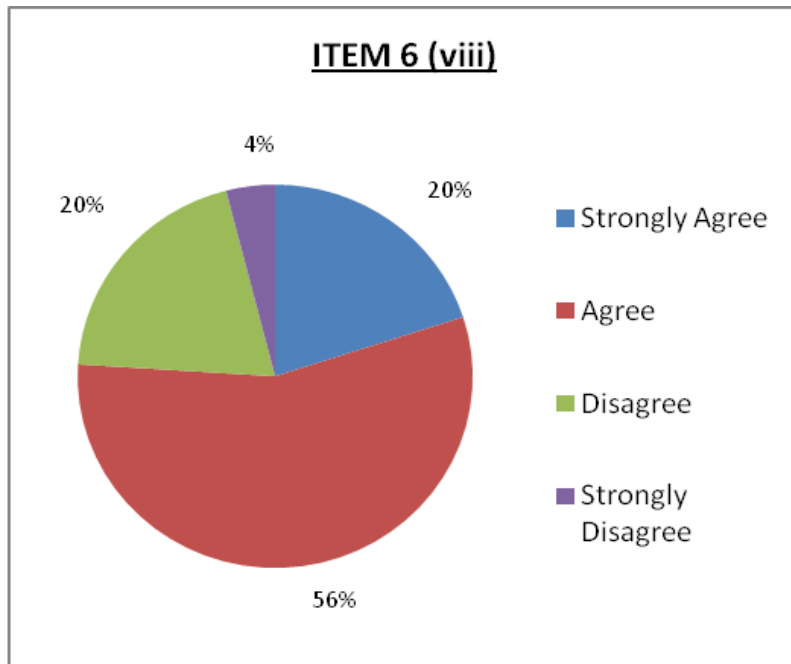


Figure 4.16 – Implementation of ‘Batho Pele’ Principles

4.5 Conclusion

It is the researcher’s view, following the foregoing presentation of the data, that the problem which informed the initiation of the study was confirmed by the respondents. While findings, conclusions and recommendations are dealt with in depth in Chapter Five below, the overwhelming confirmation of the problem situation is visually conspicuous in the illustrative diagrams which the researcher uses. While biographical data is used, the primary purpose for its use is to assist the reader to contextualise the trends and tendencies.

CHAPTER FIVE: MAJOR FINDINGS CONCLUSIONS AND RECOMMENDATIONS

In this chapter the researcher presents the study's major findings, observations, trends, limitations, conclusions, recommendations and direction for future studies. With the inclusion of limitations the researcher is warning users of this study to be cautious of areas where the study might not have gone deep enough or areas which fell outside the scope of this study.

5.1 Major Findings Observations and Trends

During the perusal of the respondents' opinions it was observed that neither gender nor position at work influenced the opinions of the respondents. While in terms of gender representation females largely out-numbered males, this had no impact on the findings of this study.

It was further observed that the respondents agreed by far, that there is a problem of staff turnover with Health Professionals leaving their posts for 'greener pastures'. This they attribute to a number of areas which need urgent attention. Among these problem areas they cited staff shortage which resulted in the remaining staff being over-worked and not seeing the reason why they should continue sacrificing themselves whilst the conditions of employment were not adjusted to compensate their hard work.

The respondents further cited the lack of resources and inadequate infrastructure which resulted and caused them not to achieve their work goals. This, it is the researcher's opinion that, these worsening conditions of employment are weakening the department's ability to attract and retain competent Health Professionals.

While the above may be the case, the majority of the respondents (84%) still confirmed that they were involved in decision-making at their level of operation. It must be stated at this stage of the study that, while the respondents confirmed

participating in decision-making, it is still the responsibility of the Provincial Head Office to allocate resources and review conditions of employment. With this responsibility and authority vested with the Head Office, whatever decisions they took at hospital or district level would have very little or no effect whatsoever.

An overwhelming confirmation (92%) that feedback is given when there are changes in policy was observed. The researcher would like at this stage to state that it is government policy to communicate changes in policy through circulars. These circulars are circulated, interpreted, read and acknowledged by all employees. The practice guarantees that all employees are informed of policy changes but does not necessarily mean that these are positive changes.

While the Eastern Cape government has a bad reputation of returning unused funds to the Treasury, the majority of respondents (96%) complained that their institutions still experienced problems of inadequate allocation of resources – these included mainly, financial allocations. The implications of this poor or non-allocation resulted in their institutions not being able to purchase critical apparatus that are necessary for them to perform their duties. Of concern, they stated, were the lack of funds to buy life-saving machines which the medical staff needed to save lives. The rurality of their institutions and the distance between them and the major referral centres worsens the situation.

Dilapidated infrastructure, buildings that are falling apart, aged water-pipes and roads which make health centres inaccessible are major concerns which the respondents presented as areas which need urgent attention. The fact that this has now affected the accommodation which is used by these rural institutions as an attraction incentive is further compromising the success of the department's attraction and retention strategy.

While the respondents are almost equally apportioned on their opinions as to whether employees' welfare needs are met, it is not understood as to what areas

of the welfare the 52% respondents confirm to be met. This confirmation does not correspond with the reasons which the majority of the respondents claim to be the cause of staff resigning and leaving the employ of the department. It is the suspicion of the researcher that this item in the questionnaire could have been confused with the newly-introduced Wellness Programme which is currently enjoying some support.

The 64% denial that employees are either satisfied or feeling good about their work and work conditions confirms or at least supports the researcher's suspicion. As a result of the above state of dissatisfaction an overwhelming 80% disagreed with the fact that employees are performing excellently or their productivity is high. The above situation is, in the opinions of the respondents, affecting employee commitment negatively. This is confirmed in their responses where 64% of the respondents did not confirm the statement that employees are happy and the morale is high.

It would seem, from the opinions collected through the completed questionnaires that, in spite of the negative picture which the respondents paint of their conditions of employment, human resource development is still undertaken. This is confirmed in the 88% confirmation by the respondents. The above opinions are also complemented by the respondents' opinions that employees are still motivated, encouraged and assisted in undertaking further studies. Whether the knowledge acquired through this studying would successfully be translated into service delivery, it is the researcher's opinion, that, this will depend on the resolution of the problems which the respondents presented relating to the budget, resources, roads, infrastructure, to mention but a few.

All of the above and many not mentioned in this study are principles which are central to the implementation of the 'Batho Pele' principles. Whether or not the respondents confirmed the implementation of these principles, as is the case (76%), the researcher is not convinced that the respondents 'applied their minds'

or understood clearly what the principles of 'Batho Pele' are. If that were the case, it is likely, against the background of their other responses, that they would not have affirmed the statement.

5.2 Review of the Problem Statement and the Hypotheses

For the purpose of concluding this study, the researcher found it necessary to re-state the problem statement and hypotheses and link them back to the study. The problem statement which was stated earlier in this study is:

'Clinical personnel in the OR Tambo Health District Municipality are displaying symptoms of dissatisfaction and de-motivation. This is resulting in them either underperforming, displaying symptoms of stress and even resigning to join sectors which they perceive to offer better conditions of employment'.

Flowing from this problem statement the following hypotheses were formulated:

Null Hypothesis: No challenges face the OR Tambo Health District Municipality regarding its Health Professionals.

Research Hypothesis: There exist challenges in the attraction and retention of Health Professionals in the OR Tambo Health District Municipality.

Considering the respondents' opinions on the questions raised in the questionnaire, it is only logical to reject the null hypothesis which suggests that there are no challenges facing Health Professionals in the area being studied.

5.3 Limitations of this Study

The researcher would like to warn that this study was confined to responding to its problem statement and any recommendations that result from the researcher's conclusions should be implemented with this warning in mind. The

setting of this study which is the OR Tambo Health District Municipality is a further limitation and any application of this study should keep that in mind. Data analysis was done manually and as such some calculation might not carry the accuracy that is normally enjoyed with automated statistical analysis.

5.4 Recommendations

In view of the opinions expressed by the respondents in this study, it has become clear that there exist problems in the institutions being studied. These problems relate to conditions of employment, staff turnover, supply of infrastructure, resources and employee satisfaction. In the light of these problems, following are the recommended remedial actions:

- The department should conduct an employee satisfaction survey which would allow them to 'dig deeper' into what the problems are and what causes them;
- The survey must be conducted with a view to the implementation of its findings and not merely to know what the problems are;
- Infrastructure and resources (human and financial) supply must be reviewed and essential equipment necessary for the attainment of hospitals' objectives provided;
- The department's attraction and retention strategy must be structured such that it takes into account the rural nature of the area being studied – this must look at incentivising acceptance of employment in these areas;
- Accommodation meant for Health Professionals must be improved to ensure the comfort and consequently the settlement of these professionals who are in short supply;
- Such support functions as human resource management must be improved as they have the capacity to make staff generally unhappy; and
- Targeted customer care training must be provided to support personnel to improve how they treat and deal with their internal customers.

5.5 Direction for Future Studies and the Significance of this Study

This study had as its scope the identification of challenges Health Professionals in the OR Tambo Health District Municipality without attempting to find solutions and/or causes for these challenges. It is the researcher's view that future studies could still explore these causes and possible solutions to the challenges. It is also the researcher's view that more intense methodologies could be used in understanding the nature, the depth and impact of the challenges on service delivery.

5.6 Conclusion

The significance of this study finds its meaning in the need for Health Professionals to deliver a high quality service to the community while keeping within the resources which are allocated for the purpose. It facilitates the provision of information on which the Provincial Health Department must base targeted decisions that address the challenges explored in this study. Finally, the department must translate the resources allocated, skills acquired and strategies formulated into tangible deliverables that impact the lives of the electorate on the ground.

This study sought to identify and explore those challenges, understand the context within which they manifest and propose solutions and strategies to mitigate them. The opinions given by the respondents assisted in providing a different perspective to how the departmental officials understand these challenges. Being on the ground and experiencing the challenges first hand, allowed an exploration of the implementation challenges of the department's strategies and plans.

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ANNEXURE A: RESEARCH QUESTIONNAIRE

SECTION A: INTRODUCTION LETTER

UNIVERSITY OF FORT HARE
DEPARTMENT OF PUBLIC ADMINISTRATION
MASTERS OF PUBLIC ADMINISTRATION

Dear respondent

I am a student at the University Fort Hare, doing Masters in Public Administration, conducting a research on the topic, 'Challenges facing Health Professionals and their impact on service delivery in hospitals of OR Tambo District'. Please make your contribution to the study by answering the following questions. You do not have to provide your name. Kindly be assured that the information needed is for academic purposes only, and will be used as such. Your suggestions and recommendations will be highly appreciated.

SECTION B: PERSONAL DATA

Please indicate your choice with a ✓

1. Name:(Optional)
2. Gender of the respondent
Male ☐
Female ☐
3. Position at Work
Manager ☐
CMO ☐
MM (Nursing) ☐

SECTION C: OPINION QUESTIONS

1. OR Tambo has seen a high number of Health Professionals leaving their posts in hospitals for other districts or provinces, and even internationally.

How do you feel about the above statement?

Strongly Agree

Agree

<input type="checkbox"/>
<input type="checkbox"/>

**Disagree
Strongly
Disagree**

2. What do you consider as the most pressing challenges facing the Health Professionals in your hospital?

- (i).
-
- (ii).
- (iii).
- (iv).

3. What are your priority areas if this is to be addressed?

- (i).
- (ii).
- (iii).
- (iv).
- (v).

4. Interaction with subordinates

4.1 Does the hospital management involve Health Professionals in decision making **Yes** ☐ **No** ☐

4.2 If **yes**, how do they involve them (Explain)?

.....

4.3 If **no** why (in your opinion) are they not involving them?

.....

4.4 Is feedback done whenever there are changes in policy? **Yes** ☐ **No** ☐

If **yes**, how is feedback given?

.....

.....

.....

If **no** why (in your opinion) is feedback not given?

.....

.....

.....

5. Supply of resources. To what extent do you agree with the following statement?

(i). Resources required for you to do your job are supplied timeously and as required	Strongly Agree Agree Disagree Strongly Disagree	<div></div> <div></div> <div></div> <div></div>
(ii). Budget required for you to do your job is allocated timeously and as required	Strongly Agree Agree Disagree Strongly Disagree	<div></div> <div></div> <div></div> <div></div>
(iii). Equipment required for you to do your job is allocated timeously and as required	Strongly Agree Agree Disagree Strongly Disagree	<div></div> <div></div> <div></div> <div></div>
(iv). Required infrastructure for you to do your job is in	Strongly Agree	<div></div>

place and functional	Agree Disagree Strongly Disagree	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(v). Transport needs required for you to do your job are met timeously and as required	Strongly Agree Agree Disagree Strongly Disagree	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. Welfare, wellness and the development of employees:		
(i). Welfare needs of the employees are met as required	Strongly Agree Agree Disagree Strongly Disagree	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(ii). Staff are generally satisfied and feel good with the current conditions of employment	Strongly Agree Agree Disagree Strongly Disagree	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(iii). Welfare needs of the employees are met as required	Strongly Agree Agree Disagree Strongly Disagree	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(iv). Employees perform excellently at work and productivity is high	Strongly Agree	<input type="text"/>

		Agree Disagree Strongly Disagree	<div></div> <div></div> <div></div>
(v).	Staff turnover is low and staff are generally committed to their work	Strongly Agree Agree Disagree Strongly Disagree	<div></div> <div></div> <div></div> <div></div>
(vi).	Human Resource Professionals Development is important for Health Professionals	Strongly Agree Agree Disagree Strongly Disagree	<div></div> <div></div> <div></div> <div></div>
(vii).	Staff are encouraged to do further studies to improve their competence	Strongly Agree Agree Disagree Strongly Disagree	<div></div> <div></div> <div></div> <div></div>
(viii).	Principles of 'Batho Pele' are implemented and strictly adhered to	Strongly Agree Agree Disagree Strongly Disagree	<div></div> <div></div> <div></div> <div></div>

7. In your opinion what should be done to create a positive environment and excellent work performance. List them.

(i).

(ii).

- (iii).
- (iv).
- (v).

8. Conclusion

Thank you for your participation in this study. Your input is highly appreciated. For completion of the study, any enquiry or question, please feel free to contact the researcher (Somie) at the numbers, 0833 781 809 / 0475310373.