

**A HUMAN RESOURCE MANAGEMENT PROGRAMME FOR SOCIAL
WORKERS AT PSYCHIATRIC HOSPITALS**

by

ANNA ELIZABETH HENDRY

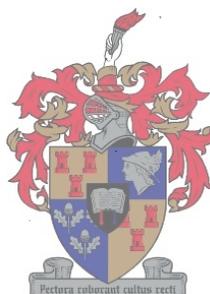
Thesis submitted in partial fulfilment of the requirements for the degree of
Master in Social Work (Management and Supervision)

at the

University of Stellenbosch.

Study Leader: Prof N.J. Botha

December 1996



DECLARATION

I the undersigned hereby declare that the work contained in this thesis is my own work (original) and has not previously in its entirety or in part been submitted at any university for a degree.

SUMMARY

This study investigated the need for a human resource management programme for social workers at psychiatric hospitals. The emphasis was on gaining access to and exploiting optimal specialist knowledge and skills.

The motivation for the study has been the new challenges brought about by rationalisation of health and welfare services due to budget limitations and the 1996 White-Paper for Social Welfare's call for more effective and equitable service delivery.

Due to management cut-backs and restructuring of services, the prospects for satisfying extrinsic needs of staff, for example, by means of salary increases and promotion options, are poor. It thus becomes the task of the social work manager to activate potentially committed staff members by means of satisfying their higher intrinsic needs such as for example the need for autonomy and greater responsibility.

A literature study was undertaken to explore and describe the relationship between the administrative, educational and supportive functions of human resource management and supervision within the framework of the development model.

Data for the empirical study was collected by means of self-administered questionnaires completed by the social workers at the three psychiatric hospitals in the Western Cape namely, Valkenberg, Lentegeur and Stikland. The needs of social workers and the tasks of the manager were investigated and described.

Guidelines for a human resource management programme were determined according to the research findings in terms of staff acquisition, staff development and training, staff utilisation and evaluation. Findings also indicated the need for a shift from a control to a more participative and commitment paradigm.

OPSOMMING

Hierdie studie het ondersoek ingestel na die behoefte aan 'n menslike hulpbronne bestuursprogram vir maatskaplike werkers by psigiatriese hospitale. Toegang tot en optimale benutting van spesialis kennis en vaardighede is beklemtoon.

Die motivering vir die studie is teweeggebring deur die nuwe uitdagings wat ontstaan het as gevolg van die rasionalisering van gesondheid en welsynsdienste weens finansiële inkortings en die Witskrif van 1996 vir Maatskaplike Welsyn se beroep om effektiewer en billiker dienslewering.

As gevolg van inkortingsbestuur en herstrukturering van dienste, is die moontlikheid van die bevrediging van ekstrinsieke behoeftes van personeel aan hoër salarisse en bevorderingsgeleenthede, swak. Die taak berus dus nou by die maatskaplikewerkbestuurder om potensieel toegewyde personeel te aktiveer deur middel van bevrediging van hul hoër orde intrinsieke behoeftes soos byvoorbeeld aan outonomie en groter verantwoordelikheid.

'n Literatuurstudie is onderneem om die verband tussen die administratiewe, opvoedkundige en ondersteunende funksies van menslike hulpbronnebestuur en supervisie binne die raamwerk van die ontwikkelingsmodel te verken en te beskryf.

Data vir die empiriese ondersoek is verkry deur middel van self-gedadministreerde vraelyste wat deur die maatskaplike werkers by die drie psigiatriese hospitale in die Wes-Kaap naamlik Valkenberg, Lentegur en Stikland voltooi is. Die behoeftes van die maatskaplike werkers en die taak van die maatskaplikewerkbestuurder is ondersoek en beskryf.

Riglyne vir 'n menslike hulpbronne bestuursprogram is opgestel na aanleiding van die navorsings bevindinge ten opsigte van die funksies van personeelvoorsiening, personeelontwikkeling, personeelbenutting en personeeëvaluering. Bevindinge het ook 'n klemverskuiwing van 'n kontrole paradigma na die van groter deelnemende bestuur en toewyding aangedui.

ACKNOWLEDGEMENTS

I hereby express my sincere appreciation to the following:

- All honour to my Creator.
- My late husband, Alan Hendry, who died on 23 January 1995 at the commencement of this research, for his support and faith in me.
- Professor N.J. Botha, my study leader, for all her inspiration, guidance and encouragement.
- Dr S. Green for her trust and support throughout the duration of my studies at the University of Stellenbosch.
- Bronwen Hendry for her exceptional patience and assistance.
- Elizabeth and Frank van Riet for their assistance with the typing and technical layout of this report.
- My family, friends and colleagues for their interest and encouragement.
- Social workers and my colleagues at Valkenberg, Lentegeur and Stikland Hospitals for their willingness to participate in this study.

Lizette Hendry

CONTENTS

SECTION A: INTRODUCTION AND LITERATURE STUDY

CHAPTER 1

INTRODUCTION

1.1	INTRODUCTION	1
1.2	MOTIVATION FOR THE STUDY	1
1.3	HYPOTHETICAL ASSUMPTION	3
1.4	OBJECTIVES OF THE STUDY	3
1.4.1	Goal	3
1.4.2	Objectives to Achieve this Goal	3
1.5	PARAMETERS OF THE STUDY	4
1.6	RESEARCH METHODOLOGY	4
1.6.1	Literature Study	4
1.6.2	Empirical Study	4
1.7	PROCESSING OF THE DATA	6
1.8	LIMITATIONS OF THE STUDY	6
1.9	PRESENTATION OF THE CONTENT OF THE REPORT	6

CHAPTER 2

CHALLENGES FACING HUMAN RESOURCE MANGEMENT IN A TIME OF CHANGE

2.1	INTRODUCTION	8
2.2	DEFINITIONS OF TERMS	9
2.2.1	Human Resource Management	9
2.2.2	Effective Organisation	11
2.2.3	Efficiency	12
2.2.4	Accountability	13
2.2.5	Commitment	13
2.3	HISTORICAL INFLUENCES OF THE DEVELOPMENT OF HUMAN RESOURCE MANAGEMENT ON SOCIAL WORK MANAGEMENT	13
2.3.1	Scientific Management	14
2.3.2	Administrative Management	15
2.3.3	Bureaucratic Management	16
2.3.4	The Human Relations / Behavioural Approach to Management	17
2.3.5	The Modern Structuralist Approach	18
2.3.6	Participation Management Approach	18
2.3.7	Management by Objectives (MBO) Approach	19
2.3.8	Total Quality Management (TQM)	20
2.3.9	A Normative Approach	21

2.4	THE NEED FOR HUMAN RESOURCE MANAGEMENT	22
2.5	THE WHITE PAPER FOR SOCIAL WELFARE AND HUMAN RESOURCE MANAGEMENT	24
2.6	IMPLICATIONS FOR HUMAN RESOURCE MANAGEMENT IN THE PSYCHIATRIC HOSPITAL WITH SPECIAL EMPHASIS ON THE SOCIAL WORK DEPARTMENT	26
2.7	CONCLUSION	30

CHAPTER 3

HUMAN RESOURCE MANAGEMENT: THE STAFFING FUNCTION

3.1	INTRODUCTION	31
3.2	THE ADMINISTRATIVE ASPECT OF THE STAFFING FUNCTION OF HUMAN RESOURCE MANAGEMENT OF A SOCIAL WORK DEPARTMENT IN A STATE PSYCHIATRIC HOSPITAL	32
3.3	A MODEL FOR HUMAN RESOURCE MANAGEMENT	35
3.3.1	Introduction	35
3.3.2	Staffing Functions	35
3.3.3	The Function of Supervision	39
3.3.4	The Development Model of Supervision	40
3.3.5	A Human Resource Management Model	43
3.4	THE PRACTICAL APPLICATION OF THE FOUR ASSUMPTIONS OF KNOWLES OF ADULT EDUCATION ON THE EDUCATIONAL FUNCTION OF SUPERVISION	45
3.4.1	Introduction	45
3.4.2	Outline of the Four Assumptions	45
3.4.3	The Supervision Process	46
3.4.4	The Impact of these Assumptions and particularly the Technical Implications thereof for the Supervision Process	46
3.5	RESEARCH	54
3.6	CONCLUSION	55

CHAPTER 4

THE ROLE AND FUNCTION OF THE SOCIAL WORKER IN THE MULTI-DISCIPLINARY TEAM

4.1	INTRODUCTION	56
4.2	THE ROLE OF THE SOCIAL WORKER AND THE MULTI-DISCIPLINARY TEAM	57
4.3	SOCIAL WORK AND THE MEDICAL MODEL	58
4.4	THE HOLISTIC BIO-PSYCHOSOCIAL MODEL AND SYSTEMS APPROACH	61
4.5	THE LIFE MODEL APPROACH TO PRACTICE	63

4.6	PSYCHO-SOCIAL REHABILITATION AND THE ROLE OF THE SOCIAL WORKER	67
4.7	STRESS FACTORS AND JOB RELATED TENSION FOR SUPERVISEES	68
4.8	CONCLUSION	75

CHAPTER 5

THE ADMINISTRATIVE FUNCTIONS OF SUPERVISION AND HUMAN RESOURCE MANAGEMENT IN TERMS OF STAFF ACQUISITION

5.1	INTRODUCTION	77
5.2	ADMINISTRATIVE SUPERVISION AND STAFF ACQUISITION	78
5.3	ACQUISITION OF HUMAN RESOURCES	80
5.3.1	Human Resource Planning	81
5.3.2	Job Information and Human Resource Management	87
5.3.3	Staff Recruitment, Selection and Appointment	95
5.3.4	Orientation / Socialisation of the New Employee	98
5.4	WORKLOAD MANAGEMENT	100
5.5	STAFF MAINTENANCE AS A FUNCTION OF ADMINISTRATIVE SUPERVISION	101
5.6	CONCLUSION	102

CHAPTER 6

THE EDUCATIONAL FUNCTION OF SUPERVISION AND HUMAN RESOURCE DEVELOPMENT

6.1	INTRODUCTION	104
6.2	HUMAN RESOURCE DEVELOPMENT IN A TIME OF CHANGE	105
6.3	THE NEED FOR HUMAN RESOURCE DEVELOPMENT	105
6.4	DEFINITION OF HUMAN RESOURCE DEVELOPMENT (STAFF / EMPLOYEE DEVELOPMENT)	109
6.5	FACETS OF HUMAN RESOURCE DEVELOPMENT	110
6.5.1	Orientation	110
6.5.2	In-service Training	110
6.5.3	Educational Supervision	112
6.5.4	Informal and External Teaching Resources	114
6.5.5	Participation in Policy and Decision-making	116
6.5.6	Consultation	117
6.5.7	Career Development	118
6.6	CONCLUSION	121

CHAPTER 7**THE SUPPORTIVE FUNCTION OF SUPERVISION AND STAFF UTILISATION**

7.1	INTRODUCTION	123
7.2	THE NATURE OF SUPPORTIVE SUPERVISION	125
7.3	THE INTEGRATIVE FUNCTIONS OF SUPPORTIVE SUPERVISION	127
7.3.1	The Humanising Function	127
7.3.2	Managing Tension	128
7.3.3	The Catalysing Function	129
7.4	MOTIVATION AND SUPERVISION / MANAGEMENT	129
7.4.1	Theories of Motivation	130
7.4.2	Job Design and Motivation	134
7.4.3	Implementation of the Theories of Motivation	135
7.4.4	Activating techniques for increased motivation	136
7.4.5	Job Enrichment / Job Enlargement	138
7.5	JOB SATISFACTION / EMPLOYEE MORALE / BURNOUT	139
7.6	JOB PERFORMANCE	140
7.7	LEADERSHIP	140
7.8	EMPOWERMENT	144
7.9	CONCLUSION	145

CHAPTER 8**EVALUATION**

8.1	INTRODUCTION	148
8.2	AIM AND NATURE OF EVALUATION	149
8.3	VALUE OF EVALUATION	151
8.3.1	Value to the worker	151
8.3.2	Value to the organisation	151
8.3.3	Value to the client / patient	152
8.3.4	Value to the supervisor	152
8.4	RESPONSIBILITY FOR EVALUATION	152
8.5	VALUATING EFFECTIVENESS	153
8.6	EVALUATION AS AN INTEGRAL PART OF THE PERSONNEL SYSTEM	154
8.6.1	The Role of Evaluation in the Staffing Function of Administrative Supervision	155
8.6.2	The Role of Evaluation in Staff Development	155
8.6.3	The Role of Evaluation for Utilisation of Staff	156
8.7	NEGATIVE RESPONSE TO EVALUATION	156
8.8	PRINCIPLES OF EVALUATION	157
8.9	METHODS OF EVALUATION	159
8.10	CONCLUSIONS	160

SECTION B: RESEARCH FINDINGS; CONCLUSIONS AND RECOMMENDATIONS

CHAPTER 9

AN EVALUATION OF THE NEED FOR THE DEVELOPMENT OF A HUMAN RESOURCE MANAGEMENT PROGRAMME FOR SOCIAL WORKERS AT PSYCHIATRIC HOSPITALS

9.1	INTRODUCTION	161
9.2	SENIORITY	162
9.2.1	Position / Rank	162
9.2.2	Years of Experience	163
9.3	SOCIAL MILIEU AND COMMITMENT	166
9.3.1	Commitment and Productivity	166
9.3.2	Job Satisfaction and Job Change	167
9.3.3	The Severance Package Option	170
9.4	THE ADMINISTRATIVE FUNCTIONS OF PLANNING AND STAFF ACQUISITION	171
9.4.1	Planning	171
9.4.2	Staff Acquisition	173
9.4.3	Recruitment	175
9.4.4	Job Description, Duty Sheet, Job Specification and Job Evaluation	176
9.4.5	Clear Objectives and The Extent to Which Objectives are Reached	177
9.4.6	Awareness of Obligations	179
9.4.7	Workload Management	179
9.4.8	Job Design and Motivation	180
9.5	THE EDUCATIONAL FUNCTION OF SUPERVISION AND STAFF DEVELOPMENT	182
9.5.1	Aim	182
9.5.2	Development / Educational Model of Supervision	184
9.5.3	In-Service-Training: Utilisation to P.A.W.C. Training Courses	189
9.6	THE SUPPORTIVE FUNCTION OF SUPERVISION AND STAFF UTILISATION	191
9.6.1	Management Techniques	191
9.6.2	Stress Factors	194
9.7	WORKER FEELINGS ABOUT PERFORMANCE EVALUATION / APPRAISAL	195
9.8	CONCLUSION	197

CHAPTER 10**CONCLUSIONS AND RECOMMENDATIONS**

10.1	INTRODUCTION	198
10.2	CONCLUSIONS	198
10.2.1	The Administrative Function of Supervision and Human Resource Management in terms of Planning and Staff Acquisition	199
10.2.2	The Educational Function of Supervision and Staff Development	202
10.2.3	The Supportive Function of Supervision and Staff Utilisation	204
10.2.4	Staff Evaluation	205
10.3	RECOMMENDATIONS	205
10.3.1	Guidelines in terms of the administrative functions of supervision and human resource management pertaining to planning and staff acquisition	206
10.3.2	Guidelines in terms of the educational function of supervision and resource management pertaining to staff development	207
10.3.3	Guidelines in terms of the supportive functions of supervision and human resource management pertaining to staff evaluation and utilisation	208

BIBLIOGRAPHY	210
--------------	-----

APPENDIXES

LIST OF TABLES

Table 3.1	A HRM Model / Development Model	44
Table 9.1	Number of respondents per rank	163
Table 9.2	Number of years of experience in a psychiatric hospital and elsewhere in relation to position or rank	164
Table 9.3	Levels of commitment	166
Table 9.4	Levels of commitment, average years of psychiatric experience and productivity levels	167
Table 9.5	Levels of commitment and job change	168
Table 9.6	Motivations for job change	169
Table 9.7	Severance package application in relation to position and years of experience in a psychiatric hospital and elsewhere	170
Table 9.8	Involvement in analysis of present and future needs	172
Table 9.9	Feelings regarding middle management personnel retiring early	173
Table 9.10	Ex-student and non ex-student responses to commitment	174
Table 9.11	Ex-student and non ex-student responses to productivity	174
Table 9.12	Application and recruitment responses	175
Table 9.13	Availability of a duty sheet, job description, job specification and job evaluation	177
Table 9.14	Job characteristic preferences	181
Table 9.15	Incentive preferences	183
Table 9.16	Social Worker awareness of the development / educational model of supervision as referred to by Kadushin (1992)	185
Table 9.17	Worker responses to criteria for termination of supervision	186
Table 9.18	Length of supervision	187
Table 9.19	Consultation levels	188
Table 9.20	Existence of supervision and consultation policies	188
Table 9.21	P.A.W.C. course attended	189
Table 9.22	Positive and negative response to In-service Training (P.A.W.C. courses)	190
Table 9.23	Management technique preferences	191
Table 9.24	Rating of stress factors perceived	195

LIST OF FIGURES

Figure 3.1	HRM Model (Robbins, 1982 : 19)	36
Figure 9.1	Practice education vs no practice education	173
Figure 9.2	Clear objectives	178
Figure 9.3	The extent to which own objectives were being reached	178
Figure 9.4	Awareness obligations	179
Figure 9.5	Guidance received with work load management	180
Figure 9.6	Utilisation of the present Personnel Assessment Questionnaire	194
Figure 9.7	Positive and negative feelings about performance appraisal	196

SECTION A

INTRODUCTION AND LITERATURE STUDY

CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

Acquiring the services of efficient people, developing their skills, motivating them to achieve higher levels of performance and at the same time making sure that they remain committed to the organisation, is crucial for the effectiveness of any organisation. A human resource management programme for social workers at psychiatric hospitals is the theme of this study.

In this introductory chapter, the following aspects will be discussed: motivation for the study, research goals, the parameters of the study and research methodology. The chapter also includes an outline of the study in terms of its presentation.

1.2 MOTIVATION FOR THE STUDY

In the Draft White Paper for Social Welfare (1996 : 4), the Ministry for Social Welfare and Population Development commits itself to the continuity of existing services whilst at the same time re-orientating existing services towards developmental approaches.

Whether social workers in existing hospital posts will be expected to do the primary work or whether new posts will be created for the newly established community psychiatric project, de-institutionalisation calls for greater commitment to an equitable service. The R.D.P. of the A.N.C. (1994 : 42,43) has spelt out clearly that health care and social services are fragmented and that resources are grossly mismanaged and poorly distributed. It is emphasised that the whole National Health System is to be driven by the Primary Health Care approach. The aim is also to improve community care, rehabilitation and education for all disabled people, particularly the mentally disabled, making available support for their families and care givers and allowing them access to rehabilitation facilities.

Mental health is no longer to be interpreted separately from physical health as mind and body function together and cannot be separated. Mental health should be interpreted broadly and areas such as drug and alcohol abuse, family breakdown, life skills, recreation and job satisfaction, abuse and other areas requiring non-medicalised intervention, should be seen as significant within a Mental Health Department.

Greater efficiency in dealing with the developmental problems being experienced in South Africa at present is required. This social work researcher is now faced with the impact which this incorporation of Mental Health Services into Primary Health Care, is going to have on existing staff. The situation is aggravated by extensive budget cuts and the great loss of expertise which has been brought about by the recent trend to retire experienced staff. It remains the Peoples' right to demand excellent services and it is going to be the manager's task to use existing staff more efficiently and effectively.

The manner in which staff empowerment is brought about, will determine how one will be able to respond to these changes and increasing patient demands. According to Patti (1983 : 34), it is important to bring about policy changes to keep abreast with organisational changes. Human resource management, being a dynamic and changing field, calls for the manager to be at the forefront of these changes with new and relevant human resource practices.

A time has come to look at needs of psychiatric social workers in terms of what their role actually is. Changing needs call for a review of social work roles and functions and for increased staff development and utilisation. Social workers are to become more involved in pre-admission screening, care planning and other activities that complement continuity of health care.

Human rights are being accentuated more and more. Resources have become fewer and fewer and challenges greater and greater. The needs of the organisation will however, only be met if the needs of those within the organisation are met. Social workers themselves remain the tools of their profession.

The research endeavoured to develop new insights into how a social work manager can utilise a human resource management programme to enhance the professional development of social workers in psychiatric hospitals.

The researcher is currently employed as one of twelve social workers at Valkenberg Hospital. She also had the privilege to be employed at the same hospital during the period 1967 - 1972, a time when the then Department of Social Welfare and Pensions had seconded one post to the entire hospital.

1.3 HYPOTHETICAL ASSUMPTION

Given suitable guidelines for a human resource management programme, service rendering by social workers at psychiatric hospitals will be enhanced.

1.4 OBJECTIVES OF THE STUDY

1.4.1 Goal

To determine guidelines for an effective human resource management programme for social workers at psychiatric hospitals, the emphasis being on achieving the fullest possible range of staff skills and knowledge and maximum utilisation of a positive attitude through staff empowerment.

1.4.2 Objectives to achieve this goal

- (1) To look at some of the needs of social workers at psychiatric hospitals facing the challenges of a changing South Africa.
- (2) To assess the need for a human resource management programme for social workers at psychiatric hospitals.
- (3) To investigate the tasks of a human resource manager in a psychiatric setting in terms of staffing; development of staff; utilisation of staff and staff evaluation.

1.5 PARAMETERS OF THE STUDY

The study was limited to the three psychiatric hospitals in the Western Cape namely Valkenberg, Stikland and Lentegeur. These three hospitals are all situated in the Cape Peninsula. The target group has been the full complement of social workers at the three hospitals equalling thirty six in total, excluding the researcher.

1.6 RESEARCH METHODOLOGY

Literature and empirical studies were undertaken in order to achieve the goals and objectives of this study. The following methods were used:

1.6.1 Literature Study

A literature study was undertaken to review available relevant literature on human resource management especially as it pertained to social work and social work supervision in particular. Literature was obtained from the J.S. Gericke Library at the University of Stellenbosch and the Erika Theron Reading Room at the Department of Social Work, University of Stellenbosch. The inter-library facilities offered, were used to obtain literature from other universities and membership at the Jagger Library of the University of Cape Town. The library at Valkenberg Hospital was also utilised for relevant psychiatric texts and journal articles.

1.6.2 Empirical Study

The researcher has been faced with a practical problem that needed to be identified and addressed. The research was therefore **applied research** according to Grinnell (1993 : 439) in that practical results were sought which could be utilised or applied in practice.

The research had to be of an **exploratory nature** according to Grinnell (1993 : 442) and Mouton and Marais (1991 : 43) because there is very little information available in this particular field of study.

Due to the qualitative nature of the study, it was necessary for the researcher to rely heavily on the co-operation of the social workers concerned as emphasised by Grinnell (1985 : 267). Grinnell (1993 : 54) also refers to this as the **naturalistic approach** to social work research.

According to writers such as Mouton and Marais (1993 : 204) a qualitative approach attempts to gather data on numerous aspects of the situation being observed. These writers emphasise that the qualitative approach is subjective and depends on the perceptions of the participants in the survey. The researcher had to ascertain what was happening in terms of how they perceived their situation.

Questionnaires were distributed to the various social workers with the help of the secretaries at the different departments who also collected the completed questionnaires for return to the researcher. The questionnaires were thus self-administered. 31 out of 36 (86,1%) questionnaires distributed, were completed but one was returned too late to be included. The sample was thus regarded as representative of the universe. The questionnaires consisted of both **open- and closed-ended** questions due to the **quantitative and qualitative** nature of the study. Some response categories were not specified. They were unstructured and respondents were given an opportunity to respond freely. Other closed-ended questions required from respondents to select one of several response categories offered but there was also space to include any other responses. Grinnell (1993 : 439) also refers to these type of questions as fixed alternative questions. It was important that the researcher thus remained open to new stimuli according to Mouton and Marais (1991 : 43). Confidentiality and anonymity was emphasised in the introductory paragraphs of the questionnaire. Social workers were encouraged to give their honest and subjective opinions because the study was specifically directed at an assessment of **their** feelings/viewpoints in order to determine **their** needs.

The questions were based on a prior literature study. The questionnaires included the different aspects of a human resource management programme in terms of its administrative, educational and supportive functions in staff acquisition, training and

development, utilisation and evaluation. The questions were considered relevant to the present social milieu and commitment of these social workers.

The research findings are based on the responses from the thirty respondents and the literature study.

1.7 PROCESSING OF THE DATA

Data from the questionnaires were processed by hand. Both qualitative and quantitative responses were obtained.

Figures and tables were utilised to present the data visually.

1.8 LIMITATIONS OF THE STUDY

- (1) Literature pertaining specifically to the psychiatric setting was limited.
- (2) The concern about bias as expressed by one of the Medical Superintendents due to the present climate at his hospital, was no longer considered relevant as social workers from the three different hospitals had similar viewpoints regarding the issues concerned.

1.9 PRESENTATION OF THE CONTENT OF THE REPORT

This research report will be presented in two sections and will consist of ten chapters. **Section A** consists of Chapter One which is an **introduction** to the study, and a **literature study** which is presented in seven chapters to give a theoretical perspective on the subject.

The following chapters are included in the literature study:

Chapter Two which gives a background as to the challenges facing human resource management in a time of change.

Chapter Three describes the inter-relatedness of management and supervision and emphasises the principles of adult learning.

Chapter Four is an overview of the role and the function of the social worker in the multi-disciplinary team.

Chapter Five refers to the administrative functions of supervision and human resource management in terms of staff acquisition.

Chapter Six includes the educational function of supervision and human resource development.

Chapter Seven refers to the supportive function of supervision and staff utilisation.

Chapter Eight refers to Evaluation.

Section B consists of two chapters. The findings of the empirical study are presented in Chapter Nine and this is followed by the conclusions and recommendations in Chapter Ten.

CHAPTER 2

CHALLENGES FACING HUMAN RESOURCE MANAGEMENT IN A TIME OF CHANGE

2.1 INTRODUCTION

Organisations depend on people to make them operate. According to Hersey and Blanchard (1993 : 5) and Robbins (1982 : 1), management is the process of efficiently getting activities completed with and through other people. How effective an organisation is in achieving its objectives and meeting its responsibilities, will depend on how well it uses its resources to attain the highest levels of performance. According to Kadushin (1992 : 228), performance is a function of ability, commitment as well as motivation.

Social workers are committed to provide patients with the best possible services. There is a constant need to balance client or patient need with the public's demand for accountability and especially for greater efficiency. According to Kadushin (1992 : 183) and Schulman (1982 : 312,313), it is the task of the social work manager to create a climate with opportunities for personal growth and development in which the practice of social work can flourish.

In this chapter the need for a Human Resource Management programme in the Psychiatric Hospital will be discussed, focusing specifically on the Social Work Department. New challenges in the health field call for contingency planning to meet the different needs of the shareholders as these needs arise. Reference is made to the White Paper of Social Welfare (1996) where the need for more efficient human resource management is being emphasised. The shift from personnel management to human resource management being inevitable, will be outlined as these historical influences on social work management are discussed in terms of the different approaches to management.

2.2 DEFINITION OF TERMS

To avoid confusion, the key concepts of this chapter are clarified as follows:

2.2.1 Human Resource Management

Human resource management is defined by Milkovich and Boudreau (1994 : 3) as “a series of integrated decisions about the employment relationship that influences the effectiveness of employees and organisations”. Similarly, Gerber *et al* (1994 : 2) refer to the definition of Glueck (1982) of Personnel/ Human Resource Management as “the set of activities in all organisations intended to influence the effectiveness of human resources and organisations”. Crow and Odewahn (1985 : 46) refer to human resource management as the marriage of the needs of those within the organisation with the goals of the organisation. In this manner the manager or leader brings together the pieces to make the organisation function optimally. To Armstrong (1988 : 7) Human Resource Management presents as a more unified approach to personnel management and not as its replacement. It calls for a need to think strategically about people as a key resource.

Since social work pertains to a relationship in which the personality of the worker becomes the tool which is used, this human element requires specific nurture. In order to make people function optimally, various writers such as Cronje (1986), Crow and Odewahn (1985), Kadushin (1985), Milkovich and Boudreau (1984) and Robbins (1982), emphasise a need for staff development and motivation and for an environment in which optimum performance can be achieved and maintained. According to Keep in Storey (1991 : 111) the use of the word *resource* as opposed to commodity or cost, implies investment therein and the term *management* in turn, refers to the manner in which this resource is used and directed to its full potential by means of the strategies aimed at the motivation, development and utilisation of it. Armstrong (1988 : 1) sees it as the effective use and development of peoples’ skills, knowledge and experience to achieve the goals of the organisation. According to Armstrong (1988 : 9) Personnel Management is concerned with:

- * obtaining, developing and motivating the human resources required by the organisation to achieve its objectives;
- * developing an organisation structure and climate evolving a management style which will promote co-operation and commitment throughout the organisation;
- * making the best use of the skills and capacities of all those employed in the organisation;
- * ensuring that the organisation meets its social and legal responsibilities towards its employees with particular regard to the conditions of employment and quality of working life provided for them.

Writers such as Gerber *et al* (1994 : 2) distinguish between Personnel and Human Resource Management in terms of macro and micro components - macro referring to Human Resource Management on national level and micro referring to Human Resource Management on organisational level including personnel management. According to Gerber *et al* (1994 : 2), the term *human resource management* is used where strategic planning and implementation are being referred to. The definition of Human Resource Management also includes responsibilities that can only be carried out by line managers. This, however, indicates an experience component. These terms seem to be synonymous in that both refer to how an organisation best utilises its employees to achieve organisational goals.

For this researcher the term “human resource” more specifically refers to the specific “person” component in the relationship referred to by Milkovich and others and the management process is seen as the mobilisation of the potential of an organisation’s employees to achieve its goals. **Human resource** therefore refers to the **person** component; **management** refers to the **mobilisation** of the potential of persons or personnel.

This definition seems to correlate well with the definition as referred to by Gerber *et al* (1994 : 4). They refer to Human Resource Management as “the process through which an optimal fit is achieved among the employee, job, organisation and environment so

that employees reach their desired level of satisfaction and performance and the organisation meets its goals”.

Hall and Goodale’s perspective of the environment, (1986) according to Gerber *et al* (1994 : 5), refers to the social environment which is shaped by the society in which the organisation functions. A fine balance is needed in meeting the needs of the employees or social workers and the customers or patients of the organisation or hospital in meeting its goals.

Weiner (1982 : 498) states that although “the emphasis of human resource development is on the staff development paradigm, the mission and client paradigms are direct beneficiaries”. Highly motivated, dedicated employees of a human services organisation lead to greater effectiveness and productivity for individual clients as well as for programmes.

2.2.2 Effective Organisation

An effective organisation is broadly defined by Armstrong (1994 : 11) as an organisation that makes the best use of its resources to attain high levels of performance, thus successfully achieving its purpose and objectives and also meeting the job’s responsibilities to its stakeholders. In the case of the social work department in the Psychiatric Hospital these stakeholders refer to:

1. the State and Hospital Management who fund and direct the organisation;
2. the social workers who carry out social work activities;
3. the patients served;
4. other organisations and staff departments involved in service rendering, and
5. the community.

Horwitz (1991 : 90) also defines effectiveness as the degree to which an organisation realises its goals. The focus is thus on achieving ends rather than means, for instance, management by objectives. It therefore needs to be determined what these goals are. Mission statements according to Horwitz (1991 : 90) do not always reflect what the

organisation is actually trying to achieve or the behaviour of individuals or groups. According to Horwitz “the ability to satisfy or placate the demands of these internal (for example employees) and external (for example customers) stakeholders which could be individuals, groups and institutions upon which the organisation is dependent for its success, constitutes effectiveness”. Effectiveness is therefore measured in terms of how well patients or clients are being served. The programmes experienced by them as having an effect are to be implemented whereas those they do not experience as having an effect, can be rejected. Horwitz (1991 : 94) refers to multi-causal factors such as role ambiguity, role conflict, work overload, conflicting pressures within the organisation and stress associated with bringing about changes in an unreceptive environment which limit effectiveness.

2.2.3 Efficiency

Efficiency relates to the cost of services. It implies how well the existing resources are being utilised. It ties up with how the skills of each worker are developed and how the different workers and their functions are co-ordinated into a “smoothly articulated whole” (Schulman 1982 : 13).

Efficiency can either be through minimisation - where the same result is achieved with fewer resources or through maximisation where more is accomplished with the same amount of resources. It therefore refers to input and outcome, means and ends, cost and benefits (Pruger and Miller 1991 : 11). The focus needs to be on an evaluation of which results are actually being obtained in order to determine whether an effective service is being rendered. According to Botha (1985 : 239), this calls for increased effectiveness in practice skills and for improved supervision which will ensure that, as Kadushin (1985 : xiv) states, social agency administration reflects social work ideology will be reflected by agency administration. Past injustices are to be redressed as emphasised by the White Paper for Social Welfare (1996 : 48).

2.2.4 Accountability

According to the New Dictionary of Social Work (1995 : 1) accountability refers to the obligation social workers and welfare agencies have of being answerable to client systems, donors, management bodies, the public and specific government institutions to render required services of quality and to allocate and use resources in order to meet the objectives.

With greater emphasis placed on the needs of the socio-economically disadvantaged by the Reconstruction and Development Programme (1995) and the new White Paper for Social Welfare (1996), the demand for accountability has become more obvious.

2.2.5 Commitment

According to Kadushin (1992 : 228), job commitment refers to the loyalty a worker has towards the organisation and the objectives it strives for. It refers to a positive identification with the organisation and the desire to remain with the organisation. How effectively a job is carried out, will be determined by the individual's motivation. If a worker is not sufficiently committed or motivated properly, productivity will be hampered no matter how able the worker is to do the job. Supportive supervision is concerned with improved worker motivation and commitment by creating the necessary climate within which workers can function to their full potential.

2.3 HISTORICAL INFLUENCES OF THE DEVELOPMENT OF HUMAN RESOURCE MANAGEMENT ON SOCIAL WORK MANAGEMENT

The need for a personnel development paradigm was first identified in the USA. It had become obvious that the development and growth of workers was also of primary importance in human service organisations. The Hawthorne studies of Elton Mayo began to focus on issues surrounding human resource interrelationships in the management of organisations during the third decade of this century (Chruden and Sherman, 1980 : 7), (Gerber *et al*, 1994 : 336), (Milkovich and Boudreau, 1994 : 129),

(Robbins, 1982 : 14) and (Weiner, 1982 : 475). The original goal was to test if variations in working conditions affected productivity. Important conclusions reached, were that such variations were less significant than the social interaction amongst workers. Researchers realised that designing work groups was the key to increased worker motivation and productivity. These studies indicated that a **human relations approach could lead to increased productivity, that people could be motivated and that pleasant work conditions could lead to increased productivity.**

Over the years the philosophy defining the personnel function has undergone many changes and the human resource approach, as it is known today, has emerged.

2.3.1 Scientific Management

According to writers such as Carrell *et al* (1995 : 6,7); Chruden and Sherman (1980 : 5); Weinbach (1994 : 46), the *Scientific Management* approach as stimulated by the contributions of Frederick Taylor (1856 - 1915), required a scientific and objective approach in studying how work could most efficiently be designed. Taylor assumed that economic concerns were the prime motivators. A study of the motions required for each job, the tools used and the time required for each task was "scientifically" determined so that fair performance standards for each job could be determined. Workers who produced output above the standards, would receive additional incentive pay but at the same time all received equal pay regardless of individual efforts, much like the present system still adopted in the Health setting and State departments in South Africa today. The worker was treated as someone motivated by money alone. Today's modest salaries for social workers can no longer be seen as an incentive to be more productive than what is basically required of the worker. The case of incentive pay which can perhaps be compared to today's merit system, has also ceased to be a motive, as these awards are not likely to be granted due to the inherent problem of evaluating social work effectiveness.

Whilst output was the major concern, employee satisfaction was hardly taken into account. Personnel departments, however, had the traditional responsibility of

recruiting, selecting, training and looking after the health and safety of workers. Welfare programmes for staff were actively supported, but remained paternalistic in nature with a “know what is best for you” connotation. These paternalistic practices often failed to bring about unquestioned acceptance of authority according to Carrell *et al* (1995 : 7) and hence the popularity of these employee welfare programmes declined.

Scientific management assumed that one best way or a most efficient way existed to bring people to full productivity and that this had to be identified by means of scientific research. Job expectations have, however, changed since Taylor’s time when many workers saw their jobs as a means to escape poverty and did not come to work expecting to be intellectually challenged as is the case today. Financial security was more important to them than gratification of their higher level needs. Assumptions of the dynamics of human behaviour today require more than is offered by the theories upon which scientific management was based but scientific management was a step in the direction of **a more objective approach to management and the treatment of workers** (Weinbach 1994 : 49).

2.3.2 Administrative Management

The theories referred to as administrative management derived from the work of Henri Fayol (1841 - 1925) and others. Fayol, a mining industrialist, believed that there are certain management principles that are universally appropriate for higher administrative levels in different settings (Weinbach 1994 : 49). Although his observations were first published in 1916, it was only after 1940 that they began to be widely discussed. According to Fayol, people could be taught to do a better job of management if they adhered to certain basic principles. Weinbach (1994 : 50) lists these principles as follows:

- “1. Division of work (specialisation belongs to the natural order).
2. Authority and responsibility (responsibility is a corollary with authority).
3. Discipline (discipline is what leaders make it).
4. Unity of command (men cannot bear dual command).

5. Unity of direction (one head and one plan for a group of activities having the same objectives).
6. Subordination of individual interest to the general interest.
7. Remuneration (fair, rewarding of effort, reasonable).
8. Centralisation (centralisation belongs to the natural order).
9. Scalar chain (line of authority, gangplank principle).
10. Order (a place for everyone and everyone in his place).
11. Equity (results from combination of kindness and justice).
12. Stability of tenure of personnel (prosperous firms are stable).
13. Initiative (great source of strength for business).
14. Esprit de corps (union is strength)."

Mary Parker Follett developed these ideas of Fayol a bit further. With her understanding of **the importance of psychological and social factors in the practice of management**, her writings reflected the need for a manager's sensitivity to human individuality. This makes her work more acceptable to a social work manager according to Weinbach (1994 : 51).

An over emphasis on principles where unique human beings including a unique manager are involved, is seen as a main limitation of administrative management especially for the social work manager of the nineties. To know however, that social workers **can learn to become better managers** is certainly a justification for the study of management and an incentive for this research.

2.3.3 Bureaucratic Management

Max Weber (1864 - 1920) regarded the bureaucracy as the ideal organisation for twentieth century needs. Weinbach (1994 : 52,53) lists the following characteristics of bureaucratic management as necessary to promote efficiency:

- "1. A vertical organisational hierarchy. The person on the top is the boss; power decreases at each respective lower level of the hierarchy. Everyone's behaviour is monitored by somebody else.

2. Well-defined guidelines that limit functions. Rules are widely used. A bureaucracy will make frequent use of methods such as procedure manuals, job descriptions and even decision-making rules to govern and control behaviour when no other formal guidance exists. The idea is that rules will function within organisations much as habits work for individuals.

3. Promotion and other rewards are based on demonstrated technical competence. Do your job well and you will be rewarded.

4. Communication channels are formal and rigid. There is strict adherence to the chain of command in communication (and in other activities).

5. Job security for full-time employees. Do your job and you can't be fired.

6. Division of labour. People have very specific jobs to do. They know exactly what their job entails and so does everyone else.

7. Emphasis on written documentation. When in doubt, always put in writing."

By not considering how complex human beings actually are, social workers especially do not always find these approaches to management acceptable.

2.3.4 The Human Relations / Behavioural Science Approach to Management

Human relations theorists stress the complexity of **human motivation** and how social factors influence levels of productivity, attitudes of the worker and behaviour on the job. The importance of **employee morale** is stressed. The Hawthorne studies of Elton Mayo which began in 1927, indicated that employee productivity not only depended on the way the job was designed and incentive pay, but that **social and psychological factors also played a role**. Feelings, emotions and sentiments were strongly affected by group relationships, leadership styles and management support. This movement stressed the importance of **worker participation**. According to Chruden and Sherman (1980 : 8) it actually over-emphasised morale. Failure to recognise an employee's

preferences will lead to job dissatisfaction and will have an impact on morale (Crow and Odewahn 1987 : 62,63).

The behaviour of people in formal organisations are studied and brings us to this present research for establishing guidelines for a human resource development programme for social workers at psychiatric hospitals. Human relations principles were turned into practice by means of supervisory training programmes emphasising concern for the worker, the need to be supportive and friendly and the need for employees to be consulted about issues concerning them (Beach, 1985 : 20). Applying behavioural science to management can be associated with names such as Argyris (1964), Herzberg (1966), Likert (1967), Maslow (1965) and Mc Gregor (1960).

2.3.5 The Modern Structuralist Approach

According to Weinbach (1994 : 60), structuralist writers describe the organisation as **heavily influenced by the outside environment**. Demands and pressures in present times call for changing organisational goals and a different emphasis on service delivery, for example the new primary health care approach and its effects on stakeholders. This makes the manager's task more challenging and interesting. The structuralists suggest **control and management of conflict** as an important task of managers at all levels.

2.3.6 Participation Management Approach

This approach overlaps with the other approaches and is also based on strongly held beliefs about the **higher nature of people** (Weinbach, 1994 : 63). Much, however, will depend on the worker's invested interest in what needs to be done and what decisions need to be taken. **Involvement** helps to create better co-operation between workers and managers. Weinbach (1994 : 65) mentions that although many social work managers proclaim a philosophy of participatory management, it is only a small percentage who actually practice it and for whom it probably is an extension of their style and personality. Staff also find it quite infuriating when they are asked for input

into how to implement change but do not see any of their suggestions ever considered (Hurlbert, 1992 : 65 and Weinbach, 1994 : 291).

Hurlbert (1992 : 64) points out that there is a need for social work managers to start thinking about getting workers actively involved in the process of supervision. Concepts of empowerment, influence-sharing and delegation all point to greater worker participation. Peer supervision groups can be such a forum for new ideas and suggestions. According to Hurlbert (1992 : 67), an organisation's success depends to a large extent upon a supervision climate of participative management and commitment where workers are made to feel involved and that they have been given a sense of responsibility. The researcher, however, would even like to move away from the **peer supervision** connotation as well, to rather an idea of **peer participation** or **peer maintenance**.

2.3.7 Management by Objectives (MBO) Approach

Management by objectives is a process whereby organisational objectives are converted into individual objectives. Robbins (1982 : 330) views this concept in terms of four steps: goal setting, action planning, self-control and periodic reviews.

By **getting the worker involved in goal setting** and determining which goals are to be achieved in order to achieve organisational goals, these goals can become the standards by which the worker's results can be evaluated. In action planning, realistic plans are to be devised to attain these objectives. It is necessary to first determine what the required activities are, and then to establish the requisite relationships between the various activities. Time constraints within which they will occur can then be determined, as well as the resources needed to achieve them.

Self-control refers to the systematic monitoring and measuring of performance, ideally, according to Robbins (1982 : 330), by the worker himself. This attitude emphasises trust in workers' sense of responsibility and their sense of self-direction as adults, making external controls and threats obsolete.

The final periodic reviews will reveal where changes and learning need to take place as the worker is developing. MBO philosophy regards these reviews in a constructive rather than punitive manner (Robbins, 1982 : 331). According to Robbins (1982 : 331) the value of MBO lies in its results-oriented approach. It **provides motivation** and is an **approach to performance evaluation**. In terms of this approach the worker knows exactly what is expected, and that evaluation will depend on the success gained in achieving the results that were set out to achieve. The success of an MBO approach will depend on the trust which the manager has in the worker to achieve the joint goals of manager and worker. This approach gives **credit to the worker as an adult** and is valuable in **empowering** each individual worker.

2.3.8. Total Quality Management (TQM)

This approach to management has its origins in participatory management. The type of service needed depends on the **worker's needs**. This requires a knowledge of who the worker is and of the anticipated needs of that worker.

According to Weinbach (1994 : 67,68) Total Quality Management has a democratic flavour consistent with the social work value system. Weinbach states that it is consistent with *client-centred treatment* and the principle of *beginning where the client is*. Problem solving is systems-oriented and Total Quality Management is designed to **empower staff and clients** (patients) at all levels of an organisation / hospital social work department.

Over the years Management has therefore gained better insight into the worth and potential of its work force and emphasises a need for programmes for developing, maintaining, motivating and caring for its workforce. These theories all contribute in some way or another to the Human Resource approach being investigated in the present research.

2.3.9 A Normative Approach

Social work is based on specific values and norms which distinguishes it from other professions. The Normative Approach to management or administration referred to by Abels and Murphy (1981) emphasises the inter-relationship between the organisation and the community; worker and client; manager and personnel and is based on the principles and norms as expected of the manager of a human service organisation.

Abels and Murphy (1981 : 9) refer to Chauncey Alexander's distinction between administration and management. Administration is viewed as focusing on efficiency - the direction and improvement of existing systems whilst management is thought to encompass the additional responsibility of obtaining or redirecting resources and markets for new opportunities and thus for greater effectiveness. According to Abels and Murphy (1981 : 7) "the historical vision of the social work profession is rooted in the desire to have the benefits of society available to all people, and for their respectful, dignified and fair treatment".

Patients with their special needs, depend on social and psychiatric services for the amelioration of social welfare problems. It is agreed with Abels and Murphy (1981 : 8) that the client or patient also engages himself with the mental health professional as a person with a particular area of expertise. He will contract to follow certain procedures in order to obtain certain rewards for example to gain insight, hope, ability to cope with problems and so Abels and Murphy (1981 : 10) suggest that "a normative approach model of social work administration should focus on the planning for and realisation of **what ought to be**, all things considered". It is therefore important that the social work manager has to be a social worker. In the psychiatric hospitals of this research, the chief social worker or manager has the authority from Hospital Management to act in accordance with the values and norms of the social work profession in order to achieve those goals set out by Hospital Management for the good of all patients.

Abels and Murphy (1981 : 13 - 17) list a set of principles upon which a normative stance in administration ought to be based:

- “1. Administrative actions should lead to just consequences.
2. The agency structure should insure a democratic, minimally stratified environment in which everyone can participate. Communication channels need to be open.
3. Decisions needed to be based on rational inquiry. Problems are seen as mutual concerns in which each play a part. Abels and Murphy (1981 : 14) refer to synergistic processes. They refer to the interaction between people and technology and among themselves, as this is what makes the organisation more than just an aggregate of individual efforts.
4. Agency social interaction within and among agencies need to be synergistic. Co-operation between agencies is called for. Staff autonomy is to be encouraged and clients are to be allowed to develop their own resources.
5. Administration should foster independence for staff and clients through mutual support and growth. It is necessary to work towards the empowerment of all - staff and patients alike.
6. The administrator promotes mutual accountability to insure the highest ethical level of practice. Social workers are to be proud of their profession and always to insist on doing the best for their clients or patients.
7. The administration is a guide. It has to help people to achieve results with just consequences.”

Being committed to an effective service, a holistic view of the person in his total situation is necessary.

2.4 THE NEED FOR HUMAN RESOURCE MANAGEMENT

As mentioned by Cronje (1986 : 213), personnel development in social work has not enjoyed much recognition in South Africa. A misinterpretation of the nature and aims of supervision, and also the vocational nature of social work, has limited human resource development and management. The original client paradigm of service delivery focused on client needs, and staff are often merely seen as a means to an end.

In South Africa professional bodies have not succeeded in developing favourable personnel practices. Supervision has mainly emphasised control at the expense of its educational and supportive functions.

According to Carrell *et al* (1995 : 4) traditional approaches emphasising command and control, are now giving way to new approaches characterised by greater employee commitment, co-operation and communication. The **shift** seems to be **from compliance to commitment**. The researcher would also like to emphasise that it is the manager's role to challenge **all** to growth and self-development to their full potential and desire. It is agreed with Botes (1994 : 3) that the efficiency of a section will largely be determined by the measure of co-operation and production that the manager is capable of eliciting from subordinates. An understanding of human behaviour is therefore important for building up and maintaining a satisfied, motivated and productive team of workers.

How well a human service programme will survive, will depend on how well it is managed. According to Lewis *et al* (1991 : iii) social workers are to be prepared to accept increased responsibility for management and supervision and they also have to be prepared to execute these responsibilities efficiently and effectively.

Although social workers are professionals in service delivery, they are amateurs in management. Present day social work managers at the three psychiatric hospitals concerned, are all the first incumbents of their posts and the management experience is a new one to them. According to the present post structure, the senior social workers perform supervisory duties together with clinical responsibilities and these three chief social workers function more on an administrative level. There is only one assistant director post at one of the hospitals at the moment. Although social workers try to avoid moving into full-time supervisory positions, they find themselves performing a variety of administrative functions and they therefore have to understand how human service systems are planned, organised and evaluated (Lewis *et al* 1991 : iii).

2.5 THE WHITE PAPER FOR SOCIAL WELFARE AND HUMAN RESOURCE MANAGEMENT

In the White Paper for Social Welfare (1996 : 4) the Ministry of Social Welfare and Population Development commits itself to the continuity of existing services whilst at the same time re-orientating existing services towards developmental approaches.

In the past the approach to service delivery has largely been rehabilitative and relied heavily on institutional care. The need now focuses on a more preventative and developmental service. There is a lack of personnel to address needs especially in the rural provinces. Other categories of personnel are under-utilised and existing personnel are not trained in developmental approaches (White Paper for Social Welfare, 1996 : 10). The role of specialist psychiatric social workers in the new primary health care development, needs to be assessed. It is to be determined as to whether social workers in existing hospital posts will be expected to extend services to the community or whether new posts for social workers will be created within the new community work establishment. Resources, however, can hardly be made available from the existing psychiatry budget without significant compromises to patient care.

Social workers, however, remain accountable for an equitable service. It is important that they will take part in discussions.

According to the White Paper for Social Welfare (1996 : 12), one of the restructuring priorities is going to be Human Resource Development and the reorientation of personnel, where this is necessary towards a developmental social welfare framework. In the past, the human resource capacity in the welfare field has always been inadequate, for instance too few posts and overburdened caseloads. In view of the White Paper's (1996 : 24) recommendation for promotion of developmental social services and programmes in appropriate settings and particularly in health care and educational settings, a need for more efficient human resource management is *inevitable*. As a strategy guideline, effective programmes are to be developed. According to the White Paper (1996 : 50), effective programmes are to be developed

and are to be based on an analysis of the existing workforce and a review of personnel policies and practices.

As determined by the White Paper (1996 : 50), these programmes will focus on management functions such as recruitment and hiring policies; staff appraisals and promotions; staff training and development programmes; and the creation of a facilitative environment within organisations and institutions for the successful implementation of affirmative action programmes. These functions refer to the staffing functions to be discussed in the following chapters.

Preparation of contingency planning to meet the needs when they do arise, is necessary. The White Paper (1996 : 26,48) is aiming for a five year strategic plan to be developed to restructure personnel in line with developmental approaches and all training institutions will be encouraged to bring their programmes in line with the new national directions. A human resource management programme is also a responsibility of the provincial departments of welfare according to the White Paper (1996 : 38).

Decentralisation of the social welfare service delivery system has become an urgent priority. Increased access to services and greater responsiveness to needs, has become a prerequisite. Personnel will have to be moved from over-serviced and under-utilised programmes to areas in greater need of the more basic services according to the White Paper (1996 : 50). According to the situation analysis of the White Paper for Social Welfare (1996 : 48), the human resource capacity in the welfare field is inadequate to address the social development needs in the country. The Western Province is also better equipped than some other provinces in terms of personnel and infrastructure. There is an over-reliance on professional social workers and there is a need to expand human resource capacity through the employment of other staff categories with emphasis on increased staff placements for the rural areas.

Concern has also been expressed about inappropriate management styles for both public and private sectors. The White Paper (1996 : 48) confirms that human resource development and management is critical to the achievement of social goals and needs to be developed by both the public and private sectors.

the achievement of social goals and needs to be developed by both the public and private sectors.

2.6 IMPLICATIONS FOR HUMAN RESOURCE MANAGEMENT IN THE PSYCHIATRIC HOSPITAL WITH SPECIAL EMPHASIS ON THE SOCIAL WORK DEPARTMENT

In the case of a social work department in a psychiatric hospital 'integrated decisions' mentioned by Milkovich and Boudreau (1994 : 3), refer to how consistent the decisions are and how well programmes are managed to achieve overall hospital objectives. Without effective workers an organisation will not be able to achieve its objectives. It is the human resource manager's task to influence the relationship between the organisation and its employees (Milkovich and Boudreau, 1994 : 3,4). According to them, human resource efficacy is an important determinant of organisational effectiveness. To render effective social service then depends on the quality, motivation and commitment of the social workers. It is people who determine the performance capacity of an organisation. Armstrong (1994 : 9 - 12) states that organisational effectiveness is a product of a combination of factors, the success of which combination depends on the particular needs and circumstances of the organisation. It will depend on its purpose, management style, staff employed and culture.

Crow and Odewahn (1985 : 120), and Milkovich and Boudreau (1994 : 17) rightly state that any aspirations of an organisation and any potential planning must be precipitated by a knowledge of the current position of the organisation. On account of increasingly limited resources and cut-back management, the human service manager has to be responsive to the growing demands for greater accountability and improved programme effectiveness according to writers such as Crow and Odewahn (1985), Cronje (1986), Kadushin (1992), Milkovich and Boudreau (1994). Optimal utilisation of staff is important.

The ratio at present for community social work is approximately one social worker for about 4000 outpatients compared to inpatient care where the ratio is about 70

inpatients per social worker. Accountability remains emphasised, perhaps even more so now, given the contemporary political philosophies. When challenged to defend their behaviour, social work managers, will often assert that their role is primarily to ensure the long term survival of the organisation. They will consider as the “prime beneficiary” those groups which finance the organisation, and accordingly try to impress the public-at-large, often at the risk of being insensitive or unresponsive to clients. They might do so for instance by selecting only those clients who demonstrate a high potential for success (Weinbach, 1994 : 41). It is commonly heard in the social work department of the psychiatric hospitals that the **team** cannot do without the social worker. Managers need to remind themselves and their staff of whom the prime beneficiary ought to be.

This concept needs to be considered where salary issues are concerned. Disagreements over the identity of the prime beneficiary, according to Weinbach (1994 : 39,40) become an issue especially in private facilities where, for instance, a patient in a private psychiatric hospital is ready to go home but there is not another patient waiting for admission.

As the situation in the psychiatric hospitals considered for the purpose of this research is changing these issues are going to become issues of concern too. Fewer beds and a post structure that is not adjusted will call for evaluation to assess efficiency in order to be able to render not only an effective service but also an equitable one with fair distribution of resources needed for social functioning of all patients.

Increased demands give rise to increased burn-out, staff turnover and general low morale. Changing attitudes towards work result in frequent absenteeism, lower productivity, and often poorer quality of work. Staff leave the profession for other forms of employment (Cronje, 1986 : 214). A noticeable trend in the psychiatric hospital at present is for staff to apply to be boarded on account of medical unfitness. Social workers consider changing their careers to psychology. This is also characteristic of other disciplines for example the nursing profession. Increased demands and staff perceptions of those demands generate frustration and stress. As social workers try to improve their clients’ environments and to improve their coping

As in the event of ordinary developmental tasks and crises, changes in the workplace also heavily tax the coping skills of workers to maintain a positive self-image, control anxiety and depression according to Gitterman and Germain (1989 : 116). Their life model for intervention in casework, family therapy and group work therefore also holds true in the manager worker relationship (1989 : 120). This ecological perspective of transactional processes between human beings and their environments also applies in the staff relationship, making a good knowledge of this reciprocity imperative. Chruden and Sherman (1988 : 23) also emphasise this relationship between personnel management and the internal and external environments of an organisation referring thus to the changes occurring both within and outside of the organisation.

Social workers sometimes also find themselves threatened by other occupational classes on account of the blurring of roles which follows from a holistic approach. According to Cronje (1986 : 214) an effective and efficient personnel management practice has therefore become a necessity for every organisation. This need is indeed, also evident in the psychiatric hospital.

Milkovich and Boudreau (1994 : 4), state that efficiency is also tied up with equity. A manager needs to create a work environment in which subordinates will achieve their agency goals in a manner that is also personally rewarding in order to maintain the same high level of performance. An employee's sense of fair treatment, for example grievance systems, open- door policies, dispute resolution mechanisms and employee assistance programmes, motivate them to operate more efficiently. Balancing equity and efficiency is a constant challenge for human resource managers as both are required for an effective organisation.

Crow and Odewahn (1985 : 47) also focus on the needs and desires of employees and on what constitutes their perception of fairness. The effect of satisfaction and dissatisfaction on performance is important. The inter-relationship between the type of employment and employee is evident. In order to create a productive work team, the selection criteria for employees must be communication as well as teamwork skills and training. Careers must be structured to facilitate the acquisition of new skills valuable

to the team, rather than merely ascending the hierarchy of posts. Sub-optimisation or utilising available resources and functioning, collectively need to be achieved.

The inter-relationship referred to by Crow and Odewahn (1985 : 47) above, indicates that the manager will need to know what the worker will do and that the worker is aware of the expectations had of him. The manager therefore has to match the person to the task and *vice versa*. This interrelationship also implies degrees of satisfaction and dissatisfaction which will ultimately impact on performance. It is also important that the manager knows how workers perceive their roles in the multi-disciplinary team.

Achieving organisational objectives whilst at the same time meeting the needs of its stakeholders, Armstrong (1994 : 11) lists the following mix of factors as prerequisites for success:

- * Clearly defined goals and strategies to accomplish these goals;
- * A value system which emphasises performance, productivity, quality, customer service, teamwork and flexibility;
- * Strong visionary leadership from the top;
- * A powerful management team;
- * A well-motivated, committed, skilled and flexible workforce;
- * Effective teamwork throughout the organisation with a win/lose conflict well under control;
- * Continuous pressure to innovate and grow;
- * The ability to respond fast to opportunities and threats;
- * The capacity to manage and also thrive on change;
- * A sound financial base and good systems for management, accounting and cost control.

In the case of the social work department at a psychiatric hospital these stakeholders that are referred to, comprise the following:

- * The State department funding the hospital which is the Public Administration of the Western Cape;

- * The social workers who run the department and carry out the activities required to achieve targets and standards of performance and delivery;
- * The patients as members of society for whom the psychiatric service is provided;
- * The third parties such as other welfare organisations and state departments through or with whom the hospital liaises;
- * The community within which the hospital operates.

2.7 CONCLUSION

Human Resource Management, being a dynamic and changing field, calls for the manager to be at the forefront of these changes with new and relevant human resource practices. An organisation which is able to acquire, develop, stimulate and keep its good workers, will be effective in that it is able to achieve its goals and also efficient as the expenditure of resources will be kept to a minimum. Acquiring the services of effective people, developing their skills, motivating people to higher levels of performance, and at the same time making sure that they remain committed to the organisation, is crucial for the effectiveness of any organisation.

To determine guidelines for an effective human resource management programme for social workers in a psychiatric hospital, the tasks of the manager in terms of staffing, utilisation of staff, staff development and staff evaluation and maintenance will be investigated. The role of the manager as leader, entrepreneur and motivator will be the core of this research. A serious challenge today is to develop a flexible work-force which will be able to adapt to the changes. As an organisation's needs change over time, management has to ensure that there is always an appropriate match between available resources and objectives. In the following chapter a model for Human Resource Management in terms of staffing will be discussed.

CHAPTER 3

HUMAN RESOURCE MANAGEMENT : THE STAFFING FUNCTION

3.1 INTRODUCTION

In the introductory paragraph to his second edition, Kadushin (1985 : 1) says that “(t)he quality of supervision is a significant factor in professional socialisation, social work job satisfaction, and job turnover”. The interrelatedness of management and supervision is emphasised. Kadushin (1985 : 1) also quotes from Olmstead and Christensen (1973) that high scores on a supervision variable were directly proportional to greater satisfaction, better individual and agency performance, less absenteeism and higher agency competence. Kadushin (1985 : 2) further quotes that effective supervision is one of the most important means of improving staff morale and performance, and reduces costly turnover.

In this chapter Human Resource Management will be discussed as the unique interrelationship that exists between social work management and the three major functions of supervision. These connections are drawn from an educational model and programme for supervision. The principles of adult learning which, according to Knowles (1971) form the basis of supervision, will be discussed as the foundation of staff development and training.

The Human Resource Management model described by Robbins (1982 : 19) will be adapted to correlate with the Development Model consisting of the five different P-components as referred to by Kadushin (1992 : 142) and Botha (1985 : 244). Professional development takes place as a result of the development and growth that takes place within these different components. It will also be shown how the model draws on the three functions of supervision namely administrative, educational and supportive to which most writers on the topic of supervision refer. As the functions of the manager are integrated and tend to overlap, this model will attempt to assist the reader to conceptualise the complex work of the social work manager in a psychiatric hospital. In this context the manager endeavours to exert a positive influence on the

activities within the social work department to augment the realisation of goals and the delivery of effective social welfare services to patients. Simultaneously it must be remembered that the hospitals being referred to are state psychiatric hospitals and therefore classified as public institutions. In this chapter the different staffing functions namely personnel provision, development and training, utilisation, maintenance and evaluation are outlined. These functions will, however, be discussed more extensively in the chapters to follow, where reference will also be made to leadership and motivation.

3.2 THE ADMINISTRATIVE ASPECT OF THE STAFFING FUNCTION OF HUMAN RESOURCE MANAGEMENT OF A SOCIAL WORK DEPARTMENT IN A STATE PSYCHIATRIC HOSPITAL

The writer agrees with Ritter (1993 : 2,3) that Social Work supervision is in effect the application of the Personnel function of the Public Administration, but focuses specifically on the needs of social workers in the Social Work profession. It is therefore crucial that social agency administration should reflect social work ideology according to Botha (1985 : 239) and Cloete (1990 : 2). They refer to the Human Resource Management function as 'staffing' and classify it as a generic administrative function of Public Administration. This staffing function, according to Cloete, refers to **personnel provision, utilisation, training and development**, as well as the **support functions encompassed by personnel administration**. Public Administration is seen as the specific field of activity of officials in public institutions, who engage in the functions necessary to supply the community with public services and goods (Cloete, 1990 : 1). These staffing functions, however, can never be exercised in isolation, nor as an end in themselves. Cloete (1990 : 5) states that the six categories of administrative functions are to be carried out in conjunction with each other to operate the public institution. These six generic administrative functions are, according to Cloete (1990 : 4), policy-making, financing, organising, **staffing**, determining of work procedures and controlling. The implementation of these generic administrative functions must be adapted to the specific functional field of activity. Each functional field, for instance social work or nursing, requires that these generic administrative functions, including

the staffing function, be adapted to its specific environment and characteristics.

The social work department in a psychiatric hospital can be seen as a social programme. It can be defined, according to Patti (1978 : 263), as a subsystem of a larger organisation, namely the psychiatric hospital. As a social programme it has a limited set of objectives, which are secondary to the goals of the host agency. According to Patti (1978 : 263) it is a "locus of specialised activities and expertise and the vehicle through which an organisation delivers services to its clients". Performance of the generic functions will establish the infrastructure, which is needed for the public institution or hospital, as in the case of this research, to provide its requisite services. The production factor of an organisation is its personnel. Recognition and a basic knowledge of the limitations of a bureaucratic infrastructure is therefore inevitable as bureaucratic policies also govern social work practice in the hospital setting. For the purposes of this research, however, these environmental influences will be the "given", as staff are compelled to adapt to and accept them. While cognisant of these influences, the emphasis will be on the direct staffing functions in the Human Resource Management process.

Beach (1985 : 77 - 79), Flipppo (1971 : 7), Ritter (1993 : 64) and others, refer to line functions which refer to the functional aspect of the service for example social work services. All the social workers and supervisors are line personnel and are directly involved in doing clinical social work referred to as the functional activities or production of the organisation or hospital.

Due to the flat or horizontal structure of the social work department, all line staff are responsible for a clinical as well as a small administrative load. The staff specialists who comprise the hospital's administration department, are clerical personnel. In general they carry out planning, advisory and control functions for the whole hospital in respect of financing, budgeting, and general staff matters for example salaries, leave, grievance procedures and other solely administrative duties. These functions are known as staff functions and although they do not contribute directly to the basic objective of the organisation, they contribute indirectly by facilitating and assisting in the performance of line work (Flipppo, 1971 : 7).

The function of supervision, however, is solely carried out by the social work supervisor and manager. The hospital in general thus distinguishes between clinical management and hospital management. Each departmental or "Section Head" takes responsibility for staffing functions of its section. Some energy is however, also spent on clinical work with patients and their families or the functional activities of the hospital, whether directly or indirectly as supervision of subordinates.

Line and staff functions compliment each other and the degree of synergy and hence the effectiveness that the hospital will achieve, will depend on how well line and staff functions optimise each other. Abels and Murphy (1981 : 15) quote Luchsinger noting that synergy takes place "when in combination the departments or various functions optimise one another so as to cause the whole to become more than the separate parts". Performance appraisals for example are carried out by the line staff. Staff reports, which are compiled by the Section Head and supervisor, are co-ordinated by the staff officer. This is to correlate with the conditions set out by the Public Service Commission. These reports, for example, are then forwarded to the Promoting Body of the Public Administration by the staff officer.

A distinction is, however, also made between functional activities and administrative activities that have to be carried out by social work managers as line staff. In the absence of a director/deputy director, most of the chief social worker's time is spent on administrative staffing functions. The level of functioning of the social worker determines the amount of time spent on administrative staffing functions and clinical or functional work. Administrative functioning is directly proportional to seniority, thus leaving the Chief Social Worker with very little time for clinical functional activities with patients.

Social work supervisors in the Health setting are referred to as Junior Managers and 50% of their work is seen to be functional or clinical and 50% as administrative or managerial. Chief Social Workers also fall within the category of Junior Manager, but because of the flat infra-structure, have to exert more than 50% of their time in administrative functions. It is therefore of the utmost importance **that social workers are brought to a level of independent functioning as early in their careers as**

possible which calls for an effective Human Resource Management programme. Some administrative supervision will, however, always be required. In the social work departments where this researcher is employed, supervisory functions are delegated to social workers when they enter the second leg of the salary scale. In the past this has usually been after five years of service if promoted in turn, but has recently changed to three years. New criteria for promotion to supervisor will have to be established and a written supervision policy is called for if it does not yet exist.

3.3 A MODEL FOR HUMAN RESOURCE MANAGEMENT

3.3.1 Introduction

An organisation will be effective if certain goals have been attained. In order to reach these goals, certain staffing functions, personnel administration, strategies or programmes are to be implemented, according to writers on Human Resource Management such as Robbins (1982 : 19), Crow and Odewahn (1987 : 47), Cronje (1986 : 239), Cloete (1990 : 7,8) and Armstrong (1988 : 19). The supervision relationship is effectively the medium through which these functions in a hospital social department are executed. The different functions of supervision also seek to achieve certain objectives. A correlation is found between the functions of supervision, as they manifest uniquely in the social work profession, and the staffing functions of Human Resource Management. Kadushin (1985 : 27,28 and 492) refers to the multi-dimensional nature of supervision and hence the difficulties experienced in formulating a theory of supervision.

3.3.2 Staffing functions

For the purposes of this research, the following staffing functions of the Human Resource Management process will be discussed in terms of their respective contributions to a more effective and efficient social work department according to the Human Resource Management model of Robbins (1982 : 18 - 22) as illustrated in Table 3.1 : **A HRM Model** (Robbins, 1982 : 19)

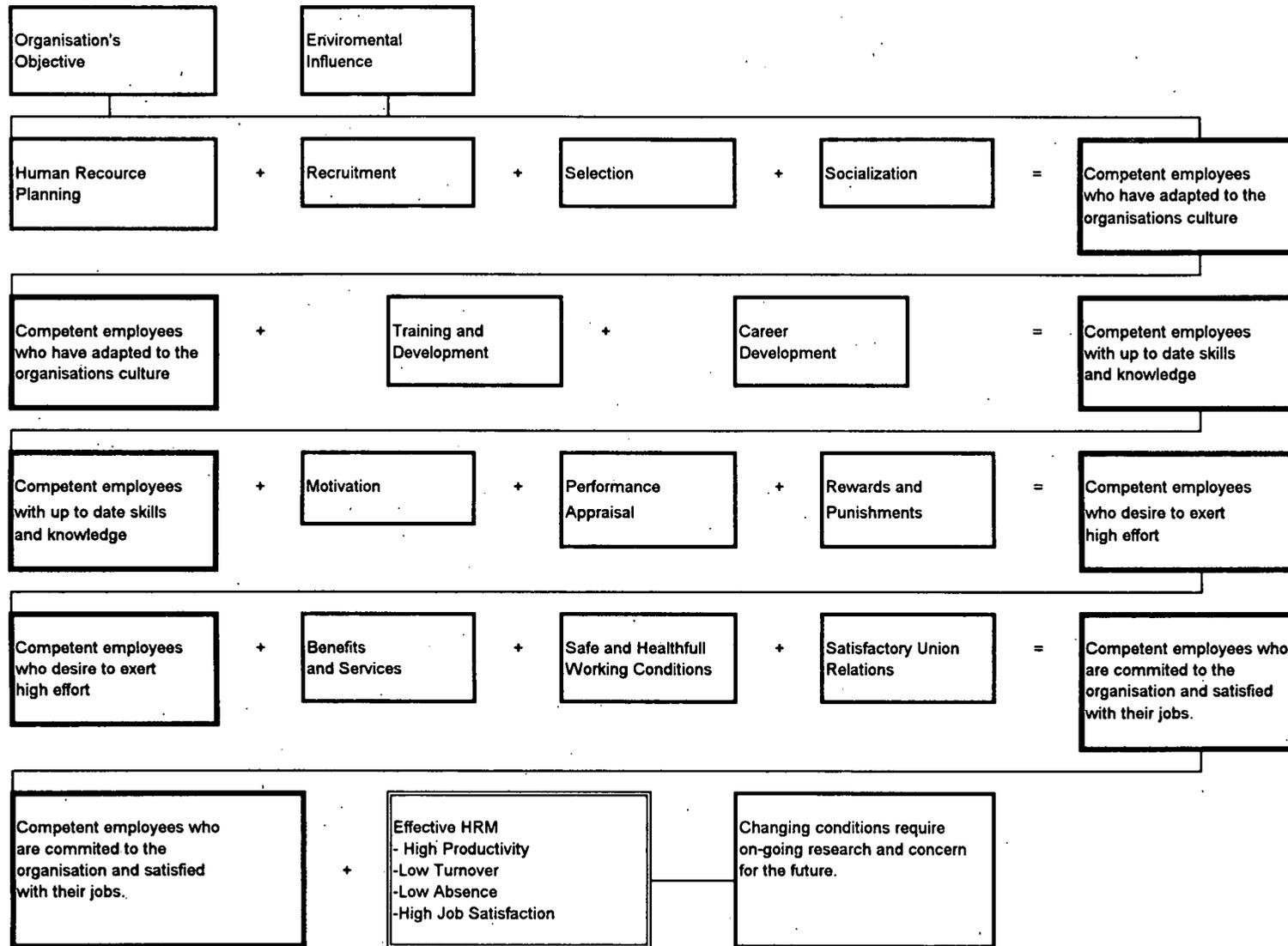


Figure 3.1 HRM Model (Robbins, 1982 : 19)

(a) Acquisition of human resources

The acquisition function of the Human Resource Management process begins with **human resource planning**. This is to ensure that the organisation will have the correct personnel who will be capable of rendering an effective and efficient service as determined by its overall strategies and objectives.

Potential applicants have to be recruited and the best applicants selected for the job as the demands require. After appointment new employees need to be socialised or oriented so as to enable them to know where they fit into the whole organisation and what will be expected of them.

The **objective** of this staffing function is **to acquire competent employees who have adapted to the organisation's culture**. This function is discussed in terms of the administrative function of supervision and focuses mainly on the place and personnel components of the component model.

(b) Training and Development of Human Resources

As the organisation's needs change, management has to ensure that its employees have up-to-date skills and knowledge to meet the changing needs. Employee training provides them with specific skills whilst Human Resource Development is more future oriented and reference is made to career development. The **objective** of this staffing function is **to provide the organisation with competent workers who have up-to-date skills and knowledge**. The function of staff development is discussed in terms of the **educational** function of supervision. It focuses mainly on the **person, problem** and **process** components, according to organisational (place) objectives, but simultaneously developing the **personnel** component.

(c) Utilisation and Maintenance of Human Resources

The function of staff utilisation refers to the **supportive** function of supervision and is directed at the optimal personnel functioning and performance. Empowerment and leadership styles to activate staff are focused on in the **personnel** component to the advantage of the other components and to the organisation as a whole.

The **objective** of the staff utilisation and maintenance function is for the **optimal staff performance by competent employees, who desire to exert high effort, are satisfied with their jobs and committed to the organisation.** The maintenance function is concerned with the provision of **benefits, services and rewards** that employees believe are necessary in order to remain committed to the organisation.

(d) Evaluation of Human Resources

Evaluation also takes place within the supervisee / supervisor relationship. Evaluation is necessary to determine if organisational and employee needs to function optimally, are being met. It forms the basis of the other staffing functions. The objective is thus also optimal performance, but by competent, motivated and committed employees who desire to exert high effort.

According to Robbins (1982 : 1) the effectiveness of an organisation's Human Resource Management practice is measured in terms of its productivity, staff turnover, absence and job satisfaction. Effective Human Resource Management will depend on how competent and committed its employees are and how satisfied they are with their jobs. It is thus equated with high productivity, low turnover, low absence and high job satisfaction (Robbins, 1982 : 19).

(e) Research

Research into changing conditions and criteria for the future is recommended as an ongoing part of Human Resource Management. The **objective** would be to create a

working environment to encourage employees to develop and utilise their skills.

3.3.3 The functions of supervision

Social Work literature refers to three functions of supervision namely administrative, educational and supportive. Each function can be distinguished from the others in terms of problems and goals. For the purposes of this research, these functions and goals are to be correlated with the problems and goals of the staffing function of Human Resource Management. Writers such as Schulman (1982 : 32) emphasise the importance of this interaction. This creates an awareness of the mutual dependence between staff and management, supervisor and supervisee.

(a) Administrative function

According to Kadushin (1992 : 20), the primary problem in administrative supervision is about agency policy and procedures being implemented correctly, effectively and appropriately. As staffing function, it refers to the **acquisition of human resources** with the goal or objective being, according to Kadushin (1992 : 20), to make sure that policy and procedures are adhered to. The objective of the administrative function in human resource management is according to Robbins (1982 : 71), the acquisition of competent staff who have adapted to the culture of the organisation by means of planning, recruiting, selection and especially orientation of staff. The **staff maintenance** function referred to by Robbins (1982 : 411) is also included in the administrative function as it refers to conditions of employment and a safe and healthy environment. These administrative functions of line staff overlap with staff functions of the clerical, administrative department of the hospital.

(b) Educational function

According to Kadushin (1985 : 21), the primary problem in educational supervision is the worker's lack of knowledge, attitude and skills required to do the job and the primary goal is therefore to dispel ignorance and to upgrade skill.

Robbins (1982 : 195) refers to the staffing function of the **development of human resources** as those functions which are necessary to supply the organisation with workers who have up-to-date skills and knowledge. These functions include **training, development and career development**. The short term objective of educational supervision according to Kadushin (1992 : 20), is to help the worker to grow professionally and to develop his clinical skills and professional knowledge to the point where he can work autonomously and effectively.

(c) **Supportive function**

For Kadushin (1992 : 20), the primary problem in supportive supervision is worker morale and job satisfaction. Robbins (1982 : 273) refers to motivation of human resources and job satisfaction as prerequisites for staff who are committed to the organisation and who are satisfied with their jobs. This is achieved by means of the staffing functions of **evaluation and utilisation**. According to Kadushin (1992 : 20), the short term objective of supportive supervision is to make workers feel good about doing their job. The various short term objectives of supervision facilitate the establishment of an effective and efficient service. This long term goal of supervision must then be realised in accordance with the needs of patients or clients as well as the organisation's commission. This in turn underpins a human resource development programme.

3.3.4. **The development model of supervision**

Kadushin (1992 : 142) has developed the components of the casework situation, referred to by Helen Perlman (1957 : 4), as the nucleus of the casework event, to form the basis of a development model of supervision. To Perlman (1957 : 4) the nucleus of the casework event is as follows: "A **person with a problem** comes to a **place** where a **professional representative** helps him by a given **process**" and she therefore sees this as the "heart of any situation" where someone is looking for professional help.

According to Kadushin these different components also constitute the agenda of development or educational supervision. For present purposes, the **person**, namely **patient or client** comes to the **place**, namely the **psychiatric hospital** for help with a **problem**, the relative social and emotional implications of psychiatric illness. Such person comes to the **social worker** or **professional representative / person**. This institution then provides help by means of the **social work process**. This process refers to the basic principles and methods of social work as it is applied in the hospital set-up. Workers need to know about each of these different components in order to work according to the development model. For each of these content areas, certain objectives in terms of **knowledge, skills, and attitude** are pursued. It then becomes the responsibility of the supervisor to teach these to the worker.

(a) **Place: The Social Work Department of the Psychiatric Hospital**

The nature of the services rendered by an organisation is determined by the goals and objectives of the organisation. The **hospital's** goal is to render the most effective care and treatment for patients. The **social work department** is one facet of the total and complex organisational / hospital structure. Social workers need to determine for themselves what they see as their exclusive role in a multi-disciplinary hospital set-up in terms of specific social work objectives.

The social worker in a psychiatric hospital needs to have a clear understanding of the hospital, and the role of other disciplines within the multi-disciplinary team. Knowledge, skills and attitude need to be developed in terms of hospital policy, objectives, statutory procedures and implications. A knowledge of procedures, policy and administration within the social work department, is also required. A working knowledge of the link between the hospital and other organisations, state departments and community resources is necessary, especially if the social worker is seen as the link between the patient in the hospital and the community outside.

(b) Person: The Psychiatric Patient

In social work the object of service rendering is the client or client system. This refers to the **individual, his family and the community**. In the psychiatric hospital set-up the client or client system refers to a psychiatric patient. This implies that the person coming for help not only has an emotional or social need for help, but has also been labelled as suffering from a psychiatric illness. This distinguishes a patient from a client who goes to a welfare organisation for help. A knowledge of the implications of psychiatric illness on the emotional, social and economic functioning of a patient is therefore very necessary.

(c) Problem: Psychiatric Illness

This component relates to knowledge, skills and attitudes required of a social worker to apply generic social work skills to the **special problems of the psychiatric patient** in co-operation with other workers in the psychiatric service.

A knowledge of psychiatry is necessary in order for the social worker to be able to take part in the overall assessment and treatment of the patient.

(d) Process: The Social Work Process

'Process' here indicates the application of specific skills and techniques, in order to assist or **help** the patient with his social functioning. According to Kadushin (1992 : 14), it is **intervention** directed at the restoration of a more effective level of social functioning or amelioration or prevention of social dysfunctioning. The process includes the contact and contracting phases at the beginning. Certain tasks are then carried out according to the needs of the client system, and finally the intervention is assessed or evaluated for further contracting if needed.

(e) **Personnel: The Social Worker**

'Personnel' refers to the worker as principal instrumentality for helping. It refers to the worker's **self-awareness** or his ability to recognise reasonably accurately how he reacts to the outside world and how the outside world reacts to him. The worker needs to be aware of what he can or cannot do. The social worker is also the principal resource of the social work department in the hospital. The skill and competence of the worker is what the hospital can offer the patient in terms of his social and welfare needs. The disciplined use of the 'self' in professional relationships, is thus what needs to be developed. The worker needs to be able to understand own attitudes and feelings and be able to develop objectivity in order to render an effective service.

3.3.5 **A Human Resource Management Model**

The human resource management model or the development model as it is referred to in this research, illustrates how the **functions** of human resource management and supervision aim to achieve the **objectives** of the human resource management programme by means of the development of the staff member's **knowledge, skills and attitude** on the five different **P-components**.

Table 3.2 **HRM Model : Development Model** illustrates the inter-relatedness of the functions of supervision and human resource management in terms of the Development Model of Botha (1985) and Kadushin (1985, 1992) and the Human Resource Management Model of Robbins (1982).

Table 3.2

DEVELOPMENT MODEL

FUNCTIONS		MODE					OBJECTIVES
SUPERVISION	STAFFING FUNCTION OF HRM	DEVELOPMENT MODEL: EDUCATIONAL EVALUATION / PROGRAMME					
		PLACE	PERSON	PROBLEM	PROCESS	PERSONNEL	
Administrative	Staff acquisition Recruitment Selection Socialisation / Orientation	K				K	Competent social workers who have adapted to the culture of the hospital and social work department.
		S				S	
		A				A	
Educational	Staff development Training Development Career development		K	K	K	K	Plus Have up to-date knowledge and skills.
			S	S	S	S	
			A	A	A	A	
Supportive	Staff evaluation and utilization Motivation Performance appraisal Rewards					K	Plus Desire to exert high effort.
						S	
						A	
Administrative	Staff maintenance Conditions of employment Safe and healthy environment					A	Plus Are committed to the hospital and social work department and satisfied with their jobs.
Research	Research into changing conditions	K	K	K	K	K	Equals High Productivity _____ greater quantity
		S	S	S	S	S	_____ greater quality
		A	A	A	A	A	Low turnover Low absence Job satisfaction
							Plus A working environment to encourage employees to develop and utilize their skills.

K = Knowledge
S = Skills
A = Attitude

3.4 THE PRACTICAL APPLICATION OF THE FOUR ASSUMPTIONS OF KNOWLES OF ADULT EDUCATION ON THE EDUCATIONAL FUNCTION OF SUPERVISION

3.4.1 Introduction

Supervision is based on the educational process. During this process individual needs on the administrative, educational and or supportive levels are assessed. Appropriate techniques and principles are then determined according to those individual needs and learning patterns of the worker. Supervisors' success will be determined by their skill in implementation of the principles of adult learning.

The main purpose of the educational function of supervision is to determine and then teach the supervisees that which they do not know. It is then attempted to bridge the gap between that which is and that which ought to be known. Training principles and techniques are applied according to the individual social worker's learning needs. The way in which supervisors do this, will depend on their ability to work in terms of these principles of adult learning.

'Andragogy' or adult education has the purpose of assisting adults (as voluntary workers) to learn so as to develop greater effectiveness. These four basic assumptions to which Knowles refers (1971 : 39), can be directly applied to the educational function of supervision. It also then forms the basis on which the supervision process ought to be conducted. It gives new meaning to the teaching function and makes it easier to implement (Botha, 1985 : 240).

3.4.2 Outline of the four assumptions

(a) **The adult's self-awareness.** The adult is self-motivated, which means that it wishes to be noticed, recognised and respected for that which it knows and how it applies it. The adult sees itself as a person who can make decisions and bear the consequences thereof.

(b) **Experience.** An adult has a great deal of knowledge, experience and established practices which must be utilised.

(c) **Readiness to learn.** The adult's willingness to learn is directly proportional to its development tasks which correlate with the social roles which the person portrays. These development tasks of the adult must be indicative in determining the learning material.

(d) **Disposition towards learning.** This disposition is problem oriented. It means that the adult collects material or wishes to learn on account of existing problems which are experienced. The adult can thus immediately apply the content learnt to the work situation.

3.4.3 **The supervision process**

Training must be geared specifically towards the learning needs of the particular social worker with a particular workload which reveals specific problems and which require a distinct and individual programme of training. The supervision programme consists of an educational model, -evaluation and -programme and occurs within the supervisor / supervisee relationship of the supervision process. According to Middleman and Rhodes (1985 : 120) the supervisor is continually involved with the integration of the human needs with those of the organisation. This integration contributes to the stability and survival of both the organisation and the individual.

3.4.4 **The impact of these assumptions and particularly the technical implications thereof for the supervision process**

Since the adult is self-motivated and enters the learning situation with a large degree of independence, with broad experience of work situations and a willingness to problem solve autonomously, the principles of adult learning must form the basis of the supervision process. The four fundamental assumptions to which Knowles (1971 : 39) refers, is well supported by writers such as Kadushin (1992) and Middleman and

Rhodes (1985) in their discussion of the basic principles and techniques of supervision as conditions for effective learning and training.

(a) **Implications in respect of the educational model**

A framework is necessary to determine what knowledge, skills and attitudes a social worker needs within its job description, to deliver the most effective service to the client system.

Kadushin (1992 : 142) reiterates that the crux of all social work can be summed up in five components. The model consists of information regarding the Place (the organisation), the Person (the client system be it individual, family, group or community), the Problem (the needs which this person experiences), the social work Process (within which help is offered) and the Personnel member (the social worker who performs the function).

The first stage in the process of supervision is to compile an educational model. It must be determined which information the social worker still needs to acquire. Before it is decided what must still be known, it must first be ascertained what he does know. For each one of these components there are certain goals in respect of knowledge, skills and attitudes. It is important that the social worker's knowledge, skills and attitudes in respect of each of Kadushin's components (1992 : 142) is continually determined and developed.

Kadushin (1992 : 143) also emphasises how important training in the fifth component namely Personnel member is: "The principal instrumentality for helping is generally the social worker herself". That which the organisation thus actually offers in this assistance process, is the ability and competence of the worker itself. Therefore the supervisor must also possess knowledge and methodology according to which the worker can be assisted in the learning process. The social worker's needs must be diagnosed and the involvement of the adult learner in a **self-diagnosis of needs** is thus very important according to Knowles (1971 : 42). By constructing an educational

model everything which the social worker ought to know, can be recorded. This model thus contains the characteristics necessary to provide good service.

The social worker's knowledge, skills and attitude in respect of each of these components must thus continually be determined and developed in order to ascertain the stage of the learner's growth. As an adult, the person does not wish to be taught that which he already knows. These gaps need to be filled and the correlation's between the components must continually be drawn. As an adult, the person works **independently** and **self-assuredly**. According to the principles of adult learning in Knowles (1971 : 39), the adult's **self-awareness** has changed from dependence to **autonomy** and **self-directedness**. The person now determines or controls its own conduct to a large extent. When planning is done, it must be remembered that each individual is more committed to a matter over which he himself has personally decided or planned. **Opportunities must thus be created and methods developed** to involve the adult in planning. As stated by Kadushin (1992 : 186) and Knowles (1971 : 42) humans, and especially adults, learn when they wish to or need to do so. The adult's autonomy must be accepted and respected as it is the one to bear the consequences of its own decisions. As emphasised by Knowles (1971 : 40) the adult has a need to be regarded by others as self-motivated, or self-directing. Middleman and Rhodes (1985 : 125) state that the worker must also be able to rely on the supervisor's confidence in him. Adults also tend to resist learning under conditions that are incongruent with their perception of themselves as autonomous and independent beings.

During the educational process (within the relationship), it is important that the **training climate** be supportive and amenable to stimulate this self-assuredness. Middleman and Rhodes (1985 : 120) also emphasise the importance of respecting human dignity to eventually achieve the organisation's stability. Respect, interest and friendliness must be shown. The relationship is more informal than for example the scholar/teacher relationship in a school environment. The supervisor listens to the worker. According to Kadushin (1992 : 186,187), the social worker learns best when most of the energy in the learning situation is spent on learning. Good interpersonal relationships also enhance work performance according to Middleman and Rhodes

(1985 : 125). By showing that the supervisor has confidence in the worker, involvement and own initiative are encouraged Middleman and Rhodes (1985 : 127).

According to Knowles (1971 : 40), adults must also be taught to be adult learners and must discover that they can take responsibility for their own learning with the consequent good ego-involvement. Supervisors must not dictate everything to them, but must create the opportunities from which the adult can learn and then assist them to derive maximum benefit from it (Knowles, 1971 : 51).

The adult also enters the learning situation with a wealth of **experience** that becomes an increasing resource for learning. The person actually possesses own habits and opinions. The adult's **approach to learning is problem-oriented** and it will learn only on account of current problems being experienced, wishing to make the content learnt, **immediately applicable** to the problem scenario. The person must thus get the opportunity to apply what has been learnt to determine whether it works. Successful action strengthens learning according to Kadushin (1992 : 193). Kadushin (1992 : 194) goes on to say that content must be selected according to the learner's interest and need. New learning situations must be adapted to that which is already learnt. A good technique is to present the learning material in a successive order and to move from the known to the unknown (Kadushin, 1992 : 196). The choice of learning material also determines how the links between the components of the educational model are drawn and learning is presented more meaningfully (Kadushin, 1992 : 194,195). Knowles (1971 : 44) asserts that when the adult finds that his experience is not being taken account of, or when he feels that it is being marginalised, the adult feels that not only its experience, but also the adult as person, is being rejected. The person even remembers the negative effect of former experiences.

(b) Implications in respect of educational evaluation

By using the educational model, the social worker's learning needs are determined and reflected in the educational evaluation (Kadushin, 1992 : 190 - 200). The educational

evaluation is a declaration of that which the social worker already knows, that which the worker must know, that which the worker must learn, that which the worker wishes to learn as well as how the worker wishes to learn it. It is thus important that the supervisors know which characteristics social workers have, what their training and practical experience entail and also what their learning needs are. The evaluation must be systematic and ordered.

Social workers must be able to say what they do not know. For instance if they have the knowledge, but their attitude is wrong, then it is the attitude which must change in order to develop the skill. According to Knowles (1971 : 42): "This experience of self-induced dissatisfaction with present inadequacies, coupled with a clear sense of direction for self-improvement, is in fact a good definition of motivation to learn". Motivation to learn as an important premise for effective training. Knowles (1971 : 43) shows that the **evaluation** must be a **combined effort** of the two parties as in all the other phases of the adult's learning experience. It must also, according to Knowles, rather be a **re-assessment** of learning needs than an evaluation. In order to implement this re-assessment, it is also important that the supervisors set an example of being receptive to feedback on their own behaviour. The supervisor needs to be skilful in creating a supportive climate in which hard-to-accept information about it's own performance can be looked at objectively according to Knowles (1971 : 44). Andragogy, according to Knowles (1971 : 42), places great emphasis on the involvement of the adult learner in the process of self-assessment of learning needs. By creating **diagnostic experiences** where the learner can evaluate his current level of functioning according to the requirements of the model, discrepancies between the current skills and the expectations of the model can be redressed.

Middleman and Rhodes (1985 : 149) also require that the supervisor realise the supervisee's abilities to identify needs, aids or resources and approaches to training or learning during their ongoing development. In this manner the supervisee, as **active learner**, can be encouraged and supported. Self-evaluation takes place continually. As the person matures, its status as learner transforms to that of producer or 'doer' according to Knowles (1971 : 40) and it wishes to be recognised as such by others.

According to Knowles (1971 : 41), adults are reluctant to learn under circumstances which are incongruent with their self-image of being independent. This differs from school where the teacher dictated what the person needed to know and to learn. Recognition of the adult's **self-directedness** is thus an important requirement for successful evaluation.

The content learnt must also be meaningful in terms of the individual worker's motives and needs. Areas of low motivation must be reconciled with areas of high motivation. According to Knowles (1971 : 42), the adult is more motivated to learn things which the person considers essential and wishes to learn.

As a corollary of the supervisee's involvement in **planning and development of learning experiences**, supervisees themselves can also, according to Middleman and Rhodes (1985 : 149), offer input and present learning material. By encouraging such initiative, the supervisee is also prompted to take **responsibility** for his own learning. The value of the evaluation also vests in the fact that the supervisor, according to Middleman and Rhodes (1985 : 147), **must seek and create opportunities** to develop knowledge and skills which are coupled to effective work performance. The purpose of learning activity is after all to allow the supervisee to develop to its full potential. As learning needs are identified, the supervisor and the supervisee can **plan and initiate** jointly. According to Knowles (1971 : 43) andragogy also prescribes a process of self-evaluation whereby the supervisor devotes energy to assist the adults to attain information about their own progress in achieving the goals of the training.

The amount of **experience** of the supervisee, is also an important departure point which has bearing on the evaluation. How much the adult knows will depend on his/her prior experience. The older the person is, the more experience the person is likely to have and how much more difficult it will thus be to discard something the person has already learnt (Knowles, 1971 : 44). The child for instance does not have much experience and thus learns much faster. According to Knowles (1971 : 44) an adult is that which the person has done. Experience constitutes the person. Learning styles must thus be adapted to the individual's experience.

(c) **Implications in respect of the educational programme**

After an evaluation is made and a social worker's learning needs are ascertained, an educational programme must be compiled. The principles of adult education must be applied when the worker is **involved** in the drafting of the programme. Kadushin (1992 : 199,200) agrees that a **partnership principle** must be adhered to throughout the construction of the training programme. The purpose of this programme is to achieve the expectations as outlined therein, as quickly as possible. Accordingly it must encompass clear long term aims and the relative assessable short term goals. The training programme can accordingly be considered an aid to directed and planned supervision. It is thus important that **learning needs are prioritised and correlation's between them are determined.**

Since learning must be a personal and creative experience, the educational programme must further be based on established supervision principles and techniques for example as described by (Kadushin, 1992 : 183 - 200). These principles and techniques are also premised on the axioms of adult learning as discussed by Knowles (1971 : 39 - 49). When the programme is constructed, it is yet again important that the social worker is involved (Kadushin, 1992 : 194). Knowles (1971 : 45) also stresses participation and ego-involvement, as the more actively involved the learner is, the more likely the person is to learn.

According to Middleman and Rhodes (1985 : 148,149) maximal learning also occurs when **own learning needs** are determined, strengths discovered and when the learner personally decides on a plan of action. It is also important for the learner's further development that the supervisor encourage him/her in this. The social worker must be given the opportunity to query, to disclose uncertainties, and to **implement** that which the person has learnt, because Knowles (1971 : 39) maintains that the adult wishes to apply that which the person has learnt **immediately**. The practical orientation of learning material is thus important. It is critical to deal with the work of the social worker, namely that with which the person is **engaged in**. There must for instance be no talk of housing when the task at hand is the Children's court. Content must be

presented meaningfully and fit within a certain theoretical framework. Kadushin (1992 : 194,196) refers to **selective teaching**.

Knowles (1971 : 45) further asserts that the adult also has the **readiness to learn**. This readiness to learn correlates directly with the developmental tasks which relate to the **roles which he portrays**. These tasks must thus be used as indicators to determine the content of the learning material. These observations of Knowles are compared with the developmental phases of the human to which psychologists refer. Knowles (1971 : 45) speaks of the “teachable moment”, which means that the timing of maximal learning is important. Middleman and Rhodes (1985 : 149) refer again to “in-the-moment activities” which refer to spontaneous learning opportunities as the occasion arises. As developmental tasks change, so the adult’s readiness to learn also changes (Knowles, 1971 : 46 and Middleman and Rhodes, 1985 : 154). By adapting new learning situations to that which is already learnt, more sense is attributed to the content (Kadushin, 1992 : 195,196 and Middleman and Rhodes, 1985 : 150). The learning programme is then compiled against this background. It is actually important that the supervisor knows what the social worker still wishes to do. In the event of group supervision, the compilation of the group is also important. The individual will seek others with similar development tasks.

Kadushin (1985 : 157) shows that although supervision must begin with the worker, there is also an obligation towards the organisation to teach the worker that which the organisation expects of him. There are objective standards which must be satisfied. Supervision is a formal situation during which both the supervisor and supervisee are responsible for formal preparation and continuous evaluation. According to Kadushin (1985 : 154,155) the social worker learns best where post-learning satisfaction is evident in periodic recording of that which is achieved. Supervision thus relies on continuous feedback and evaluation and, if necessary, replanning.

In summary the learning process is the basic tenet of supervision. The educational model provides the necessary structure to this process. According to this model the educational evaluation and educational programme are constructed to correlate to the

learning needs and patterns of the worker. An effective supervisor identifies these learning needs in conjunction with the worker, and determines priorities according to which to work. Through the supervision process and the accurate application of the principles and techniques of supervision, the worker is guided to independence.

3.5 RESEARCH

Changing conditions call for on-going research and concern for the future. Robbins (1982 : 476) defines research as “a systematic and goal orientated investigation of facts that seeks to establish a relationship between two or more phenomena” and suggests that every effective manager should consider research as a mandatory and on-going part of the job.

Human resource management has undergone many changes in the last decades and offer great challenges for further development. Success of an organisation is directly dependent on the effective use of human resources and it needs to be established how best effective human organisations can be maintained.

Rationalisation of services due to budget restrictions and the related consequences, are matters to be investigated by committed social workers of present times. Where no primary health care structures are in place for psychiatric patients for example, there is a dilemma of closed hospitals and ill patients who are unable to cope in an ever threatening environment.

Increased burdens for burnt-out staff call for new programmes and guidelines for more efficient functioning of human resources, the ‘tools’ of the social work profession. A working environment which encourages employees to develop and utilise their skills, needs to be developed for improved production quantity and quality, low turnover, low absence and job satisfaction according to Robbins (1982 : 472).

3.6 CONCLUSION

The staffing function of Human Resource Management is classified as a generic administrative function of public administration. In a State psychiatric hospital, the administrative, educational and supportive responsibilities of the hospital's social work department are met by means of the supervision relationship, and to a certain extent by the administrative section of the hospital. The social work supervisor, being in a middle-management position, is directly accountable to management. The supervisor's ultimate objective is also that of management, namely to offer the client / patient the best possible service.

The functions of Human Resource Management can be implemented by means of the Development Model developed by Kadushin (1985) and Botha (1985) for an educational model, -evaluation and -programme, whilst applying the basic assumptions of adult learning, referred to by Knowles (1971). The influence of the different approaches to management as discussed in Chapter 2, were also evident throughout the study.

In the chapters to follow, the different staffing functions of Human Resource Management will be discussed in terms of the functions of supervision and the Development Model. The role of the social worker in a psychiatric hospital will be discussed in the next chapter to provide the reader with some insight into the existing needs and frustrations of social workers in this specialised field.

CHAPTER 4

THE ROLE AND FUNCTION OF THE SOCIAL WORKER IN THE MULTI-DISCIPLINARY TEAM

4.1 INTRODUCTION

To provide an organisation with the means to achieve its objectives, a profile of the current status of its human resources is needed. A knowledge of the role and function of the social worker in an eclectic and multi-disciplinary approach, is therefore a prerequisite for a human resource management programme for social workers in a psychiatric hospital. The researcher agrees with Ritter (1992 : 41) that it is important that the Social Work Department in the hospital follows a normative systems approach, whereby social workers are motivated, as a section of the hospital organisation, to share in the ultimate achievement of hospital objectives. This requires specific knowledge, skills and attitude in order to carry out the necessary responsibilities. The social worker in a psychiatric hospital relies on values, norms and knowledge of both the generic social work and psychiatric fields.

This chapter on the role of the social worker, is included in this research to give the reader some background information about the frustrations, ambivalence and morale of social workers in a specialist field such as the psychiatric hospital. Much has been written about stress factors and job related tension experienced by supervisees in general. Reference will be made in this chapter to some research findings to indicate the need for supervision. With some insight into the existing needs of social workers within the psychiatric hospital, the need for a Human Resource Management programme will be appreciated.

In this chapter the **role of the social worker in the psychiatric hospital** will be discussed as a **function of the multi-disciplinary team**. Being hospital based, the influence of the **medical model** will be discussed. A holistic view is required of the

effects of psychiatric illness on all the important aspects of the patient's life namely his health, marriage, family, occupational and social life. The **bio-psycho-social model** and the **systems approach**, as particularly relevant to social work, will be mentioned. Reference will also be made to the **Life Model Approach**. Until recently emphasis has been mainly on diagnosis and treatment and aftercare has primarily been the provision of maintenance medication. Greater emphasis is now being placed on community psychiatry, psychiatry rehabilitation and the re-integration of the disabled person into the community. Since welfare services have not always been accessible to all, the White Paper for Social Welfare (1996) now envisages a shift in the type of social service required.

4.2 THE ROLE OF THE SOCIAL WORKER AND THE MULTI-DISCIPLINARY TEAM

The multi-disciplinary team approach, ensures a comprehensive and well-co-ordinated service by a group of professionals who share in assessment, planning and treatment. Ideally the team consists of the psychiatrist (consultant and leader), psychiatric registrar (psychiatrist in training), the social worker, psychologist, nursing staff, and occupational therapist. Each member of the team contributes according to its particular skills in terms of the patient's or family's needs. Treatment will be case-specific and assistance varied. The psychiatric social worker therefore has to focus not only on an individual in a social role but also in a patient role. Service delivery has to focus on the implications of the illness for the patient and his family. According to Butler and Pritchard (1990 : 6), the psychiatric social worker focuses on the consequences of a particular disorder rather than on its particular aetiology or detailed pathology. The basic elements of social work in terms of values, knowledge, methods and techniques, therefore remain the same as in any other area of social work service rendering, but the focus shifts from being problem centred as in generic work, to illness centred.

According to Cowles and Lefcowitz (1992 : 64), findings also suggest that social workers present an unclear image of their profession to others and they need to make a greater effort to orient other groups to the 'person-in-environment' perspective of

social work. Cowles and Lefcowitz (1992 : 57) refer to Schlesinger and Wolock (1992) who perceived this to be the most serious problem of hospital social workers. As other disciplines also adopt a holistic approach, roles become blurred. It becomes evident that psychiatric social workers need to determine what their exclusive role is going to be in this challenging, but complex health care delivery system. The hospital social worker's search for a clear domain on account of this blurring of roles, is also emphasised by Davidson (1990 : 228). Role conflict and role ambiguity are known to be sources of tension and stress for workers according to Kadushin (1992 : 250) and Jayaratne and Chess (1984 : 448 - 453).

4.3 SOCIAL WORK AND THE MEDICAL MODEL

The focus is on the illness which led to the patient's contact with the hospital and admission and on the social and emotional repercussions of the illness on the patient, his family and the community. The impact which modification of the patient's physical and social environment has on his emotional life and behaviour, is emphasised. It is agreed with Ross (1993 : 246) that among health providers, social workers have the training, knowledge base and skill to best understand the psychosocial and economic needs which illness imposes on a patient and his family. It is not necessary for social workers to feel insecure about their knowledge base and to underestimate their knowledge and skill. Effective social work practice depends on the integration of these clinical skills and knowledge of psychiatry with the delivery of concrete services. The sick role does not terminate upon release from the hospital and therefore still has implications for service rendering after discharge.

According to Ross (1993 : 246) social workers are equipped to assess the interpersonal and instrumental resources that are required to treat patients and their families and to help them with these adjustments by means of counselling and referral. A working knowledge of psychiatric illness is advantageous in facilitating the worker's understanding of its patient (client) and the implications of the patient's predicament.

According to Kaplan, Sadock and Grebb (1994 : vii), the mission of Psychiatry is to diagnose, treat and eliminate pain, suffering, and disease in the treatment of the whole

patient. Psychiatry pertains to the human aspect of medical care. Accordingly a knowledge of all issues that affect the physical and psychological well-being of the patient is necessary. According to Noyes and Kolb (1961 : 1), psychiatry deals with those functions of personality that disturb either the subjective life of the individual, the individual's interpersonal relationships or interaction within society.

The main difference between psychiatry and social work is that psychiatry focuses on treatment of an illness in the medical model and the prescription of medication and hospitalisation. Social Work focuses on problems and strengths in personal and social functioning. Skidmore (1992 : 16) states that psychiatry emphasises interpersonal dynamics, delving in unconscious motivation and related factors whilst the social worker makes use of environmental and community resources, operating more on the patient's conscious level of behaviour. The impact which modification of the patient's physical and social environment has on his emotional life and behaviour, is emphasised.

The success of physical treatment administered for psychotic disorders, supports the medical model and also makes the condition more socially acceptable. For the psychiatric social worker, it is important to be familiar with this model and then to focus on the patient's present situation and the effects of the illness on the situation. A knowledge of psychiatry is also necessary to enable the social worker to take part in team discussions and to contribute in the primary functions of diagnosis, treatment and rehabilitation.

The currently accepted perception of the psychiatric social worker is of case manager or therapist. There has been a shift away from the traditional role of social worker as the link between the patient in the hospital and society outside. Whereas the latter perception stresses dynamic inner psychological factors, psychotherapy and individual change, the former emphasises external factors and social manipulation and is more anti-therapeutic. Fine (1975) as quoted by Siporin (1975 : 447), distinguishes between the behaviourist, organic psychiatrist and social worker / social manipulator on the one side and the psychoanalyst, dynamic psychiatrist and therapeutic case worker, on the other. Greater status is perhaps afforded the counselling function in social work and psychiatric circles, whilst concrete activities involving attempts to mobilise

environmental resources, are seen as inferior activities. Emphasis is on clinical social work and the more practical issues do not always receive the attention needed. Social workers will for example spend the greater percentage of their time in admission units, clerking patients, but at the expense of the long-term patients and their rehabilitation. To have such a dual role, may prompt feelings of ambivalence and frustration. It would appear that social workers enter the profession with unrealistic expectations and that they regard themselves as over-qualified for job demands arising from patient expectations. At the hospital where the researcher is employed, a new job description has been compiled for a post in which the social worker will be doing only rehabilitation in the long-term wards. In the past, each social worker was responsible for carrying a long-term caseload as well as an acute caseload. As social workers perceive more areas requiring intervention, their frustration seem to be that patient needs exceed available resources.

The conciliation of clinical skills and the delivery of concrete services is fundamental to effective social work practice. It is this social component in clinical intervention that helps to distinguish social work from other forms of individual counselling in the hospital set-up. The need for social work intervention does seem to be greater in areas where concrete service provision is required. Professional skill is perhaps of less significance than that the need simply be discharged. Social workers then feel that their work is inferior. This leads to confusion and ambivalence. Social workers as professionals seem to be more vulnerable to role strain. Patients often have a misunderstanding about what a social worker does or should do. Patients often expect tangible assistance in the form of accommodation, jobs, or sometimes expect social workers to provide specific and effective solutions to problems. Patients do not always understand the necessity of developing independence. Social workers sometimes doubt the acknowledgement of their values and priorities by other team members. Weinbach (1994 : 104) also refers to the possibility of a clash between organisational requirements and professional values and priorities especially where professionals are working in highly bureaucratized institutions. Paper work, rules and distinct lines of communication are often experienced as hampering delivery of services to patients. Social workers feel at times that their professional autonomy is restricted and that their professional judgement is not valued (Weinbach, 1994 : 104).

Historically, however, social workers have always felt insecure about their knowledge base, often undervaluing their own knowledge and skill, whilst over-valuing that of Medicine. According to Kane (1982) in Misrahi and Abramson (1985 : 39), Medicine has claimed professional autonomy.

According to Gitterman and Germain in Compton and Galloway (1989 : 114,115), the distinctive function and tasks of social work come from its social purpose namely to improve and to strengthen the client's coping patterns and his environment in order to obtain satisfactory mutual and reciprocal interactions. This Life Model Approach integrates treatment and reform traditions by conceptualising and emphasising the dysfunctional transactions between people and their environments. Through interaction, the psychiatric patient and his environment, too, reciprocally shape each other. The emphasis is thus 1) to focus on knowledge and skills to effect change in persons and 2) to focus on knowledge and skills to effect change in environments.

4.4 THE HOLISTIC BIO-PSYCHOSOCIAL MODEL AND SYSTEMS APPROACH

George Engel's bio-psychosocial model of disease which stresses an integrated systems approach to human behaviour and illness, is derived from general systems theory according to Kaplan, Sadock and Grebb (1994 : 1). Biologically the anatomical, structural and molecular basis for disease is emphasised. The psychological system emphasises the effects of psychodynamic factors, motivation and personality on the person's experience of his illness. The social system emphasises cultural, environmental and familial influences on the expression and experience of the illness. According to Kaplan, Sadock and Grebb (1994 : 1), Engel postulated that each system affects and is affected by every other system.

Knowledge of this interaction between a patient's individual psychology and his socio-cultural environment and the effect of these on his psychiatric state or condition, forms the basis of the bio-psychosocial model. This model is used to help the patient to cope with concrete, practical problems as well as with complex interpersonal and intrapersonal difficulties.

As stated by Van der Vyver (1993 : 36), it is agreed that the psychiatric patient is particularly dependent on his social environment. It is important for the psychiatric social worker to be informed about the influence of a psychiatric disorder on the most important aspects of the patient's life, namely his health, marriage, family, occupation and social life. The emphasis is on the impact of the disability and the necessity of a holistic view in order to enable the patient to function optimally. Ritter (1992 : 26) emphasises that it is also the social worker who needs to encourage other team members to accept the patient as an entire personality. Social workers have the knowledge base, training and skill to best understand the psychosocial and economic needs brought about by psychiatric illness and the adjustments it demands of the patient and his family. According to Ross (1993 : 246), the social worker assesses the interpersonal and instrumental resources that treatment requires and assists with these adjustments through counselling and referral.

Hudson (1982 : 3) notes that there are degrees of potential self-help in prevention and cure of psychiatric illness, degrees of environmental influence, and degrees of need for medical, psychological and social intervention. Each diagnostic category differs from the next and each patient is unique.

Social circumstances are constantly changing. A greater understanding of the psychosocial factors and stresses associated with illness is necessary. It is necessary to view patients within their environments, and to contextualise their interactions or transactions. The particular part of their environment must also be understood. The social worker's main function is of a diagnostic, therapeutic nature. By feeding information regarding environmental circumstances back to the team, a diagnosis can be made in terms of the patient's longitudinal pattern of behaviour and general functioning. Social background information (collateral) includes details of present relationships, employment experiences and life-style prior to the illness (pre-morbid personality). This information contributes to a diagnosis for which the psychiatrist takes responsibility. Upon discharge and in terms of rehabilitation, information concerning interaction with family members is passed back to the team members by the social worker.

How a patient functions within his social context, how acceptable or unacceptable his behaviour is towards those around him, will determine whether he needs hospitalisation or not. This criterion, together with an assessment as to how dangerous the patient is towards himself or society, will determine, if the patient needs certification in terms of the Mental Health Act or not. It can also determine in terms of which section of that act he is to be certified.

The purpose of social work is clear and distinctive, namely to improve the transactions between patients and their environments. Assistance in the form of services and environmental resources, is offered to people suffering severe stress with a view to promoting growth, improved health and functioning and thus to prevent further or repeated breakdown.

4.5 THE LIFE MODEL APPROACH TO PRACTICE

The Life Model Approach to Practice as referred to by Turner (1986 : 630), summarises the main function of the social worker as follows: to help individuals, families, and groups to meet their particular life tasks associated with developmental stages, status changes and crises events. This includes clinical interventions and also preventive services. Patients are helped to use community network resources and these environmental forces in turn are influenced to be responsive to the patients' needs. Assistance with environmental difficulties experienced by clients is rendered particularly by the social worker in five relevant roles:

- * The role of **co-ordinator**, is to link the client to available resources.
- * As a **mediator**, the worker helps the client and the organisation (hospital team) and social network to connect with each other in a more effective manner.
- * As **advocate**, the worker can aim for a more effective person / environment fit.
- * In the role of **organiser**, the social worker mobilises informal networks, self-help or task groups to combat social and environmental isolation.
- * As **innovator**, the worker may need to work towards filling gaps in services, programmes and resources.

According to Hepworth and Larsen (1993 : 25 - 29), Lister distinguishes between system linkage roles, and direct service rendering roles.

Direct service rendering roles refer to performance of:

- * Individual casework or counselling
- * Marital and family therapy (sessions with individuals, conjoint sessions and group sessions)
- * Group work services which may include support groups, self-help groups, skills development groups and therapy groups.
- * The task of educator / disseminator of information.

System linkage roles where social workers often have to link clients or patients to other resources, include that of:

- * **Broker**, for which the social worker needs a thorough knowledge of community resources so that appropriate referrals can be made. This also requires that the social worker be familiar with the policies of these resource systems and implement a way to monitor whether clients actually follow through on referrals.

- * **Case manager / co-ordinator** whereby the social worker assesses the need of clients or patients and arranges and co-ordinates the delivery of goods and services as provided by other resources. In the psychiatric hospital the social worker educates team members of other disciplines regarding available resources and referral procedures.

- * **Mediator / arbitrator** whereby the social worker eliminates obstacles to service delivery, when breakdowns occur between clients and service providers. It is for example, their present experience that the new system of applying for a disability grant has not been practical and social workers are following the matter up with the relevant welfare departments.

* **Client advocate** whereby the social worker engages with and on behalf of the client to obtain services and resources that would not otherwise be provided.

Lister (1987) according to Hepworth and Larsen (1993 : 27), also refers to System Maintenance and System Enhancement roles, when social workers are responsible for the evaluation of structures, policies and functional relationships within agencies which impair effectiveness in service delivery.

In performing **Maintenance roles**, the worker is referred to as:

* **Organisational diagnostician** to pinpoint factors in agency structure, policy and procedures which impair service delivery.

* **Facilitator / expeditor**; to plan and implement ways and means to enhance service delivery. Regular unit meetings with other team members are regarded by the researcher as very important for effective service delivery.

* **Team member**, when social workers collaborate with members of other disciplines to assess patients' problems. The different team members have varying types of expertise that are tapped in formulating assessments for therapeutic interventions.

* **Consultants** when social workers are consulted by members of other professions and also by other social workers in need of their special expertise. Social workers are going to have to exercise this role extensively in the new primary health care approach.

* **Researcher/Research consumer**, when practitioners need to evaluate the effectiveness of their interventions. Single subject research designs for example provide a baseline against which the results of implementing interventions can be assessed.

System Development roles pertain to the social worker as:

- * **Programme developer**, when the social worker can respond to its patients' needs by developing services accordingly. An example would be the new family support groups being developed in the communities at the moment for families of psychiatric out patients.

- * **Planner**. Direct practitioners for example in rural areas will be working closely with community leaders to plan programmes in response to unsatisfied and emerging needs of the deinstitutionalised psychiatric patient and his family.

- * **Policy and procedure developer**. Social workers as 'front line' practitioners need to become involved in decision-making processes regarding policies and procedures.

- * **Advocates**. Practitioners can join with client groups or with other professionals to demand legislation and social policies directed at providing needed resources and to promote groups advocating patient rights.

Development of transition and community support services to help patients to move back into the community will hopefully be more adequately funded in the future. It is agreed with Ross (1993 : 247) that this may create exciting opportunities for social work planners and advocates.

The White Paper for Social Welfare (1996 : 10) has identified a lack of preventive and developmental services. In the rural areas there is also a lack of personnel to address these needs whilst other categories of personnel are under-utilised. Existing personnel are also not trained in developmental approaches.

Changing needs therefore call for a review of social work roles and functions and for increased staff development and utilisation. Social workers are to become more involved in preadmission screening, care planning and other activities that complement

continuity of health care. Davidson (1990 : 228) distinguishes the following areas of social work in Health Care: Preventive, Primary, Acute, Post acute, Rehabilitative and Long-term care.

4.6 PSYCHO-SOCIAL REHABILITATION AND THE ROLE OF THE SOCIAL WORKER

At present the primary focus is mainly on diagnosis and treatment and not on rehabilitation. Patients are treated in hospital with traditional psychotherapy approaches. After discharge specialist doctor / professional nurse teams focus on maintenance medication only. Private organisations such as the Cape Mental Health Society, Comcare, and Cape Support are relied upon to render rehabilitation services and to institute vocational and housing facilities.

With greater emphasis now on community psychiatry, psycho-social rehabilitation and the re-integration of the disabled person into the community is going to become a function of primary health care clinics and community health care centres. Accepting rehabilitation as part of health care, and also as synonymous with tertiary prevention of illness, this service can no longer be expected solely of the welfare system. The chances for specialised rehabilitation centres are slim, and therefore it is going to be more economical to integrate services so that secondary and tertiary prevention is done by the same people.

As stated by Ross (1993 : 247) more adequate funding is needed for the development of transition and community support services designed to help patients especially the chronically ill, to move from hospital to home and community. This could create interesting opportunities for social work planners and advocates. The high hospital readmission rate of discharged patients calls for post-hospital planning for psychiatric patients in order to prevent re-hospitalisation and to help in the rehabilitation of those living in the community, (Editorial, 1984 : 163).

This present fragmented though specialist approach involving a number of different fields of service, undermines a holistic approach. According to the White Paper for

Welfare (1996 : 101), this is neither preventive nor developmental as welfare services are not accessible to all and do not meet the needs of all people.

At an Indaba for Psycho-Social Rehabilitation held during September 1995 at the University of Natal, it was stated that Psycho-Social Rehabilitation is a neglected area in the Mental Health Services in South Africa. It was recommended that Health Service Authorities should look closely at staff development in this area, so as to enhance the quality of life of persons who are severely and persistently mentally ill.

4.7 STRESS FACTORS AND JOB RELATED TENSION FOR SUPERVISEES

Extensive research has been done on stress factors and job related tension. Reference will be made to some research findings from which the need for a human resource management programme for social workers in a psychiatric hospital will become evident.

Sources of stress are varied, but can either derive from the client and the problem component or from the worker and inter-personal components within the work set-up. How these affect production and worker morale, indicate the need for supportive supervision. The hindrances which Kemp (1985 : 3) refer to as having a negative influence on social work intervention, could probably also be applicable to social workers in the psychiatric hospital setting:

- * The bureaucratic system which limits initiative such as within a state institution. According to Weekes (1989 : 196) it should be part of the supervisor's responsibility in supporting the worker, to limit the influence of the bureaucracy on values and social work practices and to act as a buffer and as an advocate.
- * The infrastructure of the office and departmental set-up which influences production and attitude directly.
- * The broad terrain of service delivery which only allows for superficial intervention. In the psychiatric hospital large case loads and constant pressure to

discharge patients frustrate ideas to utilise specialised knowledge and skills.

* According to Kemp (1985 : 3) the predominantly lower sub-economic and intellectually limited client/patient population to be served is not stimulating. In the psychiatric hospital social workers often deal with chronically mentally ill individuals.

* The lack of opportunities for promotion within the profession limits professional vision and causes feelings of amotivation and alienation.

Social work does not always receive the recognition it would like due to its history of philanthropic service provision. Kemp (1985 : 9) quotes Herman (1974) as follows: “In plaas van om sy gebied af te baken en helderheid te kry vir sy werklike funksies in die gemeenskap en ‘n eie selfstandige kennis skat op te bou, het Maatskaplike Werk hom eerder toegespits op die uitbouing van sy werkswyses te wete gevallewerk, groepwerk en gemeenskapswerk”.

The social worker often experiences that patients and members from other disciplines are still uncertain as to which services a social worker actually renders. Role ambiguity is a major cause of stress and dissatisfaction, especially in times of change as new programmes and expectations emerge.

Cherniss (1980), quoted by Weekes (1989 : 196) and Vinokur-Kaplan *et al* (1994 : 118), identified three primary sources of stress and burnout in the work setting namely:

- * organisational design;
- * leadership and supervision and
- * social interaction amongst staff.

Weekes (1989 : 196) also refers to research by Weinberger (1974) which showed a positive correlation between job satisfaction and the professional climate of an agency, the small size of an agency and autonomous practice.

Kadushin (1992 : 236 - 259) refers to seven sources of job-related tension which supervisees can experience:

* Administrative pressures of compliance with agency policies and procedures as well as requirements for performance appraisals and evaluation are sources of tension. Mention is also made of stress related to conflict between bureaucratic and service orientations.

* Kadushin (1985 : 237) refers to Lazerson (1972) who emphasised that, in the case of psychiatry (and this can also apply to social work), it is the very nature of what is to be learned which adds to the stress already inherent in the learning situation. Worker self-awareness and knowledge about his defences, motives, transference, counter-transference and attitudes are subject to examination and hence change. Supervision is often a threat to the supervisees' independence, but learning what they need to know will enable them to adapt more successfully to the job situation which, in itself, is satisfying and ego-enhancing according to Kadushin (1992 : 238).

* The supervisor / supervisee relationship can be a source of both tension and support as "it becomes infused with transference elements, with ambivalence and resistance, with residuals of earlier developmental conflicts" (Kadushin, 1992 : 239,240).

* Relationships with clients are an additional source of stress. Kadushin (1992 : 243) refers to the new emotions such as anxiety, anger, depression and grief which social workers are exposed to as they encounter their clients often at a time of crisis. This is particularly also relevant to the social worker dealing with psychiatric patients. A social worker's need to be empathic implies a sensitivity to the feelings and emotions of patients / clients, but at the same time it is required of a social worker to be objective and to maintain some emotional distance. Patients are often also victims of society and as such, social workers inherit the failures of other social systems and pathologies. Feelings of despair and inadequacy are aroused which do not contribute to feelings of job satisfaction. Kadushin (1992 : 244) refers to feelings of exhaustion and powerlessness evoked by dependent and emotionally taxing clients. Munson (1993 :

237) also refers to “high and unrealistic expectations of self and clients” as a basic form of distress.

It is at times like these that dependence on the medical model seems to offer relief when a decision is made as to whether a patient is going to benefit from medication or not; whether he is certifiably ill or not; so that our therapeutic skills are no longer challenged.

Accepting responsibility for helping, is in itself, tension provoking as outcome is often uncertain and often not noticeable. As Kadushin (1985 : 247) points out: “there may be dissatisfaction for workers in the lack of observable changes which reward their conscientiousness and competence”.

* According to Kadushin (1992 : 248), stress can also result from the nature of social work itself and the conditions under which the tasks are carried out. This also applies to the relationship within which social work is carried out, the social worker **being** her work (Kadushin 1992 : 252). This can add to feelings of disappointment and failure, leading to doubts about the significance of the job.

* The organisational structure can also be a source of tension as pointed out by Kadushin (1992 : 253,254). Management ‘from above’ and hierarchical structured rules and procedures can be found to be stressful and deprive workers of the autonomy they seek and hence the motivation for job satisfaction. Stress can also be associated with salaries, prospects for promotion and especially now the inequalities local social workers are experiencing in terms of salary adjustments. Social workers in private mental health settings are of the opinion that their salary adjustments are not going to be the same as salaries of Provincial Administration social workers.

Some resentments are also expressed about hierarchical elements present in interprofessional relationships. Kadushin (1992 : 254) refers to realities such as the psychiatrist having to be “first among equals” and the psychiatric social worker’s feeling of a “one-down position”, which becomes problematic and stressful for a

worker. Gender issues where psychiatrists and psychologists are often male and social workers female, are unlikely to be acknowledged.

* Community attitudes toward social work and social workers have also been referred to as a tension provoking source. The ambivalence as to the effectiveness of social work and the apparent omission of social work input in present governmental changes and development in the Health field, has been a source of concern. Involvement in the work place by social workers is challenging and according to Bernstein (1976), as referred to by Austin (1981 : 295), could be a significant way to combat burnout. Hospital social workers in the Western Cape are presently debating whether they want to be part of Health or Welfare.

Pines and Kafry (1978 : 500) also distinguish between internal and external characteristics and organisational variables as sources of stress in social work situations. The intrinsic properties of the work in terms of variety, autonomy, significance, success and feedback were less important than the internal characteristics and related more to job satisfaction. The external work characteristics refer to those properties of the work environment that serve as support systems for example: work relations; work sharing; support from co-workers; sanctioned time-out periods; feedback from supervisors and colleagues.

A positive social milieu provides the worker with support systems which serve as protective buffers against job stresses according to Pines and Kafry (1978 : 505).

A third variable mentioned by these writers is the organisational variable for example the pressures created by the bureaucratic system within which social workers function and their satisfaction with their caseloads.

As found by writers such as Pines and Kafry (1978 : 505), in an overall comparison between these internal and external characteristics, it was the external characteristics emphasising the social aspects of the work environment which were more responsible for burnout. Internal factors such as the lack of challenges and lack of opportunity for achievement were thus less significant in the creation of tedium. It would appear that

social workers, because they like to work with people, are more sensitive to clients and co-workers as sources of both stress and support.

Regular scheduling of staff retreats where staff can be encouraged to talk about problems experienced at work and where they can be allowed to set goals for themselves and their agency, are recommended. Support, advice and constructive feedback therefore has to be encouraged.

It is therefore crucial for the supervisor providing supportive supervision, to have an understanding of the worker's stresses and tensions as to how it affects morale and job satisfaction. Although sources of stress vary, they can be regarded as either **internal** or relating to the worker in agency context or **external** relating to the client and the problem. According to Weekes (1989 : 200) workers need to accept most of the client and problem related causes as sources over which they do not have much control, but they are "not powerless in the face of those deriving from internal causes". This calls for more attention to be given to organisational design and the practice of leadership and supervision according to Weekes (1989 : 200). Weekes (1989 : 200) here suggests the **creation of small, independent work units, formal individual and group relationships that are democratic and permit much participative decision-making and autonomous practice, and informal relationships that permit individual and peer group interaction of a cathartic nature.**

Group supervision is highly valued for support for workers. Supervisors, however, also need support. Weekes (1989 : 207) suggests that regularly scheduled, formal group consultation gatherings ought to be held and that these meetings be initiated by office heads. It was suggested that office heads and supervisors also be included. Social work managers also need support. Their 'people skills' are to be developed which require more insight, maturity and imagination to enable them to get the best return on their staff investment (Stewart, 1994 : 14).

It is however, rather ironic that supervision in itself can be such a major cause of tension for the worker when intended to have the opposite effect. This emphasises the

need for equipping supervisors with the necessary skills and knowledge to render supervision of the highest standard. Kadushin (1992 : 240) concludes that supervisors need to be extremely aware and sensitive to the effects they have on their clients patients and vice versa. Although good supervision is crucial to a worker's performance and satisfaction, it is unrealistic to expect that a good supervisory relationship will eliminate job dissatisfaction. Supervisors still need to be aware of the stresses that workers encounter. Kadushin (1992 : 275) values supportive supervision to reduce tension and the effects of burnout. Studies are referred to which support the assumption that burn-out correlated with the type of supervision the worker had been receiving . Successful supervision will increase job satisfaction and reduce turnover.

Various writers such as Austin (1981 : 289), Kemp (1985:3) and Weekes (1989) refer to tension provoking factors. Kadushin (1992 : 292) and Botha (1985 : 247) summarise the main causes of job-related stress as follows:

- * Implementation of the administrative and educational functions of supervision.
- * The supervisor / supervisee relationship
- * The client and his problems
- * The nature of the social work task
- * Policy and procedures of the organisation
- * The community's attitude towards social work service rendering.

Botha (1985 : 247) and Kadushin (1992 : 258) include the personality of the worker as a primary cause of **burnout**. How workers relate to stress depends on their basic personalities. According to Kadushin (1992 : 258) the stereotypical perception of social workers as accepting, tolerant, understanding and helpful persons, tends to suggest that they may be more susceptible to burnout.

“ Tedium” is a term referred to by Pines and Kafry (1978 : 504) as “a general experience of physical, emotional, and attitudinal exhaustion that often results from the gradual process of daily drudgery and chronic stresses”. Pines and Kafry (1978 : 499) found the incidence of burnout to be high in health and social service professions. It was found to be a major factor in low staff morale, absenteeism, high job turnover and

other symptoms of job related stress. It was also identified as a factor in the poor quality of health and welfare service rendering.

Pines and Kafry (1978 : 500) state that social workers are more oriented to people than to things and value themselves most through being sympathetic, understanding, unselfish and helpful. These writers emphasise that it is also exactly these attitudes which qualify social workers for their work, that make them more sensitive to the many emotional pressures encountered in social work. Failure to the worker may therefore not only mean a reflection on their competence as social workers, but might also be regarded by them as a reflection on their competence as people. Failure therefore becomes personalised.

4.8 CONCLUSION

The social worker plays an important role in the multi-disciplinary team and it is necessary to focus on the professional knowledge, skills and attitudes of a psychiatric social worker in order to be of service to the patient, his family, his environment in general and ultimately towards society. It has become necessary for social workers to determine what their role is in the process of rationalisation of mental health services.

The Life Model Approach, the holistic bio-psychosocial and the systems approaches, emphasise the reciprocal interactions between the patient and his environment and a shift from hospitalisation (institutionalisation) to rehabilitation and prevention. Primary health care and the availability of psychiatric resources to all, is envisaged.

The role of the social worker in the hospital is often underestimated. The profession is therefore not always utilised to its full potential. Contributing to this could be the uncertainty that hospital social workers have of the extent to which they could be rendering a more rewarding service (also to themselves). Statistics usually measure practicalities such as the number of interviews conducted or the number of reports written. The actual professional services that are being rendered, are often not measured. This results in the social worker feeling under-utilised and frustrated. If the social worker does not inform the team what type of service (s)he is capable of rendering, the team will remain uneducated and the social worker under-utilised. Role

conflict and ambiguity are known sources of tension and stress.

A knowledge of the specific needs of social workers at psychiatric hospitals is a prerequisite for the development of a human resource management programme for them as members of the social work profession. Already overburdened social workers and other professionals will have to extend the service they are rendering at present, if they want to be part of the deinstitutionalization or Community Mental Health era. This added stress and strain thus calls for more effective human resource management in creating a work environment that will motivate and satisfy human resources.

CHAPTER 5

THE ADMINISTRATIVE FUNCTIONS OF SUPERVISION AND HUMAN RESOURCE MANAGEMENT IN TERMS OF STAFF ACQUISITION

5.1 INTRODUCTION

By virtue of the social work manager's position in hospital management, she is responsible for ensuring that social work services subscribe to hospital objectives. Kadushin (1992 : 46) refers to the social work supervisor as a link in the chain of administration. Certain administrative managerial functions are assigned to the supervisor. Middleman and Rhodes (1985 : 119) refer to the administering, advocating and changing tasks of the supervisor. The supervisor is seen as working through others to co-ordinate, mobilise and direct resources to achieve effective and efficient service provision. Middleman and Rhodes (1985 : 169) hence refer to the linkage function of supervision. This includes the administrative activities of planning, decision-making and workload management, whereby people and tasks are linked to obtain organisational objectives.

Administrative supervision is concerned with the integration and co-ordination of the work of all the relevant supervisees. The ideal is that the work of the social work department will ultimately fit in with the objectives of the psychiatric hospital, the area of focus of this research.

Psychiatric hospitals, being State institutions, employ social workers according to the conditions of the Public Service Commission. Regulations and procedures to be carried out in terms of the acquisition and administration of staff, are done in conjunction with the general hospital personnel department. Line and staff personnel work together in order to comply with the necessary administrative requirements.

In order to meet organisational requirements and objectives to correlate with serving patient needs, the correct staff need to be acquired. The **staff acquisition functions** of

human resource management are to be outlined in this chapter. Robbins (1982 : 70) refers to these functions as human resource planning, recruitment, selection and socialisation of the new employee. Kadushin (1992 : 46) refers to staff recruitment and selection, induction and placement; work planning and assignment and co-ordination of the work in his list of the **administrative functions of supervision**. Workers are to be acquired who will have the correct **knowledge, skills and attitudes** which enable them to **adapt** to the organisation's culture or be socialised within it in order to achieve its **objectives**. The involvement of line staff is thus clear as opposed to the staff function.

Human resource **planning**, being an essential element in the Human Resource Management programme, will be discussed extensively in this chapter. Reference will then be made to staff **recruitment and selection**. Job design refers to the selection of the right staff for the right job to be carried out in order to meet organisational objectives. Job analysis then consists of the **job description and specification** as determined by the **role of the social worker in the psychiatric hospital**. A further aspect to be considered is **workload management**, to ensure "quality and quantity accomplishment related to policies, program goals, and client needs" according to Middleman and Rhodes (1985 : 169). Motivation and job burn-out are referred to briefly in the context of job design, but are to be discussed further in chapter 7 on supportive supervision.

5.2 ADMINISTRATIVE SUPERVISION AND STAFF ACQUISITION

Administration is the process by means of which an organisation implements its objectives. It is agreed with Kadushin (1992 : 45) that this applies even more so to a bureaucratic organisation. Personnel Administration provides the structure according to which this function will be performed. The staff function is to facilitate the actual appointment, organise for a salary and other benefits to be provided to the employee. Staff folders are opened and the employee receives a letter of appointment. This staff function, however, also becomes the responsibility of the social work manager where liaison between staff and line functions is required. This is so when other personnel duties have to be carried out, such as evaluations for performance assessments and leave applications.

It is important to note though that not all social work supervisors in the psychiatric hospital are social work managers. It is the chief social worker who remains responsible for the administrative functions relating to staff maintenance issues in liaison with the personnel department. These refer to personnel matters such as appointments, leave and staff benefits and formal personnel evaluations and hence the term personnel administration. Formulating job descriptions, making evaluations and dealing with issues which pertain to functional or clinical social work activities, are to be referred to as **administrative supervision** and also involve the other supervisors. The flat structure of social work as it currently exists, calls for some differentiation between the functions of the social work personnel, a classification in accordance with their different levels of development. At the hospital where the researcher is employed, supervisory duties are delegated to social workers when they go onto the second leg of the salary scale. This has usually been after five years of experience if they have not been promoted "out of turn", but it has recently changed to three years. Supervision is not the function of a social worker according to the PAS, i.e. Personnel Administration Standard or guideline for positions in the civil service. The above arrangement becomes necessary where, due to the flat structure of the system, no provision is made for the supervisory function to be carried out officially. Whether a senior social worker supervises other staff or not, will not influence the position in terms of salary nor other official benefits. It does, however, contribute to worker growth and autonomy.

The function of staff acquisition also depends on hospital management and ultimately the State in providing the necessary resources. Budgets for example, need to be prepared and adjusted by upper level management. The social work supervisor / manager, being in direct contact with the worker, is seen as the link in the chain of administration. The supervisor / manager is the one to whom clearly defined and specific administrative and managerial functions are assigned according to Kadushin (1992 : 46). The manager has to determine in which units services are most urgently required. The administrative / clerical section then determines the financial and other implications. A contractual relationship is formed between personnel and the organisation. This entails the worker's time, expertise, commitment and loyalty to the organisation, being exchanged for employment, a salary, career development and other rewards from the organisation (Smit, 1992 : 2).

The administrative function of supervision complements the other two functions namely education and support. Although the specific problems and goals of the three functions differ, it is inevitable that they overlap. They are carried out within the same social worker / supervisor / manager relationship and are directed at the same ultimate goal of effective employees for effective organisations and service.

Administrative supervision addresses the problem of correct, effective and appropriate implementation of agency policy and procedure according to policy and procedure manuals. In terms of the development model to which Kadushin (1985,1992) and Botha (1985) refer, attention is primarily focused on the **place-component** of the model which in the case of this research, is the psychiatric hospital and the **personnel-component** or 'tool' of the organisation (the social worker).

This educational model and programme provides a framework within which the necessary planning can be done. Although these are usually compiled for an individual worker, they are based on the overall strategic planning for the organisation. As needs of the patients for example change due to a process of deinstitutionalization, so adjustments must be made in accordance with the different components of this model as a programme is ultimately developed for each individual worker, in order to meet patient needs. As an example, one could think of a shift in the method of social work from individual casework to community work on the process component. Different skills will be required. So too, changes are to be effected in training and development programmes, to meet new needs for knowledge, skill and attitude. The need for more staff for example, will require an official motivation from the social work manager to hospital management.

5.3 ACQUISITION OF HUMAN RESOURCES

Personnel is the most important factor in achieving organisational objectives. No organisation can function without the necessary human resources. Management therefore has to make provision for the necessary staff to do the work in order to achieve its objectives. The acquisition of human resources consists of a number of personnel functions as will be discussed in this chapter. Acquisition of human resources

is an administrative function. It ensures that agency policy and procedure will be adhered to by staff who are competent and who have adapted to the culture of the organisation.

5.3.1 Human Resource Planning

According to Beach (1985 : 109), human resource or manpower planning is a process whereby an organisation needs to determine and insure that it will have an adequate number of qualified persons available at any time to perform the jobs which meet the needs of the enterprise and which provide satisfaction for the individuals involved. Human Resource planning requires detailed analysis of present and future needs and changes. It is thereby safeguarded that the organisation will have the right number of people with the right skills when required by the hospital or health system. The definition according to Beach (1985 : 110) also emphasises the match of the organisation's need for productive people with the needs of the workers for their personal career satisfaction. Human resource planning is therefore an essential element in the Human Resource Management programme. Crow and Odewahn (1987 : 7) refer to planning as the **essence** of management.

These writers refer to strategic and operational planning. Strategic planning refers to the making available of the right type and number of staff for a particular task once the objectives have been determined. Operational planning refers to the manner in which these tasks are going to be carried out and depends therefore on organisation policies and procedures.

Turning the clock back 30 years, this researcher has viewed social work developing in the hospital where she is currently re-employed, from one post to the present day social work department with 14 posts. In-patient numbers, however, have decreased by about 33% and is decreasing even further, whilst out-patient numbers have escalated beyond proportion. This makes a primary health care approach thus long overdue. Human resource planning is an ongoing process and involves many inter-related activities that are to be updated as changing conditions require. Challenges facing the Health and Welfare service in the Western Cape today, especially call for renewed

planning and re-evaluation of existing strategies. Needs are to be anticipated and services planned accordingly. Human Resource planning is a process that enables the organisation to adapt to change and competitive markets. It is agreed with Beach (1985 : 110) that such changes often generate changes in job content, skill demand, number and type of personnel. This need is becoming particularly evident in the present Mental Health situation of inequitable services.

Writers such as Kadushin (1992), Beach (1985) and Robbins (1982) all point out that only good personnel planning will elicit information essential to the designing and implementation of activities such as recruitment, selection, training and development. As the needs of an organisation's stakeholders change, for example with rationalisation of services, new objectives are set and hence a change in policy and staffing.

(1) A Summary of the Reasons for Human Resource Planning

According to Beach (1985 : 110) there are several reasons as to why human resource planning is essential:

- * To ascertain future personnel needs.
- * To enable the organisation and its staff to be able to adapt to and cope with changes which call for changes in job content, skill demands, number and types of personnel.

Present changes in the health setting and the move towards primary health care specifically calls for careful planning for the types of services as required by stakeholders. As needs change, job content has to change as well as skill demands and the number and type of personnel. The rationalisation of services due to budget limitations which is taking place in the Western Cape at the moment, calls for an urgent need for human resource planning. Presently in the Western Cape there are too many workers in the urban areas whilst the rural areas are under-staffed. Less time is going to be available for specialised services. The emphasis for example will probably shift from direct clinical intervention to group work and ultimately self-help group work in

order to release highly skilled staff for planning, training and consultation needs. Limited in-patient facilities will be calling for out-patient facilities to be extended and preventive services will have to be considered. The shift will be away from illness of an individual to a wider focus on mental health.

* Beach (1985 : 110) also refers to the **high-talent personnel problem** i.e. the need for management and professional personnel. Presently many of the more senior staff are retiring prematurely with resultant loss of expertise at great cost, financial and other, to the country. It is notably the middle-management core of personnel in the 50-60 year age group that will be benefiting most from the packages now being offered. It is also this section of the personnel corps that have the most expertise and who have a number of years left to still give of their best service.

* Human resource planning is also an essential component of strategic planning.

* The 'Equal Employment Opportunity' policy requires employers to meet with agreed goals for the hiring, placing, training, upgrading and compensation of protected categories of people.

* As foundation for personnel functions, it provides essential information for designing and implementing personnel activities such as recruitment, selection, transfers and training, to mention only a few.

(2) **Assessing Current Human Resources**

The second phase in the planning process according to Robbins (1982 : 76) and Beach (1985 : 113) is the preparation of an inventory of personnel presently within the organisation. Beach (1985 : 113) for example refers to this as a skills inventory or a manpower information system. Although this type of system could be costly to establish for a whole organisation, it could be found useful for a small department such as a social work department in the hospital. Perhaps it could be used in conjunction with an **educational diagnosis**. Consisting of up-to-date information about the

qualifications of a selected category of personnel, according to Beach (1985 : 113), the idea correlates well with the educational diagnosis referred to by Kadushin (1992 : 196 - 200) and Botha (1985). This is an assessment according to which a supervisor can determine what the worker already knows or is skilled in and what he still needs to learn, keeping in mind the special attributes of the **adult** learner. This assessment also gives an indication of the level of **motivation** of the worker and his **general attitude** to what needs to be developed. This information is necessary to carry out the educational function of supervision but also overlaps the administrative function where an assessment of human resources is required. The following information can be included in a skills inventory according to Beach (1985 : 115):

- * Personal data: name, date of birth, gender.
- * Education: degree, institution, dates, curricula.
- * History of previous employment: experience, student placements, dates, salary.
- * Performance and potential.
- * Career goals and personal preferences.

Included in this list, could be an inventory of skills required for specific social work tasks.

The worker's personal goals and preferences will change as the worker develops. Beach (1985 : 115) does not warn unnecessarily about the confidentiality of this kind of information. It must be used with great discretion.

Almost twenty years ago, Atkisson *et al* (1978 : 125) referred to integrated management information systems as the cornerstone of effective program evaluation within human service organisations, but this has not yet been fully developed in the social work department where this researcher is employed. A management information system provides planning information about the services the organisation will render and what resources will be used to provide these services. It also provides performance information about how effectively services are being rendered.

(3) **Human Resource Forecast**

Planning inevitably also calls for a human resource forecast. It needs to be determined what demand exists for persons with particular skills, what staff are available and what staff are going to be needed in the future. Currently there is much uncertainty in the Health and Welfare fields about the future due to budgetary restraints and limitations. Rationalisation of services is prevalent and staff fear deployment and redundancy. This leads to decreased morale, lower productivity, absenteeism and general **lack of commitment** to the service. The foremost concern of employees at present, is for their own interests. Professionals are also applying to Hospital Management for permission to do private work after hours which does raise concern, as this will deplete their energy levels even further.

As stated earlier, budgetary cut-backs also make human resource planning absolutely essential. Resources have to be adjusted and allocated according to need. The social work manager works in close co-operation with hospital administrative departments to ensure that budget cuts are being considered in new requests for posts and in calling for the unfreezing of posts.

The inter-relationship of these different activities emphasise a need for social workers to decide what they want to achieve and how and at what cost they aim to achieve it. Smit (1992 : 1) states that social workers must appreciate the need to “produce more at less cost”. Smit (1990 : 129) indicates that a study on burnout amongst social workers in the Western Cape, revealed that 41% did not have up-to-date and clearly formulated written job descriptions whilst 71% considered their salaries to be inadequate. It is agreed with Smit (1992 : 1) that in order for social workers to be more productive in terms of both efficiency and effectiveness, they must know what is expected of them and they need to be rewarded equitably. The manager needs to be aware of the external world so that predictions for changing situations can be made i.e. contingency plans. It is also very important that the manager includes those who have to carry out the plans, in the planning process. Staff are to be kept informed of changes as they become known to the organisation. New legislation, government philosophies,

finances and management cut-backs for instance, are to be made known to the staff. Planning therefore calls for effective communication. The uncertainty prevailing at present, calls for tremendous staff support.

The present situation of uncertainty and low staff morale, following the rationalisation of services due to budget limitations which is taking place in the country at the moment, is a cause for great concern. Supernumerary staff, often from other departments or hospitals, have to be given preference when a post does become vacant. Often staff have been waiting for years for a promotion opportunity, only to find out that a 'stranger' is being appointed. Staff also need to realise though, that they are actually part of a greater whole as well.

(4) Management Succession Planning

As referred to by Beach (1985 : 120), this is a special type of human resource forecasting. It is also known as management progression forecast or management replacement planning. Provincial Administration of the Western Cape staff members have all been offered a package with an option to retire from the service. This plan has aroused much uncertainty as to the future of pension schemes and other job options. Although most managerial vacancies are usually filled by promotion from within, it is still uncertain as to the future of posts of those on early retirement. Beach recommends regular performance appraisals to indicate an individual's potential for promotion. The preference list as it has become known in the PAWC evaluation system, highlights what Beach is suggesting and if assessed adequately, could provide a valuable indicator as to who needs to be promoted. Being a State Department, staff are seldom promoted out of turn as suggested by this scheme when it was originally developed for State employees. Seniority still plays a role and hierarchical behaviour causes much indignation.

5.3.2 Job Information and Human Resource Management

As stated by Beach (1985 : 92) organisations are composed of people grouped together into teams (designated as sections, departments, divisions and so on) to do work in order to achieve certain goals. These groups or teams finally are related into institutional or governmental units. For social management practice, Beach then emphasises that each of these entities referred to, for example the social work department in a psychiatric hospital, are to be defined and specified. The specific objectives for each entity should be determined, recorded and communicated to those involved. The specific content of each job and the skills and abilities required for it, is to be determined and this is referred to as a **job analysis**.

(1) Job Analysis and Job Design

A job analysis is carried out in order to determine if a specific post is required in terms of organisational objectives. It also determines how a job has to be done and what knowledge, skills and personal characteristics are required for it. Cronje (1986 : 215) carries on to say that a job analysis is done to identify information, to collect it and to classify it in terms of the job being analysed. It is to be determined exactly what has to be done, how often and also what skills are required.

Job analysis and subsequent changes in job descriptions are a core management issue especially in organisations where restructuring, downsigning or other changes are taking place. It is agreed with Carrell *et al* (1995 : 175) that a good job-analysis system is important to the Human Resource function where the main focus is to maintain a high level of performance and efficiency. Other human resource functions, for example evaluation and compensation, depend on information collected through job analysis and these in turn, too affect performance and productivity.

Kempner (1980) as quoted by Smit (1992 : 3) defines job analysis as “the method or technique of obtaining all the facts about a job in such a way that they can be used for various purposes in Personnel Management”. Beach (1985 : 85) is in agreement with

this definition. According to him, job analysis plays a role in human resource planning, recruitment and selection of workers, and in determining rewards for them. It also helps with the designing of training programmes and serves as a basis for performance appraisals.

Bearing human relations principles in mind, Beach (1985 : 85) also focuses on the content and structure of jobs or the job design as affecting worker productivity and motivation. Beach (1985 : 87) refers to Herzberg's identification of factors that are motivators being achievement, recognition, work itself, responsibility, advancement and growth. He compares these factors with factors such as policies, working conditions, interpersonal relations, pay and job security which he terms the hygienic factors. Once these hygienic factors are adequate to minimise frustration and complaints, the motivators can be built into the job. Crow and Odewahn (1987 : 67) also refer to contributions by Maslow (1970), McLelland (1976) and Vroom (1964), together with Herzberg (1959), as a backdrop for discussing the relationship between job design and worker motivation. The uniqueness of each individual in the organisation is emphasised. Each has different life experiences, drives, motives and expectations. Crow and Odewahn then emphasise a very important fact namely, that **the motivation to perform is closely related to the job itself.**

(2) Job Design and Motivation

The success with which a manager creates job tasks and responsibilities will ultimately affect organisational effectiveness (Crow and Odewahn, 1987 : 67). It is of the utmost importance that the manager should also consider the needs of those who work within the organisation. Furthermore the relationship between these individual needs and those of the organisation should be considered when jobs are designed. Crow and Odewahn (1987 : 68) quote McGregor (1960) stating that "managers should encourage the creation of conditions such that the members of the organisation can achieve their own goals best by directing their efforts toward the success of the enterprise". The principle concern of job design and redesign strategies is therefore to determine what these needs are and what the obstacles are that prevent the fulfilment

of these needs. Motivation is to be discussed more extensively in Chapter Seven.

Reference is also made by Crow and Odewahn (1987 : 68) about the concern for being able to act autonomously and this correlates with the extent of delegation within the organisation. As professionals and as adults, the need for being able to act autonomously is heightened.

Crow and Odewahn (1987 : 69) refer to job content which refers to various aspects of the job as perceived by the job holder. These are subjective perceptions and writers such as Robbins (1982 : 300) and Crow and Odewahn (1987 : 68) refer to the Job Characteristics Index of Sims *et al* (1976), whereby the following six characteristics are analysed:

- * Variety: this refers to the range of tasks or operations and procedures or skills required by a job.

- * Autonomy: the say employees have in scheduling their work and deciding on procedures to be followed.

- * Task identity: the extent to which employees can identify with the results of their efforts.

- * Feedback: this refers to the degree to which employees receive information as they are working, revealing to them how well they are doing a job.

- * Dealing with others: the degree to which co-operation with others are needed to complete their work.

- * Friendship opportunities: this refers to the degree to which a job allows informal relationships with other employees at work.

According to Beach (1985 : 88) and Crow and Odewahn (1987 : 70), these core dimensions were referred to by Hackman and Oldman (1975), as dimensions which management could manipulate to increase productivity. People will work hard at their jobs if they are rewarded for what they do and when their work is satisfying to them. It is also important for workers to regard the work they are doing as necessary and significant or worthwhile.

Hackman and Oldman's theory (1975) postulates 3 essential psychological states that determine whether people have high work motivation according to Beach (1985 : 88):

- * Knowledge of the results of one's work activities as to whether it meets quality standards.
- * Responsibility for the outcome of one's work, i.e. some control over the results or outcome.
- * A sense of work significance i.e. that it is important and necessary.

A job with enough core job characteristics will satisfy these critical psychological states which, in turn, generate favourable outcomes in terms of internal motivation, high job and growth satisfaction and high work effectiveness.

The manager needs to be aware of what the employee's need is and therefore what the employee values, and must assist the employee in meeting this need. According to Robbins (1982 : 496) there is a rise in educational level and an increased desire among workers for jobs that present a challenge and provide autonomy and self-fulfilment. Cloete (1990 : 201) also refers to the higher educational levels of workers and their need to create and achieve. The researcher agrees that this is also true in the case of psychiatric social workers with expertise. As social workers are finding that their jobs are intrinsically not sufficiently rewarding, their dissatisfaction with extrinsic rewards, for instance working conditions, becomes more and more evident. This perhaps is currently indicated by mass actions for unionisation. Designing jobs that can be perceived as personally satisfying and which will stimulate high performance could be a challenge that faces the human resource manager (Robbins, 1982 : 496).

(3) Job Burnout and Job Design

Job burnout is a major problem facing many human service organisations. It is reflected in high rates of job turnover, absenteeism, low productivity, poor quality of work and poor job satisfaction. Crow and Odewahn (1987 : 70) refers to three approaches to

prevent burnout:

(a) **Job rotation:** workers are rotated in various jobs to prevent boredom by providing greater variety. Again Crow and Odewahn (1987 : 70) emphasise that it is important that the manager should know what it is that a worker desires of a job otherwise moving someone around could be disruptive and dysfunctional to the organisation.

(b) **Job enlargement:** this refers to increasing the number of tasks to be performed by a worker but again the worker must be amenable to it. It is important that feedback is given on the individual's performance and that the ability of the worker is utilised properly. Managers should therefore know what their employees are able to handle. This calls for effective workload management.

(c) **Job enrichment:** Enriching a job means to add duties and responsibilities that will provide the skill, variety, task identity, task significance, autonomy and feedback on job performance. It should provide for high internal motivation and employee satisfaction according to Beach (1985 : 90). With job enrichment "the depth of the job is modified" according to Crow and Odewahn (1987 : 70), giving the worker greater autonomy to meet his own needs.

(d) Beach (1985 : 21) adds a fourth way of designing a more meaningful job as he refers to: Self managed work teams, also known as **autonomous work groups** or integrated work teams. These groups plan and co-ordinate their own activities with a team leader who is generally a supervisor and not a member of management. These groups then have authority to regulate their own work tempo and to perform certain activities for which they take responsibility. The group or team also serves as a support system for its members. The supportive function of supervision to combat burnout, will be referred to in Chapter Seven.

(4) Success Factors in Job Design

Beach (1985 : 91) describes some factors that favour success in job design efforts:

- * Strong commitment on the part of management to design jobs that enhance the quality of work life in the organisation.
- * Employee desire to grow, to achieve and to contribute and thus to seek intrinsic satisfaction in the work itself.
- * Adequate knowledge and skills possessed by employees to perform enriched jobs.
- * If jobs require more skill and greater responsibility, employees should receive financial reward accordingly. Social workers are often neglected in this area.

Crow and Odewahn (1987 : 70) emphasise that adequate preparation and training of both employees and supervisors / managers is important to orientate them to these approaches to job redesign.

(3) Job Description

The job description forms the basis of the contract between worker and organisation. It is a prerequisite for the other Human Resource Management functions such as orientation of new personnel, planning and personnel development and evaluation. As central to the job, it serves as a guide to the worker as to what is required of him. A job description follows from the job analysis. Cronje states that it should not be confused with a job analysis or job specification. It should be a clear and **direct** statement of **what** the incumbent does, **how** it is done, and **why**. Smit (1992 : 5) gives an all inclusive summary of what a job description usually contains, which correlates with Armstrong's understanding (Armstrong, 1988 : 167 - 169).

- “1) Identifying details: the organisation, job title, division, department, section, job grade and incumbent.
- 2) Relationships: reporting and accountability channels and coordination with other staff.
- 3) Responsibilities: for staff and other resources.
- 4) Functions: a summary statement of what the incumbent has to do.
- 5) Tasks: as referred to in the job analysis using verbs such as ‘perform’, ‘counsel’, ‘train’.
- 6) Conditions: work environment, risks, safety measures and special conditions.
- 7) Standards: this refers to the quantity and quality of task performance.”

Smit (1992 : 5)

The **tasks** and **standards** to which Smit refers, form the basis of the job description and are necessary to provide the criteria or norms for the other functions for instance, personnel evaluation. It therefore needs to be written in a format that can be **measured**.

A distinction, however, needs to be made between a duty sheet and a job description. There are different opinions in the literature. Cronje (1986 : 216) refers to various other writers and states that there is no clarity as to what a job description entails. Van der Vyver (1993 : 148) who refers to Bargal and Shamir (1984) considers a duty sheet and a job description as the same document. Although this is quite a common perception, this researcher would like to distinguish between the two concepts in that a duty sheet refers to a list of all the tasks a social worker could possibly be carrying out in relation to the post: social worker (in psychiatric hospital). A job description according to Smit (1992 : 6) is more specific in that it indicates exactly what the specific worker is undertaking to do and needs to be written in measurable terms, for example two groups per week, clerking of four patients per month, psychosocial background reports written on 10 patients per month. This emphasises the reason why it is necessary for the incumbent of a post to compile a job description together with the supervisor for the specific **job** she is in. The term **post** thus has an administrative connotation whilst **job** has a functional connotation as it refers to a specific unit or

area where the worker has been placed.

(4) Job Specification

As stipulated in the job description, a post has to be filled by someone. The job specification is based on the job analysis and job description and usually includes the following according to Smit (1992 : 7):

1. Identifying details as in the job description.
2. Skills and knowledge required in order to perform certain tasks as identified.
3. Interpersonal requirements such as attitude, personal characteristics and general conduct expected.
4. Physical requirements.
5. Other specific conditions of interest regarding work environment, risks, safety measures.

Together with the job analysis and design, job descriptions and specifications are central to the other human resources functions.

(5) Job Evaluation

Smit (1992 : 9) refers to job evaluation as a determination of the value of a job. It is, however, necessary to distinguish between a job evaluation and a performance evaluation or appraisal which refers to the incumbent of a post as opposed to the job itself. A job evaluation refers more to a job ranking which can be based on responsibility, experience and skills, knowledge and decision-making as well as the physical demands for a job.

In terms of this research, a job evaluation could perhaps be used in devising career ladders as related to the concepts of job enlargement and job enrichment as referred to by Weiner (19982 : 493). The need for job evaluations will be referred to more extensively in Chapter 7 on staff utilisation and the need for career management and

planning.

At present social work posts are officially only evaluated in terms of **seniority** and years of experience. The only distinction is between **social worker, senior social worker, chief** and **assistant director** status. Salary structures are determined accordingly.

5.3.3 Staff Recruitment, Selection and Appointment

Staff recruitment and selection is the administrative responsibility of the social work manager. As supervisors are in direct contact with the social workers, they are the first to know about staff changes and resignations. Knowing the nature of the work that has to be done, the supervisor is the one who will know what knowledge, skills and attitudes are required to do the job. Certain specifications or criteria for the job need to be defined according to which the applicants who have been recruited, will be assessed. The ones that will be able to fit in best with the general culture of the unit or team, will be selected.

(1) Recruitment

The job specification and job description will determine the type of person needed to be recruited for a specific job. Crow and Odewahn (1987 : 47 - 48) recommend that managers go out and look for the right people rather than just reacting to what one gets with a “flypaper” approach where people know of a job and thus apply whilst their names are being placed on a waiting list. As a specialised area, the social work department in a psychiatric hospital tends to offer attractive job potential. It has never been necessary to actually advertise a post except in the case of a newly created post when an advertisement has to appear in the Government Gazette. Being a teaching hospital, there is always a demand for placement opportunities for practice education. Students successfully completing their placements stand a good chance to be appointed, should a vacancy come up. Such a student, after a four month block placement for example, has had a good introduction to the hospital and usually has a

good idea about the organisation's culture as well. At the hospital where the researcher is currently employed, appointments made on grounds of previous experience at the hospital, have proven to be quite successful. As these students have encountered a type of **educational sorting process** to which Kadushin (1992 : 47) refers, the social work manager is better able to select those prospective employees with the personal characteristics, attitudes and maturity that would allow them to best "fit-in".

(2) Selection

Once the "right" people have been identified, a fair selection process has to be developed according to Crow and Odewahn (1987 : 49). In order to determine who these "right" people would be, a thorough job analysis is called for, identifying the exact nature of the job and the various skills and abilities required to do the job effectively. Crow and Odewahn (1987 : 49) refer to these skills and abilities required, as the **dimensions** of a job.

Dimensions can be ranked in order of importance to the specific job. Ranking needs to be done with the co-operation of individuals in higher levels of management. Crow and Odewahn (1987 : 49) then refer to simulation exercises whilst Milkovich and Boudreau (1994 : 464) refer to work samples that could be carried out by the assesseees to demonstrate how they would function in a specific situation. Once all the relevant behaviour performances have been rated or classified in terms of the dimensions selected, a profile will emerge that will identify the individual's strengths and weaknesses. A rating scale of 1-5 from much less than satisfactory [1] to much more than satisfactory [5] can be used for this classification.

This method as described by Crow and Odewahn (1987 : 49 - 50), is known as the assessment centre method of selection and is a method used more frequently in selecting internal candidates for supervisor / managerial jobs.

This researcher is of the opinion that this method could be useful in that it gives a practical idea of how the assessee could actually function rather than basing such an

assessment on an interview. During an interview the assessee can say, perhaps to impress, what he thinks ought to be said. When in the work situation, however, he may not really be able to implement this knowledge due to lack of skills.

Cronje (1986 : 221) and Skidmore (1983 : 203) refers to three factors namely **competence, caring and commitment** that are essential if a social worker is going to be effective. Competence refers to the applicant's knowledge and skills and can basically be assessed in terms of qualifications and previous experience. The other two factors namely caring, and commitment will be manifested in the applicant's attitude and is usually more difficult to assess objectively. Social work in a psychiatric hospital particularly calls for great commitment and caring. Selection procedures need to highlight the determination of these aspects when it comes to the final decision and appointment. Townley in Storey (1991 : 97) refers to a move towards more systematic selection based on attitudes, motivation and behavioural criteria.

The usual method for assessing which applicant is going to be most suitable after a **screening** has been done of most promising applicants, is the selection panel. The need for selection criteria is again very important when this panel interviews and assesses its applicants. Without these criteria, selection will be based on subjective preferences of one applicant in favour of another. Kadushin (1992 : 46) points out that this choice is usually based on an opinion as to who is going to "fit in" best. This calls for the need for a supervisor to establish the criteria for hiring and interviewing job applicants and to be present at the selection (Kadushin, 1992 : 47).

At the hospital where the researcher is currently employed, this panel usually consists of the chief social worker, the supervisor of the unit where the vacancy is and perhaps one other senior social worker. Cronje (1986 : 219) states that it is essential that there should be clarity about who is going to be responsible for selection, appointment and determination of salary scale and notch. In a State department, salary scale and notch is determined by the Personnel Administration Standard (PAS) and this becomes a staff function. Whilst the selection is a line function, the actual appointment is a combined line and staff function.

(3) **Appointment**

Appointment is the last step in the process of acquiring personnel. At a State psychiatric hospital, the actual official appointment and the determination of salary is done by administrative personnel and the new employee receives an official letter of appointment.

Cronje (1986 : 220) emphasises the need for a service contract to avoid any form of uncertainty. The new employee needs to have clarity about the nature, scope and obligations of a job, including expectations held of the employee apart from the usual items included in the contract with regard to the salary and staff benefits.

5.3.4 Orientation and Socialisation of the New Employee

Once hired, a new employee also needs to be orientated to the organisation. This serves as an introduction to services offered by the organisation as well as orientating new workers as to how they are going to fit in. Robbins (1982 : 173) distinguishes between orientation and socialisation of the new employee. He regards orientation as a small part of socialisation. According to him socialisation refers to a process of adaptation which takes place when a worker joins an organisation. Orientation, is seen as the part of socialisation that covers the activities involved in showing new employees around and introducing them to the organisation and in particular to the new work unit. According to Kadushin (1992 : 20) administrative supervision is aimed at the correct, effective and appropriate implementation of agency policy and procedure. Social workers entering the profession for the first time are often unaware of the demands that will be made upon them and it is important as stated by Kadushin (1992 : 40) for agencies to induct, train and socialise new recruits so that they, as a matter of preference and professional conscience, will do the things that are professionally required.

Agency policy is always to be adhered to and the needs of the patient or client protected. The control function of administrative supervision ensures that work

performance is in accordance with the values and norms of the organisation and social work profession. However, successful orientation and socialisation will facilitate the shift away from the control paradigm. Commitment to that to which tasks are directed, is a prerequisite for an autonomously operating worker according to Kadushin (1992 : 36). The objective of professional training is therefore not only to provide the knowledge, skills and attitude that would enable the new worker to do a competent job but also to socialise the worker within the profession and to develop a professional conscience (Kadushin, 1992 : 37).

Robbins (1982 : 180) comments that socialisation strongly influences job performance and therefore organisational stability. An individual needs to understand the correct way of doing a job and also needs to know what job needs to be done. Providing adequate information will reduce uncertainty and anxiety. It is only once new social workers have become comfortable in their jobs, having internalised the norms of the organisation, that they will feel self confident and competent to do the job successfully. They will also come to know what the criteria are going to be according to which their work will be measured and evaluated. Successful socialisation will have a positive impact on productivity and commitment and will also reduce the inclination to leave the organisation according to Robbins (1982 : 183). Workers then feel confident and accepted by colleagues and superiors and consequently experience satisfaction.

Writers such as Carrell *et al* (1995 : 188) refer to orientation as giving new employees job descriptions to spell out job requirements and areas to be evaluated. To the researcher however, it is also necessary for workers to 'orientate' themselves as to how and where they fit into the organisation as a whole and what responsibilities they will have within and towards the organisation.

In terms of the educational model and educational contract, these issues are initially dealt with in terms of the **place and personnel** components. Workers become less anxious if they know what is expected of them and what they can expect from the job situation. This gives them the confidence and satisfaction (personnel component) that they are accepted and enables them to adapt to their new environment (place component) with its own set of standards for performance. The orientation program

needs to be aimed at familiarising the new worker with the organisation's objectives, history, philosophy, procedures, rules, personnel policies, specific duties and responsibilities. Robbins (1982 : 173) states further that it also has to include a tour of the organisation's / hospital's physical facilities and an introduction of the new worker to co-workers. The subdirectorate: training of the Provincial Administration of the Western Cape offers a two day general orientation course to new staff members. This course focuses on the administrative aspects of employment within the State service.

Socialisation, on the other hand takes place throughout the supervision process until the supervisee is ready for consultation. The socialisation process is aimed at the unique culture of every organisation. According to Robbins (1982 : 174,175) this culture includes long-standing and mainly unwritten rules and regulations so that the new worker will learn what things are done, what matters and which work related behaviours and perspectives are acceptable or desirable and which are not. Commitment and loyalty is based on the cultural norms and values of an organisation and goes beyond the formal job description.

5.4 WORKLOAD MANAGEMENT

According to Middleman and Rhodes (1985 : 169), the supervisor shares the organisation's responsibility for quality service. Successful job analysis is the basis of workload management (Cronje, 1993 : 16). Posts are created according to patient needs and work needs are to be assigned according to what supervisees can manage effectively. The supervisor needs to have knowledge of the strengths, limitations and interest of supervisees to be able to allocate responsibilities in an organised and effective manner. In order for the manager or supervisor to be able to delegate work, it is necessary to interpret organisational goals, policies and procedures together with the supervisee. In terms of the educational model, knowledge, skills and attitudes about these goals and procedures refer to the **Place component**. According to Middleman and Rhodes (1985:171), supervisees are to be involved in the interpretation, clarification and translation of agency goals, policies and procedures into work plans and assignments so that workload management can contribute to organisational

effectiveness and efficiency.

Supervisors also need to be conscious of their workers' levels of satisfaction with their clients. Worker caseloads have to be balanced. Distributing the "difficult cases" among staff appears warranted according to Poulin (1994 : 35).

5.5 STAFF MAINTENANCE AS A FUNCTION OF ADMINISTRATIVE SUPERVISION

Writers such as Armstrong (1989 : 19), Crow and Odewahn (1985 : 47) and Robbins (1982 : 19) emphasise the importance of the function of staff maintenance. For the purposes of this research, the Human Resource Management model of Robbins will be adapted and the maintenance function will be referred to briefly. Robbins (1982 : 19) refers to the environmental influences which have an impact on personnel and human resource practices for instance the implications of government laws and public policies. The very recent interest shown by South African social workers in unionisation and the gains sought in what is sometimes an aggressive manner, is another environmental influence. The needs of employees cannot be ignored. Gerber *et al* (1994 : 2,3,) refer to these environmental influences as the macro and mega components of Human Resource Management which are needed for planning and implementation of strategies.

Although often constraining, change or manipulation of these influences are not directly within the power of the Human Resource Manager, nor specifically the social work supervisor. However, an awareness of the inter-relationship is important according to Schein (1980) and Hall and Goodale (1986), as quoted by Gerber *et al* (1994 : 2 - 11). Benefits and services do not necessarily encourage workers to perform to their optimum potential as they offered to all and often required by law. Irrespective of the quality of service rendering, fringe benefits include: Vacation leave pay, Illness benefits, Annual bonuses, Pension scheme, Special leave for study purposes, Maternity leave and Housing subsidies.

It also needs to be mentioned that income and perceived “good pay” have been found **not** to contribute significantly to job satisfaction and that it does not have a significant impact on workers’ intentions to seek other employment (Vinokur-Kaplan, *et al* 1994 : 119). Other important human needs for example recognition, autonomy and self-actualisation, are to be looked at in terms of social workers’ experiences in their different work settings.

5.6 CONCLUSION

The acquisition of suitable staff who are competent and who have adapted to the organisation’s / hospital’s culture, is the first objective of the Human Resource Management model upon which this research is based. Staff are acquired when human resource planning is put into action by means of job design, staff recruitment and selection. This administrative function is a joint function of both clinical or line staff and the clerical personnel of the hospital’s administrative department.

In an organisation undergoing restructuring, downsizing or other changes, staff acquisition functions become core management issues. Human resource planning, job design, recruitment, selection, orientation and socialisation all need to reflect the new realities. Basic changes and organisation restructuring calls for basic changes in policy about **who** does **what**, **where** and with **what** and **whom**. There is a need to **motivate** and **reward** on the basis of what they know along with traditional objectives of what needs to be achieved. There is an awareness of the possible impact of technology especially information systems technology, as well as renewed emphasis on the rights of the disabled.

Data obtained from a job analysis, underpin most staffing functions for example staff development, training, utilisation and evaluation. How jobs are designed, affect employee motivation and performance. Job satisfaction and productivity are greatly affected by the tasks performed and the variety, difficulty and autonomy of the job. Social workers are to be asked to take on greater responsibility for the design of their jobs and to see that their own intrinsic needs are satisfied. More motivating and

challenging tasks and jobs are to be sought, and encouraged.

Commitment to continuous improvement regarding how the needs of patients can be met, becomes largely a bottom-up change effect. Flexibility in the work place and workload management is called for in order to meet the needs of workers, but at the same time meeting the hospital's staffing requirements in terms of its own culture. As a prerequisite for independent functioning, the importance of orientation and socialisation cannot be over-emphasised. In the following chapters the educational and supportive functions of supervision will be discussed.

CHAPTER 6

THE EDUCATIONAL FUNCTION OF SUPERVISION AND HUMAN RESOURCE DEVELOPMENT

6.1 INTRODUCTION

According to Kadushin (1992 : 19), the earliest definitions of supervision referred to it as an educational process. Robbins (1982 : 198), refers to training as a learning experience in that it tries to achieve a relatively permanent change in an individual which will improve his ability to perform on the job. Whilst the ultimate objective of supervision in a hospital social work department is to effectively and efficiently provide patients with the mental health services which the hospital is mandated to offer, a statement by Crow and Odewahn (1987 : 52) is then pertinent to the human resource development function for the purposes of this research. According to these writers, once the correct people have been found for the job, they have to be trained for what they need to be. These writers emphasise the need for careful attention to both the needs of the organisation as well as to the preparation of the individual. Psychiatry being a specialised field of practice, requires the development of a social worker's basic knowledge, skills and abilities in order to enhance performance in this specialised area.

For the purposes of this research, **human resource development**, being an essential element in the Human Resource Management programme, will be discussed in terms of **training, education and development**. Reference will also be made to **career development**. The staff development functions or facets mainly referred to are **orientation, in-service training and supervision**. Cronje (1986 : 226 - 228) also includes the use of internal and external resources and technological aids and participation of personnel in policy and decision making as facets of the personnel development programme. Orientation, however, was referred to in Chapter Five as an administrative function. According to the Human resource Management model described by Robbins (1982 : 18 - 22), orientation is a prerequisite for enabling

competent employees to adapt to an organisation's culture. According to this model the competent employees who have adapted to an organisation's culture, also need to develop up-to-date skills, and knowledge in order to achieve the organisational objectives. An organisation can only function as well as its personnel. Optimal personnel functioning will therefore be dependent on optimal personnel development. The role of **consultation** as another facet of staff development, will also be mentioned briefly.

6.2 HUMAN RESOURCE DEVELOPMENT IN A TIME OF CHANGE

Strategies for developing a more effective as well as efficient social work department are called for, especially now in this time of cut-backs and change with a shift in the focus of service delivery. There is an increased desire for jobs that provide challenge, autonomy and self fulfilment. Policies to retain and motivate an already over-burdened work force seriously need to be looked at. Management needs to look at development practices and greater value needs to be attached to career advancement.

According to Smale and Tuson (1988 : 11), improvement in social work education is necessary but it will not be sufficient. New methods of tackling social problems constantly need to be researched. It therefore becomes necessary to develop skills and knowledge of the workers currently practising and managing social work.

Staff development is therefore important in order to avoid stagnation. Training and education thus need to be ongoing processes as the growth of an organisation depends on the development of its human resources.

6.3 THE NEED FOR HUMAN RESOURCE DEVELOPMENT

Sue Henry's (1990) study of social workers in a public mental health system in Colorado, revealed the incentive value of a set of non-salary retention measures. The results of Henry's studies (1990 : 12,14) indicated how staff development and training were valued by these mental health professionals in terms of the following:

- * learning new clinical and management techniques
 - * attending conferences and participating in training and developmental programmes
 - * participation in management and the decisions which affected their work
 - * continued professional growth after having completed formal professional education
 - * promotion to a higher level
 - * recognition from others
 - * personal growth and development
- these were all found to have good incentive value for workers.

In the same manner that social workers empower their clients and help them to develop to their full potential, staff also need to be empowered and encouraged to develop to their full potential, to “the limits of their ability and desire” (Drucker (1968) in Weiner 1982 : 476). Individual potential needs have to be identified and integrated development programmes designed accordingly for the individual worker. Opportunities for growth are needed as well as specific training and educational programmes. Training needs are therefore assessed at different levels, namely on organisational, departmental and individual levels (Gerber *et al*, 1994 : 247).

Academic social work education is oriented towards teaching broad knowledge and skills and is not designed to teach specific job skills for specialised areas. Although some of the formal training can be practised immediately and could be job oriented, practice education for social workers is a vital part of their education. However, whether the individual meets the more specific requirements of a particular job is to be assessed in terms of the organisational needs, departmental and individual needs once the new social worker has been appointed. Organisational needs are determined when strategic planning has been done. Personnel needs for implementing new programmes, then have to be assessed. Thereafter the individual needs are to be determined which are then dealt with by means of specific educational programmes for individual workers. New demands of a primary health care approach call for further strategic planning and assessments of learning requirements at departmental and subsequently individual levels. This is to be achieved by means of supervision and continuing

individual workers.

The average length of supervision for senior social workers was 6,27 years. This high figure could be due to blurring of the concepts of supervision, peer supervision and consultation. According to the literature supervisees need to be brought to a level of independent functioning as soon as possible to free supervisors and managers for other management functions. Peer supervision could be utilised more and could also be utilised for worker participation in future management.

10.2.3 The Supportive Function of Supervision and Staff Utilisation

Staff continually need to be activated to optimal performance. A more modern human relations and participative management theory whereby a **climate** is created with opportunities for **personal growth** and **development** was preferred to the earlier administrative, structuralist and bureaucratic theories. Those theories emphasised how **jobs** could be designed to improve performance and did not consider how complex human beings actually were. Research findings indicated that management techniques whereby the personnel member was of greater concern to the manager were preferred rather than the techniques where the job was of greater concern.

Present day uncertainties and low staff morale challenge the supportive function of the supervisor and human resource manager to act as protective buffers against job stressors. Research findings have indicated that the infrastructure of the system and management style are being perceived as more stressful than for example the nature of the job that has to be done. Role ambiguity and interdepartmental / interprofessional relationships were also perceived as stressful (18 out of 93 responses or 19,35%), though not seen as being the cause of most stress. More attention therefore needs to be given to organisational design and management style.

A need for structure and well-defined guidelines, however, were still needed. These findings emphasised the need for the shift from **personnel management** to **human resource management** and the **staff development paradigm**, approaches

characterised by greater employee participation, commitment, co-operation and communication.

When respondents were given an opportunity to express how they could be activated to perform to their full potential, their responses could all be included into the broad spectrum of the functions of human resource management and supervision. They included aspects of staff acquisition, administrative supervision, staff training and development, educational supervision, staff utilisation and supportive supervision.

From these findings it is thus concluded that there is a need for a Human Resource Management Programme for Social Workers at Psychiatric Hospitals.

10.2.4 Staff Evaluation

Staff do have a need for **Performance Appraisals** to be done in an honest, correct and participatory style. This calls for some criteria against which performance can be measured. Respondents saw evaluation as an opportunity to identify further areas of growth and as necessary to build morale. It can be concluded that there is an awareness amongst social workers of a need for positive feedback to build morale and to encourage growth and development.

To prove the hypothetical assumption : Workers gave these suggestions as activators for themselves to perform to their full potential. Given suitable guidelines for a human resource management programme, service rendering by social workers at psychiatric hospitals will therefore be enhanced.

10.3 RECOMMENDATIONS

It is recommended that a human resource management programme for social workers at psychiatric hospitals be implemented by means of the development model of supervision and management. In view of the research findings, the following guidelines have been established for such a programme.

10.3.1 Guidelines in terms of the administrative functions of supervision and human resource management pertaining to planning and staff acquisition.

To acquire the services of competent employees who have adapted to the organisation's culture, it is recommended:

- (1) That in view of the decrease in commitment associated with length of stay at the hospital, management has to determine specific reasons for this phenomenon. A climate has to be created where attention is focused on how jobs could be a more positive experience with the inclusion of 'personal' rewards that do not have to be 'paid' for.
- (2) That Hospital and Social Work Management find alternative options for career advancement in order to utilise the potentially committed and experienced work-force at their disposal. Jobs are to be re-designed and opportunities created for job satisfaction and challenge to avoid career stagnation as is presently being manifested in low staff morale.
- (3) That staff become involved in any planning and analysis from an early stage in order to obtain their co-operation in this new and challenging era.
- (4) That people who are no longer committed, be allowed to leave the hospital to give others an opportunity for growth and development.
- (5) That in terms of recruitment of new staff, ex-students who have done their practice education at the hospital, be considered for appointment after qualification. General criteria for recruitment are to be established.
- (6) That managers familiarise themselves and their subordinates with the concepts of job description; job evaluation; and job specification as these form the basis of the contract between worker and social work department / hospital. From these, greater awareness will be obtained as to what is expected of workers as well as criteria for evaluation.

- (7) That staff have clear objectives which they are able to reach. Clear objectives are considered as fundamental to high productivity. Workers are to be involved in goal-setting so that hospital / department goals can become individual goals.
- (8) That role conflict and ambiguity thus be eliminated. Social workers are to decide what their specific function is going to be in the process of rationalisation of mental health services in terms of their **specific** social work expertise and this has to be **conveyed** to the rest of the team.
- (9) That social workers receive guidance with workload management to allow time for more skilled type of service rendering.
- (10) That social workers be allowed to take on greater responsibility for the design of their jobs so that their own intrinsic needs are satisfied. More motivating and challenging tasks and jobs are to be sought and encouraged.

10.3.2 Guidelines in terms of the educational function of supervision and resource management pertaining to staff development

In order for competent employees, who have adapted to the organisation's culture, to develop up-to-date skills and knowledge, it is recommended:

- (1) That managers and workers become more aware of the development model and its different components so that individual needs can be addressed in a structured and systematic manner. Opportunities are to be created for further training and development programmes depending on **where** the worker is at.
- (2) That P.A.W.C. training courses be utilised more effectively and that more social workers be nominated for these courses by their supervisors.
- (3) That P.A.W.C. courses be re-assessed and adapted for social workers as an occupational class:

(4) That social work managers formulate written supervision and consultation policies for their departments where these do not exist.

(5) That managers aim for termination of supervision and independent functioning by their staff in as short a time as possible to allow staff to develop greater independence and to take on greater responsibility.

10.3.3 Guidelines in terms of the supportive functions of supervision and human resource management pertaining to staff evaluation and utilisation

In order to acquire the services of competent staff with up-to-date skills and knowledge and a desire to exert high effort, it is recommended:

(1) That staff continually be activated to optimal functioning.

(2) That a climate be created with opportunities for personal growth and development.

(3) That peer 'supervision' groups be utilised as a forum where new ideas and suggestions could be heard as a basis for participative management as well as for peer 'maintenance' and support.

(4) That a more modern human relations and participative management style be adopted with a shift away from the older structuralist and bureaucratic styles so that the complexity of human beings actually be considered and emphasised rather than the individual's job performance.

(5) That greater employee participation, commitment, co-operation and communication be enhanced by shifting from a personnel management paradigm to a human resource and staff development paradigm.

(6) That staff evaluations rather than performance appraisals be done in an honest, correct and participatory style according to realistic, clear and attainable criteria which need to be formulated beforehand.

(7) That supervisors and managers be aware at all times of the basic principles of adult learning i.e. the adult's self-awareness; his experience; his readiness to learn and his disposition towards learning whereby he has a need to apply his knowledge immediately to his work situation.

(8) That social workers at psychiatric hospitals establish and maintain a professional identity in terms of the expertise they can offer.

BIBLIOGRAPHY

ABELS, P & MURPHY, M J 1981. Administration in the Human Services: a normative systems approach. Englewood Cliffs, New Jersey: Prentice-Hall Inc.

A.N.C. 1984. The Reconstruction and Development Programme. Johannesburg: Umanyano Publications.

ARKAVA, M L & LANE, T A 1983. Beginning Social Work Research. Boston: Allyn and Bacon, Inc.

ARMSTRONG, M 1989. Personnel Management Practice: A Handbook of (3rd edition). London: Kogan Page Ltd.

ARMSTRONG, M 1990. A Handbook of Human Resource Management. London: Kogan Page Ltd.

ARMSTRONG, M 1994. Improving Organizational Effectiveness. London: Kogan Page Ltd.

ATTKISSON, C C, HARGREAVES, W A, HOROWITZ, M J & SORENSEN, J E 1978. Evaluation of Human Service Programs. New York: Academic Press.

ATTWOOD, M 1989. Personnel Management. Hampshire and London: The Macmillan Press Ltd.

AUSTIN, M J 1981. Supervisory Management for the Human Services. Englewood Cliffs, New Jersey: Prentice-Hall Inc.

BABBIE, E 1992. The Practices of Social Research (6th edition). Belmont, California: Wadsworth Publishing Company.

BAMFORD, T 1982. Managing Social Work. London and New York: Tavistock Publications.

BARKER, R L 1988. The Social Work Dictionary. Silver Spring, Maryland: NASW Press.

BEACH, D S 1985. The Management of People at Work (5th edition). New York: Macmillan Publishing Company and London: Collier Macmillan Publishers.

BEEMSTERBOER, J & BAUM, B 1984. "Burnout" Definitions and Health Care Management. Strategies for Preventing and Coping with "Burnout": Social Work in Health Care, 10(1): 97-109.

BOTES, P 1994. Aspects of Supervision: A Guide for the Contemporary Public Manager. Halfway House: Southern Book Publishers.

BOTHA, N J 1985. Onderrigmodel vir Doeltreffende Supervisie. Social Work / Maatskaplike Werk, 21(4): 239-248.

BUTLER, A & PRITCHARD, C 1990. Social Work and Mental Illness. Hampshire and London: Macmillan Education Ltd.

CARRELL, M R, ELBERT, N F & HATFIELD, R D 1995. Human Resource Management. Global Strategies for Managing a Diverse Workforce (5th edition). London: Prentice-Hall International (UK) Ltd.

CHEETHAM, J, FULLER, R, MCIVOR, G & PETCH, A 1992. Evaluating Social Work Effectiveness. Buckingham, Philadelphia: Open University Press.

CHRUDEN, H J & SHERMAN, A W 1980. Personnel Management: The Utilization of Human Resources (6th edition). Cincinnati, Ohio: South-Western Publishing Co.

CILLIERS, S P 1983. Maatskaplike Navorsing Metodologie, Prosedures, Tegnieke. Stellenbosch: Kosmo-Uitgewery Edms Bpk.

CLOETE, J J N 1990. Personnel Administration. Pretoria: JL van Schaik.

COMPTON, B R & GALAWAY, B 1994. Social Work Processes. Pacific Grove, California: Brooks/Cole Publishing Company.

COWLES, LA & LEFCOWITZ, MJ 1992. Inter-Disciplinary Expectations of the Medical Social Worker in the Hospital Setting. Health and Social Work, 17(1): 57-65.

CRONJE, J I 1986. Administrasie as Basiese Komponent in die Funksionering van die Vrywillige Welsynsorganisasie. Stellenbosch: Universiteit van Stellenbosch (D. Phil. Verhandeling).

CROW, R T & ODEWAHN, C A 1987. Management for the Human Services. Englewood Cliffs, New Jersey: Prentice-Hall Inc.

DAVIDSON, K W 1990. Role-Blurring and the Hospital Social Worker's Search for a Clear Domain. Health and Social Work, 15(3): 228-234.

EDWARDS, A 1992. 'n Personeelontwikkelingsprogram vir Maatskaplike Werkers wat met Strafsake Werk met Spesiale verwysing na Seksuele Misdrywe. Stellenbosch: Universiteit van Stellenbosch (MA Tesis).

Editorial 1984 Health and Social Work, Vol. 9.

FLIPPO, E B 1971. Principles of Personnel Management (3rd edition). Japan: McGraw-Hill Book Company.

GERBER, P D, NEL, P S & VAN DYK, P S 1994. Mannekragebestuur (2de uitgawe). Halfweg Huis: Southern Boekuitgewers.

GERMAIN, C B & GITTERMAN, A 1986. The Life Model Approach to Social Work Practice Revisited: 618-644 (In Turner F.J. [Editor] Social Work Treatment (3rd edition). New York: The Free Press, Macmillan.

GRINNELL, R M 1985. Social Work Research and Evaluation (2nd edition). Itasca, Illinois: F.E. Peacock Publishers.

GRINNELL, R M 1993. Social Work Research and Evaluation (4th edition). Itasca, Illinois: F.E. Peacock Publishers Inc.

GUMMER, B 1984. How'm I Doing? Current Perspectives on Performance Appraisal and the Evaluation of Work. Administration in Social Work, 8(2): 91-102.

HASENFELD, Y 1989. Administrative Leadership in the Social Services: The Next Challenge. New York and London: The Haworth Press.

HAWTHORNE, L S 1987. Teaching From Recordings in Field Instruction. The Clinical Supervisor, 5(2): 7-22.

HAYES, R & GARITT, A 1992. Patient's Psycho-education: The Therapeutic Use of Knowledge for the Mentally III. Social Work in Health Care, 17(1): 53-68.

HENEMAN, H Y & SCHWAB, D P 1978. Perspectives on Personnel / Human Resource Management. Homewood Illinois: Richard D. Irwin Inc.

HENRY, S 1990. Non Salary Retention Incentives for Social Workers in Public Mental Health. Administration in Social Work, 14(3): 1-15.

HEPWORTH, D H & LARSEN, J A 1993. Direct Social Work Practice: Theory and Skills (4th edition). Pacific Grove, California: Brooks / Cole Publishing Company.

HERSEY, P & BLANCHARD, K H 1993. Management of Organizational Behaviour: Utilizing Human Resources (6th edition). London: Prentice-Hall International (UK) Ltd.

HOLLIS, F & WOODS, M E 1981. Casework: A Psychosocial Therapy (3rd edition). New York: Random House.

HORWITZ, F M 1991. Managing Resourceful People: Human Resource Policy and Practice. Cape Town: Juta and Company Ltd.

HUDSON, B L 1989. Social Work with Psychiatric Patients. Hampshire and London: Macmillan Education Ltd.

HUYSAMEN, G K 1995. Methodology for the Social and Behavioural Sciences. Halfway House: Southern Book Publishers Pty Ltd.

JACOBS, F P 1988. Die Aanwending van die Helpende Funksie in Supervisie om Spanning by Maatskaplike Werkers te Bekamp. Bloemfontein: Universiteit van die Oranje Vrystaat (M Soc Sc M.W - Tesis).

JAYARATNE, S & CHESS, W A 1983. Job Satisfaction and Turnover among Social Work Administrators. Administration in Social Work, 7(2): 11-22.

JAYARATNE, S & CHESS, W A 1986. Job Satisfaction: A Comparison of Caseworkers and Administrators. Social Work, 1(31): 144-146.

JOHNSON, R S & BERGER, C S 1990. The Challenge of Change: Enhancing Social Work Services at a Time of Cutback. Health and Social Work, 15 (N3): 181-190.

JONKER, T 1978. Die Rol van die Maatskaplike Werker op die Gebied van Geestesgesondheid. Rehabilitasie in Suid Afrika, 22(1): 20-23.

KADUSHIN, A 1977. Consultation in Social Work. New York: Columbia University Press.

KADUSHIN, A 1985. Supervision in Social Work (2nd edition). New York: Columbia University Press.

KADUSHIN, A 1992. Supervision in Social Work (third edition). New York: Columbia University Press.

KASLOW, F W 1986. Supervision, Consultation and Staff Training - Creative Teaching / Learning Processes in the Mental Health Profession. The Clinical Supervisor, 4 (1/2) : 1-16.

KEEP, E 1991. Corporate Training Strategies: The Vital Component (in Storey, J 1991. New Perspectives on Human Resource Management. Routledge, London and New York, 1991: 109-125).

KEMP, M L 1985. Maatskaplikewerk - Praktyk: 'n Ondersoek na die Faktore wat die Maatskaplike Werker se Werkverrigting en Werksmotivering Beïnvloed. Port Elizabeth: Universiteit van Port Elizabeth (MA - Tesis).

KNOWLES, M S 1971. The Modern Practice of Adult Education: Andragogy versus Pedagogy. New York: Association Press.

KOESKE, G F, KIRK, S A, KOESKE, R D & RAUTKIS, M E 1994. Measuring the Monday Blues: Validation of a Job Satisfaction Scale for the Human Services. Social Work Research, 18(1): 27-35.

KROON, J 1993. General Management. Pretoria: HAUM (Tertiary).

LABUSCHAGNE, L 1993. Konsultasie as 'n Komponent van Personeel Ontwikkeling van Maatskaplike Werk Offisiere in die S.A. Weermag, Ongepubliseerde MA-Tesis Universiteit van Stellenbosch.

LEWIS, J A, LEWIS, M D & SOUFLEE, J Management of Human Service Programs (2nd edition). Pacific Grove, California: Brooks / Cole Publishing Company.

LISTER, 1982. Role Training for Interdisciplinary Health Teams. Health and Social Work, 7(1): 19-24.

MIDDLEMAN, R R & RHODES, G B 1985. Competent Supervision, Making Imaginative Judgements. Englewood Cliffs, New Jersey: Prentice-Hall Inc.

MILLAR, K 1990. Performance Appraisal of Professional Social Workers. Administration of Social Work, 14(1): 65-85.

MILKOVICH, G T & BOUDREAU, J W 1994. Human Resource Management (7th edition). Sydney Australia: Irwin Burr Ridge Illinois, Boston Massachusetts.

Ministry for Welfare and Population Development, February 1996 Draft White Paper for Social Welfare, Government Gazette, No 16943.

MIZRAHI, T & ABRAHAMSON, J 1985. Sources of Strain Between Physicians and Social Workers: Implications for Social Workers in Health Care Settings. Social Work in Health Care, 10(3): 32-49.

MOUTON, J & MARAIS, H C 1991. Basic Concepts in the Methodology of the Social Sciences, Human Sciences Research Council.

MUNSON, C E 1993. Clinical Social Work Supervision (2nd edition), London : The Haworth Press.

Terminology Committee for Social Work, New Dictionary of Social Work / Nuwe Woordeboek vir Maatskaplikewerk. (Revised and Comprehensive edition). Parow, Cape Town: C.T.P Book Printers.

NEWSOME, M & PILLARI, V 1992. Job Satisfaction and the Worker-Supervisor Relationship. The Clinical Supervisor, 9(2): 119-129.

PATTI, R 1978. Toward a Paradigm of Middle Management Practice in Social Welfare Programs (in Sarri, R C & Hasenfeld, Y H. The Management of Human Services. New York: Colombia University Press, 1978: 262-287).

PATTI, R J 1983. Social Welfare Administration. Englewood Cliffs, New Jersey: Prentice-Hall. Inc.

PAYNE, J & PAYNE, S 1994. Letting Go Without Losing Control. How to Delegate and Do More. The Institute of Management. London: Pitman Publishing.

PERLMAN, H H 1960. Social Casework: A Problem-Solving Process. Chicago, Illinois, USA: The University of Chicago Press.

PETERS, T 1988. Thriving on Chaos: Handbook for a Management Revolution. London: Pan Books Ltd.

PHILLIPS, C, PALFREY C & THOMAS, P 1994. Evaluating Health and Social Care. Hampshire and London: The Macmillan Press Ltd.

PINES, A & KAFRY, D 1978. Occupational Tedium in the Social Services, Social Work. New York, 23: 499-507.

PLANT, R 1995. Managing Change and Making it Stick. London: Harper Collins Publishers.

POULIN, J E 1994. Job Task and Organizational Predictors of Social Worker Job Satisfaction: A Panel Study. Administration in Social Work, 18(1): 21-38.

PRETORIUS, E 1991. Konsultasie in Maatskaplike Werk. Stellenbosch: Universiteit van Stellenbosch (Doktorale Proefskrif).

PRUGER, R & MILLER, L 1991. Efficiency and the Social Services: Part A Administration in Social Work, 15(1/2): 5-23.

RABEY, G 1994. In Charge Supervising for the First Time. The Institute of Management. London: Pitman Publishing.

RAUTKIS, M E & KOESKE, G F 1994. Maintaining Social Work Morale: When Supportive Supervision is not Enough. Administration in Social Work, 18(1): 39-60.

RITTER, G A 1992. Maatskaplikewerk - Supervisie met Spesifieke Verwysing na die Toepassing van die Personeelfunksie in Provinsiale Hospitale. Stellenbosch: Universiteit van Stellenbosch (MA Tesis).

RITTER, G A & BOTHA, N J 1994. Die Verband Tussen die Personeelfunksie en Maatskaplikewerk Supervisie in Provinsiale Hospitale. Social Work / Maatskaplike Werk, 30(1): 50-63.

ROBBINS, S P 1982. Personnel. The Management of Human Resources (2nd edition). Englewood Cliffs, New Jersey: Prentice- Hall Inc.

ROSS, J W 1993. Redefining Hospital Social Work. An Embattled Professional Domain. Health and Social Work, 18(4): 246-247.

ROWLAN, K M, FERRIS, Y R & SHERMAN J L 1980. Current Issues in Personnel Management. Boston, Toronto, Sydney: Allyn and Bacon Inc.

SARRI, R C & HASENFELD Y 1978. The Management of Human Services. New York: Columbia University Press.

SCHULMAN, L 1982. Skills of Supervision and Staff Management. Itasca, Illinois. F.E. Peacock Publishers Inc.

SHELDON, B 1986. Social Work Effectiveness Experiments: Review and Implications. British Journal of Social Work, (16): 223-242.

SIEFERT, K, JAYARATNE, S & CHESS, W A 1991. Job Satisfaction, Burnout and Turnover in Health Care Social Workers. Health and Social Work, 16(3):193-202.

SIPORIN, M 1975. Introduction to Social Work Practice. New York: Macmillan Publishing Co. Inc. and London: Collier Macmillan Publishers.

SKIDMORE, R A 1983. Social Work Administration. Englewood Cliffs, New Jersey: Prentice-Hall Inc.

SLAVIN, S 1978. Social Administration: The Management of the Social Services. New York: The Haworth Press and New York: Council on Social Work Education.

SMALE, G G & TUSON, G 1988. Learning for Change: Developing Staff and Practice in Social Work Teams. National Institute for Social Work, 5 Tavistock Place, London.

SMIT, A DE V 1990. Burnout in Social Work: Incidence and Trends in Causation, Maatskaplike Werk / Social Work. (17th edition). (A-L): 239-252 and 26(2): 124-131; 142.

SMIT, A DE V 1992. Job Analysis, Design, Description, Specification and Evaluation: An Introduction for Social Workers. Social Work / Maatskaplike Werk, 28(4): 1-11.

SMIT, G J 1985. Navorsingsmetodes in die Gedragwetenskappe. Pretoria: HAUM, Opvoedkundige Uitgewers.

STEWART, A M 1994. Empowering People. Long Acre, London: Pitman Publishing.

STOREY, J 1991. New Perspectives on Human Resource Management. London and New York: Routledge.

education. The social work supervisor facilitates continuing education for the supervisee and also provides direct instruction. This is achieved through the educational function of supervision.

Horwitz (1991 : 151) quotes Schein (1982) in stating that human resource development pertains to both the individual's personal growth, and the organisation's growth through successfully coping with internal and external environments. Individual and organisational development are thus seen as symbiotic processes at the centre of human resource planning. According to Crow and Odewahn (1987 : 53), for training to be successful, a well-planned programme based on sound data is necessary. According to these writers such a programme needs to focus on: (1) an improvement of specialised skills; (2) improved abilities to perform a job; and (3) an increase in an individual's knowledge as it pertains to a specific job.

Weiner (1982 : 476) refers to a shift away from the control paradigm to the staff development paradigm. The idea is to develop staff to a level of performance where control will no longer be required. The aim is to train new employees quickly and economically in order for them to be able to carry out their jobs at the required level of performance. It also seeks to develop the ability of existing staff to levels of optimum performance so that extra responsibilities can be taken on. The more effective the training, the less the need for control and the better equipped workers will be to take on increasingly greater responsibility. More innovative thoughts and ideas are required for new practice methods. A more efficient hospital social work department further demands the development of new practice methods and theory. Organisational planning and job design, as discussed in Chapter Five, define additional skills and expertise, which the organisation requires. Evaluation will identify training and developmental needs.

Hersey and Blanchard (1993 : 248) refer to the nurture of leadership potential, motivation, morale, climate, commitment, decision-making abilities, communication and problem-solving skills of their workers. These writers refer to the development of "task-relevant readiness" of workers. This researcher agrees that besides achieving goals, it is also vital that staff be made 'ready' and that the developmental aspect thus

be emphasised. When staff are 'ready' to take responsibility for their own tasks on a daily basis, the manager will be freed to carry out other functions on a broader level to improve organisational effectiveness. Instead of being impeded by tunnel vision as indicated by Hersey and Blanchard (1993 : 253), the manager will be able to look to long-range strategic planning and creativity. Supervision is a costly process and worker independence should therefore be its main focus.

Hersey and Blanchard's (1993 : 253) developmental cycle and its influence on increased effectiveness is based on how managers engage with their subordinates to convey their expectations of them. If the expectations are high, productivity is likely to be high and vice versa. As people perform well, they are given more and more responsibility as well as more opportunities for achievement, growth and development (Hersey and Blanchard, 1993 : 251,253). According to Hersey and Blanchard (1990 : 267), workers are to be shifted to self-management and to assume responsibility for their own motivation and consequent behaviour.

Whilst they then take over much of the manager's responsibility, his role can change from supervisor to perhaps group representative on the next level of the organisation, there to improve organisational functioning and productivity. As knowledge and skills are developed, administrative controls can be relaxed according to Kadushin (1992 : 141). Close supervision and direction, especially for the inexperienced worker is very important, but it has to be emphasised that worker independence is of primary importance. The manager must also not lose sight of the assumptions about adult learning as discussed in Chapter Three.

Writers such as Attwood (1989 : 93), Cloete (1990 : 134) and Hersey and Blanchard (1993 : 174) refer to the inappropriateness of ad hoc training programmes. Rationalised, formal training according to the needs of the individual or organisation, is recommended. No definite objectives are achieved if training takes place informally according to Cloete (1990 : 154). This confirms the need for the educational diagnosis and programme, both at departmental and individual levels once the organisational objectives have been determined.

6.4 DEFINITION OF HUMAN RESOURCE DEVELOPMENT (STAFF / EMPLOYEE DEVELOPMENT)

Compared to definitions by various writers for example Armstrong (1990), Attwood (1989), Beach (1985), Carrell *et al* (1994), Gerber *et al* (1987), Kadushin (1992), Robbins (1982) the definition by Milkovich and Boudreau (1994 : 433) gives an all encompassing view of employee development:

Employee development refers to those human resource activities which are designed to enhance the value of employees after they have joined the organisation. This definition includes **internal staffing**, which involves the movement of staff between jobs and into different work roles within the the organisation. It also includes **employee training and orientation**, which allows for further experiences designed to foster learning. According to Milkovich and Boudreau (1994 : 433), these two activities go hand in hand in preparing and developing the existing employees. A balance is called for (1) between the organisational need for efficiency or an optimal balance between skills and demands and (2) the perception that activities are fair and that they provide adequate opportunities. Staff development is therefore not only linked to evaluation but also with utilisation as will be discussed in the following chapters.

According to Armstrong (1990 : 198), **development** refers to a change or modification of behaviour through experience. By doing better in existing jobs, workers are prepared for greater responsibility in the future. By building on strengths and overcoming weaknesses, organisational expertise is ensured according to Armstrong (1990 : 198).

Employee development therefore includes both processes of **training** and **education**. These processes both help people to learn but differ in focus and objectives. According to Attwood (1989 : 91) training focuses on the needs of the organisation, whilst education is focused on the needs of the individual.

Crow and Odewahn (1987 : 53) and Kadushin (1992 : 136) refer to staff development as including all the procedures an organisation uses to improve the job related knowledge, skills and attitudes of its staff and according to Kadushin (1992 : 136) it includes in-service training and educational supervision. There is a need for training to be based on sound data of **what employees require** but trainees have to find the training **relevant** to their jobs in order for them to be **motivated to cooperate**.

6.5 FACETS OF HUMAN RESOURCE DEVELOPMENT

Smale and Tuson (1988 : 11) emphasise that human resource development takes place within the workplace through the interaction of individual staff with peers and supervisors. Learning opportunities are provided by means of the human resource development programme. This programme is determined according to the evaluated needs and weaknesses of the organisation and social work department in order for its personnel to achieve goals and objectives.

6.5.1 Orientation

This was described in Chapter Five as an administrative function. It relates to socialisation and orientation of the new worker within the organisation and the profession. It is also directed at the development of the worker, as he is made to feel part of the group or organisation.

6.5.2 In-service Training

In-service training is defined by Kadushin (1992 : 136) as a more specific form of staff development. According to him, the term refers to the planned and formal training which is provided to a specific group of agency personnel with the same job classification or the same job responsibilities. It refers to training programmes that are planned and developed according to specific educational needs common to a group of workers, involved in similar work situations. The subject matter of the training is procedures for the performance of certain tasks, format of reports, statutory

requirements, forms required and so on. In order to be perceived as worthwhile, training has to be job specific and hence the need for in-service training which is not provided by formal schools of social work.

At the hospital where the researcher is currently employed, three social workers were employed in 1993 just after completing their fourth year field training in two different psychiatric hospitals. An extensive in-service training programme based on key aspects of a procedures manual, was developed for them. This proved very successful in respect of time expended, quality of participation and other advantages of group supervision to which in-service training can also be compared. The programme frequently drew on experiences they were having in the various units where they were based. In-service training for new employees is based on the knowledge and skills they require to perform their functional work. It has become practice in this hospital to appoint recruits in the entry grade of social worker and then to develop them or help them to develop themselves in preparation for 'unofficial' promotion. Being a specialised area, it has been found that social workers experienced in other areas, although perhaps more mature, still need to be trained in social work practices in the psychiatric setting. It is considered therefore to be more cost effective to appoint 'juniors' as **training** needs are the same. **Development** of experienced or mature social workers to accept values and norms in the psychiatric setting has not been found to be very successful. Motivational and modelling issues for example hamper commitment and job turnover for this group was found to be high.

In-service training is an important facet of personnel development, especially in terms of specific knowledge required for procedures that have to be carried out. The content of in-service training is often of an administrative nature. It focuses more on the place, person and problem components and more specifically on the knowledge required for the tasks which these components entail.

Not only do social workers have to have a knowledge of psychiatry, they are also finding themselves having to train other team members in general procedures previously only carried out by social workers. Social workers have become associated with clerical functions which could also be done by other team members. For instance a

disability grant application has now become the responsibility of the registrar, who is to complete the medical certificate for the application.

6.5.3 Educational Supervision

Included in the function of staff development, **educational supervision** focuses on the learning needs, the knowledge, skills and attitudes of an **individual** worker and is therefore a still more specific kind of personnel development according to Kadushin (1985 : 140; 1992 : 136). It is aimed at the development of a professional worker but ultimately aims at better organisational functioning. It provides the knowledge and skills which are the tools needed for effective practice. It helps the worker to implement and apply the more general learning that he acquired through in-service training and as such, these two functions complement each other. Kadushin (1985 : 140; 1992 : 137) emphasises that educational supervision is a line rather than a staff function and a significant dimension of the supervisor's activities and responsibilities is to ensure the professional development of supervisees.

(a) The educational process as the basis of supervision

Botha (1985 : 243) states that the educational process is the medium for attending to the learning needs of an individual social worker on the administrative, educational and support levels. Educational principles and techniques are selectively applied according to the specific needs of the worker. These learning needs are determined by the supervisor in conjunction with the worker and learning styles are adapted accordingly by the supervisor. The various components of place, person, problems, process and personnel to which Kadushin (1992) and Botha (1985) refer, are the basis for this educational evaluation and for the development of an educational programme for the individual worker. The cooperation of the worker in determining these needs and programme for learning and development is of the utmost importance. In this regard Weiner (1982 : 492) refers to **performance contracting** where the emphasis is on self-improvement. Workers are expected to assess their own strengths and weaknesses and thus also monitor their own improvement. It is also essential for supervisors to be

skilled in and knowledgeable about supervision, it being their primary function and according to Cronje (1986 : 225), often the only available method to develop personnel.

It is agreed with Botha (1985 : 239) that the training function of supervision does not always receive the correct attention that it deserves. There is a need for social workers and supervisors to take responsibility for putting supervision in the right perspective.

(b) **Content in educational supervision**

The basic content of educational supervision can be described in terms of the educational model referred to by Kadushin (1992) and Botha (1985). Supervisors in every agency will teach something about each of the five components of this model. Each of these content areas referred to as place, people, problem, process and personnel have certain objectives in terms of knowledge, skills and attitudes. The social worker (**personnel**) in the psychiatric hospital who is himself the tool for helping, needs to know about services the hospital and outside agencies (**place**) offer to patients referred for treatment (**people**). The social worker needs to have an understanding of psychiatric illness and the effects of illness on the patient and his family (**problem**). This requires a sound knowledge of the **process** of social work in order to address these different issues.

With the aid of this model the worker can be taught or helped to learn what he needs to know in order to do a job effectively. It is the **gaps** between what the worker already knows and what he still needs to know which training has to fill. It should be a well planned programme based on sound data according to Crow and Odewahn (1989 : 53). According to Crow and Odewahn (1989 : 53) it needs to “focus on (1) **improvement** of specialised skills, (2) **enhancement** of abilities to perform and (3) **increasing** knowledge in an area relevant to a specific job”. Educational supervision also serves to develop a professional orientation and attitude by means of a positive relationship. According to Austin (1981 : 244), Kadushin (1976) developed Bruner’s (1971) learning maxims in relation to educational supervision. According to Kadushin

(1992 : 183 - 200, 224), people learn best under the following circumstances, when:

- “1. They are highly motivated to learn
2. They can devote most of their energies to learning
3. Learning is attended by positive satisfactions
4. They are actively involved in the learning process
5. The content to be learned is meaningfully presented
6. The uniqueness of the learner is considered”

The educational and learning process is structured by the **educational** model. According to this model an educational evaluation and educational programme are constructed according to the individual learning needs and patterns of the worker as determined together with the worker.

6.5.4 **Informal and external teaching resources**

Cronje (1986 : 227) refers to the use of informal and external resources and technological aids as a facet of a personnel development programme.

Psychiatric hospitals being teaching hospitals, provide tremendous opportunity within the multi-disciplinary team for social workers to improve their knowledge of psychiatry. This type of learning experience or ‘teaching’ as it is referred to at the hospital where the researcher is employed, is invaluable to a new social worker in the field of psychiatry. It should, however, not be confused with the educational function, performed by the social work supervisor. It should be seen as complementary. This teaching, however, is not specifically aimed at the needs of the social worker as in the case of the social work supervisor-supervisee relationship and is not done according to a preplanned programme. How much social workers ‘take-in’ of what is made available, will be determined by their level of interest and motivation. Participation in teaching is left to the discretion of the worker. A lot of teaching is done at the hospital where the researcher is employed and where the trend is increasingly towards a therapist / case-manager approach, with less emphasis on exclusive social work roles.

Social work supervisors, however, do tend to rely on this form of teaching that social workers get from their teams as the psychiatrist is obviously more knowledgeable about his subject. This type of teaching is usually aimed at medical and other students present in wardrounds and at case presentations. Although this is more in terms of making a diagnosis and on how to medicate, the knowledge acquired still increases potential for worker growth. The subject is, needless to say, a very interesting one as no two patients present the same. Each experience is a stimulating new experience. The emphasis which is placed on psychiatry and hence the medical model, does tend to overshadow social work. The emphasis is on diagnosis and treatment and some reluctance to render more specific social work services, is often sensed. The social worker often feels bogged down with the clerking of patients for presentation or compiling background reports for diagnostic purposes. A blurring of learning needs and focus thus results.

Although Weinbach (1994 : 124) recognises the advantages of this type of teaching, he warns about inherent dangers that can exist. There is the potential for social workers to become confused about their professional identity. Weinbach (1994 : 124) emphasises that the social work manager needs to be aware of this and he stresses how important it is that a professional identity, which is in accordance with the worker's professional education, be maintained.

The Sub-directorate: Training of the Provincial Administration is responsible for training of a more general nature. For instance it orientates new employees to the environment in which they have to work as employees of the Provincial Administration of the Western Cape. The orientation course for example teaches topics such as the role of the State, the composition and activities of the Provincial Administration, conditions of service, rules and regulations and other aspects that could affect employees as officials of the State. These courses are well organised and presented but training is more general in nature, and not geared to a specific employment class such as Social Work for example. The more general courses for which social workers of the hospital where the researcher is employed enrol, are the following:

Orientation

Junior Management

Presentation Skills

Instructor's Skills

Various courses aimed at more specific needs are also attended for example stress management and computer skills training.

These training programmes for staff have been found to be encouraging. Further learning opportunities are also made available such as special leave to attend seminars, conferences (local and international), research days and social workers are encouraged to take part and also to give feedback to the rest of the social work department afterwards. Poulin (1994 : 35) also emphasises the renewal value of attending professional conferences or workshops.

6.5.5 Participation in policy and decision-making

Cronje (1986 : 226) and Van der Vyver (1993 : 132) regard participation in policy and decision-making as one of the most effective methods of professional development and growth. Being part of special task groups, serving on committees, participating in decision making at staff meetings, all help to develop leadership potential, administrative skills and a positive attitude towards the organisation.

Participative management, if allowed, will aid development of a sense of self-worth and autonomy. Involvement helps to create better co-operation between workers and management. Workers can be given greater authority and responsibility in job design, work procedures and decision making as far as their own jobs go (Carrell *et al*, 1995 : 613, and Van der Vyver, 1993 : 133). As a member of a multi-disciplinary team, the social worker regularly makes decisions about his own role and task. Participative management can thus be implemented at all levels.

According to Carrell (1995 : 613), productivity improves, turnover and absenteeism decreases and motivation increases as staff are allowed greater authority and

responsibility for their own job design and work procedures. The effects of allowing them to be more self-directed correlates well with Knowles's (1971 : 39) assumptions about adult learning.

6.5.6 Consultation

This facet of staff development is sometimes omitted in research studies of staff development programmes, for example Cronje (1985), Ritter (1992) and Van der Vyver (1993). This researcher however, feels that it is also to be included according to the following statement by Rapoport (1977) as quoted by Pretorius (1991 : 55). The aim of consultation is "... to strengthen the consultee's ability to function in his professional role by increasing his knowledge and skill and modifying his attitudes and behaviour to solve specific work problems or generally to enhance his work performance". Kadushin (1977 : 26) also states that the aim of consultation is basically similar to that of supervision. According to Labuschagne (1991 : 16), consultation is a component by means of which continued education can be achieved. Being similar to the other facets of staff development, consultation is also aimed at more effective service delivery to clients or patients.

Although the primary aim of consultation is to assist the worker with a work-related problem, it has an intermediary staff development function according to Labuschagne (1993 : 24). According to Kadushin (1977 : 26) and Pretorius (1991 : 55) this intermediate objective of consultation is employee growth in that it will enable the worker to know how to deal with similar problems later. Consultation also implies a developmental level where social workers have advanced from supervisee status to consultee status which implies that they can now take responsibility to find solutions to problems by means of consultation with more experienced or knowledgeable, persons / consultants. Unlike in supervision it is the consultee who seeks help.

The principles of adult learning are also fundamental to consultation. The initiative to seek help comes from the consultee and objectives are also determined by the consultee according to Middleman and Rhodes (1985 : 15). It is important to remember that staff need to be developed to reach the consultation level as soon as

possible.

Westheimer (1977 : 161,162) describes seven criteria which can serve as guidelines according to which workers ought to advance from supervision to consultation. These link up with the different components of the development model in terms of knowledge, skill and attitude. Basically these criteria can be summarised as follows:

- * Sufficient knowledge in terms of person, problem and process components to manage the majority of cases referred.
- * Skilled in the process component.
- * Must have the necessary self-awareness (personnel component) to know when consultation is needed and be motivated to acquire the information.
- * Must be aware of their own attitude and be able to control irrational decisions and behaviours.
- * Workers should be responsible, participating members of the department / team in terms of their own roles as well as the roles of others (Place / Personnel components).
- * A knowledge of the department / team's resources in terms of manpower and material resources is necessary as well as a knowledge of community resources.
- * The workers must be able to take responsibility for their total workload with clear objectives and priorities (Place, Process and Personnel components).

The whole process of supervision and human resource development thus culminates in this enablement of the worker to function independently and autonomously.

6.5.7 Career development

In order for an organisation to be assured that it will always have motivated and competent employees to satisfy its future needs, managers need to make sure that employee career needs are matched with the organisation's future requirements. The word 'career' could indicate an advancement. Carrell *et al* (1995 : 471) and Robbins (1982 : 249) refer to it as "a sequence of positions occupied by a person during the course of a lifetime". Human resource managers need to become more involved in designing programmes that will help workers to actually achieve the objectives they

formulate and not only to focus on career choices and objectives. The quality of working life and programmes for more effective utilisation of human resources need to be developed.

Career management according to Carrell *et al* (1995 : 471), is a process whereby goals, plans and strategies are designed and implemented which will enable Human Resource professionals and managers to satisfy work-force needs and which will allow individuals to achieve their career objectives. These writers also distinguish between individual career planning whereby each employee personally plans career goals and organisational career planning whereby management plans career goals for employees (Carrell *et al*, 1994 : 471). Well planned career programmes that are also effectively carried out, can benefit the organisation in a number of ways. Carrell *et al* (1995 : 471) include the following:

- * **Staffing inventories** to ensure that future organisational goals may be achieved.
- * **Staffing from within** requires a strong career management programme to ensure that employees will be able to perform effectively.
- * **Solving staffing problems.** If employees knew what opportunities existed for promotion and that career opportunities were provided, a high employee turn-over could be prevented.
- * **Satisfying employee needs.** Career expectations have increased with higher levels of education and expectations need to be realised.
- * **Enhanced motivation.** Career progression, being related to job performance, motivates for peak performance levels in order to accomplish career goals.
- * **Equal employment opportunities.** These are advised by affirmative action programmes in order to remove obstacles to career progression of minorities.

In order for career management to be successful, it needs to be supported by top management. Carrell *et al* (1995 : 472) state that promotion from within, development of employee skills and the use of valid performance evaluation criteria need to be supported by management. This also calls for organisational career planning, individual career planning, integrating organisational and individual plans, implementation and

evaluation (Carrell *et al*, 1995 : 472). It further calls for a **match** between what the employer wants and the needs of the employee. Mutual co-operation between employer and employee in determining goals and objectives cannot be over emphasised.

According to Carrell *et al* (1995 : 472) human resource plans do, however, need to keep track of predicting changes and “have to be flexible enough to adjust to such contingencies as rapid, unpredicted organisational growth to decline”. Job evaluation needs to be looked at in order to develop some type of professional **career** ladder within a hospital social work department. At present a distinction is made between the first and second legs of the salary scale for social workers with promotion to the second leg after three years of experience if promoted “in turn”. The Chief and Deputy Director posts, are limited.

Carrell *et al* (1995 : 473) refer to different steps such as service representative I, II and III or supervisor, manager I, II and III. These steps can be substituted in terms of services rendered by the different units. The aim would be to create a career path within the hospital system in order to increase motivation and morale and to retain the best professionals it needs by offering them scope to develop. Weiner (1982 : 493) refers to “career ladders” for employees. Although monetary rewards will probably not be possible, this concept as it ties up with participative management, could fulfil intrinsic needs.

Future opportunities need to be created in the Health field. A great challenge is presented now as the needs of patients are to be redetermined and prioritised. Career planning is therefore a challenge in the context of South Africa’s development. It is hoped that this will avoid the career stagnation, manifested in the low staff morale experienced in the hospital. Opportunities need to be invented to meet employee career aims as well as patient needs in order to create a committed and professional workforce that will be able to render an effective and efficient service to the patients who deserve it. More lateral assignments are therefore called for as well as an evaluation of the work as it is being done. The need for a job evaluation as stated by

Smit (1992 : 9) is emphasised.

Professional autonomy allows for this development to take place and needs to be encouraged. This researcher does not perceive career development as taking place 'consciously'. Efforts are not assessed formally as evaluation systems have not been made acceptable to staff and a general negativity exists. Staff feel that their efforts go by unnoticed and that there is no external encouragement or even reward.

6.6 CONCLUSION

Human Resource development refers to those human resource activities which enhance the value of employees after they have joined an organisation. It includes employee training and orientation and more individualistic educational supervision. In practice training and education often take place concurrently and hence the term, human resource development. The effectiveness of an organisation will be determined to a great extent by the training and development of its personnel. Changes in the Health and Welfare service call for a new look at core skills and training needs.

Human resource development also strives for worker independence. Managers need to remove themselves from the old traditional role of directing and controlling and must allow their subordinates to develop greater independence and to take on greater responsibility.

It is however, important that when they relax control, managers appreciate that their subordinates have been socialised in terms of the values and norms of the organisation and that they will have the knowledge and skills to render the best service as required by their clients / patients. With proper training and socialisation, workers will be empowered to act autonomously, and to remain accountable.

In terms of the educational model, Human Resource development addresses each of the different components in terms of knowledge, skills and attitude. The ultimate aim is to develop a competent and independent work force with up-to-date skills and knowledge and a positive attitude towards organisational objectives. The educational model and evaluation will indicate links between knowledge, skills and attitude. It is

however, commitment, motivation, enthusiasm, interest of workers and thus their co-operation, that will determine the success of the Human Resource development programme.

The supportive function of supervision and staff utilisation will be discussed in the following chapter.

CHAPTER 7

THE SUPPORTIVE FUNCTION OF SUPERVISION AND STAFF UTILISATION

7.1 INTRODUCTION

Effective staff utilisation has become a highly prioritised management function where the need for a productive work force is being emphasised. Cut-back management is demanding that all resources and especially human resources, be utilised to their full potential. Cronje (1986 : 229) states that measures to activate staff, individually and jointly within the organisation, have to be devised continuously in order to optimise performance. As more pressure is being exerted, increased stress will result and a need for support will manifest. Unless support is offered, work will be impaired to the detriment of departmental effectiveness. It is agreed with Stewart (1994 : 8) that although staff are claimed to be the most important resource, it is frequently the most under-utilised resource. Incentives such as bonuses, leave pay and housing subsidies are devised to conserve human resources - holding on to existing staff and attracting new staff, but staff are still not used most efficiently and effectively. According to Stewart (1994 : 8) an approach like this treats staff as a costly resource and, not as a valuable one. It fails to recognise the waste inherent in not utilising the fullest possible range of staff skills and abilities. It is questioned whether psychiatric staff are actually allowed to use their own initiative and knowledge of patient expectations.

In forensic units, for example, patients are being detained in locked wards whilst legal documentation in terms of their discharge is not being completed. It may have become necessary to look beyond bureaucratic over-emphasis on regulations and authoritarian commands and to consider the rights of these patients. Instead of feeling disheartened and over-burdened with chronically over-crowded wards, staff need to feel that their efforts at rehabilitation of these patients are recognised and respected. Empowerment allows rapid and flexible response to demands and circumstances without constantly having to seek permission, be it often in rubber-stamp form. Empowerment, according to Stewart (1994 : 12), increases people's feeling of being in control by enabling them

to make their own decisions about what they do and how they do it, far more so than under traditional management systems. Managers need to trust the skills and knowledge of their **competent** staff and allow them to use these.

The ultimate objective of **supportive supervision**, as in the case of administrative and educational supervision, is also to offer the client or patient the most effective and efficient service. Supportive supervision however, provides the supervisee with psychological and interpersonal resources. These are needed to activate the emotional energy the supervisee needs for effective performance demands and which decreases performance hampering stress according to Kadushin (1992 : 227). Supportive supervision is also said to improve morale and thus enhances performance.

In this chapter, leadership will be discussed in terms of its relationship and task oriented dimensions. Various writers such as Kadushin (1992 : 226), Hersey and Blanchard (1993 : 103) refer to Likert (1967) who came to the conclusion that the supervisor who communicates support as well as high performance - goal expectations, is most likely to have the most effective work group. Kadushin (1992 : 226) emphasises two concerns, namely concern for production which is the task related dimension and the concern for people or the relationship dimension. An optimum combination of these two concerns are needed for a psychologically satisfying and an economically productive work force. The mix of these two factors depends on the needs and characteristics of the individual supervisee, one supervisee requiring more structure and direction and another a more expressive orientation. Because social workers themselves are the medium through which their service is offered, these task and relationship aspects of supervision have a substantial influence on job satisfaction and dissatisfaction and ultimately on performance.

According to the Human Resource Model of Robbins (1982), competent staff with up-to-date skills and knowledge also need to **desire** to exert high effort. **Motivation** will receive attention. Careful selection of personnel followed by the development of their abilities as discussed in previous chapters, will not necessarily mean that staff will perform to their full potential. This potential also needs to be activated. According to

Robbins (1982 : 276) and Kadushin (1985 : 227), job performance can be formulated as follows:

$$\text{Job performance} = \text{Ability} \times \text{Motivation}$$

Providing this stimulus to convert employee ability into successful job performance, is what staff utilisation is all about. In his third edition, Kadushin (1992 : 228) thus also includes commitment in his formula for performance. Ritter (1993 : 91) refers to staff utilisation in terms of various activities such as transfers, promotions, disciplining and leadership, but for the purposes of this research, a 'closer' look will be taken at what is necessary to attain optimal functioning. In terms of the supportive function of supervision, reference will be made to the **role of motivation** in supervision and the **function of leadership and staff empowerment**.

7.2 THE NATURE OF SUPPORTIVE SUPERVISION

According to Kadushin (1992 : 292), the main function of supportive supervision is to help the supervisee deal with job related stress and to develop attitudes and feelings that are conducive to better job-performance. Supportive supervision is concerned with the expressive needs of the worker whilst educational and administrative supervision are concerned with the task oriented needs. The social work supervisor needs to be in touch with the 'feeling' reactions of supervisees to their job and work situations. Supportive supervision is primarily concerned with decreasing stress and thus with improving morale in order to improve performance. Poulin (1990 : 36) and Rautkis and Koeske (1994 : 41) also refer to findings which highlight the importance of supportive supervision and state that organisations need to recognise the critical role supervision plays in the provision of services. They need to create work environments that foster support.

According to Rautkis and Koeske (1994 : 41), it has been found that as the agency's supervision improved, work performance and increased worker satisfaction was perceived. Much of the worker's anxiety and stress can be dealt with by means of more effective educational and administrative supervision whereby competence and job

satisfaction can be enhanced. Competent educational and administrative supervision therefore relieves anxiety as the worker becomes more able to meet job demands. Social workers need to feel good about themselves and about their jobs. Their feelings of importance and self-worth need to be enhanced. Kadushin (1992 : 230,231) points out that those feelings of workers which are conducive to their best efforts and motivate for excellence, are to be developed and workers do not only need to be protected "against incompetence".

In order to conserve the most important resource namely staff, it is necessary to use them most effectively and efficiently and not just to hold on to existing staff or attracting new ones (Stewart, 1994 : 8). Ensuring the professional development of workers is one of the most important objectives of supervision according to Kadushin (1992 : 37) and Poulin (1994 : 35). Kadushin (1992 : 37) says that it is by means of professional socialisation and prolonged programmes of training that workers in all professions are allowed to function autonomously. Staff need the freedom to act on their own initiative and to exercise discretion. Stewart (1994 : 17) emphasises that for empowerment to be successful, an encouraging and enterprising approach to work and a non-punitive atmosphere is to be encouraged.

In terms of the development model, it is the fifth component namely the **personnel** component which is mainly focused on in supportive supervision. Needs for emotional support has to be assessed and accordingly planned for. Kadushin (1985 : 229) emphasises that workers need to feel more at ease with themselves in their work.

Middleman and Rhodes (1985 : 119) refer to the supportive functions of supervision as **integrative** functions. The ongoing uncertainty which confronts human service organisations and the accompanying need for **stability**, has many implications for agency staff, according to these writers. As examples, issues of worker **morale**, **personal integrity**, conflicts between stability and pressures to meet the increased demands upon supervisees, are mentioned. Supervisors, in turn, are challenged by these various demands and management's demand for organisational survival. In order to meet client commitments, the supervisor is constantly involved in combining human

interests with organizational interests according to Middleman and Rhodes (1985 : 120). In the fulfilling of the duties of a supervisor, the concern for dignity and respect for clients and resources are of prime importance. Reference is made to social isolation, increased competitive attitudes and a sense of burnout as the symptoms of work pressures. These concerns all need to be addressed in supervision.

7.3 THE INTEGRATIVE FUNCTIONS OF SUPPORTIVE SUPERVISION

The integrative functions of supervision are necessary for organisational survival. The constant uncertainty which confronts the social service organisation and the accompanying demand for stability, have many implications for agency staff. As mentioned in previous chapters, low worker morale and conflicts in meeting increased demands, as also presently experienced in the Health and Welfare services in the Western Cape, are making greater demands on supervisors to offer **support** to their supervisees. According to Middleman and Rhodes (1985 : 121 - 143) these issues can be addressed during supervision by engaging in the integrative functions of humanising, managing tension and catalysing.

7.3.1 The Humanising Function

This function focuses on the Personnel component in the development model. The Humanising Function of supervision deals with the feelings of the worker about himself within the job. It refers to interpersonal aspects of feeling valued and appreciated. Sensitivity to personal and interpersonal work barriers need to be developed. Supervisees are to be encouraged to discuss their attitudes, feelings and behaviour in their own terms. According to Kadushin (1985 : 229) for a supervisor to be supportive, they have to help the workers to feel more at ease with themselves in their work.

Factors such as caring, trust, openness and interdependence are basic to the supervisor / supervisee relationship. As workers perceive their supervisor's interest and concern for them in inter-personal relationships as genuine, job performance is likely to be

enhanced. They will also be able to carry over the positive interpersonal supervisor / supervisee relationship into peer relationships and worker / client relationships. This is an important prerequisite for successful teamwork as in the case of the psychiatric hospital where the supervisor is often not part of the same team.

Interpersonal regard and concern for the supervisee can also be reflected in an understanding of their individual and personal concerns. Including flexi-time and workload adjustments or time-out when needed, indicate an understanding of the personal and interpersonal aspects of the work situation. The importance of feedback formally in terms of performance appraisal and informally by giving personal feedback is also emphasised by Middleman and Rhodes (1985 : 126,127). Feedback also relates to commitment in that it reinforces the supervisee's feelings of self acceptance and competence, thus setting the tone for supervisees to initiate activity.

7.3.2 Managing Tension

Supervisees encounter various sources of tension. Kadushin (1992 : 237 - 248) refers to the following five, namely: administrative and educational supervision; the supervisor / supervisee relationship; the client system; the task to be performed; the organisation and also community attitudes towards social work. Work characterised by uncertainty of success, underutilization of worker skills and abilities, and heavy demands for quality, can result in both stress and conflict for supervisors and supervisees.

A supportive context within which workers can express their feelings related to confusions and conflicts with agency demands and own responsibilities, needs to be established. The supervisor therefore needs to provide a structure within which approaches to the resolution of these anxieties and confusions can be determined.

7.3.3 The Catalysing Function

The catalysing function of supportive supervision is aimed at fostering interdependence or teamwork and on building morale. As a catalyst, the supervisor can enhance the creative responses to issues and slow down the negative or pathologic processes according to Middleman and Rhodes (1985 : 136). The point of the catalysing function is to enhance performance and to counter the stagnation and frustrations that can occur in the life and course of an organisation in delivering services that involve ambiguity and uncertainty.

7.4 MOTIVATION AND SUPERVISION / MANAGEMENT

Motivation determines how a worker's abilities will be mobilised in order to perform more effectively. According to writers such as Crow and Odewahn (1987 : 63), and Kadushin (1985 : 230) failure by the supervisor to recognise a worker's preferences will lead to dissatisfaction with the job and low levels of morale and its consequences. Motivation refers to an individual's willingness to do something. It is agreed with McLoud (1989 : 49) that a human resource manager therefore does not **motivate** his staff, but **activates** them by meeting the drives / motives or needs whereby they will be motivated to perform, and which originate from within the individual. Motives are directed at the goals to be attained and these goals thus become the incentive which could be tangible, such as a financial reward, or intangible, such as praise or power. These goals or incentives must not be confused with organisation goals or objectives. According to Hersey and Blanchard (1993 : 21), it is the need with the greatest strength at a particular moment, that leads to activity. As a motive or need is satisfied, it is no longer a motivator of behaviour. It is known that if the satisfaction of a need is blocked, the thwarting of goal attainment leads to frustration, conflict and stress.

Frustration can lead to alternative goal setting. If blockage continues, frustration may increase or even lead to aggression. Frustration can also manifest in many ways for instance rationalisation, regression, resignation and so on - all indications that problems exist. Workers are therefore not motivated by their leaders or supervisors, but by their

needs. In order to influence another person's behaviour, it is necessary to understand what motives or needs are most important to that person at that particular time. Behaviour is usually determined by the strongest need.

7.4.1 Theories of motivation

Much has been written about human motivation and it is obvious that workers are not all motivated by the same needs and desires. Reference is to be made to the more familiar theories about motivation from a manager's perspective.

(1) Abraham Maslow (1954)

According to Maslow (1954) there seems to be a **hierarchy** according to which **human needs** arrange themselves. He distinguishes five levels of needs: psychological needs, safety, stability and security needs, social and affiliation need: needs for esteem and the need for self-actualisation or the need to maximise one's own potential.

Hersey and Blanchard (1993 : 35) define self-actualisation as "the desire to become what one is capable of becoming". Maslow also mentions all of these needs do not have to exist and they also vary in strength and in terms of importance to the individual. In supervisor / supervisee and manager / subordinate relationships, different needs and levels integrate and overlap, the consequences of which then lead to stress in these relationships.

Although a lot of emphasis is on satisfying basic psychological and security needs, such rewards offered by organisations / State to its employees, need not be sufficient in terms of the other higher level needs. Needs such as being autonomous - to take decisions; to handle problems and thus to take responsibility also need to be considered.

(2) Frederick Herzberg (1959)

Herzberg's two-factor theory of motivation (1959) as quoted by writers such as Crow and Odewahn (1987 : 63), Hersey and Blanchard (1993 : 69) refers to **motivation and hygiene factors**.

The motivators to which Herzberg referred are related to the job itself. As stated by Hersey and Blanchard (1993 : 71) these motivator factors are the feelings of achievement, professional growth and recognition that one experiences in a job that offers challenge and scope. These factors according to Herzberg, resulted in an increase in one's total output ability. The hygiene factors refer to the environment itself such as the policies and administration of the organisation, supervision, working conditions, interpersonal relations and the needs for money, status and security. These are also regarded as the maintenance factors and relate to the conditions under which a job is performed.

Hygiene factors therefore affect the worker's willingness and motivators affect his ability. Herzberg's theory provides the goals and incentives which satisfy the needs and motives which Maslow's theory identifies.

A knowledge of the high strength needs referred to by Maslow of the individual that has to be influenced, should enable the manager / supervisor to determine what goals, according to Herzberg, have to be provided in the environment to activate them. A knowledge of these goals which the individual may want to satisfy, enables the supervisor to predict what their high strength needs are. Hersey and Blanchard (1993 : 73) state that it has been found that money and employment benefits tend to satisfy the physiological and security needs whilst interpersonal relations and supervision refer to the hygiene factors that tend to satisfy their social needs. Increased responsibility, more challenging work, growth and development in turn are the motivators that tend to satisfy needs on the esteem or self-actualisation levels. The maintenance factors therefore have minimal influence on motivation. They are external to the job itself - and only serve to **reduce** dissatisfaction, such as salary and working conditions. Reduced

dissatisfaction therefore does not mean satisfaction. The opposite of job dissatisfaction is therefore not job satisfaction, but rather no job dissatisfaction and vice versa. It is therefore possible to be both satisfied and dissatisfied within the same job situation. Job satisfaction therefore does not necessarily mean high performance, although the opposite could be said to apply namely high performance could mean job satisfaction.

The intrinsic factors, however, directly influence the worker's motivation and include factors such as achievement, recognition, and the possibility of growth itself. An acknowledgement of these factors is therefore a prerequisite for effective staff utilisation.

(3) **David McClelland (1961)**

McClelland, according to Hersey and Blanchard (1993 : 64) identified needs for achievement, affiliation and power. A strong need for **achievement** will lead to behaviour to satisfy challenging goals. The worker will work hard to achieve those goals by using the necessary skills and abilities to accomplish them. Strong affiliation needs are concerned with the quality of interpersonal / social relationships. Individuals with a strong need for power have an obvious desire to influence others by exerting power and autonomy. According to McClelland (Crow and Odewahn, 1993 : 65), there are thus two orientations. One is negative and can be seen by the dominance and submission exerted whilst the other is positive and builds upon persuasion and inspirational behaviour.

(4) **Victor Vroom (1964)**

Vroom's expectancy theory as mentioned by writers such as Robbins (1982 : 285), Crow and Odewahn (1987 : 66), refers to the outcome an individual expects from the **effort** he puts into his performance. The attractiveness of the expected outcome will thus determine how much effort will be put in. Effort is also influenced by the expected reward and whether the reward will satisfy the individual goals. The low morale currently experienced by Health and Welfare workers can be explained in terms of this

theory. Expected rewards if there are rewards, are not expected to satisfy individual goals. The effort workers put in are therefore not **perceived** to be worthwhile and hence the lack of drive to perform. Robbins (1982 : 286) points out that these perceptions need not be realistic, but what is important, is what the worker perceives the outcome to be.

In summary, it can be said that workers all have different life experiences, drives, motives, needs, desires, expectations and aspirations and their motivation to perform is closely related to the job itself. According to Robbins (1982 : 289) high productivity and good performance needs to be rewarded accordingly in order to optimise motivation. Usually rewards are allocated uniformly and the worker is rewarded for his hard work in general, for example fixed salary scales. The result is that **personal** goals are not being met in terms of what the individual worker **expects** for his **input**.

(5) **Skinner, B.F. (1971)**

This theory emphasises the importance of feedback and reward. According to Skinner, behaviour is shaped by its consequences. If the outcome of a certain type of behaviour is found to be pleasing, the behaviour will be repeated and vice versa. Beach (1985 : 304) refers to four distinct strategies which can be followed to induce the behaviour desired: (1) positive reinforcement; (2) negative reinforcement; (3) extinction or no reinforcement; (4) punishment. Skinner focuses on relationships between people and their environment.

Behaviour modification applies in supervision where certain goals are set. If measurement takes place on a regular basis and employees are given feedback about their performance it will be experienced as either positive or negative reinforcement. Criticism of Skinner's theory has been that it does not give recognition to the autonomous, inner-motivated man, and it denies the existence of free will (Beach, 1985 : 305). According to the behaviourist school, behaviour is shaped by externally produced stimuli.

7.4.2 Job design and motivation

As referred to in Chapter Five, the process according to which the manager creates job tasks and responsibilities and how well he does this will affect the ultimate effectiveness of the organisation. Crow and Odewahn (1987 : 68) emphasise that there is more to designing jobs than simply identifying the best way to perform a specific job. The “quality of work life” enhances the extent to which people satisfy their personal needs in their involvement with the organisation, and influences their productivity in carrying out their tasks and responsibilities. Managers should therefore consider both the needs of the organisation and its employees when jobs are designed. The more satisfied the employee, the more effective the organisation is going to be. Quality of working life is also referred to by Beach (1985 : 325). Crow and Odewahn (1987 : 68) state that the main concern of job design and redesign strategies should be the needs of those who have to carry it out. It is also necessary to determine the obstacles that prevent the fulfilment of those needs. Implementation of participative decision-making, creation of autonomous and challenging jobs and jobs that allow workers greater responsibility in planning and controlling their work, are according to Hersey and Blanchard (1993 : 73), Robbins (1982 : 288) and McLoud (1989 : 55) activators for motivated employees.

(a) Job Scope

Job scope is affected by the principles of division of labour and how authority is delegated. The number and tasks expected from the worker is referred to as the **range** of a job according to Crow and Odewahn (1987 : 68). How much authority is delegated to the individual to carry out a job is referred to as **job depth**. Crow and Odewahn (1987 : 68) emphasise that this is particularly important where professionals with their heightened need for acting autonomously, are employed.

(b) Job Relationships

Opportunities to interact with others are also to be taken into consideration when jobs are designed in order to meet the interpersonal needs of employees. Group cohesion is important for productivity and according to Crow and Odewahn (1987 : 69), the more homogenous the group, the greater the potential for cohesion.

(c) Job Content

Job content refers to how a worker perceives the various aspects of his job as stated in the job description. Crow and Odewahn (1987 : 69) refer to the job characteristics index by Sims *et al* (1976) as discussed in Chapter Five.

According to this index, job range is determined according to how the worker responds to variety, task identity and feedback characteristics of this index. The depth of the job will be determined by responses to autonomy whilst job relationships can be assessed in terms of how the worker perceives friendship opportunities and dealing with others (Crow and Odewahn, 1987 : 69).

Manipulation of these characteristics can lead to increased productivity. According to these writers, the worker's perception of the job as affected by his individual differences and needs affect his satisfaction with the job. How successfully a worker is placed in a job is therefore very important. Vinokur-Kaplan *et al* (1994 : 96) and Poulin (1994 : 22,23) also refer to research predicting role ambiguity and conflict, skill variety, task identity and task significance.

7.4.3 Implementation of the theories of motivation

Motivation forms an integral part of supervision. Not only does the supervisor have to ascertain what the needs of supervisees are, but the supervisor also has to ensure that the supervisees experience job satisfaction and grow professionally in order to render a satisfactory service to the clients or patients in terms of organisational objectives and

goals.

Individual differences and needs are to be acknowledged. Rewards for achievement are to be determined accordingly. Employees need to be linked to certain posts to satisfy their needs for example challenging jobs are to be created to meet the needs of high achievers. McLoud (1989 : 49) emphasises the motivational function of supervision and states that it is only when needs are satisfied that the worker's motivation will be enhanced. An all encompassing knowledge and understanding of individual needs, the job and the work situation is needed. Regular feedback is emphasised. The supervisee needs to know how well he is doing if growth has to take place.

7.4.4 Activating techniques for increased motivation

McLoud (1989 : 55) emphasises and distinguishes between four activating techniques namely:

- Increased participation
- Increased responsibility
- Management by objectives
- Job enrichment

As mentioned in Chapter Two, it is important to acknowledge the individual's need for participation. McLoud (1989 : 55) states that workers want to take part in determining objectives and in decision-making. They want to be able to change "guidelines" as situations change. Workers want to be kept informed about changes, especially when they are affected by it and where they are responsible. Workers also have a need to take part in policy-making and need the freedom to use own methods to achieve acknowledged objectives. The supervisor's function here is to help the supervisees to achieve the objectives and goals they have set themselves. According to Poulin (1994 : 34) organisations have to be prepared to make the necessary policy changes to enhance worker satisfaction.

Weiner (1982 :495) refers to participative or self-management whereby all employees are involved in both organisational and self-direction. Employees are to be involved in decisions about the direction of the organisation as well as in discussions to achieve these objectives for example deciding on specific work tasks for each employee. Weiner's (1982 : 495) basic assumption is that given the opportunity and challenge any employee can become involved in a general or specialist area of work. According to this writer it is apparently hard to relinquish control over fundamental management processes or even to admit that 'anyone' can manage their own work situation. Weiner (1982 : 495) states that self-management can be stifled by managers who see themselves as the only ones on whom the responsibility of management has been placed, because they will find it difficult to accept that workers are actually capable of managing their own work situations. Delegation is an important technique to use in order to encourage participation. This researcher is of the opinion that social workers need to actually take part in policy and decision-making and not only be presented with documents for their approval. Although management may regard this as participative management, workers do not really have a share in it which hampers motivation when changes are to be **implemented**.

According to Weiner (1982 : 493) devising career ladders could be closely related to the concept of job enlargement or enrichment. Weiner (1982 : 494) considers a career ladder as an important element of human resource management and as such considers it a fundamental management process, and a challenge for the Human Resource Manager. Managers need to ascertain how the work environment impacts on the worker physically and psychologically. Employees often feel they can go no further and that they have come to a dead end in their careers. The concept of a career ladder can give the worker a feeling of advancement to a more responsible position Kadushin (1992 : 185). According to the theories of Herzberg, advancement is a principal source of job satisfaction. Weiner (1982 : 495) distinguishes between different levels of operations and this researcher is of the opinion that these could be made applicable within the social work department of a psychiatric hospital for example:

I Operational level: junior social workers with less than 3 years experience working in specific wards.

II Operational control: social workers with 3-5 years experience of the different units.

III Programme administration and development: in the different units by senior social workers with 5-8 years experience.

IV Programme Management: After 8-10 years experience.

V Strategic Management: After 10 years experience and Chief Social Workers

VI Strategic Planning: Assistant Directors

7.4.5 Job enrichment / Job enlargement

According to Weiner (1982 : 493) **job enrichment** has been defined as follows: the incorporation of many different tasks in the same job (including tasks performed by others). Job enrichment is to be distinguished from **job enlargement**, whereby employees are allowed more decision-making and to take on more responsibility as well as also some responsibilities of the supervisor. It thus refers to increasing the number of tasks to be performed.

Greater commitment and motivation will be achieved if jobs are made more interesting by allowing workers more scope and freedom to develop treatment strategies. Giving employees control over and responsibility for their work so that they will be able to see the results of their efforts, will increase productivity. Employees will identify better with their job and will take pride in doing it well.

This job autonomy has consistently been found to be correlated with job satisfaction. Poulin (1994 : 22) states that research has shown that workers who experienced greater work autonomy and had greater control over their work, experienced higher

levels of job satisfaction than those with less autonomy.

7.5 JOB SATISFACTION / EMPLOYEE MORALE / BURNOUT

According to the model upon which this research is based, high job satisfaction is a component of effective human resource management. According to Robbins (1982 : 290) job satisfaction “may be sought as an end in itself or it can be a means to some other end”. As the term indicates, job satisfaction is therefore a desirable state and as such it is a means to greater productivity. This is then also the reason for including it in this chapter on the supportive function of supervision and motivation. According to Koeske *et al* (1994 : 27), job satisfaction is central to the success of an agency. How a worker feels about his work, is determined by his attitude towards it.

Job satisfaction, however, need not necessarily mean high performance. Making workers happy need not be making them productive. Managers could end up with a satisfied and loyal, but unproductive workforce according to Robbins (1982 : 293). According to Hersey and Blanchard (1993 : 76,77) it has been pointed out that job satisfaction does not necessarily mean high job performance. Satisfaction is a consequence of past events while motivation is a consequence of what can be expected about the future. Vinokur-Kaplan *et al* (1994 : 118) agree that professionals seek a long term progressive career that could offer a sense of challenge and a chance for promotion. It is not so much their economic needs that have to be satisfied. According to Ewalt (1991) as quoted by Vinokur-Kaplan (1994 : 118) managers need to keep employees well-informed about opportunities and also should redesign jobs and positions so that they can promote workers within their own agencies, “even in such turbulent times” as also being experienced in the Western Cape at the moment.

Siefert *et al* (1991 : 194) associate job satisfaction with role conflict, role ambiguity, value conflict and workload as these relate to organisational structure. The occurring problems of clients / patients and hostile worker /client relationship, according to them. Newsome and Pillari (1992 : 124,127) list the following facets as affecting job satisfaction:

Job security; advancement in the job, financial rewards, personal autonomy and work conditions. They suggest that in order for worker satisfaction to be improved, agency resources ought to be directed at the potential for advancement in the job, financial rewards and work conditions. These writers encourage the use of periodic seminars and semi-structured activities where supervisors and workers could be given an opportunity to exchange ideas and to share common concerns. There has also been a realisation of the needs that can be met by means of support groups for workers and supervisors. According to Munson (1994 : 234), more sophisticated practice and complex practice demands indicate a need for supervisors to be aware of their own feelings of distress in order to be able to help their supervisees. A good, positive supervisee / supervisor relationship will also contribute to job satisfaction.

7.6 JOB PERFORMANCE

An organisation's effectiveness depends on how actual performance relates to the standards it has established as its goals. As it is often difficult to measure social work performance, other characteristics are often measured. Robbins (1982 : 293) warns against using job satisfaction as a substitute for performance. Although it could reduce absenteeism and turnover, satisfied employees need not necessarily be **productive** employees.

7.7 LEADERSHIP

Weinbach (1994 : 257) refers to leadership as being the conscious attempts of the manager to influence other persons within the organisation to become involved with the attainment of those behaviours that will lead to the attainment of organisational goals. Because all leaders are not necessarily managers, leadership as it pertains to the management function, will be focused on for the purposes of this research. In terms of staff utilisation, leadership needs to be of such a nature that it will influence staff to support rather than obstruct organisational goals. The manager as leader needs to project a **positive and enthusiastic attitude** upon which supervisees can model. According to Poulin (1994 : 23) satisfaction with leadership has been found to be an

important predictor of job satisfaction. Workers look to their supervisors for help to cope with demands of the job.

Crow and Odewahn (1987 : 46,47) point out that the role of the manager as a leader becomes more significant during times when available resources become fewer. The pieces have then to be brought together so that the organisation will still be able to function optimally.

Writers such as Robbins (1982 : 275 - 296), Gerber *et al* (1987 : 334) and Crow and Odewahn (1987 : 62) agree that it is also important for the manager as leader to understand what employees want from their jobs or their work experience. Managers need to know their employees by communicating with them, by listening and interacting with them so that they can be responsive to what “turns them on” (Crow and Odewahn, 1985 : 62). The better worker needs are met, the more contented they will be and the more they will be able to accomplish for themselves and the organisation.

Crow and Odewahn (1985 : 47) distinguish between two types of leadership activities and include the function of motivation:

- * activities associated with staffing responsibilities (the personnel process):
hiring; training; evaluating performance; rewarding; promoting and dismissing
and
- * the activities related to motivational issues:
needs and desires of people; their perception of fairness; satisfaction versus dissatisfaction and the effort of all of the above on performance. Hersey and Blanchard’s (1993 : 198) **situational leadership theory** highlights the effectiveness of leadership as determined by the appropriateness of the **leadership style** for the specific readiness level of the worker. According to these writers, it is therefore important to determine the level of **readiness** of the individual or group in terms of **ability** to do the job and **willingness** or motivation which can be referred to as psychological readiness.

Included in these concepts are the following factors according to Hersey and Blanchard (1993 : 200):

Ability is a function of:

- * knowledge of a task.
- * experience related to the task.
- * skill or performance as to how successfully the task is completed or how successfully have similar tasks been completed.

Willingness is a function of:

- * Confidence or the worker's feeling that she can do it.
- * commitment and the feeling that she will do it.
- * motivation and the feeling that she wants to do it.

Douglas McGregor (1960) came to the conclusion that managers view human nature in terms of two basic assumptions about people. Depending on which set of assumptions a manager subscribes to, will determine his behaviour towards his subordinates and hence his leadership style.

McGregor distinguishes between theory X which consists of mainly negative assumptions and theory Y, consisting of basically positive assumptions about subordinates. A **Theory X** manager assumes that human beings dislike work and will avoid it whenever possible. Although they will ask for security, they do not want to work for it. People only work when threatened with punishment or otherwise coerced or controlled. Theory X workers do not want responsibility and lack ambition. They also prefer to be told what to do. These managers generally mistrust their subordinates and have a 'we / they' attitude. They also like to check up on their subordinates, hoping to catch them out.

Theory Y managers on the other hand, hold more positive beliefs about people. They believe that all staff do good work and that people like to work and that they are

committed to their goals. These managers believe that employees have an under-utilised potential for growth, imagination and creativity and that they are mostly motivated by their self-actualisation needs.

Managers as leaders are responsible and accountable for getting the work done and to meet organisational objectives through their subordinates. According to Strydom (1991 : 1) managers must aim to make full use of the strengths, abilities and qualities of workers in order to minimise the effects of their deficiencies and, if possible, always need to try to improve the performance of their workers. It is also necessary to look at the needs of the workers too.

Strydom (1991 : 1) stresses the importance for the manager to become aware of the strengths, abilities and qualities of subordinates in order to minimise the effects of weaker points and as such, consistently to try to improve their performance levels. She emphasises that leaders need to ensure that objectives are continually achieved by means of the required tasks and that teamwork and team spirit are to be encouraged. Individuals always need to feel that they are useful for the group in order to experience satisfaction.

This statement also brings to mind the reluctance supervisors sometimes have in delegating, especially if responsibility for the outcome remains with the supervisor. In order to delegate, the ability and responsibility of subordinates are taken into account. According to Hurlbert (1992 : 66), high performers therefore have more delegated to them than low performers. Hurlbert (1992 : 66,67) states that although delegation distributes power, it still does so selectively and not equally as it is the case with participation.

Stewart (1994 : 72) describes the need for a new theory of management to which he refers as **Theory E**. A Theory E manager, according to Stewart (1994 :73) has the faith in people that they are capable of more than most organisations allow them to contribute. A theory E manager believes that people want to do a good job and will do so if you let them. This theory also believes that **power** and not only responsibility has

to be shifted to individuals or groups by the manager. Compared to delegation it is not merely lending responsibility to the worker, which can be taken back at any time. Instead it is permanent and includes power plus responsibility. The person to whom a task is allocated, becomes totally responsible for it in his own right.

7.8 EMPOWERMENT

According to Stewart (1994 : 6) and Armstrong (1994 : 107), **empowerment** is a very practical and useful way to get the best from people. It means delegating not just tasks, but decision-making and full responsibility too. Stewart (1994 : 7) also emphasises that empowerment refers to getting access to the fullest possible range of staff skills and knowledge, but warns that empowerment does not mean that workers can do whatever they please. Empowerment does not mean that the manager loses control. The manager in fact, gives it away to be exercised by someone else, the staff. It is only a more effective way to obtain organisational goals (Stewart, 1994 : 20). It is still important for proper employee socialisation and a knowledge of the culture and policies of the hospital organisation. Social workers are to be accountable at all times.

Stewart (1994 : 73 - 86) refers to the eight E's of empowerment as:

- * **Envision:** This refers to the establishment of a shared vision with common goals between management and staff.
- * **Educate:** This is needed in order to make sure that staff understand underlying sets of rules and principles and also the reason for these principles to enable them to make "sensible decisions".
- * **Eliminate:** Any unnecessary rules and regulations which stand in the way of empowerment need to be eliminated. This includes the low expectations about staff's ability to cope with empowerment.
- * **Express:** The social distance between management and staff needs to be reduced to enable personal views and opinions to be expressed clearly and honestly. Staff also need to understand the underlying reasons for what is being planned.

- * **Enthuse:** Excitement about empowerment needs to be generated despite the small concerns about it. Sharing power and responsibility is to be enjoyed.
- * **Equip:** Staff need to be equipped with time, financial, physical and human resources they need in order to do the job.
- * **Evaluate:** Feedback is called for and progress measured and evaluated once the empowerment process is under way.
- * **Expect:** Teething problems can be expected as well as success. It is important to remain confident and optimistic.

Staff are to be empowered to ascertain what it is that actually stops them from extending their boundaries. Once these restrictions have been ascertained, negotiations to extend the boundaries of discretion can be entered into with the supervisor / manager. Managers must not stifle members nor demotivate them. In order to grow, they have to feel confident about their own ability and that their skills and abilities are being put to full use. They need to be assured of their manager's trust in them and a climate of openness needs to be created within which all can share thoughts and ideas freely (Austin, 1981 : 245, Kadushin, 1992 : 187 and Stewart, 1994 : 43). An atmosphere of accepting psychological safety and framework for security needs to be established.

The amount of energy available for learning needs must be maximised. An important principle is that people learn when they can devote most of their energies in the learning situation to learning. If all the energy goes into defences against rejection, guilt, anxiety, fear of failure, attacks on autonomy or uncertain expectations, energy will no longer be available for learning (Kadushin, 1992 : 186).

7.9 CONCLUSION

How staff are utilised and worker competence increased is therefore a very important aspect of personnel management. Productivity and optimal staff functioning, being the primary objective of any type of organisation, cannot only be achieved through the careful selection of personnel and developing their abilities and skills. Staff also need to

be activated to perform to their full potential. Through empowerment and a leadership allowing the necessary opportunity to function autonomously, staff will be able to take responsibility for client development and optimal functioning so as to cause least frustration and ambivalence to them. The supervisor needs to prevent the development of stressful situations.

Extrinsic needs, for example demands for salary increases and limited scope for upward movement within a bureaucratic system, are issues which social workers as a group in psychiatric hospitals will not be able to change. Social workers will have to realise that they will have to take responsibility to create satisfaction and success in their own lives for themselves. It is important for the managers to “tune in” to reality and to get involved with the people they work with and with the job itself. It is necessary to be aware of change and to be able to adapt to new situations. If managers remain feeling powerless, they will be viewed by others as incapable, ineffective and inefficient.

The supervisor helps the worker to avoid or otherwise to cope with stress. The supervisor therefore needs to be available and approachable. The supervisor needs to make the workers feel good about their performance. In doing so, the worker will be able to function independently and responsibly.

By meeting the intrinsic needs of staff associated with doing the job itself, satisfaction and professional development will be attained. The function of staff utilisation by means of the supportive function of supervision, comprise an integral part of Human Resource Management.

Competent staff with up-to-date skills and knowledge also need to desire to exert high effort. Providing this stimulus to convert employee ability into successful job performance, is what staff utilisation is all about. Although Human Resource Management theory may come across as idealistic, philosophical and humanistic, it will not ‘cost’ the organisation anything in terms of finances. Management structures are already in place. What is required is for managers to be developed and utilised to their full potential so that they will also utilise their staff fully.

In the following chapter, staff evaluation will be discussed as a prerequisite for all the other Human Resource Management functions to be carried out:

In terms of the educational model supportive supervision focuses on the personnel component, and promotes staff autonomy and empowerment.

CHAPTER 8

EVALUATION

8.1 INTRODUCTION

Organisations exist to attain goals. Without goals, an organisation will have no purpose. Robbins (1982 : 292,293) emphasises that an organisation's effectiveness will be measured in terms of how its actual performance relates to its goals. In this same manner, the only real measure of an individual's effectiveness on the job or of its value to the organisation, will be job performance.

Often personal characteristics are measured because it is too difficult or impossible to measure actual performance. It is then assumed that if certain characteristics are present, then that individual will perform adequately. This, however, need not necessarily be so. Robbins (1982 : 293) warns that the use of such substitutes, if inadequate, could lead to much dysfunctional behaviour among employees.

According to this statement, it is therefore important for the evaluator to know exactly what it is that needs to be measured and to make sure that the measuring tool is also valid and reliable. In this chapter evaluation will be discussed in terms of its role in the human resource management programme. Evaluation is usually the component writers on the subject of human resource management refer to last, yet, without evaluation, there can be no programme as Cronje (1986 : 230) correctly points out. Evaluation thus forms an integral part of a human resource management programme in that all the other components are dependent on the feedback from it. Writers have referred to evaluation as the cement or glue which links the different subsystems (Grobelaar, 1990 : 57).

At a time when restructuring challenges service rendering, evaluation is imperative as efficiency of services need to be re-assessed. Reference will also be made to the principles of evaluation in terms of desirable evaluation procedures. The negativity often associated with evaluation will also be mentioned briefly.

8.2 AIM AND NATURE OF EVALUATION

It has always been the hospital's main concern to render the best possible service to patients. How efficiently this is being done and how effectively the expectations of patients have been met, is what needs to be determined.

Haynes (1980 : 130) emphasises the double audience for whom a performance appraisal programme is done, namely the **organisation** and the **employees** whose performance is being appraised. She states that it also needs to be seen as worthwhile by both. To the organisation it is a **management information system** and to the employee it is a **feedback system**.

The term **appraisal**, as referred to by some writers, denotes a less threatening process to this researcher. It gives the feeling of allowing for development rather than the feeling of possibly not being 'good enough', a connotation the term **evaluation** has. The Oxford Dictionary, however, denotes a *value* and a *price* to these terms respectively. According to Beach (1985 : 207) an appraisal indicates a *comparison* with something else. When employees are *evaluated*, according to Beach (1985 : 207) it is necessary to have some criteria against which to compare them. If rated on personal traits and characteristics, the rating is subjective since different evaluators may *appraise* the same individual differently but individuals are rated according to how they *compare* with another worker.

The negativity with which evaluation is often associated, often relates to this subjectivity of the exercise. It is thus necessary to be clear about the purpose of the evaluation. It has to be decided whether it is the job performance that is being evaluated or whether it is personal awareness and growth areas that need to be evaluated. Beach (1985 : 206) refers to employee contributions or what the person actually accomplishes on the job as a more objective measure to gauge the employee's actual performance.

Writers such as Austin (1981 : 200), Beach (1985 : 205) and Haynes (1980 : 131) stress the need to carry out an appraisal in a systematic and well thought out manner rather than in a haphazard and superficial one. The current lack of standards and criteria for performance appraisal in hospital social work departments has been a bone of contention for a long time and it can also be mentioned that in the psychology department of the hospital where this researcher is currently employed, this bone of contention has been a shared one.

Beach (1985 : 205) defines performance appraisal as “the systematic evaluation of individuals with respect of their performance on the job and their potential for development”. Kadushin (1992 : 341) defines evaluation “as the objective appraisal of the worker’s total functioning on the job over a specified period of time”. Kadushin (1992 : 341) states further that it is “a process of applying **systematic** procedures to determine with reliability and validity, the extent to which the worker is achieving the requirement of his position in the agency”.

Kadushin thus also emphasises that it needs to be based on clearly specified, realistic and achievable criteria which reflect agency standards. It also has to be related to the job the individual does and it must be time limited. Both **quality of performance** and **quantity of accomplishment** are assessed.

In this manner, evaluation is an administrative procedure but it also contributes to professional growth. It is also a component of educational and supportive supervision. By giving the worker feedback and also by allowing him to give himself feedback, the worker will get a sense of how well he is actually performing and how he is achieving the objectives he has set out to achieve. In this manner, by giving positive feedback, good work is reinforced. A distinction also needs to be made between **formal evaluations** and the **ongoing assessments** which are done at every supervision session.

By means of this process of evaluation and perhaps more specifically the assessment which takes place during the supervision session, the worker’s knowledge, skills and

attitudes are assessed in terms of the components of the developmental model. An **educational evaluation** is drawn up in terms of these different components and from this the **educational programme** is drawn up.

8.3 VALUE OF EVALUATION

Evaluation is of value to the social worker, to the organisation, the supervisor and ultimately also the client or patient. In being able to determine where the worker is at, room for professional development is allowed. This leads to improved functioning and improved service rendering by the organisation to the patient.

8.3.1 Value to the worker

Evaluation relieves the worker of anxiety in that it allows him to know where he stands in relation to what is expected of him. By giving the worker a sense of achievement, evaluations help to motivate, direct and integrate learning. If this is done systematically according to the educational model, learning is directed. The worker is made more conscious of what he knows and what he still needs to know. Kadushin (1992 : 344) states further that evaluation also helps to set the pattern for self-evaluation and assists further with career planning. By increasing self-awareness, self-improvement will follow. Evaluation is thus of administrative, educational and supportive value to the worker which all aim at the utilisation and development of his abilities.

8.3.2 Value to the organisation

Evaluations assist the organisation in determining whether work is still up to standard and whether the organisation has remained accountable. According to Kadushin (1992 : 346) evaluating performance for administrative decisions becomes very important in the context of how budgets can be cut and which programmes still need to be promoted. It also provides the organisation with an audit about effectiveness of each employee (Millar, 1990 : 67).

8.3.3 Value to the client/patient

The client is assured of effective service. Abuse is prevented and efficient practice ensured.

8.3.4 Value to the supervisor

It provides the agenda for future educational supervision. Evaluation assists supervisors to match tasks to interests and aptitudes of workers to enhance performance.

8.4 RESPONSIBILITY FOR EVALUATION

Millar (1990 : 66) emphasises that employee evaluation is an important management responsibility. According to this writer evaluation is crucial to the effective management of human resources. Evaluation is a joint responsibility of both worker and supervisor. The best person to evaluate would be the one in the organisation who works most closely with the person and who is in touch with his day-to-day activities.

At the hospital where the researcher is employed, a new system of staff evaluation was introduced during 1996 whereby all the seniors evaluated each other in the group. Thereafter the group evaluated the juniors individually. Each session took two hours and the whole process amounted to three evaluations per day for a week. The senior workers were exempted from ward duties for the week and the rest of the hospital had been informed beforehand. Other disciplines were keen to learn about the experience. Each social worker was allowed to invite another colleague (from another discipline) to sit in on the evaluation.

The whole experience was constructive in that workers felt revitalised and motivated afterwards. The evaluations specifically did not contain any rating. Workers were allowed to express where they were at in terms of the different categories which were drawn up with the official personnel assessment questionnaire as guideline. The focus

was on self-awareness and positive feedback - both from the worker to herself and then from the group. At the end of each evaluation, opportunity was allowed for growth areas to be highlighted. The time spent has been regarded as of great value to the social work department and to the hospital in that workers left, feeling 'good' about themselves again and about the work they were doing.

It is therefore important that the worker also has to take responsibility for her own supervision and evaluation (Haines, 1966 : 180).

8.5 VALUATING EFFECTIVENESS

Effectiveness concerns the extent to which stated goals and objectives or the desired outcomes are being achieved. Programmes are to have clear goals and objectives and for staff appraisals, clear objectives against which performance will be measured, are required. Explicit objectives can act as motivators for better performance. Managers and professionals should agree about what needs to be achieved.

Phillips *et al* (1994 : 71) list the following requirements for formulating objectives:

- * Objectives need to be **explicit**. It is necessary for these to be discussed and written down rather than **implicit** or taken for granted. The more definite they are, the better the chances for more deliberate planning.

- * They need to be **specific** rather than general or vague e.g. to provide at least one visit per day to a certain ward is more specific than saying that you take responsibility for e.g. Ward 12, a long term ward. General goals do not have specific objectives so that it is not always certain whether objectives are met or goals are being achieved. To say that a family group will be ran on a weekly basis for two months in Ward 12 will have greater incentive values according to Phillips *et al* (1994 : 71).

- * **Measurable.** Although aspects of quality care are difficult to measure, relevant measures might be possible e.g. the number of patients in various categories receiving a particular kind of service.
- * **Scheduled.** This refers to a date by which objectives are to be achieved which needs to be decided upon. This provides a sense of urgency otherwise people tend to work on a project "when they have time".
- * **Prioritised.** Pressure on resources will make it necessary to decide about the order of importance of objectives.
- * Objectives need to be **owned** by a particular worker, team or department. People feel more committed if they know that they could be held accountable. It is therefore very important that these people will also be involved in setting these objectives. Often it is only lip service which is paid to participative management. Staff need to feel **involved** in decision-making.
- * **Compatible.** Objectives need to relate to each other so that conflicting and contradicting objectives can be minimised.
- * **Communicated.** Objectives need to be communicated to everyone involved, also when they have been modified or if they have been achieved.

8.6 EVALUATION AS AN INTEGRAL PART OF THE PERSONNEL SYSTEM

Grobbelaar (1990 : 59) mentions the importance of seeing evaluation in a broader context than just as an appraisal of a worker and the promotion of its performance. Evaluation has been referred to as the cement which holds the other subsystems of the personnel system in place by means of feedback to these different systems.

8.6.1 The role of evaluation in the staffing function of administrative supervision

The job analysis, job specification and job evaluation are required for the staffing function of human resource management. Smit (1992 : 9) emphasises the importance of a job evaluation as a basis according to which most of the staffing functions are carried out. The specific needs, goals, objectives of jobs are to be evaluated in order to give the manager an indication of the resources required for a specific job. Criteria need to be developed according to which recruitment and selection of new staff is done. The evaluation system can assess where the different needs are. Workers can then be appointed in different areas according to their needs and interests and according to the skills, knowledge and experience they have.

Evaluation also allows for the long term career development of individuals within the same organisation. Workers are also given the opportunity to indicate where their fields of interest lie and where they would like to be next. Motivation is closely linked with the kind of job people are expected to do (Crow and Odewahn, 1987 : 67).

8.6.2 The role of evaluation in staff development

Evaluation forms the basis of the educational process. Gaps in knowledge, skills and attitudes in terms of the different components of the development model can be assessed for further development.

Beach (1985 : 205) and Grobbelaar (1990 : 58) also point out that special skills and interests can be identified which can be utilised elsewhere or which can be developed in a specific area.

The effect which attendance of special training courses has on work output can also be determined by means of appropriate evaluation.

8.6.3 The role of evaluation for utilisation of staff

Grobbelaar (1990 : 58) and Beach (1985 : 207) refer to a link between performance and potential and motivation. A structure is necessary within the work environment that also provides feedback on how the individual is doing. Depending on the purpose of the appraisal programme, the evaluation may be directed at either an individual's actual performance on his present job or the potential for promotion to a higher-level position.

In hospital social work departments structures like these are not well developed or perhaps non-existent. Staff often indicate that they are not given credit for what they do. Staff therefore need to be able to see that their increased efforts lead to improved performance. They need the feedback. In this manner the intrinsic rewards of achievement and recognition can lead to greater commitment according to Phillips *et al* (1994 : 110). Performance factors according to which workers can be evaluated need to be developed as criteria for evaluation.

8.7 NEGATIVE RESPONSE TO EVALUATION

As mentioned earlier, many writers agree with Kadushin (1992 : 348) that supervisors do not like evaluation and show a tendency to avoid or frustrate it although they know that evaluation is necessary. Writers such as Cronje (1986 : 230), Kadushin (1992 : 341) and Lewis *et al* (1991 : 136) agree that evaluation ought to be applied using clear, realistic and attainable criteria. These could reflect the standards of the organisation and contribute to professional growth. Job descriptions for hospital social workers at present do not contain norms nor criteria according to which objective assessments can be made.

According to Millar (1990 : 65) supervisors are often averse to criticise subordinates or even lack the skill of evaluation. Gummer (1984 : 93) refers to conflict which could arise within the supervisor due to the double role he has to fulfil. Evaluation is sometimes regarded as contradictory to the ethos of social work. The supervisor is

expected to be an evaluator and to “judge” performance whilst at the same time a social worker is also expected to be non-judgemental. This could be complicated further by the supervisor’s inability to separate the judgemental / evaluative component and the educational / developmental components. Austin (1981 : 203) reiterates that the supervisor always needs to question whether the assessment does justice to the individual’s work. Acceptable and reliable standards are a prerequisite. Such a standard could be the educational model for example by means of which the necessary deductions can be made.

From an administrative point of view promotions often depend on evaluations. The results of an evaluation report may play an important role in the worker’s future. A negative report could also disadvantage the status or reputation of the worker within the group.

8.8 PRINCIPLES OF EVALUATION

The basic principles of evaluation can be summarised as follows:

* Kadushin (1992 : 353) and Shulman (1982 : 296) agree that evaluation is a **continuous process and that social workers must not be told of their problems for the first time during the evaluation session**. The development model ensures that attention is given at each supervision session to the worker’s knowledge, skills and attitude in respect of the Place, Person, Problem, Process and Personnel components.

* Austin (1981 : 205), Kadushin (1992 : 353) and Shulman (1982 : 296) emphasise that social workers have a right to know from the beginning **what the criteria for evaluation are**. This becomes evident when an educational evaluation is done. Workers need to be involved in delivering input here.

* Kadushin (1992 : 353) and Austin (1981 : 205) emphasise the importance of a **positive relationship within which the evaluation is communicated**.

* According to Kadushin (1992 : 354) and Austin (1981 : 207) evaluation is a **mutual process which is conducted by the supervisor and supervisee.**

* Evaluation also needs to occur within a fair frame of reference where factors which may influence a worker's functioning, are considered.

* Kadushin (1992 : 354,355) emphasises that fairness is essential and strongly underlines that **work** done be evaluated, not the **personality** of the worker which is often the case with the personnel assessment questionnaire currently used for personnel evaluation at the hospitals. By making use of a job description during evaluation, the performance of the worker is made the topic of evaluation.

* Kadushin (1992 : 355) states that evaluation should highlight both the worker's strengths as well as his learning needs. Austin (1981 : 206,207) advises that a description of the work performance be given rather than that it be judged.

The present P.A.W.C. system requires different incidents about different aspects. As regards an aspect such as work performance, five written incidents are required pertaining to responsibility, three concerning organisation of work, and three about productivity. The assessment scale contains six points according to which a rating is done. Workers usually choose to go through on a three or four and then there is no need to submit incidents. Average points do not need to be corroborated by incidents. With this attitude, the exercise seems futile.

* Kadushin also states that evaluation must be tentative and that it must focus on those aspects of the worker's performance that can be changed so that the evaluation is an encouragement to change. Austin (1981 : 206) mentions that feedback also needs to focus on alternatives to be explored in stead of just offering answers or solutions.

* Evaluation needs to be applied consequentially and the same expectations need to apply to all the social workers.

* Reference is made by Austin (1981 : 209) to the “Management by Objectives” process where, both worker and supervisor are involved in drafting the criteria according to which the worker will be evaluated. This method is comparable with the development model according to which an educational evaluation is constructed with reference to the educational model.

8.9 METHODS OF EVALUATION

There are two approaches to performance appraisal depending on the objective of the appraisal:

One approach is to identify the qualities or traits necessary for effective performance and then rating the employee against this profile.

The other approach is a goals or objective method which concentrates on performance planning. Goals and objectives for future accomplishment are set.

It is thus important to ascertain why the appraisal is being done and why it is necessary to actually rate an individual. Due to the subjectivity involved in rating, the employee should be given the benefit of the doubt as to how he feels that he has coped because it is only the employer himself who will be able to make a change in his level of functioning. It is, however, very important that growth areas are determined by both worker and supervisor which can then be set up as the objectives for improved performance. These will then be evaluated at the following staff appraisal.

For the purpose of this study, a discussion about selecting appraisal techniques will not be entered into.

8.10 CONCLUSION

As the competition for human resources increases, managers will be challenged on programme effectiveness. Evaluation forms an integral part of human resource management programme in that all the other components are dependant on the feedback from it. Having referred to it as the “glue” holding the subsystems together this togetherness is in itself a problem to **evaluate**.

The inter-relatedness of dyadic relationships, the inter-relatedness of the functions of supervision and then the inter-relatedness of the functions of human resource management, make it difficult to always measure or evaluate what needs to be measured or evaluated.

The negativity generally associated with evaluation on personal levels is also indicative of this dilemma of a lack of suitable criteria.

SECTION B

RESEARCH FINDINGS; CONCLUSIONS AND RECOMMENDATIONS

CHAPTER 9

AN EVALUATION OF THE NEED FOR THE DEVELOPMENT OF A HUMAN RESOURCE MANAGEMENT PROGRAMME FOR SOCIAL WORKERS AT PSYCHIATRIC HOSPITALS

9.1 INTRODUCTION

The aim of the questionnaire was to assess the need for a human resource management programme for social workers at psychiatric hospitals and it was specifically directed at an assessment of the feelings and viewpoints of the social workers in order to determine their needs. The respondents were encouraged to express how they felt personally and not how they thought they ought to respond. No identifying or demographic data was requested except an indication of seniority and years of experience. Respondents were assured of strict care about confidentiality. Specific findings from the different hospitals will also remain anonymous to the reader. In this manner the researcher tried to establish some kind of rapport with the respondents.

The questionnaire was designed to include aspects of the unique interrelationship that exists between social work management and the major functions of supervision. The administrative functions of planning and staff acquisition were assessed in terms of the involvement of social workers in the analysis of present and future needs within present day challenges and the concern about middle management personnel who are retiring early. Staff acquisition was assessed in terms of recruitment and the workers' understanding of concepts such as job descriptions, job specification, and job evaluation. Clear objectives with regard to job content and reward are also important because they have such a marked influence on productivity. Worker commitment and the need for staff to be involved in planning and the rationalisation process, was evaluated. Workers were asked to rank six core job characteristics in order of preference in terms of how these were perceived as personally satisfying.

In terms of the educational function of supervision and staff development; the incentive value of certain factors were determined. Familiarity with the development model of

supervision was assessed and the need for supervision and consultation as such was addressed. Workers were also asked to indicate which P.A.W.C. training courses they had attended and were asked to comment on the impact of these courses on work output.

Staff utilisation and the supportive function of supervision was assessed in terms of management techniques which best promote efficiency. The questionnaire also endeavoured to elicit which factors were considered by the workers as stressful and they were asked to list brief suggestions as to how they could be activated to perform to their full potential.

The last section of the questionnaire assessed worker feelings about the present evaluation system and their own feelings about performance appraisal.

Thirty out of the thirty six (83%) questionnaires distributed at the three social work departments of the three hospitals included in the study, were returned. One questionnaire was incomplete. Reference, however, will be made regarding those responses which were not obtained from this particular worker. One questionnaire was returned too late to be included in the study. The researcher has been excluded from the population of 37 social workers. Permission from the Ethics Committees of the three hospitals respectively, was obtained beforehand with the assistance of the Heads of the different social work departments. The researcher has undertaken to provide the three hospitals with a copy of the research findings.

9.2 SENIORITY

This section measured position/rank and years of experience.

9.2.1 Position/Rank

The questionnaires were completed by social workers in the following ranks:

Table 9.1 Number of respondents per rank

Position/Rank	Number of respondents	%
Social Worker	10	28,6
Senior Social Worker	17	60,7
Chief Social Worker and higher	3	10,7
Total	30	100

The high percentage of senior social workers (60,7%) is indicative of the flat structure of social work as it currently exists and to which reference is often made in the literature and in practice (Cronje, 1986; Ritter, 1992) and which has been a contentious issue for many years. Senior social workers become eligible for promotion to chief social worker after three years of senior status but are trapped in a bottleneck situation.

9.2.2 Years of experience

The respondents were asked to indicate their present position in the hierarchy and to differentiate between the number of years of experience in a psychiatric hospital and elsewhere.

Table 9.2 Number of years of experience in a psychiatric hospital and elsewhere in relation to position or rank

	Position/ Rank	Years in Psychiatric Hospital	Other Social Work experience	Total number of years
	Social Worker			
	1	1	0	1
	2	1	0	1
	3	1,5	0	1,5
	4	2	0	2
	5	0,5	2	2,5
	6	2,5	0,25	2,75
	7	3	0	3
	8	4	0,75	4,75
	9	4	0	4
	10	-	-	-
Sub Total	10	19,5	3	22,5

	Senior Social Worker			
	11	6	0	6
	12	3,5	3,5	7
	13	2,5	5	7,5
	14	8	0	8
	15	8	0	8
	16	8	0	8
	17	4,5	4	8,5
	18	9	0	9
	19	9	0	9
	20	9,5	0	9,5
	21	6	5	11
	22	9	3	12
	23	11	2	13
	24	6	8	14
	25	12	2	14
	26	6	8	14
	27	9	6	15
Sub Total	17	127	46,5	173,5

	Chief Social Worker and higher			
	28	-	-	-
	29	12	0	12
	30	10,5	5	15,5
Sub Total	3	22,5	5	27,5
Total	30	169	54,5	223,5

Three social workers in the rank of social workers have over 3 years of experience and according to the new 1996 Personnel Administration Standard (PAS), application can now be made for them for promotion to the second leg of the salary scale with senior social worker status. Previously this could only be done after 5 years of experience, (unless the employee was assessed as promotable out of turn).

Senior social workers become eligible for promotion to chief after 3 years of senior status but then have to wait at the top level of their salary scale until an opportunity for promotion arises. According to table 9.2, all of the 17 senior social workers qualify for promotion with experience ranging from 6 - 15 years.

One chief social worker did not indicate her years of experience and the other two had 12 and 15,5 years respectively. Once the top notch of a salary scale is reached, no salary increases take place except general salary adjustments announced from time to time.

Seventy five, six percent of experience (169 years out of a total of 223,5 years) were within a psychiatric hospital setting which is indicative of a certain amount of specialisation within the field of psychiatry. Fourteen out of 28 (50%) social workers who indicated their years of experience, had experience other than psychiatric but only three (10,7%) had more experience elsewhere than within the psychiatric setting. This accounts for the difference in total years of experience at the hospitals compared to other experience (Ratio 3,1 : 1,0). With such a significant difference and low staff turnover, an experienced and potentially committed work force is indicated. According to Smit (1992 : 2), employees and organisations enter into a contractual relationship in order to achieve common goals whereby staff give their **expertise, commitment and loyalty** in exchange for **employment** and also **career advancement and personal development**. In order to make staff function optimally, various writers such as Cronje (1985), Crow and Odewahn (1985), Kadushin (1992), Milkovich and Boudreau (1984), Robbins (1982) and Shulman (1982) emphasise the need for **staff development and motivation** and for **an environment** in which optimal performance can be achieved and maintained.

9.3 SOCIAL MILIEU AND COMMITMENT

A knowledge of the specific needs of social workers at psychiatric hospitals is a prerequisite for the development of a human resource management programme. Already overburdened social workers will have to extend the service they are rendering at present in order to be part of the de-institutionalisation or Community Mental Health era. This added stress and strain thus calls for more effective human resource management in creating a work environment that will motivate and satisfy human resources.

9.3.1 Commitment and productivity

Respondents indicated their levels of commitment in this time of rationalisation and de-institutionalisation to be as follows:

Table 9.3 Levels of commitment

Level	Number of respondents	%
Low	12	40
Medium	9	30
High	9	30
Total	30	100

Effective staff utilisation has become a highly prioritised management function where the need for a productive work force is being emphasised. Productivity depends on motivation and commitment which, according to Kadushin (1992 : 228), is what supportive supervision is actually concerned about.

The following table indicates how productive respondents considered themselves to be in relation to their feelings of commitment and also years of experience:

Table 9.4 Levels of commitment, average years of psychiatric experience and productivity levels

Feeling of commitment	Number of respondents	Average years of experience	Productivity level				
			Low	Med	High	Very high	Total
Low	11	7,9	1	4	5	1	11
Medium	8	6,1	0	2	6	0	8
High	8	3,8	0	0	4	4	8
Total	27	17,8	1	6	15	5	27*

***Three respondents either omitted to indicate their years of experience in the psychiatric setting or how productive they considered themselves to be. These social workers were excluded from the above count.**

According to the above findings, commitment decreases as years of experience increases. Productivity was considered to remain medium to high for longer service and high to very high for shorter service. It is agreed with various writers such as Robbins (1992 : 276) and Kadushin (1992 : 228), that the intrinsic needs of these workers are not being met. High productivity and doing all the team expects of them is indicative of the over-inflated sense of responsibility social workers are known for. With poor job satisfaction and the more disillusioned they become, a decrease in level of commitment becomes evident, as above.

9.3.2 Job satisfaction and job change

Respondents were asked whether they considered a job change either to another profession or as social worker to another area or private practice. These questions have become quite topical for present times of change. The following table illustrates these findings in terms of level of commitment:

Table 9.5 Levels of commitment and job change

Level of commitment	Job change		To another profession	As Social Worker to another area	Private Practice considered
	Yes	No			
Low (12)	11	1	8	4	4
Medium (9)	3	6		1	4
			one respondent was uncertain		
High (9)	2	7		1	5
			two respondents were uncertain		
Total 30	16	14			

Out of the 12 social workers whose level of commitment was given as low, 11 (91,7%) indicated that they would consider a job change. From the above it can be deduced that at least 8 out of 11 respondents (72,7%) with low commitment and who indicated that they considered a job change, would rather go to another job or profession than to being a social worker in another area. Four out of 12 respondents (33,3%) had considered private practice. It is agreed with Hersey and Blanchard (1993 : 72,73), that a knowledge of the high strength needs of the individual which Maslow referred to, should enable the manager/supervisor to determine what goals, according to Herzberg have to be provided in the environment to activate them.

With medium commitment, this figure drops to 33,3% (6 out of 9 respondents) who did not consider a job change. Four out of 9 (44%) respondents with medium commitment, would consider private practice.

With a high level of commitment, 2 out of 9 respondents (22%) indicated a job change consideration whilst 5 out of 9 (55,5%) considered private practice.

A lowered commitment level thus also indicates low desire for private practice as a social worker which is confirmed by a higher rate of job change to another area.

Motivations given for the above considerations, were as follows:

Table 9.6 Motivations for job change.

Motivation	Number of responses
Self-fulfilment	9
Financial concerns	7
Job-related issues/demands	3
Feelings of being under utilised	2
New challenge	2
No promotion prospect	1
No incentives	1
Low status	1
Poor supervisor relationship	1
Total	27 responses from 16 respondents who indicated a possible job change

Self-fulfilment and financial concerns were the main reasons offered by the researcher hence the most responses. Opportunity was allowed for any other motivations to be expressed.

Research, for example by Vinokur-Kaplan *et al* (1994 : 119), has found that income and perceived “good pay” does not contribute significantly to job satisfaction and that it does not have a significant impact on the workers’ intentions to seek other employment. Other important human needs are to be sought as indicated in Table 9.6. Low status, poor promotion prospects, lack of challenge, job demands and poor supervisor relationship were some motivations given.

Feelings of being under utilised were indicated. Their special skills and abilities were no longer challenged as they become more experienced. Disillusionment and burn-out sets in with poor motivation and commitment. According to Cronje (1986 : 214) staff leave the profession for other forms of employment when increased demands give rise to increased burn-out, staff turnover and general low morale. Workers do not perform adequately if they are not motivated sufficiently. It is agreed with Robbins that competent staff with up-to-date skills and knowledge also need to **desire** to exert high effort.

9.3.3 The severance package option

Respondents were asked whether they had applied for the severance package or whether they were seriously considering application. Financial and self-fulfilment were the two main reasons offered by the researcher to choose from. There was also an opportunity to specify other reasons. Table 9.7 gives an indication of the workers who are considering this option.

Table 9.7 Severance package application in relation to position and years of experience in a psychiatric hospital and elsewhere

Position / Rank	Years of experience	Applied	Seriously considering application	Reasons
Chief Social Worker	10,5+5	Yes		To enhance further professional growth
Chief Social Worker	-		Considering	Under utilised
Senior Social Worker	11+2	Yes		Self-fulfilment Financial Opportunity to leave the profession
Senior Social Worker	9+3	Yes		Self-fulfilment
Senior Social Worker	6+8		Considering	Self-fulfilment Under utilised
Senior Social Worker	8		Considering	Self-fulfilment
Senior Social Worker	6+8		Considering	Financial Self-fulfilment
Total	88,5			
Average	14,75	3	4	

Two out of the 3 chief social workers who responded, indicated that they had applied for the severance package. Their reasons also ranged from financial to self-fulfilment - the options as offered. One of the respondents specifically expressed the need for further personal and professional growth.

Five out of 17 senior social workers (29%) who responded, indicated that they had either applied or were seriously considering it. Their reasons were also either financial or self-fulfilment or both as well as feelings of being under utilised and disillusioned. One social worker indicated that her own mental health was no longer of any

importance to the organisation whilst another saw the option of the severance package as an opportunity to be able to leave the profession.

An apparent general feeling of disillusionment could account for the decrease in commitment as experience increases, but has not been interpreted as such according to the responses obtained. The average number of years of experience of these respondents is 14,75. It also needs to be mentioned that the value of the severance package is determined according to length of service and salary scale, an option thus mainly worthwhile for senior staff.

9.4 THE ADMINISTRATIVE FUNCTIONS OF PLANNING AND STAFF ACQUISITION

9.4.1 Planning

Middleman and Rhodes (1985 : 169) refer to the linkage function of supervision which includes the administrative activities of planning, decision-making and workload management whereby people and tasks are linked to obtain organisational objectives. Emphasising the higher nature of people, Weinbach (1994 : 63) indicates that much depends on the invested interests of workers in what needs to be done and what decisions need to be taken. Involvement therefore helps to create better co-operation between workers and management.

The respondents were asked to indicate if they were involved in an analysis of present and future needs in terms of challenges facing health and welfare service rendering from where they were. They were also asked to indicate whether they would like to be involved if not already involved.

From the data obtained, it became evident that there was only limited involvement. Workers in chief and higher positions indicated that they were involved but the social workers and senior social workers responded as follows.

Table 9.8 Involvement in analysis of present and future needs

Rank / Position	No. of workers	No. of workers involved	%	No. of workers not involved	%	No. of workers indicating an interest to be involved	%
Social Worker	10	1	10,0	9	90,0	7	70,0
Senior Social Worker	17	5	29,4	12	70,6	7	41,2
Chief Social Worker and higher	3	3	100	0	-	3	100
Total	30	9	30,0	21	70,0	17	56,6

From table 9.8 it becomes evident again that the senior social worker group is least interested in getting involved and question is raised as to why.

With 9 workers already involved and 17 indicating an interest to be involved, a total of 26 social workers out of 30 (86,6%) could potentially be involved in future planning. This is a positive factor for the process of rationalisation and restructuring. Kadushin (1992 : 76) also reinforces the fact that change is best accomplished if supervisees (and thus employees in general), participate in the planning right from the beginning. An indication of much interest shown in getting involved is interesting if the low commitment figure is taken into consideration. New challenges could be a stimulating factor. The findings confirm that workers want to take part in the analysis of present and future needs in terms of challenges facing health and welfare service rendering from where they were as also suggested by McLoud (1989 : 5) and Weiner (1982 : 495) who both emphasise the individual's need to participate.

Respondents were also asked to indicate their feelings about middle management personnel retiring early. Their responses were as follows:

Table 9.9 Feelings regarding middle management personnel retiring early

Type of response	Number of respondents
Concerned about loss of expertise	13
See it as an opportunity for promotion	10
Financial concerns	2
Other concerns*	5

The researcher offered 3 options and the responses were as set out above.

*Other concerns specified, can be summed up as follows:

Social workers from the different hospitals expressed dissatisfaction with middle management in general. They felt that it was an opportunity for innovation, new ideas, styles, creativity and thus an opportunity for growth and development.

One respondent commented that people who were not motivated to remain in the service, should move on.

9.4.2 Staff acquisition

Respondents were asked to indicate whether they had done any practice education at a psychiatric hospital. Having been students, these workers would have encountered a type of educational sorting process to which Kadushin (1992 : 46,47) refers. Social work managers are then able to select those prospective employees with the personal characteristics, attitudes and also maturity, that would allow them to best “fit in”.

Figure 9.1 illustrates the percentage of respondents who had practice education in a hospital setting.

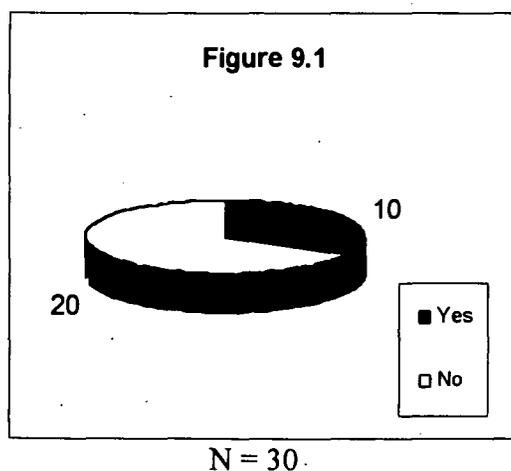


Figure 9.1 Practice education versus no practice education

According to this data, 33,3% (10) of the 30 respondents had practice education.

Six out of the 10 (60%) who had practice education, were employed at one of the three hospitals. The other 4 were employed by the other two hospitals namely 30% (3) and 10% (1) respectively.

The responses of these social workers to levels of commitment and productivity were compared to the commitment and productivity levels of the rest of the population in order to obtain an indication as to whether this form of recruitment could contribute to improved performance in terms of productivity and commitment.

Table 9.10 Ex-student and non ex-student responses to commitment

	Commitment levels						No. of responses
	Low	%	Med	%	High	%	
Ex-students	1	10,0	3	30,0	6	60,0	10
Non ex-students	11	55,0	6	30,0	3	15,0	20
Total	12	40,0	9	30,0	9	30,0	30

According to Table 9.10, 60% (6) of ex-students scored high on commitment compared to 15% (3) non ex-students.

Ten percent (1) of ex-students scored low on commitment compared to 55% (11) non ex-students.

Table 9.11 Ex-student and non ex-student responses to productivity

	Productivity levels						No. of responses
	Low	%	Med	%	High	%	
Ex-students	0	0	0	0	10	100	10
Non ex-students	1	5,9	6	35,3	10	58,8	17
Total	1	3,7	6	22,2	20	74,1	27*

***Three respondents omitted to respond to the question on productivity.**

According to Table 9.11, 100% (10) of ex-students indicated high productivity compared to 58,8% (17) of non ex-students. Three respondents omitted to respond to the question on productivity leaving N = 27.

High commitment and productivity scores for ex-students indicate the “better fit” as referred to by Kadushin (1992 : 46,47). The experience of ex-students ranged from 1 year to 15,5 years which thus includes the whole spectrum of respondents in terms of experience and position, productivity and commitment.

9.4.3 Recruitment

Respondents were asked whether they had applied for their posts or whether they had been recruited. They were also asked to indicate whether their names had been on a waiting list or whether they applied directly. The following table indicates the responses obtained.

Table 9.12 Application and recruitment responses

Number of respondents	Direct application	Name on waiting list	Recruited		Student placement	
			Yes	No	Yes	No
30	28	2	12	18	10	20

Twelve out of 30 (40%) of the respondents indicated that they had been recruited for their posts at the psychiatric hospital. Of the 12 respondents who answered in the affirmative, 4 had done practice education at a psychiatric hospital.

Twenty eight responded to the direct application as opposed to the two who said that their names had been on a waiting list.

It appears that this question could have been misinterpreted by the respondents. Most of the present posts have not been advertised as such. Applicants were mainly drawn from the list of applicants who had sent applications in, in the event of a post becoming available. The ruling thusfar has been for only newly created posts to be advertised for example the posts for Chief Social Workers.

Four of the 10 ex-students regarded themselves as having been recruited whilst the researcher regarded all social work students who were appointed, as having been recruited. These students have been trained / oriented to the Social Work Department and as such the manager is given an opportunity to select the best to “fit in”, having a good knowledge of the abilities, attitudes, and knowledge of the students.

For a human resource management programme to be carried out, literature (Beach, 1985 : 95; Carrell *et al*, 1995 : 11; Crow and Odewahn, 1987 :47) states that it is essential to be clear about what needs to be done and about the skills and knowledge - required from employees. Job requirements have to match the worker's interests and abilities. The aim is basically to obtain qualified workers who will remain with the organisation. Over-qualified individuals will become frustrated and eventually leave the organisation, as stated by Carrell *et al* (1995 : 285).

9.4.4 Job description, duty sheet, job specification and job evaluation

How well the manager creates job tasks and responsibilities, will affect the ultimate effectiveness of the organisation. As needs change, job content has to change as well as skill demands and the number and type of personnel required. Writers such as Beach (1985 : 85), Cronje (1986 : 215) and Smit (1992 : 3) emphasise the need for clarity about the incumbent of a post's duties, responsibilities and qualities in relation to the service to be rendered to obtain organisational objectives.

Respondents were asked to indicate which of the following had been determined for their particular post :

- : duty sheet
- : job description
- : job specification
- : job evaluation

They were given a short description of what the terms referred to. The following responses were obtained:

Table 9.13 Availability of a duty sheet, job description, job specification, and job evaluation

Number of respondents*	Duty sheet		Job description		Job specification		Job evaluation		%
	Yes	No	Yes	No	Yes	No	Yes	No	
28	20	8							71,4
26			13	13					50,0
23					6	17			26,1
26							9	17	34,6

***Not all respondents were able to indicate whether duty sheets, job descriptions, specification and evaluations had been determined for their jobs or not.**

Although 71,4% (20 out of 28 responses) indicated the existence of job descriptions, it became evident that social workers were not that familiar with the other structures.

These research findings indicate, as mentioned by Smit (1992 : 1,5), that not all social workers are familiar with the concepts of job description, job specification or job evaluation which form the basis of the contract between worker and organisation. As Smit (1992 : 1) refers to a job evaluation, Weiner (1982 : 493) refers to the career ladder as relating to the concept of job enlargement or enrichment. The career ladder also distinguishes between different levels of operations to which social workers can aspire and which could thus offer some intrinsic reward. A clear understanding of the above concepts are needed for job analysis and job design / re-design. With blurring of roles in the multi-disciplinary team, the creation of these structures in particular; need attention. Staff need to determine what they are actually doing .

9.4.5 Clear objectives and the extent to which objectives are reached

Having clear objectives and reaching these objectives, are considered fundamental for high productivity. Role ambiguity and conflict are known sources of tension and stress. The researcher agrees with writers such as Siefert *et al* (1991 : 194), Smit (1992 : 5) and others that factors such as these do not contribute to job satisfaction either. Social workers were asked to indicate if the objectives of their posts were clear to them **personally** and Figure 9.2 illustrates their response.

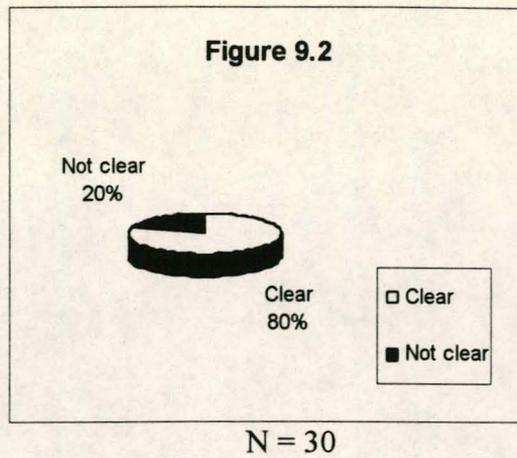


Figure 9.2 Clear objectives

Although 80% (24) respondents were sure about the objectives of their posts, there was still 20% (6) who were not clear about their objectives. Although most workers had clear objectives, not all of the objectives were actually reached as illustrated in Figure 9.3.

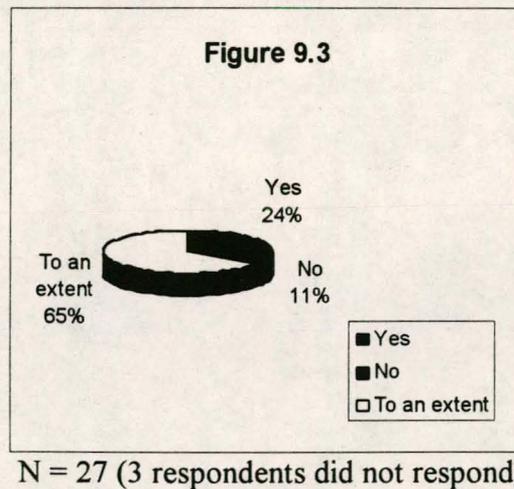


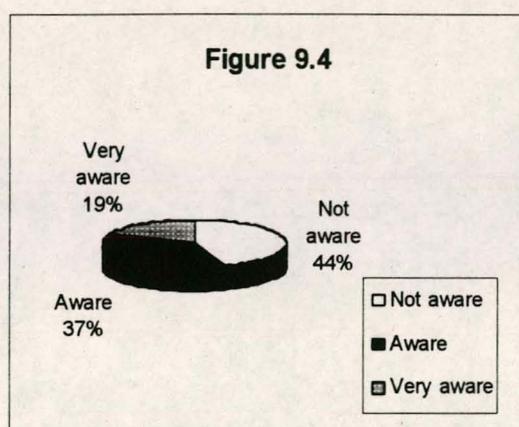
Figure 9.3 The extent to which own objectives were being reached

Crow and Odewahn (1985 : 47) says how important it is for the manager to know what the worker will do and also how important it is for the worker to know what is expected of him. It is this interrelationship which implies degrees of satisfaction and dissatisfaction which ultimately impacts on performance. It is also important for the manager to know how the worker perceives her role in the multi-disciplinary team. One of the respondents mentioned that she was not sure whether she was reaching the

objectives that her team was expecting of her. Clear objectives are even more important in a time of change. Getting the worker involved in goal setting is important according Robbins (1982 : 330) so that organisational goals can become individual goals.

9.4.6 Awareness of obligations

Respondents were asked if they were aware of their obligations as hospital social workers in terms of the rationalisation process. Their responses were as follows:



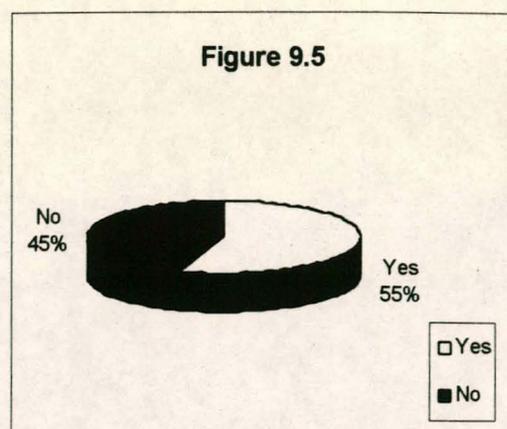
N = 27 (3 respondents did not respond)

Figure 9.4 Awareness of obligations

These results and also the fact that three respondents (10%) did not respond, is indicative of a need for greater awareness amongst the social workers at the 3 hospitals of their obligations and thus also their role in terms of the rationalisation process.

9.4.7 Workload Management

Workers often claim to have extensive caseloads and little time for more skilled type of service rendering. According to the results obtained, a need for help with workload management exists. According to Middleman and Rhodes (1985 : 69) workload management ensures quality and quantity accomplishment as required by policies, programme goals and client needs.



N = 29 (no response from one respondent)

Figure 9.5 Guidance received with workload management

According to Middleman and Rhodes (1985 : 171), supervisees are to be involved in “interpreting, clarifying and translating agency goals, policies and procedures into work plans and assignments” so that workload management can contribute to organisational effectiveness and efficiency. Respondents indicated a specific need for guidance and support, two important prerequisites for effective staff utilisation.

All the respondents, except one felt a need to play a role in the primary health care approach and equitable service delivery. The above worker also indicated that she was not involved and also did not want to be involved in an analysis of present and future needs in terms of new challenges facing health and welfare service rendering. She also indicated that she did not receive practical guidance or support from her supervisor.

Horwitz (1991 : 94) refers to multi-causal factors such as role ambiguity, role conflict and work overload which limit effectiveness.

9.4.8 Job Design and Motivation

In order to stimulate high performance, jobs need to be perceived as personally satisfying. When jobs are designed, Crow and Odewahn (1987 : 67) emphasise that managers first have to consider the needs of the employees as well as the needs of the organisation. According to these writers productivity will depend on the extent to which employees satisfy their own needs in the work situation (1987 : 68). Job content refers to various subjective perceptions which Robbins (1982 : 300) and Crow and

Odedwahn (1987 : 68) quote as the Job Characteristic Index of Sims *et al* (1976). Respondents were given a list of core job characteristics with short explanations of each. They were asked to rate these characteristics in terms of their personal preferences.

Table 9.14 reflects the number of responses in terms of the first three preferences out of these characteristics as selected:

Table 9.14 Job characteristic preferences

Characteristic	Preference			Total
	1st	2nd	3rd	
Variety	5	10	6	21
Autonomy	12	8	1	21
Task Identity	5	8	8	21
Feedback	5	4	6	15
Teamwork	5	10	3	18
Friendship Opportunity	2	5	2	9
Total *	34	45	26	105

***Respondents gave more than one answer.**

According to the totals of the first three preferences, autonomy, variety and task identity appear equally preferred. Twenty one out of a total of 105 responses (20%) were scored on each of these characteristics. According to Crow and Odedwahn (1987 : 68), autonomy as a job characteristic, refers to the depth of a job. Job depth gives an indication of the amount of discretion each individual is allowed to alter or influence the work he does and thus ties up with delegation.

According to Robbins (1982 : 496) a rise in educational level brings about an increased desire for autonomy and self-fulfilment. This correlates with what Crow and Odedwahn (1987 : 68) mention about professionalism and the increased need for autonomy. In a hospital setting with a number of professionals employed, the desire for autonomy is also heightened as it is indicated by these research findings.

Variety and task identity were also much preferred by the respondents. This indicates a need for a job to be made interesting and challenging. According to Crow and Odedwahn (1987 : 68) variety and task identity are referred to as the range of the job.

Management needs to consider the needs of employees and of the organisation when jobs are designed. Jobs need to be perceived as personally satisfying. The job characteristics can, according to Beach (1985 : 88) and Crow and Odewahn (1987 : 70), be manipulated by management in order to increase productivity. Poulin (1994 : 22) also refers to a correlation between autonomy and job satisfaction.

Feedback is also considered to be a dimension of job range but scores obtained were lower than for the other dimensions namely fifteen out of 105 responses (14,3%). If there are no clear objectives, it is also unlikely that feedback will be given about how well a job is being done. The researcher expected feedback to rate higher.

Teamwork was also assessed as important by the respondents (17,1%). The team can be regarded as a major staff support system and thus it is to be expected as a prerequisite for job satisfaction. Friendship opportunities scored 9 out of the total 105 responses (8,6%). According to these research findings it appears that job relationships were regarded as less significant for job satisfaction. One worker rated friendship opportunities as first preference.

9.5 THE EDUCATIONAL FUNCTION OF SUPERVISION AND STAFF DEVELOPMENT

9.5.1 Aim

Strategies for developing a more effective as well as efficient social work department are called for. There is an increased desire for jobs that provide challenge autonomy and self-fulfilment together with career advancement. Opportunities for growth are needed. In order to assess how respondents valued staff development and training, they were given a set of non-salary retention measures as used by Henry (1990) in a public mental health system in Colorado. Salary increase and autonomy, however, was added to the list administered by this researcher in the Cape at three different psychiatric hospitals.

Respondents were asked to rank their choices in terms of incentive value. Table 9.15 reflects the total number of responses for the first three preferences.

Table 9.15 Incentive preferences

Incentive	Preference			
	1st	2nd	3rd	Total
Learning new clinical and management techniques	13	3	4	20
Attending conferences and participating in training and development programmes	8	6	2	16
Participating in management and decision-making which affects your work	8	8	4	20
Continued professional growth after having completed formal professional education	10	8	4	22
Promotion to a higher level	6	1	2	9
Salary increase	8	1	2	11
Recognition from others	5	4	4	13
Personal growth and development	8	12	3	23
Autonomy	3	6	5	14
Total*	69	49	30	148

***Respondents could give more than one answer.**

The incentive with the highest score, namely 23 out of a total of 148 preferences (15,5%), was personal growth and development. Continued professional growth after having completed formal professional education had the next highest score namely 22 out of 148 incentives (14,9%).

Participating in management and decision-making and learning new clinical and management techniques were indicated as of the next highest incentive value. The literature for example Horwitz (1991 : 151), Weiner (1982 : 476) also refers to individual personal growth as being at the centre of human resource management together with organisational growth. Hersey and Blanchard (1993 : 267) motivate for workers to be shifted to self-management and to be allowed to assume responsibility for their own motivation and consequent behaviour. According to the above research findings self-fulfilment needs take priority above all else. Even the score on the salary increase of 11 of the total of 148 (7,4%) was low confirming that the need for self-actualisation, personal growth and development was the greater need. The need for learning new clinical and management techniques indicate the need for specific individualised programmes depending on need and where the worker is at. Training has

to be relevant in order for workers to be co-operative and to feel motivated. Writers such as Cronje (1986 : 226) and Van der Vyver (1993 : 132) regard participation in policy and decision-making as one of the most effective methods of professional development and growth. The researcher agrees with writers such as Carrell *et al* (1995 : 613), Van der Vyver (1993 : 133) that participative management, if allowed, will contribute to the development of a sense of self-worth and autonomy.

9.5.2 Development / Educational model for supervision

Included in the function of staff development, **educational supervision** focuses on the learning needs, the knowledge, skills and attitudes of an individual worker and is therefore a more specific kind of personnel development according to Kadushin (1992 : 136). Although the aim is the development of professional worker, the ultimate aim is also improved organisational functioning.

(1) Familiarity with the model

Respondents were asked if they were familiar with the development/educational model of supervision as referred to by Kadushin (1992) in terms of the **Place, Person, Problem, Process** and **Personnel** components. They were also asked to indicate if they had been supervised in terms of this model and whether an educational programme was drawn up for them.

The results were as follows:

Table 9.16 Social worker awareness of the development/educational model of supervision as referred to by Kadushin (1992)

Familiarity with the model		Supervised in terms of it		Educational programme		Usage			
Yes	No	Yes	No	Yes	No	Don't supervise	Yes	No	To an extent
22	8	12	12	9	10	17	1	3	7
		6 respondents did not comment		11 respondents did not comment		2 respondents did not comment			

According to the above information, it seems that although 73,3% (22) social workers were aware of this model, they were not using it as such themselves. Twelve out of 24 respondents indicated that they were being supervised in terms of the model.

Although supervisors can still make more use of this model, findings suggest that there is greater awareness of it now than in 1985 when the educational function and model of supervision was referred to by Kadushin and Botha (Botha, 1985 : 239, 240).

Although twelve of the thirty workers (40%) indicated that they experienced supervision according to this model and 9 of the 12 (75%) said that an educational programme had been drawn up to meet their learning needs according to an educational evaluation. In terms of the total number of responses (N = 30), this figure indicates that the individual needs of social workers were minimally addressed in a structured and systematic manner as it could be done by means of the development model of supervision.

(2) Termination of supervision

Respondents were also asked to indicate what their ideas were regarding termination of supervision. Three criteria were offered namely:

- * After first year of probation
- * After three years when promoted to senior
- * When worker is able to function independently

Respondents were also given an opportunity to specify any other criteria.

Table 9.17 reflects the responses as given for different criteria offered in terms of when supervision could be terminated.

Table 9.17 Worker responses to criteria for termination of supervision

Criteria	Number of responses	%
After first year of probation	5	16,7
After three years when promoted to senior	7	23,3
When worker is able to function independently	13	43,3
Other *	5	16,7
Total	30	100

*The five respondents who offered another criterium, all felt that supervision should not discontinue. They saw it as necessary for support and for ventilation and two workers specifically said that educational supervision could not be terminated. Respondents felt that the nature and intensity of the supervision could differ from person to person depending on their needs.

Mixed feelings were thus evident as to when supervision could be terminated. Responses ranged from after one year to interminable. This varied response is indicative of the controversy regarding the continued need for supervision which writers have been referring to (Kadushin, 1992 : 470). The largest proportion of respondents [43,3% (13)], indicated that termination should be when the worker is able to function independently. The need for the opportunity for consultation, however, was also emphasised. Five respondents (16,7%) indicated that supervision could be terminated after one year of probation but it was emphasised that probation had to be **adequate**.

The results also emphasised **flexibility** which fits in well with the concept of what supervision actually stands for, namely to fill the gaps in knowledge, skills and attitudes of an **individual** worker. In order to **evaluate** where these **gaps** are, a model is required of what the worker needs to know. An educational programme is then drawn up accordingly to meet these individual needs. Further comments referred to the supervisor/supervisee relationship. If it was supportive, this would influence the continuation of supervision.

Seven respondents (23,3%) indicated that supervision could be terminated when the worker was promoted to senior level after three years. In the hospital set-up workers also start supervising when they get onto the senior level. Although they may then be regarded as being on consultation level themselves there was an indication that they then become part of peer supervision groups. This could result in the blurred view as to length of supervision experienced, as indicated in Table 9.18.

Table 9.18 Length of supervision

Rank	Years of supervision	Number of responses	Total years
Social Worker	6 months	1	0,5
	1 year	2	2,0
	2 years	4	8,0
	2,5 years	1	2,5
	3 years	4	12,0
Total*		12	25,0 : Av. 2,08
Senior Social Worker	4 years	4	16,0
	6 years	1	6,0
	7 years	1	7,0
	8 years	1	8,0
	9,5 years	1	9,5
	10 years	1	10,0
Total*		9	56,5 : Av. 6,27

***Respondents could give more than one answer.**

Although regarded as supervision, these peer groups to which some of the respondents referred to, can be seen as forerunners of a new atmosphere of shared worker

assessment and participative management as referred to by Hurlbert (1992 : 64). These groups could become a forum where new ideas and suggestions could be heard as a basis for such participative management.

Respondents were asked to indicate whether they were functioning on consultation level. The following table illustrates the results obtained.

Table 9.19 Consultation levels

Position/Rank	Number of responses	N	%
Social Worker	4	10	40
Senior Social Worker	9	17	52,9
Total	13	27	48,1

The four social workers (experience : 3 years and under) who indicated that they were on consultation level, were all from the same hospital. This could be indicative of a change in policy. Although 48,1% indicated that they were functioning on consultation level, the other 51,9% (14) were still being supervised which places an extra burden on management who could actually be doing something more useful with their precious time. It is agreed with Hersey and Blanchard (1992 : 253) that the manager could be freed to look to long range strategic planning and creativity as required if supervision did no have to carry on indefinitely.

(3) Supervision and Consultation Policies

Respondents were asked to indicate whether their department had **supervision and consultation policies**. The results were as follows:

Table 9.20 Existence of Supervision and Consultation policies

Supervision				Consultation			
Written	Unwritten	None	N	Written	Unwritten	None	N
5	14	6	25*	2	13	8	23*

*From these results and the number of responses (25 and 23), uncertainty as to the existence of these policies is indicated. Social workers will be promoted to senior level

sooner now than in the past. New criteria for promotion to senior will have to be devised. Written policies are called for if they do not yet exist.

It does appear though, that a certain amount of understanding does exist in the form of unwritten supervision and consultation policies.

When respondents were asked to indicate the criteria according to which they advanced from supervision to consultation level, the following criteria were highlighted:

- * Years of experience and competence
- * Independent functioning and accountability
- * Level of skill development
- * Self-awareness about knowledge and abilities/confidence
- * The ability to take responsibility for own professional growth

When compared to the criteria as listed by Westheimer (1977 : 161,162) the above responses indicate the need workers experience for the opportunity to function on consultation level as well as a readiness for it.

9.5.3 In-service Training : Utilisation of P.A.W.C. Training Courses

With regard to in-service training, respondents were asked to indicate which courses, as offered by the Directorate: Training, P.A.W.C. they had attended:

Table 9.21 P.A.W.C. courses attended

Course	Attendance	%
Orientation	9	30,0
Junior Management	20	66,6
Presentation Skills	7	23,3
Interpersonal Skills	3	10,0
Stress Management	13	43,3
Computer Skills	13	43,3

N = 30

Other courses attended:

Management by Responsibility

Personnel Evaluation

Negotiation Skills

From the above table it can be noted that the Junior Management Course, targeting mainly senior social workers in supervisory positions, had been well attended i.e. 66,6% (20) of the total population and 88,2% (15) of the target group of 17.

Furthermore the respondents were asked to comment about the impact of these courses on their actual work output. Responses varied from useful and beneficial to no impact. The **Junior Management** course was experienced as very good and informative but too long. The **Stress Management** course was popular as it could be applied to work related stress. Respondents found that they benefited in a personal and professional way. The **Orientation** course was experienced as too basic. One comment was that it was a waste of time and money. The **Computer Skills** course was also found to be too basic by some while others found it valuable.

If the number of positive comments are compared to the number of negative responses, the following result queries the value of this type of in-service training.

Table 9.22 **Positive and negative responses to In-service Training (P.A.W.C. Courses)**

Type of response	N	%
Positive	13	59,1
Negative	9	40,9
Total	22	100

According to literature by Poulin (1994 : 35) attending workshops can be described in terms of a renewal value. This, however, was not indicated as such in this study.

Given the almost 60% positive response, these P.A.W.C. courses are commended but perhaps ought to be geared to a specific occupational class in order to be more useful as indicated by a number of the respondents.

9.6 THE SUPPORTIVE FUNCTION OF SUPERVISION AND STAFF UTILISATION

9.6.1 Management techniques

It is agreed with Cronje (1986 : 229) that measures to activate staff, individually and jointly within the organisation, need to be devised continually in order to optimise performance. Respondents were given a list of management techniques from which they had to select and rate five in order of preference. Table 9.23 reflects the number of responses in terms of the first three preferences selected.

Table 9.23 Management technique preferences

Technique	Preference*			
	1st	2nd	3rd	Total
Group A				
Vertical organisational hierarchy	1	3	1	5
Well defined guidelines e.g. procedure manuals, job descriptions, other rules and regulations	3	3	6	12
Promotion based on demonstrated competence - rewards for jobs well done	4	2	5	11
Formal and ordered communication channels	1	2	5	8
Job security for full-time employees	4	1	2	7
Very specific jobs for different levels of staff (division of labour)	3	2	2	7
Emphasis on written documentation	4	2	3	9
Group B				
Concern for the worker	7	4	4	15
Control and management of conflict	5	2	2	9
Invested worker interest in what needs to be done	6	2	3	11
Participative management	13	2	4	19
Worker involvement in goal setting	10	6	1	17
Performance evaluation	7	5	0	12
Empowering staff	7	5	4	16
Motivating staff potential	8	2	2	12
Transparency	8	2	1	11
Other *				

*Respondents were given the opportunity to specify other preferences but nil were expressed.

Different theories as referred to for example Weinbach (1994 : 49-65), have influenced the development of management style over the years. The above list basically signifies two broad directions namely: the earlier administrative, structuralist and bureaucratic theories (Group A) emphasising how **jobs** could be designed to improve performance and the more modern human relations and participative management (Group B) theories whereby a **climate** is created with opportunities for **personal** growth and development.

Although respondents were not informed as to this differentiation, the first seven preferences listed, related to the job oriented theories whilst the last nine preferences on the list related more to worker oriented theories.

Workers responded to the question in different ways in terms of how the rating was done. The result was that more than five responses were given in most cases.

According to these totals, participative management (19) was the style most preferred followed by worker involvement in goal setting (MBO)(17) and a staff empowering style (16).

The higher scores were also evident in the second half of the list where the personnel member was of greater concern to the manager than the job itself as indicated by the lower scores in the first half of the list.

A high score (12) on well-defined guidelines in the first section indicates a need for structure and direction and to know what is being expected from the worker. A need for the opportunity for promotion was also evident (11) in this first section.

The results also indicate a high score (16) on a management style which is staff empowering. It is therefore agreed with Stewart (1994 : 6) and Armstrong (1994 : 107) that **empowerment** is a very useful way by means of which the best from people can be obtained in order to promote efficiency and that it is also being experienced as a need.

These findings highlight the responsibility which is placed on the manager to create a climate with opportunities for personal growth and development as advocated by Schulman (1982 : 312,313) and others. The findings emphasise the shift from personnel management to human resource management and the staff development paradigm. Writers such as Carrell *et al* (1995 :4) have been referring to the traditional approaches which emphasised command and control that are now giving way to the new approaches which are characterised by greater employee participation and thus also commitment, co-operation and communication. Staff need to be activated in order to perform to their full potential.

According to McLoud (1989 : 49) the human resource manager does not **motivate** his staff but **activates** them by meeting the drives/motives or needs whereby they will be motivated to perform and which originate from within the individual. Motives are directed at the goals to be attained and these goals thus become the incentives which could be either tangible or intangible.

The respondents were asked to list five suggestions each to show how they could be activated to perform to their full potential.

The different responses can be summarised as follows starting from the responses which occurred most frequently:

- Recognition and feedback.
- Salary increase.
- Opportunities for further skills training.
- Participative management.
- Incentives/rewards to achieve.
- Greater responsibility and authority.
- Good relationships within team/social work department.
- Job enrichment. Challenges.
- Clear job descriptions.
- Opportunities for research. Library membership.

- Improved social work image.
- Reduction in routine tasks.
- Effective support from seniors.
- Active involvement by seniors/supervisors in personal and professional growth of workers.
- Improved supervisor/supervisee relationship with trust and openness.
- Worker involvement in goal-setting.
- Worker involvement in decision-making.
- Promotion opportunities.
- Clear vision/mission.
- Commitment from all.
- Harmonious environment.
- Transparency.
- Good and reliable leadership.
- Well-defined policies and procedures.
- Job security to full-time employees.
- Greater concern for the worker.

These suggestions could all be included in the broad spectrum of the functions of human resource management and supervision. They include aspects of staff acquisition, administrative supervision, staff training and development, educational supervision, staff utilisation and supportive supervision.

In order to influence the behaviour of staff, it is necessary that their motives and needs be understood.

9.6.2 Stress factors

The workers were asked to rank in order of how stressful certain factors were experienced by them. The results were as follows:

Table 9.24 Rating of stress factors perceived

Stress factor	Ratings			Total
	1st	2nd	3rd	
Infrastructure of the system	16	3	6	25
Management style	14	4	4	22
Nature of the job	5	5	5	15
Supervision relationship	6	3	4	13
Interdepartmental/interprofessional relationships	5	3	10	18
Total*	46	18	29	93

*Respondents could give more than one answer.

As stress factor, the infrastructure of the system rated highest namely 25 out of 93 responses (26,9%). Sixteen out of a total of 46 responses perceived it as most stressful. This finding together with the next highest scores for management style and interdepartmental/interprofessional relationship correspond with the findings by Cherniss in 1980 to which Weekes (1989 : 196) refers, namely organisational design, leadership and supervision and the social interaction amongst staff. Weekes (1989 : 196) also refers to research by Weinberger (1974) which showed a positive correlation between job satisfaction and the professional climate of an agency. Much stress is thus caused by the situation as it is currently being experienced at the hospitals. The supportive function of supervision is thus being challenged. Pines and Kafry (1978 : 505) emphasise that a positive social milieu will provide workers with support systems to serve as protective buffers against job-related stress.

9.7 WORKER FEELINGS ABOUT PERFORMANCE EVALUATION / APPRAISAL

Performance appraisals are crucial for the effective management of human resources according to various writers such as Kadushin (1992 : 343,344); Millar (1990 : 66) and Weinbach (1994 : 150). It forms the basis of the human resource management programme and of effective supervision.

Personnel evaluation has been a contentious issue in state departments for many years. Social workers at the psychiatric hospitals were asked to indicate if their departments'

present evaluation systems gave credit to their efforts (Figure 9.6). They were also asked to indicate whether they had a positive or negative feeling about performance appraisal (Figure 9.7).

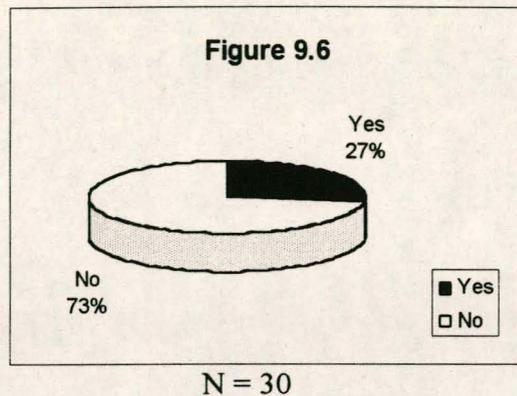


Figure 9.6 Utilisation of the present Personnel Assessment Questionnaire

According to Kadushin (1992 : 341), personnel evaluation is the process according to which systematic procedures are applied to detect validly and reliably, the extent to which a social worker achieves the requirements of its organisation. Twenty two of the thirty respondents (73,%) however indicated that the present personnel evaluation system did not give credit to their efforts.

As illustrated in Figure 9.7, the vast majority of respondents (80%) indicated that they felt positive about performance appraisal.

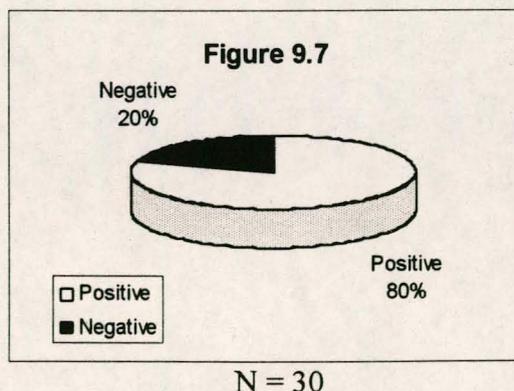


Figure 9.7 Positive and negative feelings about performance appraisal

This positive response is an indication that the value and necessity of evaluation is being acknowledged. The reluctance often experienced as referred to for example by Kadushin (1992 : 348), has been indicated by the negative feelings of the other 20% (6) of the respondents. It is possible that social workers value what evaluation stands for but that it is the process which has a negative connotation.

Respondents commented as follows:

1. Performance appraisal needed to be done in an honest, correct, participatory style in order to be effective.
2. It was an opportunity to identify further areas of growth.
3. It was needed to build morale.

9.8 CONCLUSION

In order to assess the need for a human resource management programme for social workers at psychiatric hospitals data as obtained from social workers at the three hospitals concerned, was analysed. Findings have been illustrated by means of tables and figures. Reference was made to relevant literature to substantiate these findings.

The conclusions derived from this research and recommendations with regard to application of the findings, will be discussed in Chapter 10.

CHAPTER 10

CONCLUSIONS AND RECOMMENDATIONS

10.1 INTRODUCTION

As stated in Chapter One, the goal of this study has been to determine guidelines for an effective human resource management programme for social workers at psychiatric hospitals. The emphasis is on achieving maximum utilisation of the fullest possible range of staff skills and knowledge and on achieving a positive attitude through staff empowerment.

With the literature study as background, the aim of the empirical study has been to assess the need for a human resource management programme for social workers at psychiatric hospitals. Findings indicated that a need does exist and in this chapter the conclusions reached, will be summarised. According to these conclusions, certain guidelines are deduced whereby such a programme can be implemented. In this manner the goal of the study has been achieved and can recommendations thus be made for more effective service rendering by the social work departments of the respective hospitals. In terms of the efficacy of the study, it is envisaged that application of these guidelines by other departments in the hospital will enhance service rendering in general.

The conclusions and recommendations that will be presented in this chapter, are based on the literature study and the results of the empirical study as carried out at the three psychiatric hospitals concerned.

10.2 CONCLUSIONS

In order to determine guidelines for an effective human resource management programme, the tasks of the manager in terms of the functions of human resource

management and supervision implemented by means of the development model, has been researched. The needs of social workers at the psychiatric hospitals facing the challenges of a changing South Africa, were assessed.

The conclusions will be presented in terms of the different functions of human resource management i.e. acquisition of staff, development of staff, staff utilisation and staff evaluation and the administrative, educational and supportive functions of supervision.

10.2.1 **The Administrative Function of Supervision and Human Resource Management in terms of Planning and Staff Acquisition**

(1) **Social Milieu and Commitment**

The flat structure regarding **position and rank** of the social work departments, has been indicated by 60,7% (17) of social workers within the Senior rank. Fourteen of these social workers had more than six years of experience and thus qualify for promotion to Chief Social Worker (46,6% of 30 respondents). Having reached a ceiling in terms of their position, promotion can no longer be regarded as an incentive to remain in the service. In terms of **experience**, however, 76,6% of years of experience were spent within the psychiatric hospital which is indicative of some specialisation within the field of psychiatry. Fourteen out of 28 (50%) respondents who indicated their years of experience, had other experience but only three had more experience elsewhere than in the psychiatric setting. With this ratio of 3,1 : 1, a **potentially committed and specialised work-force** is indicated. An alternative need for advancement is thus indicated, as there are no immediate prospects for promotion.

At a time of change when the organisation is more dependent on the **commitment** of its employees, research has indicated a decrease in a sense of commitment associated with length of stay. From these findings and according to the literature, it can be concluded that professionals seek a long term progressive career that could offer a sense of challenge. It is not so much their economic needs that have to be satisfied.

Managers therefore need to consider re-designing jobs and creating other opportunities for job satisfaction.

(2) Job Satisfaction and Job Change

The 97,7% of respondents who had indicated a low level of commitment, also indicated a need for a job change. Two thirds of these respondents indicated that they would prefer a change to another profession rather than to another social work post. Four out of the twelve (1/3) would consider private practice. In this manner dissatisfaction with both the profession as well as the hospital situation was indicated.

When the reasons for job change were considered, a need for self-fulfilment as well as financial concerns were given as the main motivations for job change. Further reasons such as under-utilisation in terms of not being challenged, as well as the poor prospects for promotion, poor incentives, lack of status and poor supervision relationships were also offered.

According to the literature and the findings of the present research indicating lowered scores on commitment with increased years of employment, it appears that staff do tend to want to leave the profession when increased demands and lack of self-fulfilment give rise to burn-out and low morale.

(3) The Administrative Functions of Planning and Staff Acquisition

With regard to **planning** in a time of de-institutionalisation and change, data indicated limited involvement in an analysis of present and future needs in terms of challenges facing health and welfare service rendering. It was mainly the staff in Chief positions who were involved whilst 26 out of 30 (86,6%) indicated an interest to be involved.

In terms of how aware respondents were of their **obligations regarding the rationalisation process**, it was found that 44% of respondents were not aware of their role in more equitable service delivery.

The **severance package option** had seriously been considered by 5 out of 30 (16,6%) social workers. Financial reasons and self-fulfilment as well as personal growth were given as reasons. Thirteen out of thirty respondents indicated a concern about the **loss of expertise** when experienced middle-management personnel retired early. Ten out of thirty (33,3%) saw it as an opportunity for promotion for others. This section elicited much response from the social workers from the three hospitals. A need for innovation, new styles, new ideas, creativity and thus growth and development was expressed.

Further research indicated that ex-students who had been appointed in social work posts, indicated higher levels of commitment than non ex-students. Experience ranged from one year to 15,5 years. Ex-students seemed to “fit-in” better than non ex-students. For managers to decide to appoint ex-students indicates a tendency to have certain criteria for recruitment.

Research findings indicated that not all social workers were familiar with the concepts of **job description, job specification and job evaluation**, which is regarded by the literature as the basis of the contract between worker and organisation. Job analysis and subsequent changes in job descriptions are core management issues needing to be addressed by all of the three social work departments. Job descriptions need to indicate exactly what the worker undertakes to do and needs to be written in measurable terms with norms and criteria against which performance and growth can be assessed. Criteria which are vital for evaluation, are also based on these concepts. These concepts originate from the job analysis which is important to the human resource function and its main aim to maintain a high level of performance and efficiency.

With regards to **clear objectives**, 24% of the respondents indicated that they were reaching their own objectives. Sixty five percent felt that they were reaching theirs 'to an extent', whilst 11% did not reach their objectives. Although 80% (24) respondents were sure about what was expected of them, 20% (6) were not clear about their objectives. Research has also indicated that role ambiguity and role conflict which can result from poor job descriptions and job evaluations are known sources of tension and

stress and thus detrimental to organisational effectiveness

In terms of **job design and motivation**, variety, autonomy and task identity were the three preferred core job characteristics. How jobs are designed will affect employee motivation and performance

Fifty five percent of respondents required guidelines with workload management.

10.2.2 The Educational Function of Supervision and Staff Development

Strategies for developing a more effective as well as efficient social work department are called for, especially now in this time of cut-backs and change with a shift in focus of service delivery.

Conclusions in terms of staff needs for development drawn from this research, are as follows:

(1) Incentive Preferences

Personal growth and development obtained the highest score followed by a need for continued professional growth after having completed professional education. A need for specific, individualised programmes depending on where the worker is at, is indicated as this is for after completion of professional education. According to the literature, **personal growth** has been found to be at the centre of human resource management together with organisational growth.

From the list of preferences offered, all the incentives related to development, received higher scores than the non-developmental ones for example salary increase and promotion prospects.

(2) In-service training

Findings indicated that P.A.W.C. training courses were not being utilised fully. The Junior Management course was best attended (66,6% of the target group) which could possibly be due to the fact that it has been considered to be compulsory. The next highest scores were for the stress management course (43,3%) and computer skills course (43,3%) which also gives an indication of where workers are at.

There was a 59,1% positive response to these courses concerning the impact of P.A.W.C. training courses on work output which indicates a need for a reassessment of these courses especially for social workers as an occupational class.

(3) Familiarity with the Development Model

It became evident that workers are aware of the development model of supervision but that it is not being utilised to its full extent. Nine out of twelve social workers who were (or had been) supervised in terms of it, followed an educational programme/evaluation. There is an indication that individual learning needs are not being addressed in a systematic and structured manner as is offered by the development model.

(4) Supervision / Consultation

It appears from the research findings that there is uncertainty about the existence of written and unwritten supervision and consultation **policies** at the different hospitals. Workers responded differently about **criteria** for termination of supervision with responses ranging from one year to interminable. Thirteen (43,3%) of the workers indicated that supervision could be terminated when the worker was able to function **independently**. Five workers (16,7%) felt that supervision should not be discontinued. If terminated after one year of probation, it was emphasised that the probation had to be adequate. From this it can be concluded that social workers do value supervision. The need for flexibility was emphasised as supervision pertained to the needs of

TOSELAND, R, PALMER-GANELES, J & CHAPMAN, D 1986. Teamwork in Psychiatric Settings. Social Work, 31 (1) : 46-52.

UYS, L R 1995. Psychosocial Rehabilitation. Paper Presented: Indaba on Psychosocial Rehabilitation, University of Natal. September 1995.

VAN DER VYVER, M 1993. Die Supervisor se aandeel in die Professionele ontwikkeling van die Maatskaplike Werker binne die Diensveld van die Traumaties Liggaamlike Gestremde. Stellenbosch: Universiteit van Stellenbosch (MA - Tesis).

VAN DER WALT, G E 1993. Burnout among Social Workers: The Cost of Caring? Social Work/ Maatskaplike Werk, 29(2): 134-146.

VENTER, R 1990. Die Maatskaplike Werker as Deel van die Primere Gesondheidsplan. Maatskaplike Werk / Social Work, 26(4): 289-290.

VINOKUR-KAPLAN, D, JAYARATNE, S & CHESS, W A 1994. Job Satisfaction and Retention of Social Workers in Public Agencies, Non-Profit agencies and Private Practice: The Impact of Workplace Conditions and Motivators. Administration in Social Work, 18(3): 93-121.

WEEKES, M S 1989. The Supportive Function of Social Work Supervision. Maatskaplike Werk/ Social Work, 25(3) : 195-200,207.

WEINBACH, R W 1994. The Social Worker as Manager: Theory and Practice (2nd edition). USA: Allyn and Bacon, A Division of Simon and Schuster, Inc.

WITTSTOCK, B, ROZENTAL, L & HENN, C 1991. Mass Phenomena at a Black South African Primary School. Hospital and Community Psychiatry, 48(8): 851-854.

APPENDIXES



UNIVERSITEIT VAN STELLENBOSCH
UNIVERSITY OF STELLENBOSCH

TO WHOM IT MAY CONCERN

I hereby declare that Mrs L Hendry is enrolled for the MA(Soc Work) (Supervision and Management) degree at the Department of Social Work, University of Stellenbosch. I am her study leader.

The title of Mrs Hendry's Thesis is: **A Human resource management program for social workers in psychiatric hospitals.**

PROF NJ BOTHA
HEAD

12 SEPTEMBER 1996

Mrs A.E. Hendry
Tel.: 4403183

Social Work Department
Valkenberg Hospital
Private Bag X1
Observatory, 7935
2 October 1996

The Senior Medical Superintendent
Stikland Hospital
Private Bag X13
Bellville
7535

Attention: Prof. Emsley
Ethics Committee

PERMISSION FOR RESEARCH

Dear Prof. Emsley

I am currently employed as a Senior Social Worker at Valkenberg Hospital and enrolled at the University of Stellenbosch for a Masters Course in Social Work Supervision and Management.

As discussed with Ms Gerritsen, I hereby request your permission to research the need for a Human Resource Management Programme for Social Workers at psychiatric hospitals, at Stikland Hospital.

I attach a copy of my research questionnaire and a letter of confirmation from Prof. Botha, my study leader.

The study will be limited to the three psychiatric hospitals in the Western Cape namely Valkenberg, Stikland and Lenteguur. I undertake to provide Stikland Hospital with a copy of my research findings.

Thanking you.

Yours faithfully

A.E. HENDRY

Mrs A.E. Hendry
Tel.: 4403183

Social Work Department
Valkenberg Hospital
Private Bag X1
Observatory, 7935
2 October 1996

The Senior Medical Superintendent
Lentegeur Hospital
Post Office
Mitchells Plain
7785

PERMISSION FOR RESEARCH

Dear Dr. Muller

I am currently employed as a Senior Social Worker at Valkenberg Hospital and enrolled at the University of Stellenbosch for a Masters Course in Social Work Supervision and Management.

As discussed with Ms Erasmus, I hereby request your permission to research the need for a Human Resource Management Programme for Social Workers at psychiatric hospitals, at Lentegeur Hospital.

I attach a copy of my research questionnaire and a letter of confirmation from Prof. Botha, my study leader.

The study will be limited to the three psychiatric hospitals in the Western Cape namely Valkenberg, Lentegeur and Stikland. I undertake to provide Lentegeur Hospital with a copy of my research findings.

Thanking you.

Yours faithfully

A.E. HENDRY

DEPARTMENT OF PSYCHIATRY : VALKENBERG HOSPITAL

APPLICATION FOR RESEARCH

(This form is to be completed by all students requesting permission to do research or access information at Valkenberg Hospital)

Applicant: Lizette Hendry

Title of Research Project: A Human Resource Management Program for Social Workers in a Psychiatric Hospital

Proposed date: (commencement) (finalisation) December 1996

University/Teaching Institution: University of Stellenbosch

Department: Social Work

Approved by Ethics Committee of Institution: Yes/No (If yes, attach copy)

Supervisor: Prof. N. C. Botha (Letter from Supervisor to be attached)

Valkenberg Staff Member as Liaison: Prof. Zabus Mrs. van Stadten (if indicated)

I undertake to submit a final copy of the Research Findings to Valkenberg Hospital: (for attention: Head Department of Psychiatry)

8 10 1996 (date) (signature)

Comments and recommendation by Head of Department of Psychiatry, University of Cape Town.

Comments on presentation to Clinical Management Meeting.

- Copies to: Applicant, Valkenberg Library, Professor T Zabus, Medical Superintendent

UNIVERSITY OF STELLENBOSCH

DEPARTMENT OF SOCIAL WORK

A study to evaluate the need for the development of a Human Resource Management Programme for social workers at psychiatric hospitals.

Questionnaire to social workers at the three psychiatric hospitals in the Western Cape.

1. Please do not hesitate to give honest, subjective answers. This questionnaire is specifically directed at an assessment of feelings/viewpoints of social workers in order to determine their needs. The aim is to determine how you feel personally and not how you think you ought to respond.
2. Please answer each question in full and indicate with an X in the blocks when provided.
3. It will take approximately 45 minutes to complete this questionnaire.

Undertaking by the researcher

1. No identifying or demographic data will be requested except for an indication of seniority.
2. Strict care about confidentiality will be taken. Specific findings from the different hospitals will remain anonymous to the reader.
3. Your social work department will receive a copy of the research findings.

1. SENIORITY

1.1 Position / Rank:

Social Worker	
Senior Social Worker	
Chief Social Worker	
Assistant Director	

1.2 Years of experience as social worker:

In a psychiatric hospital	
Other	

2. SOCIAL MILIEU AND COMMITMENT

2.1 In a time of rationalisation and de-institutionalisation, please indicate your level of commitment

Low	
Medium	
High	

2.2 Are you considering a job change?

Yes	
No	

If yes:

As social worker to another area	
Or to another profession / job	

Motivate your answer -----

2.3 Have you considered application for permission to practice privately whilst still in full time employment at the hospital?

Yes	
No	
Considering application	

Main Reason:

Job-related	
Self-fulfilment	
Other	

(Specify) -----

2.4 Have you applied for the severance package?

Yes	
No	
Seriously considering application.	

Main Reason:

Financial	
Self-fulfilment	
Other	

(Specify) -----

3. THE ADMINISTRATIVE FUNCTIONS OF PLANNING AND STAFF ACQUISITION

3.1 PLANNING

3.1.1 Are you involved in an analysis of present and future needs in terms of challenges facing health and welfare service rendering from where you are?

Yes	
No	

If not, would you like to be involved?

Yes	
No	

3.1.2 Indicate how you feel about middle management personnel retiring early:

Concerned about loss of expertise	
See it as an opportunity for promotion	
Financial concerns	
Other feelings	

(Specify) -----

3.2 STAFF ACQUISITION

3.2.1 As an undergraduate, did you do any practice education psychiatric hospital?

Yes	
No	

3.2.2 Did you apply for your original post at the hospital directly or was your name on a list for the possibility of a post and you were called when a vacancy arose?

Direct application	
Name on a list	

Were you recruited for your post?

Yes	
No	

3.2.3 Please indicate which of the following have been determined for your own particular post:

a duty sheet with a list of all the tasks a social worker could possibly be carrying out in relation to the post as social worker.

Yes	
No	

a job description indicating exactly what the specific worker is undertaking to do and which is written in **measurable** terms indicating norms for criteria against which performance and growth can be appraised.

Yes	
No	

a job specification identifying the level of knowledge and skills required, experience and type of person required to do a job effectively.

Yes	
No	

a job evaluation referring to a job ranking in terms of responsibility, experience and skills, knowledge and decision-making required.

Yes	
No	

3.2.4 Are the objectives, of your post clear to you **personally**?

Yes	
No	

Comments: -----

3.2.5 Are you reaching your own objectives?

Yes	
No	
To an extent	

Comments:-----

3.2.6 Have you become aware of your obligations as a hospital social worker in terms of the rationalisation process?

Not aware	
Aware	
Very Aware	

Comments: -----

3.2.7 As hospital social worker, do you perceive yourself as having to play a role in the primary health care approach and equitable service delivery?

Yes	
No	

Comments: -----

3.2.8 Do you receive guidance from your supervisor with workload management?

Yes	
No	

Comments: -----

3.2.9 In order to stimulate high performance, jobs should be perceived as personally satisfying. Please rate the following core job characteristics in terms of your preferences by placing the figures from 1-6 in the appropriate blocks:

(6 = highest preference; 1 = lowest preference)

Variety , the range of tasks or operations, procedures and skills the job requires.	
Autonomy , the authority employees have in scheduling their own work and deciding on procedures to be followed eg. in decision-making, programme development etc.	
Task identity , the significance of the work as experienced and the extent to which employees can identify with the results of their efforts.	
Feedback , the degree to which employees receive information about their job performance	
Teamwork	
Friendship opportunities at work	

4. THE EDUCATIONAL FUNCTION OF SUPERVISION AND STAFF DEVELOPMENT

4.1 Select five of the following in terms of the incentive value they have for you personally and rank them from 1-5:

(5 = highest; 1 = lowest)

Learning new clinical and management techniques	
Attending conferences and participating in training and development programmes	
Participating in management and decision-making which affects your work	
Continued professional growth after having completed formal professional education	
Promotion to a higher level	
Salary increase	
Recognition from others	
Personal growth and development	
Autonomy	

Any others you wish to include:

4.2 Are you familiar with the development / educational model of supervision as referred to by Kadushin (1992) in terms of the **Place, Person, Problem, Process and Personnel** components?

Yes	
No	

4.3 If yes, have you been supervised in terms of this model?

Yes	
No	

4.4 If your answer is 'yes', was an educational programme drawn up to meet your learning needs according to the educational evaluation?

Yes	
No	

Comments: -----

4.5 When you supervise, do you follow this model?

Don't supervise	
Yes	
No	
To an extent	

Comments: -----

4.6 Please indicate when you think supervision ought to be terminated:

After first year of probation	
After three years when promoted to senior	
When worker is able to function independently	
Other	

(Specify): -----

4.7 For how many years were you supervised? -----

Comments: -----

4.8 Indicate the courses, as offered by the Directorate: Training, P.A.W.C., you have attended:

Orientation	
Junior Management	
Presentation Skills	
Interpersonal Skills	
Stress Management	
Computer Skills	
Other	

(Specify): -----

If you have attended any of the above, please give a general comment on the impact of these courses on your actual work output:

4.9 Do you function on consultation level?

Yes	
No	

If yes, indicate the criteria according to which you advanced from supervision to consultation level:

1. -----
2. -----
3. -----

Other -----

4.10 Does your department have supervision and consultation policies?

	Written	Unwritten	None
Supervision			
Consultation			

5. THE SUPPORTIVE FUNCTION OF SUPERVISION AND STAFF UTILISATION

5.1 Select five management techniques you consider to best promote efficiency and rate in order of preference from 1-5:

(5 = highest preference; 1 = lowest)

Vertical organisational hierarchy	
Well defined guidelines eg. procedure manuals, job descriptions, other rules and regulations	
Promotion based on demonstrated competence - rewards for jobs well done	
Formal and ordered communication channels	
Job security for full-time employees	
Very specific jobs for different levels of staff (division of labour)	
Emphasis on written documentation	
Concern for the worker	
Control and management of conflict	
Invested worker interest in what needs to be done	
Participative management	
Worker involvement in goal setting	
Performance evaluation	
Empowering staff	
Motivating staff potential	
Transparency	
Other	

(Specify): -----

5.2 Rank in order from 1-5 how stressful you experience the following:

(5 = most stressful; 1 = least stressful)

Infrastructure of the system	
Management style	
Nature of the job	
Supervision relationship	
Interdepartmental / interprofessional relationships	

Comments:-----

5.3 List five brief suggestions how you can be activated to perform to your full potential:

1. -----
2. -----
3. -----
4. -----
5. -----

5.4 You do all that your team expects of you but at what level of productivity do you regard yourself as functioning at?

Low	
Medium	
High	
Very High	

Comments:-----

6. EVALUATION

6.1 Does your department's present evaluation system give credit to your efforts?

Yes	
No	

Comments:-----

6.2 How do you feel about performance appraisal?

Positive	
Negative	

Comments:-----

Thank you very much for the time you have taken to complete this questionnaire.

Your co-operation is much appreciated.

Please fold your questionnaire in half and staple it once.

Lizette Hendry

Senior Social Worker

Valkenberg Hospital

October 1996

