

CRITICAL ASSESSMENT OF MANAGEMENT PRACTICES OF DR YUSUF  
DADOO PUBLIC HOSPITAL

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### Declaration

“I, the undersigned, hereby declare that the work contained in this thesis is my own original work and that I have not previously, in its entirety or in part, submitted it at any other university, for the degree.

”

Signature: -----Date: -----

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## **SUMMARY**

The objective of the study was to critically assess the management practices of Dr Yusuf Dadoo Public Hospital in terms of the five public management functions, namely: policy-making, planning, organising, leading and controlling.

From the study it is evident that managers of the public hospitals work in a complex and dynamic environment. This is as a result of the pressure felt due to expectations of the public on the quality of service rendered in the hospitals. The primary function of public managers is to ensure that efficient and effective services are rendered to the public. Therefore, all public managers are subject to compliance to the unique guidelines of the relevant legislative framework. In the study, the five public management functions were explained in terms of the broad theoretical framework on management practices on the part of the public sector.

The research approach was qualitative and the diagnostic evaluation design was used. The target population for the study included all 48 managers of Dr Yusuf Dadoo Public Hospital who occupy supervisory and higher positions. From the results in the analysis of the questionnaire it is evident that the five public management functions, namely, policy-making, planning, organising, leading and controlling were satisfactory - except the leadership function that needed attention. Public managers of hospitals are an important link between the legislature and the community who are the recipients of policy and are involved at the ground level in the execution of policy.

These managers are at an advantage to identify the shortcomings in the existing policy and bring them to the attention of policy-makers. Policies and procedures at Dr Yusuf Dadoo Public Hospital were developed, interpreted and implemented. When discipline on employees was taken, relevant policies as stipulated in the Labour Relations Act, no 66 of 1995, were followed. Policies that support personal development through training and development were not implemented satisfactorily. The existing updated policy manuals were not adequately available to all the employees of Dr Yusuf Dadoo Public Hospital. The function of planning at the hospital referred to the planning processes and mechanisms that were designed to facilitate the planning work. The purpose of planning as a management function was

to give guidelines to the managers of Dr Yusuf Dadoo Public Hospital on what they would do in the future.

Management of Dr Yusuf Dadoo Public Hospital ensured that employees understood the vision and mission of the hospital. These employees were involved in developing the operational plan of the hospital. Management of Dr Yusuf Dadoo Public Hospital also ensured that operational plans of the employees supported the overall goals of the hospital. Recruitments, selections and appointments were done by human resource department, as was the orientation of new employees to the job. The organisational structure gave employees a clear idea of their responsibilities, the authority they had, and the person to whom they had to report.

The functional structure of Dr Yusuf Dadoo Public Hospital grouped together similar or related occupational classes. Expectations were clearly explained by supervisors to subordinates when assigning tasks. Activities and functions were organised and managers allocated responsibility commensurate to authority when delegating tasks to subordinates. Personnel expenditure at Dr Yusuf Dadoo Public Hospital did not impede service delivery. The hospital needed strong leadership to survive and overcome challenges that managers faced.

The leadership function at Dr Yusuf Dadoo Public Hospital related to the way management defined what the future of the hospital would look like, to align people with the vision and inspire them to make things happen. Not enough was done by the management of the hospital in this area. The management of Dr Yusuf Dadoo Public Hospital should do everything it could to train and develop managers and those employees who show potential in this area.

The five public management functions, namely, policy-making, planning, organising, leading and controlling are executed in a complex and dynamic environment. It is necessary to assess, regularly, the management practices of public hospitals, focusing on the five public management functions. It is also necessary for public managers of Dr Yusuf Dadoo Public Hospital to ensure that the public management functions are carried out, to realise the set goals of the hospital.

## OPSOMMING

Die doel van die studie was om die bestuurspraktyke van Dr. Yusuf Dadoo Openbare Hospitaal krities te assesser in terme van die vyf openbare bestuursfunksies, naamlik beleidmaking, beplanning, organisering, leiding en beheer.

Uit die studie is dit duidelik dat bestuurders van openbare hospitale in 'n komplekse en dinamiese omgewing werk. Dit is die gevolg van die druk wat ervaar word vanweë verwagtinge van die publiek ten opsigte van die gehalte van dienslewering in die hospitale. Die primêre funksie van openbare bestuurders is om te verseker dat doeltreffende en effektiewe dienste aan die publiek gelewer word. Derhalwe is alle openbare bestuurders onderworpe aan voldoening aan die unieke riglyne van die betrokke wetgewende raamwerk. In die studie is die vyf openbare bestuursfunksies verduidelik in terme van die breë teoretiese raamwerk vir bestuurspraktyke aan die kant van die openbare sektor.

Die navorsingsbenadering was kwalitatief en die diagnostiese evalueringontwerp is gebruik. Die teikenpopulasie vir die studie het al 48 bestuurders van Dr. Yusuf Dadoo Openbare Hospitaal wat toesighoudende en hoër posisies beklee, ingesluit. Uit die resultate van die ontleding van die vraelys het dit geblyk dat die vyf openbare bestuursfunksies, naamlik beleidmaking, beplanning, organisering, leiding en beheer, bevredigend is – behalwe die leierskapsfunksie wat aandag moet geniet. Openbare bestuurders van hospitale is 'n belangrike skakel tussen die wetgewer en die gemeenskap wat die ontvangers van beleid is en op grondvlak betrokke is by die uitvoering van beleid.

Hierdie bestuurders het die voordeel dat hulle die tekortkominge in die bestaande beleid kan identifiseer en onder die aandag van beleidmakers kan bring. Beleide en prosedures by Dr. Yusuf Dadoo Openbare Hospitaal is ontwikkel, vertolk en geïmplementeer. Wanneer dissiplinêre stappe teen werknemers gedoen is, is toepaslike beleide gevolg soos voorgeskryf in die Wet op Arbeidsverhoudinge, no. 66 van 1995. Beleide wat persoonlike ontwikkeling deur opleiding en ontwikkeling ondersteun, is nie bevredigend geïmplementeer nie. Die bestaande bygewerkte beleidshandleidings is nie toereikend vir al die werknemers van Dr. Yusuf Dadoo

Openbare Hospitaal beskikbaar nie. Die funksie van beplanning by die hospitaal verwys na die beplanningsprosesse en meganismes wat ontwerp is om die beplanningswerk te vergemaklik. Die doel van beplanning as bestuursfunksie is om riglyne aan die bestuurders van Dr. Yusuf Dadoo Openbare Hospitaal te verskaf oor wat hulle in die toekoms sal doen.

Die bestuur van Dr. Yusuf Dadoo Openbare Hospitaal het seker gemaak dat werknemers die visie en missie van die hospitaal verstaan. Hierdie werknemers was betrokke by die ontwikkeling van die bedryfsplan van die hospitaal. Die bestuur van Dr. Yusuf Dadoo Openbare Hospitaal het ook seker gemaak dat bedryfsplanne van die werknemers die oorkoepelende doelwitte van die hospitaal ondersteun. Werwing, keuring en aanstelling word deur die menslikehulpbron-departement gedoen, asook die oriëntering van nuwe werknemers. Die organisasiestruktuur gee aan werknemers 'n duidelike idee van hul verantwoordelikhede, hul gesag en die persoon aan wie hulle moet rapporteer.

Die funksionele struktuur van Dr. Yusuf Dadoo Openbare Hospitaal groepeer soortgelyke of verwante beroepsklasse saam. Verwagtinge word duidelik deur toesighouers aan ondergeskiktes verduidelik wanneer take toegewys word. Aktiwiteite en funksies is georganiseer en bestuurders wys verantwoordelikheid in ooreenstemming met gesag toe wanneer take aan ondergeskiktes gedelegeer word. Personeeluitgawes by Dr. Yusuf Dadoo Openbare Hospitaal belemmer nie dienslewering nie. Die hospitaal het sterk leierskap nodig om uitdagings waarmee bestuurders te doen het, te oorleef en te oorkom.

Die leierskapsfunksie by Dr. Yusuf Dadoo Openbare Hospitaal hou verband met die manier waarop die bestuur die toekoms van die hospitaal gedefinieer het, die belyning van mense met die visie en die inspirasie van mense om dinge te laat gebeur. Nie genoeg is deur die bestuur van die hospitaal op hierdie gebied gedoen nie. Die bestuur van Dr. Yusuf Dadoo Openbare Hospitaal moet alles moontlik doen om bestuurders en daardie werknemers wat potensiaal op hierdie gebied toon, op te lei en te ontwikkel.

Die vyf openbare bestuursfunksies, naamlik beleidmaking, beplanning, organisering, leiding en beheer, word uitgevoer in 'n komplekse en dinamiese omgewing. Dit is noodsaaklik om die bestuurspraktyke van openbare hospitale gereeld te assesser deur op die vyf openbare bestuursfunksies te fokus. Dit is ook noodsaaklik dat openbare bestuurders van Dr. Yusuf Dadoo Openbare Hospitaal verseker dat die openbare bestuursfunksies uitgevoer word om die gestelde doelwitte van die hospitaal te verwesenlik.

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## CHAPTER 1

### INTRODUCTION TO THE STUDY

#### 1.0 Introduction

The key aspect of getting an organisation ready for effective management is to assess its current management practices. Managers of the public sector work in a complex and dynamic environment. These managers encounter different management experiences. It is important to share and reflect on these management experiences, so that one can see how these experiences influence the various management practices. It is therefore important to assess the key management functions of the organisation, to assess the views brought forward by the staff throughout the organisation, and the analysis of the written information received. The pressures being felt, due to external forces and problems encountered in the quality of service rendered in the organisation, necessitates the need for an assessment. These issues, if not addressed, can have a negative impact on the effective management of an organisation. Fox et al (1991:3) mention that “public management functions and managerial skills should be constantly assessed in terms of the public management environment”. The reason for the assessment of the management practices of Dr Yusuf Dadoo Public Hospital is to identify critical problems and make recommendations to address the problems.

#### 1.1 Problem statement

According to The Star (2006:4), Gauteng public hospitals are poorly managed. To accelerate service delivery, in July 2006 the appointed Gauteng Member of the Executive Council (MEC) for Health assigned powers to the Chief executive officers (CEO) of the 28 Gauteng hospitals, to manage their hospitals independently and have control over their budget within the policy framework of the Department of Health. “Our hospitals will be able to render services expected by our people only if they are managed by competent and responsible men and women. I made a commitment that the powers delegated to CEOs would be reviewed in order to empower and enable them to manage hospitals effectively” (The Star, 2006:4). “This means that reports of medical shortages in some of hospitals, lack of cleanliness and discipline will no

longer be tolerated” (The Star, 2006:4). Although the Gauteng MEC for Health assigned powers to CEOs of hospitals, these managers find it difficult to manage their hospitals. This can be the result of management practices in these hospitals not being adequately assessed. The effect of these shortcomings is the demoralisation of hospital managers that leads to the mismanagement of hospitals. This creates ignorance, a lack of trust and an adversarial culture between management and employees. The lack of management structures and systems causes low morale and poor performance in employees, and results in conflict between management and employees. According to The Star (2007:3), an inquiry conducted in May 2007 by the Human Rights Commission at six Gauteng hospitals, found that cleanliness and access control by security personnel at these hospitals were not being adequately managed. To address the issues, managers working within an environment of multiple and complex situations must assess the management practices of their organisations. It was therefore important to conduct this research and look at the status of the management practices of Dr Yusuf Dadoo Public Hospital.

## **1.2 Purpose and objective of the research**

The main focus of the research is on the five public management functions, namely: policy-making, planning, organising, leading and controlling. The main objective of the study is to assist the management team of Dr Yusuf Dadoo Hospital in:

- assessing the critical elements required for the efficient and effective management of the hospital;
- identifying problem areas;
- instituting relevant plans and interventions; and
- addressing management-related challenges and opportunities diagnosed through this research, to improve the daily management of the hospital.

## **1.3 The research question under investigation**

The research question is: What is the status of the management practices of Dr Yusuf Dadoo Public Hospital?

#### 1.4 Research Approach and Design

The research approach is qualitative. According to Sandelowski (1994) as indicated by Morse (1997:65), “qualitative research reports are aesthetically and intellectually satisfying stories that appeal to your mind’s eye – your sense of style and craftsmanship – teach you something important, and also touch your heart”. “Qualitative field studies can be used successfully in the description of groups, small communities and organisations” (Welman & Kruger, 2004:178).

Andrews (1997:26) defines research as “the conduct of studies and in some cases experiments to evaluate the usefulness and validity of existing or proposed organisation practices”. It is the economic, effective and efficient performance ... in public institutions ... subject to research and that research findings ... account by political office - bearers and officials (Cloete, 1994:241). Bless & Higson-Smith (1995:47) mention that “to assess the design and usefulness of social intervention an evaluation research can be used”. It is misleading to characterise evaluation research as a single methodology. There are three different designs that can be used in the evaluation research. These are diagnostic evaluation, formative evaluation and summative evaluation. Diagnostic evaluation is designed to inform the researcher about the present situation in the organisation. It highlights trends, forces, resources and the positive consequences of various types of interventions. Formative evaluation aims to shape the programme to obtain the greatest beneficial impact upon the target community. It is designed to promote the effectiveness of a programme. Summative evaluation is aimed at determining the extent to which a programme meets its specific aims and objectives. Although different, these designs are complementary. For the purpose of this research, the diagnostic evaluation design is used. The chosen research design will help the researcher to assess the current state of the management practices of Dr Yusuf Dadoo Public Hospital and to come up with possible interventions. Diagnostic evaluation helps to identify neglected areas of needs, neglected target groups and problems within the organisation. A descriptive study was used to obtain knowledge and perspective from available related literature.

According to Mouton (2001:148), descriptive studies are “studies that are usually qualitative in nature which aim to provide an in-depth description of a group of people

or community”. To support the view, Burns & Grove (1993:29) emphasise that “descriptive studies are conducted when a researcher wants to provide an accurate portrayal of the phenomenon as a means of discovering a new meaning”. Burns & Grove (1993:293) also mention that “descriptive studies are designed to gain more information about characteristics within a particular field of study”. Andrews (1997:26) emphasises that “the effectiveness of the decisions is depended on the available information”. Post & Anderson (1997:10) mention that “the broader decision process involves collecting data, identifying problems and making choices”. Data in descriptive survey research may be subject to distortion through bias in the research design.

### **1.5 Data collection method**

Bailey (1987:32) describes “method” as “the research technique or tool used to gather data”. A method is ... a way of accomplishing an end ... [an] effective [way] in solving a problem, of reaching an objective, in getting a job done (Leedy, 1993:137). The method used in this study included a survey questionnaire to gather information during the research process. A structured questionnaire was compiled from information gained from the relevant literature and was distributed to all managers at different management levels. The questionnaire focused on five domains, namely: policy-making, planning, organising, leading and controlling.

### **1.6 Data analysis**

EXCEL computer software and MoonStats programme was used to calculate the findings. Chapter 4 focuses on the research data and method of investigation. Chapter 5 focuses on evaluation. The focus of Chapter 6 is on instituting relevant plans and interventions to address related management challenges to improve the daily management of Dr Yusuf Dadoo Public Hospital.

### **1.7 Limitation of the study**

The study focuses on the management practices of Dr Yusuf Dadoo Public Hospital. According to Kroon (1995:202), “management practices include planning, organising, activating and controlling”. Fox et al (1991:5) include “policy-making, planning, organising, leadership and motivation, and control and evaluation as the five public management functions”. Fox et al (1991:3) also mention that “the public management functions are supported and underpinned by management skills”. The study excludes public management skills, namely: decision-making, communication, the management of change, the management of conflict and negotiations. The study also excludes the selected applications for public management, namely: policy analysis, strategic management and organisation development. In terms of the study, management practices are limited to how public managers perform the functions of policy-making, planning, organising, leading and controlling. The focus of the research is therefore on the five public management functions, namely: policy-making, planning, organising, leading and controlling.

### **1.8 Value of the research**

The research would assist managers of Dr Yusuf Dadoo Public Hospital to manage the hospital effectively. The research report would assist CEOs of district hospitals, and their management teams, to review the management practices of their hospitals. The research would bring solutions to the management problems faced by Dr Yusuf Dadoo Public Hospital. The qualitative and descriptive approaches used in the research would add value to the understanding of the management practices of Dr Yusuf Dadoo Public Hospital. The information generated through the research would enable the researcher to come up with solutions to manage Dr Yusuf Dadoo Public Hospital properly.

### **1.9 Chapter layout**

The arrangement of chapters is as follows: Chapter 2 focuses on the theoretical approach of the management practices. In the chapter, a descriptive approach follows, in terms of the theoretical study. This serves as the theoretical basis for the evaluation

of the management practices of Dr Yusuf Dadoo Public Hospital. The chapter explains and defines the concepts of “administration” and “management”. The chapter also explains the concepts of “public administration” and “public management”. Further explanation also focuses on the divergent approaches to management as a profession, and theories. The chapter focuses on the five public management functions, namely: policy-making, planning, organising, leading and controlling, and the roles played by public managers in these public management functions.

Chapter 3 focuses on the practical current state of Dr Yusuf Dadoo Public Hospital. The focus of Chapter 4 is on the research data and method of investigation. The chapter deals with the survey questionnaire. Chapter 5 evaluates the management practices of Dr Yusuf Dadoo Public Hospital and compares theory, practice and the survey questionnaire. Chapter 6 is a normative chapter, and the focus is on instituting relevant plans and interventions to address related management challenges to improve the daily management of Dr Yusuf Dadoo Public Hospital.

## CHAPTER 2

### MANAGEMENT PRACTICES – THE NEED FOR CRITICAL ASSESSMENT

#### 2.0 Introduction

This chapter explains aspects and issues of management and practices available in literature. It provides a broad theoretical framework of management practices. The focus of the chapter is on the five public management functions, namely: policy-making, planning, organising, leading and controlling. It also explains issues that affect public managers in public organisations. The chapter explains management concepts, applications, contemporary management theories and practices. It provides a framework for the evaluation of the management practices of Dr Yusuf Dadoo Public Hospital. An explanation of the concepts “administration” and “management” is given.

#### 2.1 The concept “administration”

Thornhill & Hanekom (1995:14) maintain that “administration in the public sector is an overarching activity consisting of specific functions pertaining to the execution of political policy as manifested in the public sector”. Pfeiffer & Presthus, as indicated by Coetzee (1988:3), maintain that “administration is an activity or process concerned with the means for carrying out prescribed ends”. In support of the view, Berkley, as indicated by Coetzee (1988:2), maintains that “administration is a process involving human beings jointly engaged in working toward common goals”. Administration in the public sector consists of the six generic administrative functions that are necessary to reach an objective. Management forms part of administration and refers to the handling of human resources, while administration refers to the essential activities necessary to reach objectives. Therefore, administration consists of the thought processes and actions necessary for the determination and realisation of an objective. Haynes (2003:11) mentions that “the administration paradigm is in its terminal stage and is likely to be revived”. After explaining “administration”, it might therefore be worth reflecting upon as to what public administration is.

In his definition of “public administration”, Cloete (1994:91) identifies “policy-making, organising, financing, staffing, determination of work procedures and exercising of control as administrative functions whose aim is goal realisation”. Cloete, as indicated in Hanekom & Thornhill (1987:9), argues that the term “public administration” refers to “a particular function of public institutions – otherwise known as governmental institutions”. Coetzee (1988:20-21) regards public administration as “a particular kind of administration prevailing in the public sector where it concerns the execution of public policies which finds expression in laws, rules and regulations made by legislative bodies at the various levels of government”. Basu (2004:2) mentions that “public administration is the management of affairs of the government at all levels – national, state and local”. Therefore, public administration can be associated with the handling of public matters and the management of public institutions, to ensure effective and efficient use of resources to promote the general welfare of the public. Kuye et al (2002:1) mention that “the new era dictates that public administration must become the conceptual tool that guides the delivery process of management”. Lane (2000:27) argues that “public administration has gradually lost its dominant position as offering models for understanding the public sector”. There is a new paradigm of public management which puts forward a different relationship between government, the public service and the public. According to Lane (2000:3), “the new public management is a theory of the most recent paradigm change in the way the public sector must be governed”.

## **2.2 The concept “management”**

Luthans (1992:7, 269) refers to management as “a set of processes that keep a complicated system of people and technology running smoothly”. Lewis et al (2001:5) define management as “a part of administration, the effective and efficient coordination of resources to achieve the set goals of the organisation”. Marx, as indicated in Kroon (1995:7), maintains that “management is concerned with the efficient utilisation of human and other resources to provide services and fulfil particular needs to achieve the goals of the organisation”. Johannsen & Page (1995:186) support the view and describe management as “the effective use and coordination of resources such as capital, material and labour to achieve the defined objectives with maximum efficiency”. They also refer to management as “people

responsible for directing and running the organisation”. Milgram et al (1999:2) maintain that “management is the act, the manner, the practice of managing and the handling of supervision and control”. Milgram et al. (1999:2) refer to management as “person or persons who control and direct organisations”. Robbins (1984:15) alludes to management as “both an art and a science”. He mentions that “an effective manager who performs his or her tasks with scientific objectivity may be regarded as a scientist and the practice of management is an art; hence a good manager needs vision and the knowledge of the theory of management”. According to Robbins (1984:15), “one of the greatest challenges facing managers in the organisation is the successful application of theory into practice”. Kroon (1995:3) maintains that “management is the task of all managers at all levels at the organisation to create circumstances in which people can cooperate to achieve the stated goals of the organisation”. Management is necessary to enable and direct the organisation to achieve its objectives at the highest level of productivity.

Griffin (1987:7-8) refers to management as “the utilisation of resources such as personnel and finances or even personnel management and financial management which are activities that also take place in the public sector”. According to Schermerhorn (2005:19), “management is the process of planning, organising, leading and controlling the use of resources to accomplish performance goals”. Although writers, in accordance with their own needs and purposes, define the phenomena “administration” and “management”, they draw a clear distinction between general management and function-specific management. Ban (1995:69) mentions that “management is a complex task, involving a number of different functions”. How a manager approaches the task of managing people will depend to some extent on how he weighs the importance of different functions. Van der Waldt & Du Toit (1998:12) maintain that “function-specific management refers to aspects such as finance and personnel management whereas general management refers to the tasks that have to be performed at all management levels”. The implications and influence of the environment on public management differ significantly.

Public organisations and public managers are subject to public scrutiny. The public management environment holds certain implications for both the theory and practice of public management. Public managers use five public management functions,

namely: policy-making, planning, organising, leading and controlling, to manage public organisations. Fox et al (1991:6) maintain that “solutions to public management challenges not only require knowledge, skills and aids but also a constant verification of the applicability and efficiency of actions”. There is a connection between administration and management, and between public administration and public management. According to Cloete (1994:61), “the activities performed to create and run public institutions became known as Public Administration which is sometimes referred to as Public Management”. Management does not exist in isolation, but embodies the work and practices of individuals from a wide variety of theories. Botes et al (1992:301) maintain that “management is the link between the functional and administrative domain, in which each functional plan of action is brought to fruition by means of the administrative processes and to enter both areas requires public management”. According to Thornhill & Hanekom (1995:14), “management in the public sector is an aspect of administration aimed at the utilisation of resources”. Robbins & DeCenzo (2005:7) also maintain that the term “management” refers to “the process of getting things done, effectively and efficiently, through and with other people”. If the two components of management are efficiency and effectiveness, it can be asserted that management is the process of getting things done effectively and efficiently through and with other people. The explanation below focuses on the concepts “efficiency” and “effectiveness”.

### **2.2.1 The concepts “efficiency” and “effectiveness”**

Mintzberg (1989:331) maintains that “calculated efficiency is associated with a particular value of system”. In Mintzberg’s (1989:332) definition of “calculation”, he associates calculation with “economising allowing economic benefits to pursue out social benefits”. Various authors (Mintzberg, 1989:333 and Koontz & Weihrich, 1985:8) maintain that efficiency is the doing of tasks correctly, and it refers to the relationship between inputs and outputs and seeks to minimise resource costs. Mintzberg (1989:334) mentions that “a management obsessed with efficiency is a management obsessed with measurement”. The two concepts “efficiency” and “effectiveness” are different concepts, but they are interrelated. According to Coetzee (1991:67), “efficiency is applicable to every activity in the public sector and can only be met through determined effort”. Robbins & DeCenzo (2005:7) maintain that

“efficiency means doing the task correctly and refers to the relationship between inputs and outputs”.

Lewis et al (2001:5) refer to effectiveness as “pursuing the appropriate goals and doing the right thing and it translates to goal accomplishment”. Effectiveness is the identification of and focusing on the right goals and objectives in ensuring that results achieved satisfy the key stakeholders. Effectiveness entails doing things in the correct way.

### **2.3 The divergent approaches to management**

The focus below is on the writings of the management approaches of theorists and practising managers.

#### **2.3.1 Classical theories**

The search for greater effectiveness and efficiency in organisations gave rise to the classical theory of administration – more appropriately called scientific management. The hypotheses of the scientific management theorists and the general administrative theorists, known as the classical contribution to management, lie with a group of practitioners and writers who sought to formulate rational principles that would make organisations more efficient. The classical theorists made substantial contributions to the theory and practice of management.

The approach for classical theorists was prescriptive, and it set out what managers ought to do to fulfil their management functions in the organisation. Robbins & DeCenzo (2005:31) mention that “Taylor sought to create a mental revolution among both the workers and management by creating clear guidelines for improving productivity”. According to Van Niekerk (1988:11), “Taylor encouraged the division of work between management and workers so that each group is concerned only with the task for which it is best equipped”.

The general administrative theorists, on the other hand, were concerned about the overall effectiveness of the organisation. According to Robbins & DeCenzo

(2005:35), “general administrative theorists are writers who developed general theories of what managers do and what constitutes good management practice”. To increase work efficiency, Henry Grant conducted a scientific investigation and devised bonuses for workers and supervisors as an incentive for completing their jobs and exceeding the prescribed norm. Van Niekerk (1988:11) mentions that Henry Grant’s main contribution was “the development of production control charts which aid the visual comparison of the actual output of workers with a predetermined standard”. Vrba & Brevis (2002:11) mention that “Fayol focused on the managerial process and the functions of the manager”. Henri Fayol was of the opinion that management was an activity common to all human undertakings in business, in government, and even at home. According to Robbins & DeCenzo (2005:33), “Henri Fayol designated management as a universal set of activities, namely: planning, organising, commanding, coordinating and controlling”. The fundamental principles of the management practice of Fayol helped to develop general administrative theory. Fayol, being a practitioner, wrote from his personal experience, and Taylor used the scientific methods. Van Niekerk (1988:12) apparently agrees with Robbins & DeCenzo’s opinion.

According to Robbins & DeCenzo (2005:41), “the classical view treated organisations and people as machines”. Managers were engineers and relied on inputs and the maintenance of machines. Any failure by the employee to generate the desired output was viewed as an engineering problem. The human factor made an important contribution to the success of the organisation and made management practices more humane. Lussier (1997:20) mentions that “behavioural theorists focussed on people to determine the best way to manage organisations”.

### **2.3.2 Behavioural approach**

Lussier (1997:20) mentions that “behavioural theorists were researchers who focus on people to determine the best way to manage in all organisations”. Their studies were linked with and concerned about efficiency and the effect of physical working conditions on employees. According to Basu (2004:68), “the behaviouralists sought to adopt an integrated and interdisciplinary approach; according to them all human actions are motivated by the social, economic, political or psychological environment

from which they come”. The subsequent theorists were more concerned about the human factor in the work place. They concentrated on issues such as the motivation of employees, interpersonal communication and leadership style. Their focus was on individual satisfaction, rather than on the efficient use of resources. These human relations theorists and the social-psychological school were primarily concerned with social relationships and individual behaviour at work. The fundamental idea behind the human relations approach to management was that the needs of the people were the decisive factor in achieving organisational goals.

In 1924 the Western Electric Company commissioned a research programme to study individual productivity at the Hawthorne Works of the firm in Chicago. Elton Mayo and his associates joined the study in 1927, as consultants. From 1927-1932, the Hawthorne Experiments on what motivated workers found that wages were not enough to motivate employees. Their emotional needs also needed to be addressed. According to Vrba & Brevis (2002:12), “Mayo recognised that the human element could play a significant role in determining worker behaviour and outputs”. Schermerhorn (2005:41) mentions that “the Hawthorne studies are criticised for poor research design, weak empirical support for the conclusions drawn and the tendency of researchers to over-generalise their findings”. Besides Elton Mayo and his associates, there were other theorists of the behavioural approach.

According to Robbins & DeCenzo (2005:35), “Elton Mayo, Robert Owen, Hugo Munsterberg, Mary Parker Follet and Chester Barnard are the early advocates of the human resource approach”. Robert Owen, a Scottish businessman, bought his first factory in 1789. Repulsed by the harsh practices he saw in factories across Scotland, Owen became a reformer. He argued for, and emphasised, the importance of spending money on improving labour conditions as the best investment an organisation could make. Robbins & DeCenzo (2005:35) maintain that “a concern for employees was highly profitable for management and would relieve human misery”. They also maintain that Hugo Munsterberg “argued for the scientific study of human behaviour to identify general patterns and explain individual differences”. Munsterberg saw a link between scientific management and industrial psychology, and claimed that both sought increased efficiency through scientific work analyses and better alignment of individual skills and abilities with the demands of various jobs. According to Robbins

& DeCenzo (2005:36), “one of the earliest writers to recognise that organisations could be viewed from the perspective of individual and group behaviour was Mary Parker Follet”. Mary Parker Follet, a social philosopher, whose ideas had clear implications for management practices, thought that an organisation should be based on a group ethic, rather than on individualism. According to Basu (2004:136), “organisation was to her a social system and management a social process”. Putting her argument, she argued that individual potential remained as potential until released through group association. She emphasised the importance of partnership between managers and workers as part of a common group. Chester Barnard proposed ideas that bridged classical and human resources viewpoints. Barnard had an impersonal view of organisations, and he saw organisations as a social system that requires human cooperation. Chester Barnard maintained that success of the organisation is dependent on maintaining good relations with the people who work in the organisation. Schermerhorn (2005:45) mentions that “one of the earliest management writers to adopt a system perspective was Chester Barnard”.

### **2.3.3 Systems Approach**

Flippo & Munsinger (1982:5) define a system as “an arrangement and set of relationships among multiple parts operating as a whole”. According to Lussier (1997:22), “systems theorists focus on viewing the organisation as a whole and as the interrelationship of its parts”. Lussier (1997:22) describes the systems approach as “a set of interrelated and interdependent parts arranged in a manner that produces a unified whole”. Vrba & Brevis (2002:15) define the systems approach as “a philosophy or attitude about what an organisation is and the role that employees play in the organisation”.

The systems approach recognises internal and external stakeholders that may impose potential constraints on the organisation. All systems have interfaces with a variety of other systems in the environment. Flippo & Munsinger (1982:7) distinguish between two types of systems, namely: “closed system” and “open system”. According to these authors, “a closed system would be one in which there is no interaction with the environment and in which the management has complete control over all system components, and an open system is one whose boundaries are permeable and its

operations can be influenced by external sources not subject to control”. Therefore, the closed system can exist independently. An open system is dependent on the environment in which it operates, the environment is dependent on the system, and there is a specific interaction between the system and the environment. Subsystems are parts of a system that depend on one another for their functioning. For the organisation to survive depends on its interaction with the external environment. The linking of the organisation to its environment makes it more sensitive and responsive to key stakeholders. Flippo & Munsinger (1982:7) maintain that “the manager will never be able to eliminate all systems interfaces; most social systems are open systems”. For a given situation, contingency theorists emphasise situational analysis and the use of the best theories.

#### **2.3.4 Contingency approach**

According to Lussier (1997:22), “contingency theorists focused on determining the best management approach for a given situation”. According to Robbins & DeCenzo (2005:44), “the contingency approach has been used to replace simplistic principles of management and to integrate much of management theories”. Van Niekerk (1988:16) mentions that “contingency theorists maintain that results differ because circumstances differ and certain methods were effective in some circumstances, but not in others”. Since organisations are diverse in size, objectives and tasks, a contingency approach to the study of management is logical. Schermerhorn (2005:46) maintains that “contingency thinking tries to match management practices with situational demands”. There is no one best approach to management. The proper management style is dependent on the key variables within a given situation, and every situation is unique. However, contingency theorists would recommend that managers use the systems approach when determining which approach to take in meeting objectives.

#### **2.4 Public Managers**

Public managers perform management functions within the milieu of the public sector. According to Thornhill & Hanekom (1995:249), “public administration and management are conducted in a political environment”. Public institutions exist to

satisfy the needs and justify expectations of the population. Without the machinery of the government, the administration or the bureaucracy and political system could hardly function. The bureaucracy is the institution that administers the functions of the state and is made up of civil servants or bureaucrats. According to Schermerhorn (2005:15), “at the highest levels of organisations, common job titles are chief executive officer (CEO), president, and vice-president”. Kroon (1995:8) mentions that “managers are people who are appointed to a leading position and who commit themselves to the task of taking the lead in the execution of specific instructions”. One of their main tasks is to direct the employees under their control.

Hanekom & Thornhill (1987:38) mention that “a public manager has the task to create a policy document or to formulate policy proposals or to advise the politician on policy matters related to the issue”. The contribution made by public managers to policy-making is expertise. Thornhill & Hanekom (1995:65) mention that “the manager has an executive function, because he/she is charged with the practical steps necessary to give effect to political policy”. According to Van der Waldt & Du Toit (1998:211), “public managers should formulate operational or organisational policies that are within the framework of the national policy so that the activities in each unit or division are carried out smoothly”. Cloete (1998:147) mentions that “an individual is always free to make representation to a political office-bearer about any matter that affects him”. Public organisations should regard their clients as allies and not as opponents. Most managers in the public sector came into the government as technical experts, and moved up the ranks inside the organisation before moving into management positions. The majority of managers have a technical education and few had previous management experience. Lewis et al (2001:7) maintain that “managers are responsible for planning, organising, leading and controlling the activities of organisations”.

Shelly et al (1998:1.13-1.14) maintain that “top managers are responsible for long range planning and they establish the overall vision, mission, policies and goals of organisations.” According to Schermerhorn (2005:15), “top managers guide the performance of the organisation as a whole or of one of its major parts”. Schermerhorn (2005:16) also mentions that “middle managers oversee the work of large departments or divisions”. Managers on the lower levels focus on the

supervision of the day-to-day activities. Lewis et al (2001:849) maintain that “functional managers are those managers who are tasked with the responsibilities to manage work units that are grouped based on the functions served”. Thus a public manager is a person who works in the public sector, exercises control over people, performs specific functions and deals with common problems within an environment of multiple and complex situations. Thornhill & Hanekom (1995:63) mention that “public managers perform a wide ranging group of functions inside their respective departments, but also in collaboration with other institutions”.

## **2.5 The Public Management Functions**

Popular textbooks concentrate on the five public management functions, namely: policy-making, planning, organising, leading and controlling. Policy-making from internal and external environments influences the functioning of an organisation. According to Botes et al (1992:359), “management in the public sector takes place within the framework of political policy direction”.

### **2.5.1 Policy-making**

A commonly held view of democracy is that people participate in the policy process and influence government to promote policies they want. Eastern, in Fox et al (1991:27), mentions that “policy originates from a particular environment in which circumstances, value systems and norms play a significant role”. Political equality and individualism are protected by the fundamental political rights to vote and to free speech. Access to government is guaranteed through electoral choice, lobbying and other forms of pressure group activity and through politically free mass media. Eastern, in Fox et al (1991:27), also views public policy as “the allocation of values to groups or individuals in the society through the political process”. Policy is usually directed towards the accomplishment of some purpose or goal.

Botes et al (1992:313) maintain that “policy is simply the direction to be followed to attain a specific aim”. This is a purposive course of action followed by an actor or a set of actors in dealing with a problem or a matter of concern. Botes et al (1992:311) also mention four policy levels such as “political policy, government policy,

departmental policy and administrative policy”. Public policies are those policies developed by government bodies and officials which focus on purposive action for the government. Dye, in Fox et al (1991:27), defines public policy as “whatever governments choose to do and not to do”. Government policy involves the decision to act on some particular problem and includes subsequent decisions relating to its implementation and enforcement. According to Hanekom & Thornhill (1987:40), “government institutions are created to implement the decisions of the legislatures”. Public policy involves more than an intention or statement of intent; it represents what government actually does.

Cloete (1998:159) mentions that “policy implementation must result in the provision of services or products”. Formal institutions of the government provide structures within which the public policy process takes place. The legislative framework must be established in the form of acts, regulations, and manuals, which provides only a broad framework to offer specific services to the community. Details of how, when, by whom and with what the policy must be executed, still needs to be determined. Fox et al (1991:36) mention that “policy-making by public officials can be seen as external and pertains to the broad goals of the government, and also internal – which guides the internal operation of the government institutions”. Since internally- and externally-derived policies affect public organisations, these policies may change with changes in policies and other government requirements. A person does not simply decide arbitrarily on a particular policy; specific circumstances and values influence a person when deciding on policy. Through policy-making, government can meet the needs of the community it serves. Cloete (1988:140) mentions that “policy-making is complicated by the fact that it should always be forward-looking because it must bear fruit in the future”. Since the activity which precedes the announcement of the objective is known as policy-making, planning can therefore be considered to be an auxiliary process secondary to policy-making. Schermerhorn (2005:196) mentions that “a policy is a standing plan that communicates broad guidelines for decisions and action”.

### 2.5.2 Planning

Fox et al (1991:47) define planning as “a set of processes which must be carried out to find the best course of action which has been identified and described with the policy statement”. Lewis et al (2001:6) define planning as “the setting of goals and the identification of actions required to achieve the set goals”. Planning can be regarded as a continuous process which involves decisions or choices about alternative ways of using available resources, with the aim of achieving particular goals at some time in the future. The process of planning encompasses broad policy direction, internal and external assessment and continuous monitoring of results. The planning process is the definition of goals, establishing strategy, developing plans and coordinating activities. Flippo & Munsinger (1982:8) mention that “the resulting plan is composed of goals, policies, procedures, standards, and any specification in advance of what is to be done”. According to Hanekom & Thornhill (1987:56), “planning may either precede or follow on policy-making, in order to give direction to government’s activities as implied by its generic nature”. Basu (2004:203) mentions that “effective planning of policies, programmes and employees’ tasks is essential, beginning from the smallest to the biggest unit level”. The relationship between planning and a plan also causes confusion. Botes et al (1992:304) mention that “planning implies the existence of a plan”. Planning is an effort to achieve a particular goal identified before the exercise began, and a plan is a means of expressing the way in which the goals will be achieved. According to Schermerhorn (2005:191), “a plan is a statement of intended means for accomplishing objectives”. Planning can be in the sense of a physical document, which incorporates the findings or proposals resulting from the planning process. Fox et al (1991:52) maintain that “for implementation the selected plan will usually be linked to a budget”.

Although a physical document provides a blueprint for future action, it may be more useful to present the output in the form of organisational charts, annual budgets or written memoranda instructing people to do a particular task. Budget planning is part of managerial planning. According to Fox et al (1991:47), “management planning can be seen as reasoning about how a public organisation will reach its objectives in the future, by a proper assessment of the opportunities and threats and the taking of correct decisions at present”. Planning as a function performed under the auspices of

public institutions, takes place in a political milieu. Cloete (1998:160) maintains that “planning is one of the policy aspects of the delivery function”. Thornhill & Hanekom (1995:103) mention that “when planning is undertaken, the organisational structure must make allowance for the planning component”. According to Van Niekerk (1988:30), “planning is a prerequisite for effective control”. Good planning throughout the organisation leads to the accomplishment of objectives.

### **2.5.3 Organising**

Van Niekerk (1988:28) maintains that “an organisation is a systematic arrangement of people brought together to accomplish some specific purpose”. Fox et al (1991:73), in their definition of the term “organisation”, include “the division of labour and a hierarchy of authority”. Thornhill & Hanekom (1995:156) mention that “for some people organisation refers to people working together, whilst others see it as a process of bringing about systems and order”. Johannsen & Page (1996:223) define an organisation as “a subdivision and delegation of the overall management tasks and the allocation of responsibilities and authority to carry out defined work”. According to Lewis et al (2001:6), “organisation is a group of individuals who work together towards a common goal”. Schermerhorn (2005:11) mentions that “an organisation is a collection of people working together to achieve a common purpose”. Organisations develop a systematic structure with rules, regulations and policies, and assign some members supervisory control over others. According to Boone & Kurtz (1987:268), “an organisation chart is a blue print of the organisation indicating lines of authority within it”. The supervisors form work teams and write job descriptions for the members of the organisation to let them know their expectations. The term “organisation” is sometimes associated with the term “bureaucracy”. Bureaucracy often carries a negative connotation, but organisation is a neutral term. Many organisations are not bureaucratic in the technical sense. For example, hospitals do not have one centre of decision-making, whereas bureaucracy does, by definition. Fox et al (1991:79) argue that “bureaucracy does not mean inefficiency but a dominant type of structure in the organisation”. They also maintain that “organisations are social units of human groupings deliberately established and re-established to seek specific goals”. The term “organisation” therefore refers to an entity that has a distinct purpose, has people and has a systematic structure. It refers to planned units,

deliberately structured for attaining specific goals. The determination of tasks, who is to do them, how they are to be done, who reports to whom, and where decisions are to be taken, involves the process of organising.

Various authors (Cloete, 1991:112 and Lewis et al, 2001:6), view organising as the process of determining tasks, who is to do them, and how to manage and coordinate them. Fox et al (1991:66) maintain that “organising for public service is a political problem, and public institutions – in terms of legislation – execute the programmes of the government”. The political authorities determine the governmental programmes and the organisational arrangements to execute them. According to Schermerhorn (2005:247), “organising is the process of arranging people and other resources to work together to accomplish a goal”. By organising, the organisation creates a social tool. It combines its personnel with its resources, building leaders, experts, workers, machines and raw material. For an organisation to be successful, there should be a systematic arrangement of people to focus their efforts on achieving its goals. A distinction is made between macro-organising, micro-organising and departmentalisation.

According to Van der Waldt & Du Toit (1998:190), “macro-organising refers to the division of government activities in significant work spheres, with the purpose of realising the political objectives of the government of the day”. Macro-organising is thus the creation of institutions manned by personnel to perform the necessary services in an economic manner. After organising at the macro-level, political incumbents, chief executives and administrative officials are able to convert the government policy into lower-level policy. Cloete (1991:121) maintains that “micro organising is comprised of the horizontal division of work, the allocation and delegation of authority, coordination, the creation of communication and controlling”. Boone & Kurtz (1987:262) mention that “departmentalization is the subdividing of activities and responsibility areas into units within the organization”. The number of departments depends largely on what the organisation envisages. According to Cloete (1991:120), “each department can organise internally by dividing, logically, the different functions into distinct work fields”. The challenge with organising is how to lead and develop human groupings that are as rational as possible, who can produce a minimum of undesirable side effects and a maximum of satisfaction.

#### 2.5.4 Leading

Van Niekerk (1988:154) refers to leadership as “a process according to which group members are instructed and influenced to achieve task-related goals in the most effective manner”. According to Gerber et al (1993:322), “superiors influence subordinates to pursue the goals of the organisation”. These people influence group members to contribute to the group duties. Perry (in *Handbook of public administration*, 1996:619) mentions that “visionary leaders interpret current realities, foster a group mission and shape collective vision of the future”. The objectives of the organisation can be achieved effectively through good leadership. Leadership produces useful changes, such as new approaches to labour relations, to a degree that makes an organisation more manageable. Leadership defines what the future should look like, aligns people with that vision and inspires them to make it happen, despite the obstacles.

Various authors (Boone & Kurtz, 1987:395; Lewis et al, 2001:6; Hannagan, 2002:37 and Schermerhorn, 2005:323) maintain that leading is the motivation and directing of the members of the organisation to achieve the specific goals of the organisation. Leadership can have positive results in a particular situation with a specific group of people, and at the same time a negative effect on another group in a different situation. The interpersonal influence and the situation determine the leadership behaviour. The extent to which leadership is realised depends on the ability of the leader to lead. Leading includes the motivation of employees, directing the activities of others, selecting the most effective communication channels and resolving conflicts. McCormick & Ilgen (1981:22) offer three viewpoints on leadership, namely: position, person and process.

Leadership emanates from a position in the organisation. The first viewpoint is that a position is a set of prescribed behavioural rules for the person filling the position. The expected actions from a person in the position are: leadership behaviour, reward and reprimand. According to the viewpoint, leadership stems from the power, authority and other matters delegated to the position. The second viewpoint focuses on the person. Personal attitudes of the leader such as abilities, personal traits, interests and values explain the differences between effective and less effective leaders. The third

viewpoint is the process of leading – on what the leader does to give direction. The viewpoint combines the position and the person, and it considers the ability to influence. The situation which determines aspects of the position of the leader, affects the process of influencing. In the same way, individual traits influence the ability of the person to influence others. The situational and individual factors therefore have separate as well as interactive effects on the process of influencing. Leadership does not merely evolve around one person, the leader, but is a function of the leader, the subordinate and the situation. The leader's behaviour, skills, knowledge and values are important factors in the leading process. Griffin (1987:421) mentions that "leadership can now be described as the skilful use of power". The nature of these factors varies in accordance with the situation. Once policy-making, planning, organising and leadership have been done, a control system is needed to determine whether the work is progressing as planned.

### **2.5.5 Controlling**

Boone & Kurtz (1987:500) define controlling as "the process of developing standards based upon organisational objectives; comparing current performance to standards; and taking remedial actions to correct deviations". Van Niekerk (1988:221) defines control as "a systematic attempt to compare actual activities and performance with the predetermined objectives, plans and standards". Standards are the starting point of the control process and serve as a link between planning and control. Van der Waldt & Du Toit (1998:203) support the view, and maintain that "standards should be expressed quantifiably in terms of productivity, effectiveness and cost-effectiveness wherever practical". According to Schermerhorn (2005:19), "controlling is the process of measuring performance and taking action to ensure desired results". Lewis et al (2001:6) define controlling as "the monitoring of performance, identification of deviations between planned and actual results and the taking of the necessary corrective actions". Kroon (1995:443) views controlling as "a tool for managers to compare real performance with plans and take corrective action". The term "control" often elicits negative reaction. It is associated with restrictions and coercion, which are completely inconsistent with the ideal of individual freedom. This is a wrong perception of control. Control is essential and is apparent when the delegation of authority is considered.

Fox et al (1991:119) mention that “insufficient control and delegation of authority leads to an ineffective, autocratic and restrictive organisation”. According to Cloete (1991:188), two aspects of controlling in the public sector are mentioned, namely: “internal control – which the executive functionaries exercise, and accountability – which the legislative institutions direct”. Formal control measures are internal controls, and accountability includes aspects such as delegated legislation and the administration of justice. Fox et al (1991:119) apparently agree with Cloete’s opinion. Hanekom & Thornhill (1983:179), in support of the view, refer to control as “comprehensiveness and it places a heavy demand on the elected representatives to develop appropriate measures to control executive institutions”. Because of the comprehensiveness of control, it requires voluntary submission, the standardisation of control measures, the monitoring of conduct in respect of the control measures, and the sanctioning of incorrect behaviour. Therefore, controlling is the process of monitoring activities and the correcting of significant deviations.

Coetzee (1988:62) maintains that “formal control can be exercised in a number of ways – for example, by inspection, auditing and reporting”. According to Du Toit & Van der Waldt (1997:15), “control is exercised to ensure that all administrative and functional activities are carried out effectively and efficiently to achieve objectives”. Thornhill & Hanekom (1995:234-243) mention six formal aids for exercising control, namely: budget, auditing, reporting, inspection, procedural prescriptions and organisational arrangements. Cloete (1998:267-269) mentions five formal control measures, namely: written reports; inspection and investigation; auditing; cost accounting; cost comparisons; and, cost analysis and statistical returns. To control functional routine activities of the organisation, prescribed procedures must be formed. Such prescriptions serve as *a priori* control, and merely provide the conditions for acceptable action. Thornhill & Hanekom (1995:237) mention that “for purposes of control, inspection could be regarded as one of the most useful means”. Cloete (1998:268) maintains that “the advantage of an inspection or an *in loco* investigation is that it takes place in the actual work environment, with the result that it can be readily established whether any action taken did, in fact, serve a useful purpose”. Audit systems should be developed by public managers, to ensure proper control and management of their organisations.

Schwella et al (1996:129) mention that “an audit is the examination of evidence, including records, facilities, inventories and systems, to discover or verify desired information”. According to Thornhill & Hanekom (1995:237), “auditing provides an opportunity to obtain more information, to obtain, continuously, information regarding the execution of activities and to establish whether or not the financial and other resources have been used efficiently”. Cloete (1998:267) maintains that “an audit should indicate whether the authorities are getting good value for the money they spend”. The control measures should be applied in such a manner that they have a motivational effect on the workers.

## **2.6. Summary**

This chapter explained the concepts “administration”, “management”, “public administration” and “public management”. It also explained the development of management theory as a science. The chapter explained the organisation as an entity and also the functions of public managers.

The section on policy-making defined and explained policy-making. With all aspects of policy-making, there could be actors involved in the policy-making process. The agenda setting is not dominated by the government alone, but by the involvement of the public. The section on planning gave a description of how planning is executed by managers, from a political point of view to institutional level. The chapter explained the importance of planning, and reasons for planning. It explained macro- and micro-organising, as well as departmentalisation. Leadership as one of the management functions plays a decisive role in the execution of the basic management functions. Influence, power and authority play an important role in leadership. Controlling ensures the execution of plans closely linked to the standards plans. In the chapter, focus was placed on issues involving the management practices of public organisations. The following chapter focuses on the practical, current state of Dr Yusuf Dadoo Public Hospital.

## CHAPTER 3

### MANAGEMENT PRACTICES OF DR YUSUF DADOO PUBLIC HOSPITAL – THE PRACTICAL SITUATION

#### 3.0 Introduction

Gauteng is one of the nine South African provinces, covering just over 17000 sq km. The province has an estimated population of 8 million people. It is highly urbanised, with a good road network and physical infrastructure. The health system is on the district health model, with underlying principles of primary health care. According to the Gauteng Department of Health Strategic Plan (2002/2003), public health services are provided through a network of 28 provincial hospitals, excluding private hospitals. Primary health care facilities include provincial clinics, local authority clinics and private clinics. These clinics and hospitals offer a comprehensive range of services, such as health promotions, curative and rehabilitation services, and contribute to the delivery of health services. According to the Gauteng Department of Health Strategic Plan (2002/2003), the department is determined to maintain good quality hospital services through improved management and utilisation of resources. The provision of quality health care and effective management and utilisation of resources is one of the underpinning principles of the Gauteng Department of Health. These resources include, among others, human resources, focusing on the public management functions of policy-making, planning, organising, leading and controlling. It is important to ensure that public institutions implement policies designed for human resource management. This chapter explains the practical situation of the management practices of Dr Yusuf Dadoo Public Hospital. The chapter focuses on legislation of personnel at the National Health Department, important departments and institutions, regulations on personnel at the Provincial Health Department and the implementation of the five public management functions at Dr Yusuf Dadoo Public Hospital.

#### 3.1 Legislation on personnel at the National and Provincial Health Department

The Minister of Health at the National Health Department and the Members of Executive Councils (MEC) at the Provincial Health Department are the members of

the executive who oversee the implementation of government policies and programmes. They are politically accountable to the voters and to the legislature for work done by their department. They have a close relationship with the Head of Department (HOD) and give overall direction to the work of a department, but should not micro-manage the work of its units within the department. The relationship between managers and politicians is guided by the Code of Conduct for the Public Service. All employees of the Public Service are expected to be faithful and honour the Constitution of the Republic of South Africa, no 108 of 1996, in the execution of their duties. This requires public servants to be familiar with and abide by all statutory and other instructions in the execution of their duties. Legislation concerning personnel arises from a need felt by employees or a gap which develops in the management of personnel. Legislation dealing with staffing matters takes into account the values of the society.

In order to regulate aspects such as conditions of service, promotion opportunities, fringe benefits and the protection of personnel interests, Parliament passes legislation and promulgates regulations. These guidelines regulate the relationship between the employee and the employer. Parties involved in the establishment of legislation, regulations and directives are the officials, staff associations, various departments and the government. The issue at hand, laid down by statute, determines the parties involved. These pieces of legislation, regulations and directives, are cascaded down to the departments for implementation.

### **3.1.1 Public Service Act, no 103 of 1994**

This legislation sets out how the Public Service has to be administered. It sets out rules, powers and conditions of service of public servants, and also deals with the conditions of employment, terms of office, discipline, retirement and discharge of members of the Public Service. The appointment of a number of persons on policy considerations is not precluded, but national legislation regulates these appointments in the department. Chapter 1V Sections 9 - 11 of the Public Service Act deals with the appointments, qualifications for appointment, and appointment and filling of posts in the Public Service. In terms of the Act, Chapter V deals with termination of service.

Chapter V11 Section 30 of the Act deals with remunerated work outside the Public Service.

The 2001 Public Service Regulations provide an overview of duties and functions undertaken in the Public Service, such as delegation of authority, work organisation, training and development. The regulations also contain a code of conduct for public servants.

### **3.1.2 Public Finance Management Act, no 1 of 1999**

Section 215 (1) of the Constitution requires transparent, accountable and effective financial management of the economy, debt and the public sector. The Public Finance Management Act, no 1 of 1999 was introduced to give effect to some of these constitutional ideals. This legislation regulates financial management in national and provincial governments, to ensure that all revenues, expenditures, assets and liabilities of the government are managed efficiently and effectively. It also provides for the responsibilities of persons entrusted with the management of public funds, to ensure that the basic financial management systems are established, departments stay within the allocated budget, and regular financial reporting – according to a prescribed format – is done.

The legislation also deals with Supply Chain Management (SCM) within Government. SCM relates to how Government procures services and products from suppliers. This legislation stipulates procedures to be followed when procurement and tender processes are used by the government. These procedures require that suppliers must have tax clearance certificates, and meet empowerment criteria, as well as standards for services and products. In terms of Section 38 (a) (iii) of the Public Finance Management Act, an appropriate procurement and provisioning system which is fair, equitable, transparent, competitive and cost-effective, is mentioned.

### **3.1.3 Labour Relations Act, no 66 of 1995**

This Act governs the relationship between employers and employees. It sets out ways of settling disputes between employers and employees. It allows employees the right to join trade unions, and collectively bargain for wages and working conditions

through bargaining councils. It also sets out rules for strike actions, lock-outs and establishment of workplace forums. Public servants can belong to any union of their choice. In terms of Section 23 (2) (a) and 23 (3) (a) of the Constitution of the Republic of South Africa, no 108 of 1996, workers have the right to form and join trade unions, and employers have the right to form and join employers' organisations. Workers are also represented in the Public Service Co-ordinating Bargaining Council and other sector specific councils such as Public Health and Welfare Sector Bargaining Council (PHWSBC). Section 23 (5) of the Constitution promotes collective bargaining and, in particular, sectoral level collective bargaining, as a desired method of settling wages and conditions of employment.

#### **3.1.4 Basic Conditions of Employment Act, no 75 of 1997**

This Act ensures that the working conditions of workers meet minimum standards. It makes provisions for hours of work, overtime, leave, payment of remuneration and deductions, and the termination of employment. The Act also prohibits the employment of children and forced labour. According to Nel et al (2004:90), "the Minister of Labour may further make regulations concerning medical examinations for children in employment".

#### **3.1.5 Skills Development Act, no 97 of 1998**

Nel et al (2004:114) mention that "the Skills Development Act, no 97 of 1997 replaced the Manpower Training Act as well as the Guidance and Placement Act". This Act is in place to develop the skills of the South African workforce through increased levels of investment in education and training in the labour market. According to Cascio (2006:292), "training success is determined not only by the quality of training but also by an individual readiness for training and the degree of organisational support for training". All employers are required to pay a levy of 1% of their payroll to the Receiver of Revenue as Skills Development Levies. The money is used to develop and implement training programmes in the various employment sectors within the Country. Cascio (2006:286) also mentions that "training consists of planned programs designed to improve performance at the individual, group and organisational levels".

### **3.1.6 Employment Equity Act, no 55 of 1998**

This Act is developed to achieve equity in the workplace. The Act is in place to promote equal opportunities for all and eliminate discrimination in the workplace. It provides for affirmative action to redress inequalities and imbalances of the past, in the workplace. Departments are required to develop employment equity plans, with strategies to provide opportunities for historically disadvantaged individuals and eliminate discrimination within their departments. Nel et al (2004:172) mention that “a major requirement of the designated employer by the EEA is an employment equity plan”.

### **3.1.7 Occupational Health and Safety Act, no 85 of 1993**

The Act is developed to provide protection for employees and the public from hazards, for their health and safety. Cascio (2006:587) mentions that “the purpose of the Act is to prevent work-related injuries, illnesses, and deaths”. Both the employer and the employee have a duty in promoting a safe and healthy work environment. The Act requires that employers should take steps to ensure that machinery and work systems are reasonable, safe and without health risks. The Act also requires employees to obey safety regulations. The hospital complies with the required occupational health and safety measures in terms of the Occupational Health and Safety Act, no 85 of 1993.

Accidents in the workplace negatively affect the performance of the employees. The management of the hospital ensures that the working environment is free of unnecessary dangers and risks that might threaten the health and safety of the employees. The hospital has established an occupational health and safety committee. This committee meets once a month to discuss issues pertaining to the health and safety of the employees. The committee is chaired by the occupational health and safety manager. In terms of Section 18 of the Occupational Health and Safety Act, no 85 of 1993, potential hazards identified by the occupational health and safety manager may be brought to the attention of the employer in an attempt to effect improvement.

### **3.1.8 Compensation of Injuries and Diseases Act, no 130 of 1993**

The Act provides for compensation to be paid to employees who, as a result of their work activities, have become partially or fully disabled or have contracted an occupational disease. Dependents of an employee, who has died as a result of injuries or disease arising from the occupation, may also claim. Nel et al (2004:116) mention that “in the event that the employee dies as a result of the accident, injury or disease, the compensation will be paid to his/her dependants”. Employers make payments and contributions to the Compensation Fund and the money is used for compensation and administration costs. Public servants are neither covered nor not covered by the Unemployment Insurance Fund. According to Nel et al (2004:116), “a claim for compensation must be lodged within 12 months after the accident or illness has occurred or the employee has died”.

### **3.1.9 The Promotion of Access to Information Act, no 2 of 2000**

The Act gives people the right to obtain access to all kinds of government information that was previously hidden from the public. If a person’s rights or access to government services are affected by a government decision or policy, they have the right to have access to the information used by the government to make the decision. The Act makes the government more transparent and accountable, and is meant to protect people against unfair action by the government. In terms of Section 44 (2) (a) of the Promotion of Access to Information Act, no 2 of 2000, the information officer of a public body may refuse a request for access to a record of the body, if the disclosure of the record could reasonably be expected to jeopardise the effectiveness of a testing, examining or auditing, or method used by a public body.

### **3.1.10. The Promotion of Administrative Justice Act, no 3 of 2000**

The Act sets out rules that must be followed when government departments make decisions. The decision must be lawful, fair and reasonable. It allows for anyone affected by a decision to obtain reasons for the decision and to appeal against the decision if they think it was unfair. For example, if anyone is dissatisfied about the treatment they receive in the hospital, they can use the Gauteng Department of Health

internal complaints procedures, or ask a court to overrule the decision. They can also complain to the Hospital Board Member, who is a public representative, or, in serious cases, to the MEC. According to Koehler & Pankowski (1997:11), “government leaders not only influence activities of others, but also must direct a course of action handed to them by legislation”.

### **3.2. Important Departments and Institutions**

A number of other departments and institutions impact on the work of the Department of Health.

#### **3.2.1 The Department of Public Service and Administration (DPSA)**

The Department, through its Minister, is responsible for the development of policies on employment, organisation and the development of the Public Service. This includes salary negotiations and labour relations, Public Service Regulations, conditions of service, service delivery improvement, and human resource management and development. According to the Draft Guide Plan of the Department of Public Service and Administration (1998:10), “the management of people should be regarded as a significant task for those who have been charged with that responsibility and should be conducted in a professional manner”.

#### **3.2.2 South African Management and Development Institute (SAMDI)**

The South African Management and Development Institute is established under the Ministry of Public Service and Administration and is responsible for training and development within the Public Service. The division of Executive Development works with universities and universities of technology to deliver training at Senior Management System (SMS) level. One of the key objectives is to facilitate the building of a learning, innovative and accountable public sector. It also offers training to staff of the Department of Health. According to the Manual of the South African Management and Development Institute on managing quality services (2002:32) “training and development is one of the self-assessment questionnaires when

conducting internal organisation analysis to identify the improvement gap on the quality of service”.

### **3.2.3 The Public Service Commission (PSC)**

The Public Service Commission was established in terms of the South African Constitution, to promote and uphold the values of the Public Service as set out in the Constitution. Its key goal is to maintain an efficient and effective public administration and a high standard of professional ethics in the Public Service. It is an independent commission, to monitor the activities, ethos and conduct of the Public Service and to ensure accountability. It monitors, evaluates and investigates human resource practices as well as service delivery in the Public Service. It investigates grievances of officers and recommends actions. Van der Waldt et al (1995:72) mention that “the Commission is accountable to Parliament in respect of the exercise of its powers and the performance of its functions”.

### **3.2.4 National Treasury**

The National Treasury is established in terms of Section 216 (1) of the Constitution, to ensure transparency and expenditure control in all spheres of the government. The National Treasury is responsible for planning, regulating, monitoring and accounting for government spending. It draws up the overall budget and gives money to all departments of the government according to their approved budgets. It manages grants to other departments and to municipalities for specific projects. These grants are called conditional grants. In terms of Section 38 (1) (i) and (j) of the Public Finance Management Act, no 1 of 1999, an accounting officer must put appropriate measures in place to ensure that grants and other transfer payments are used for their intended purpose. Nine provincial treasuries have also been established. The relevant treasury monitors the implementation of the Public Finance Management Act (PFMA) within departments, and assists with building capacity to ensure the efficient and effective management of revenue, expenditure, assets and liabilities.

### **3.2.5 Government Communication and Information System (GCIS)**

In terms of Section 7 (2) and 7 (3) of the Public Service Act, no 103 of 1994, the Government Communication and Information System (GCIS) was established. This is a department on its own and is located in the Presidency. It provides support to government communications and ensures that the public is informed of the government's programmes. It sets up the government's communication system and transforms communication functions in the government. The CEO of the Government Communication and Information System (GCIS) is the official spokesperson for the government and attends and services Cabinet.

### **3.3 Regulation on personnel at the Provincial Health Department**

The Gauteng Department of Health is the central personnel institution. It provides guidance and advice to hospitals in a coordinated manner. It ensures uniform and coordinated personnel practices. The Provincial Health Department establishes effective structures and processes for the performance of departmental functions. It organises working seminars to discuss any obstacles, at interdepartmental functions. The principal function of the Provincial Health Department is to ensure that personnel are treated fairly. These functions cannot all be completely centralised at the Provincial Health Department, hence the establishment of the human resource office in each hospital. The MEC delegates authority to the Head of the Department of Health who, in turn, delegates it lower down the hierarchy to the CEO and then the human resource manager at the hospital. The Provincial Health Department conducts certain appointments, especially those of the CEOs, directors and higher-ranking posts. According to the Gauteng Department of Health Annual Report (2007/08) the total number of personnel employed by the department was 48 623, of whom 122 (0.25%) were senior managers and 380 (0.8%) were managers from levels 9 to 12. The existence of the Provincial Health Department does not mean that the CEOs have no authority of their own. The Provincial Health Department delegates the personnel affairs of the entire hospital, as well as various powers, to the CEO. This does not mean that they can act arbitrarily, but it does eliminate unnecessary interference. The human resource manager, as head of the human resource office, reports to the CEO of the hospital. Koehler & Pankowski (1997:54) mention that "government

bureaucracies are formal organisations where organisational charts clearly identify the chain of command and span of control”.

The human resource manager liaises with the Provincial Health Department on all personnel matters in the hospital. The Provincial Health Department sends circulars to the hospitals to keep the human resource managers informed of any changes in policies, legislation, regulations and directives.

### **3.4 Brief history and short description of Dr Yusuf Dadoo Public Hospital**

According to the Krugersdorp News (1997:4), the hospital was built in 1910. It was officially opened on 22 November 1911 and named Krugersdorp Hospital. The community of Krugersdorp called it the “Hospital on the Hill”. There were only 34 beds and twelve staff members. In 1916, due to the high workload, nurses were brought from Europe to come and work in the hospital. The hospital then became a facility for the training of nurses, medical doctors and paramedics. The first group of South African nurses began their training in 1918 and completed it in 1920. Dr J.S. Percy Stewart, a member of the hospital board, was the first superintendent of the hospital, from 1920 to 1938. In 1927 new wards were built for white and black patients. In 1936 the first caesarean section was performed. In 1939 Anton van Wouw sculptured a statue of Dr Stewart at a cost of £300. The money was donated by the community of Krugersdorp in acknowledgement of the work Dr Stewart had done at the hospital. In 1961 the Town Council of Krugersdorp donated R30 000 to build a medical ward at a celebration of the Hospital Golden Jubilee Award that was held in the Hospital. In 1968 the construction of the building to the front of the hospital was completed. In 1972 the renal and intensive care units were built next to the old x-ray and operating theatre units. The intensive care unit was then moved to one of the closed general wards and combined with the high care unit. The old vacant buildings were renovated to a dispensary pre-pack unit, dental services, crèche and a pre-school. In 1974 Krugersdorp Hospital was renamed Paardekraal Hospital. The reason for the name “Paardekraal” was that the hospital was built on the original farm, “Paardekraal”, belonging to a Mr Martiens Pretorius who bred horses. In 1997 the hospital was renamed Dr Yusuf Dadoo Public Hospital and was then downgraded from a regional hospital to a district hospital. This was a decision taken at national

and provincial level, due to the rationalisation of the Public Service. Van der Walldt et al (1995:114) mention that “the rationalisation of the governmental machinery ought to take place by way of reorganisation, redistribution and consolidation of similar activities”. According to the White Paper on the Transformation of the Public Service (1995:25), “the programme of government on rationalisation is one of the priorities of the transformation process”.

According to the National Department of Health Service Packages for Primary Health Care and District Health Care Services (2007:14), “district hospitals serve as the support services for the Primary Health Care clinics and the Community Health Centres and as a gateway to specialist care”. As a Level One hospital, Dr Yusuf Dadoo Public Hospital plays a pivotal role in support of primary health care and is the first level of care in hospital services. According to the Census (2001/2002) the catchments population is 309 276 and an average of 15 000 patients are seen per month. The hospital serves as a gateway to more specialists and secondary and tertiary care, and refers stable patients to the surrounding clinics in the catchments area. It refers some of the cases above its level of care, to regional hospitals. According to the White Paper for the Transformation of Health System in South Africa (1997:14), the goals and objectives of the Department of Health are to “reorganise the health care system based on primary health care services, with effective referral systems at the primary, secondary and tertiary care levels”. According to the Dr Yusuf Dadoo Public Hospital Operational Plan (2008/09) the hospital has approved beds for 245 patients. These comprise 175 acute beds, 60 tuberculosis (TB) beds and 10 step-down beds. All 245 approved beds are currently in use. The bed occupancy rate is always around 72% - 80%.

### **3.4.1 Human Resource Management Policy at Dr Yusuf Dadoo Public Hospital**

The White Paper on Transforming Public Service Delivery, 1997, entitled Batho Pele (“People First”), provides the management policy framework and practical implementation strategy in rendering services to the public. Nel et al (2004:133) mention that “company policy forms the basis upon which other policies and procedures in the organisation can be drawn”. The human resource policy in the hospital is used as a guideline to execute human resource functions. These policies

include the Constitution of the Republic of South Africa, no 108 of 1996, the Public Service Act, no 103 of 1994, the Public Service Regulation, 2001 as amended 1 July 2006, and the Public Finance Management Act, no 1 of 1999. A policy development committee has been established in the hospital.

The human resource manager is a member of the policy development committee. According to Sutherland & Canwell (1997:9), “over 80% of all senior executives serve on committees, as do 70% of middle managers and 50% of supervisors and junior managers”. The policy development committee ensures that the developed human resource policies of the hospital are in line with policies of the Gauteng Department of Health. Policy guidelines are developed and updated and made available to all employees of the hospital. These guidelines are a reference guide to all questions about employment in the hospital. They provide rules and regulations that govern how employees work and behave, and what to expect. After the human resource policy has been developed, it is implemented according to the policy guidelines. The human resource manager ensures that human resource problems are handled appropriately. This is done through planning of human resource activities in the hospital. Cascio (2006:172) mentions that “human resources are part of policy development, line extension planning, and merger and acquisition processes”.

### **3.4.2 Planning in public human resources at Dr Yusuf Dadoo Public Hospital**

Planning in human resources at Dr Yusuf Dadoo Public Hospital provides direction and assists the management of the hospital to think about the future. Sullivan, in Nel et al (2004:214), mentions that “workforce planning is a systematic, fully integrated organisational process that involves proactively planning ahead to avoid talent surpluses or shortages”. The vision and mission statement of the hospital has been established in line with the Gauteng Department of Health’s strategic goals and objectives. During the orientation of new employees, the mission, goals and performance standards are explained. According to the White Paper on Transforming Public Service Delivery (1997:10), “the national and provincial departments should identify, among other things, the redirection of human and other resources from administrative tasks to service provision”.

The hospital uses the National and Provincial Priorities as a guide on the delivery of services. The hospital strategy has been established through business planning and is linked to the Medium Term Expenditure Framework (MTEF). The human resource budget is used for human resource planning and is aligned to the Medium Term Expenditure Framework (MTEF) plan. The human resource planning forecasts on long-range staffing and recruitment needs. The number of posts approved in the hospital is the starting point of the budget. An approved structure of 416 posts indicates how much is to be located to salaries. Schwella et al (1996:36) view human resource provisioning as “involving a number of related processes, namely: job planning and evaluation, recruitment, selection through interviews, placement and induction, probation and promotion, and career path”.

The human resource office has recruitment and selection section, as well as a record-keeping section. This office ensures that the human resource requirement of the hospital is met through human resource provisioning. Formal systems on recruitment, such as transfer of, and promotion decisions on, employees, are used in the hospital. The human resource office ensures that all employees are afforded an opportunity to move vertically on promotion, and these aspects take place fairly, so that no prejudice is involved. This also ensures fair and open processes, based on candidates' job qualifications. Posts in the hospital are evaluated according to a specific standard. The human resource office assists supervisors to abolish unnecessary posts and create new ones. A selection process is followed to ensure that candidates meet the necessary requirements for the job. The application form serves as an initial selection instrument. Interviews and appointments of candidates are done in terms of the Public Service Regulation, 2001, as amended 1 July 2006, Part 111 (F). Aspects that cause dissatisfaction among employees, such as incorrect placement in the human resource provision function, are considered. The human resource office keeps an index of all current employees' personal information and qualifications.

The data is used in human resource planning and forecasting. The human resource office determines the salary upgrades and merit awards of the employees. In addition to employees' basic salary, benefits such as subsidised housing, medical aid schemes and flexitime are provided for employees. The human resource office takes out pension insurance for all permanent employees with the Government Employees

Pension Fund. Cascio (2006:480) defines “pension” as “a sum of money paid at regular intervals to an employee, or to his or her dependents, who has retired from a company and is eligible to receive such benefits”.

### **3.4.3 Organising and public human resources at Dr Yusuf Dadoo Public Hospital**

The key performance areas in the operational plans of employees at Dr Yusuf Dadoo Public Hospital are aligned with the overall goals of the hospital. The tasks and activities performed by employees are organised to achieve the goals and objectives of the hospital. A code of remuneration is used to develop job descriptions and job titles. The human resource office conducts regular updates of job descriptions, in line with the new changes. The designed job descriptions prescribe the nature of the work, duties, responsibilities, physical demands and salary of the incumbent. The job specifications show the specific qualifications of the person to do the job, amount and type of experience, training, special competencies and abilities to perform the job.

Supervisors develop work plans with subordinates, and agree on the training requirements. Nel et al (2004:321) mention that “in order to facilitate commitment, the manager and employee should set goals together”. During the process, supervisors ensure that subordinates continue to learn and update their skills. The training and development committee has been established in the hospital. This committee organises monthly in-service training relevant to a particular department in the hospital. For example, medical doctors meet in the lecture room once a week and conduct training in Clinical Professional Development (CPD). The training and development committee looks at the training needs of employees, receives nominations forms and makes recommendations to the CEO for approval. Bursaries offered by the Gauteng Department of Health are given to employees. Sutherland & Canwell (1997:19) mention that “training and development is absolutely essential since it allows employees to have access to information and skills which will, of course, lead to greater personal satisfaction, making them more dynamic and considerably more satisfied with their jobs”.

The organisational design at Dr Yusuf Dadoo Public Hospital has been developed to support the strategic and operational plans of the hospital. The organisational design

indicates the formal arrangement of positions into work units or departments, and the interrelationships among them within the hospital. George & Jones, in Nel et al (2004:387), believe that “increased efficiency, increased quality, increased innovation and creativity and increased responsiveness to customers are the benefits of using good organisational designs”. A broader management structure of Dr Yusuf Dadoo Public Hospital has been developed.

**Table 3.1: Dr Yusuf Dadoo Public Hospital broader managers’ posts of different post levels**

<b>Post description</b>	<b>Total</b>	<b>Post level</b>	<b>Management position</b>
Chief executive officer	1	12	Top management
Chief Medical Officer	1	12	Top management
Nursing Manager	1	10	Top management
Administration Manager	1	10	Top management
Assistant Directors: Administration	1	9	Middle management
Assistant Directors: Nursing	2	9	Middle management
Principal Pharmacists	1	9	Middle management
Senior Administrative Officers	2	8	Middle management
Chief Professional Nurses	5	8	Middle management
Chief Radiographers	1	8	Middle management
Chief Physiotherapists	1	8	Middle management
Senior Professional Nurse	20	7	Junior management
Senior Radiographer	2	7	Junior management
Occupational Therapist Senior	1	7	Junior management
Social Worker Senior	1	7	Junior management
Administrative Officers	1	7	Junior management
Chief Administration Clerks	5	7	Junior management
Dietician	1	7	Junior management
<b>Total</b>	<b>48</b>		

There are only two managers on level 12 and two managers on level 10, which constitutes the top management structure of the hospital (See Table 3.1). The CEO, Chief Medical Officer, Nursing Manager and the Administration Manager represent the top management structure of Dr Yusuf Dadoo Public Hospital. The CEO is the head of the hospital and also its Accounting Officer. The Chief Medical Officer is the Head of the Medical and Allied Professionals. The Nursing Manager is the Head of Nursing and the Administration Manager is the Head of Administration. It is the responsibility of the top management of the hospital to adhere to and implement departmental strategy, the hospital’s strategic plan, its operational plan, the current

structure/organogram (filled and vacant posts) and policies. It is also the task of the top management of the hospital to address media reports and complaints received regarding current hospital services, within the stipulated timeframe. The broader hospital management team of Dr Yusuf Dadoo Public Hospital comprises the top management structure with the following middle managers, namely: two Assistant Directors: Nursing; the Assistant Director: Administration; five Chief Professional Nurses; two Senior Administrative Officers; the Principal Pharmacist; the Chief Radiographer and Chief Physiotherapist. These middle managers oversee and take charge of their departments and give feedback to their HODs in their bilateral meetings. The junior management level is composed of the Administrative Officer, Chief Administration Clerks and Unit Managers of different units. It performs duties at a supervisory level and gives feedback to middle management. For example, the Administrative Officer at Patients' Admissions Department reports to the Senior Administrative Officer of Patients' Admissions Department. According to Van der Waldt & Du Toit (1998:159), "low-level managements are responsible for the implementation of objectives set by middle management".

Managers of the hospital delegate tasks to subordinates. These managers ensure that the delegated tasks are completed. If a task is delegated to a subordinate, the subordinates accept responsibility for the completion of the task and are given authority to perform it. According to Robbins & DeCenzo (2005:407), "managers must obtain agreement on what is to be done, and the results expected, but let the employee decide by which means the work is to be completed". Although managers delegate authority to subordinates, they remain accountable for the completion of the task. Sutherland & Canwell (1997:21) mention that "the chain of command illustrates the authority-responsibility relationships that link the supervisors/managers to their subordinates". Delegation of authority in the hospital is used to inspire employees in leadership.

#### **3.4.4 Leading public human resources at Dr Yusuf Dadoo Public Hospital**

The human resource manager is the leading adviser to the CEO, and informs the CEO about all matters pertaining to human resources in the hospital. The human resource manager, by means of the authority delegated to her or him by the CEO, undertakes

appointments, promotions and transfers of employees. The human resource manager makes sure not to deviate from legislation, regulations and directives as stipulated in the human resource policy documents. According to Nel et al (2004:261), “a transfer takes place when an employee is moved from one job to another that is relatively equal in pay, responsibility and organisational level”. The human resource office ensures proper record-keeping, submission of statistical reports on employee numbers and the provision of information regarding human resource matters. The office interprets leave policies and keeps a record of leave granted to employees. The human resource office and labour unions base their relationship on mutual trust.

Guidelines and policies to protect access and disclosure of employee’s information to a third party are set. For example, a union representative is not allowed to peruse the file of an employee without written approval and the presence of the employee. According to Cascio (2006:569), “managers should allow employees to authorise disclosure of personal information and to maintain personal information within the organisation”.

The human resource office advises employees about aspects concerning their rights and duties in the work situation. The Labour Relations Act, no 66 of 1995 regulates labour relations in the hospital. Management and the four recognised unions, namely, Denosa, Hospersa, Nehawu and PSA hold bilateral and multilateral meetings once a month at the hospital. All employees of the hospital are bound to an ethical code of conduct, and management takes action against employees who contravene the code of conduct or break any other rules as stipulated in the Code of Conduct for Public Servants. Actions that justify disciplinary measures include unauthorised absence from work, irregular conduct during working hours, dishonesty, and activities that fall outside the official sphere but have a direct or indirect negative influence on job performance. Investigations are conducted into all cases of misconduct, and disciplinary measures are taken against such employees. The frequency, nature and seriousness of the offence determine the extent of disciplinary measures to be taken. When disciplinary measures are taken, procedures as contained in legislation, regulations, codes, procedures, manuals and other similar instructions, are followed. Managers refer, accordingly, in terms of Section 21 of the Public Service Act, no 103 of 1994, charges of a serious nature that justify formal investigation. The human

resource office keeps relevant information pertaining to negotiations and agreements reached in the bargaining council with the recognised trade unions. Nel et al (2004:141) maintain that “the duty of a bargaining council is to maintain industrial peace between all employers and employees under its jurisdiction”.

### **3.4.5 Controlling public human resources at Dr Yusuf Dadoo Public Hospital**

Controlling in the hospital is done to compare actual performance against the set objectives. Managers in the hospital formulate objectives and establish standards of performance that are realistic, attainable and measurable. To measure performance, managers collect data and report on actual performance, and exceptional differences between the actual and planned performance are communicated to top management. The instrument used in the hospital to control and evaluate the performance of the employees is the Performance Management and Development System. The system helps to evaluate progress in the performance of the employees. Through the Performance Management and Development System, it is possible to look at employees' job performance, thereby acknowledging above-average performance, and also to provide employees with the necessary support to improve performance. Employees are contracted on the 1st of April each year. To improve performance and identify shortcomings, supervisors evaluate the performance of subordinates on a quarterly basis. The final performance evaluation is done at the end of March of the following year. For example, when the final evaluation was done on the performance of the employees at the end of March 2008, 70% of employees were rated 4 and 5, which is above the average performance rating norm of 3. The human resource office assists supervisors in the objective evaluation of employees, helps to establish performance standards and encourages recognition of employees. When deviations are identified, corrective action is taken immediately, the actual performance is improved and the strategy is revised. Koehler & Pankowski (1997:123) mention that “evaluating the performance of subordinates is an annual event for government administrators”.

The control of physical resources includes asset control, operational control and quality control. In terms of Section 3 of the Gauteng Department of Health Policy on

Fixed Assets (2003), all assets in the hospital must be bar-coded, with cost centres and an asset register kept.

Asset control is used to keep assets of the hospital, and costs, as low as possible, and also to ensure that there are no shortages of assets that may delay the rendering of services in the hospital. Equipment of the hospital is serviced at regular intervals to prevent breakdowns that would cause problems at a later stage. All purchased assets are recorded in the asset register, and assets that have a retained value are expressed in monetary terms. Assets that have no value are disposed of accordingly, in terms of the Public Finance Management Act and the Provisioning Administration System (PAS). Revenue generated from sales of condemned items is deposited into the Provincial Revenue Fund. Operational control in the hospital is used to determine how effectively the hospital's transformation process is working.

To ensure that standards are met in the hospital, as a concurrent control measure managers do rounds in their departments and take action. Quality control, on the other hand, refers to the activities that management performs to ensure a level of quality in the hospital. As a damage control measure, managers respond immediately, within the stipulated time, to audit queries pertaining to the hospital, identified by the Office of the Auditor-General. A staff satisfaction survey is conducted in the hospital to obtain feedback from employees on how they feel about the hospital. To ensure control of information resources, a department known as Health Information System (HIS) has been established to collect data and submit statistics to management. The Health Information System (HIS) Department ensures that the information which reaches management is accurate and on time. The information helps management to make decisions. The control of financial resources is central to the control of other resources in the hospital. For example, the finance manager ensures that expenditure on budget is in line with the purpose voted for, and appropriate steps are taken to prevent unauthorised expenditure in terms of Section 45 of the 1999 Public Finance Management Act.

#### **3.4.5.1 The financial perspective at Dr Yusuf Dadoo Public Hospital**

The budget of the hospital is used as a planning instrument that stipulates how to spend funds. Every third Wednesday of the month, the hospital expenditure report is tabled to the CEO of the hospital, in the budget meeting. An internal control unit has been established in the hospital to trace accounting errors, expose corruption and ensure adherence to acceptable accounting practices. The unit also evaluates financial activities, procedures and policies of the hospital. Financial reports submitted during the budget meeting help to determine the performance and position of the hospital budget. These reports also provide feedback, to ensure compliance with financial goals and targets in the departments and units. Management compares budget expenditure trends against revenue collected. To ensure transparency, documents, brochures and emails are used to disseminate information on the management of finances to all managers and departments in the hospital. The Department of Health has set an annual target of R1, 5 million on revenue collection for Dr Yusuf Dadoo Hospital. The hospital has set R125 000 as its own monthly target to achieve the provincial target by 31 March 2010. The budget committee analyses budget expenditure and revenue generated by the hospital, to ensure appropriate use of the budget in terms of the Public Finance Management Act. The vetting committee receives requests about purchases from various departments, and makes recommendations for all requests above delegation to the CEO for approval.

#### **3.5 Summary**

The chapter explained the legislation of personnel at the National and Provincial Department of Health. Other departments and institutions relevant to the Department of Health at National and Provincial levels were described. The chapter also explained the practical situation with regard to the five public management functions in the management of Dr Yusuf Dadoo Public Hospital. In the following chapter, focus is laid on the research data and distribution of ratings for the five public management functions of the management practices.

## CHAPTER 4

### THE QUESTIONNAIRE AND THE DISTRIBUTION OF DATA

#### 4.0 Introduction

The focus of this chapter is on the questionnaire and the distribution of data in respect of the five public management functions, namely: policy-making, planning, organising, leading and controlling. These domains collected data on the current state of management practices of Dr Yusuf Dadoo Public Hospital.

#### 4.1 Target population

The target population for this study included all 48 managers of Dr Yusuf Dadoo Public Hospital.

#### 4.2 The questionnaire

The questionnaire included details of the respondents, so as to understand their departments or sections, levels within the hospital, years of service in their current positions, as well as 25 questions from the five public management functions, namely: policy-making, planning, organising, leading and controlling. The percentage of respondents was 75%.

#### 4.3 Details of respondents

Table 4.1 Post class of the respondents

Total no of Respondents	Post class	Frequency	Percentage
36	Nursing	14	29 %
	Medical and Allied	5	10 %
	Admin and Support	17	36 %
<b>Total</b>		<b>36</b>	<b>75%</b>

Only 36 Managers = 75% responded, therefore 100% = 48 Managers

**Table 4.2 Level of respondents within the Hospital**

<b>Total no of Respondents</b>	<b>Position</b>	<b>Frequency</b>	<b>Percentage</b>
36	Top management	3	8 %
	Middle management	7	20%
	Junior management or Supervisor	26	72 %

**Table 4.3 Years of service of the respondents in the current position**

<b>Total no of Respondents</b>	<b>Years of service</b>	<b>Frequency</b>	<b>Percentage</b>
36	Less than one year	6	17 %
	One to five years	9	25 %
	Six to ten years	5	14 %
	11 to 20 years	11	30 %
	More than 20 years	5	14 %

#### 4.4 Policy-making

The function refers to the policy-making processes and standardised policies and mechanisms that are designed to facilitate the policy.

**Table 4.4 Policy-making**

Statement	Distribution of ratings									
	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
	F	%	F	%	F	%	F	%	F	%
1. Policies and procedures are developed and implemented in the hospital.	5	14	19	52	8	22	2	6	2	6
2. Policies are interpreted and implemented as prescribed in the relevant statutes.	5	14	16	44	9	25	4	11	2	6
3. Policies that support personal development through training and development opportunities are implemented.	8	22	10	28	10	28	3	8	5	14
4. When discipline on employees is undertaken, relevant policies as stipulated in the Labour Relations Act are followed.	8	22	14	38	10	28	2	6	2	6
5. The existing updated policy manuals are made available to the entire employees of the hospital.	3	8	15	42	10	28	7	19	1	3

#### 4.5 Planning

The function refers to the planning processes and mechanisms that are designed to facilitate the planning work.

**Table 4.5 Planning**

Statement	Distribution of ratings									
	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
	F	%	F	%	F	%	F	%	F	%
1. Management ensures that employees understand the vision and mission of the hospital that is in line with the Gauteng Department of Health.	8	22	19	53	3	8	4	11	2	6
2. Employees are involved in the development of the operational plan of the hospital.	8	22	16	44	6	17	4	11	2	6
3. Management ensures that operational plans of the employees support the overall goals of the hospital.	3	8	17	47	12	33	4	12		
4. Recruitments, selections and appointments are done by human resource department.	14	38	18	50	2	6	2	6		
5. Orientation of new employees to the job is done in the hospital.	17	47	16	44	2	6	1	3		

#### 4.6 Organising

The function refers to the arrangement of functions and people into specific areas and their levels of responsibility.

**Table 4.6 Organising**

Statement	Distribution of ratings									
	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
	F	%	F	%	F	%	F	%	F	%
1. The functional structure of the hospital groups together similar or related occupational classes.	6	17	19	52	9	25	1	3	1	3
2. Supervisors clearly explain expectations to subordinates when assigning tasks.	10	28	16	44	4	12	3	8	3	8
3. Activities and functions are organised so that employees work well to achieve objectives.	8	22	12	33	9	25	4	12	3	8
4. Managers allocate responsibility commensurate to authority when delegating tasks to subordinates.	4	11	18	50	10	28	4	11		
5. Managers ensure that expenditure on personnel does not impede service delivery activities.	6	17	15	42	9	25	3	8	3	8

#### 4.7 Leading

This function refers to management and leadership factors that impact on service delivery.

**Table 4.7 Leadership**

Statement	Distribution of ratings									
	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
	F	%	F	%	F	%	F	%	F	%
1. Management allows employees to be responsible for their work.	7	19	22	61	4	12	3	8		
2. Management gives employees opportunity to determine the best methods to accomplish tasks.	6	17	15	41	10	28	5	14		
3. Management provides regular feedback to employees on how well they perform their jobs (i.e. weekly and monthly meetings).	4	11	13	36	9	25	7	20	3	8
4. Management takes interest in employees beyond just getting the job done.	3	8	13	36	10	28	6	17	4	11
5. Management is open to ideas that employees suggest.	5	14	11	31	7	19	9	25	4	11

#### 4.8 Controlling

The function of controlling refers to the management function involving the process of monitoring activities to ensure that they are being accomplished as planned, and correcting any significant deviations. This also includes aspects on how well people perform in the hospital (Performance Management and Development System).

**Table 4.8 Controlling**

Statement	Distribution of ratings									
	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
	F	%	F	%	F	%	F	%	F	%
1. Management visits departments and interacts directly with the employees.	6	17	15	42	8	22	3	8	4	11
2. Supervisors directly oversee the actions of employees and immediately correct deviations as they occur.	7	19	15	42	10	27	2	6	2	6
3. Work performance of employees is assessed quarterly against the set targets, and final evaluation is done by the end of March.	11	31	15	41	2	6	5	14	3	8
4. Budgetary control reports are generated and examined monthly.	2	6	19	53	8	22	4	11	3	8
5. Delegation reports are personally certified by the Chief Executive Officer before being forwarded to Head Office (e.g. budget statements, In Year Monitoring, HR).	7	19	17	47	11	31			1	3

#### 4.9 Summary

In this chapter, the collected data was presented and analysed. Details of the respondents were included, to understand their post categories, levels within the hospital and years of service in their current positions. The actual ratings, the distribution of rating scores and percentages indicated the status of management practices of Dr Yusuf Dadoo Public Hospital, focusing on the five public management functions. In the following chapter the focus is on the results and interpretation of data.

## CHAPTER 5

### AN EVALUATION OF THE MANAGEMENT PRACTICES OF DR YUSUF DADOO PUBLIC HOSPITAL

#### 5.0 Introduction

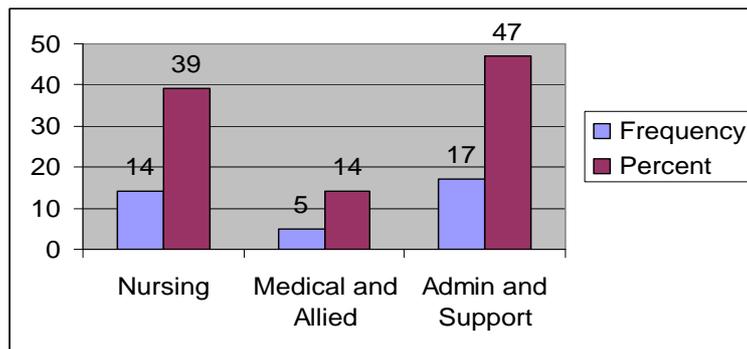
This chapter focuses on evaluating and reporting the results of the findings from the assessment of the management practices of Dr Yusuf Dadoo Public Hospital. To assess the critical elements required for the efficient and effective management of the hospital, the focus of the study was on the five public management functions, namely: policy-making, planning, organising, leading and controlling.

#### 5.1 The questionnaire

For this study, a questionnaire was used to manage and administer the data. The questionnaire included details of the respondents, to understand their post class, levels within the hospital and years of service in their current positions, as well as 25 questions from the five public management functions. Only 36 respondents completed the questionnaire, which constituted 75% of the total number of 48 targeted managers. The remaining 25% who did not return the questionnaire were not dealt with in the study. The five-point scale was used to rate the questionnaire, i.e. strongly agree (5), agree (4), neither agree nor disagree (3), disagree (2) and strongly disagree (1). The questionnaire posed statements to which the respondents had to answer. Scales that were not rated were taken as neutral, and allocated under (3) (neither agree nor disagree). To illustrate the percentage gaps of different ratings scores, the results of the data processed were visualised by means of a graph. A decision rule, which was used to determine the status of management practices, was to regard all questions rated above 50% as satisfactory ratings and those below 50% as areas that need improvement and special attention. To retain confidentiality and allay fear of victimisation, all respondents were made anonymous. The method, technique and content were simple and directly to the point. The questionnaire managed to collect the expected data. A copy of the questionnaire can be found in Appendix A.

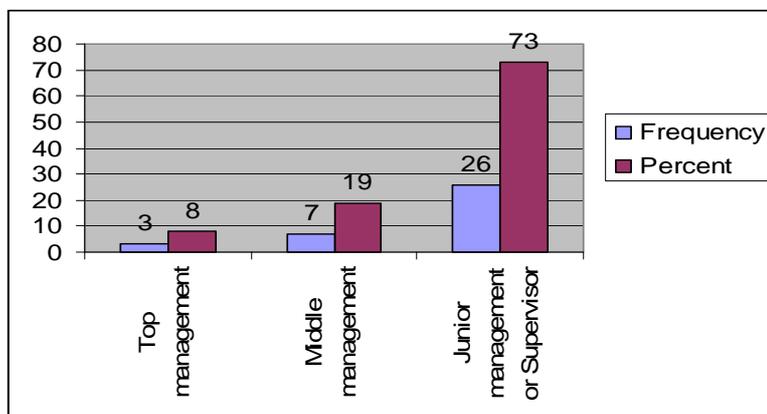
## 5.2 Target population

The target population for the study included all managers of Dr Yusuf Dadoo Public Hospital. All 48 managers in the hospital were selected for the study. In the study, all personnel in supervisory and higher positions were regarded as managers of Dr Yusuf Dadoo Public Hospital. Managers at the hospital therefore included all incumbents in management areas, namely: supervisors of the units, sections and heads of departments, as well as managers at top management level. These were managers from different disciplines, namely: Nursing, Administration and Support, Medical and Allied Personnel. These managers were from a range of salary levels, from level 7 up to level 12. The purpose of the sampling was to obtain a broad idea of different views and experiences of managers from different disciplines in the hospital. Figure 5.1 illustrates that the percentage score on the Administration and Support was 47%, Nursing 39 %, and Medical and Allied departments 14%.



**Figure 5.1 Post classes of the respondents**

Figure 5.2 illustrates the percentage score on junior management or supervisors as 73%, middle management 19% and top management levels 14%. According to results, the span of control balances.



**Figure 5.2 Level of respondents within the hospital**

Figure 5.3 illustrates that the percentage score of those with 11 to 20 years of service is 30%, one to five years 25%; less than one year 17%, six to ten years 14% and those with more than 20 years 14%. Therefore, 58% of respondents have more than six years of service.

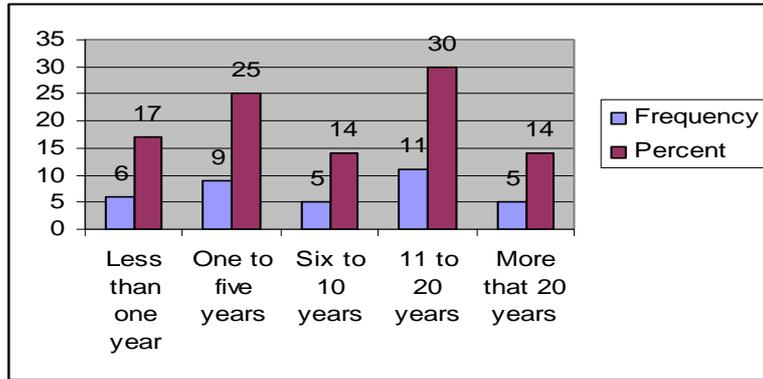


Figure 5.3 Years of service of the respondents in the current position

### 5.3 Efficiency and effectiveness

Dr Yusuf Dadoo Public Hospital achieved the basic principles of efficiency and effectiveness, as explained in Chapter 2, paragraph 2.2.1. Activities in the hospital are carried out efficiently, effectively and responsibly. Systems are integrated and activities are coordinated with other departments and units. Robbins and DeCenzo (2005:7), as mentioned in Chapter 2 paragraph 2.2.1, refer efficiency to an inputs and outputs relationship. Efficiency at the hospital is viewed as a measure to measure performance and to determine the manner in which the hospital achieves its goals. This is how well the resources are being used and the output achieved to deliver services in the hospital. Outputs are compared with inputs to a performance standard, to ensure that costs are reduced. For example, the new computer hardware and software installed in the Finance Department help staff to compile and update reports, making the hospital more efficient and cost-effective. The hospital expenditure report, as explained in Chapter 3, paragraph 3.4.5.1, is tabled before the CEO every third Wednesday of the month. This report provides information about expenditure on budget of the hospital, up to the end of the previous month. For the hospital to be effective, the goals and objectives of the hospital are met within the set targets. In compliance with Section 38 (1) (a) (11) of the Public Finance Management Act, the

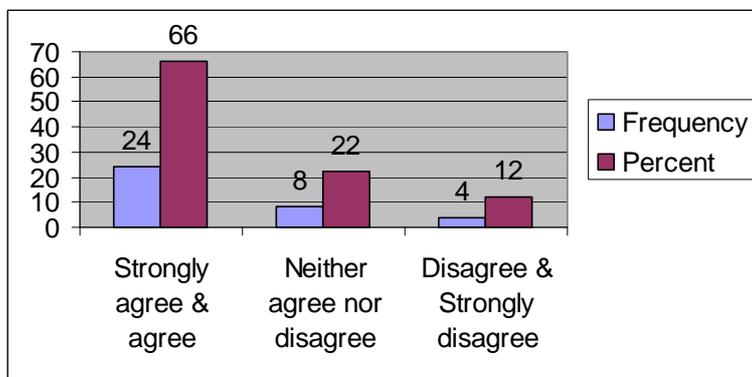
hospital has established an audit committee to ensure effective financial control. The key performance indicators are being set, monitored and achieved within the available budget.

#### **5.4 Policy-making**

Policies at Dr Yusuf Dadoo Public Hospital are developed and implemented. The human resource manager leads the policy development process in the hospital, and, together with the policy development committee, develops policies for the hospital as a result of problems arising from the work situation. They make changes to, and adapt, hospital policies, and ensure consistency and alignment with the national and provincial policies. The human resource manager at Dr Yusuf Dadoo Public Hospital is not only influenced by human resource policy guidelines, but, in turn, influences operational policy development. For example, the head of each department, assisted by the human resource manager, formulates operational policy to carry out activities in their unit. These policies are guidelines for managers to manage the departments.

Legislation of personnel, as explained in Chapter 3, paragraph 3.1, is implemented in the hospital. The human resource manager of the hospital makes use of the Public Service Act, no 103 of 1994 to appoint and discipline employees, and ensures that a high standard of professional ethics is maintained by all employees. To allow employees access to information held by the personnel department, the Promotion of Access to Information Act, no 2 of 2000 is used. For the hospital to achieve employment equity in the workplace, the Employment Equity Act, no 55 of 1998 is used. Other legislation used in the hospital to carry out activities, are the Basic Conditions of Employment Act, no 75 of 1997, the Skills Development Act, no 97 of 1998, the Compensation of Injuries and Diseases Act, no 130 of 1993, the Public Finance Management Act, no 1 of 1999, and the Promotion of Administrative Justice Act, no 3 of 2000. This legislation is interpreted by the human resource manager before being implemented. The legislation also provides guidelines for the implementation of the national and provincial policies. For example, the Occupational Health and Safety Committee has been established in the hospital in terms of the Occupational Health and Safety Act, no 85 of 1993.

On the question of whether policies and procedures are developed and implemented in the hospital, five (14%) strongly agree, nineteen (52%) agree, eight (22%) neither agree nor disagree, two (6%) disagree and two (6%) strongly disagree. The total number of respondents in all scores is equal to 36. Figure 5.4 (The following figures are summaries of strongly agree, neither agree nor agree and disagree or strongly disagree) illustrates the development and implementation of policies in the hospital, and the results of this analysis confirm that twenty-four (66%) strongly agree and agree, eight (22%) neither agree nor disagree, and four (12%) disagree and strongly disagree that policies are developed and implemented in the hospital. This means that the hospital is successful in the development and implementation of policies.



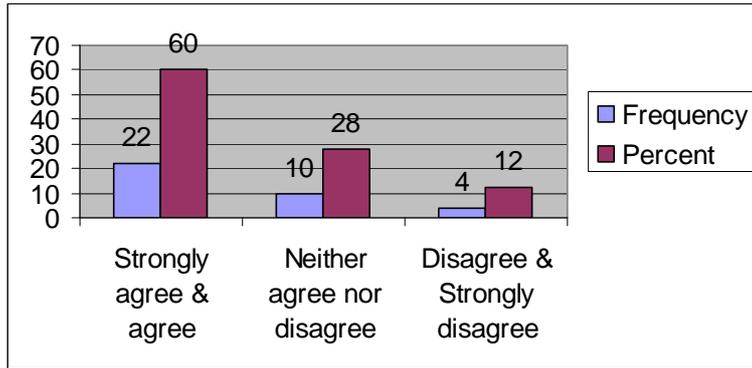
**Figure 5.4 Development and implementation of policies and procedures in the hospital**

As far as policy-making is concerned, the top management of the hospital is responsible for the interpretation and implementation of policy. According to Table 4.4 in Chapter 4, on the question of whether policies are interpreted and implemented in the hospital as prescribed in the relevant statutes, five (14%) strongly agree, sixteen (44%) agree, nine (25%) neither agree nor disagree, four (11%) disagree and two (6%) strongly disagree. The total number of respondents in all scores is equal to 36. The total percentage of respondents who strongly agree and agree that policies are interpreted and implemented as prescribed in the relevant statutes, is at 58% (i.e.  $14+44 = 58$ ). This means that the hospital is successful in the interpretation and implementation of policies as prescribed in the relevant statutes. Those who neither agree nor disagree are at 25% and those who disagree and strongly disagree are at 17%.

The hospital makes use of the Skills Development Act, no 97 of 1998 to support personal development of employees through training and development opportunities. On the question of whether policies that support personal development through training and development opportunities are implemented, eight (22%) strongly agree, ten (28%) agree, ten (28%) neither agree nor disagree, three (8%) disagree and five (14%) strongly disagree. The total number of respondents in all scores is equal to 36. The total percentage of respondents who strongly agree and agree that policies which support personal development through training and development opportunities are implemented, is at 50% (i.e.  $22+28 = 50$ ). This means that the hospital is successful in the implementation of policies that support personal development through training and development opportunities. Those who neither agree nor disagree are at 28% and those who disagree and strongly disagree are at 22%.

The Labour Relations Act, no 66 of 1995 is implemented at Dr Yusuf Dadoo Public Hospital. This is to ensure and maintain sound interpersonal relations in the hospital. The Act serves as a guideline for supervisors with regard to their conduct towards employees and their departments. Since the Act governs the relationship between employer and employee, it also binds the management of the hospital to specific approaches and principles. The Act also makes employees familiar with their rights and the correct use of channels that must be followed, should an employee encounter dissatisfaction. For example, an employee lodges a complaint to the supervisor; the supervisor investigates the complaint and conveys the findings to the employee. If the employee does not accept the proposal, a formal grievance is lodged in writing, for the attention of the supervisor on the next management level. If the employee still feels aggrieved, the grievance is finally addressed at top management level and is discussed between management and the employee's representatives. If a solution is not found, the matter is declared a dispute and referred to the statutory mechanisms such as the Labour Court. Unfair labour practice at Dr Yusuf Dadoo Public Hospital, such as unfair suspension of an employee, or any other disciplinary action short of dismissal in respect of an employee, is avoided. On the question of whether relevant policies as stipulated in the Labour Relations Act are followed when discipline on employees is undertaken, eight (22%) strongly agree, fourteen (38%) agree, ten (28%) neither agree nor disagree, two (6%) disagree and two (6%) strongly disagree. The total number of respondents in all scores is equal to 36. Figure 5.5 illustrates

adherence of the management of the hospital to the relevant policies of the Labour Relations Act when discipline is applied. The results of this analysis confirm that twenty-two (60%) strongly agree and agree, ten (28%) neither agree nor disagree and four (12%) disagree and strongly disagree. This means that the hospital is successful in adhering to the relevant policies of the Labour Relations Act when discipline is applied.



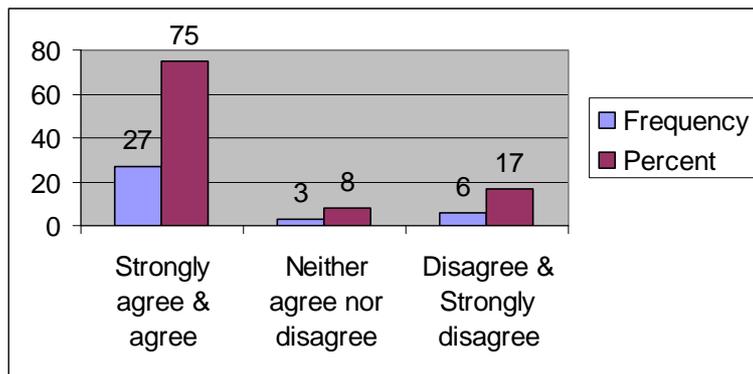
**Figure 5.5 Adherence of Management to the relevant policies of the Labour Relations Act when discipline is applied.**

Policy manuals in the hospital are reviewed, adjusted and made available to employees. These policy manuals enable employees to achieve their section's objectives. On the question of whether the existing updated policy manuals are made available to the entire staff of the hospital, three (8%) strongly agree, fifteen (42%) agree, ten (28%) neither agree nor disagree, seven (19%) disagree and one (3%) strongly disagrees. The total number of respondents in all scores is equal to 36. Results of the analysis in Table 4.4 of Chapter 4 also confirm that the existing updated policy manuals are made available to the entire staff of the hospital. The total percentages of respondents who strongly agree and agree that the existing updated policy manuals are made available to the entire employees of the hospital are at 50% (i.e. 8+42 =50). This means that the hospital is successful in making the existing policy manuals available to the entire staff of the hospital. Those who neither agree nor disagree are at 28%, and those who disagree and strongly disagree are at 22%.

## 5.5 Planning

Dr Yusuf Dadoo Public Hospital has a well-defined planning strategy and priorities. The hospital has defined its goals and objectives and assigned human resources. Operational plans are also developed. Planning at the hospital takes place at all levels, and the hierarchical structure is created to attain the objectives of the hospital. Managers in higher positions in the hierarchy are significantly more exposed to planning. For example, the top management of the hospital is responsible for the management of the hospital, including planning. It articulates the vision and mission of the hospital, and links goals and objectives with the overall strategy of the hospital. It determines key priorities for action to achieve the desired results as planned. The middle management is responsible for the tactical planning in the hospital. Each manager ensures that the planning policy is implemented as planned and the objectives of the hospital are achieved. The junior managers or supervisors are responsible for the operational planning of smaller divisions and sections of the hospital. They are responsible for the implementation of objectives set by middle management. On the question of whether management ensures that employees understand the vision and mission of the hospital, that is in line with the Gauteng Department of Health, eight (22%) strongly agree, nineteen (53%) agree, three (8%) neither agree nor disagree, four (11%) disagree and two (6%) strongly disagree. The total number of respondents in all scores is equal to 36.

Figure 5.6 illustrates employees' understanding of the vision and mission of Dr Yusuf Dadoo Public Hospital, and the results of this analysis confirm that twenty-seven (75%) strongly agree and agree, three (8%) neither agree nor agree and six (17%) disagree and strongly disagree. This means that the hospital is successful in ensuring that employees understand the vision and mission of the hospital, in line with the Gauteng Department of Health.

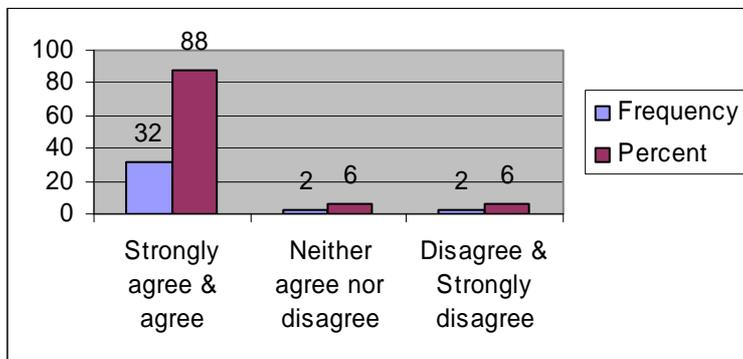


**Figure 5.6 Employees` understanding of the vision and mission of the Hospital.**

According to Chapter 4, Table 4.5, on the question of whether employees are involved in the development of the operational plan of the hospital, eight (22%) strongly agree, sixteen (44%) agree, six (17%) neither agree nor disagree, four (11%) disagree and two (6%) strongly disagree. The total number of respondents in all scores is equal to 36. The total percentage of respondents, who strongly agree and agree that employees are involved in the development of the operational plan of the hospital, is at 66% (i.e.  $22+44 = 66$ ). This means that the hospital is successful in involving employees in the development of its operational plan. Those who neither agree nor disagree are at 17%, and those who disagree and strongly disagree are at 17%.

Operational plans at Dr Yusuf Dadoo Public Hospital are developed to achieve the objectives of the hospital. With regard to Table 4.5 of Chapter 4, on the question of whether management ensures that operational plans of the employees support the overall goals of the hospital, three (8%) strongly agree, seventeen (47%) agree, twelve (33%) neither agree nor disagree, four (12%) disagree and none (0%) strongly disagree. The total number of respondents in all scores is equal to 36. The total percentage of respondents who strongly agree and agree that management ensures that operational plans of the employees support the overall goals of the hospital, is at 55% (i.e.  $8+47 = 55$ ). This means that management is successful in ensuring that operational plans of the employees support the overall goals of the hospital. Those who neither agree nor disagree are at 33%, and those who disagree and strongly disagree are at 12%.

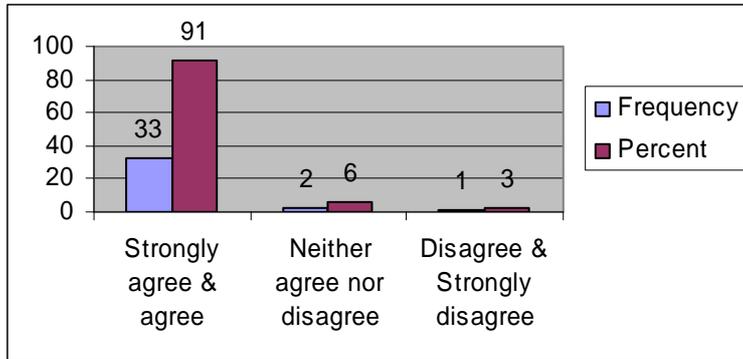
The human resource manager is successful in terms of planning the human resources of the hospital, ensuring that there is an adequate number of qualified personnel available to perform jobs in, and meet the needs of, the hospital. The human resource manager determines the current human resource situation and the human resource forecasts. For example, entry level personnel at Dr Yusuf Dadoo Public Hospital are recruited from outside, while existing employees fill vacant promotional positions from within the hospital. Through the selection process, the most suitable candidates are identified and offered available positions. On the question of whether recruitments, selections and appointments are done by the human resource department, fourteen (38%) strongly agree, eighteen (50%) agree, two (6%) neither agree nor disagree, two (6%) disagree and none (0%) strongly disagree. The total number of respondents in all scores is equal to 36. Figure 5.7 illustrates recruitments, selections and appointments, and the results of this analysis confirm that thirty-two (88%) strongly agree and agree, two (6%) neither agree nor disagree and two (6%) disagree and strongly disagree that recruitments, selections and appointments are done by the human resource department. This means that the human resource department is successful in conducting recruitments, selections and appointments in the hospital.



**Figure 5.7 Recruitments, selections and appointments done by human resource department.**

The human resource manager conducts orientation among new employees in Dr Yusuf Dadoo Public Hospital. During the orientation of new employees, the mission, goals and performance standards are explained. On the question of whether orientation of new employees to the job is done in the hospital, seventeen (47%) strongly agree, sixteen (44%) agree, two (6%) neither agree nor disagree, one (3%) disagrees and none (0%) strongly disagree. The total number of respondents in all

scores is equal to 36. Figure 5.8 illustrates orientation of new employees in the hospital, and the results of this analysis confirm that thirty-three (91%) strongly agree and agree, two (6%) neither agree nor disagree and one (3%) disagrees and strongly disagrees that orientation of employees to the job is done. This means that the hospital is successful and excels in the orientation of new employees.

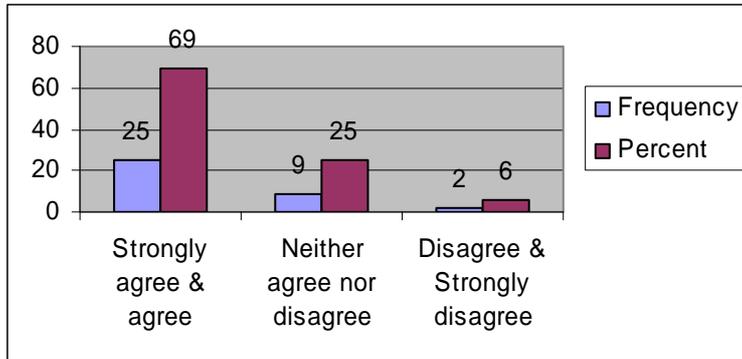


**Figure 5.8 Orientation of new employees to the job in the Hospital.**

## 5.6 Organising

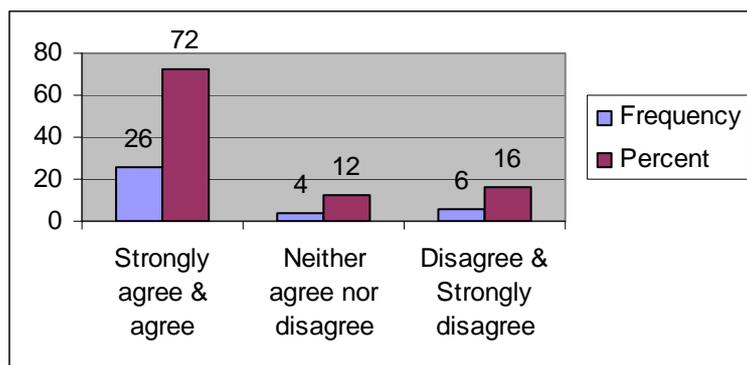
The hospital achieves the basic principles of organising, as described in Chapter 2, paragraph 2.5.3. Fox et al (1991:73), as stated in Chapter 2, paragraph 2.5.3, mention “the division of labour and a hierarchy of authority” when defining the term “organisation”. The hospital has functional structures, systems and processes. The organisational structure of the hospital has been established, and a hierarchical structure also established. The organisational structure of the hospital is supported by systems for human resources, finance and logistics. Employees are organised, and are aware of job responsibilities and expectations. Managers identify, group and arrange the work of similar activities together, to achieve the objectives of the hospital. Employees who perform the same activities are grouped together into departments, sections and units. This encourages the development of expertise and it distinguishes tasks according to the occupational classes. On the question of whether the functional structure of the hospital groups together similar or related occupational classes, six (17%) strongly agree, nineteen (52%) agree, nine (25%) neither agree nor disagree, one (3%) disagrees and one (3%) strongly disagrees. The total number of respondents in all scores is equal to 36. Figure 5.9 illustrates the grouping together of similar or related occupational classes in the hospital, and the results of this analysis confirm that twenty-five (69%) strongly agree and agree, nine (25%) neither agree nor

disagree, and two (6%) disagree and strongly disagree. According to Chapter 4, Table 4.6, allocation and grouping together of similar or related occupational classes in an orderly manner to achieve objectives, is done in the hospital. This means that the functional structure is successful in grouping together similar or related occupational classes.



**Figure 5. 9 The grouping together of similar or related occupational classes.**

Supervisors at Dr Yusuf Dadoo Public Hospital assign tasks and explain expectations to subordinates. They ensure that work is organised and expectations on targets are met. The job descriptions of subordinates are clearly defined to meet the objectives of the departments. On the question of whether supervisors clearly explain expectations to subordinates when assigning tasks on job descriptions, ten (28%) strongly agree, sixteen (44%) agree, four (12%) neither agree nor disagree, three (8%) disagree and three (8%) strongly disagree. The total number of respondents in all scores is equal to 36. Figure 5.10 illustrates the level of explanation of expectations by supervisors of the hospital when assigning tasks to subordinates. The results of this analysis confirm that twenty-six (72%) strongly agree and agree, four (12%) neither agree nor disagree and six (17%) disagree and strongly disagree. This means that supervisors are successful in the explanation of expectations when assigning tasks to subordinates.



**Figure 5.10 Explanation of expectations by supervisors when assigning tasks to subordinates.**

Activities of the functionaries are organised and performed by employees to achieve the set objectives of the hospital. On the question of whether activities and functions are organised in the hospital so that employees work well to achieve objectives, eight (22%) strongly agree, twelve (33%) agree, nine (25%) neither agree nor disagree, four (12%) disagree and three (8%) strongly disagree. The total number of respondents in all scores is equal to 36. The total percentages of respondents who strongly agree and agree that activities and functions are organised so that employees work well to achieve objectives, is at 55% (i.e. 22+33 = 55). This means that the hospital is successful in organising activities and functions so that employees work well to achieve objectives. Those who neither agree nor disagree are at 25%, and those who disagree and strongly disagree are at 19%.

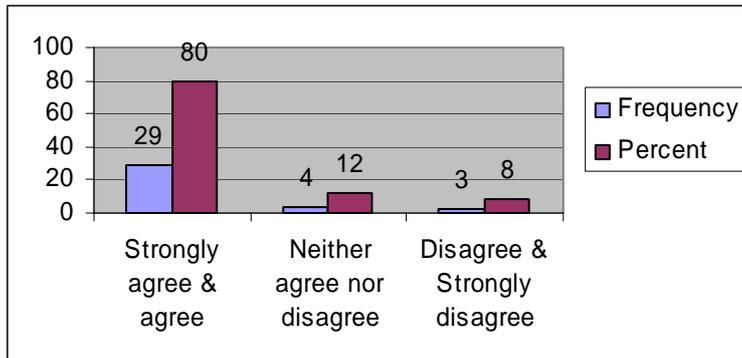
Managers at Dr Yusuf Dadoo Public Hospital entrust subordinates with responsibility and authority to do the work and ensure accountability for results. In terms of Chapter 4, Table 4.6, on the question of whether managers allocate responsibility commensurate to authority when delegating tasks to subordinates, four (11%) strongly agree, eighteen (50%) agree, ten (28%) neither agree nor disagree, four (11%) disagree and none (0%) strongly disagree. The total number of respondents in all scores is equal to 36. The total percentage of respondents, who strongly agree and agree that managers allocate commensurate responsibility when delegating authority to subordinates, is at 61% (i.e. 11+50 = 61). This means that managers are successful in allocating commensurate responsibility when delegating authority to subordinates. Those who neither agree nor disagree are at 28%, and those who disagree and strongly disagree are at 11%.

According to Chapter 4, Table 4.6, on the question of whether managers ensure that expenditure on personnel does not impede service delivery activities, six (17%) strongly agree, fifteen (42%) agree, nine (25%) neither agree nor disagree, three (8%) disagree and three (8%) strongly disagree. The total number of respondents in all scores is equal to 36. The total percentage of respondents, who strongly agree and agree that managers ensure that expenditure on personnel does not impede service delivery activities, is at 59% (i.e.  $17+42 = 59$ ). This means that managers are successful in ensuring that expenditure on personnel does not impede service delivery activities. Those who neither agree nor disagree are at 25%, and those who disagree and strongly disagree are at 17%.

### **5.7 Leadership**

According to Chapter 4, Table 4.7, elements of satisfactory compliance on leadership are detected, but there are also elements of concern. Employees at Dr Yusuf Dadoo Public Hospital are responsible for their work. They determine methods on how best to do their tasks. Although the above is achieved, the management of the hospital does not hold weekly and monthly meetings regularly, to give feedback, and employees are not informed on how well they perform their jobs. It is clear that the management does not take an interest in employees beyond just getting the job done. Management is also not open to ideas that employees suggest. Leadership is always goal-oriented and emanates from a position in the organisation. Certain actions of leadership behaviour are expected from the management of the hospital. It is expected of hospital management to direct the behaviour of the employees, reward and reprimand them according to the quality of their performance. Leadership at the hospital depends on the ability of top management to influence and lead subordinates. Middle management, junior management and supervisors at the hospital must continue to encourage subordinates to be responsible for their work. This will inspire subordinates to carry out their tasks independently, with success. On the question of whether management allows employees to be responsible for their work, seven (19%) strongly agree, twenty-two (61%) agree, four (12%) neither agree nor disagree, three (8%) disagree and none (0%) strongly disagree. The total number of respondents in all scores is equal to 36. Figure 5.11 illustrates the extent to which the management of

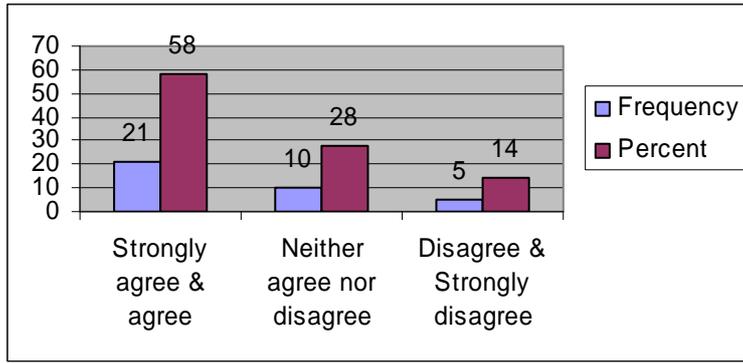
the hospital allows employees to be responsible for their work. The results of this analysis confirm that twenty-nine (80%) strongly agree and agree, four (12%) neither agree nor disagree, and three (8%) disagree and strongly disagree that management allows employees to be responsible for their work. This means that management is successful in allowing employees to be responsible for their work in Dr Yusuf Dadoo Public Hospital.



**Figure 5.11 Management allows employees to be responsible for their tasks**

Management supports the initiatives of employees and allows them to determine how best to do their tasks. This initiative of employees falls within the authority of the supervisor. On the question of whether management gives employees the opportunity to determine the best methods to accomplish their tasks, six (17%) strongly agree, fifteen (41%) agree, ten (28%) neither agree nor disagree, five (14%) disagree and none (0%) strongly disagree. The total number of respondents in all scores is equal to 36.

Figure 5.12 illustrates the extent to which the management of the hospital gives employees the opportunity to determine the best methods to accomplish their tasks. The results of this analysis confirm that twenty-one (58%) strongly agree and agree, ten (28%) neither agree nor disagree and five (14%) disagree and strongly disagree. This means that management is successful in giving employees the opportunity to determine the best methods to accomplish their tasks.



**Figure 5.12 Management gives employees opportunity to determine the best methods to accomplish their tasks**

According to Chapter 4, Table 4.7, on the question of whether management provides regular feedback to employees on how well they perform their jobs (i.e. weekly and monthly meetings), four (11%) strongly agree, thirteen (36%) agree, nine (25%) neither agree nor disagree, seven (20%) disagree and three (8%) strongly disagree. The total number of respondents in all scores is equal to 36. The total percentage of respondents who strongly agree and agree that management provides regular feedback to employees on how well they perform their jobs, is at 47% (i.e.  $11+36 = 47$ ). This means that management is not successful in providing regular feedback to employees on how well they perform their jobs, by means of weekly and monthly meetings. Those who neither agree nor disagree are at 25%, and those who disagree and strongly disagree are at 28%.

On the question of whether management takes an interest in employees beyond just getting the job done, three (8%) strongly agree, thirteen (36%) agree, ten (28%) neither agree nor disagree, six (17%) disagree and four (11%) strongly disagree. The total number of respondents in all scores is equal to 36. The total percentage of respondents who strongly agree and agree that management takes an interest in employees beyond just getting the job done, is at 44% (i.e.  $8+36 = 44$ ). This means that management is not successful in taking an interest in employees beyond just getting the job done. Those who neither agree nor disagree are at 28%, and those who disagree and strongly disagree are at 28%.

On the question of whether management is open to ideas that employees suggest, five (14%) strongly agree, eleven (31%) agree, seven (19%) neither agree nor disagree,

nine (25%) disagree and four (11%) strongly disagree. The total number of respondents in all scores is equal to 36. The total percentage of respondents who strongly agree and agree that management is open to ideas that employees suggest, is at 45% (i.e. 14+31= 45). This means that management is not successfully open to ideas that employees suggest. Those who neither agree nor disagree are at 19%, and those who disagree and strongly disagree are at 36%.

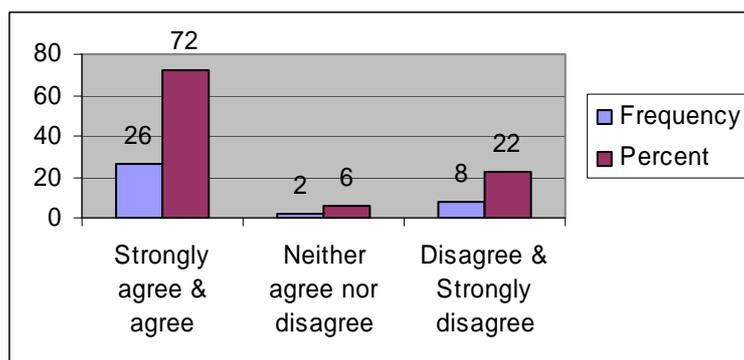
## **5.8 Controlling**

According to Chapter 4, Table 4.8, management succeeds in the implementation of control measures in the hospital. Performance of the employees conforms to the set goals and objectives of the hospital. Performance standards are set, and performance is measured and compared against standards. Managers of the hospital direct the activities of subordinates, to achieve the goals and objectives of the hospital. They receive feedback on firsthand information through management, by walking around. Controlling through management by walking around (MBWA) ensures that activities are observed and deviations are corrected immediately as they occur. On the question of whether management visits departments and interacts directly with the employees, six (17%) strongly agree, fifteen (42%) agree, eight (22%) neither agree nor disagree, three (8%) disagree and four (11%) strongly disagree. The total number of respondents in all scores is equal to 36. The total percentage of respondents who strongly agree and agree that management visits departments and interacts directly with the employees, is at 59% (i.e. 17+42 =59). This means that management is successful in visiting departments and interacting directly with the employees. Those who neither agree nor disagree are at 22%, and those who disagree and strongly disagree are at 19%.

Supervisors in Dr Yusuf Dadoo Public Hospital direct the activities of subordinates to achieve the goals and objectives of the hospital. They determine how and why performances have deviated, and correct the source of deviation. On the question of whether supervisors directly oversee the actions of employees and immediately correct deviations as they occur, seven (19%) strongly agree, fifteen (42%) agree, ten (27%) neither agree nor disagree, two (6%) disagree and two (6%) strongly disagree. The total number of respondents in all scores is equal to 36. The total percentage of

respondents who strongly agree and agree that supervisors directly oversee the actions of employees and immediately correct deviations as they occur, is at 61% (i.e. 19+42 = 61). This means that supervisors successfully oversee the actions of employees and immediately correct deviations as they occur. Those who neither agree nor disagree are at 28%, and those who disagree and strongly disagree are at 11%.

The hospital complies with the process of performance evaluation. Performance evaluation is done by supervisors, and the potential development of subordinates is determined. Performance is compared against standards, and opportunities for growth are highlighted. The performance evaluation process assists in generating and maintaining satisfactory performance levels of subordinates in their present jobs. On the question of whether work performance of employees is assessed quarterly against the set targets, and final evaluation done by the end of March, eleven (31%) strongly agree, fifteen (41%) agree, two (6%) neither agree nor disagree, five (14%) disagree and three (8%) strongly disagree. The total number of respondents in all scores is equal to 36. Figure 5.13 illustrates quarterly assessment and final evaluation of work performance of employees against set targets. The results of this analysis confirm that twenty-six (72%) strongly agree and agree, two (6%) neither agree nor disagree and eight (22%) disagree and strongly disagree. This means that management is successful in conducting quarterly assessment and final evaluation of work performance of employees against set targets in Dr Yusuf Dadoo Public Hospital.

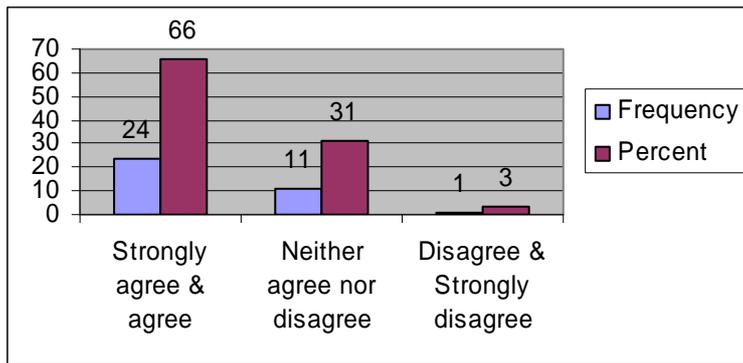


**Figure 5.13 Quarterly assessment and final evaluation of work performance of employees against set targets.**

The budget at Dr Yusuf Dadoo Public Hospital is properly controlled. The finance manager uses the process of concurrent control to immediately correct deviations as they occur. The finance manager conducts inspections in departments and sections,

and ensures economic use of resources. For example, the inspection report has been developed by the finance manager. This is the heart of the control system in the hospital. The finance manager also uses the process of feedback control to ensure that the budget is controlled. Through the process, the performance data is gathered and analysed by the finance department. Deviations are identified and corrections are made. For example, procedures to verify accounting reports and statements have been developed. On the question of whether budgetary control reports are generated and examined monthly, two (6%) strongly agree, nineteen (53%) agree, eight (22%) neither agree nor disagree, four (11%) disagree and three (8%) strongly disagree. The total number of respondents in all scores is equal to 36. The total percentage of respondents, who strongly agree and agree that budgetary control reports are generated and examined monthly, is at 59% (i.e.  $6+53 = 59$ ). This means that the hospital is successful in the monthly generating and examining of budgetary control reports. Those who neither agree nor disagree are at 22% and those who disagree and strongly disagree are at 19%.

Control systems at Dr Yusuf Dadoo Public Hospital ensure accuracy of performance data and make employees more responsible for their actions. Comparison between actual and budgeted figures is made and submitted monthly to the CEO for final approval before being submitted to Head Office. On the question of whether delegation reports, such as budget statements, In Year Monitoring, HR are personally certified by the CEO of the hospital before being forwarded to Head Office, seven (19%) strongly agree, seventeen (47%) agree, eleven (31%) neither agree nor disagree, none (0%) disagree and one (3%) strongly disagrees. The total number of respondents in all scores is equal to 36. Figure 5.14 illustrates the extent to which delegations reports are certified by the CEO of the hospital before being forwarded to Head Office. The results of this analysis confirm that twenty-four (66%) strongly agree and agree that delegations reports are certified by the CEO before being forwarded to Head Office. This means that the hospital is successful in ensuring that delegations reports are certified by the CEO before being forwarded to Head Office. Those who neither agree nor disagree are at 31% and those who disagree and strongly disagree are at 3%.



**Figure 5.14 Delegations reports are certified by the Chief executive officer**

### 5.9 Summary

This chapter focused on evaluating the results of the data presented in Chapter 4. Explanation of the details of the respondents, to understand their post categories, levels within Dr Yusuf Dadoo Public Hospital and years of service in their current positions, was given. Each domain of the five public management functions was discussed and the results were presented graphically. An explanation of each graph was given, with the highlights from Chapter 2, Chapter 3 and Chapter 4. Chapter 6 focuses on the recommendations, with regard to management practices of Dr Yusuf Dadoo Public Hospital.

## CHAPTER 6

### CONCLUSIONS AND RECOMMENDATIONS

#### 6.0 Introduction

The main focus of the research was on the five public management functions, namely: policy-making, planning, organising, leading and controlling. The main objective of the study was to:

- assess the critical elements required for the efficient and effective management of the hospital;
- identify problem areas;
- institute relevant recommendations and interventions; and
- address management-related challenges and opportunities diagnosed through the research, to improve the daily management of the hospital.

The study generated a comprehensive overview of the management practices of Dr Yusuf Dadoo Public Hospital. The results, as explained in Chapter 5, answered the objective of the research, which was to critically assess the management practices of the hospital, with specific reference to the five public management functions, namely: policy-making, planning, organising, leading and controlling. Results of assessments obtained from each domain indicated the majority of questions obtaining a total rating score of above 50%. This confirmed that the results were satisfactory. Although the results were satisfactory, there are still areas that need improvement. This chapter provides recommendations to improve the management practices of Dr Yusuf Dadoo Public Hospital.

#### 6.1 Policy-making

Although the results of this domain were satisfactory, two of the five questions were just on target at 50%. Policies that support personal development through training and development were not implemented satisfactorily. The existing updated policy manuals were not adequately made available to all the employees of the hospital. The

main purpose of policies in the hospital is to promote good management practices by providing clear guidelines for the implementation of national and provincial policies. Schermerhorn (2005:196), as mentioned in Chapter 2, paragraph 2.5.1, regards policy as a means for making decisions and action. Clarity in the policy process ensures confidence and stability. It enables the hospital to focus on its key role which is the delivering of health services to the community. Although policies are developed and implemented in the hospital, there is still resistance and frustration with the implementation of policies on various levels.

### **6.1.1 Recommendations on policy-making**

The management of the hospital must strengthen the policy-making committee. This committee must develop policies for the hospital and align them with the goals of the hospital and those of the Gauteng Department of Health, taking into consideration the uniqueness of the problems and challenges of the hospital. All employees must be involved in the development of policies. Employees must be given in-house, in-service training on policy development. These policies must be reviewed annually. Cloete (1998:159), as mentioned in Chapter 2, paragraph 2.5.1, regards policy implementation as a means to service provision. Procedure manuals that are kept in departments and sections must be reviewed and implemented. Managers in the hospital must be sent on formal training in the interpretation of policies. Key policies that need immediate implementation must be read and interpreted in the top and middle management meetings. Brochures with policies must be displayed in relevant departments and sections. Respondents also made recommendations on policy-making.

### **6.1.2 Recommendations by the respondents**

Respondents recommended that development and implementation of policies should involve all relevant stakeholders and be prepared timeously. Respondents recommended that key policies of the hospital be interpreted during meetings. Management needs to be consistent when implementing the policies of the hospital. The Adult Basic Education and Training Policy (ABET) must be developed, and ABET training conducted among lower-level employees. Policies and protocol for the

professional staff must be developed. A disciplinary committee must be introduced, to develop policies on discipline.

## **6.2 Planning**

Human resource planning at Dr Yusuf Dadoo Public Hospital determines the future human resource needs of the hospital. It ensures that the hospital has the right number and kinds of people in the right place at the right time, and is capable of completing tasks, to achieve the objectives of the hospital. Operational plans guide operational processes at the hospital. In terms of the questionnaire, this domain was satisfactory. Although the results of this domain were satisfactory, there are still areas that need improvement.

### **6.2.1 Recommendations on planning**

Lewis et al (2001:6), as mentioned in Chapter 2, paragraph 2.5.2, view planning as a means to achieve particular goals in the future. Planning must project future needs of the hospital. The existing resources must be assessed and compared with future needs of the hospital. Management must ensure that shared vision, synergy and accountability of all the employees are enhanced. The operational plan of the hospital must be developed with set standards and time frames. The individual operational plans must be developed and aligned with the operational plan of the hospital. The activities of individual operational plans must be clear, realistic and simple. To motivate employees, feedback on the activities of the hospital must be given to all employees during interactive meetings.

The human resource manager must benchmark and share best practices with other hospitals on human resource planning. Basu (2004:203), as mentioned in Chapter 2, paragraph 2.5.2, mentions the importance of the planning of programmes and employees' tasks. The human resource manager must develop a five-day induction programme for all newly-appointed employees, and invite the CEO of the hospital to welcome the newly-appointed employees on the first day of induction. The human resource manager must also develop a booklet on orientation and distribute it to all managers in the hospital. Respondents also made recommendations on planning.

### **6.2.2 Recommendations by the respondents**

Respondents recommended that employees must be informed of activities introduced in the hospital. When planning is done, service standards and needs of the hospital must be considered. Continuous awareness of the operational plans of the hospital among employees must be made during mass meetings. Individual operational plans must be clear and simple. When selection is done, relevant managers must be involved in the selection process. Management must give direction to employees when planning of activities is done.

### **6.3 Organising**

In terms of the questionnaire, this domain was satisfactory. Emphasis is put on the organising of activities. Boone & Kurtz (1987:268), as mentioned in Chapter 2, paragraph 2.5.3, emphasises the importance of organisational charts and lines of authority within it.

#### **6.3.1 Recommendations on organising**

The management of the hospital must ensure that the organisational hierarchy is maintained. The work processes must be strengthened. Staffing norms must be developed according to the approved plans of the Gauteng Department of Health. Employees must be placed correctly according to capabilities. Respondents also made recommendations on organising.

#### **6.3.2 Recommendations by the respondents**

Respondents recommended that organising in the hospital must be done according to the approved plans. Employees must be placed correctly, according to their expertise. Management must fund and fill the vacant unfunded posts. Management must benchmark with other hospitals. Management must encourage team building, and appreciate contributions made by lower-level employees when doing their work.

## 6.4 Leadership

In terms of this domain, only two questions were answered satisfactorily, and three of the five questions were rated below 50%. It is the opinion of the researcher that not enough is done in this area. This particular aspect relates to the way management defines what the future of the hospital should look like, aligns people with the vision of the hospital and inspires them to make things happen. This is the execution part of leadership. This aspect also encompasses motivation and directs employees to achieve the objectives of the hospital. Perry (in *Handbook of public administration*, 1996:619), as mentioned in Chapter 2, paragraph 2.5.4, mentions visionary leaders who interpret current realities and focus on the collective vision of the future.

### 6.4.1 Recommendations on leadership

Although the hospital ensures that expectations are clarified for employees, employees must be given a chance to constructively criticize management. To ensure transparency and openness in leadership, management must use the Participative Leadership Style to support employee participation and empowerment. To ensure transparency and openness, suggestion boxes must be introduced in the departments and sections for the employees to make suggestions. All deserving employees must be given incentives for outstanding performance. Mass meetings and road shows must be conducted with the lower level employees, to give feedback. Motivational days must be introduced and a motivational speaker invited to motivate and empower the employees. Employees must interact with one another more effectively and maintain a shared vision of the hospital. To empower subordinates for high positions, subordinates must be given work of a position higher than that which they hold while the incumbent of the position is away on leave. To multi-skill subordinates, a programme of work rotation within the department must be drawn. Managers must attend external formal courses on leadership that are organised by the Gauteng Department of Health. They must also attend national and international conventions or symposia on leadership. The in-house, in-service-training short courses for managers on leadership, must be introduced. Management must design and promote top management team-building sessions where vision, mission and empowering principles are articulated. Management must develop and publish the management

principles of an empowered team-based organisation. Management must assess the hospital continuously and use feedback to make adjustments in leadership. Management must publicise achievements in internal newsletters with photos of successful teams. A Celebration Day (Open Day) must be held where the province, key legislators, community and the press are invited to view and appreciate success. A formal recognition system must be established to honour individuals and teams that significantly contribute to improve the hospital. Respondents also made recommendations on leadership.

#### **6.4.2 Recommendations by the respondents**

Respondents recommended that management give feedback to employees. Management must continue to apply discipline in those employees who misbehave. Managers must continue to support subordinates when performing duties. A culture of teamwork must prevail in the hospital. The labour relations policies must be implemented with consistency. Junior managers must be trained in leadership. Managers must give support to subordinates and identify incompetent employees in their units. Various authors (Boone & Kurtz, 1987:395; Lewis et al, 2001:6; Hannagan, 2002:37 and Schermerhorn, 2005:323), as mentioned in Chapter 2, paragraph 2.5.4, maintain that leading is the motivation and directing of the members of the organisation to achieve the specific goals of the organisation.

### **6.5 Controlling**

In terms of the questionnaire, this domain was answered satisfactorily. Boone & Kurtz (1987:500), as mentioned in Chapter 2, paragraph 2.5.5, views controlling as comparing current performance to standards, and correcting of deviations.

#### **6.5.1 Recommendations on controlling**

The performance of the employees must be assessed and evaluated continuously, to enable the hospital to achieve its objectives. Control must be exercised in all the departments and over all employees. Employees of the hospital must be made aware of budget control, and control measures to control costs against allocated budgets,

must be strengthened. Cost Centre Management Units must be established to cover critical activities and operations in the hospital. The respondents also made recommendations on controlling.

### **6.5.2 Recommendations by the respondents**

Respondents recommended that management must continue to visit departments and talk to employees. Subordinates must submit weekly written reports on performance to their supervisors. Management must review systems of operation, and computers must be purchased to execute key activities in key departments such as finance and human resources. The Performance Management and Development System in the hospital must be strengthened, and employees evaluated on a quarterly basis.

### **6.6 Recommendations for further studies**

As a result of an increase in the population and the increase in demand for health services, the role of public hospitals has increased. Public managers work in a complex and dynamic environment. They are faced with political, social, economic and technological challenges. They execute the policy of the government of the day within demarcated constitutional provisions. These managers act as agents of change within the political process, and adapt existing management practices and implement new changes. By doing research in management practices, public managers of hospitals can understand why and how things happen. It is therefore recommended that continuous research in management practices be conducted to meet and address challenges facing public hospitals.

### **6.7 Summary**

In this chapter, conclusions and recommendations on the results of the analysis of the collected data were made. The five public management functions, namely: policy-making, planning, organising, leading and controlling, were explained. The chapter concluded with recommendations made for further study of the topic.

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## APPENDIX A

### SURVEY QUESTIONNAIRE

#### Critical Assessment of Management Practices of Dr Yusuf Dadoo Public Hospital

##### **Purpose of the survey**

The survey is designed to assess the state of management practices of Dr Yusuf Dadoo Public Hospital in respect of the five public management functions, namely: policy-making, planning, organising, leading and controlling. This survey is in line with the Core Service Standards as set out by the National Department of Health and the overall Service Improvement Plan (**SIP**) of the Gauteng Department of Health. The findings of the assessment will be used to develop appropriate interventions to address challenges and opportunities diagnosed through the process.

##### **1. Policy-making**

This function refers to the policy-making processes and standardised policies and mechanisms that are designed to facilitate the policy.

##### **2. Planning**

This function refers to the planning processes and mechanisms that are designed to facilitate the planning work.

##### **3. Organising**

This function refers to the arrangement of functions and people into specific areas, and their levels of responsibility.

#### **4. Leading**

This function refers to management and leadership factors that impact on service delivery.

#### **5. Controlling**

The function of controlling refers to the management function involving the process of monitoring activities to ensure that they are being accomplished as planned, and correcting any significant deviations. This also includes aspects on how well people perform in the hospital (Performance Management System).

#### **Instructions for completion**

The questions are based on the five headings of the five management functions. These headings collect data on the current state of management practices of Dr Yusuf Dadoo Public Hospital. Please be as objective and honest as possible when answering these questions.

Respondents are encouraged to:

- ⊕ Answer every question
- ⊕ Base your answer on your own perceptions, experience and knowledge.

#### **Confidentiality**

All answers are strictly confidential and no person will have access to your completed questionnaire.

#### **Ratings**

- 5 = strongly agree
- 4 = agree
- 3 = neither agree nor disagree
- 2 = disagree
- 1 = strongly disagree

**Section 1: Respondent details**

Complete this section by making a cross (X) on the appropriate block.

**1.1 Post class**

Manager/ post class	Mark (X)
Nursing	
Medical and Allied	
Admin and Support	

**1.2 Your level within the Hospital**

Position	Mark (X)
Top management	
Middle management	
Junior management or Supervisor	

**1.3 Years of service in the current position**

Years of service	Mark (X)
1   Less than one year	
2   One to five years	
3   Six to 10 years	
4   Ten to 20 years	
5   More than 20 years	

**Section 2: Public Management Functions**

**2.1 Policy-making**

Indicate the extent to which you agree or disagree with each of the statements below by making a cross (X) or encircling your preferred box.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1. Policies and procedures are developed and implemented in the Hospital.	5	4	3	2	1
2. Policies are interpreted and implemented as prescribed in the relevant statutes.	5	4	3	2	1
3. Policies that support personal development through training and development opportunities are implemented.	5	4	3	2	1
4. When discipline on employees is undertaken relevant policies as stipulated in the Labour Relations Act are followed.	5	4	3	2	1
5. The existing updated policy manuals are made available to the entire employees of the hospital.	5	4	3	2	1

**NB:**

**Please tell us in your own words what you think would improve policy-making in the hospital**

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## 2.2 Planning

Indicate the extent to which you agree or disagree with each of the statements below by making a cross (X) or encircling your preferred box.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1. Management ensures that employees understand the vision and mission of the hospital that is in line with the Gauteng Department of Health.	5	4	3	2	1
2. Employees are involved in the development of the operational plan of the hospital.	5	4	3	2	1
3. Management ensures that operational plans of the employees support the overall goals of the hospital.	5	4	3	2	1
4. Recruitments, selections and appointments are done by human resource department.	5	4	3	2	1
5. Orientation of new employees to the job is done in the hospital.	5	4	3	2	1

**NB:**

**Please tell us in your own words what you think would improve planning in the hospital**

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### 2.3 Organising

Indicate the extent to which you agree or disagree with each of the statements below by making a cross (X) or encircling your preferred box.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1. The functional structure of the hospital groups together similar or related occupational classes.	5	4	3	2	1
2. Supervisors clearly explain expectations to subordinates when assigning task.	5	4	3	2	1
3. Activities and functions are organised so that employees work well to achieve objectives.	5	4	3	2	1
4. Managers allocate responsibility commensurate to authority when delegating tasks to subordinates.	5	4	3	2	1
5. Managers ensure that expenditure on personnel does not impede service delivery activities.	5	4	3	2	1

**NB:**

**Please tell us in your own words what you think would improve organising in the hospital**

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## 2.4 Leadership

Indicate the extent to which you agree or disagree with each of the statements below by making a cross (X) or encircling your preferred box.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1. Management allows employees to be responsible for their work.	5	4	3	2	1
2. Management gives employees opportunity to determine the best methods to accomplish task.	5	4	3	2	1
3. Management provides regular feedback to employees on how well they perform their jobs (i.e. weekly and monthly meetings).	5	4	3	2	1
4. Management takes an interest in employees beyond just getting the job done.	5	4	3	2	1
5. Management is open to ideas that employees suggest.	5	4	3	2	1

**NB:**

**Please tell us in your own words what you think would improve leadership in the hospital**

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### 2.5 Controlling

Indicate the extent to which you agree or disagree with each of the statements below by making a cross (X) or encircling your preferred box.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1. Management visits departments and interacts directly with the employees.	5	4	3	2	1
2. Supervisors directly oversee the actions of employees and immediately correct deviations as they occur.	5	4	3	2	1
3. Work performance of employees is assessed quarterly against the set targets and final evaluation is done by the end of March.	5	4	3	2	1
4. Budgetary control reports are generated and examined monthly.	5	4	3	2	1
5. Delegation reports are personally certified by the Chief Executive Officer before being forwarded to Head Office (e.g. budget statements, In Year Monitoring, HR).	5	4	3	2	1

**NB:**

**Please tell us in your own words what you think would improve controlling in the hospital**

**Thank you for completing this questionnaire. Please return it closed in this self-addressed envelope.**