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ANALYIS OF THE ROLE OF UNIONS IN HEALTH SERVICES DELIVERY AT UITENHAGE DISTRICT HOSPITAL

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Declaration

I Nozibele Yvonne Tshamase declare that the work presented in this mini-dissertation is a reflection of my ideas and that ideas gathered from other sources have been acknowledged. I have no knowledge of any submission of any part of this work for purposes of attaining a qualification to University of Fort Hare or any other university.

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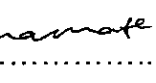
Signature:  Date: 10-10-2018

Certification

This dissertation entitled “Analysis of the Role of Unions in Health Services Delivery at Uitenhage District Hospital” meets the regulation governing the awarding of the degree of Masters in Public Health (MPH) – ASELPH at the University of Fort Hare and is approved for its contribution to scientific knowledge and literary presentation.

……. …….

Supervisor Date

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Finally I dedicate this dissertation to my mother who has been my pillar of strength, motivating me and calling on our Heavenly Father to help me succeed.

Abstract

Purpose: According to Khan and Khan (2011:56), a trade union is an organization of employee tasked with activities which include negotiating on behalf of their members for “pay and conditions of employment”. Several authors have purported that these roles extend beyond ensuring not only that the rights of workers are not violated and that their working environment complies with health and safety standards, but also that unions may have an effect on management practices, generally and specifically, on efficiencies and performance (Zulu, 2009; McGuire, 2011; & Dhliwayo, 2012). Health care workers including professionals are organised by the unions in a bid to influence social and economic reforms in the South African democracy. The main aim of this study was to examine the role of public sector unions and how they exercise their functions in delivery of health services

Method: A qualitative research method based on phenomenological and case approaches was applied. Semi-structured interviews with open ended questions were used to prompt discussions. Documents were used to obtain complementary data. Senior managers, middle managers, union/employee representatives and employees who are members of the unions in the district hospital of Nelson Mandela Bay health district constituted the target population. Purposive non-probability sampling, which was the preferred method for this study, yielded 16 participants.

Results Analysis followed Creswell’s thematic analysis involving coding responses categorising them and identifying themes. This followed repeated and thorough listening to the recorded interviews and transcribing. Themes identified were organisational functioning in line with the service delivery context; worker’s rights protection; negotiating better service conditions; implementing legislation, policies and resolutions; union-management interaction; engaging in strikes and impact on services delivery.

Conclusion and Recommendations: The study found that the presence of unions in health care services was necessary because there are various categories of employees – working class – whose interests must be served. The role of the unions leaned heavily towards protection of the rights of the workers. As far as the observation of legislation is concerned, the unions demonstrated knowledge of the

legislation applicable to the health care personnel, that is, the BCEA, the LRA and the PSA. The study found that unions were a hindrance to health services delivery in their quest to exercise voice monopoly. The unions tended to exert undue influence on management resulting in lack of discipline and dereliction of duty. The strike actions compromised quality of health care and the rights of citizens to access health care. There was no active participation nor positive contributions in committees where advancement of service delivery standards were deliberated and promoted. Recommendations included training of shop stewards; capacitation and training of managers, and development and communication of departmental labour relations policies.

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Glossary

BCEA	Basic Conditions of Employment Act
CEC	Central Executive Committee
CEO	Chief Executive Officer
COSATU	Congress of South African Trade Unions
DENOSA	Democratic Nurses of South Africa
DHS	District Health System
DPSA	Department of Public service and Administration
EC	Eastern Cape
ECHCAC	Eastern cape Health Crisis Action Coalition
EEA	Employment Equity Act
GEA	Ghana Employers Association
HEU	Hospital Employee Union
HIV	Human Immune Virus
HPWP	High Performance Work Practices
HOSPERSA	Health and Other Service Personnel Trade Union of South Africa
HR	Human Resources
ITU	Institutional Transformation Unit
KZN	KwaZulu Natal
LRA	Labour Relations Act
LRO	Labour Relations Officer
LRS	Labour Research Service
MCWH	Mother, Child and Woman's Health
NC	National Congress
NDOH	National Department of Health
NEC	National Executive Committee
NEHAWU	National Education, Health and Allied Workers union
OHSA	Occupational Health and Safety Act

PAWUSA	Public Allied Workers Union of South Africa
PEC	Provincial Executive Committee
PHC	Primary Health Care
PMDS	Performance Management and Development System
PSA	Public Servants Association
REC	Regional Executive Committee
RSA	Republic of South Africa
SACTWU	South African Clothing and Textile Workers Union
SDA	Skills Development Act
STI	Sexually Transmitted Diseases
TB	Tuberculosis
TUC	Trade Union Congress
WHO	World Health Organization

CHAPTER 1

INTRODUCTION AND OVERVIEW OF THE STUDY

1.1. BACKGROUND

The main aim of this study was to examine the role of public sector unions and how they exercised their functions in delivery of health services. The topic was of interest to the researcher because health care workers including professionals are organised by the unions in a bid to influence social and economic reforms in this democracy. According to Khan and Khan (2011:56), a trade union is an organisation of employees tasked with activities including negotiating on behalf of their members for "pay and conditions of employment". Several authors have purported that these roles extend beyond ensuring not only that the rights of workers are not violated but that their working environment complies with health and safety standards, but also that unions may have an effect on management practices, generally and specifically, on efficiency and performance (Zulu, 2009; McGuire, 2011; & Dhliwayo, 2012).

In public health, the unions NEHAWU, HOSPERSA, DENOSA and PSA are actively involved in advocating for wage increases, thus improving working conditions and defending workers from unfair dismissals. In 2012, the trade unions, in their 29th World Congress of Public Service International held in Durban, pledged their commitment to ensuring that communities received better services (PSI, 2012). NEHAWU, with its membership of 265,409, pledged to "foster a greater sense of social responsibility" through campaigns for improving service delivery and combating corruption. DENOSA's mission was to deliver "empowered nursing cadres" who cared for, served and advocated for society. COSATU's public sector co-ordinator, Sifiso Kumalo, pointed out that unions are conversant with public sector challenges which affected service delivery (PSI, 2012).

Health service performance in the Eastern Cape has been reported in the media as poor, with reports of long queues, patients turned away from facilities and deaths from neglect. When 9 hospitals in the Eastern Cape were visited by the Human Rights Commission in 2003, issues of access, lack of resources and staff shortages were highlighted. This was followed by the Eastern Cape Health Crisis Action Coalition partners' (Treatment Action Campaign and Section 27) demand for the

MEC to take action (ECHCAC Memorandum, 2013). The Minister of Health followed up on these reports by appointing an investigating team (Press release: September, 2013). The findings pointed to challenges relating to infrastructure, poor leadership, poor quality of care and staff attitudes, which Mark Heywood, Executive Director, (Section 27) referred to as “the story of political failure”.

Amidst these challenges, labour unions have staged strikes and protests to get management’s attention on issues affecting the rights of workers. The Department of Labour monitors labour-related activities in all workplaces and publishes a report on all trends including strikes in order to make recommendations for improvement in Labour Relations. The Department of Labour (2012) reported that strikes had increased in 2012, with 44% being unprotected strikes. The figures showed that there had been an increase in the number of work stoppages between 2011 (15) and 2012 (28) in the community and personnel industry. During these strikes community members and customers were denied services as they were left unattended by strikers who were demanding performance bonuses. In primary health centres patients did not receive health-care services during a weeks-long strike by nurses for increased salaries (Department of Labour, 2012). The outcome of the strikes, including the unprotected strike staged by Emergency Medical Services were favourable for HOSPERSA members and social services profession as the employer conceded to salary increase of 8.5% for low-income employees, 6.5% for middle-income, 5% salary increase for senior management and a 19% increase on the housing allowance benefit.

Nursing services are the ‘backbone’ in the delivery of health services and a strike form the nursing personnel will have deleterious effects on management of patient care. Department of Labour (2012) reported on the strike which took place in March 2012 involving NEHAWU affiliated nursing staff from the Nelson Mandela academic hospital in the Eastern Cape. The nurses abandoned work over a dispute of payment of night-shift allowance resulting in 20 patients being transferred to another hospital. The strikers demonstrated violent behavioural elements as they locked the nurses who did not participate in the strike in the boardroom and held 2 managers hostage (Department of Labour, 2012). NEHAWU leadership intervened by calling their members to report for duty “or else face dismissal”, an indication that union leadership had not been involved in organising the strike.

Contradictory behaviour manifests in the strikes and mass actions in that it is the public whose interests trade unions claim to advance and which in the end suffer. Zulu (2009) has stated that while the Labour Relations Act prescribes exclusion of *essential services* from strikes, there seems to be a deliberate disregard of the very labour legislation which liberated the oppressed and the working class. Zulu questions the ethics of the apparent irrational behaviour of strikers and trade unions. Conducting a qualitative study will result in the discovery of existing perceptions of the role that the unions play in health services delivery and the envisaged reformed service delivery platform. This will further contribute to an understanding of the union-management relationship dynamics and may pave the way for further studies.

1.2. PROBLEM STATEMENT

As the country undertakes reformative processes in the area of health, organizational effectiveness is a key element to ensure access and delivery of quality services. Currently, there is lack of discipline and inappropriate use of power by both management and the unions. Lack of discipline is demonstrated in the day-to-day activities of employees, that is, negative attitudes towards customers, absenteeism, presenteeism and in the area of labour relations, work stoppages and unprotected strikes, as mentioned in the background to the study. One assumption which requires to be tested through research is that employees seem to have lost trust in trade unions and/or in the Labour Relations Act as demonstrated by incidents of unprotected strikes, for example, the Marikana incident (Dhliwayo, 2012). Poor or lack of leadership has been deemed to play a major role in poor performance of public hospitals (Press release: Minister of Health, 2013). Nelson Mandela Bay district performed poorly on the millennium goals, for example in the areas of: infant mortality and maternal mortality (DHIS Performance Indicators, 2014). Nelson Mandela Metropolitan Municipality is urban, poor performance cannot be ascribed to infrastructural problems, hence the assumption of poor leadership and employee relations.

Unions have a role to play as they exercise their bargaining power through supply of labour and “promote a voice” which encourages communication between employer and employees (Bryson et al., 2005). This research seeks to establish what the role of labour unions is and expand on the applicability and its influence on health

services delivery. Comparative studies between unionized and non-unionized organizations have been conducted mostly in the areas of business and manufacturing industries (Khan & Khan, 2011; Bryson et al., 2005; & Tai, 2004). The literature search found that most studies were conceptual and focused on reviews of other literature rather than being empirical. This study, on the other hand, will focus on the health care sector unions as there is lack of research in this area and apply the qualitative method to describe the role of the unions.

1.3. RESEARCH AIM

The aim of this study is to analyse the role and functions of unions in relation to health service delivery at the Uitenhage district hospital in the Nelson Mandela Bay health district.

1.4. RESEARCH OBJECTIVES

The research aim reflected above will further be expatiated by the following research objectives which are to:

a) analyse the context within which health services are delivered in the district hospital in the Nelson Mandela Bay health district;
b) analyse activities of the majority unions in the hospital;
c) analyse specific scenario/s and matters of engagement between unions and management;
d) analyse what and how power and authority are used by unions and management; and
e) make recommendations which will assist in redefining the role of public health unions and to propose ways the role can be strengthened to deliver more effectively on their mandate.

1.5. RESEARCH QUESTIONS

The research objectives above will be realized by interrogating the following aspects based on the following research questions:

a) What is the context within which health services are delivered in the district hospital?
b) What are the activities of the unions in relation to health service delivery?

c) What substantive areas and policy matters do unions and managers engage in?
d) What powers and authority do unions have in the hospital management?
e) What are the elements of engagement involved in the union-manager interaction?
f) How effectively can the elements of engagement be applied?

1.6. SIGNIFICANCE OF THE STUDY

The country and the Department of Health in particular, have to establish how to overcome an environment which is conducive to the creation of tension, disunity among its employees, and labour unrest. It becomes important to establish the essence of a relationship or interaction between trade unions and management in the workplace. It is hoped that the study will contribute to knowledge and review of practices which improve leadership so that all may contribute positively to service delivery.

1.7. LITERATURE REVIEW

Google scholar search engine with google scholar was applied and peer reviewed articles were accessed. A few relevant online documents were also retrieved. The librarian and the supervisor made available articles and dissertation for the researcher's reference.

1.8. SCOPE OF RESEARCH

Since this research is limited to the public sector unions in a health institution, the focus is specific to the institution, union members and shop stewards employed by the Department of Health and stationed at the Uitenhage district hospital.

1.9. OUTLINE OF THE STUDY

Chapter 1 provides an introduction to the study that looks at the background, introduces concepts and terms related to the subject and outlines the aim and objectives as well as the significance of the study.

Chapter 2 reviews literature related to the research objectives. The chapter looks at the subject by exploring conceptual, legal, theoretical and empirical frameworks from available literature. The review analyses the broader role of unions and to a significant extent the local shop stewards contextualised in health-care.

Chapter 3 covers the research methodology used to arrive at certain important findings.

Chapter 4 projects and presents findings and discussions to establish if objectives of the study have been achieved.

Chapter 5 contains the summary and conclusions drawn from the findings of the study followed by the recommendations for application and implementation of certain findings and for future research in those specific areas around which limitations were experienced.

1.10. CONCLUSION

This chapter indicates the significance of conducting this study to explore the role of the unions in public health services delivery and how this may influence delivery of health services. The background, problem statement, aim and objectives of the study have been laid out. The next chapter addresses the literature review.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

This chapter informs the reader about previous research conducted on public sector unions and their role. The researcher embarked on the literature search to support the study and to establish whether any similar studies had been conducted previously. According to Onwuegbuzie et.al (2012), a literature review is intended to determine if there are prior studies that have been undertaken and if there is a need for further development, isolate variables that are relevant for the selected topic, recognise areas of application of theory/concepts while discovering exemplary research to eliminate unintended and unnecessary replication and scrutinise, compare and contrast various research methodologies and designs with the aim of identifying strengths and limitations of the previously adopted approaches.

In quantitative and inductive studies literature review is conducted at the initial stage to ensure that research is not contaminated; however, in qualitative studies, the approach to literature review is different in that the researcher continuously consults literature (Glacer, 1967 cited in Dunne, 2011).

In view of the above, this chapter introduces the concepts of unionism, leadership, various roles and expectations and the contextualisation of health services delivery. It explores the influence of unions in the workplace with particular attention given to the health care environment. Theories which inform the unions and management approach to managing the tripartite state of employer- employee relationship are detailed.

2.2. CONCEPTUAL FRAMEWORK

2.2.1 UNIONISM AND THE DEVELOPMENT OF UNIONS

The Labour Relations Act, (Act 66, 1995) defines a trade union as "any number of workers in a particular enterprise, industry, trade or profession who are united for the purpose, either alone or with other objectives, of organizing relations between them or some of them and their employers or some of their employers in that enterprise, industry, trade or profession".

Trade unions are deemed internationally to have developed out of the need to liberate workers from exploitation. Exploitation was in the form of low wages or insufficient rewards for the labour that workers put in, as well as being excluded from decision making (Balkaran, 2011). Unionization, therefore, ensured economic and political emancipation through new processes of labour relations which allowed workers to organise and bargain freely. Trade unions have formed alliances with other progressive forces on the continent to combat “negative structural effects of globalization” and are, therefore, not restricted to *bread and butter* issues (Balkaran, 2011:19).

According to Balkaran (2011) formation of unions in Zambia (then Northern Rhodesia) occurred in response to appalling conditions for African workers and later supported nationalist political parties in the fight for independence. The evolution of Nigerian trade unionism followed a similar pattern of fighting the Nigerian military government resulting in the formation during 1948 and 1956 of the United Front of the Nigeria Labour Congress among other “worker-oriented political groups (Balkaran, 2011:125).

In South Africa the development of unions followed the same trend as a need to liberate the oppressed nations during the apartheid period was identified. The primary function was political as organised labour alongside the liberation movements, in particular the African National Congress, engaged in activities that would radically move the country to democracy (Balkaran, 2011). Trade unions in South Africa, like many unions in the African countries, played a dual role of fighting for improved working conditions for workers and liberating the country from the apartheid regime. According to Buhlungu, Brooks and Wood (2008) three broad strands of unions could be identified. The first group constituted those unions that were oriented to *shopfloor* issues and steered clear of national political issues (termed the workerist unions). The second group fell into ‘the black consciousness’ unions and their focus was on organising black workers. The ‘populist’ unions adopted the political traditions of the African National Congress which was banned at the time, to link the unjust working conditions with the broader anti-apartheid campaigns (Buhlungu et.al, 2008).

Trebilcock (2003: 3) posited that trade union rights “were borne out of economic and political struggle” with short-term individual sacrifices wielding longer-term collective gains. It can be discerned from the afore-mentioned literature that development tendencies of unions were determined by complex and specific historical, cultural and economic situations. For example, before democracy in 1994, South African unions adopted a social movement dimension as they infiltrated society and got involved in mobilisation (Mwilima, 2008). The author further states that transition to democracy was characterised by the unionization of all government departments and state-owned enterprises, which placed unions in a position to advocate for societal needs.

Unions had to be militant in tackling broader political issues as a result of structural and organizational conditions which prevailed at the time. Unionism which incorporated grassroots democracy into wider political issues developed as the state continued with its repressive laws. Unions that shared these traditions joined together to form COSATU (Buhlungu et.al, 2008). After the shift to democracy, South African trade unions became institutionalised, hence there has been movement toward political and business unionism. Ndlozi (2010) asserts that democratic consolidation followed the formation of NEDLAC and the alliance and unions should be proud of their achievements in that labour is both “on the streets and inside the centres of power”, whereas during apartheid they were on the streets and against the state. This has culminated in the shift from labour deploying its power to impose its will to using its power to secure voluntary consent from other actors in the industrial relations system and beyond” (Ndlozi, 2010:27). Unions are seen as using their influence in decision making at the enterprise, industry and national level in accordance with Medoff’s ‘voice practice’ (Bryson et al., 2005).

2.2.2 UNION LEADERSHIP AND DEMOCRACY

The leadership of the union is selected based on democratic principles. Democracy is demonstrated where leaders of an organisation purporting to represent workers are selected by those members. The effectiveness in mobilising for workers’ support in collective bargaining and member-representation in general is accentuated by ‘union democracy’ (Hurd, 2000).

At National and provincial level elections are usually held in accordance with democratic norms of political parties; but those leaders who have undergone training in unionism are usually earmarked for succession in a bid to maintain the “monopoly of power and control” by the bureaucratic ruling party (Adesola, 2011). Workers are happy with this oligarchic system as long as they are represented and their interests are served. At shop-floor level a much more participatory process akin to meeting democracy is undertaken. Internal democracy is evaluated in terms of interface between members and shop stewards, and whether members are involved in election and removal of shop stewards (Dibben et al., 2012).

2.2.3 THE BROAD MANDATE OF TRADE UNIONS

According to Trywell et al. (2012) the key objective for forming and joining the unions and undertaking collective bargaining is seen as equalising or reducing the power imbalances between workers and employers. The workers have expectations that the union will ensure that workers are treated with respect and fairness, and that they enjoy equality of human and workers’ rights. The expectation is premised on the notion that the workers as individuals are too weak and not fully equipped to demand their rights in the workplace. The strength in the “unity and collectivism of workers” (Trywell et al., 2012:39) ensures that social and economic justice, not only at the workplace but in the broader society is achieved.

Fundamentally the unions in the workplace fulfil the functions related to maintaining a democratised working environment. Trade unions follow an organizational structure in executing their functions.

2.2.3.1. Organizational Structures and Functions of Hospital Based Unions

The following two figures represent the lines of communication union officials at various levels follow. Figure 2.1 is the organisational structure of NEHAWU and figure 2.2 represents HOSPERSA’s consultative structure.

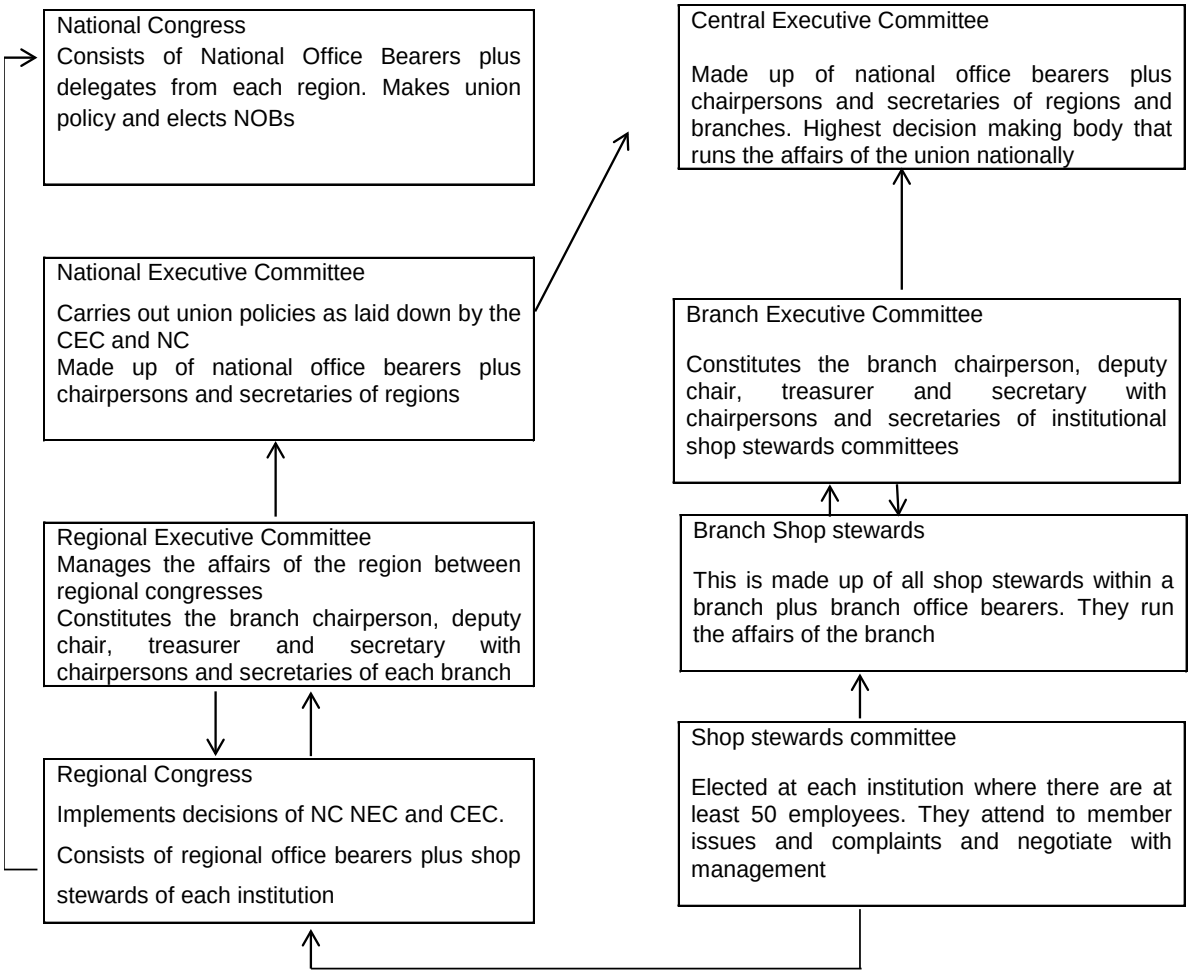

Figure 2.1: NEHAWU organizational structure

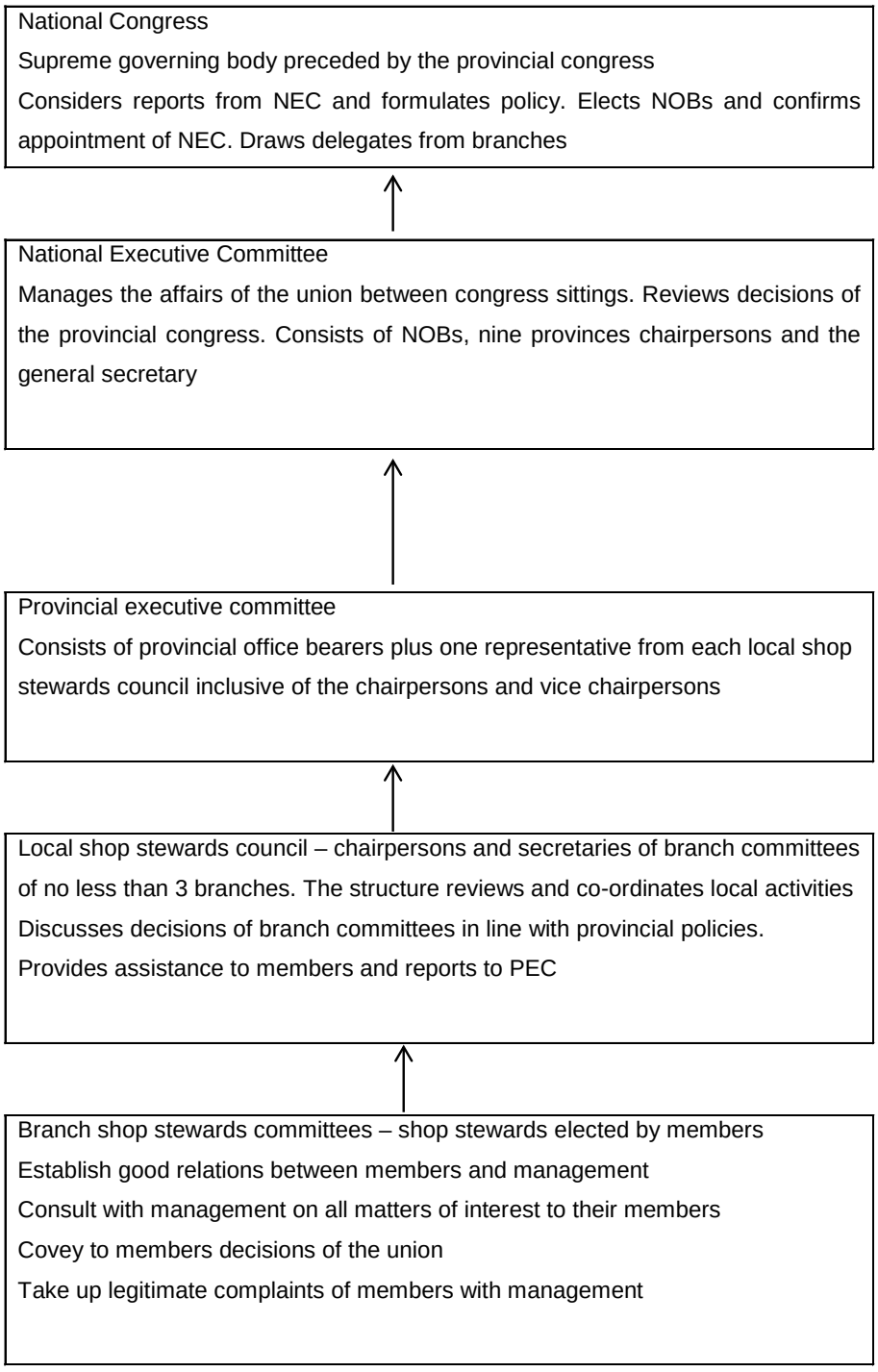

Figure 2.2: HOSPERSA's Consultative structure

2.2.3.2. Collective Bargaining

Collective bargaining refers to a negotiating process which involves employer and workers through their representatives determining the distribution of capital and labour (Trywell et al., 2012). The process involves negotiating standards which will govern employment and labour relations. Collective bargaining occurs periodically at the registered bargaining councils. There are two levels at which collective bargaining takes place, that is:

- at a level governed by statutes where bargaining councils and statutory councils sit
- at plant and firm bargaining level as well as workplace

COSATU opposed the workplace forums and viewed the centralised bargaining processes as key in promoting equity for workers and increased trade union participation in decision making (COSATU, 2012). The federation contends there should be bargaining forums in industry responsible for negotiating industry restructuring for growth and development.

The Labour Research Service is a body that monitors these negotiations, recording issues of collective bargaining such as those related to working hours, leave, benefits and allowances, security in employment, gender conditions, family issues, health, work responses to HIV and AIDS and Education and Training.

The process of collective bargaining follows a strategic approach as well as a campaign approach (Labour Research Service, 2012). A strategic approach requires that the trade unions build a composite list of demands and establish if organisation should be in the present or the future, the type of worker the demand speaks to and whether a particular layer of workers should be organised. This approach talks to the long-term goal that trade unions want to achieve, whereas with the “campaign approach” unions narrow the list of demands on which they would like to make progress to avoid “window shopping” and their demands losing credibility. The campaign approach employs such strategies as “supporting information, education, organising, communications and a mobilising plan” to ensure that momentum is built and maintained during negotiations on workplace and broader society issues (Labour Research Service, 2012).

One tool used by unions in a collective bargaining strategy, is that of analysing directors' salaries and company performance in order to base their arguments on the ability of company to pay, the pressures and rewards to success (Labour Research Service, 2012). This has been evident over the years in all the wage negotiations in public sector. Unions have argued that there is a huge gap between the lowest paid and the highest salary scales even in public sector.

COSATU is of the view that collective bargaining is at a crisis stage. The Federation considers the operation of collective bargaining, and the entire wage fixing system in South Africa, as not able to respond to prevailing challenges, and needs to be re-evaluated (COSATU, 2012). Critical as it is to labour movement centralised bargaining is not able to achieve the gains demanded by the South African situation. Certain sectors are seen to be facing down variations of the already "ultra- low" wages. Challenges facing collective bargaining include lack of enforcement for employers' participation as the Constitution and the Labour Relations Act "encourage voluntarism" (The Constitution, 1996; LRA, 1995). Secondly, trade unions have been struggling to establish and defend a "basic minimum wage floor" through collective bargaining as a result of the lack of a national minimum wage (COSATU, 2012).

In its concept paper to COSATU CEC, COSATU identifies approaches that unions in other countries have engaged in to protect the historic gains of workers and which the federation supports. According to COSATU collective bargaining in South Africa would achieve "greater equity, worker empowerment, employment security and job creation" through adopting an innovative long-term agenda involving use of worker organisations, union's technical and tactical expertise to drive a long-term vision and a bargaining strategy for the sector (COSATU, 2012:61). A further challenge for the federation is to create a union-driven productivity bargaining framework which ensures growth in employment and proportionate productivity gains as opposed to employer-determined productivity agenda as opposed to employer-determined productivity agenda which seeks to replace workers with technology or capital, thereby perpetuating exploitation. Amendments to the LRA should ensure that the law mandates employer participation and "entrenches a comprehensive system of centralised collective bargaining" rather than just promoting voluntarism. This is what COSATU suggests would solve challenges facing collective bargaining in the country.

The current collective bargaining processes occur at a centralised bargaining level and at a workplace level, unions will be involved in monitoring implementation of the resolutions. What follows is an important function at the workplace level which espouses those matters that have been bargained for.

2.2.3.3. Representation

Trade unions are tasked with the responsibility of representing the interests of workers not only at the workplace but equally so in the broader society. Representation is understood to mean “act or stand on behalf of” the members. Workers are motivated to organise themselves in unions based on the fear (real or perceived) of inability to match the power of employers in the employment relationship (Trywell et al., 2012). By joining union workers hoped that not only will they achieve equal power base during engagement with employers but they will be in a better position to secure their interests.

Worker representation occurs at various functional levels in the workplace. These functionaries include health and safety, equality forums for gender and diversity issues, education and training, accompanying members during grievances and disciplinary proceedings. The committees and forums which oversee implementation of collective agreements and the laws pertaining to worker rights and working conditions have union representation.
Worker representation secures worker participation and involvement in workplace decision-making. Unions represent workers in administrative processes; therefore form part of administrative decision-making. An important element in decision making is procedural fairness as it affords workers an opportunity to participate in those decisions which affect them – more importantly – to influence the outcomes of those decisions. In disciplinary hearings, grievance procedures and decisions that impact workers and their service conditions, union representation is required. This participation does not only signify a recognition of the workers’ worth and dignity which gives an assurance that workers’ rights are respected but enhances rationality and legitimacy of decision making.

2.2.3.4. Benefits to Members

Beyond employer-funded benefits unions have made provisions for their members through various schemes and financial benefits. Unions in most African countries have provided benefits which include educational support, credit and savings, transport and hospitality services (Trywell et al., 2012). Financial services in the form of loans given interest-free or with interest below the market rates provide relief for members who find themselves fight the in financial difficulties. NEHAWU operates one of the biggest savings and credit co-operatives and offers a funeral scheme for their members.

Trade unions have shown serious concerns about health and safety of workers. HIV/AIDS has been the focus with trade unions being involved in programmes to fight the scourge of HIV/AIDS. The Trade Union Congress in collaboration with Ghana Employers Association runs various HIV/AIDS programmes and has been involve in the development of the National policy on workplace HIV/AIDS, educational programmes and peer reviews (Trywell et al., 2012). The authors also discovered that unions in other parts of the country have set up self-help groups and support facilities for their members, children and orphans of the deceased members and AIDS victims. The situation in South Africa is that COSATU forged partnerships with TAC and the trade union has been very active in campaigning and calling for the roll-out of antiretroviral drugs on a massive scale to the public (Manamela, 2015). These initiatives are a thing of the past as unions in the countries with long periods of industrial relations and effective collective bargaining have ensured that these benefits are secured in collective agreements.

The challenge facing unions is declining membership and as a result unions are experiencing challenges with funding. It has been mentioned before that collective bargaining in South Africa and most other African countries is fast reaching the endpoint. Unions are battling with continued efforts by employers to roll back those gains and the battle requires strong workplace organising.

2.2.4 HEALTH SERVICE DELIVERY PLATFORM

The National Health Act (Act 61 of 2003) describes Health services as:

a) health care services including reproductive health care and emergency medical treatment contemplated in section 27 of the Constitution;
b) basic nutrition and basic health care contemplated in section 28(1)(c) of the Constitution
c) medical treatment contemplated in section 35(2)(c) of the Constitution and
d) municipal health services

Chapter 2 of the Act advocates for patient rights in the manner that the health care user must be informed about services offered, his or her condition and be able to consent to the anticipated care and treatment. Furthermore, users are afforded respect and dignity through confidentiality, protection of the medical records and a right to complain where services are not delivered to their expectations. In the same chapter section 19 and 20 protect the rights of health care personnel by prescribing duties of health care users ensuring a safe working environment for health care providers.

Section 47 deals with compliance of health establishments with quality standards as prescribed by the Minister. The quality requirements may relate to: human resources, health technology, hygiene, premises, equipment, delivery of health services, safety, business practices and the manner in which users are accommodated and treated.

2.2.4.1. The Role of Health Care Workers

Health care workers play an important role in delivery of health services and implementing health policies. Their rights are often overlooked as they will complain of poor conditions of service, being overburdened, long hours and low wages. As a result many nurses have left the public sector for the private sector where conditions are better although job security is not guaranteed. Some nurses have gone abroad. It is estimated that in 2001, 23 000 South African health workers were working in developed countries (WHO, 2007). Health care workers (HCWs) play different roles as reflected in the National Health Act 61 of 2003. The Act recognises several categories of HCWs:

Health care providers are defined as people providing services in terms of any law, including Allied Health Professions Act 63 of 1982, Health professions Act, Pharmacy Act, Nursing Act and Dental Technicians Act. The professionals referred to are doctors, nurses, pharmacists, dentists and medical specialists.

Health workers are defined as all people involved in the provision of health services to the user, and are not health providers, for example people responsible for cleaning, security, medical waste disposal, laundry, clerical and food services. Health workers also include counsellors, emergency medical service workers, environmental health officers, community care workers and volunteers (where applicable).

Health care personnel are health care providers and health workers, meaning all workers who work for health services. Together, these workers are responsible for translating government's health policies into service delivery.

South Africa is a member state of the WHO and health care is based on the 6 pillars or basic building blocks of health. The 6 pillars are: service delivery; health workforce; sound health financing; medical products, vaccines and technologies; good leadership and governance.

2.2.4.2. Service Delivery

According to WHO (2007) good services are those that deliver safe, quality and cost effective interventions to those who require them, where and when required. Service delivery can only be effective when the following conditions are in place.

The Health workforce

A well-performing workforce is one that demonstrates responsiveness, fairness and efficiency in their work to achieve the best health outcomes with available resources under the fair staffing circumstances.

Medical products, vaccines and technologies

Availability of drugs with safe and efficient administration procedures including managing production, storage and tender processes for access is a critical pillar in a well-functioning health system.

Leadership and governance

Strong leadership and governance facilitate development of strategic policy frameworks and ensure effective oversight on implementation, coalition-building, regulation and accountability.

Health information system

A well-functioning health information system ensures collection, collation, dissemination and timely use for decisions on health interventions and monitoring of performance and evaluating the overall impact on health status of the country.

Health financing system

A good health financing system raises sufficient funds for health in order to ensure that people can access services are protected from financial difficulties of having to pay for services. The financing system ensures efficiency by providing incentives to health care users and service providers.

Delivery of health services

The National Health Strategy which seeks to reconcile multiple objectives with competing demands has realised that Primary Health Care is the vehicle for delivering services. The National Health Act of 2004 as amended defines Primary Health care as a provincial responsibility.

Primary Health Care remains an important force in ensuring that the health care needs of the citizens are met. The term “Primary Health Care” denotes a critical approach to health - care where the first level of contact (in the context of a health district) acts as a driver of the health care delivery system (WHO, 2007). The principle of providing as many services as possible at the first point of contact, for example, an assessment of the elderly person will involve a package of tests including testing for hypertension, diabetes and vision, supported by a well-developed referral system for complex health conditions remains the key goal. Integrated primary health care therefore aims at developing service-delivery mechanisms which promote continuity of care for an individual “across health conditions and across all levels of care over a lifetime” (WHO, 2007:5).

2.2.4.3. The Past 5 Years Achievements and Challenges

Although the South African constitution binds the state to work towards achievement of the right to health, the country still faces massive health inequities. Rates of disease and mortality reflect poor access to quality health services. There are substantial inequities in health between provinces and also within provinces as a result of lack of social services, especially in rural areas.

Coovadia et al. (2009) stated that the inequalities and challenges confronting the health-care system are the result of insufficient and mal-distribution of resources between public and private sector and between the affluent and the previously disadvantaged layers of society. The current government inherited inequalities within the public sector's various levels of care which saw hospitals receiving 80% of resources to the disadvantage of primary health services (Coovadia, 2009). Post democracy, the public health services are undergoing transformation to ensure equitable access to a comprehensive package of quality health- care with a particular focus in underdeveloped (rural) areas. This has resulted in clinics being built and others upgraded to improve access.

There have been positive outcomes in efforts by the Department of Health to improve resources. Coovadia et al. (2009) noted the development of essential drug lists and standard treatment guidelines which were made available for both primary health-care and hospital levels. The availability of key drugs in public facilities was improved. The HIV & AIDS and STI Strategic Plan for South Africa (2007–2011) has received approval internationally as an example of a good policy.

Despite some successes, there have been constraints in taking forward the new policy vision resulting from factors such as inadequate human resource capacity and planning, poor stewardship, leadership and management. The public health system has experienced strain caused by the AIDS epidemic and inadequate spending in the public health sector.

Challenges with human resources

Since1994 staffing inadequacies including improper distribution, lack of skills have characterised the public sector's workforce resulting in poor deliver of key health

programmes, particularly HIV, TB services, Maternal and Child health and mental health services. While the staffing crisis is acute at the district level despite over 60% of the health budget being spent on compensation of employees, it is intensely evident in rural areas and strategies including rural allowance have been ineffective. South Africa compares poorly to other countries with regard to availability and placement of health-care professionals. An assessment of staffing needs conducted in 6 districts demonstrated that doctors constituted only 7% of the number required. WISN showed a picture of professional nurses as close as 94% to meeting the required standard but variations have been observed across facilities and districts (Harrison, 2010). The adequacy of provision of enrolled nurses and nursing assistants continues to drop.

Challenges with leadership

Coovadia et al. (2009) noted inadequate political will and leadership to manage poor performance in the public sector. There is lack of consequent management resulting in incompetent staff and leaders being retained in the system. Primary health-care needs to be steered by community members. Re-engineering of primary health care envisions development of cadres and advocates of health-care in the communities (HWSETA, 2011); but the extent of stewardship as observed by Coovadia (2009) presents challenges rather than promote community involvement. Hospitals and clinics do not have hospital boards and clinic committees. Those facilities which have the structures do not provide resources resulting in those boards being dysfunctional.

Professionalism

A profession is defined as an occupation attained through education at a higher institutional level (de Vos et al., 2008 cited in Kalaivani, 2011). The main goal of a profession is to serve the welfare of society. The authors have further asserted that members are bound by a generally acceptable ethical code as a result of belonging to a formal professional association. Common characteristics shared by all professions, be it the medical, legal or teaching, include professional autonomy, professional accountability, ethical conduct and specialized knowledge (Kalaivani, 2011). In this regard professionals are trusted to make independent and correct decisions by those who receive their service. In the health care environment, the

purpose of health care practice is "*always* to care for the ailing and the sick, promote health interests and well-being and strive towards healing" (Dhai & McQuoid-Mason, 2008). Professionalism is an ideal which every health-care practitioner should aspire to achieve and sustain in order to fulfil the expectations of a patient (Dhai & McQuoid-Mason, 2008:2). A professional person should put his/her clients' interests first and understand that the individuals in society have the right to expect effective professional service. In view of the above, it is important for organizations – health in particular – to integrate professional values and ethics into their purpose, mission and goals.

2.2.4.4. National Priorities 2010 - 2015

The national priorities have the goals of reducing the burden of disease and improving equity, efficiency and quality of health care. The priorities seek to address the challenges identified through implementation of policies and programmes as well as strengthening management of health facilities. The following 2 diagrammatic presentations illustrate the priorities of the Department of Health, setting the context and tone for health services delivery.

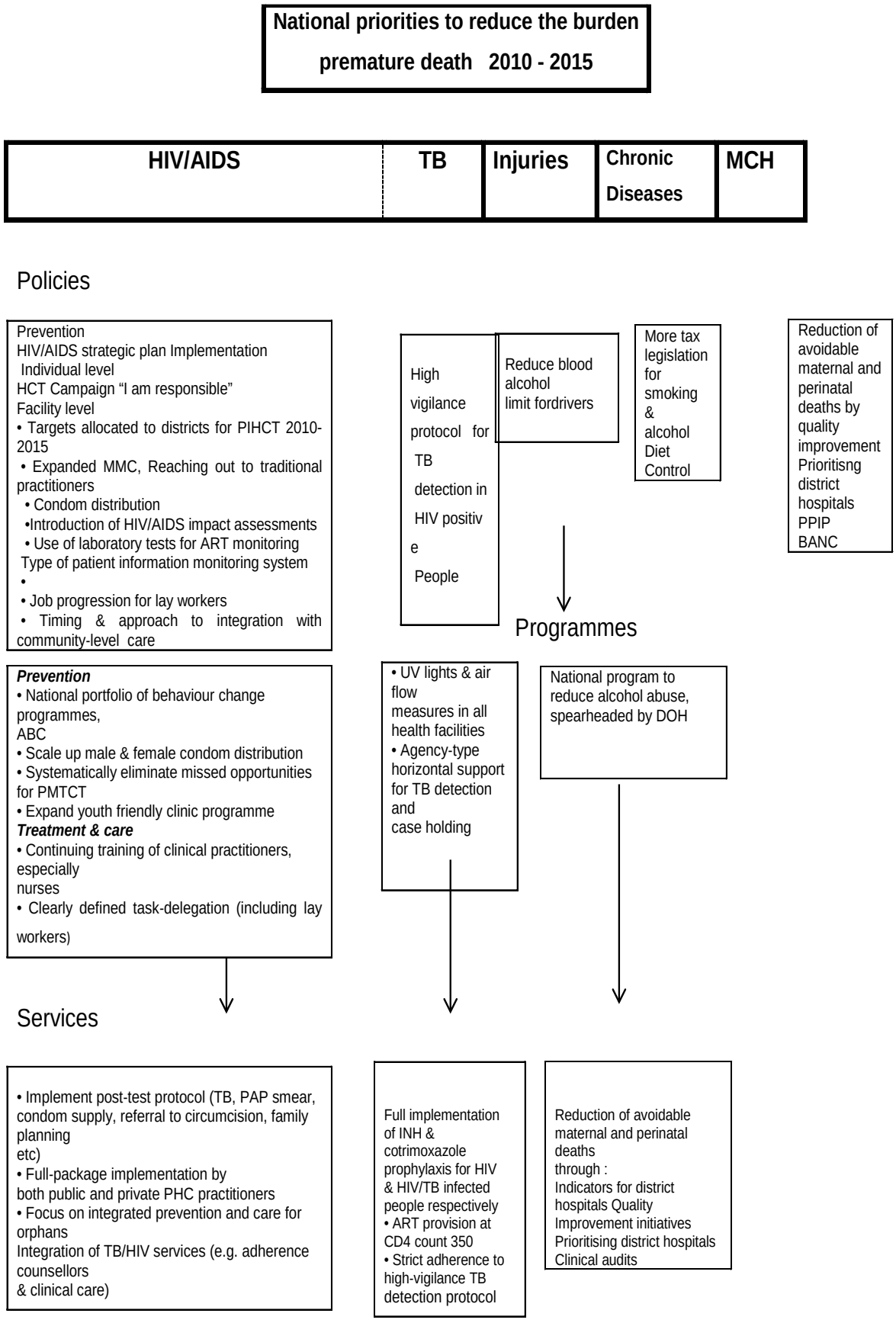

Figure 2.3: National Health Priorities

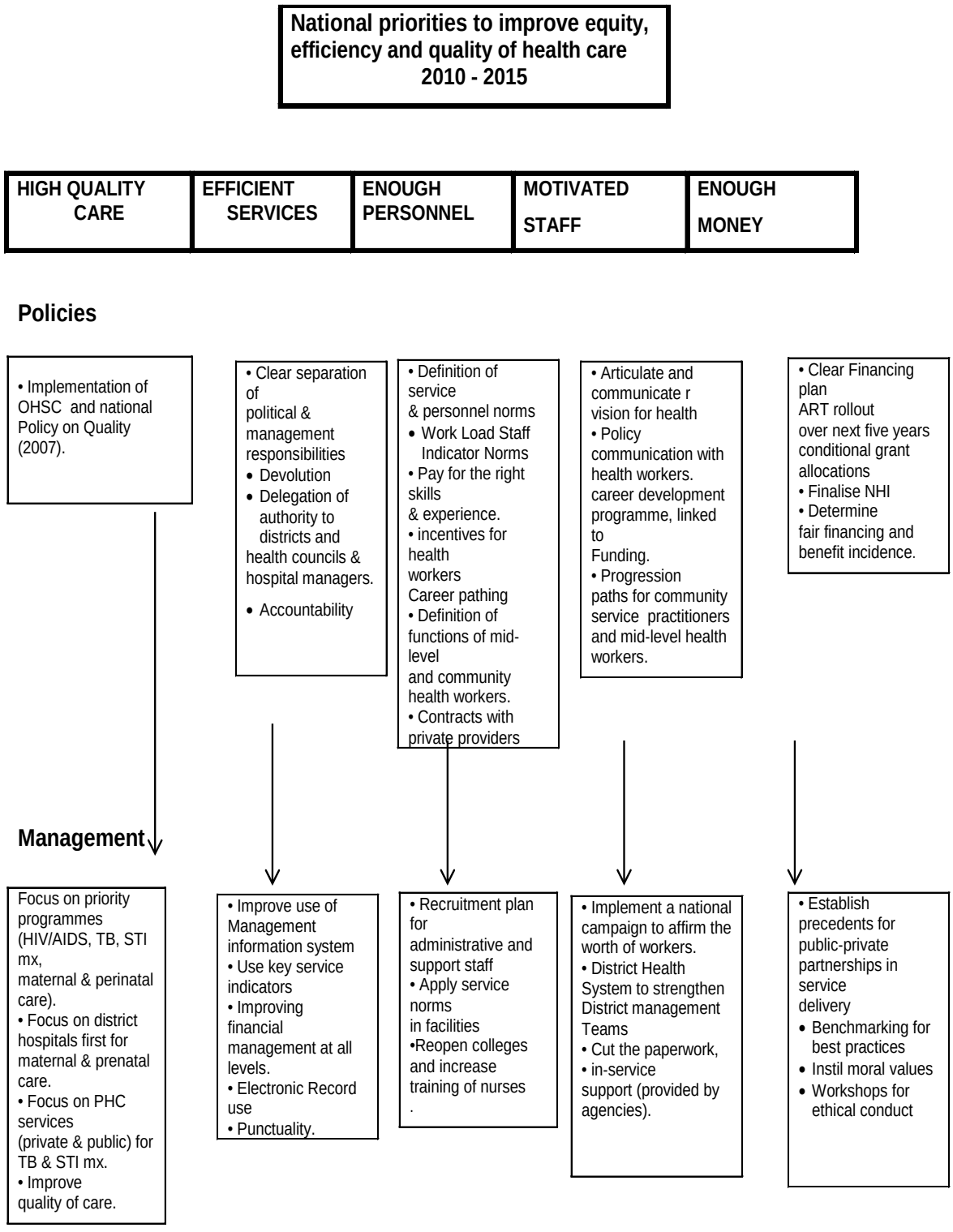

Figure 2.4: Implementation of National Health Priorities

Source: Harrison (2010)

The diagrams as presented above speak to realignment of processes to improve operational efficiency. Harrison (2010) contends that while it is important to provide resources for the uninsured population it is as well critical to improve efficiency in the public sector's health services.

The inefficiency of health outcomes relative to spending is a concern but it has to be noted that certain inefficiencies result from factors outside the control of the health department. Obviously, the South African Public Health is characterised by inefficiency in management as demonstrated by over-expenditure by a number of provinces; however, it has to be recognised that social and economic inequalities have a major contribution to poor health outcomes. Inefficiencies have been identified at all levels of care and many were uncovered in a recent sector audit and review commissioned by the former Minister of Health in 2009 (Harrison, 2010). The inefficiency in management and use of district hospitals was demonstrated across all districts through the following indicators:

- average length of stay which varies from 2.2 to 8 days,
- usable bed utilisation rates ranging from 50% to nearly 90% (Harrison, 2010)

Performance on these indicators varied between districts and some hospital still perform better. Harrison contends that improving operational efficiencies requires purposeful and multi-faceted strategies which include:

- clear role separation between political leaders and management with devolution of powers linked to accountability
- timely and proper use of information which assists in monitoring performance and decision making
- filling vacant admin posts for relief of and better use of professionals
- partnering with private sector for best practices and improving financial management and
- engaging systematic processes for monitoring quality standards and improving quality of care.

These strategies reflect an overhaul of management and leadership in the public health sector. Among the strategies to improve health services delivery, the health ministry has prioritised primary health care re-engineering to address the social and economic inequalities and ensure equitable access. Together with the strategies

outlined above, re-engineered PHC should lay out a strong foundation for the new health system.

2.2.4.5. Primary Health Care Re-engineering

Primary health care remains an important and critical vehicle for delivery of health care services. Re-engineering of PHC aims to set the platform for the above mentioned strategies to deliver effective and efficient services equitably to the population of South Africa. The model presented below has implications for human resources both in the public and private sectors. There is a need for filling of posts and upgrading the skills of personnel.

THE DHS MODEL

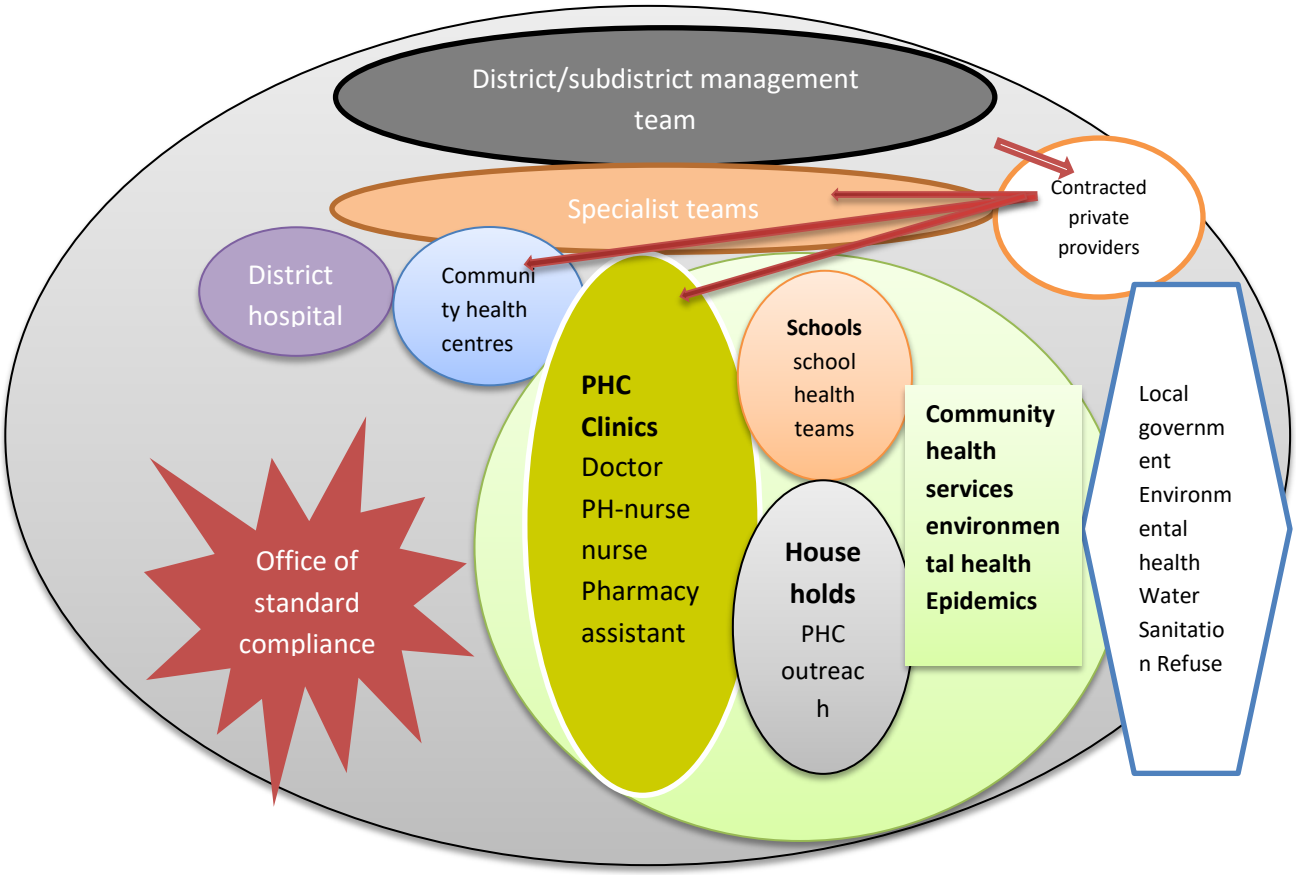

Figure 2.5: PHC Re-engineering

Adapted from HWSETA (2011)

Health services at all levels are appraised on the basis of quality and outcomes. The recipients of health services are placed in a better position to judge whether the services they receive are acceptable and of high-quality standard. Quality can be defined in various ways. According to the Policy on Quality in Health-care for South Africa (National Department of Health, 2007), quality means getting the best possible results within the available resources. Quality is the level of realisation of "health systems' intrinsic goals for health improvement and responsiveness to legitimate expectations of the population" (WHO, 2007). The Policy on Quality in Health -care requires that all participants in the health care system be accountable for improving quality of health care in South Africa. Quality improvement also requires that the health workforce is positively engaged as it involves dramatic change. The policy recognises that while health professionals understand the need for change, many want a greater voice in the process of change; therefore involvement of stakeholders including unions becomes important.

McLennan (2009) identified three approaches to improving delivery which have emerged at different periods but they continue to co-exist. In the first approach – *reconstruction through expanded access* - the state plays the role of provider where citizens are recipients. In the second - *delivery through modernisation* - the state fulfils an oversight role, thus enabling the market to provide and create customers and clients. The third approach – *development through state protection* – attempts to improve access for citizens through partnership and regulation in the name of social justice. According to McLennan (2009) the second approach is drawn from the New Public Management (NPM) which focused on limiting state expenditure while improving service provision. When citizens are treated as customers they are engaged with on user-based market principles. The relationship between provider and recipient becomes a mutual one where the recipient is involved in decision-making about his/her own health-care.

Batho Pele principles echo the New Public Management as recipients of government (including health) services are recognised as customers and clients.

2.2.4.6. Batho Pele Principles

The White Paper on Transforming Public Service Delivery provided a policy framework and implementation strategy for the transformation of public service delivery, which included the delivery of health services. Batho Pele (People first)

principles sought to introduce a new framework for delivery allowing citizens a platform for expecting public servants to account for the manner services are delivered. The DPSA re-introduced a newer more user-friendly set of Batho Pele framework in 2003 with the aim of positively influencing performance and service delivery.

In an attempt to further influence performance and service delivery, the DPSA reintroduced Batho Pele in a simpler and more accessible form in 2003.
The Public Service needs to develop strategies to transform attitudes and values to reflect the culture of a sector oriented and committed to serving customers. Government introduced the framework of Batho Pele – putting people first to help transform and develop a public service culture devoid of a “can’t do” mindset to a “can and will do” service delivery commitment.
As afore-mentioned Batho Pele is a set of 8 basic principles that are geared at enhancing service delivery. All public servants are expected to know and embrace these principles, making ‘putting people first’ a way of life (KZN, 2012).

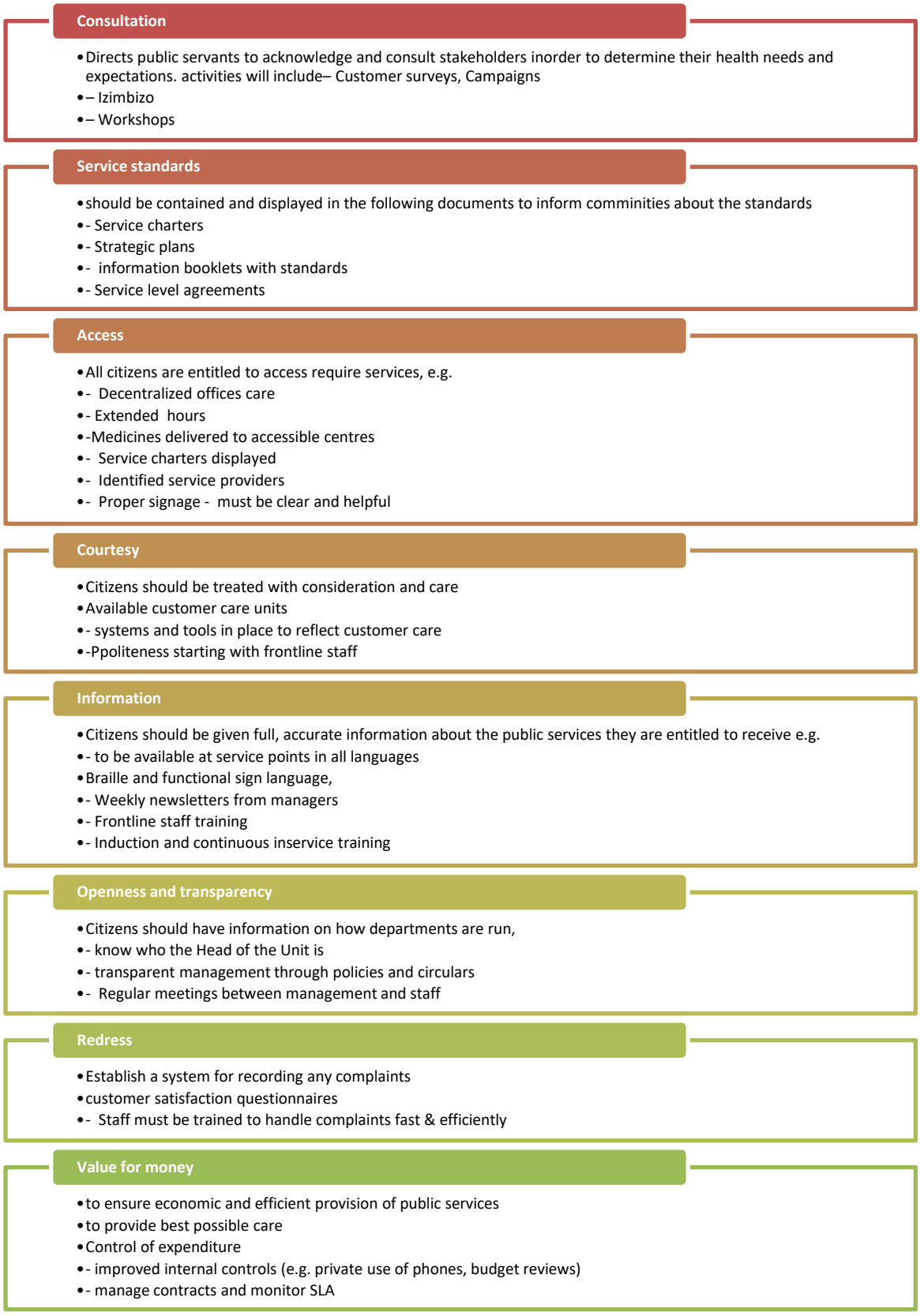

Figure 2.6: Batho Pele Principles (DPSA, 2003)

Significant inefficiencies resulting from poor quality care still exist in the health system. Strengthening the health system and closing gaps in service delivery requires a multi-faceted approach inclusive of accreditation and monitoring of health facilities; and programme-based monitoring and quality improvement.

2.2.4.7. National Core Standards

As part of quality assurance service delivery and performance of health facilities can be assessed against the national core standards developed by the National Department of Health. In response to concerns about lack of uniformity and varying standards and guidelines for managers throughout the health system and the consequent difficulty in measuring performance a set of core standards for health establishments were published in 2008 and later piloted in various community health centres and private and public hospitals. The main purpose of the National Core Standards is to:

- standardise and develop a common definition of quality care which will serve as a guide to the public, to managers and staff at all levels in all health establishments in the country;
- establish a benchmark against which health establishments can be assessed, gaps identified and strengths upheld; and
- endorse through national certification, those health establishments found to be complying with mandatory standards (National Department of Health, 2011).

The over-encompassing goal of the standards is to assist in improving the quality of care. It is imperative for the office of health care standards to ensure that the standards are disseminated throughout the health system and that compliance with them becomes the norm for staff and managers as a continuous improvement process is implemented (National Department of Health, 2011).

The national core standards are structured into 7 domains with each domain being defined by the World Health Organization as an area where “quality and safety might be at risk” (National Department of Health, 2011). The first 3 domains (Patient Rights, Patient Safety, Clinical Governance and Care and Clinical Support Services)

are regarded as core to the delivery of quality health care to the recipients and patients. The remaining domains provide support which is essential in ensuring that the health system delivers its core business. The National Department of Health (2011) summarises the scope of each domain as follows:

1) The domain of Patient Rights resonates with Batho Pele principles and the Patient Rights Charter in that it sets out what a health establishment must do to respect and uphold the rights of patients, provide access to respectful informed and dignified care in an acceptable and hygienic environment in order to meet patient's expectations.
2) The Patient Safety, Clinical Governance and Clinical Care domain seeks to protect patients from clinical risks and reduce unintended harm by ensuring that nursing and clinical care adheres to ethical practice. Adverse events including health-care associated infections should be prevented or managed and support provided to affected patients and staff.
3) The Clinical Support services domain covers specific services that are essential to provide clinical care and include the timely availability of medicines and products, reliable and efficient diagnostic and therapeutic services, medical technology and systems to monitor efficiency, for example, pharmacy therapeutic committees.
4) The Public Health domain covers how health facilities should collaborate with stakeholders including non- governmental organizations, other health care providers, local communities and other relevant sectors in order to promote health, prevent illness and reduce further complications. The domain advocates for integrated and quality care for the community, including during disasters.
5) The Leadership and Governance domain reinforces the importance of community involvement through hospital boards and clinic committees to ensure proper consultation when planning for health needs of communities and quality improvements. The domain covers the strategic direction provided by senior management, through proactive leadership, planning and risk management.
6) The Operational Management domain relates to day-to-day operations involved in supporting and ensuring delivery of safe and effective patient care,

including acquisition and management of human resources, finances, assets and consumables as well as information and records.

7) The Facilities and Infrastructure domain covers the requirements for clean, safe and secure physical infrastructure (buildings, plant and machinery, equipment) and functional, well-managed hotel services; and effective waste disposal.

To meet the essence of National Core standards there are certain processes, for example, clinical audits which are a gold standard in ensuring effective and efficient clinical practice. The process of quality improvement will require supervision and mentoring, accurate surveillance system, responding to patient opinion as reflected in surveys and client feedback and using performance management system to effect process change (Lourens, 2012). At management level quality assurance should be at the centre of management meetings with a multidisciplinary structure which oversees quality and instils the daily consciousness of quality in all health care workers.

2.3. LEGISLATIVE FRAMEWORK

2.3.1. THE CONSTITUTION OF THE REPUBLIC OF SOUTH AFRICA ACT (ACT 108, 1996)

Chapter 2 of the Constitution of the Republic of South Africa, Act 108 of 1996, prescribes the Bill of rights. Section 27 recognises all citizens' right to accessing health care services. In the same chapter section 18 states that "everyone has a right to freedom of association" hence workers can form and join a union of their choice. The freedom may not automatically translate to organisational rights where the union is a minority but the union would be afforded recognition.

Section 23 provides the right to join a trade union, the right of all to fair labour practice and a right to participate in a strike in the event that a deadlock is reached. It also provides unions and employer organizations with the right to engage in collective bargaining. The Constitution further sets the tone for the enactment of the "Labour Relations Act" which would regulate collective bargaining. This clearly indicates that the Constitution does not force or compel employers and employer organisations to engage in collective bargaining.

The Bill of Rights indicates clearly that the trade union has a role to play as far as the protection of the rights of workers and communication with the employers are concerned. When juxtaposed with rights of citizens to health care, the Constitution does not stipulate whether the rights of organised public servants (health workers and professionals) take precedence over those of citizens or vice versa, however, section 36 grants a limitation on the rights in terms of the law provided that that limitation is reasonable and justifiable (RSA, 1996).

Chapter 10 sets values and principles for Public services, for example, high standards of professional and ethical conduct by a responsive public service are advocated. Section 196 and 197 refer to appointment of commissioners who will have a function among others of monitoring and investigating adherence to applicable procedures in the Public Service.

2.3.2. THE LABOUR RELATIONS ACT (ACT 66, 1995)

The Constitution paved the way for passing of further legislation that would promote inclusion of all citizens in a democratic country.

Following a period when workers were excluded from any kind of decision making in the workplace, there had been attempts to contain any movement that sought to address inequalities and oppression of black labourers. The period was characterised by massive strikes which made arrests and dismissals impossible. The impossibility of imposing coercive measures to suppress strikes led to the 1973 Bantu Labour Regulation Amendment Act (Manamela, 2015). The Act focused on improving individual employers' communication network with its employees. Africans were afforded rights to participate in Liaison committees without full bargaining rights, effectively defeating the purpose. While the Works committees' functions were to communicate the employees' demands to the employers and represent them in any eventual negotiations, the agreements had no legal sanction and would ultimately not be enforced. Attempts by government were constantly being made to keep black workers organisations outside the system and to fragment and prevent them from building a class organisation that would challenge the prevailing order. However, the events of 1976 forced the state to introduce major changes to the system of industrial relations. The appointment of a Commission of Professor Nic Wiehahn culminated in a deracialised industrial relations system (Manamela, 2015).

Following the recommendations of the Wiehahn commission, the Labour Relations Act of 1979 was passed. The Act afforded African workers the rights to join and form registered unions, bargain collectively, participate in industrial councils and strike. Initially unions were reluctant to join industrial councils as they feared they would be co-opted into employer structures and restrictions by the state. The other reason was that the rights of unions were ill defined, leading workers and unions to resorted to striking whenever their grievances were not resolved. Unrests continued and the government reasserted its authority through repressive measures. Around 1986 the entire labour system became unruly. The post-apartheid era began with the release of Nelson Mandela. A series of forums, like the National Manpower Commission and the National Economic Forum succeeded the writing of the Constitution of the country. These forums were combined to form the National Economic Development and Labour Council (NEDLAC). After extensive negotiations and consultations consensus was reached on the provisions of the Bill which subsequently became the Labour Relations Act (Act 66) of 1995. The gazetting of the LRA marked a major change in the South African labour relations system (Manamela, 2015). The Act covers the new government's aims to create a new labour relations platform for democratisation of the economy and society as documented in chapter 1 of the Act. The primary objective of the LRA is to give effect to and regulate the fundamental rights conferred by section 23 of the Constitution. The Labour Relations Act regulates those activities of employer and trade unions. It regulates and protects the right to freedom of association, the right to form and join trade unions, collective bargaining as well as participation in strike action, picketing and engaging in protest action for socio-economic reasons (LRA, 1995: Sections 4(1), 64(1), 68(1), 77). The LRA directs that its interpretation should be in line with the Constitution.

The development of workplace forums allows for unions to be consulted on matters that affect employees and the Act also lists areas of joint decision-making between employer and employees. There is a clear indication that there is scope in terms of areas of engagement while at the same time, the Act gives recognition to transparent practices by conferring rights to disclosure of information unless information is protected and confidential.

The Labour Relations Policy Framework developed by the department of Public Service and Administration is a guide to operationalize the Labour Relations Act. Its purpose is to provide a framework within which departments can develop policies on labour relations and also to promote consistency in management decisions. The following principles from DPSA (2002) are discussed.

These principles address the contribution that public service has in shaping the economy of the country through strategies which include developing a competent workforce subjected to sound Human Resource management practices. The DPSA recognises that the essence of labour relations is founded on the relationship between employers and employees. Organised labour has an equal stake in the Labour Relations; therefore as social partners, parties should create a non-adversarial bargaining environment (Department of Public Service and Administration, 2002).

Employers and employees should take cognisance of and respect each party's constitutional and other legal labour rights. DPSA's principles echo the need of a Labour Relations which support the Batho Pele principles to achieve a Public Service capable of providing cost-effective and efficient services to the communities.

There are several other laws which do not deal as directly with industrial relations and collective bargaining as the LRA, but which affect the context in which unions and employer organisations operate when collective bargaining occurs.

2.3.3. THE BASIC CONDITIONS OF EMPLOYMENT ACT (ACT 75, 1997)

The BCEA states that its purpose is "to give effect to the right to fair labour practices referred to in section 23(1) of the Constitution". In accordance with section 4 of the BCEA and the LRA, a basic condition of employment specifies a requisite of any contract of employment except where another agreement provides a more favourable requisite in accordance with provisions of the BCEA (Manamela, 2015). The BCEA allows the parties some flexibility as it recognises the bargaining capacity of employees represented by trade unions with their employer, hence it permits the variation of its minimum standards by means of bargaining council's collective agreements concluded through the process of collective bargaining (Manamela, 2015).

The BCEA is thus seen as providing protection to “vulnerable workers”. The BCEA is applicable to all employees except those working under 24 hours per month. Although it specifies conditions of work and contracts it does not specify minimum wages, it does provide for the promulgation of ministerial and sectoral determinations which generally indicate both minimum wages and conditions in those sectors. Thus it has a social responsibility purpose. While there is some provision for “variation” of the minima specified in the BCEA, these variations should not result in situations which disadvantage the workers (Budlender, 2009).

Labour Research Services (2012) however, points out that the BCEA looks more like a ceiling than a floor of minimum conditions as it has remained static between 2006 and 2009. There has been a slight change in the annual leave entitlement affecting only those employees with over 20 years of service. Unions are definitely dissatisfied at the rate that Education and Training initiatives unfold (LRS, 2012).

2.3.4. EMPLOYMENT EQUITY ACT (ACT 55, 1998)

This Act which offers protection to employees is confined to practices occurring within the scope of an ‘employment policy’; however, Manamela (2015) stated that disputes about unfair dismissals are not dealt with in accordance with the EEA, but must still be dealt with in terms of the LRA. The dismissal procedures are still subject to the requirements of the EEA which are applicable to employment policies and practices. Designated employers are required to prepare and implement employment equity (EE) plans indicating targets to be achieved to influence progress towards employment equity in the employer’s workplace [EEA, 1998: S20 (1)]. Consultation with a representative trade union and employees or their representative about the design and implementation of the EE plan is mandatory.

The EEA can therefore be said to be supportive of the trade union role of fighting discrimination and promoting employment equity.

2.3.5. OCCUPATIONAL HEALTH AND SAFETY ACT (ACT 85, 1993)

Section 24 of the Constitution endorses all the citizens’ rights to a safe working environment. In practice employers must investigate accidents and exposure to occupational diseases to ensure that workers injured or contracting diseases during the course of their employment are compensated in accordance with the provisions

of the Compensation for Occupational Injuries and Diseases Act (Act 130, 1993) (Manamela, 2015). The Act also provides that employers and trade unions may negotiate agreements which afford better care for employees than that provided for by common law and statutory law (Manamela, 2015). There are also those agreements where the employers are required to permit trade unions to form part of investigations into accidents involving workers the workplace.

2.3.6. SKILLS DEVELOPMENT ACT (ACT 97, 1998)

Manamela (2015) has mentioned that the SDA establishes the Skills Authority which comprises, among others, five voting members nominated by NEDLAC and appointed by the Minister to represent organised labour (SDA. 1998: s4) The Skills Authority exercises an advisory role to the Minister on matters relating to skills development. The Act also establishes institutions called the Sectoral Education and Training Authorities (SETAs), which consist of members of organised labour, organised employers and relevant government departments (SDA, 1998: s9). At institutional level unions form part of training and development committees to advance training needs of health care workers. It is evident that trade unions are supported by the SDA in their role of ensuring that the levels of training of employees are developed.

2.3.7. PUBLIC SERVICE ACT (ACT 103, 1994) and THE PUBLIC SERVICE REGULATIONS

The Public Service Act provides for the organisation and administration of the public services in general and incorporates other legislation to regulate the running of administrative affairs in relation to public service matters and the public service employees. The Public Service Regulations' chapter 2 deals with financial disclosures, ethics and anticorruption management (PSA, 2002).
In part 1 of chapter 2, employees are implored to adhere to the Constitution and other laws to avoid conducting themselves inappropriately while in employment. The code of conduct defines and prescribes how the employee relates with the Constitution and other laws, how he/she relates with the public, the ethical conduct, performance of official duties and what happens when he/she becomes a candidate for elections. Part two of chapter 2 deals with financial disclosures. This is a positive

step which demonstrates that government and the public service is committed to combating fraud and corruption amongst their employees.

2.3.7.1. Adherence to the Code of Conduct

Poor leadership has been mentioned as one of the challenges facing public health. To a large extent there is failure to deal with misconduct and poor performance. Thakhathi (1993) maintained that an adherence to a code of ethics would enhance the general welfare and interest of the public. The author concluded that it was imperative for government and unions to conduct training in ethical norms and standards (Thakathi, 1993).

The National government's Interim Management Team (IMT), sent to the Eastern Cape's four target departments including health made findings that implicated the unions' "undue influence over managers" as a contributory factor to the poor state of service delivery (Cullinan, 2006). There had been a common allegation levelled at NEHAWU members in particular, indicating that a culture of ill-discipline and poor work ethic prevailed. Other allegations included NEHAWU officials protecting members who had been involved in "theft of hospital supplies and medicines". It is obviously unfair to condemn the overall activities of the union (Cullinan, 2006); but these unfortunate incidents are not reflective of a responsible and transformative labour organisation.

Unions claim they are representing members to ensure fairness. The primary purpose of a fair procedure is to investigate allegations or complaints levelled against an employee, to provide a fair and reasonable opportunity to the employee in order to argue and mitigate in his defence and to determine the charges or complaints against the employee. The purpose covers not only 'fact-finding' but an opportunity to compare the versions of the parties involved with a view to determining the validity of the allegations and coming to a fair and objective outcome.

Fundamentally the employee is entitled to a hearing to give meaning to the 'audi alteram partem' principle even in circumstances where "facts speak for themselves" (Hickley, 2012). Accordingly, the employee is entitled to a reasonable period within which the employee consults a trade union representative or a fellow employee to help him/her prepare a response to the allegations.

The purpose of this requirement is not only for the employee to prepare for his case but also for the union to observe the fairness of the proceedings.

Visible and transparent workplace democracy where employees understand the value of rules and accept consequences in the event that breaches of the rules occur, can be achieved through procedural fairness. Such democratic processes are aimed at supporting the principle that *"security of employment"* is a core value of the LRA. The Public Service Act and Public Service regulations place conditions according to which security of employment will be maintained.

2.4. THEORETICAL FRAMEWORK

Theories refer to assumptions and values people use as "reference" points. People are frequently drawn into intense debates about the nature, dynamics and governance of work because work is such a central part in people's lives. The discussion groups theories of unionism into social movement theories and industrial relations.

2.4.1 SOCIAL MOVEMENT THEORIES

2.4.1.1. The Marxist View

According to Harrison (2004) the Marxist theory viewed movements as having grown out of basic social and economic relations. Capitalism created two distinct classes one of which dominated and gained wealth at the expense of the other. Capitalism generated conditions necessary for revolutionary reconstruction as workers organised and formed unions to oppose the oppressive conditions. Abbott (2006) supports the argument and situates the Marxist view in the industrial relations. The author maintains that the struggle is caused by inequalities in the distribution of wealth and ownership of capital. Wealth and ownership of means of production were highly concentrated in the hands of the minority group of capitalists (Abbot, 2006).

Capitalism is exploitative in nature and the capitalist political system and class-based values cannot by themselves definitely control the internal inconsistencies of the system. Consequently the workers realise they can no longer tolerate the impoverishment and organise against their exploitation. According to Abbott (2006) the Marxist view identifies the existence of social conflict – a natural outcome of capitalism – which is a struggle between two competing social classes. This struggle

infiltrates and gets played out in the workplace and becomes industrial conflict. Management theories that are manifest in the capitalist system have advanced controlling tactics of managers. Activities of workers have increasingly been controlled by the advancement of technology and “the spread of scientific management techniques” (Abbott, 2006:195). These developments have changed the labour process by reducing or limiting the skill required and fragmenting the tasks to the extent that they have no meaningful content to individuals performing them.

Other theories shaped by the Marxist framework include feminist and postmodernist theories. According to Abbott (2006), feminist theories have also surfaced in workplaces. Just as there are two competing classes according to the Marxist view – the capitalists and the working class – the struggle against gender inequalities also exists in the workplace. Workplaces have to transform from the patriarchal practices which advance the interests of only men.
Post- modernist theory has also seen employment relations adopting soft skills and observing the subjective dimensions of work. The theory argues that the behaviour of employees is based on the interactions and the subjective meanings the employee makes, hence it is relative and often contradictory; therefore analysis must dwell on how the subjective individual establishes meanings through engaging with language on the job and how this in turn shapes how that individual behaves (Abbott, 2006). The theory seeks to suggest that there is direct interaction between employer represented by managers and Human resources managers and the employees.

The researcher gathers that the strategy the unions adopt during collective bargaining with the employer is geared towards improving working conditions and regaining the dignity of the workers. According to the Marxist view the unions and workers must realise that they are effective in resisting “Capitalism” and their strength lies in collective bargaining; but they are not effective as spearheads of a new political and economic system.

2.4.1.2. Collective Behaviour Theory

Social movements are collective enterprises formed to establish a new order of life. They act collectively with some continuity to promote or resist a change in society or the group of which the enterprise is a part (Morris & Herring, 1984). The collective

behaviour approach is socio-psychological in orientation and rooted in symbolic interaction theory implying that within and between social structures there is co-existence, interaction and inter-dependence with actors constructing and attaching subjective meanings to the environment and their interactions and this provides the basis for human action (Turner, 1981 as cited in Herring, 1984). These social movements are not guided by any common culture or set of rules. Unions cannot be said to fall within the collective behaviour group although they act collectively within an organised structure and they are bound by legislation (LRA).

2.4.2 INDUSTRIAL RELATIONS THEORIES

2.4.2.1. The Unitary Approach

The unitary perspective assumes that the employer and employee share common interests and objectives, which are in relation to the operations and success of the workplace. According to the unitary approach trade unions are regarded as trouble-makers and competitors (Harrison, 2004). Any challenge from the union is viewed as unacceptable and unlawful. Employees are expected to respect authority, follow orders and perform their tasks diligently. The unitary view purports that there is no conflict because both employer and employee support the free enterprise system. According to this approach, unions should not be in existence as the workplace is characterised by harmony, co-operation and trust.

Abbott (2006) supports the notion of common interests and values; but contends that conflict in the workplace may periodically occur between employer and employee. The author states that those occurrences are believed to be deviations in a relationship which is inherently inclined to be co-operative. As a result of the shared values and common interest in the survival of the organisation, the supporters of this perspective submit that whatever conflict occurs is unlikely to have a detrimental effect (Abbott, 2006).

Three employment-relations systems exist under the unitary perspective. According to Abbott (2006) the scientific management approach to employee relations is one that suppresses internal tensions and holds all the power cards. Knowledge is power and management will ensure that knowledge pertaining to the structure and organisation of work is not cascaded to the workers and it keeps all the authority to direct workers as it deems fit. Abbott (2006) further purports that there is information

that management would have to which unions were privy, for example, profit margins, executive salaries and other important issues. Contrary to this view the LRA encourages transparency and the right to disclosure of information to allow unions to bargain from an informed and knowledge base.

The principal task of management with regard to human resources approach which develops out of the unitary approach is to manipulate workplace relations in ways that enable employees to feel personal satisfaction with being part of the workplace. If workers are not happy they will find ways to undermine those methods of control. It must be recognised that employees have a right to a say in how they are governed. Unions have a role of representing workers when decisions that will affect them are made.

According to Abbott (2006) the Human Resource Management view operates on the belief that the tensions between management and employees can be completely resolved by nurturing relationships and using soft skills to gain cooperation. The employee-relations' choices in this case are premised on the belief that the forces uniting managers and employees are far stronger than the forces dividing them. Management should realise that their task is to facilitate these unifying forces by working collaboratively with employees to develop workplace systems and conditions which will encourage autonomy.

2.4.2.2. The Pluralist

According to Harrison (2004) the pluralist view accepts that there will always be conflict between employers and employees; but assumes that the power of the employer inherent in the relationship can be balanced by the countervailing power of the collective or union. Contrary to the unitary theory the pluralist presumes that different groups (employers and employees) represent competing interests therefore employees must join unions to equal the power of management. The conflict that prevails can be contained by 'orderly" processes, particularly that which manifests in absenteeism, grievances and minor transgressions. The processes include grievance procedures, disciplinary processes and both parties will engage in collective bargaining that will benefit them both.

Power, as has been mentioned, lies in the ability of one party withholding something of value from the other party (Harrison, 2004). One way of dealing with a conflict that does not get resolved through the other processes is a strike. During a strike the

unions are withholding their labour knowing that the outcomes will be less or no production which affects the employer's profit making. The employer in return can withhold remuneration for a period of a legal strike.

Abbott (2006) expressed the pluralist view that there will always be conflict between employers and employees as they hold different views and values. Their objectives are not the same and they constitute two distinct groups. The employer has the power and authority which the employee must subject him/herself to.

Hyman (2011) expressed reservations about the view that conflict in an organisation is inevitable, arguing that the drop in rates of strikes reflects otherwise.

Two theories emerge, that is, the systems theory and the strategic choice theory. Abbott (2006) identifies the actors under the systems theory as the environment and rules/laws that govern the employment relations. As long as the two role players play their part effectively and comply with rules and structures set out in the LRA, stability is created. Under these conditions equilibrium will be regained and the system is self -adjusting. The strategic choice theory expresses the integration of human resources and business strategies meaning that decisions about marketing, production, finance, investment, and so on, are all having more and more influence over the day-to-day management of workplace relations.

Hyman (2011) noted contradictions in Industrial Relations, observing that trade unions, for instance, are torn between accommodation and conflict; they co-operate with employers in order to improve the terms and conditions of their members while also challenging the excesses of capitalism if not capitalism itself.

According to Harrison (2004), in the South African context government has pushed for corporatism with aspirations to "co-opt labour into accepting the economic perspectives of capital". Corporatism is an approach that seeks to incorporate unions as a third party in the current set-up of government and business (Harrison, 2004). In a corporatist system, government is expected to get views from both labour and capital and be the final decision-maker. It remains to be seen whether the unions will accept this arrangement or whether they will demand instead a form of "bargained" corporatism whereby business and labour negotiate and use power to reach agreement on important issues. Government would then be expected to be merely a "rubber-stamping" agency. It is known that Government would not agree to abdicate the right to final decision-taking.

In summary: Values, views on conflict and views on role of trade union

Table 2.1: Summary of views on values and conflict

	Marxism	Unitarism	Pluralist	Collective behaviour	Corporatism
Values	Unequal division between capital and labour. Class inequities	Groups share common values, interest and objectives	Groups have different values, interests and objectives	The group shares no values other than to react to a subjectively evaluated situation	Cooperation with state involvement
Views on conflict	Conflict is inherent in society. Society and capitalist system must be changed	Conflict is irrational, unnecessary and rare; results from poor communicatio n and misunderstand ing. Must be managed through coercion	Conflict is unavoidable but functional if managed	A change will create conflict	Conflict is natural and must be managed through negotiations
Views on role of unions	Unions express and protect interests of the working class and fight exploitation	Interference from outside the organization	They are part of the organization, must channel conflict and represent interests of employees	The structures are not permanent and their role is to oppose change	Are important in the tripartite structure with interest in society

2.5. EMPIRICAL FRAMEWORK

The researcher explored experiences of these countries: Canada, Brazil, Ghana and South Africa.

Canada and South Africa have the Constitutional issues in common. The drafting of the two countries' Constitutions had similar patterns, particularly the Bill of Rights. Sarkin (1998) stated that both the Constitution of the RSA and the Constitution of Canada have been influenced by external legal forces. Certain readings and interpretations have their origins in German and Canadian Law (Sarkin, 1998).

Brazil which is known as the "B" of the BRICS countries has a bigger economy than Italy. Brazil and South Africa are two of the emerging market economies which have global targets and a considerable impact on the regions around them. As a matter of fact South Africa is termed the "Brazil" of the African countries but on the social aspects like HIV and AIDS South Africa can learn a lot from Brazil (Africa Research Institute, 2007).

2.5.1 UNION LEADERSHIP

As the role of a trade union as "a business-like service organization" has expanded over time, so has the involvement of staff in decision- making especially at the national level. This role secures them political positions. This is a challenge trade unions are experiencing which has been referred to as oligarchic system. This undermines democracy which in turn puts transformation agenda in jeopardy.

To establish what democratic practices are at play Buhlungu (2006) undertook a survey in 1994, 1998 and 2004.
Worker participation was found to be at 77% at shop-floor level. The survey further measured the process of election of shop stewards and their accountability.
At each of the time points examined 95% of workplaces had elected and not appointed shop stewards.
Accountability of shop stewards and a possibility of right of recall was another item measured to ascertain democracy. In 2004 fewer workers were willing to entrust shop stewards with an open-ended brief; and yet an increasing number were willing to allow shop stewards discretion within a broad mandate (Buhlungu, 2006).
Consultation by shop stewards and right to recall yielded the following results:

In 2004 a larger proportion of respondents did not insist on constant consultation indicating that either they trusted the representative or did not want to get involved in day- to- day activities of the union. Majority of respondents felt they had a right to remove shop stewards but a large number had no experience of having removed a shop steward.

Ghana compared poorly when membership participation was measured. The Trade Union Congress (TUC) co-ordinates the activities of its affiliated unions, gives guidance on labour matters and speaks on behalf of all labour in Ghana. Britwum (2003) stated that TUC exists in theory and is erroneously viewed as a powerful organisation whereas in practice it is a “loose confederation of national unions” which is dependent on what the national unions make of it for its existence. The decision-making structures do not create adequate space for membership participation (Britwum, 2003). There are low levels of female representation in the union structure. This is an indication that female workers do not participate in decision making and also that females’ involvement in union activities is weak.
While unions as a whole experience increasing challenges, a corresponding strain is put on the local unions. While the upper levels have to deal with a fading membership and formulate new strategies, it is primarily the work situation at the local shop-floor level that is affected. The shop stewards play a central role within the union movement as they most often constitute its contact with members and external actors.

2.5.2 THE INFLUENCE OF THE UNIONS IN THE WORKPLACE

Since the 1970s, unions have experienced a decline in membership all over the world. According to Gokay and Shain (2015) unions have lost influence in the labour market as well as in the political system. Despite these declines, they still continue to represent millions of workers, and remain the most influential voices for the working class (Frege et al., 2004 cited in Gokay & Shain, 2015). Nowadays unions need to make significant efforts to reorganize their policies and structures to revitalize themselves in order to regain their previous influence among the working class, and in public policy (Gokay & Shain, 2015).

2.5.2.1. Organisational Performance

In their analysis of the economic impact of trade unions, Bryson et al. (2005) examined the relationship between work organization, trade- union representation and workplace performance. The findings indicated that while unionisation was associated with above average labour productivity and financial performance, in organizations where management adopted High Involvement Management (HIM) as opposed to traditional methods, productivity and financial performance were higher. When regression analysis was applied, unionisation had no independent effect on productivity after controlling for other factors; however, when comparing the rare case of 100% bargaining coverage to no-union organizations, the former showed lower labour productivity.

Brazil Experience

Some unions fight to establish formal representation at the plant level, through Works Councils, and to establish direct negotiations with management. In a 1988 - 1998 pooled data survey it was found that in terms of employment unionised plants employed more people (Menezes-Filho et al., 2002). The employment increased up to a level of 60% union density. The researcher found the relationship between performance and unionization to be linear. In establishments where more than 80% of the workers belong to a trade union, productivity was actually lower than in non-unionized ones. The results as a whole imply that unionism always reduces profitability, that is, the share of total sales that goes to shareholders or is re-invested. However, some unionism is actually good for the plants' performance in terms of the value added and it also leads to increases in wages and employment.

South African experience

Paddy (2013) investigated the perceptions of the role of teacher unions in two secondary schools in Soweto. The study sought to answer what the purpose of teacher unions is in education, what accountability processes are in place and what influence they are perceived to wield over education. Questionnaires were administered and interviews conducted in a comparison of high-performing and poor-performing schools. Findings were grouped into positive and negative contributions.

Positive contributions recorded:

- improving conditions of service for educators;
- improving remuneration of educators;
- collaborating with HOD to redeploy staff at the poor performing school albeit a little too late as the school had been dysfunctional for a number of years.

Negative contributions included:

- protecting dissenting educators;
- being involved in appointments of inappropriate educators
- infringing on rights of learners;
- abuse of power on the basis of affiliation with COSATU and alliance with the ruling party and
- orchestrating the decline of teaching and learning by allowing ill-discipline (teachers reporting late, learners disrupting classes).

Ghana

A cross-sectional study using standardised questionnaires was conducted to analyse the changing nature of work and state of labour standards within organisations across all sectors of Ghanaian economy (Osei, 2014). High Performance Work Practices (HPWP) was identified as creating abilities, motivation and opportunities through labour standards and the pattern of work to impact on organizational productivity.

The researcher postulated that there is a relationship between HPWP and organisational productivity, through “nature of work” represented by a myriad of HRM practices. The following hypotheses were tested:

- Flexibility as a mediator in the HPWP –organisational productivity relationship
- Employee security as a mediator in the HPWP – organisational productivity relationship
- Freedom of association as a mediator in the HRM - productivity relationship
- Collective bargaining as a mediator in the HRM - productivity relationship
- Discrimination as a mediator in the HPWP - productivity relationship

The findings indicated that High Productivity Work Practices (HPWP) contributed positively to organisational productivity where HRM practices promoted an

environment conducive to terms of employment practices that ensured flexibility and employee security; as well as accommodation of unions, employee voice and non-discriminatory practices (Osei, 2014).

2.5.2.2. Voice Monopoly

Unions have been able to influence employers through Freeman and Medoff's (1984) framework referred to by Bryson et.al (2005). According to this framework, the union adopts two strategies, that is, *monopoly face* and *promoting voice*. Through monopoly face the unions bargained for improved terms and conditions of employment by restricting supply of labour to the employer. Restricting supply of labour increases the price and forces the employer to consider options of transferring costs. *Monopoly face* does not affect union members. By promoting voice, employees are able to communicate such that information, which would have remained private in the absence of union associations, is elicited (Bryson et al., 2005). Trade unions have adopted various strategies to exercise voice monopoly.

- Mobilization Unionism *versus* Social Unionism in Relation to Neoliberalism

Experience in Canada

Camfield (2007) explored strengths and effectiveness of what he termed mobilization unionism versus other forms of unionism including social movement unionism in abating neoliberal agenda in the public sector. Hospital Employees Union represents over 90% of the multiracial and mostly female health support workforce in Canada' s British Columbia hospitals and long-term care facilities (Camfield, 2007). The author found the strike of 2004 by HEU and other unions (solidarity) to have been the largest strike action in British Columbia since 1983. After a couple of days agreement was reached and strike ended with not many gains for workers as jobs would still be contracted out and pay cuts were implemented. Employers succeeded in extracting major concessions despite the unusual level of solidarity action for HEU eroding collective agreements. Having conducted semi-structured interviews Camfield (2007:298) found that if the goals of union renewal were to "include deepening democracy and developing greater power to contest workplace change and to gain and preserve contractual protection against privatization", both social unionism and mobilization unionism were inadequate. Looking at these goals the strategies the unions employ will vary. For non-major issues, for example, favourable

conditions of employment, leave of absence benefits and illness leave, mobilization may be an effective strategy; when the union is contesting government' neoliberal agenda including job losses and contractual protection the union must re-evaluate the strategy (Camfield, 2007). The researcher has concluded that although mobilization unionism has strengths, social movement unionism applies a powerful approach that yields links between workplace organising and a broad movement building orientation through a democratic engineering process.

Experience in Brazil.

Brazil experienced massive demonstrations in 2013, what was termed the June uprising against the "slowly emerged hidden critical trends" within the prevailing leadership style which included "workers' turnover rate, workforce outsourcing, flexible working hours as well as a relative decline in investment in public transport, health and education" (Coban, 2015:5). The author states that Brazilian people took to the streets and set-up neighbourhood assemblies to reclaim their city from neoliberal forces.

Major trade union confederations mobilized their mass organizations through the declaration of two general strikes in two weeks. The author's case analysis emphasises strategies linking trade unions with civil society. The protests provided the labour movement with a special opportunity to assume a leadership role and channel the anger, creativity and energetic resistance of the masses into anti-neoliberal politics; however, trade unions in both countries were really slow in reaction to these protests (Coban, 2015). The author further concluded that unions did not act as organized labour and failed to cover their potential members who took part in demonstrations in relation to healthcare, education, labour and employment rights, public transport and others.

All things considered, these protests emphasize that in practice trade unions could find an opportunity to enlarge their institutional and political power during these kinds of movements by using coalition-building channels.

- Strikes

Strike action refers to partial or complete withdrawal of labour. According to Labour Relations Act (LRA, 1995) every employee has a right to strike provided proper

procedures are followed. Persons engaged in essential services are restricted from striking. Osakede and Ijimakinwa (2014) reported on the reasons workers cite for engaging in strikes in their workplaces regardless of the laws and processes that are have been concluded to resolve conflicts between employers and employees. The mentioned factor of failure of employers to implement the terms of negotiated wage agreement is a major setback on implementation of the laws and begs the question of whether monitoring mechanisms are in place. Tshukudu (2015) concurred with the argument basing it on fact that on previous occasions of strikes the reasons given by doctors and health-care workers for embarking on strikes had been on-going changes to the organization of healthcare services not in line with international standards; failure by the employer to honour collective bargaining agreements for improved wages and conditions of service; and failure by the employer to provide adequate facilities and drugs, leaving doctors and health care workers unable to provide the best possible care for their patients .

Experience in South Africa

The South African public service, in particular the health sector saw a major strike in 2007 when the medical doctors led health personnel (Balkaran, 2011), for the first time setting aside Hippocrates' oath, to a strike that brought the department to its knees compared to the previous annual wage demonstrations. Following the strike, Occupation Specific Dispensation would be implemented, which provided for a much needed review of salaries and career-pathing that retained skilled public servants at production level. Osakede and Ijimakinwa (2014) argued that strike actions by health care workers may ultimately result in better healthcare for patients and the public in general when negotiated changes are implemented. However, health professionals and personnel are designated as an essential service in terms of section 71 of the Labour Relations Act and are not permitted to embark on industrial action. The challenges facing public service trade unions in South Africa include the increasing trend to widen the scope of essential services and thus limit trade union rights in the public service.

In the strike of 2007 the behaviour of the strikers was that "they evacuated pupils from schools, wrenched oxygen tents and intravenous drips from very sick patients and managed to close down schools and health institutions" (Zulu, 2009: 207).

These actions appeared to be contradicting the trade unions' objectives and violating the very Labour Relations Act. Zulu (2009) observed the contradictions, particularly when COSATU condemned such actions vocally without taking any action against perpetrators, strangely so because those who were harmed were COSATU's constituency. The authors question the ethics of such behaviour, whether the rights of unions supersede the "rightlessness" of others and whether unions "are part of a strategy to deliver class elite" or use collective bargaining to influence broader social issues such as service-delivery challenges (Zulu, 2009; Balkaran, 2011).

It has been noted that health care workers' strike in some jurisdictions, always has the support of the general public in a situation where the strikes are designed to improve the quality of healthcare service delivery for all; but society is generally unsupportive of strikes where the sole purpose is the increment of wages and improved conditions for health care workers alone (Osakede & Ijimakinwa, 2014). A stark contrast was, however observed in yet the biggest public sector strike of 2010, where the impact was strongest in the state hospitals and in state schools in the townships. The people who experienced the most disruptions were the working-class communities. Bekker and van der Walt (2010) stated that private hospitals, private schools and the so called *model C* government schools, mainly serving the ruling and middle classes, were barely affected and business continued as usual. This was a recipe for dividing society along class strata, that is, between the working class and the poor. Although there were gains for workers, COSATU failed the poor communities. Not only was a court order forcing essential workers to return to work ignored but there was no redress for the impact of the strike on those communities (Bekker & van der Walt, 2010). Among failures highlighted by Bekker and van der Walt was the failure to link the union struggle to the struggle of other sections of the working class.

In a cross sectional self-administered questionnaire- based study, 600 participants were interviewed in Gauteng. The researchers found that there were strong opinions among the population regarding strikes, numerous misapprehensions when it came to striking and rights, a poor awareness of other healthcare-related rights and the perception of poor treatment at public hospitals (Dhai et al., 2014). Fifty-one percent of participants did not support strikes by health care workers while 18% were unsure. Although 52% of respondents considered striking a right, 70% of those did not

support healthcare workers' strikes and were therefore not in favour of healthcare workers exercising the right to strike. The study had a fair representation of South Africans and the findings can be generalised and are representative of the public attitudes towards health care workers' strikes.

Osakede and Ijimakinwa (2014) warned against the dangers of using strikes to resolve disputes. Strategies which should be adopted include dialogue, bargaining and consensus reaching. A spirit and efforts geared toward achieving peace in the work environment should be encouraged. Strikes and threats of strikes should only be engaged as a last resort when all the other avenues have been employed. There are dispute resolution structures which can be accessed, established for the purpose of resolving issues between employers and employees. From this argument it can be discerned that there is the need to discourage the adoption of any chaotic strategies and tactics to enforce any disagreement in the system. Striking issues should be separated from non-striking issues as not all issues necessitate a strike.

Experience in Ghana

According to Gyamfi (2011) in Ghana, the nursing profession usually embarks on industrial unrest through strikes which result from disparity and unfulfilled agreements in their salaries and other poor conditions of work in the health sector. The researcher further stated that statistics from the Ghana Labour Commission in 2008 showed that out of 28 major strikes which occurred in Ghana during the period 2008 - 2010, Korle-Bu teaching hospital recorded thirteen representing 46%. These series of industrial unrests were staged mainly on the principle of freedom of association and movements emanating from the 1992 Constitution of Ghana (Gyamfi, 2011). The researcher set out to study the effects of the strike on Ghana health services. The study showed that 88% of the nurses believed strongly that their strike actions affected revenue mobilization of Ghana; but all the nurses accepted that their strike actions had serious adverse effects on their patients. Other effects mentioned by respondents were to the effect that the strike tarnished the image of the country internationally, led to brain drain, brought about increase in the family expenditure of their patients, reduced their productive time and led to contraction of communicable diseases from the hospital (Gyamfi, 2011). Forty-eight percent of

surveyed patients indicated that they had been seriously affected by the strike action of nurses.

Seniwolibe (2013) concurred with the above author and added that the results of the polls indicated that government is to a large extent blameworthy for the strikes. In an opinion poll 13% of the respondents attributed blame to the unions and 67.6% blamed government. The authors recommended that parties should heed the fact that the International labour Organisation (ILO) supports strengthening of machinery for labour disputes settlement through:

> establishing legal and regulatory frameworks; building effective dispute resolution systems and services within the labour administration and by independent statutory institutions and specialised labour courts; building the capacity of staff through specialised training focused on negotiation skills and conciliation/ mediation skills, as well as on international labour standards; sharing knowledge and raising awareness in respect of the advantages of voluntary conciliation, mediation and arbitration mechanisms; and sharing experiences of labour court judges on issues of common interest and concern (Seniwolibe, 2013).

Overall the responsibility rests with management to investigate proactively and manage the grievances, instituting effective communication approaches between management and employees and constantly monitoring working conditions to establish opportunities for improvements aimed at minimising strike actions.

2.5.2.3. Power Balance

McGuire (2011) argues that “trade unions seek to enable workers to develop ‘power for’ themselves so as to exert ‘power over’ employers, where ‘power for’ is a resource used in the service of collective power”. Traditional approaches to power as alluded to previously tend to focus on ‘power over’ which is demonstrated through militancy. McGuire (2011) further purported that the amount or extent of the power exerted will depend on the likelihood that the union can get the employer to act, while the possible responses of the employer will determine the range and scope of power. One negative effect may be narrowing of scope of managerial discretion except where management is “shocked” and responds by seeking higher efficiencies

(Verma, 2005). Forced into this state, the employer might adopt drastic measures including terminating employment.

Union-management interaction

The concept of co-existence is premised on the notion of equality and interdependence. Employers need employees as much as employees need employment that is regulated and managed by employers. Tshukudu (2015) noted that the balancing act in respect of this relationship is the labour laws that can bring justice to the workplace and guide both parties on the various aspects of the relationship.

One way or the other, unionisation has an effect on employee productivity and organizational performance. Dhammika et.al (2011) administered self-developed questionnaires to a purposive sample of middle and lower-level managers to explore their perceptions of unionisation and the effect thereof. Responses were analysed using descriptive analysis and managers were found to perceive union employees negatively. Although these findings were specific to Sri Lanka, some researchers in other countries had found evidence of erosion of management rights with regard to termination, transfers and assignments as a result of “powerful teacher unions in public schools” (Iverson & Kuruvilla,1995 cited in Dhammika et al. 2011).

The researcher has experienced a similar situation in health districts where one service centre/clinic is well-staffed, yet professional staff cannot be moved to another facility with critical staff shortages less than 20km away because of perceived unfairness of such processes. In these instances consulting the unions does not help.

Yarrington et.al (2007) conducted a descriptive analysis of the changing patterns of union-management relationship which highlighted 5 factors contributing to a good relationship. The factors were: trust, communication, employee voice, respect for rules of the relationship and individual professional credibility.

Trust in management was contingent on the notion that management respected the employee’s wages and working conditions. Unions used the strength of their members to make engagements unavoidable. Regular consultative meetings, training of line managers in labour-relations issues and ability to resolve conflicts were aspects that improved communication networks. Yarrington et al. (2007) found

that the employee voice was respected and thrived in an environment of trust and free flow of information. The unions had a task of facilitating a genuine employee voice and ability to support valid arguments. The study also found that collective agreements had been respected and that both parties conducted themselves professionally. Unions must know that individual professionalism is crucial in maintaining membership because effective representation is dependent on the level of perceived credibility. Tai (2004) conducted a qualitative participant observation study to determine structure and process in union-management interaction. The findings suggested that union-management interaction was regulated (structuration), and the union used its voice through its membership (communication for its gains).

Power dynamics cannot be ignored in the management-union relationship. Having too much influence on the part of trade unions leads to a strain in the relationship resulting in mistrust and dishonesty demonstrated by the other party. The same strained relationship can result from management' domination, hence the importance of balanced approach to negotiating issues is premised on how influential the other party is. The following figure illustrates the dynamics of power.

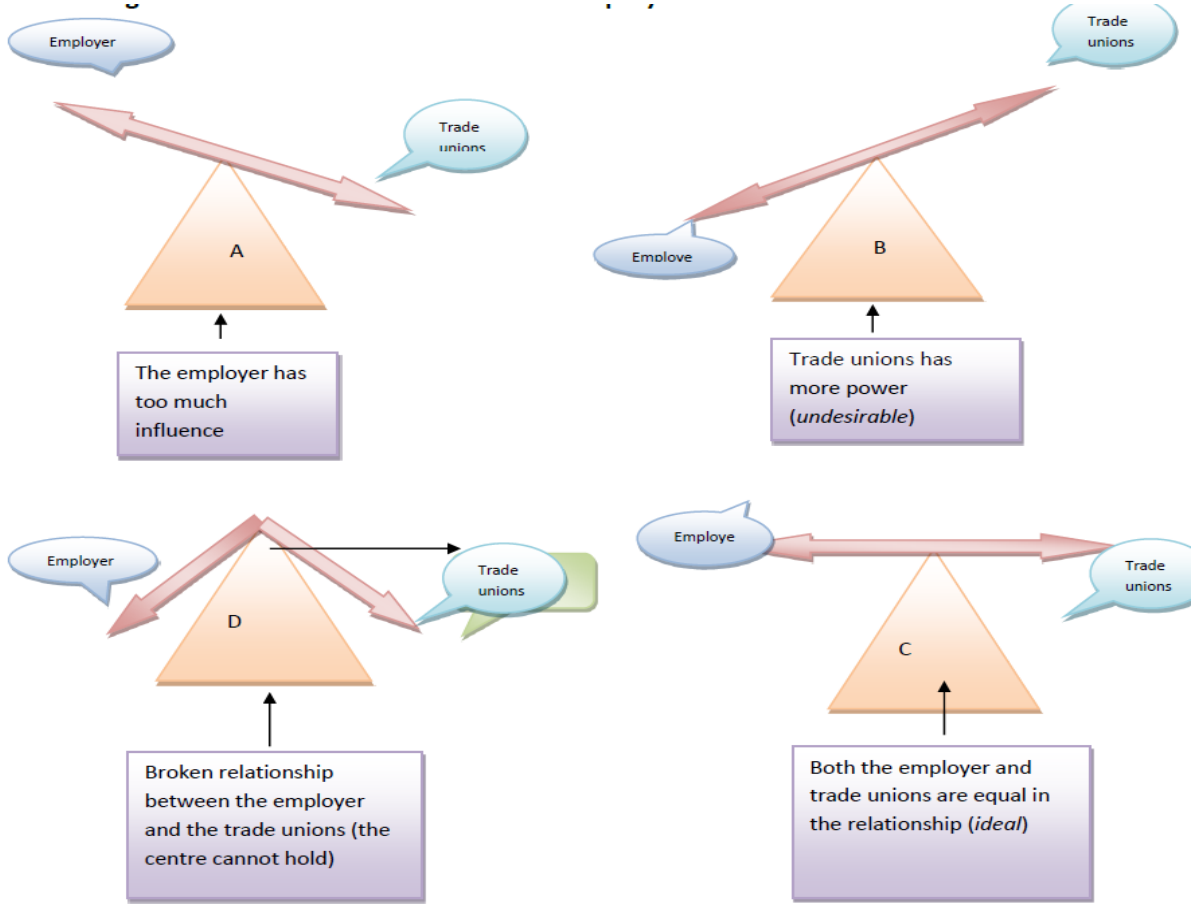

Figure 2.7: Power balance

Source: Tshukudu (2015)

Joint decision-making

Another study by Gill (2008) suggested that the unions' role in organisational effectiveness was complementary to management practices. The researcher reviewed literature and applied meta- analysis to establish whether unions facilitated or hindered adoption of *High -Performance Work Practices* (HPWP). High-performance work practices include quality circles, appraisals and merit awards. Employees are offered an individual voice mechanism, which might be perceived as rendering unions redundant (Gill, 2008). The findings from various literature studied were that workers in unionised establishments were successful in implementing HPWP as collective and individual voice complemented each other. This success depended on the exercise of partnership between management and the unions where cooperative industrial relations, rather than adversarial relations, existed.

In support of the notion that in the unions' bid to seek joint decision-making, there may be interference with levels of managerial prerogative. Markey and Pomfret (2001) found a strong correlation between joint decision-making and the type of relationship that exists between management and unions. Managers who perceived unions as confrontational tended to adopt "hard" HRM approaches with adversarial industrial relations. These managers limited joint decision-making to disciplinary issues while maintaining a ring-fence over finances, marketing, workforce size and promotion.

Experience in Canada

A survey of Canadian unions on their perceptions of the impact of change initiatives and their responses to these initiatives was conducted in 1998. The survey consisted of between 85 and 88 respondents.

The survey results showed that unions did not resist the change initiatives

Examples of responses to questions were that the initiatives were:

- primarily management initiatives:

Response	Percentage
Most of the time	75.9%
Some of the time	21.7%
Never	2.4%

- They were joint union-management Initiatives:

Response	Percentage
Most of the time	6.1%
Some of the time	67.1%
Never	26.8%

- They were union initiatives:

Response	Percentage
Most of the time	10.8%
Some of the time	51.8%
Never	37.3%

The findings pointed out that unions in the public sector did not provide unreserved support either. Kumar et.al, (1998) contended that the “virtual” absence of resistance to workplace change is indicative of Canadian unions’ pro-active orientation towards change and their desire to get involved in the change process to protect and advance worker interests more effectively. Promoting worker participation in decision-making is an important organizational priority of unions in Canada (Kumar et al., 1998).

The survey queried unions on how workplace change initiatives were implemented. The respondents stated that management implemented change unilaterally but acknowledged that union consultation was frequent. Unilateral implementation was less common in the public sector than in the private sector, partly reflecting the high rates of unionization among public sector workers (Kumar et al., 1998). Responses were thus:

- Unilaterally implemented by management:

Response	**Percentage**
Most of the time	39%
Some of the time	48%
Never	13%

- Implemented by management after consultation with the union:

Response	**Percentage**
Most of the time	26%
Some of the time	67%
Never	6.8%

- Implemented through modification of the existing collective agreement:

Response	**Percentage**
Most of the time	18%
Some of the time	48%
Never	43%

- Implemented following negotiations outside the existing collective agreement:

Response	Percentage
Most of the time	22.4%
Some of the time	62.4%
Never	15.3%

The survey asked unions to evaluate the impact of workplace change on workers, work environment, and the unions themselves. For example:

- Worker confidence in management:

Response	Percentage
Decreased	70%
Increased	5%
No change	25%

- Quality of work life of workers:

Response	Percentage
Decreased	64%
Increased	14%
No change	21%

- Worker confidence in the union:

Response	Percentage
Decreased	24%
Increased	43%
No change	33%

- Worker influence on the job:

Response	Percentage
Decreased	28%
Increased	33%
No change	38%

- Union-management cooperation:

Response	Percentage
Decrease	29%
Increase	34%
No change	37%

The findings as reported by Kumar et al, (1998) indicated declining rates in worker confidence in management and job security that were higher in the public sector than in the private sector. Similarly, a much higher proportion (76.8%) of smaller unions, with a membership of less than 10,000 workers, reported decreased worker confidence in management than the larger unions (57.7%). The positive finding highlighted that, over half of the unions surveyed stated that worker confidence in the union, worker influence on the job, union influence in the workplace, and union-management cooperation had increased as a result of workplace change (Kumar et al., 1998).

The authors contended that while workplace change often brings out uncertainty and fear among workers and unions in all sectors, there appear to be greater opportunities to expand worker and union influence in the private sector. In contrast, decreased worker confidence in management and decreased job security feature strongly with workplace change in the public sector.

This survey was insightful, albeit conducted over a decade ago these trends are evident in majority of unionised workplaces.

2.5.2.4. Strategies for Worker Participation

Unions as representatives of the workforce are expected to demonstrate tangible actions towards worker participation. An international conference brought together internationally renowned scholars from the field of industrial relations to discuss perspective on the development of worker participation at the plant level (Abebrese & Zajak, 2013).

Experience in South Africa

The role of shop steward committees in South Africa was explained by Edward Webster (conference participant) as dual in that:

> Whilst engaging in collective bargaining, shop stewards also participated in joint problem-solving. The joint forums were renamed into workplace forums with the introduction of the new Labour Relations Act of 1995. This law compelled employers to cooperate with workers giving workplace forums a similar role as the German work councils, Webster explained; but the success of those forums was low. Strategic engagement as introduced by NUMSA enabled unions to prevent unilateral structuring of the workplace by management and at the same time it found areas of co-operation with management. By the introduction of strategic engagement, NUMSA decided to engage with employers based on the unions 'agenda and independence for transforming and democratising the workplace. Trade unions can therefore find areas for co-operation with management.

The experience of Brazil

According to José Ricardo Ramalho the election of Lula da Silva, a former ABC Metalworkers Union leader, to the Presidency of the Republic in 2002, ensured that trade unions had better relationships and open channels of communication with the government (Abebrese & Zajak, 2013). Ramalho further declared that:

> "nevertheless, the decisive factor in the Brazilian system of labour relations were the factory committees, which continued to be associated with the history of political resistance during the Brazilian military dictatorship period. These committees could sometimes also stand in conflict with general trade unions politics. He compared the changing relationship between factory committees and trade unions, especially after the end of the dictatorship in 1984, with the case of Volkswagen" (Abebrese & Zajak, 2013:6).

Unions face a dilemma as simple acceptance and simple rejection of workplace initiatives have difficult consequences either way. That is undoubtedly why many unions are getting actively involved in the change process by developing their own agenda on workplace change, identifying the elements of change that will benefit membership and strengthen the union; and seeking to implant a support system to guide and co-ordinate the change process taking place at the local level.

2.6. CONCLUSION

This chapter explored existing literature with the view to describing concepts, exploring relevant theories and empirical work that has been covered to build and support the relevance of this study. The review yielded a significant amount of conceptual writing; however, very limited empirical studies of the role of unions in health care could be found. In conclusion the literature suggests that while the role of unions appears to have been researched there are still gaps as a result of the vast nature of economies. Conducting qualitative studies has a benefit of building theory. The next chapter presents the research methodology followed in this study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

In this chapter the researcher describes the research methodology used during the course of the study. The chapter outlines the methodological framework used in conducting this investigation and the following will be discussed: research design, population, sample, research instruments, inclusion and exclusion criteria, data collection, ethical considerations, data analysis and limitations of the study.

3.2 RESEARCH DESIGN

A qualitative research design was chosen as the appropriate method to explore the role of unions in health services delivery. The basis for the use of a qualitative research design in this study is that it seeks to gain a deeper understanding of the significant role of unions in health services delivery. The focus is on understanding the essence of experience through exploration of select scenarios (cases). According to Stake (2005) cited in Creswell (2013: 97) a case study is viewed as a choice of what is to be studied, that is, “a case within a bounded system”. Following Lincoln and Guba’s (1985) case-study structure, a particular case or incident/s, its context, developments and lessons learnt will be studied (Creswell, 2013). Qualitative research focuses on content, meaning and actual things said by people, to have a deep understanding of the activities and perceptions of the people. For the analysis of outcomes, the chapter uses thematic analysis to identify themes emerging from the research.

The following diagram depicts the qualitative research process.

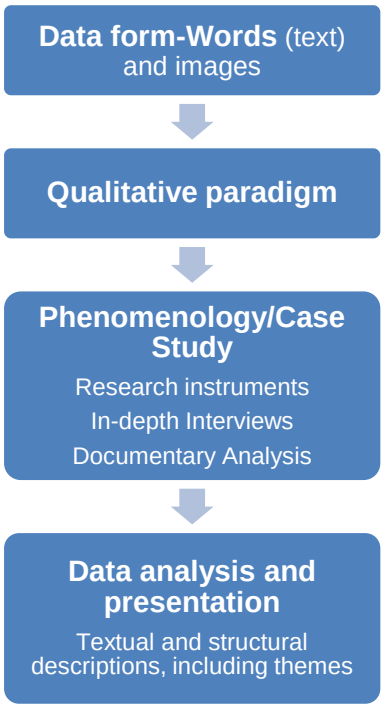

Figure 3.1: The research process

3.3 RESEARCH SETTING

This study was conducted in the Eastern Cape Province of South Africa in the Nelson Mandela Bay health district. The CEO's conference room and a lecture room were used in the Uitenhage district hospital. The hospital is in a peri-urban area, a referral hospital for the clinics, community health centres in the area and other small hospitals in the surrounding towns. It is the only district hospital in the entire metro of 1,2 million population and offers some specialist services.

3.4 TARGET POPULATION

The population is the entire set of individuals or elements who meet the sampling criteria (Burns et al., 2009). Senior managers, middle managers, union/employee representatives and employees who are members of the unions constituted the target population.

3.5 SAMPLING PROCEDURE

A purposive sampling strategy based on the experiences of participants was applied. Purposive sampling is a sample based on the researcher's own judgement and the purpose (Elo et al., 2014) as appropriate for the researcher to select; therefore participants were sampled according to pre-selected criteria relevant to the particular research questions. Purposive non-probability sampling was the preferred method for this study because the researcher wished to gain insight and an in-depth understanding of the experiences of these groups with regard to the role of unions in health services delivery at this hospital. Another feature of the sampling method adopted was determining in advance criteria that differentiated participants. According to Creswell (2013) maximising differences increases the likelihood that findings will reflect different perspectives.

A criterion-based sample of 5 managers, 5 union representatives and 6 workers formed an adequate sample to achieve the purpose of collecting in-depth information. Material which comprised minutes between management and unions, pictures and written communication among the parties was analysed as part of the data.

The sampled numbers were adequate as information was not intended to be generalised but to describe and form meaning of the lived experiences and/or case/s being scrutinised (Creswell, 2013). The optimal sample depends on the purpose of the study, research questions, and richness of the data required to gain insight into the subject being researched. Burns et al. (2009) stated that the focus was on the quality of information obtained from the participants rather than the size of the sample. The authors also indicated that the number of the participants is adequate once saturation of information had been achieved, which means that additional participants do not contribute any new information to the study.Saturation was reached by the 12th participant, however, the researcher continued so that the number anticipated in the proposal. The environment was also receptive and open to the researcher to conduct the research enquiry.

3.5.1 CRITERIA FOR INCLUSION AND EXCLUSION

3.5.1.1 Inclusion Criteria

Employees satisfying the criteria as stated in the population target who are permanent employees of the Department of Health working at Uitenhage hospital met inclusion criteria. The Board members had to have been involved with the hospital board structure for at least 2 years.

3.5.1.2 Exclusion Criteria

Employees on temporary employment contracts and community health-care workers albeit working in this hospital were excluded.

3.6 DATA COLLECTION PROCEDURE

Data collection involves a process of selecting subjects and gathering data from them. Brink (2006), describes the process of data collection as important for the study to be successful.

Approval was granted by the CEO of the district hospital for access to the institution in order to interview employees and study documents. The union leadership was informed of the study and the intention to involve its members as participants in a management meeting held in the Uitenhage hospital. Leadership of the union in turn informed their membership as a way of acquiescing to their participation. Personal visits were made to the union offices and employee stations to explain further and seek participants' permission.

The researcher collected data through semi-structured interviews of the union representatives, their members and managers. A semi-structured interview has the advantage of being directed while at the same time allowing the interview to progress in a flexible manner (Wilson & MacLean, 2011). The authors further state that a semi-structured interview allows for a natural interaction and establishment of rapport between the researcher and the interviewee which can often determine the quality of data.

After informed consent, attached as Appendix G, had been granted and signed by the participants, interview data was collected by the researcher, in the form of field notes and audio-taped interviews which were later transcribed for use in data

analysis. The recording was explained and consent obtained for use of the audio tape recorder.

A semi-structured interview allowed the researcher to focus on issues of particular importance to the research question. The researcher probed for more information by adapting questions and thus explored more dimensions of the topic. Clarity was sought from statements made by participants. The participant on the other hand had freedom to address issues that they felt were important.

An environment that ensured privacy, freedom from noise, comfort and convenience for the participants was created. Interviews lasted for approximately 30 to 45 minutes per participant. The researcher collected data from participants in a face-to-face manner at work, the familiar venue of the participants, thus encouraging cooperation. Eye contact was maintained and was done where necessary. Some non-verbal cues were picked up as eye contact was maintained. Communication and listening skills were used.

3.6.1 THE RESEARCH INSTRUMENTS

These research questions are attached as Appendix H.

3.7 MEASUREMENT

In this investigation the researcher collected data using an interview guide developed by the researcher and approved by the supervisor.

3.8 TRUSTWORTHINESS

In qualitative research, the researcher seeks to gather evidence that “breeds credibility” and allows the researcher to establish confidence that the findings presented are genuine (Creswell, 2013:246; Anney, 2014). According to Anney (2014) trustworthiness of research is demonstrated through credibility (truth-value), transferability (applicability), dependability (consistency) and confirmability (neutrality).

3.8.1 CREDIBILITY

Anney (2014) stated that credibility concerns the extent to which findings represent and correctly interpret information drawn from the participants’ original data. The

author further indicated that credibility was achieved by prolonged engagement, persistent observation, triangulation, referential adequacy and peer debriefing as well as member checks.

In this study findings were mutually established between the researcher and the participants. In this study credibility was ensured by remaining with the participants after the interviews had been conducted (end of the question-asking phase) to verify the data collected by giving the participant an opportunity to ask questions, to clarify any factual errors expressed during interview and check their response. The longer the researcher engaged the participants in the field the more trust could be gained. In-depth information pertaining to the study was given to the participants to enable them to answer the questions asked during the interview appropriately. The researcher also consulted colleagues who had experience in qualitative research to discuss the process and results of the study from time to time.

Another way to confirm the credibility of findings is to see whether the participants recognised the findings of the study to be true to their experiences. The act of returning to the participants to see whether they recognise the findings is referred to as member checking (Creswell, 2013). Participants were allowed to check both the data and the interpretation to ensure accuracy. The researcher went back to get more information when clarity was required on a particular incident.

Use of multiple resource referents brings about “corroborative evidence” (Anney, 2014: 277). Triangulation therefore helps to strengthen integrity of findings in order to draw conclusion about the truth. Triangulation through employing multiple data sources, that is, interviews, records and artefacts were employed to establish the basis of the truth.

3.8.2 DEPENDABILITY

According to Creswell (2013), another criterion cited by Lincoln and Guba (1985) as relevant for establishing the trustworthiness of the study was dependability. Dependability refers to the extent to which similar findings would be obtained through repeated research achieving “the stability of findings over time” (Anney, 2014:278). It involves the researcher presenting the findings, interpretation and recommendations of the study to participants in order that they affirm that the findings and

interpretations are all supported by the data received from them. To adhere to the dependability requirement, several participants were interviewed until saturation of data was reached, namely, when the same themes started reappearing in the data. Code-recode strategy during data analysis increases dependability where coding results are in agreement (Creswell, 2013).

3.8.3 CONFIRMABILITY

Confirmability guarantees that the findings, conclusions and recommendations are supported by the data and that there is internal agreement between the investigator's interpretation and the actual evidence. The findings and interpretations should not be figments of the inquirer's imagination or that which he or she set out to find (Anney, 2014). The researcher maintained the confirmability of this study by taking notes throughout the research process, ensuring that the data was accurately interpreted, and reflected the data obtained from the participants. The reflexivity exercise in terms of use of a journal, clarifying and confronting any researcher bias are aspects of good practice and a test of trustworthiness of research (Creswell, 2013). The researcher's background, purpose and interest in undertaking the particular study were documented.

3.8.4 TRANSFERABILITY

According to Elo et.al (2014) the main question to be answered is whether the findings of the research would be repeated if the study were repeated with same or similar participants in the same context. The researcher provided an in-depth discussion and interpretation of data. Using purposive sampling meant that participants would be in a position to share their experiences and understanding of the research topic. This ensures that readers are provided with rich, thick descriptions of participants and settings in transcripts to ensure transferability.

3.9 ETHICAL CONSIDERATIONS

Ethical clearance was granted by the university's ethics department. The researcher undertook the actions essential for adhering to ethical principles of research and a self-conduct of acceptable moral standards. The ethical principles require a researcher to ensure that participants' rights are upheld by obtaining informed consent, affording them privacy, safety and comfort, realising and respecting their

right to self- determination, right to confidentiality and anonymity and right to fair treatment (APA, 2010; BPS, 2010).

3.9.1 RIGHT TO SELF-DETERMINATION

The right to self-determination is based on the ethical principle of respect for persons (Burns et al., 2009). The researcher took into consideration the right of an individual to make independent choices. Accordingly participants were neither coerced nor manipulated to participate in the study. Participants were informed about the proposed study, its purpose and objectives and allowed to choose whether they would participate or not.

3.9.2 RIGHT TO PRIVACY

Privacy is the right of an individual to determine the time, extent and general circumstances under which personal information will be shared with or withheld from others (Burns et al., 2009). Participants were allowed to decide on the times and places suitable for them to conduct interviews. They were informed that they would not be expected to share any personal information unless they expressly and freely want to give information. The names of the participants were not printed anywhere in the study and participants were informed that records would be stored by the researcher for 5 years with electronic data stored in a password-encrypted form and hard copies in a lockable cabinet.

3.9.3 RIGHT TO ANONYMITY AND CONFIDENTIALITY

Participants were assured that their identity would not be revealed and that the data collected would also be kept confidential. Confidentiality concerns protection of research participants from exposure, intentionally or otherwise, as a result of their information entrusted with the researcher. It is the responsibility of the researcher to manage private information shared by a participant and make sure it is not passed on to others (Burns et al., 2009). Participants were informed of their right and that they were to withhold any information that they wished to keep private. The researcher did not record the names of the participants on any research records to ensure anonymity.

3.9.4 RIGHT TO FAIR TREATMENT

The right to fair treatment is based on the ethical principle of justice (APA, 2010). Justice deals with issues of distribution and answers a question 'who benefits and who gets disadvantaged'. This principle holds that each person should be treated fairly and should receive what he or she is owed (Burns, 2009). Participants were treated fairly as it was explained what the benefits and risks of participating in the study were. The researcher and participants gained knowledge. There were no material benefits for any of the participants and in that regard participants were treated fairly.

3.9.5 RIGHT TO PROTECTION FROM DISCOMFORT AND HARM

The right to protection from discomfort and harm is based on the ethical principle of beneficence, which requires of persons to "do no harm" (APA, 2010; BPS, 2010). The researcher should ensure that harm is minimised and benefits are maximised. In this research participants were not exposed to any harm. A quiet venue was prepared where participants could be safe, comfortable and away from noisy surroundings.

3.10 DATA ANALYSIS

Data collected during interviews included recorded material and data obtained through contact and observations of participants. Other data was records of activities and minutes of various meetings. Audio-tape was listened to and played over several times for accuracy of transcribing. The researcher engaged a lengthy process of coding and recoding to ensure that responses were given proper descriptions. All the coded responses were grouped and organised into categories. The organizing of data was schematically presented to see whether new categories and codes emerged. Finally the data was interpreted as themes and sub-themes emerging out of the qualitative responses to research questions. The following table adapted from Creswell (2013) demonstrates the steps in Data analysis.

Table 3.1: Steps in data analysis

STEP	DESCRIPTION
1	Organise and prepare data for analysis: this involves transcribing and sorting data from the interview
2	Read through all data: this is done in order to get sense of the information and its overall meaning
3	Coding of the data: this step involves the process of organising data into information and writing a word that represent category in the margin.
4	Description of themes for analysis: this involves detailed description of themes for analysis
5	Present results of the analysis: this conveys the findings of the analysis through description of several themes or discussion of interrelated themes
6	Interpretation of results: this step includes discussion of lessons learnt

3.11 CONCLUSION

This chapter presented the research methodology. A qualitative research method was conducted using a case approach. Sampling strategy choice and its implications and effect on other processes in qualitative research were effectively employed. In-depth semi-structured interviews and document analysis were used as instruments in this study. Data was collected and content analysis conducted. The researcher also considered trustworthiness of the study as well as ethical principles**.** Content analysis was conducted to arrive at the findings which are outlined in the next chapter through a detailed description of the identified themes.

CHAPTER 4

PRESENTATION OF FINDINGS

4.1 INTRODUCTION

This chapter presents the findings from the research, obtained through content analysis of the data. The demographic data of the participants and the themes that emerged are presented and discussed. Creswell's six steps for data analysis were followed as discussed in Chapter 3. The analysis of results in this chapter was guided by the responses to the five objectives of the study, which were to:

(1) analyse the context within which health services are delivered in Uitenhage district hospital in the Nelson Mandela health district.
(2) analyse activities of the majority unions in the hospital;
(3) analyse specific scenario/s and matters of engagement between unions and management;
(4) analyse what and how power and authority are used by unions and management; and
(5) make recommendations to assist in redefining the role of public health unions and to propose ways the role can be strengthened to deliver more effectively on their mandate.

The themes, sub-themes and categories presented in the chapter emerged from the phrases which are the "units of meaning" that were obtained from statements in the descriptions of the perceptions of the participants. This chapter therefore focuses on identified themes that were derived from the data that had been collected. Relevant quotations from the participants as well as demographic data are included in this chapter

4.2 RESULTS

Table 4.1: Distribution of participants

Age range	Frequency	Percentage	Males	Females
20-30	3	19%	0	3
30-40	3	19%	2	1
40-50	4	25%	1	3

50-60	6	37%	1	5
Total	16	100%	4	12

Table 4.2: Identified Themes and subtheme

Themes	**Sub- themes**	**Code**
Context of service delivery	1. Organizational functionality	Implementation of policies
	2. Service delivery plan and service package	Implementation of health programs
	3. Organisational structure/Organogram	ITU, OHSA, Quality. Training committee meetings
	4. Human Resources and Labour Relations	HR forum meetings, payment of benefits
	5. Financial management	Budget of the hospital, assets, awarding of tenders
Worker rights protection	1. Representation	• Expected to defend workers • Represent with discretion • Represent in grievance procedures • Sit in disciplinary meetings
	2. Promoting equality	• Implement uniform policies • Ensure consistency in implementation of leave policies
Negotiating better conditions	1. Workers involvement in decision-making	• Uniform allowance • Development of care workers

	2. Information 3. Encourage member participation	• Staff development • Taking staff complaints forward • Influencing placement and rotation of staff
Implementation of legislation, policies and resolutions	1. Oversee implementation of policies	Involvement in operational processes of the institution Worker commitment Managing discipline
Union management interaction	1. Issues of engagement 2. Principles of engagement 3. Expectations of manager attitudes	• Staff shortage • Work schedule • Employee benefits • Communication • Respect • Trust • Professionalism
Engaging in strikes	1. Reasons for engaging in strikes 2. Management actions to avert strike 3. Worker activities during strike 4. Power Balance	• Unhappy with change in shifts • Unhappy with Human Resources manager • Inconsistency in leave management • Stay-aways • Pulling workers out of departments • Withdrawing services • Informing the unions • Creating platform for engagement • Skeleton staff • Monitoring attendance register

	5. Management of strike	• Implementing “no work-no pay”
Impact on service delivery	1. Quality of care compromised	• Nurses neglected patients • Delayed service to patients

Theme 1 - Context of service delivery

Review of documents, mainly minutes of meetings and memoranda were conducted to establish the context and the contribution of the union towards delivery and improvement of health services.

The theme elucidated issues of whether all the stakeholders articulated the departmental objectives. Committees are established with the aim of ensuring worker involvement and transparency. The study established that there was involvement of unions in the committees: Institutional transformation unit, Quality Assurance, Infection Control, Occupational Health and safety, Training and development, policy formulation, extended management and hospital Board committees.

The ITU was cited as an important forum as it was supposed to be a decision-making structure in the institution. The analysis of terms of reference and engagements revealed the following subthemes:

1. The appraisal of organizational functioning established the level of efficiency of public administration. While responses during interviews indicated existence of challenges with implementation of policies, the reviewed documents showed that policies are implemented with involvement of employees. The CEO stated that the hospital should have a policy-formulating committee; but no record of existence and functioning of this structure were found. As indicated implementation of programmes is based on policies whether they are provincial or national. Findings related to these programmes are highlighted herein under as subtheme 4 to subtheme 7.

2. Service delivery plan and service package

It was established from the minutes and memoranda that engagements relating to the classification of the hospital had been on-going. The hospital had previously being classified as a regional hospital and was providing some but not all specialist services. From 2014 the provincial Department of Health made a proposal that the hospital would provide a district health-service package and the budget was accordingly reduced. These discussions were tabled at the Institutional Transformation Unit meetings. This is the platform for joint decision making. Minutes of the visit by the provincial portfolio committee of health (August, 2015) showed that the union had raised strong concerns regarding this rationalisation.

3. Organisational structure/Organogram

The union representatives serving in this structure have an influence in determining together with management which posts in the organisational structure should be funded and filled. The study established that over the past three years posts had not been filled because of lack of funding. While unions are involved in decisions to prioritise certain (clinical) posts, they are hit hard when the lower category – support and administration – posts are not replaced. The unions have not been able to play any influential role as the austerity measures are applied by head office, albeit without consultation.

4. Human Resources and Labour Relations

Human resources policies and matters of staff development were discussed. Management of leave, leave for shop stewards and labour conducting meetings were other issues discussed and agreed upon. In one meeting a question was raised about the role and job description of the labour relations officer. The hospital is fortunate to have this post as other institutions rely on the LRO placed at the district office, if there is one, for advising on labour related matters. In another meeting the Performance Management and Development System policy was discussed. There was clear role distinction as far as performance management and development were concerned, that is, that the supervisor should monitor performance of subordinates. The unions would only be involved during moderation of final assessments. During interviews respondents mentioned that union shop stewards had requested a separate HR forum because there was realisation that it was a broad and

challenging area. No records of this forum were available. The reason stated was that the unions would not attend those meetings despite arrangements by the HR manager being in place.

5. Financial management

The minutes of the ITU meeting revealed that there was less union involvement in the finance and hospital budgets. There was an occasion when the union shop stewards made a request for office equipment for union activities. Reports by the CEO indicate that the union is informed of the budget and expenditure of the hospital. The union observes processes of asset disposal. In some meetings it was minuted that the union wanted to be involved in tender processes. The CEO, however, could not allow it as there were no clear guidelines indicating whether unions should be involved.

6. Employment Equity

The study established that while it is a requirement that the institution must have an EE Plan and submit reports to department of Labour, this was not happening because the department only has a draft plan. It was therefore a challenge for institutions to develop their Employment Equity plan. This situation did not appease unions as they have to be watchdogs over implementation of transformational laws. The minutes recorded persistent questions around development of an EE Plan. Employment equity matters were discussed with recruitment policy and plans as they influence transformation.

7. Occupational Health and Safety

A separate committee for health and safety was sitting where issues of safety audits, availability of protective clothing and staff medical surveillance were discussed. There was poor attendance from the unions as in one meeting, the OHS co-ordinator recorded that unions were absent. In the sampled minutes it was recorded on 3 occasions that about 17 out of 30 departments were submitting inspection reports. This is an operational meeting as safety representatives in all departments are expected to conduct inspections, report safety risks and follow-up. In the ITU meeting reports are shared and challenges identified are planned for.at management level.

8. Quality Assurance

Union members and shop stewards in their respective units were part of quality circles as they discussed quality improvement plans following the unit's self-assessment. Self - assessments were seen as the responsibility of the head of the section. Attendance of quality assurance meetings indicated lack of participation at union level. DENOSA shop stewards participated actively as the professional nurses are also operational managers.

Interview Data

The following themes were identified from the semi-structured interview questions. The themes are an account of responses from participants. The responses were assigned codes and these were grouped into subthemes.

Theme 2 - Worker rights protection

Worker-rights protection appeared to be the major theme with representation being the most referred to subtheme. According to this study unions are there to ensure that workers do not lose their jobs unjustly. Managers, union and member respondents mentioned that some managers use these disciplinary processes "unfairly". These rights were fought for and unions have to continue protecting them.

"In anything that involves the employee, maybe where the employee has transgressed from what is expected, the employee will need the representative, so that whatever is done is done fairly or counselling or any disciplinary action "

A number of respondents further echoed that discretion is, however, exercised when members were represented so as not to defend "bad behaviour".

"As shop stewards … to explain to workers that we are not here to encourage corruption because workers can also engage in wrong doing….expect us to defend those things"

Yet another respondent stated:

"You are no good to an employee if they are drunk on duty and you defend them, you are no good at all"

Promotion of equality was seen as an important aspect of worker-rights protection as unions will be involved in placement and rotation of staff. Things that were mentioned as pertaining to promotion of equality were uniform implementation of resolutions and uniform implementation of leave management.

"There is favouritism like we are in one department and the both employees stay away from work, one will be given leave without pay yet when it is the other that leave without pay is reversed by the manager"

"There was a circular 37 of 2012. All clerical staff were moved to a certain level… We (unions) wanted to find out that but none could tell us"

Theme 3 - Negotiating for better conditions

Unions are afforded a platform to negotiate favourable conditions. In this study the results show that unions get involved in some decisions where the employees' conditions of service might be changed. The conditions of employment broadly refer to hours of work, number of leave days, safe environment, benefits and allowances. These conditions are concluded during collective bargaining processes. At institutional level this study established that unions had to ensure that there are no deviations in implementation of resolutions. Below are some of the responses from the participants which indicate this function:

"In 2014 it happened that management decided to change our shifts as nurses and we were not happy about it"

"If it comes to the uniform issue you don't get a proper or final answer. So from the union we are insisting that we want to be issued with white uniform as per resolution. So we want the matter to go for bargaining because the amount as well of uniform allowance is not sufficient, we must have complete dress-up"

Another respondent stated that the union should take up issues of staff allocation with supervisors.

"We suggesting to her (supervisor) that all workers should rotate because no employee is appointed for a specific area or department"

In this study it came out that information was used as a tool for negotiating.

"When we get information from management we go back to report to workers, find out if they are happy. If workers are not happy we go back to management to say workers are not happy with whatever decision or information that we took to them and management has to reconsider."

A respondent from management had the following to say:
"When there is a new notice we often present it to them so that they can be informed and inform their members"

Similar views were echoed by member participants while managers on the other hand had this to say:
"Sometimes I wonder if they even give information to their members because the things the workers are unhappy about it's usually things that have been discussed… - you get unions that filter through the information"
"*They are supposed to carry that information to all their members but they do not always …. and if they do they don't carry it correctly then it's a problem*"

Theme 4 - Implementation of legislation, policies and resolutions

The study found that unions would either get actively involved or not in the operations of the hospital as it suited them. There were utterances relating to unions being involved in scheduled ITU (Institutional Transformation Unit), budget, supply chain, quality assurance, training committee, and Occupational Health and Safety committee meetings.
Where unions did not participate in these operations, there were perceptions from union that managers were failing to implement policies. The following are statements from shop stewards and member respondents:

"Sometimes government crafts policies which managers keep for themselves and they don't implement that which government policies state"
"They do not implement that which government policies state. Unions can fight for workers…policies"

“Sometimes management wants to implement a policy, the unions will look at how the policy will benefit their members”
“We ensure that policies are interpreted correctly and are in a position to challenge and say this will not work”

Another respondent had a different view and stated:
“when there are policy changes management wants to quickly bring these to the table so that if they see that the majority of the people disagree with the policy they go back quickly”

Some managers were of the opinion that unions insisted on changing policies where this was not the function of hospital management.
“First of all its not in the powers of the managers to change whatever comes from the structure above, the unions will insist things are changed”

Being involved in recruitment came out as an issue of interest and relevance to the union. They saw their involvement there as important to ensure that the recruitment policy and associated legislation were being implemented without fail. In this study it came out that their participation was limited to an observer status, whereas there were instances where unions wanted to have an influence in what posts were advertised and who should fill the post.

One respondent stated*:*
“They are also involved in recruitment and selection. They are there in observer status. We encourage them to make use of shortlisting process if they have concerns or issues”

Yet another respondent concurred and stated:
“They still want to be part of the decision to identify which posts should be submitted for advertised. Previously we disagreed when they wanted to be part of line managers and HR when the post becomes vacant. Where we might involve them is when we decide not to fill a specific post and use that funding for another post- a priority post”

"When we do selection in clinical support services we usually get a person from outside so there can be objectivity so we are not accused of things like "nepotism" and stuff like that. We try as much as possible to go according to book"

A shop steward respondent differed with the above statement.
"I want to make another example; you find there is a position. They (management) will be quick to place somebody as if they want to close that position before it is advertised. They will push a person of their choice there because they want to train and groom that person. After that they will advertise that position."

Theme 5 - Union - management Interaction

The study revealed that both management and union would make efforts to bring forth issues for deliberation if they involved workers, work processes and procedures.

A respondent stated:
"Issues of engagement involve shortage of staff, work schedules and of course accruals. People are working over in this institution without being paid (benefits) for years now and it is unfair"

Another responded had this to say about employment benefits*:*
"We had been engaging management over 3 years since 2013 over an issue of level upgrades. So it had been 3 years and management didn't want to listen to what we wanted to say. So we decided okay these guys don't want to take this seriously, we had exhausted all channels of communication, drafting letters and asking for meetings"

There has to be an understanding of the basis of engagement and shop stewards and members expressed that unions should carry their mandate.
"General meetings attendance- we update them on issues, e.g. PMDS, uniform. What I also did was to get members' phone numbers and then sms them information"

Other responses were as follows:

"I can't take decisions on my own, I first take the mandate from members whether we agree or not and then go to management"

"In essence we give information and feedback to members, at the same time we collect information from members so we can go and represent their voice in management meetings"

Member: "*Unions are our voices, they know the laws. There are things they can enforce which they know are our rights. We are not fully aware of our rights*"

Managers had different views and therefore the perceptions differed on how the principles of engagement manifested. A manager expressed this view:

"They (union) can't always understand the role that they play. Because they are involved with management, …..so sometimes that gets misinterpreted as seeing themselves managing"

The perceptions of managers and unions were that communication as a tool in union-management interaction was used effectively. The following statements by respondents revealed that co-operation resulted from positive communication. There were occasions when unions and management communicated similar messages.

"We had to speak to the union representative; she understood it also and tried to calm them (workers) down".

"Where there are problems or there are improvements, there will be reports stating this and this happened, how about doing this…"

"Communication is better, they (management) will listen, they see what happens and get back to us. If nothing happens in 7 days I follow-up with respect. Communication definitely got better".

One manager recommended*: "Clear communication …with employees in general, because the very people who take cases to the union are employees"*

According to this study conflict could also manifest as ineffective communication. Respondents noted that conflict arose over policies developed higher in the

echelons. The perception from the union would be that institutional management are involved; however, management dismissed the claims and stated that they had no control over policies developed at provincial level.

"But in some or most cases things, according to my understanding that cause conflict are things that are beyond the scope of institution. You will find that it's ehh… things that this manager would not do, maybe it's something that comes from above. Let's take for instance the issue of an organogram it's not derived from the institution."

Other respondents uttered these statements:

"So those are the things that cause conflict with management as the other things just come as decisions from management"

"Sometimes when they (unions) *realise they have not been involved they "gate crash". That decision that was taken without unions must be reviewed."*

Trust was another issue of contention in union-manager interaction. Unions stated that the relationship with management was affected by trust. Respondents stated that levels of trust between union and management were low.

"when we get information from managers we are compelled to check with regional office"

Another respondent stated:
"but you know management can never be 100% honest because there will be other things that just spring up without us knowing"

"I don't think the union and management trust each other"

Yet:
"Unions are more trustable to their members"

Managers confirmed that there were serious "trust challenges" and matters that could be resolved internally were sometimes referred just so parties could hear the same answer from a third party. One respondent from management group had this to say:

"You understand if they are unhappy about their benefits, the main issue is you must also keep your promises so that there is a relationship of trust. For instance if they are not informed about the processes"

There were expectations of respect and professionalism from both parties when engaged in formal interactive processes as is the case with union-management relationship.
In interactions with management it appeared that management did not enjoy respect from the unions. These statements pointed to lack of respect:
"There is a degree of respect but I think that sometimes this respect .., it gets lost in the moment"

"They have got some frustrating tactics their language….they want to see you get irritated….they walk out of the place".
"So what I find is a challenge especially in support of their union members they can sometimes be very disrespectful when they talk to you."

Some responses indicated that management got threatened by the union.
"Some of our of unions or members will threaten management every now and then with strikes"

Professionalism was seen in the light that essential services were either being provided or compromised. As discussed in literature review professionals distinguish themselves from non-professionals through conduct and dress (uniform). Internationally arguments exist on whether it is professional associations or general unions who should rightfully represent nurses. Nurses and doctors take an oath to the effect that their patients' needs and interests will always be prioritised (Dhai & McQuoid-Mason, 2008).

The study established that the current nurses organisation (DENOSA) had adopted a similar stance and there was no distinction between it and general unions. Loss of professionalism was demonstrated through abandoning of uniform as the department failed to supply nurses with white uniforms. Some respondents from the unions stated:

"It was supposed that government issues uniform, of which now when the union decides that staff (nurses) will wear "civvies" management is not happy….At this stage it does not affect service delivery because whether you are wearing white or pink, work continues. There is lots of uniform that nurses wear - grey and pink, navy and white, white only; they can wear any and the services will continue"

Some respondents in this study stated the following about the nurses' strike action:

"Service delivery was definitely affected and it was also a lesson to be learnt …There was no intention to compromise service delivery, it was just to show them. Look they didn't want to listen, HOSPERSA was not that big so they did not take us seriously. So it was to show that nurses are serious about this shift"

Another respondent stated*: "Professionalism is affected as nurses cannot leave patients unattended"*

Theme 6 - Engaging in strikes

Two respondents stated that (illegal) striking was an "activity" in the hospital as an indication of the frequency and reasons for engaging in strike action. A number of incidents and reasons unions cited for such actions were mentioned.

"Ja, the other activity which I can say is "unllegal" or unprotected activities – strikes"

"It is my experience that they will want to always disagree even in the ITU"

"The thing that made them (union) unhappy was that the same manager last year went through the attendance register and found that a lot of forms had not been submitted with "uncommunicated" absence from people and they did not have leave. So now they all wanted their leave to be reversed"

A protected strike has also taken place in the institution. The strike involved nurses and was initiated by their union, HOSPERSA. A respondent mentioned:

"Where the union was fighting for – if I can remember, the change of shifts. It involved – the nurses off duties were changed from what they normally were. Then there was a strike to show that they were not happy"

"They (management) know now that they must ask us, talk to us, communicate, ask us how we feel about it before they just change"

Some respondents were of the opinion that generally, although management acted in ways to avert or prevent strikes from happening these efforts were ignored. One respondent stated:
"But before the decision was taken, it was not a unilateral decision. The nurses were given an opportunity to bring copies of off duties from other institutions so that we can see what off-duties will suit our institution"
Other respondents stated:

"When there are policy changes management wants to quickly bring these to the table so that if they see that the majority of the people disagree with the policy they go back quickly"

"Information is given on time…so they will not generally implement things without involving the unions"

The actions workers engage in during the illegal strikes were described as disruptive and involved threats of a "shut-down" of services.

"Those strikes that are illegal….where members just don't come to work when they were supposed to be on duty - in that process some of the staff had to leave work"

Another respondent concurred*:*
"The workers did not work that day everything came to a standstill"

One shop steward responded*:*
"We told our supervisor to get out of the office, locked ourselves in…we are not working anymore unless…"

The research established that management responded to such strike action to ensure that the strike stopped and services continued. These actions included referring the matter, monitoring staff attendance on duty and filling the gaps. The respondents stated the following:

"So any little thing they can to disrupt services, but we try not to encourage it. Those who are involved we give that "leave without pay" where we have identified all the

people who disrupt service. Like we recently had the kitchen where they did not want to take food to the patients, and I only heard afterwards that patients did not have breakfast".

Other respondents from management stated:

"*So we had a labour relations from the district and we called the district manager and he came in and tried to resolve it, but its simple things like that that could have been prevented."*

"Labour relations officer (called) indicating that names of those people who were involved in the illegal strike should be submitted to HR"

"Then we were to make plans in our units and to try and make sure patient care does not get interrupted in a negative way. Meaning that patients still had people looking after them, despite that number of nurses that were not on duty."

Management ensured patients received care "…and there is functioning even if it will be maybe 60% not 100%"
"We implemented "leave without pay" for it - people were complaining that money had been deducted"
A worker responded:
"The police came to say they are there because we are "toyi-toying"

A strong subtheme emerging from an environment of strikes and threats of strikes was power balance. The unions have the task of facilitating a genuine employee voice and ability to support valid arguments. Power dynamics cannot be ignored in the management-union relationship. Having too much influence on the part of trade unions leads to a strain in the relationship resulting in mistrust and dishonesty demonstrated by the other party. The same strained relationship can result from management' domination, hence the importance of a balanced approach to negotiating issues is premised on how influential the other party is (Tshukudu, 2015).

Inflated power of union

Some respondents from management had the following opinions about the power that the union has. It was mentioned that most of the time the unions thought that they had or claimed undue power. This is what respondents stated:

"To them now that they are representing people here it gives them power position, ehh, so power struggles are a lot of challenge…..and because they are involved with management, you involve and inform them so that members can be informed. So sometimes that gets misinterpreted as seeing themselves managing"

"I think sometimes they inflate their abilities or inabilities. They think they have power to say you can do this, you can't do that, that management should listen to them"

"Sometimes some unions feel they will be disrespectful to you to show their power especially in support/front of their union members"

Some undue pressure and influence was placed on management. One respondent from the union stated:

"We told them we were going to strike on that day, on that change over day. They did not do anything. Once they saw the media was involved, SABC was here they changed their mind".

Another form of power that surfaced was applied through *workers' voice*, what was earlier referred to as *voice monopoly.* Worker voice as indicated in literature review related to workers voicing their dissatisfaction so that changes could be effected. A shop steward respondent stated:

"The union has a power to call workers, take them out of the departments and explain that management is doing such and such and does not want to listen"

"We (union) yield power the minute the workers are outside, even in essential services there will be skeleton staff so that it does not function 100% as it is used to"

Yet another respondent from the union reiterated:

"*The workforce do have influence because when they decide they want to do "tools down, it's a mess"*

One respondent viewed the "*employee voice"* as strongly demonstrated in the lower categories of employees, that is, general assistants*.*
"I think maybe they can convince lower categories easier to take part or how the message is conveyed to them. Where (as) somebody who is knowledgeable will also reason for themselves - will I take part in this or do we have the same understanding"

"Within themselves and among themselves there are also power issues (which) *comes to the front also".* The respondent who expressed this view stated that this diversity works in favour of hospital management.
"So having more than one union can help in a way because the different unions will have a different perspective or view".

Management authority can as well depict an authoritarian or "dictator" type of management style. This study established that management had applied an authoritative hand on occasions when all the unions wanted to do was engage management.
One shop steward respondent stated:
"Workers knew that when issues are taken to management (she) would not listen, that is why they said to union reps…. guys you must sort out this thing if there is no answer we will start with a "go-slow". When we got there, I am not sure who called the police, because as we were there in the offices the police came to say they are there because we are "toyi-toying" we asked, who told you we are toyi-toying because we are here to talk"

In yet another incident it was mentioned by a member respondent:
"Management can take advantage, because in that meeting while waiting for the answer they called the police trying to scare us …They were intimidating us by calling the police as if we had broken the law. So management used autocracy while the union was following procedure…"

"This manager is not respectful of supervisor and workers. His explanation was that the supervisor cannot authorise leave, it showed that he was undermining the

supervisor. We were undermined as a union because they knew what they were doing".
"The relationship between union and management is not 100% because management always has its own things. You will find management saying "I will not be told what to do by the union".

Theme 7 - Impact on service delivery

On those occasions that there were strikes respondents stated that patient care and service delivery were affected.

"Service was affected for something like an hour. I would say there were important calls related to patients because most of the clinics phone for the lab to get the results, doctors phone at that moment"

"Patients had breakfast although it was delayed. It affects service delivery because as nurses now if there is no food we must make a plan"

Yet another respondent stated*:*
"But during that time we were in the meeting patient were not receiving service they required –they were sort of neglected.

Some respondents downplayed the effect the strike had on patient care.
"It (the service) was not that affected because it (strike) was for 3 hours, …although it was definitely affected"

"Normally the nurses eh.. it will be minimum nurses that will take part and general assistants joining them so patient care is not really affected of the cases that I know"

Case Description.
This section presents an analysis of and presentation of themes which emerged from a case. The incident was developed into a case as it was constantly mentioned by participants. The analysis of the following scenario is directed at context-dependent enquiry. Respondents mentioned a case which happened in 2013 when the level of an official in management had been upgraded. Three unions, PSA, NEHAWU and

HOSPERSA played a vital role in exposing the matter which they referred to as “improper conduct”.
The follow-up questions to the interview question which required a recollection of a major interactive incident (refer to the interview guide) were:
Please describe the incident, what your role was in the incident, and how the incident was resolved.

The description of events from the affected official’s perspective follows.

In 2013 the official was part of a collective that submitted a grievance to Eastern Cape Department of Health. The grievance sought to have officials in corporate services upgraded from salary level 9 to salary level 10.
At some time in 2014 the official was contacted by head office requesting documentation including the appointment letter, organogram and job description and an account of duties performed. This he submitted to the requesting manager in head office. The official was later visited at the institution and interviewed by the same manager from head office in the presence of a district HR official. In August 2014 the official noted that his salary had been upgraded on the PERSAL system and had received salary backdated to April 2009 without any further communication. The official assumed that the head office had evaluated his post and implemented the salary upgrade. He went on leave for three weeks. While the official was on leave there had been “some stirring” from PSA to instigate NEHAWU to take action. This resulted in an illegal strike involving all unions. The matter was referred by the acting CEO to head office. The same manager from head office who had handled the matter came for the meetings. According to the official Head office shifted the blame to him, stating that he had misled the head office manager resulting in his being erroneously promoted. The manager stated that the official had given him wrong information. The industrial action continued with demands from unions that the official be disciplined and dismissed as the unions felt he had promoted himself. The official repeatedly told the workers that he could not have promoted himself, he had supplied head office with information that had been asked for, which information was in HR records.

The official stated that the department responded to the crisis by reversing the implementation of the salary upgrade so that the employee had to pay back the money that which had been given to him as backpay.
The industrial action which later translated to intimidation continued for about a month. The union and workers' actions included erratic and unannounced visits to the official's office, asking if he had paid the money and when he would be disciplined for "enriching himself". This prevented him from doing his work and no action was taken as these intimidating actions took place during working hours. The official stated that the unpleasant conditions continued for a few months as the matter would be brought up in the meetings at the district. The official had already accepted the reversal and was expected to make an offer to pay the overpayment, which he followed through the use of a grievance procedure. While all this action was taking place there was no intervention from management.

Management's perspective

Management stated that there could not be any intervention from them because even the former CEO had no knowledge of how the official had got upgraded to a higher level. The CEO mentioned that the official had not been transparent upon submitting the grievance. When the matter had been investigated by head office institutional management and the acting CEO were not involved. When he had been promoted he did not inform management. Some of the employees heard about this, were not happy and reported to the unions. That is when there was stirring from PSA which wanted NEHAWU involved so there could be an action from workers. Because the situation was volatile in the institution the meetings between the former CEO and head office took place at the district office. The union had lost trust in management as they thought the entire management had known about the upgrade and their interest was about promoting themselves. The CEO stated that the previous acting CEO had also felt harassed by the union and did not want to apply for the post when it was advertised. The respondent reiterated that although she was not involved she was aware that head office maintained they had been given wrong information and admitted to having promoted the official erroneously.

The union Perspective

The unions stated that when they heard that the official had been upgraded they wrote to the acting CEO and asked for documentation that would explain how and why the official had been upgraded. The acting CEO could not give information and the management team stated that they did not know how it had happened. The unions felt there was no openness and information was being kept from them. They consulted their regional offices, called a general meeting and the gathering did not adjourn while they were waiting for intervention of head office. Basically workers stopped providing services and management called the police to disperse the crowd. The action continued to a point where they got head office admitting to an error and the official being asked to pay the money back. The union maintained the matter had not been resolved because they had demands and wanted the official to be disciplined. An investigating officer was appointed but the union did not get a report of the investigation.
Themes identified from the incident were:

Lack of Trust
The respondents indicated that the unions did not trust management because one of them had "promoted" himself. The fact that other managers claimed no knowledge of the events leading to the level upgrade was seen by the union as an attempt at covering up. The affected official even stated:
"In the manner that workers look at you, you can see they do not trust you as if you are a criminal".

Information
The issue of openness with information was found to be a challenge and a source of conflict. Management was seen as reluctant to share information. One union respondent stated:
"*Had management been open about this from the beginning the issue would have been resolved quite early, before it became such a big issue".*
Another respondent stated: "*How can a CEO not know that a member of her team has been promoted? She was supposed to have signed or recommended that promotion".*

Ability of Management to Deal with a Conflict Situation

Management at institutional level could not act decisively when approached by the unions and they referred the matter to head office, apparently because they had not been involved initially. The CEO acknowledged that the acting CEO at that time had delegations and could exercise her authority accordingly. Although the delegation for promotion of personnel was at Head Office, the institution initiated processes and the CEO would recommend. When demonstrations and the illegal strike ensued management took a back seat and waited for head office to act. This tilted the power balance to the unions.

Power Balance

The unions took control of the situation by getting workers to abandon their posts in meetings and demonstrations. They further concluded there was wrong doing from the official and directed those demonstrations at him with demands to have the official disciplined.

The challenge identified was how the Labour Relations laws and policies were being articulated and implemented. There was inability to contain and deal effectively with conflict. The case indicated a management that was paralysed and in the process perpetuated this “inflated power” perception the union had. Local management was ill equipped for any negotiation as well as unprepared for the collapse of negotiation. Management did not evaluate the extent of damage caused by the strike action and felt there were no sanctions available and no prospects winning in managing the conflict that existed. By this the researcher means management could not act effectively, either in their interests or on behalf of the group in terms of providing clarity of role definition throughout the system.

4.3. DISCUSSION

4.3.1. WORKER RIGHTS PROTECTION

There was agreement between and within groups that unions fulfil this objective through representation of members in grievance and disciplinary processes and this function was mentioned by most respondents as of high importance in ensuring job security.

Members expect to be represented and absolved of wrongdoing even when they know they are guilty simply because they are paying member subscriptions. There are union shop stewards who, because they lack proper understanding will condone wrong doing. These processes were experienced as cumbersome and stressful to some managers to such an extent that they would be oblivious to acts of misconduct. It was also established that majority of shop stewards in this hospital would represent their members with discretion

4.3.2. UNION INVOLVEMENT IN DECISION-MAKING

It surfaced that decisions taken in the institution were directed by policy guidelines and initiated by management. Although there is a ITU structure whose terms of reference it is to make decisions, in a practical sense its influence is limited to decisions involving allocation of resources, shift allocation and health and safety issues. As observers in recruitment processes the unions exert a significant influence as they observe closely for any irregularities and ensure proper implementation of policies. It surfaced from documents and minutes that unions were not involved in important operational decisions like budget and supply-chain processes. Information was given as required by unions in these committees to allow them to apply to a limited scope their “watch dog” role.

Members were seen as an important link for unions influence, hence member participation and the role of the union in receiving information from management and conveying information to members was important. Thakhathi (1993: 339) observed that participation of employees in “personnel matters resulted in efficient personnel administration”. Members and shop stewards particularly were informed of policies by their principals at regional level. Participation in policy formulation happened at provincial level. Employees should be afforded an opportunity to participate in implementation of policies and procedures affecting (in particular) conditions of their employment (Thakhathi, 1993). The majority of respondents in the management group felt information was distorted when communicated to members which tended to create tensions.

4.3.3. UNION-MANAGEMENT INTERACTION

For the unions to advance interests of workers and negotiate better service conditions there is a structured process of union-management interaction. While both management and unions viewed their relationship as important, both parties stated that unavoidable situations had prevailed resulting in strained relationships. The right of the unions to raise issues was recognised by management; however, unions had on occasion not observed professionalism or respect towards management. There had not been adequate engagement and time afforded to management before unions engaged in sit-ins, disruptive behaviour and illegal strikes to show commitment to negotiating in good faith. It surfaced that the interaction had been characterised by mistrust and the union had perceived management to be withholding information.

4.3.4. STRIKES

Four strike incidents were mentioned in the 2-year period, with 2 strikes having lasted for 2 or more days. Only 1 strike action was protected while on the other occasions workers initiated the action without leadership being involved. This indicated lack of understanding of the Labour Relations processes Although there was realisation that the Department of Health provided essential services and employees were prohibited from engaging in a strike the unions considered a strike or a threat to strike a better option to get management to concede to their demands.

4.4 CONCLUSION

This chapter has presented the analysis and discussion of the study findings. The discussion followed the themes that were identified in the process of constructing meanings. It is quite clear from the participants' responses that, for the most part and as an overarching mandate, unions are biased towards protecting the interests of workers who pay subscriptions. The next chapter presents a comprehensive summary of the findings, conclusions and recommendations.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter concludes on findings in relation to reviewed literature and the current study objectives, the implications for practice, limitations of the study, conclusion and recommendations.

5.2 CONCLUSIONS

This study has found that the presence of unions in health care services is necessary because there are various categories of employees – working class – whose interests must be served. The role of the unions leaned heavily towards protection of the rights of the workers. In as far as the observation of legislation is concerned the unions demonstrated knowledge of the legislation applicable to the health care personnel, that is, the BCEA, the LRA and the PSA. The former 2 pieces of legislation form the basis on which the union can exercise their rights as well as protect the rights of workers. Some sections in the LRA tended to be ignored by the unions, in particular, the section dealing with strike action and essential services. The Public Service Act which guides the conduct of public servants and health care personnel had been used by unions to “watch” activities of managers and responsible resource allocation. At the same time, the responsibilities of the workforce are detailed in the “code of conduct”. The unions therefore had to educate and guide their membership on those responsibilities.

The context of health-service delivery is based on constitutional rights, ethical and professional standards as established from policy directives. The study found that unions understood the obligations employees have towards society and recipients of care; but that there was a bias towards workers’ rights to the detriment of patients’ rights and quality of services. Rights and obligations are both essential in the concept of freedom. Participation in committees where advancement of service delivery standards were deliberated and promoted was limited to unions receiving information from programme managers.

The activities of the unions were found to be espoused in the broader mandate, that is, collective bargaining, representation and benefits offered by the union. At the institutional level the unions play a fundamental role in ensuring that the gains fought for are not lost. The study demonstrated that frustrations were experienced by the unions in the process of interpretation and implementation of the resolutions. The unions strive to monitor implementation, the effect and extent of change to the living conditions and continuously strive to improve those conditions. COSATU has extensively argued the fact that collective bargaining in this country has not yet developed to the level of greater equity, worker empowerment, employment security and job creation (COSATU, 2012).

Through representation workers should enjoy fair and dignified treatment from supervisors and managers; but some employees get away with misconduct because of reluctance on the part of supervisors to discipline and others will still be lenient to avoid being subjected to representatives' animosity. Unions were seen as discouraging any misconduct by their members in their general meetings; but would still argue for leniency during disciplinary hearings in order to save their members' jobs.

Workers are motivated to join unions by fear that management has more power and is inclined to use that power to disadvantage them. Workers see themselves as powerless and require unions to secure power and safeguard their interests (Trywell et al., 2012). Inadvertently this mind-set creates a situation where the union/ management relationship is appraised on the basis of power 'struggle'. It has been established that the unions have on several occasions used their "power" inappropriately and to the detriment of service delivery. In most cases where there were disagreements during engagements with management, unions resorted to withdrawal of services either through 'go-slow' tactics or full blown illegal strike. This consequently led to compromised availability and quality of care which are barometers for measuring access to health care. Tshukudu (2015) concurs with the assertion that work-flow disruptions demonstrated through strikes and picketing result when there is one-sided power and influence and often leaves members of the public (in health care it is patients) stranded and without services.
The Labour Relations Act prohibits a party that is engaged in essential service from participating in a strike [LRA, 1995 sec 65(1)(d)]. Essential services are defined as

those services the interruption of which would endanger the lives, personal safety or health of the whole or part of the population (Tshukudu, 2015). This study has found unions to be a hindrance to service delivery through their inappropriate use of power. The threats of strikes result in fear by managers to maintain discipline. When one employee manages to evade disciplinary processes, a precedence where employees cannot be held responsible for their misconduct is created. This places health services delivery in jeopardy with lack of leadership as a contributory factor.

Additionally, unions have not shown any initiative in improving health care through development of or partnering in health programmes. There was poor participation in key structures which were supposed to advance service delivery, for example, quality assurance and occupational health and safety committees. Personnel in various sections were not adhering to the legal requirements of submitting reports and the union shop stewards showed less concern, critical as workplace safety is to workers. Cases in Pakistan, Bangladesh and other countries have shown that participative-oriented safety improvement programmes initiated by trade unions yielded positive results (Kawakami et al., 2004)

5.3 LIMITATIONS

The selection of respondents was purposeful and participation was voluntary. The researcher discovered that worker or member participants were not active in union activities and a huge gap in understanding the union role existed between members and shop stewards. During data collection the “health- services delivery” was seen in the context of there being no interruption to services. Therefore there was a limitation in evaluating the extent of the effect certain union activities had on health services measuring up to the norms and standards. It is however important to note that this was a qualitative study and the aim and objectives were to conduct a context-dependent enquiry.

5.4 RECOMMENDATIONS

The unions have a place and an important role to play not only in the environment of health services- delivery but are also in a position to influence how those services

are delivered. The following recommendations are made in relation to two spheres of practice, namely: proposed interventions and recommendation relating to further research.

5.4.1. PROPOSED INTERVENTIONS

5.4.1.1. Health Services Delivery Context in the Hospital

On organisational functioning, the involvement of unions is important for transparency. Terms of reference should be clearly stated and vetoed by a provincial policy so that parties understand their roles. The ITU meetings should be mandatory with members appointed and given responsibilities. It is not a reporting structure, but a planning and decision-making structure.

Active participation by unions in key committees, for example, quality assurance and occupational health and safety should be encouraged. Tshukudu (2015) recommended that there should be shared commitment to business goals of the public organization.

5.4.1.2. Activities of the Unions in Relation to Health-Service Delivery

Union activities should be planned so that service delivery is not affected. Just as the year planner for the district office and institutional management is tabled in the management meeting, the shop stewards should in turn share their annual plan with management.

There should be better connection between unions locally and their leadership nationally. A broad curriculum that creates links and networks with other trade unions internationally could create COSATU's vision of employment growth among other gains. The leadership of the union is expected to train the shop stewards. The training should be redirected towards achieving common goals and the unions should understand that "worker participation" does not mean running management affairs. According to union officials this problem has been attributed to the lack of training of shop stewards and has resulted in poor service to union members.

5.4.1.3. Areas and Policy Matters of Engagement between Unions and Management

The demands which unions bring forward for collective bargaining may no longer be relevant and of service to the employees, especially considering the economic status

of the country. Unions at the grassroots level have to look beyond material, finance and representation, for worker issues that will make a difference in their lives. An intervention programme that covers this area will help to boost morale, strengthen confidence and subsequently heighten membership commitment and obligation.

Unions should demonstrate that they have a comprehensive workplace change policy. Those unions are more likely to have expanded support systems to guide and co-ordinate the activities of their local shop stewards. Union leadership should play the advisory role effectively and workshop the shop stewards on their roles in and various levels of policy formulation.
Conflict should be managed professionally and speedily with a minimum of costs incurred. Disputes should be referred appropriately following the Labour Relations prescripts. Senior and middle managers should be trained in Labour Relations. Appointment practices adopted during recruitment of junior managers should also be carefully considered as promoting from the same rank may facilitate selection of labour-oriented management. New policies and resolutions should be explained to CEOs and senior managers to ensure that managers have the necessary confidence to deal with any challenges from the unions. Although policy documents and Resolutions are readily available from Department of Public Service and Administration, there have to be some guiding principles in terms of interpretation and implementation. The organisational structure of a district hospital does not have a labour relations officer as this function falls under Human Resources management; therefore there needs to be a post to ensure separation of duties.

5.4.1.4. Exercise of Power and Authority during Bargaining

Dealing with threats to withdraw labour and the actual strikes has necessitated amendment of the Labour Relations Act to accommodate unions and create “power” balance. The Amendment Bill makes unions responsible and liable for irresponsible acts of commission during strikes, including damage to property. Labour relations policies must be developed at provincial level, detailing bargaining issues, processes and variety of approaches to adopt and strike prevention strategies. Currently managers have to refer to the Labour Relations Act which is broad and does not assign responsibility to a particular management level.

5.4.1.4. Elements of Engagement Involved in the union-manager Interaction
Negotiations should be conducted effectively through a code of good faith. Throughout the negotiation process management should provide relevant information and conditions associated with unfair bargaining should be eliminated.

5.4.2 RECOMMENDATIONS FOR FURTHER STUDIES

This was a qualitative study undertaken to get in-depth understanding of what the opinions and experiences of people were with regard to the role of the unions in the workplace. In the absence of measurable variables the researcher develops meanings that are inductive.
The researcher recommends a quantitative study which will look at efficiency and productivity of workers in a unionised health-service workplace.

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APPENDICES

APPENDIX A

University of Fort Hare
Together in Excellence

ETHICAL CLEARANCE CERTIFICATE
REC-270710-028-RA Level 01

Certificate Reference Number:	THA191STSH01
Project title:	**An analysis of the role of the unions in health services delivery.**
Nature of Project:	Masters
Principal Researcher:	Yvonne Nozibele Tshamase
Supervisor:	Prof R.D Thakhathi
Co-supervisor:	N/A

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Researcher must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

Special conditions: Research that includes children as per the official regulations of the act must take the following into account:

Note: The UREC is aware of the provisions of s71 of the National Health Act 61 of 2003 and that matters pertaining to obtaining the Minister's consent are under discussion and remain unresolved. Nonetheless, as was decided at a meeting between the National Health Research Ethics Committee and stakeholders on 6 June 2013, university ethics committees may continue to grant ethical clearance for research involving children without the Minister's consent, provided that the prescripts of the previous rules have been met. This certificate is granted in terms of this agreement.

The UREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
  - Any unethical principal or practices are revealed or suspected
  - Relevant information has been withheld or misrepresented
  - Regulatory changes of whatsoever nature so require
  - The conditions contained in the Certificate have not been adhered to

- Request access to any information or data at any time during the course or after completion of the project.

- In addition to the need to comply with the highest level of ethical conduct principle investigators must report back annually as an evaluation and monitoring mechanism on the progress being made by the research. Such a report must be sent to the Dean of Research's office

The Ethics Committee wished you well in your research.

Yours sincerely

Professor Gideon de Wet
Dean of Research

05 April 2016

APPENDIX B

To: The District Health Management

Nelson Mandela Bay health district

12 August 2015

Dear Mrs Botha

Re: **Permission to conduct research at Uitenhage district hospital**

As part of the requirements for my Master in Public Health degree, I will undertaking a qualitative study titled, "Analysis of the role of public sector unions in health service delivery". This research aims to examine union activities, artifacts, interactions with their members and management to establish how their role is carried out and recognised in health service delivery in the particular hospital.

I am requesting permission of the district manager to gain access to the institution, records and reports of union activities. Interviews of the sampled union representatives, employees and management members will be conducted. The selection process will be conducted through purposive sampling. Participation will be voluntary, the nature of the study will be explained to all participants and they will be asked to sign an informed consent form. All information will be kept strictly confidential and any identifying information relating to the participants will be coded so as to maintain confidentiality. The time factor for conducting the actual research should be about 8 weeks.

I believe that this study will have the benefit of improving knowledge among management. It is expected that the findings of the case scenario/s , its context, developments and lessons learned can be applied to similar scenario/s in other health facilities in the Nelson Mandela Bay health district. The findings of the study will be shared with management in the district with a view to influence review of the current practices and development of policy guidelines.

I thank you in advance for allowing me to conduct my study at the health facility and will keep you informed of the results of the study.

Yours sincerely

Nozibele Tshamase

Orsmond hospital

APPENDIX C

From: To:0866698530 18/04/2016 11:05 #245 P.001/001

Eastern Cape Department of Health

Enquiries:	Madoda Xokwe	Tel No:	040 608 0830
Date:	18 April 2016		
e-mail address:	madoda.xokwe@echealth.gov.za	Fax No:	043 642 1409

Dear Mrs. N. Tshamase

Re: Analysis of the role of unions in healthcare services delivery (EC_2016RP43_768)

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE

PGDP EASTERN CAPE 2004 - 2014

Ikamva eliqaqambileyo!

APPENDIX D

Province of the
EASTERN CAPE
HEALTH

Office of the District Manager – Nelson Mandela Health District
Room B12 • Walton Building • Conyngham Road • Port Elizabeth • Eastern Cape
Private Bag X60572 • Greenacres • 6057 • REPUBLIC OF SOUTH AFRICA
Tel.: +27 (0)41 391 8008 • Fax: +27 (0)41 391 8069 • Website: www.ecdoh.gov.za
E-mail: maureen.botha@echealth.gov.za / bali.gumenge@gmail.com

DATE: 3/5/2016

Mrs N Tshamase
Penford
UITENHAGE

Dear Mrs Tshamase

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT UITENHAGE DISTRICT HOSPITAL

In response to your application for permission to conduct the above research, permission is hereby granted with the following proviso:

- Health service delivery should not be disrupted under any circumstances.
- Timeous appointments must be made with the relevant persons prior to commencement of interviews/visits.
- Institution to be visited is Uitenhage District Hospital as per request

The Nelson Mandela Bay Health District, as the research site, will expect a copy of the final research report when the study is completed. If the duration of the research period is required to be extended, the District Office (District Manager) should be informed accordingly.

This Office would like to wish you well in your research study.

Yours faithfully

MRS .M.BOTHA
DISTRICT MANAGER

APPENDIX E

Province of the
EASTERN CAPE
HEALTH

Room 163 • 1st Floor •Uitenhage Provincial hospital • Channer Street • Eastern Cape
Private Bag X36 • Uitenhage • 6230 • REPUBLIC OF SOUTH AFRICA
Tel.: +27 (0)41 995 1128 • Fax: +27 (0)41 9661413 • 0728598701
Email: marilyn.klassen@echealth.gov.za/klassen.marilyn@gmail.com

Attention: Mrs. YN. Tshamase
Study: Masters – University of Fort Hare
Certificate reference number: THA191STSH01

Research Proposal: An Analysis of the role of Unions in healthcare service delivery.

Re: Permission to conduct research at Uitenhage Provincial Hospital.

1. With reference to your letter dated 17 April 2016 regarding abovementioned matter, I would hereby grant officially permission for the study to be performed in our hospital.
2. We also acknowledge the letter from the Ethical Committee at University of Fort Hare where you are currently busy with your studies confirming this.
3. It is also noted that permission was granted by the ECDOH.
4. Please inform us timeously who your target group is in order to make arrangements not to disrupt service delivery.
5. It will be expected from you to report to the CEO's office for your first visit in order to make the necessary arrangements. Thereafter arrangements prior to your visits may be made directly with the people you would like to include in your research. Where visits must be conducted after hours you need to report to the Nursing manager on call.
6. We notice in your letter that the findings of the study will be made known to the institution on completion in order for us to benefit as well and improve services.
7. We wish you well with the studies and would appreciate it if you will give us feedback of the findings of the study.

MP Klassen

Mrs. MP Klassen (CEO – UPH)
3 May 2016

APPENDIX F

INFORMATION SHEET

Title: Analysis of the role of unions in health service delivery

Version number and date: 1/2015

Introduction

I, Nozibele Y Tshamase am MPH student at Fort Hare University. You are being invited to participate in a research study. This document gives information to help you decide if you want to take part in this study. Before you decide whether to participate, you should fully understand what the research entails and why it is being done. If you do not understand the information or you have any other questions please feel free to ask us.

Purpose of the study

To analyse the role and functions of unions in relation to health service delivery at the district hospitals with specific reference to Uitenhage Provincial hospital in the Nelson Mandela district. The purpose is to further recommend, based on the findings, how union-manager relationships can be enhanced.

Why have I been chosen to take part

You are invited to take part in this study because it has been established that you are a union representative/member or a health services manager. Your information will be valuable for the study aim. Your participation in this study is voluntary. You can refuse to participate or stop at any time without giving any reason.

Explanation of procedures to be followed

I am the researcher and I work for department of health as a hospital manager. With permission from the district health services manager and your consent I will access information through records relating to engagements and interactions between the union and management. Interviews will also be conducted. The interviews will be one-on-one and semi-structured lasting between 20 and 30 minutes. The researcher will code the responses after completion of data collection. Audio visual device will be used.

Expenses and/or payments

Participants will not incur any expenses as the research will be carried out at their workplaces. There will be no payment for taking part.

Risks and discomfort

There are no risks or any particular benefits involved and no disadvantage will be suffered by participants as a result of taking part in the study. Your taking part contributes to generation of knowledge. In the event that any discomfort is experienced the researcher should be informed immediately.

Addressing a problem or complaint

If you are unhappy please do not hesitate to contact the researcher, Nozibele Tshamase on +27 833781266. If you are still not happy you can forward your complaint to the university research ethics committee at +27 437047585. When contacting the Research Participant Advocate, please provide details of the name or description of the study, the researcher involved, and the details of the complaint you wish to make.

Confidentiality

As your name is not written on any response documents, the information collected is anonymous. You will therefore not be identified as a participant in any publication which comes from this study. Research documents will be stored in a lockable cabinet. Documents are submitted to university in encrypted form. Information will be stored for 5 years after dissertation submission.

What will happen to the results of the study

Results will be published in a dissertation. Workshops will be conducted to give feedback to district management. Results will be presented in such a manner that participants and health institutions will not be identified unless you give consent to be identified.

Withdrawing from the study

You can withdraw your participation at any stage of research without giving any explanation. Unless there is a request to destroy your responses up to the withdrawal stage these may be published.

Contact for further questions

If you have any questions concerning this research, you are welcome to contact: Ms Nozibele Tshamase, Tel: +27 41-9881111 or cell: +27 833-781266 or e-mail: njona@webmail.co.za

APPENDIX G

University of Fort Hare
Together in Excellence

FACULTY OF SCIENCE AND AGRICULTURE

SCHOOL OF HEALTH SCIENCES

Albertina Sisulu Executive Leadership Programme in Health

INFORMED CONSENT FORM FOR RESEARCH STUDIES

Title of Research Project: Analysis of the role of unions in health service delivery

Researcher(s): NOZIBELE TSHAMASE

	Please initial box
1. I confirm that I have read and have understood the information sheet for the above study. I have had the opportunity to consider the information and ask questions, and I have had these questions answered satisfactorily.	✓
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected.	✓
3. I understand that I can at any time ask for access to the information I provide and I can also request the destruction of that information if I wish.	✓
4. I understand that I will not be identified or identifiable in any report subsequently produced by the researcher.	✓
5. I accept that taking part in this study is voluntary and confirm that any risks associated with this have been explained to me.	✓
6. I agree to take part in the above study.	✓

Nombulelo	26/05/2016	
Participant Name	Date	Signature
NOZIBELE TSHAMASE	26.05.2016	
Name of Person Taking Consent	Date	Signature

Nozibele Yvonne Tshamase

Researcher

26.05.2016

Date

Signature

The contact details of lead Researcher (Principal Investigator) are:

Nozibele Yvonne Tshamase
Eastern Cape Department of Health
Orsmond Hospital
1 John Dissel drive Allanridge
Uitenhage
Telephone: +27 41 9881111
Cell: +27 833781266
E-mail: njona@webmail.co.za

APPENDIX H

SAMPLE INTERVIEW PROTOCOL

Research Title: ANALYSIS OF THE ROLE OF THE UNIONS IN HEALTH SERVICES DELIVERY

Time of interview:

Date:

Place:

Interviewer: Nozibele Tshamase

Student at Fort Hare University

Brief description of the study

Questions:

1. What are the functions of the union in this hospital?
2. What are the activities of the union?
3. Can you recall a major incident/s in the past 12 months that brought about rigorous engagement between management and unions? Please expand
4. What was your role in the incident?
5. Both parties have some power or authority. In your view, how did the exercise of power/authority manifest?
6. In a union-management engagement, key features of engagement are: Communication, Respect, Trust, Employee voice, and Professionalism. During this interaction what elements or factors of engagement have you identified? How have these been applied?
7. What has been the impact of this interactive incident on services delivery?
8. What impact did it have on the relationship with hospital management?
9. To whom should I talk to find out more about ramifications of this incident?

I thank you for participating in this interview and as stated in the information document, I would like to assure you of the confidentiality of your responses and potential future interviews.

TRANSCRIPTS

INTERVIEW RESPONDENT No.1

Question 1:

What functions and activities do the union engage in at this hospital?

Response:

The union's core function is more to represent. Representation is needed to protect the right of the employees

In anything that involves the employee, maybe where the employee has transgressed from what is expected, the employee will need the representative, so that whatever is done is done fairly or counselling or any disciplinary action that is taken that it is done fairly

The unions are involved in most of the things "that is done in the institution in senior management team they take part which decides how the hospital is run, so they are part of that. So that whatever decision is taken they are part of that

Use of funds and assets

Decisions that are taken that affect changes in services, for instance allocation or off-duties

They are part of the decisions so that they can inform their constituency, inform them and come back with feedback

I mentioned the budget

They are involved in quality assurance, so that they are

They are part of the working force. They are expected to carry out their own roles as employees

They are expected to carry out their own roles

Other activities:

They can have their own meetings within the institution, but there are guidelines

They need to book the venue like there are other functions in the institution.

They need to look after the furniture in whatever venue they are using

Their meetings should not be disruptive

I summarised

Addition from interviewee – hence they have their job description and duty lists

APPENDIX I

Question 2:

What is your recollection of a major incident/s that brought about rigorous engagement between management and unions?

Response:

Mhh, I think what I can remember is the union strike. I think they were involved in a strike where they did not agree with management –eeh, I think it was 2 years back. I think the disagreement was about the change of shifts and 1 union. Patient care suffered that day, I think it was a day or two.

But before the decision was taken, it was not a unilateral decision. The nurses were given an opportunity to bring off duties from other facilities so that we can see what off-duties will suit our institutions. This was after the nursing directorate when they were here found out that the nurses were working 55 hours in one week and 22 in other week.

It was a stay away involving mass action, they went out on the street and marched

They informed management that they were not going to work that day

Question 3:

What was your role in the incident?

Response:

As management we were called and informed of what is happening. We were to make plans in our units

We had to rearrange such that we were covered, that skeleton staff

Question 4:

Both parties have some power or authority. In your view, how was this power/authority exercised?

Response:

Difficult to say, but I would say most probably it was a win and a loss because at the end patients received care and they lost because we had to change off duties. The union also lost because we changed the off duties. It was only 1 union because other unions received the off-duties positively. There was also counselling and no work –no pay was effected. They could not win because of the numbers that were , but in any case we did engage their representatives and they accepted that they were consulted.

Question 5:

In a union-management relationship, key features of engagement are: Communication, Respect, Trust, Employee voice, and Professionalism.

During this interaction which features did you find were positively applied? Please elaborate.

Response:

I think communication was positively applied. They were given a month or two to bring off-duties.

When it comes to respect

Some people did not want to trust management – why we must change now

Professionalism was affected because as nurses we cannot leave patients unattended

Maybe they did not consider that this is a profession

Question 6:

What was the impact of this interactive incident on services delivery.

Response:

Maybe there were lessons learnt from their side. If the union cannot defend the fact that

We could not provide quality care although some nurses were there

The relations at that stage were quite bad

Question 7:

What was the effect on union – management relationship?

Response:

Unions are involved in decisions -It does create that free flow of information and it minimises the conflict

INTERVIEW RESPONDENT No.6

Question 1:

What functions and activities do the union engage in at this hospital?

Response:

Sometimes you never know until it is at a later stage when the member cannot help herself, then she will come to you. Only at the end when it is a written disciplinary they will come to you and say I have been disciplined. We tell members to come immediately when they have a problem, even if it's family problems, she can't solve it and it affects her she must come to you so you see how you can help her. We can say no manager take her out of day duty and put her on night duty so that you can see that they solved so that service can be delivered in peace. Because look in order for her to deliver services because she must also be satisfied. We ask her why did you not ask for night duty? She must also be satisfied. We also see to it that they are provided with equality. We do not only service our members by solving their problems. In the management meeting there are times where management want to bring issues to all the members of the institution. Sometimes the managers want to look out for themselves while union reps want to look at both sides. If something is going to disadvantage the manager it will not be put on the table. The union will look at how they can fight that which will disadvantage the employees or their members, because sometimes some of the things can be good for managers but not for employees. Sometimes management wants to implement a policy, the unions will look at how the policy will benefit their members, so then they fight for the policy not to be implemented.

Tell me about this policy, this policy would be coming from head office

I will make an example of uniform allowance. While the negotiations are on for this uniform, so that the national directive directing nurses to wear white uniform, management wanted to push an internal policy for navy and white. At this stage we did not have uniform allowance, then we say to the manager but this uniform is not in the national policy which we are waiting for. They must tell us where we must get this navy and white because it has to be the same. So where we are coming from is that the white uniform that the minister says must be worn is also not finalised because we want the department to issue this uniform. They say then we are being given uniform allowance which we must use to buy navy and white. Management has failed because we can't just move to navy and white when we have been wearing pink and grey in the meantime we are waiting for white uniform. It is things like this that we have to sit as unions with members and discuss these things so that we don't allow managers to do these things. Hence it is important to give information to members so you can hear their views and inputs and

In essence we give information and feedback to members, at the same time we collect information from members so we can go and represent their voice in management meetings

Question 2:

What is your recollection of a major incident/s that brought about rigorous engagement between management and unions?

Response:

Usually when there are policy changes management wants to quickly bring these to the table so that if they see that the majority of the people disagree with the policy they go back quickly unlike in other places where they would be strikes. Here the misunderstandings most of the time is among employees who do not want to be moved from one area to the other. You find that people have been working in one area for a long time and now when they are being changed they are resistant, you find that it is petty things which could have been resolved by those managers. In nursing, for example, nurses are rotated and it is fair and square, but with non-nursing workers, managers don't sit with them and indicate that after such a period employees will be rotated. These misunderstanding are prevalent in administration and these people don't even attend meetings. So as you can see even with this uniform policy of nurses it was not unreasonable to raise it with management and refuse to wear this navy and white. When management did follow-up even with the office of the nursing director at head office they could not find a solution because the policy on white uniform is not finalised. So we are still waiting.

Question 3:

What was your role in the incident?

Response:

Question 4:

Both parties have some power or authority. In your view, how was this power/authority exercised?

Response:

When we go to the meetings, if it comes to the uniform issue you don't get a proper or final answer. So from the union we are insisting that we want to be issued with white uniform as per resolution. So we want the matter to go for bargaining because the amount as well of uniform allowance is not sufficient, we must have complete dress-up including stockings, jerseys and raincoats just as correctional services issues everything even handbags. We have said if it is uniform it must be the same all over the country or at least the province. When we are in the meetings we do not answer immediately to management, we tell them we will go back to our members to consult because their voice is very powerful and we also liaise with other structures locally and regional office. We find out from regional office if we should accept this policy change. If region tells us not to accept that in case it affects the members negatively. So we go back to management and tell them that no we are not going to accept that because region has said not to accept it. When we come to an agreement then I also go back and give feedback to our members.

Question 5:

In a union-management relationship, key features of engagement are: Communication, Respect, Trust, Employee voice, and Professionalism.

During this interaction which features did you find were positively applied? Please elaborate.

Response:

Sometimes the managers themselves do not stand together, you find that they are not one. The others will understand while others do not when you come up with something that really bothers employees because then managers are not the same. We have white people and black people, even our cultures are not the same. For example, when there a staff member is bereaved, with black people more time is required to prepare for a burial. So when you go with the staff member to request leave –two weeks – for instance, if it's a white manager they don't understand because with them when they are bereaved it takes 1 day for burial. There are some though who will understand. With blacks, there will be prayer meetings, even the funeral takes the whole day. So the managers have to understand. But with unions and members as well we also compromise and try to understand managers so we make arrangements that half go to the funeral and others remain. But when it is a nurse who has passed away we don't compromise because we want to say proper goodbyes and after all this nurse has given a service to the hospital. So it is those things that you find even in meetings they complain that nurses or staff have taken 3 hours to attend a funeral or prayer meeting and we say it is our culture, we can't go on strikes for those things they just have to understand.

This hospital is still more white and you find you can talk and talk and they still don't understand. There is still that white element. I want to make another example, you find there is a position… they will be quick to place somebody as if they want to close that position before it is advertised. They will push a person of their choice there because they want to train and groom that person. After that they will advertise that position. You just check the person placed there will either be coloured or white person, you just hear there is so and so in that position and that person is junior. It was never open to say who is the best person to act in that position. When the position is advertised, you can't disqualify that person because they have been groomed and they know the work there. So this person just qualifies to apply for the position. What they will do is make sure that the requirements, whether years of experience suit this person, so they make sure that this person qualifies for this position.

Issues of transformation

The situation in this hospital is that in management you have coloured and white managers. The post of the nursing manager for instance was vacant and only one person internally qualified. There was another one who qualified from outside and actually had performed very well above all others. When this person was supposed to start we were told no she wrote a letter to say she no longer wanted to accept the post, which left then the internal candidate who is white available to fill the post. This thing affects trust in management because you don't know what happened, why would this person suddenly decline the post. But there is nothing a person can do.

Question 6:

What was the impact of this interactive incident on services delivery.

Response:

I would not say this affected service delivery because there was someone in the post otherwise it would have an impact if the post was not filled. What affects service delivery is when the posts are vacant and not filled. When the department says posts must not be filled, you feel the shortage -work becomes too much. For instance, I have one GA in each of my 2 units, who has to clean serve meals. Each clean the whole unit and the cleaning is not done according to infection control standards. You cannot even blame the general

assistant because she is all alone. These are the things one needs to address, although it seems small but it is worrisome. These are things that cause dissatisfaction and it causes people to stay away on depression. People are demotivated in this hospital there are more people on depression who are out of work and are being paid. Those that are at work are also dissatisfied because of the long term illnesses. Some area genuinely ill but others just continue to be on sick leave because there is this psychiatrist who just books workers off.

PMDS does not work well because it disadvantages other people like those that are on top notch because of years of service who will then forfeit payment of pay progression.

Question 7:

What was the effect on union – management relationship?

Response:

Information is given on time especially when they see that things can go wrong, so they will not generally implement things without involving the union. I find that management is proactive. I think it is because our CEO was a nurse, she quickly informs the union – she likes the unions. It helps because we also quickly inform our region so that they can investigate.

INTERVIEW #7

Question 1:

What functions and activities do the union engage in at this hospital?

Response:

The unions are active and they are invited to meetings. Some unions are more active than others. They are invited in training committee meetings, in cost containment meetings. I am not sure which meetings they go to but a lot of them are included in policy meetings, quality assurance meetings – I don't go to these meetings. But the unions are invited to these meetings, so from that point of view unions are involved. They are involved in interviews, they are involved in disciplining. When supervisors discipline their employees they involve unions representatives. Other activities are striking. In this institution striking is an activity. I would say in the last two years we had a strike –I don't mean organised strike- it may have not lasted the whole day. The most recent one was when one manager reversed leave for an employee in the kitchen and cancelled the leave without pay. And so the other workers were unhappy about it and food did not go out. It was not the entire hospital. When I say strike maybe I am using the term loosely but before that other strike was involving the HR manager. That one involving HR happened 2 years ago and it went on for 2 day. When I say it is an activity, it is an acceptable activity and whether right or wrong that is irrelevant but it happens. Yes it affects patient care and I believe it's unfair. With the kitchen strike I was involved and the union members/kitchen employees asked the manager to address them and he refused. When he refused to go the employees decided they were going to not continue to preparing food for patients. I am in employment relations and my involvement was – when strikes take place I am usually involved with managers, I went there with the managers. I knew about it before because when the supervisor, the immediate supervisor had given leave without pay I was supposed to capture it. And when the manager came to reverse this leave I told him well you are the boss but does the kitchen supervisor know about this that you want to change this

leave now. Although you are the boss you still need to work together if there is such change. So I had to carry the order and cancel this leave. In the kitchen they heard about it and were upset. So I had a background of this matter because I had been asked to, I was initially had to capture this leave and later given an instruction to reverse that leave. So yes I knew about it. When I went to talk to management I was sort of facilitating. So when this manager was called to come and explain then I was told he had a problem and went to the doctor so we had to explain to the workers that the manager was not there and as soon as he came back from the doctor we would expect him to come and explain. The workers in the kitchen understood, I think they could relate to me, well they as a labour relations officer. Well I don't always facilitate, I simply intervened on this one because I had a background on the issue. I don't usually facilitate because they don't want a labour relations person they usually just want a CEO.

I think unions have their place, let me speak openly they can be very irritating because they force things and so on. I think if the guidelines and policies are followed it can be a good working relationship. Because you know For example, when disciplining takes place, if the unions are not involved, say for example I am falling under you and I don't have a union representative and have done something, Let's say I have not carried out an order, I don't know that you re following the right procedure when you are disciplining me, I don't know the procedure. Let's say you as a manager have a problem with me and you pick on me unnecessarily, I am not going to be aware of that because I don't know what the normal procedure is so that's unfair to me as a worker. Whereas if I had a union representative present, they would say but why are you doing this? Why are you not giving this employee a verbal warning because it is the first time she's done this for example. So what I' m trying to say is unions have a place in the institution. There are managers and supervisors who will be unfair if they have a personal issue with this person, they will definitely be unfair to that person. So where the union is in place follow the rules because unions know how it should be done because where they see its not being done now they question it. Not all managers are like that, but if you do have a way to be unfair to one worker and not treat them equally to other employees, the unions do their work and I applaud them for that. I think they do their work.

They have a place in the institution. They have other roles but whether they carry out their roles correctly, you know they are included in all these meetings and they are supposed to carry that information to all their members but they do not always do that because that is the reason they are there – for transparency. So if the managers say but the unions do not carry that information and if they do they don't carry it correctly then it's a problem. I think if everybody played their role well things would all work well, but it doesn't always work out that well.

Well that is wrong, in principle its wrong to withdraw services unless it's a legal strike then it's something else. But truly speaking what should happen is they should be disciplined.

I agree with you. The problem there was, maybe let me explain it, you get the supervisor, you get the manager of the kitchen, then you get the operations manager. The operations manager overruled the leave without pay. I would expect the supervisor to deal with this leave. But the person above operations manager overruled this eh the kitchen supervisor. I would expect that they discuss so that they come to an agreement not that he overrules this supervisor who was doing his job to manage leave.

UNION –MANAGEMENT relationship

Look I don't think so. At this institution I don't think the union and management trust each other. It is my opinion that there is a degree of respect but I think that sometimes this respect it gets lost in the moment. Sometimes both sides are not perfect, let's put it that way

I would not say that the unions are involved in decision making. For instance, they are involved in interviews, they don't make decisions there. They are not involved in the actual process of choosing the candidate. They are present to make sure that you are not being unfair. They are not afforded the opportunity to say candidate no 1 or candidate no 2 is the best candidate. I think they are involved in observing but they are not allowed to make any recommendations.

Same as in disciplining, they are allowed to give their opinion to say whatever they want to say to argue on behalf of the person but at the end of the day the decision lies with the manager. They are there to represent and see to it that there is fairness. If the employee does not know how the procedure is followed, they are there to guide the employee as well and see to it that the procedure is done properly but in terms of disciplining they don't have any powers.

They attend the Health and safety meetings as far as I know, and they also attend in ITU. I remember in the last ITU we attended it was said that they are invited to EAP meetings but they do not attend and there was also a request from there sometime back that we should have a special meeting with HR and unions but when the meetings were convened, the HR manager would come and I would also go as I fall under HR but unions would not be there. I would attend then because I was doing minute taking for these meetings but I just know they don't attend. They will ask for urgent meetings the questions would be asked. The CEO would ask but why don't you attend the meetings you are invited to, why are you bringing these issues up in this meeting when there is a platform for these issues, They are invited and there is a platform for engagement but it seems they want to bring issues up as and when they want. When we are in discussions they will say management is not transparent and the CEO will tell them that there is a platform for engagement but they simply do not attend. Ja these are the issues that take place here

Power

A lot of the time unions don't understand that they don't have power to make decisions. This is how I see it, Managers are appointed as managers to make decisions obviously according to the rules and regulations of the structure (organisation). Managers must carry out their duties according to these rules. First of all its not in the powers of the managers to change whatever comes from the structure above, the unions will insist things are changed, rules are changed, policies changed without understanding that at this level in the institution those things cannot be changed. I think sometimes they inflate their abilities or inabilities. They think they have power to say you can do this, you can't do that that management should listen to them. The problem is a lot of time the unions simplify things a lot. I find there is a lot of disciplining, and unions will say you are not allowed to do that when they don't know the rules. Sometimes they pretend they don't know the rules and hope to get away with it.

But on the other hand, as a shop steward you are elected by people to represent them. Sometimes they expect you will represent them when they have done wrong things. So you have to sit there and represent them as if they are not guilty and that is not right. I can sit there and represent them just to make sure the process is fair

I think unions have their place but sometimes because of lack of training as a shop steward they lack. I know when I was a shop steward the first thing I was told was that you represent the member not the detriment of service. If a member came to me and complained that the supervisor was unfair in refusing to give me leave, I investigated that. And if the supervisor shows me all the facts to say look I have given leave or allocated leave in this fashion or this person has been taking leave time and again then as a supervisor I have a right then not to give leave. I go back to the member and explain that the supervisor has shown me how they have allocated leave, there is a job that you have to do it is not always that you will get it right. So you need to then make the member understand that they are being paid a salary to deliver a service. But there are managers and supervisors who are unfair. So I believe there is a place for everyone in this place. The union sometimes have an inflated opinion of their position and that is why it does not always work because the union does not know their place.

INTERVIEW # 9

We have meetings once a month and there are also special meeting. With management we have ITU, Supply chain, HR meetings, the hospital board. We participate in most of the things with management. We receive information but you know management can never be 100% honest because there will be other things that just spring up without us knowing. So those are the things that cause conflict with management as the other things just come as decisions from management. It does not happen often though. We also represent members

When we get information from management we go back to report to workers, find out if they are happy. If workers are not happy we go back to management to say workers are not happy with whatever decision or information that we took to them and management has to reconsider.

Any incident

Something happened recently and we noticed that some of those practices that prevailed before democracy were surfacing. Previously there white workers only, but now its mixed. But now we noticed discriminatory practices; my supervisor is coloured and when it comes to other staff members she would place coloureds together and Xhosa speaking workers on their own where heavy duties are. When this is brought up she would deny she is practising this segregation. So we ended up suggesting to her that all workers should rotate because no employees is appointed for a specific area or department, so she conceded.

There is favouritism like we are in one department and the both employees stay away from work, one will be given leave without pay yet when it is the other that leave without pay is reversed by the manager. This employee is able to leave the supervisor who has given leave without pay and go to the manager (at higher level) to go explain and give reasons for the leave to be reversed. In this instance the supervisor is not even consulted but the manager reverses this AWOL for this employee whom he favours. This happened in the kitchen and the workers in that department were infuriated and wanted to strike. So as a union representative I had to go and calm members and try to get the manager to explain and he was also refusing. The workers wanted to stop the services so much so that the district had to intervene.

We also experience problems as shop stewards and so we have to explain to workers that we are not here to encourage corruption because workers can also engage in wrong doing. So they will expect us to defend those things. When you are a shop steward you are like a “lawyer” because even when a person has

committed murder the lawyer will say they are not guilty. An employee can come on duty drunk and must not be found. You must make sure he is not fired, although you know that this person was drunk. You represent this person and call them afterwards and talk to them to stop this conduct. Others don't listen and end up losing their job> now workers see you as bad representatives who are causing them to lose their jobs in the meantime you had spoken to them and warned them about these behaviours. There was one case where the employee was called by HR, to ask what his problem is, if he does not want to go for professional counselling. This employee refused. You must realise that the first thing we ask from the employer is "what have you done to assist the employee" before you give written warnings and whatever. So the others will be stubborn and refuse to go for counselling and then we intervene and beg them to go. This one I continued to ask before the hearing that he goes for counselling, I could see he is drunk at work. All those things make us talk to them, tell them they are putting us in a difficult position. You know that stealing is no allowed, if you steal you must not be caught. We don't tell them to steal but at the same time we say if they do they must not be caught because we cannot represent them. There are rules at work and the employer cannot tolerate theft, fighting (assaults) and drunkenness.

So we have to educate them. Even then when they do these we have to defend them and fight that they do not lose their jobs.

The kitchen strike

What happened was workers were not happy, because the reversal of leave was favouritism. This employee is the one with poor attendance worse than the others. The person who was there from HR who had then reversed this leave had been instructed by the manager, fortunately she had asked this manager if he had communicated with the supervisor. The workers were fighting and saying no one will go to the kitchen. We had to beg the workers to prepare meals so that patients should not suffer. I was telling them that for the sake of the patients they must do their work because it was not only them who would be in trouble but myself as a shop steward would be in trouble. It was difficult for me as well as I was telling them there are other ways of fighting this without compromising patients. I did win, although patients breakfast was served very late that day. Managers couldn't manage this situation until the district came. District officials were saying they have disciplinary case because workers cannot just stop services, but because workers agreed to continue with conditions that the manger comes to explain his act.

Interaction features

This manager is not respectful of supervisor and workers. His explanation was that the supervisor cannot authorise leave, it showed that he was undermining the supervisor. We were undermined as a union because they knew what they were doing. But the Director and CEO came to talk to staff and tried to get hold of this manager. They also addressed staff and asked them to continue their duties.

Impact on service delivery

Staff continued to prepare meals so the impact was not much because patients had breakfast although it was delayed.

Union management relations

The relationship was not affected because they saw that I tried. I also prevented other unions from joining in. We managed the situation together with management

The relationship between union and management is not 100% because management always has its own things. You will find management saying “I will not be told what to do by the union”. This hospital used to be white and not much has changed. The services are going down as resources are not always adequate, i.e., stationary, food.

In my section my white supervisor will not even allow me to order. We are 3 in that section: Cleaning, Dressing and surgical; Food; and Stationery stores . Do you know I am 12 years there but I am not able to order, not that I don’t know I am not supposed to enter their stores. She will do the ordering and manage that store even in difficult situations won’t ask for my help. So I don’t mind all of that, I am just saying they have not changed.

INTERVIEW # 11

Activities or functions of the union

The unions are here to represent nurses with their problems in nursing issues in general - not only nursing issues but any issues pertaining to staff in the hospital, so whether you are a nurse, a general worker as long as you belong to the union. To represent you to help solve your problems. These would be work related problems. We represent them during counselling session when they require that.

Have you been involved in a counselling session perhaps up to a hearing?

I have not represented a worker in a hearing. The problem was solved during counselling so that there was no need for a hearing. During representation the objective is to come to an agreement with the employer and employee in eh, if there was like for example, if the employee was in the wrong and needs to be counselled. The union is just there to foresee the whole procedure to make sure that the employee is not become a victim, victimised or being intimidated -something like that. Most of the time when there is counselling session the employee was in the wrong so counselling has to be done to prevent whatever has happened does not happen again. So the union has to be there to make sure this is done in a correct manner, there is no victimisation or intimidated. Not to take sides just to foresee the whole process.

Issues of Information

We do have meetings with management, we call it an ITU. That’s when eh eh..when we come together with all the unions and discuss general issues, nurses, GA problems in that meeting. We basically have a good relationship with management. Then we give information to the workers, though I must add most of the time or 80% of our problems we don’t get feedback from management or it does not get solved. That is our main challenge

Most of the time, if you have a meeting this month and our next meeting maybe in a month’s time, you expect something to happen. I mean 3 months is a lot of time, then we come to the next meeting we go through the previous minutes and we ask that we had this problem has it been solved, there is nothing, no we still working on it, no we still discussing, no we still waiting. Its always like that, so our issues don’t get solved.

Do you get an opportunity to raise issues before they become problems, like being involved in developing policies

We do actually, not from the union point of view but from our department they do come to us to say medical department can you do that. So they involve us.

Incident

As I was saying I was elected in October and I have attended one counselling session. I don't know if things are quiet in the hospital but nothing major happened since I have been a shop steward.

Authority

Management always involves the unions in decision making. You know unions are, no the people will say we are going to strike, but I think management has learnt from the past so they don't make decisions without involving or informing unions. Unions and management are interacting like eh, ja there is a relationship between unions and management. They won't make decisions without informing or discussing with the unions.

Some of our unions or members will threaten management every now and then with strikes but it never happens. There is one union -the members, they first want to strike, and then they listen to reason and then they want to sit and discuss and have talks. For instance in the kitchen, I don't know what the problem is there but there is issues there. You sometimes see it is now 1 o'clock, you ask yourself where is patients lunch today. Then you phone the kitchen and they tell you they are on strike, or go speak to the manager let him answer. Things like that without discussing the problem to say if you don't solve it then we are going to strike. They don't do that, they will just say we are on strike now. It affects service delivery because as nurses now if there is no food we must make a plan. That is the challenge in this hospital people don't think they just act, they just do and not bother about the consequences. I mean if you decide now - you are in the kitchen and you not going to make food today, Sometimes they come with their own problems, for instance, I am a chef and I have two people who must help me make food and find that I am alone and I am going to strike now. Call the manger and say this is the situation, I need help. They don't, he just feels I am the chef, I am alone and I am not going to cook I am sitting now. Meanwhile the manager does not know he is sitting there in the office with his own issues. Call the manager and discuss so we can find a solution. Now there is no food and it is late already and the manager was up there not knowing, busy with other things. It is abuse of power but now they do nothing about it, the same people who did this yesterday will still be here today and tomorrow. Management act, you can't allow this person, I mean it happens how many times, you can't allow this person who does this today to carry on as if nothing has happened. Tomorrow they come to work as they like, they just carry on like normal. Two three weeks again the same thing happens. So now when management decides okay you did this yesterday, you are going to be disciplined then there is this I know you are on strike now because of a, b, c and d. People don't want to be disciplined, they don't want to be counselled. This thing affects service delivery. Even in the wards, this happens where people say if nothing is done with that one, nothing will be done with me. So I feel counselling or discipline should be done.

Now this is going to happen, that person from my point of view- this is what you did now yesterday its wrong and the manager decides to counsel or discipline you. Now you come to the shop steward, that is me now and you tell me you have counselling on this date and I must represent you. I say fine, you did this and its wrong, don't expect me to defend you there. I am just going to be there to oversee things. You going there and you will admit you were wrong and you will sign the papers, Don't expect the shop steward to go and defend your wrong doings, end of the story.

Do you think all the unions understand this principle.

I don't know, because we had an incident in December –somebody was in the wrong. He went to the counselling with the shop steward and this shop steward represented him knowing that he was wrong. So when it comes t the unions some of these things happen.

Some of the members have these expectations of the shop stewards because they are paying the union to fight for them. Some of them have that mentality which is wrong,

Generally the relationship between the union and management is not that bad at all,

Features in union-management interaction

Some of the managers do not want to discipline employees because they are scared of the strikes.

I attended 1 ITU meeting and all the unions were there and it went quite well. I had expected there will be a fight, disagreements. In this meeting or maybe the key persons were not there because you hear, this union is always fighting always disagreeing, hence I am thinking maybe some of the members were not there in that meeting. From my point of view and my experience it went well and but there is as I heard from the past that there is that, that people are fighting and attacking each other in those meetings. As I say in my experience of that meeting there was no fighting it went well and people were civil.

What would you recommend

I think unions should talk to their members because most of the time it is not the unions representatives that are disagreeing and fighting, it is their members. I don't know if it is lack of understanding. The representatives often go for training and they know how to approach or handle themselves, the members don't know because they don't have that level of understanding. They have got this mentality- lets strike, lets fight, let's do that and so on. So union representatives, eh eh should actually talk to their members in their meetings. Listen people we have this problem but we are going to approach it in this manner, we are going to talk first to whoever. They just want action, they want to strike, lets to do this or do that. That's where problems start. Members don't understand how these things work. They expect shop stewards to listen to them to do as they want should be more controlled and be informed on how these things work.

Thank you ma'am, we have come to the end of the interview …..

Thank you for your time

APPENDIX J

MINUTES OF THE OCCUPATIONAL HEALTH AND SAFETY MEETING HELD ON 25 SEPTEMBER 2014 AT 11H00 IN THE BOARDROOM FIRST FLOOR, [redacted] PROVINCIAL HOSPITAL.

WELCOME

Sr. [redacted] welcomed everyone present to 2nd meeting of the year.

TOOLBOX TALKS

Ms [redacted] demonstrated how to lift heavy objects.

ATTENDANCE REGISTER

Attendance register circulated.

APOLOGIES

[redacted] [redacted]a
[redacted] Ms Rade
[redacted] [redacted]cks

MATTERS ARISING FROM PREVIUOS MINUTES

- Confidentiality and Record keeping — Files were removed not lying on floor and passage but door still open because it's used by staff from bakery
- Wooden File holders –Mr Birch did discuss with Mr Oosthuizen, to find alternative place for files. Files not to be removed it cost a lot of money. Ms Minnaar suggested department to come up with suggestions on how to use, in writing and give to Mr Pieterse.
- Chair causing incident – was reported to Mr Pieterse and removed from theatre

ADOPTION OF MINUTES - Ms Keys; Seconded - Ms Barreira

INSPECTION REPORTS RECEIVED

- Monthly reports to be submitted on the 15th of every month.
- Only 13 reports received for September out of 30
- Report received from: Cosmos, X-ray, Admin B, ICU, 5A, 6B, Mental Health, Theatre, 2A, 2B, Trauma
- To come up with suggestions on what to do if wards do not submit report
- Ms Klassen not yet appointed as CEO of OCHSA

NATIONAL CORE STANDARDS – HEALTH AND SAFETY

Appointments
Waste management not done in a proper way
Medical —medicals done for all new appointments
Staff interviews surveys compliance very poor to be repeated 2015

Tracking PMDS

NEW MATTERS

REPORT ON RISK ASSESSMENT – NOVEMBER 2013

- Received draft report in May 2014
- Illumination – Inspection day and night not enough light inside and outside the hospital, moderate risk.
- No qualified electrician
- Ergonomics – specifically back injuries, no proof in departments on demonstration given on how to lift heavy objects.
- Radiation low risk – microwave to be in area where people make food
- Facility and Hygiene – PPE available eg. gloves, soap - not been used, chemicals not real risk if you have a splash.
- Ventilation – Good

WASTE CONTAINERS

Container delivered to department should have fitted lids, was arranged with Mr Kietas to fit lids before sending it to wards. Departments report to Ms Keys if lids not fitted. Ms Mentor – used container to be replaced every 3 months. Commenced date and end date must be marked by department.

RATS

- Mr Kietas reported rats outside waste area; they might go to Psych and Forensic unit. Sr. Lolonga said baits have been placed and it's the only way to control rats.
- Received message from Fresh and Clean 25/09/2014 at 12:18 — "Bait stations were completed on Thursday (18/09/2014) last, we will monitor their movements poison cannot be placed loose as it will kill the birds and other animals, will recheck next Thursday (02/10/2014)."

BIG RED WASTE CONTAINER (CSA)

Big red waste container received last week to be the central storage area; container needs to be plugged in because it has an aircon inside. Mr Pieterse said no problem but still not installed.

Psych unit – back door

Ms Ngabase concern about Psych unit not having back door for an emergency, both doors are in front.

Noise a risk

Noise a risk where they spray equipment, Ms Hoffman discussed with Mandla the Audiologist, will follow up. Report was forward to Mr Schoeman (Risk Assessor) no feedback received yet.

Date of next meeting 26 FEBRUARY 2015
Meeting adjourned 12:35;
Compiled By: R. Liebenberg

MINUTES OF INSTITUTIONAL TRANFORMATION UNIT MEETING HELD ON MONDAY 20 OCTOBER 2014 AT 14:00 IN THE BOARD ROOM, [redacted] PROVINCIAL HOSPITAL

PRESENT

[redacted] (Chairperson)	-	Hospital Manager
[redacted]	-	Acting Nursing Manager
[redacted]	-	Quality Assurance Manager
[redacted]	-	Administration Manager
[redacted]	-	Employment Relations (Scribe)
[redacted]	-	Denosa Representative
[redacted]	-	Nehawu Representative
Ms [redacted] Heydenreich	-	Hospersa Representative
[redacted]	-	Nehawu Representative

1. OPENING AND WELCOME

[redacted] welcomed all to the meeting.

2. APOLOGIES

[redacted]	-	Acting Clinical Governance
[redacted]	-	HR Manager

3. CONFIRMATION OF PREVIOUS MINUTES

The Minutes of the meeting held on 22 September 2014 were proposed by Ms Matika and seconded by Mr Fatman.

4. MATTERS ARISING FROM PREVIOUS MINUTES

4.1 Recognition Awards

The draft of the reviewed policy of 'Recognition Awards' was not yet distributed, but would be done.

4.2 Wellness Clinic

The 'down-referring' of patients to the clinics is on-going.

4.3 Hospital Budget

Some funds have been shifted to cover urgent surgical items.
86% of the Budget is already spend, and there are huge challenges. District is aware of the challenges being faced, and have assisted with the paying of some accounts already.

4.4 Duty Roster Policy – General Staff

This matter was discussed at the SMT meeting.
Meeting must be held so as to notify General shift worker staff, that they are not at present working correctly. They must be advised that they need to be in line with the Nurses working hour policy.
Provincial 'draft' of the Policy regarding shift workers is still awaited.

4.5 Update on Level 4's / Grading Process & Accruals / PMDS

Human Resources Department is currently busy with the process as discussed (and minuted) in the previous ITU meeting.
The budget to cover these payments has not yet been received by District. The process is still continuing, while awaiting the budget allocation.

4.6 Deduction of LWOP for Strike Action

Employment Relations has forwarded list of names for Striking workers (October 2013) to Hospital Manager. She will discuss the matter with Mr Njalo (District Manager).

4.7 Moonlighting in our own Institution

Assessment needs to be done whether there is still a need for this, as some posts have now been filled.

4.8 Escorting of patients

This matter was discussed and the SMT meeting. The matter needs to be referred to the District Nurses Forum Meeting, which will take place later this month. It will be requested that it be added to their Agenda.

4.9 Vending Machines

These have been installed.

4.10 PMDS Document

Copy of PMDS document from the Office of the Premier (which had previously been given to Unions who had been present at the Moderating Committee Meeting) was given to all the Unions.

4.11 Scheduled meeting for Unions and Time allocations

Employment Relations to draft SOP (or Memo of Understanding) which deals with these matters – quorum for ITU meetings, Union monthly meetings and time allocations, how meetings going over allocated time will be dealt with.
Employment Relations to first get input from Phila Simanga – Rapid Response, Bhisho.

5. SERVICE DELIVERY MODELS & RE-ALIGNMENT OF HEALTH DEPARTMENT

5.1 Correct procedures for Managers and Unions to solve differences

Hospersa requested clarity regarding this matter. Hospersa follows procedure of bringing points to ITU and other meetings for discussion, and in this manner attempt to resolve issues. Hospersa feels other Unions use strike action, which 'appears' to be entertained by management.

Hospital Manager stressed that all Unions need to make it clear to their members that strike action is not a solution. The no-work no-pay rule will be applied. It is not possible to have separate issues being discussed at separate meetings. Matters need to be brought to the correct meetings as Agenda points (e.g. ITU meetings).