

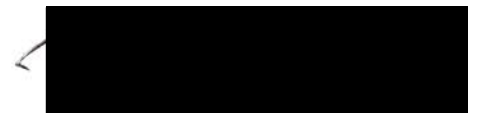
“THE IMPACT OF THE LABOUR RELATIONS ACT, 1995 (ACT 66 OF 1995) ON THE TRANSFORMATION OF THE PUBLIC SERVICE DELIVERY AT MOKOPANE HOSPITAL IN LIMPOPO”

BY

MOGABA DANIEL TSEBE

A RESEARCH PAPER SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE MASTER OF THE PUBLIC ADMINISTRATION IN THE FACULTY OF MANAGEMENT AND LAW, TURFLOOP GRADUATE SCHOOL OF LEADERSHIP (TGSL)

UNIVERSITY OF LIMPOPO

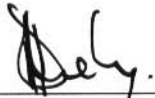


SUPERVISOR: PROFESSOR BRIAN BOTHA



DECLARATION

I Mogaba Daniel Tsebe declare that this piece of work is my original work.



Signature

07/04/2008

PROF BRIAN P BOTHA DPhil (Pret)

P O Box/Posbus 39625
FAERIE GLEN 0043

Tel: +27 (0)12 991 1115
Mobile: +27 461 6934

26 Olympus Park
Tom Burke St
FAERIE GLEN
0043

TO WHOM IT MAY CONCERN

**QUESTIONNAIRE ON
RESEARCH TOPIC:**

**“THE IMPACT OF THE LABOUR RELATIONS ACT, 1995 (ACT 66 OF
1995) ON THE TRANSFORMATION OF PUBLIC SERVICE DELIVERY
AT THE MOKOPANE HOSPITAL IN LIMPOPO”**

Mr. Daniel Tsebe: University of Limpopo

It will be highly appreciated if you can assist Mr. Tsebe in completing the questionnaire to assist him in his research towards the degree Masters in Public Administration at the Turfloop School of Leadership at the Edupark Campus of the University of Limpopo.

Yours truly



Prof Brian P Botha
Supervisor

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I met Professor Brian Botha, the distinct and respected scholar in Public Administration for the first time at the University of Limpopo in 2006. One of his ambitions is to develop capacities and scholarship in the field of Public Administration of which I owed absolute allegiance, hence the study. Professor Botha's scholarly supervision made me to complete what I have started. His professorial approach in supervising me to the very end of this piece of work unwaveringly encouraged me to accept and face challenges with tenacity. I undertook the responsibility within my area of competence to research and address this concern without fail.

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DEDICATIONS

This piece of work is dedicated to the following people:

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- Baga Rangwane Benny and Nchabeng Tsebe....this is your work as you have been guiding me in each and every way. You always have been helpful with accommodation, meals, and many others (you know what). Thanks!
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SUMMARY

Today, in South Africa, as we grapple with challenges brought by our new democracy, it is appropriate to have a practical guide that can be used not primarily on issues of labour relations but also on issues of service delivery improvements. This study comes at the most opportune time, when all involved have to help shape the public service and to come to grips with the implications of the Labour Relations Act, 1995 (Act 66 of 1996).

The study's main objective is to find out the major labour related conflicts that are prominent at Mokopane Provincial Hospital and broadly discuss them in order to find out if they are threats to service delivery. After identifying threats to service delivery, it shall be appropriate to recommend through the application of the Labour Relations Act, 1995 (Act 66 of 1995), important areas that will enhance service delivery. In brief, this study is intending to close gaps between labour relations issues and service delivery.

CHAPTER 1 INTRODUCTION AND BACKGROUND

1.1 Introduction

In this chapter, a background of the study and the assessment of the impact of the Labour Relations Act, 1995 (Act 66 of 1995) to the process of public service transformation, with particular reference to Mokopane Provincial Hospital in the Limpopo Department of Health and Social Development will be discussed. The study identifies the statement(s) of the problem and thereafter outlines the research questions and objectives of the study. The literature that applies to the root of the problem is reviewed and the hypothesis is formulated.

The research methodology and design shall be explained and the scope, limitations and shortcomings of the study are clearly outlined. Means and ways of dealing with these shortcomings are also clearly outlined. The study lists references used and a breakdown is introduced to indicate the different chapters of the study.

1.2 Background of the study

Before the industrial revolution, labour was “cheap” and communities were structured in a way that most people worked in tiny communities at familiar handwork or agricultural activities. Individuals worked because work provided them with functional or traditional roles; hence the workforce in this era was mostly constituted of men.

The industrial revolution in the 14th century began as a social and economic revolution. Communities began to develop an extended interest in increasing their incomes. In the 18th century, the industrial revolution displayed its full impact as the entire economic order changed. There was an immense impact on existing social structures, resulted in a change in the perception of individual man and society at large and man’s working life (Bendix, 2001:6).

In South Africa, the apartheid era followed from 1948, and at this stage black labour unions were not recognized in the same manner as white unions were, which brought about division in the workplace. It was in this era where many cases of unfair labour practices and unfair dismissals were reported. Mass mobilization of

labour resulted to protest against such divisions and to ensure that there is peace, equality, and sound relations at the workplace. Such protests became necessary in order to clarify different roles that must be played by the employer and employee while it became necessary to improve service delivery.

There always is a need for a sound relationship between the employer and employee, each having a different role to play. The employer's role is to appoint, pay, train, provide safe working conditions, promote employees and comply with statutory requirements. The employees at the other side are faced with a role of utilizing own mental and physical abilities and/or strengths in achieving employer goals. Employees are more able to achieve goals if they give all their competence, obey employers, remain subordinate to the employer, refrain from misconduct, and maintain bona fides (Du Plessis et al., 2001:13–19).

As a result of the employer–employee relationship, the Labour Relations Act, 1956 (Act 26 of 1956) was introduced and later amended through the introduction of the Labour Relations, 1995 (Act 66 of 1995). The purpose of the Labour Relations Act, 1995 (Act 66 of 1995) is to advance economic development, social justice, labour peace and democratization of the workplace (LRA, 1995:1). It may then be deduced that the Labour Relations, 1995 (Act 66 of 1995) needs to ensure fair labour practices and sound employer – employee relations to improve service delivery. According to the White Paper on Transformation of Public Service Delivery, service delivery is not a privilege but a legitimate expectation in civilized society (1997:3). However, the *White Paper on the Transformation of the Public Service* states that there remains conflicting labour relations problems that impacts on the transformation process and service delivery in general (1995:1).

At the same time, the *White Paper on Transformation of Public Service Delivery* was introduced in 1997 to put emphasis on the services rendered by employees. The emphasis of the White Paper is the need to ensure that public service delivery is of high quality and accessible to all people. The eight Batho Pele principles were identified as central in the conduct of public service affairs. These principles are the core driver towards total quality management and are today expected to be accepted as way of life in the public service (Citizens Report, 2003:5).

Mokopane Provincial Hospital (formerly Refilwe Hospital) as a public service and health institution has a mandate to make health care and social security services available to the communities. Emergency medical treatment should also be made available and should not be refused to those in need as required by Section 27 of the Constitution Act, 1996 (Act 108 of 1996) (1996:13). Such services within the Mokopane Provincial Hospital should be rendered by considering the important principles and values as stipulated in Section 195 (1) of the Constitution Act, 1996 (Act 108 of 1996) (1996: p.107). The Labour Relations Act, 1995(Act 66 of 1995) and the *White Paper on Transforming Public Service Delivery* are two main important legislative guideline through which services in Mokopane Hospital are regarded as essential towards the improvement of the communities that it serves.

1.3 Statement of a Problem

According to Swanepoel (1999:59–61), conflicting labour relations in the workplace arise due to a lack of effective communication, attitudinal problems, ideological differences and inadequate support and guidance from the top management to the general workforce. Once the above-mentioned conditions apply there will be job dissatisfaction resulting in high employee turnover that is bound to result in poor service delivery.

The statement of a problem is: Why are there continued conflicts at Mokopane Provincial Hospital that results in job dissatisfaction that causes public dissatisfaction when the implementation of the Labour Relations Act, 1995 (Act 66 of 1995) is expected to bring peace and harmony and to improve service delivery?

1.4 Research Questions

The main questions for the study are, namely:

- 1.4.1 What are the major labour related conflicts that are threatening service delivery in the Mokopane Provincial Hospital?
- 1.4.2 How effectively can the Labour Relations Act, 1996 (Act 66 of 1995) be implemented to ensure there are limited labour related conflicts resulting in improved service delivery?

1.5 The Objectives of the Study

The objectives of the study are, namely:

- a. To find out the major labour related conflicts that are prominent at the Mokopane Provincial Hospital and broadly discuss them in order to find out if they are threats to service delivery; and
- b. To recommend through the application of the Labour Relations Act, 1996 (Act 66 of 1995), important areas that will enhance service delivery.

1.6 Literature Review

o Institutional Background

Mokopane Provincial Hospital as a health institution has a mandate to make health care and social security services available to anyone in need. Emergency medical treatment should also be made available and should not be refused to those in need as required by Section 27 of the Constitution Act, 1996 (Act 108 of 1996) (1996:13). Rendering of such services within the Mokopane Provincial Hospital should be done through considering the important principles and values as stipulated in Section 195 (1) of the *Constitution of the Republic of South Africa*, 1996 (Act 108 of 1996) (1996: p.107).

• Public Service Delivery Transformation

According to Thakhathi (1998:3), South Africa is within a new era, the era of democracy, transformation, reforms, changes and nation building. The African National Congress (2002:66) regards transformation of the public service as important, not only for functional reasons, but also for achieving the overall aims of the National Democratic Revolution. Therefore, choices regarding public service transformation including service delivery must be compatible to circumstances in the country.

The Citizen's report on "Batho Pele" (2003:4) regards transformation as a dynamic, and focused process, designed to fundamentally reshape the public service to achieve its appointed role. The government of South Africa is expected, therefore, to create a people – centered and people driven public service, which is characterized by equality, quality, timeousness and a strong code of ethics. In realizing the vision of a transformed and people-driven and people-centered public institution,

Mokopane Provincial Hospital must pursue this within the legal framework within which transformation of the public service delivery is to take place.

At the same time, the *Green Paper on Transforming Public Service Delivery* (1996:3) maintains that there should be improved delivery of services as a means of redressing the past imbalances, while maintaining continuity of service to all levels of society. In doing so, the objectives to be perused, among others, must include that of welfare, equity, and efficiency. There must be a shift away from inward – looking, bureaucratic systems, processes and attitudes, towards new ways of working which put the needs of the public first in a better, faster and more responsive manner to meet these needs. Public administration must move from officials just occupying offices to officials starting to “care”, “belong” and “serve”. In realizing the above-mentioned, the *Green Paper on Transforming Public Service Delivery* lists the following “Batho Pele” principles; that will be analysed in the study.

a. Consultation

Adopt and implement means and ways to consult users of public services about the level and quality of the services they receive and wherever possible, to provide a choice about services that are offered.

b. Service standards

Users of public services should be informed of the levels and quality of service they will receive so that they are aware of what to expect.

c. Courtesy

This principle goes beyond a polite smile, “please” and “thank you”. It requires service providers to emphasize the citizens and treat them with as much consideration and respect, as they would like for themselves.

d. Access

All users of public services must have an equal access to public services they are entitled to.

e. Information

Users of public services should be given accurate information about the public services they are entitled to receive.

f. Openness and transparency

Public administration should be a see-through system and process whereby users of public services, as taxpayers, are told how government is run, how much they cost, and who is in charge.

g. Redress

Public Officials must be apologetic for failure to deliver a promised standard of service, thus also provide speedy and effective remedy.

h. Value for money

Public services should be provided economically and efficiently in order to give the public the best possible value for money.

• **Legal Framework**

Section 9 of the *Constitution of the Republic of South Africa, 1996* (Act 108 of 1996) (1996:7) provides for equality and enjoyment of all the rights and freedoms to all. Everyone is equal before the law and has the right to equal protection and benefit of the law. Section 23 of the *Constitution of the Republic of South Africa, 1996* (Act 108 of 1995) (1996:10) provides for the rights to fair labour practices. This section gives birth to the employees' rights to form or join unions, to participate in activities of unions, and to strike. Employers are also given rights by this section to form or join the employers' organization, to participate in the activities of such organization, and to lock out.

However, Chapter 10 of the constitution (1996:107) provides that the delivery of services should be governed by democratic values and principles, namely:

- a. A high standard of professional ethics must be promoted and maintained;
- b. Efficient, economic and effective use of resources must be promoted;

- c. Public administration must be development oriented;
- d. Services must be provided impartially, fairly, equitably, and without bias;
- e. People's needs must be responded to and the public must be encouraged to participate in policy making;
- f. Public administration must be accountable;
- g. Transparency must be fostered by providing the public with timely, accessible and accurate information;
- h. Good human resources management and career development practices, to maximize human potential must be cultivated; and
- i. Public administration must be broadly representative of the South African people, with employment and personnel management practices based on ability, objectivity, fairness, and the need to redress the imbalances of the past to achieve broad representation.

According to Mischke (2004:29), the Labour Relations Act, 1995 (Act 66 of 1995) protects the right of employees to freedom of association, by providing, for instance, that no one may discriminate against an employee on the basis of employee exercising a right provided for in this particular Act. At the same time, no person may require or demands that an employee cease to belong to a union. Mischke (2004:29) also points out that as much as employees have their rights employers also have own rights to form or join employers' organization. However, there is no much distinction between workers and senior managers when it comes to freedom of association as senior managers (who are employees as well) may also form or join labour unions.

The Labour Relations Act, 1995 (Act 66 of 1995) also provides that a collective agreement may be agreed upon and as a result will bind each party to the agreement and members of each party. Collective agreement is binding for the whole period of the collective agreement and all who were parties and members at the time it became binding and also all who became members after it became binding (1995:21). Many collective agreements have been resulted and agreed upon. Examples are the Disciplinary Codes and Procedures, Grievance Procedures, resolution on acting allowances, and resolution on leave

determination. These collective agreements bind both the employer and the employee in their relationship in the delivery of services to the general public.

Section 70 of the Labour Relations Act, 1995 (Act 66 of 1995), (1995:83) enables the establishment of the Essential Services Committees that has to determine whether or not the service is essential service or not or whether the employer or employee is engaged in a service designated as an essential service. However, Schedule 3 of the Labour Relations Act, 1995 (Act 66 of 1995) maintains that in an essential service, there shall not be a strike or a lock out, as a result any dispute shall be referred to the Council or Commission (1995:243).

- **Worker Participation**

There are five registered labour unions that have been accepted by the Department of Health and Social Development in Limpopo to practice its freedoms and rights within any institution and offices falling within the jurisdiction of the said department. The registered trade unions recognised in the Department of Health and Social Development in Limpopo are: National Education and Health Allied Workers Union (NEHAWU), Health and Other Service Personnel Trade Union of South Africa (HOSPERSA), Public Service Association (PSA), Democratic Nurses Organisation of South Africa (DENOSA), and South African Medical Association (SAMA).

According to Mafunisa (2000:74), labour unions are sometimes regarded as watchdogs of the activities of the employer especially to those matters regards the agreements entered into by both of them (employer and labour unions). Labour Union's activities are to represent members during disciplinary hearings, declare disputes over issues that they cannot reach an intended decision or a consensus with the employer, and to mobilize support within the workplace.

Equally, there are workplace forums that are or should be established in terms of the Labour Relations Act, 1995 (Act 66 of 1995) in order to ensure worker participation in the workplace. The rationale behind the idea of the workplace forum is an attempt to avoid adversarial industrial relations by way of consultation and joint decision making. Consultation and joint decision-making becomes

possible through the establishment of a workplace forum. Some of the issues that are the concern of the workplace forum include restructuring of the workplace, training and development of employees, and recruitment strategies that must be incorporated within the overall institutional plan, among others (Du Plessis et al., 2001:217).

There is equally a need to establish different workplace committees that will focus on different issues within the institution that affect service delivery. Such committees must include the Executive Committee comprising the top management of the institution, the Risk Management Committee, Joint Management and Labour Unions Committee, Batho Pele Committee, Training Committee, and Industrial Action Committee, among others, which must all look at service delivery issues within the workplace (Mukendi, 2004:1).

1.7 Hypotheses

The following hypotheses will be tested empirically:

- a. There will be improved service delivery if training and capacity building on matters of labour relations and service delivery are emphasized and included in the in-service training programmes; and
- b. There will be improved service delivery if line managers are given a clear-cut responsibility to overlook matters of labour relations within their sections.

1.8 Research Methodology and Design

1.8.1 Target Group and Sampling

The target populations for this study are the following:

- a. *Manager: Corporate Services*, who manages matters of human resources, human resources development and training, and labour relations, among others and who shall assist by providing reports and other documentation relevant to stakeholders. The Manager should at least have two years as an official because his/her information would be based on more than a year observations and reporting;
- b. *Manager: Nursing Services* who manages a larger scarce skill component in the hospital that is particularly key in ensuring there is patients care;

- c. *Manager: Clinical Services* who manages all Medical Doctors and other Allied employees such as Dentists, Occupational Therapists, and Dieticians whose services are scarce and who are likely to leave the institution at any time if dissatisfied of working conditions;
- d. *Artisan Superintendent* who manages a large group of different trades like plumbing, electrical, mechanical, bricklaying, and gardening, among others. The Artisan Superintendent will be key to represent the lowest level of employees who usually do not understand or does not know of the existence of the labour legislations;
- e. Five *Labour Unions* representatives who have been *Union Organizers* of the five recognized labour unions who have at least three years attending to labour issues that affected their members. At this stage, it will be proper to gather a different view of labour unions from that of Managers mentioned above in order to avoid gathering data from “one side of the coin”;
- f. *Manager: Labour Relations* Section who coordinates labour relations issues within the Waterberg District attached to the Head Office in Polokwane. The Manager will be able to provide necessary information based on own judgments and reports submitted to him relating to activities of labour relations from Mokopane Provincial Hospital;
- g. *30 employees* from different occupational classes and levels who will be giving observatory information regarding labour relations activities in Mokopane Provincial Hospital through the completion of questionnaires. These employees shall be representative of the general workforce and must have been employed for more two years in Mokopane Provincial Hospital; and
- h. *10 hospitalised patients* who shall provide necessary information as far as patient care is concerned. Such patients shall be those who have been hospitalised for not less than 3 days in Mokopane Hospital.

Convenience sampling is used because deductions made from the results obtainable from such a biased sample are valid only for Mokopane Provincial Hospital, and thus cannot be extrapolated or applied to other hospitals in Limpopo Province or nationally.

1.8.2 Research Techniques

- a. Structured interviews were conducted with officers mentioned in 7.1. (a to f) *supra*. These officers provided background information and information based on reports and other documents such as memoranda, policies, strategic plan, agreements and minutes, among others. The interviews took approximately 20 minutes for each interviewee.
- b. Different legislation and official documentation such as the Labour Relations Act, 1995 (Act 66 of 1995), *White Paper on Public Service Delivery*, the Employment Equity Act, 1998 (Act 55 of 1998), and the Basic Conditions of Employment Act, 1997 (Act 75 of 1997), among others, were referred to in order to provide a legal background within which the study take place.
- c. Different books were consulted in order to gather background information on what has already been put down by different authors.
- d. Internet websites were used to search and gather data that are relevant to the study.
- e. The self-administered questionnaires were introduced to reach the population target mention in 7.1. (g - h) *supra*. The process took approximately three weeks. A sample questionnaire to be used is attached.
- f. The statistical and descriptive analysis of data was used to empirically test the hypotheses.
- g. There was a pilot study to check the feasibility of the questionnaire.

1.8.3 Ethics

The following ethical standards were followed, namely:

- a. The researcher signed an oath of secrecy with Mokopane Provincial Hospital to agree on standards in terms of leakage and disclosure of information; and
- b. Prior written requests were directed by the researcher to those to be interviewed. The interviews took place as much as possible at the place of work unless a mutual agreement had been made between the researcher and interviewee to proceed with interviews sometimes after working premises and outside working hours.

1.9 Scope and Limitations

1.9.1 Which area or section is the research covering?

The present research covers the implementation of the Labour Relations Act, 1995 (Act 66 of 1995) towards improving service delivery in the Mokopane Provincial Hospital.

1.9.2 What are the shortcomings and exceptions in researching the topic?

a. The use of language and how to reach the target group

The language used in interviews and the questionnaire is English. Appointed enumerators were trained to administer the questionnaire and even be able to interpret the questions if necessary.

b. Cooperation from the interviewees

Cooperation from those to be interviewed cannot be guaranteed. Prior agreed upon written appointments were made with them before interviews. The part on ethics was communicated to them in order for them to enter into something they were well assured would not threaten their positions.

c. Traveling costs

The present researcher used own resources for traveling as traveling costs were not be much.

d. Accessibility to documentation

Written request was submitted and an oath of secrecy was signed.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The Labour Relations Act, 1995 (Act 66 of 1995) came into effect on 11 November 1996. This Act is one of the first steps in the process to reform South African labour law, and most certainly brings about important changes in labour law and labour relations. The Labour Relations Act, 1995 (Act 66 of 1995) gave effect to the stated goals and principles of the Reconstruction and Development Programme of the government, and ensured that labour legislation complies with the provisions of the Constitution Act, 1996 (Act 108 of 1996).

This chapter will deal with the Labour Relations Act, 1995 (Act 66 of 1995), by outlining relevant elements of the Act itself, the locus and focus of the Labour Relations Act, 1995 (Act 66 of 1995) in the public service. The chapter will also focus on the transformation process of the public service by discussing the legislative framework, challenges, and stake holders in the transformation process of the public service.

The chapter also look into the impact of the Labour Relations Act, 1995(Act 66 of 1995) in the transformation process in the public service in general but to the Mokopane Hospital in particular. The issues that are discussed include the decision making process, labour union activities, strike management, grievance procedures and corrective discipline. Finally, this chapter gets concluded by giving a concluding statement.

2.2 The Impact of Labour Relations Act, 1995 (Act 66 of 1995) on Public Service Delivery in Mokopane Hospital: An Overview

2.2.1 Elements of the Labour Relations Act, 1995 (Act 66 of 1995)

Chapter II of the Labour Relations Act, 1995 (Act 66 of 1995), Section 4 (1) provides that every employee has the right to participate in union or federation of labour unions' activities and/or to join a trade union, subject to its constitution. This implies

that every employee has the right to a freedom of association. Employers too, have rights to a freedom of association – right to form or join the employer’s organization (1995:5-7).

With the rights provided for in Chapter II of the Labour Relations Act, 1995 (Act 66 of 1995), the labour union representatives are entitled to paid leave for union activities. According to Chapter III of the Labour Relations Act, 1995 (Act 66 of 1995) labour union representatives are entitled to reasonable leave of absence during working hours to perform functions on behalf of the union. However, there should be a mutual agreement with the employer as to how many days the labour union representatives qualify for leave for union activities. The time frame should be agreed upon by an employer and the labour unions in consultation over this particular matter (1995:5-7).

In order to comply with this requirement as well as to ensure its enforcement, the LRA (Act 66 of 1995) provides for the establishment of bargaining councils in Chapter 3 Part. The powers and functions of the bargaining council in relation to its registered scope include the following:

- Conclusion of bargaining agreements;
- Enforcement of those collective agreements;
- Prevention and resolution of labour disputes;
- Promotion and establishment of training and education schemes; and
- Establishment and administration of pension, provident, medical aid, sick pay, holiday, unemployment and training, among others (1995:5-7).

There is a bargaining council for the public service as a whole, herein referred to as the Public Service Coordinating Bargaining Council (PSCBC). The PSCBC may designate a sector of the public sector for the purpose of establishing a bargaining council that will conclude agreements and resolve jurisdictional disputes. A dispute resolution committee has been established to resolve any jurisdictional disputes between the PSCBC any other bargaining council in the public sector. The Public Health Welfare Sectoral Bargaining Council (PHWSBC) was established as a

sectoral bargaining council for the Department of Health to this effect and its key objectives are to:

- Conclude of bargaining agreements that will be relevant within the sector;
- enforce those collective agreements within the sector; and
- Prevent and resolve the labour disputes (demarcation disputes) within the sector, or accredit the Commission of Conciliation, Arbitration and Mediation to resolve such disputes, among others.

In the case of Mokopane Hospital, an agreement has been struck between the department (as employer) and the Public Health and Welfare Sectoral Bargaining Council (PHWSC) and registered labour unions, that leave for union activities shall be limited depending to determinations made as per sector of public service.

Chapter IV of the Labour Relations Act, 1995 (Act 66 of 1995) provides us with issues that concerns strikes and lock – outs. According to Mischke (2004:53), strikes are a common feature in labour relations, and, because they often attract a great deal of media attention, they are one of the visible manifestations of labour relations.

A strike is defined as an action committed by persons who are employed by the same or by different employers. According to Circular 43 of 2003 of the Department of Health and Social Development in Limpopo (2003:2), a strike is a partial and/or complete denial by the employees to proceed with the work. Strike action can be protected or unprotected. Section 65(2) of the Labour Relations Act, (Act 66 of 1995) provides that protected strike can take place over an employer's refusal to grant organisational rights to the union and/or over employer's refusal to bargain with a trade union (Basson et al., 2002:114 -115).

Every employee has the right to strike and every employer, if the issue in dispute has been referred to a council or to the Commission of Conciliation, Arbitration and Mediation as required by the Labour Relations Act, (Act 66 of 1995). Further, a certificate stating that the dispute remains unresolved should be issued; or a period of 30 days, or any extension of that period is agreed to between the parties to the

dispute, has elapsed since the referral was received by the council or the Commission of Conciliation, Arbitration and Mediation. For a proposed strike, at least 7 working days' notice of the commencement and must be in writing, to the employer, unless the issue in dispute relates to a collective agreement to be concluded in a council, in which case, notice must have been given to that council (1995:50).

A lockout means the exclusion by the employer of employees from the employer's workplace, for the purpose of compelling the employees to accept a demand in respect of any matter of mutual interest between the employer and employee, whether or not the employer breaches those employees' contracts of employment in the course of or for the purpose of that exclusion (Basson et al., 2002:115). This definition, consist of two elements, both of which must be present simultaneously in order to constitute a lock out, namely:

- The action taken by the employer must fall within the definition of a lockout; and
- The employer must embark on this action for a specific purpose as mentioned in the definition.

A strike by employees or lock – out by employer constitute a significant waste of resources and money – employees loose salaries as “the no work no pay rule” apply and employers loose in productivity. No person may take part in strikes or a lock out if that person is engaged in essential services. Mokopane Hospital as a health institution is an essential service provider and as a result its employees may not take part in a strike action.

Chapter V provides that workplace forums may be established in order to promote the interests of all employees except a senior managerial employee who represent the employer in dealings with the workplace forums or who determines policies and take decisions on behalf of the employer. Workplace forums are new bodies through which all employees in the workplace (and not just union members) can exercise statutory rights of participating in managerial decisions that are affecting them. A workplace forum may be established in any workplace in which an employer employs more than 100 employees. Workplace forums can be established without

the consent of the employer and are restricted to the larger employers because of the financial and administrative burdens they might place on the employer. The establishment of workplace forums is voluntary in nature and does not prevent employers and labour unions from concluding agreements collectively (Basson et al., 2002:190). The functions of the workplace forums are, namely:

- To promote the interest of all employees in the workplace;
- To enhance efficiency in the workplace;
- To be consulted by the employer; and
- To participate in joint decision making.

The workplace forum, when participating in matters for joint decision making, does so under the following topics:

➤ ***Disciplinary codes and procedures***

Determination of disciplinary codes and procedures has been, traditionally, the joint decision making by the employer and labour union. It is now compulsory for the employer to subject disciplinary codes to the decision making process of the workplace forum, where such a forum exist;

➤ ***Workplace regulation***

Workplace forums also take part in decision making to rules that relating to safety standards in the workplace and those relating to the use of equipment and machinery.

➤ ***Affirmative action***

Workplace forums also participate in decision making in so far as the designing of measures to advance persons who have been disadvantaged by unfair discrimination in the past.

➤ ***Social benefit schemes***

Workplace forums also are taking part during decision making about fiduciary benefits of employees that includes pension and provident schemes, medical aids.

The other important element of the Labour Relations Act, 1995 (Act 66 of 1995) deals with unfair dismissal as opposed to unfair labour practices. According to Section 6 (1) of the Employment Equity Act, 1998 (Act 55 Of 1998), (1998, p.18),

...no person may unfairly discriminate, directly or indirectly against an employee, in any employment policy or practice, on one or more grounds, including race, gender, sex, pregnancy, marital status, family responsibility, ethnic or social origin, colour, sexual orientation, age, disability, religion, HIV status, conscience, belief, political opinion, culture, language and birth.

The termination of employment by the employer is guided by the International Labour Organization (ILO) Convention on Termination of employment, by the Unfair Dismissal chapter in the Labour Relations Act, 1995 (Act 66 of 1995) and the Code of Good Practice on Dismissal appended to the Act. The employer may dismiss after all attempts of corrections have failed or if the employee has committed a serious misconduct in such a way that an employment relationship is intolerable or cannot be justified by any mitigation. No employee may be dismissed without being granted a disciplinary hearing, unless circumstances such as the employee either absconding or being unwilling to return to work render this impossible.

2.3 The Place of Labour Relations Act, 1995 (Act 66 of 1995) at the Mokopane Hospital

2.3.1 The Background

Before the industrial revolution, labour was “cheap” and communities were structured in a way that most people worked in tiny communities at familiar handwork or agricultural activities. Individuals worked because work provided them with functional or traditional roles; hence the workforce in this era was mostly constituted of men.

The industrial revolution in the 14th century began as a social and economic convulsion. Communities began to develop an extended interest in increasing their incomes. In the 18th century, the industrial revolution displayed its full impact as the entire economic order changed. There was an immense impact on existing social

structures, resulted in a change in the perception of individual man and society at large and man's working life (Bendix, 2001:6).

The apartheid era followed from 1948, and at this stage black labour unions were not recognized in the same manner as white unions were, which brought division in the workplace. It was in this era where many cases of unfair labour practices and unfair dismissals were reported. Mass mobilization of labour resulted to protest against such divisions and to ensure that there is peace, equality, and sound relations at the workplace. Such protests became necessary in order to clarify different roles that must be played by the employer and employee while it became necessary to improve service delivery.

There always is a need for a sound relationship between the employer and employee, each having a clearly defined role to play. The employer's role is to appoint, pay, train, provide safe working conditions, promote employees and comply with statutory requirements. The employees at the other side are charged with a role of utilising own mental and physical abilities and/or strengths in order to achieve the goals of an employer. Employees are more able to achieve goals if they give all their competence, obey employers, remain subordinate to the employer, refrain from misconduct, and maintain bona fides (Du Plessis et al., 2001:13–19).

As a result of the employer-employee relationship, the Labour Relations Act, 1956 (Act 26 of 1956) was introduced and later amended through the introduction of the Labour Relations Act, 1995 (Act 66 of 1995). The purpose of the Labour Relations Act, 1995 (Act 66 of 1995) is to advance economic development, social justice, labour peace and democratization of the workplace (LRA, 1995:1). It may then be deduced that the Labour Relations, 1995 (Act 66 of 1995) needs to ensure fair labour practices and sound employer – employee relations to improve service delivery.

According to Mokopane Hospital, Strategic Plan, 2006 (2006:2), Mokopane Hospital is a secondary level of care facility within Waterberg District and due to its geographical location; poor infrastructure and villages around it provide care for

Primary Health, level one and two services. The hospital serves seven (7) district hospitals, one (1) health centre and two (2) clinics.

According to Mokopane Hospital, Strategic Plan, 2006 (2006:2-3), Mokopane Hospital is situated in Waterberg District, which is in the Western location of Limpopo Province; it shares the provincial border with Botswana. Within the province it shares its borders with Capricorn District to the North and the Sekhukhune District to the east. Its south-western boundary ends at the North-West Province and the south-eastern boundary at the Gauteng Province. The entry points (roads) into the district are:

- From Sekhukhune District, **the N11**
- From Gauteng Province, **the N1 and R101**
- From North-West Province, **the R159 and R133.**

The main strategic objectives of Mokopane Hospital are, namely:

- To improve quality of service;
- To improve Hospital infrastructure;
- To improve health technology;
- To develop secondary level services;
- Decentralization of Hospital management;
- To improve financial management system;
- To train and develop staff;
- To provide security and risk management services; and
- To promote sound labour relations

Mokopane Hospital as a health institution appoints more than 350 individual employees at different occupational levels and ranks. In order to realize the democratization of the workplace, these individuals are, in terms of the organisational rights provided for in the Labour Relations Act, 1995 (Act 66 of 1995), given rights and freedoms to join or form labour unions. During this period, Mokopane Hospital finds itself involved with five (5) labour unions. These are the National Education and Health Allied Workers Union (NEHAWU), Health and Other

Service Personnel Trade Union of South Africa (HOSPERSA), Public Service Association (PSA), Democratic Nurses Organization of South Africa (DENOSA), and South African Medical Association (SAMA).

2.3.2 Schedule 8 and Resolution 1 of 2003

Resolution 1 of 2003 has been existence since 1 July 1999 and has been amended in order to remove certain ambiguities to effect certain technical changes. The purpose of Resolution 1 of 2003 is to:

- Support constructive labour relations in the public service;
- Promote mutual respect between employees and between employees and employer;
- Ensure that managers and employees share a common understanding of misconduct and discipline;
- Promote acceptable conduct;
- Provide employees and the employer with quick and easy reference for the application of discipline;
- Avert and correct unacceptable conduct; and
- Prevent arbitrary or discriminatory actions by managers towards employees (Resolution 1, 2003:5).

Resolution 1 of 2003 provides us with the following sanction, which may be decided upon by the Chairperson of the disciplinary hearing, namely:

- Corrective Counselling;
- Written warning;
- Final Written warning;
- Suspension without pay, for no longer 3 months;
- Demotion;
- Combination of the above; and
- Dismissal.

Dismissal is a severe sanction and it applies where an act of misconduct is serious, where trust and employment relationship has been broken and cannot be restored. But then, it must be considerable that employees are subject to mistakes that may lead into them being released from work. The Labour Relations Act, 1995 (Act 66 of

1995) provides in Schedule 8 paragraph 4 (1995:272) that, "...generally it is not appropriate to dismiss an employee for the first offence, except if a misconduct is serious and of such gravity that it makes a continued employment relationship intolerable".

The Labour Relations Act, 1995 (Act 66 of 1995) also provides that through collective bargaining, the employer and labour unions, collective agreements can be introduced to deal with issues related to employer – employee relationship. Some of the collective agreements that are being used at Mokopane hospital include, among others, the Resolution 1 of 2003 (Disciplinary Code and Procedures) and Resolution 14 of 2002 (Grievance Procedures for the Public Service).

Resolution 1 of 2003 provides that discipline is a management responsibility. This Resolution also provides the time limits through which disciplinary action must take place. This applies both to the period within which any action can take place and the time allowed for an investigation, or disciplinary enquiry, and appeals. The employer, according to Resolution 1 of 2003 (2003:8), shall notice the transgressing employee about the disciplinary enquiry 5 days before the enquiry, though the enquiry may be held within 10 days from the day of communicating the notice.

The disciplinary enquiry shall be held based on principles of progressive, consistent, fair, and corrective discipline. The Chairperson of the enquiry is required to read the charge sheet and request the transgressing officer to plead (either guilty or not). After the employee pleads, depending on the plea, the chairperson may request the employer representative and transgressing employee to lead evidence through witnesses or any other admissible evidence (for example, documentary evidence) or to submit the mitigating and aggravating circumstances.

There is no need that the chairperson should prove "beyond reasonable doubt" that the transgressing employee is guilty as charged but can weigh the factors which point to the employee having committed the transgression against those which may cast doubt on the conclusion as to guilt – this is in simple terms, "balance of probabilities". After that, the chairperson may take a decision as to what is the sanction. Sanctions that are covered in the resolution are: corrective counselling,

verbal warning, written warning, final written warning, demotion, suspension without pay (minimum of one and not more than three months), combination of the above, and dismissal (Limpopo Department of Health and Social Development: Circular 122, 2001:2-3).

The sanction shall be based on principles of natural justice, procedural and substantive fairness. The written sanction by the chairperson shall be communicated to the transgressing employee within 5 days after the disciplinary enquiry. The guilty employee shall lodge an appeal to the Executing Authority within 5 days after the disciplinary enquiry has taken place (Limpopo, Department of Health and Social Development: Policy on Appeals, 2003:9).

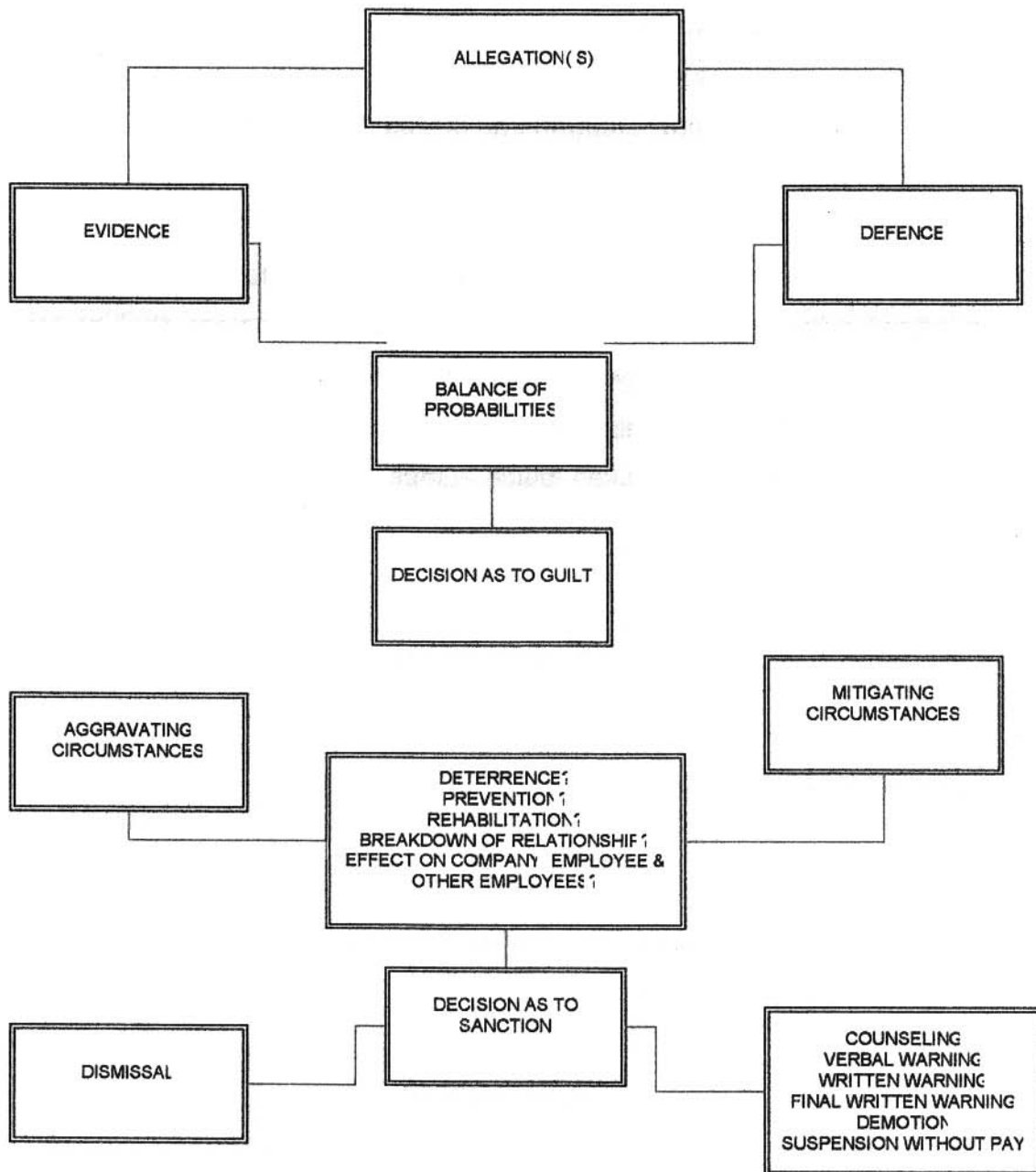


Figure 1: DECISION PROCESS DURING A DISCIPLINARY ENQUIRY

2.3.3 Strike Management

Mokopane Hospital, as a public institution, is also required in terms of the Labour Relations Act, 1995 (Act 66 of 1995) and the Limpopo Provincial Department of Health and Social Development Policy on the Management of Industrial Action (Limpopo, Department of Health and Social Development: Circular 43 of 2003), to manage strike action and therefore ensure that services continue during the strike (2003:3). A "*Strike*" is a partial or complete refusal to do the work or the retardation or obstruction of work by employees of the same employer or different employees, whether it is voluntary or compulsory. Lock out means the exclusion of employees by employer from the employer's workplace. The intention of the employer for lock outs is to pressure the employees to accept a demand of issue of interest by the employer. A strike or lock out is lawful if there is an existing dispute between the employer and employee and is referred to conciliation.

In general, any public service institution or body, including Mokopane Hospital, but excluding the National Defence Force, National Intelligence Agency (NIA), South African Secret Services, and the South African National Academy of Intelligence, shall be bound by the Labour Relations Act, 1995 (Act 66 of 1995) (Labour Relations Act, 1995:4). Where the Labour Relations Act, 1995 (Act 66 of 1995) is complex, the collective agreements may be determined at the Public Service Coordinating Bargaining Council (PSCBC) and/or Sectoral Councils. The Public Service Coordinating Bargaining Council are regulated by uniform rules, norms and standards that apply across the public service and apply to terms and conditions of service that apply to two or more sectors. The Sectoral Councils reflect that a designated sector of the public service to resolve over agreements that are particular in that sector (Labour Relations Act, 1995:41)

However, the Limpopo Department of Health and Social Development: Circular 43 of 2003 requires the health institutions to establish the Industrial Action Committee (with equal representation of management and labour unions) and to come up with contingency plans (Management of Strikes Plan) that will talk loud about the followings:

Security plan

This plan must state whether the institution will want the assistance of the security personnel including the police. Areas that are easily targeted by strikers such as the administration offices, among others must be protected than other places.

Communication Strategy

Institutions must mention how the communication will be made between the management and the participants to a strike action. Usually, the Communications Officers are voted in a special meeting of the Industrial Action Committee who will make communication easy between management and the participants of a strike action.

Also it must be clear as to how the communication will be made with the provincial office of the department during the strike action, but the circular requires that there must be communication in an hourly basis. The stakeholders must be informed of the employees' intention to embark on a strike action. Stakeholders include employees (mostly those who are not members to a labour union that undertakes to strike), hospital board, and clients, among others.

Record Keeping Strategy

Institutions must ensure a strategy for keeping records of meetings of Industrial Action Committee exists. There must also be a strategy of keeping records of attendance registers to check if there are employees who are not at work and who were not due for leave on the day of the strike action. No leave shall be granted for the purpose of joining the strike, and all those attending the strike shall be subjected to a disciplinary action for participating in a strike as essential services employees. This strategy also assists the employer to identify employees who are taking part in a strike action for the purpose of implementing the "no-work - no pay-rule".

2.4 Supporting Laws

The Labour Relations Act, 1995 (Act 66 of 1995) does not function in isolation, but is supported by other laws, namely:

2.4.1 Legislations

The Labour Relations Act, 1995 (Act 66 of 1995) itself is legislation that needs to be in compliance with the Constitution Act, 1996 (Act 108 of 1996) (Labour Relations Act, 1995:4). This implies that the Constitution Act, 1996 (Act 108 of 1996) is a supreme law over which the Labour Relations Act, 1995 (Act 66 of 1995) is based. The Constitution Act, 1996 (Act 108 of 1996) in section 23 (1996:10–11) provides some of the important elements through which the Labour Relations Act, 1995 (Act 66 of 1995) is determined. These elements include the right and freedom of association, the right to a fair labour practice, and the right to strike, among others.

The Public Finance Management Act, (Act 1 of 1999) (PFMA) requires radical changes in financial management to ensure that all government assets, revenues, expenditures, and liabilities are managed efficiently and effectively (PFMA, 1999:2). The PFMA further lays the foundation of understanding the Medium Term Expenditure Framework (MTEF) and medium strategic framework and being accountable to the citizens.

The Reconstruction and Development Programme (RDP), 1994 and the Limpopo Provincial Growth and Development Strategy (LPGDS), 1996 emphasizes on the developmental principles, building of economy, addressing and meeting of basic needs of the society. The LPGDS, 1996 is developed to address all challenges as stipulated in the RDP, 1994. The provincial priorities that are outlined in the LPGDS, 1996 include economic development, and to ensure that social services and basic needs, among others, are accessible to communities. This requires a service delivery initiative plan and the implementation thereof based on communities' needs (Citizens Report, 2003:4).

The Public Service Regulations, 2001, as amended, gives the effect of the implementation to the *White Papers on Transformation of the Public Service* and *Transforming Service Delivery*. The regulations give the directives to the departments to develop service delivery standards and service delivery improvement programmes as the means of redressing imbalances of the past. The *White Paper on the Transformation of Public Service*, 1995 identifies key priorities of the transformation and among others, is the service delivery and the promotion of the

professional ethos. *The White Paper on Transforming Service Delivery*, at the other hand identifies the eight “Batho Pele” principles as follows:

PRINCIPLE	IMPLICATION
Consultation	Adopt and implement means and ways to consult users of public services (patients) about the level and quality of the services they receive and wherever possible, to provide a choice about services that are offered. The suggestion boxes are placed all over within the hospital premises to allow patients to submit their views, and needs. Patients may not submit their names when submitting suggestions.
Service standards	Users of public services should be informed of the levels and quality of service they will receive so that they are aware of what to expect. Service standards must be clear and be put in the Service Standard Charter and be made available to all stakeholders. Service standards must be simple, measurable, achievable, realistic, and time bound (SMART) in order to be realized and maintained.
Courtesy	This principle goes beyond a polite smile, “please” and “thank you”. It requires service providers to emphasize the citizens and treat them with as much consideration and respect, as they would like for themselves. The hospital garden speak loud about what kind of services a patient will get – the garden and yard must be clean (tidy).
Access	All users of public services must have an equal access to public services they are entitled to. Patients must not be disregarded because they are not having money for consultation. There shall not be unfair discrimination due to political affiliation, church affiliation, HIV/AIDS status, and sexual orientation, among others. Employees who are

	disabled must also be accessible to offices and operational tools that can enable them to perform.
Information	Users of public services should be given accurate information about the public services they are entitled to receive.
Openness and transparency	Public administration should be a see-through system and process whereby users of public services, as taxpayers, are told how government is run, how much they cost, and who is in charge. It is anticipated that the public will take advantage of this principle and make suggestions for improvement of service delivery mechanisms, and to even make government employees accountable and responsible by raising queries with them.
Redress	Public Officials must be apologetic for failure to deliver a promised standard of service, thus also provide speedy and effective remedy. This principle emphasizes a need to identify quickly and accurately when services are below the promised standard and to have procedures in place to remedy the situation. This should be done at the individual transactional level with the public, as well as the organizational level, in relation to the entire service delivery. Public officials are encouraged to welcome complaints as an opportunity to improve service, and to deal with complaints so that weaknesses can be remedied quickly for the good of the citizens.
Value for money	Public services should be provided economically and efficiently in order to give the public the best possible value for money. Many improvements that the public would like to see often require no additional resources and can sometimes even reduce costs.

Figure 2: BATHO PELE PRINCIPLES

2.4.2 The Common Law

Decisions taken at civil courts developed the common law. Common law principles are found in decided cases or decisions of courts. It is important to regard that in our legal systems; one court may be bound or influenced by the decision of a court higher than itself. For example, a provincial division of a High Court will be bound a decision of the Supreme Court of Appeal.

2.4.3 The Contract of Employment

The employment relationship between the employer and the employee is based on the contract of employment. The contract of employment is a key instrument that links the employer and employee together. Each contract of employment has its own unique provisions, has rules that applies to employer (for example, payment of salaries) and employee (for example: production) as individuals and as a collective (for example, performance management).

2.4.4 Collective Agreements

Collective agreements are grounds for labour law rules. For example, collective agreements commonly provide for actual salary rates and increments. A Collective Agreement on Leave Determination used at Mokopane Hospital provides that each employee is entitled to 22 day's leave a year. There are only two different collective agreements, namely; collective agreements finalized under the auspices of the bargaining council (PSCBC or Sectoral Council) and those which where concluded by the employer and employee outside the bargaining councils.

2.5 Public Service Delivery Transformation in Mokopane Hospital

2.5.1 What is Transformation of Public Service?

The Citizen's report on "Batho Pele" (2003:4) regards transformation as a dynamic, and focused process, designed to fundamentally reshape the public service to achieve its appointed role. The government of South Africa is expected, therefore, to create a people – centred and people driven public service, which is characterized by equality, quality, timorousness and a strong code of ethics. In realizing the vision of a transformed and people driven and people centred public institution, Mokopane Provincial Hospital must pursue this within the legal framework within which transformation of the public service delivery is to take place.

At the same time, the *Green Paper on Transforming Public Service Delivery* (1996:3) maintains that there should be improved delivery of services as a means of redressing the past imbalances, while maintaining continuity of service to all levels of society. In doing so, the objectives to be pursued, among others, must include that of welfare, equity, and efficiency. There must be a shift away from inward – looking, bureaucratic systems, processes and attitudes, towards new ways of working which put the needs of the public first in a better, faster and more responsive manner to meet these needs. Public administration must move from officials just occupying offices to officials starting to “care”, “belong” and “serve”.

2.5.2 New Public Management Approach and Mokopane Hospital

The new public management depends heavily on the creation of an effective, economic and efficient system which highlights both structure and performance, particularly of the government institutions towards realizing the overall goals of the government of the day. The new public administration’s focus is to divide the political system (politicians) from the administrative system (public officials) and to transform the administrative system into neutral, responsive, and accountable public officials (Parsons, 2000:23).

There are a number of principles and values of public service listed out in the Constitution Act, 1996 (Act 108 of 1996) in Section 195 (a). The Constitution Act, 1996 (Act 108 of 1996) as the supreme law in the country characterizes the new public administration as government institutions, organizations and bodies that, among others should promote and maintain a high standard of professional ethics, be development oriented, provide services in a fairly, equitable and impartial manner, and cultivate a good human resources management and career development practices, to maximize human potential (1996:107).

According to Parsons (2000:23), problems of non–performance are caused by dissatisfactions by employees who tend to under–perform and not perform their tasks as a way of protest. The other problems of non–performance are often captured in the word “overload”, which implies that nothing is inherently wrong but there exists a mismatch between the objectives of the system and the resources

(both the financial and human resources) that are available to ensure the realization of public institutional objectives.

It must also be stated that, according to Swanepoel (1999:59–61), conflicting labour relations in the workplace arise due to a lack of effective communication, attitudinal problems, ideological differences and inadequate support and guidance from the top management to the general workforce. When the above-mentioned conditions apply there will be job dissatisfaction resulting in high employee turnover that is bound to result in poor service delivery. The public service transformation in Mokopane Hospital also limits itself to daily issues of internal organization, size, recruitment, remuneration, career management and promotion

The new public administration needs to ensure that public institution shift away from bureaucratic systems, processes and attitudes, towards new ways of working which put the needs of the public first in a better, faster and more responsive manner to meet these needs(1996:3). The government has come with number of programmes of action that ensures a fast tracked and quality service delivery since the dawn of a democratic South Africa in 1994. The followings are but a few programmes of government, namely:

The Reconstruction and Development Programme (RDP)

The RDP is an integrated, coherent socio – economic policy framework. It seeks to mobilize all the people and resources of South Africa towards the final eradication of apartheid and the building of a democratic, non-racial and non-sexiest future. Among other reasons why the RDP was determined was the fact that South Africa comes from a history colonialism, racism, apartheid, sexism and repressive labour policies.

According to the African National Congress (ANC) (1994:4–7), the RDP is based on the following six principles, namely:

- An integrated and sustainable programme through which the resources are harnessed in a coherent and purposeful effort that can be sustained into the future;

- A people driven process through which the South Africa people's needs, determinations, and aspirations, regardless of age, race, gender, and colour, shall be met;
- Promotion of peace and security involving the people of South Africa and building on and expanding the National Peace Initiative;
- Nation building is one of the bases on which to ensure that South Africa takes up an effective role in international governance and to ensure national sovereignty;
- Linkage of reconstruction and development in order meet basic needs and to open up previously suppressed economic and human potential; and
- The democratization of South Africa that is not mainly confined to periodic elections but that actively enables everyone to contribute towards reconstruction and development.

The Accelerated and Shared Growth Initiative for South Africa (ASGISA)

ASGISA does not cover the whole of the country's development plan. Rather, it is a set of interventions to promote and create conditions for accelerated and shared growth and development. The government, through ASGISA, is expected to work with its social partners to address other elements of the comprehensive development plan to improve the current government programmes: keeping in mind that the government's core objective is to halve poverty and unemployment by 2014 (Mbeki, 2006:3).

According to Mbeki (2006:9), ASGISA needs to improve service delivery in the health sector by considering the followings:

- Further expansion of the health infrastructure;
- Refurbishing of existing clinics and hospitals;
- Re-opening of nursing colleges to increase the number of nurses; and
- Ensure that hospital managers are delegated authority and held accountable for the functioning of hospitals. Policy issues regarding training, job grading and accountability will be managed by provincial health departments, which themselves will need restructuring to play their role properly.

2.5.3 Making Public Service effective through Labour Relations Act, 66 (Act 66 of 1995)

The public service is the largest employer, employing individual at national and provincial departments, and public institutions (for example: hospitals). It is, therefore, necessary to mention that there cannot be a service delivery without employees. Without the below areas of service delivery, there cannot be an enhanced service delivery and the general welfare of the public will suffer. Some of the areas of service delivery are discussed below:

2.5.3.1 Consultation

The Mokopane Hospital management must adopt and implement means and ways to consult employees at operational level in ensuring that whatever takes place was jointly decided upon by the management and employees. The Mokopane Hospital management should recognize the registered or admitted labour unions and their activities taking place within the hospital premises and during working hours. The users of public services must also be consulted about the level and quality of the services they receive and wherever possible, to provide a choice about services that are offered.

2.5.3.2 Responsiveness

Employees expect their requests and demands to be responded for on time. According to the Constitution Act, 1996 (Act 108 of 1996), in Section 195 (a), employees has the right to expect a response and to treated as a legitimate source of demands. Difficulties might result when employees too much responsiveness or that management should respond to them in a most favourable manner (Levine et al., 1990:189). It is from this point that employees should also be responsive to the needs and demands of the public.

2.5.3.3 Responsibility

In meeting the requests and demands of the public, employees must be responsible for their actions and adhere to the explicit and implicit values of proper administration and policy. Responsible employees should know the law and have convictions about the proper administration of their programs (Levine et al., 1990:189).

2.5.3.4 Openness and Transparency

Public administration should be a see-through system and process whereby employees at operational level are well aware of the government goals, strategies and activities, as the most important stakeholders in ensuring enhanced service delivery. The users of public services, as taxpayers, must also be told how government is run, how much they cost, and who is in charge (*Green Paper on Transforming Public Service Delivery*, 1996:14).

2.5.3.5 Accessibility

All employees should access government benefits irrespective of disability, gender, political affiliation, and sexual orientation, among others. Employees should benefit equally on performance bonuses based on merit. There should not be biasness when the process of promotions unfolds, training is undertaken, and operational tools are shared among employees, among others.

2.5.3.6 Performance Management

Performance Management means to get better results from the institutional team and individual by understanding and managing performance with agreed framework of planned objectives and standards. Performance management consists of a systematic approach to the management, using performance, goals, measurement, feedback and recognition as a means of motivating people to realize their maximum potential.

According to the Limpopo Province: Performance Management Policy (2003:16):

...performance management is a process of harnessing all available resources within an organization and ensuring that these perform to the maximum, in order to achieve desired results. Performance management involves building processes, systems, culture and relationships that facilitate the achievement of organizational objectives.

The process of performance management involves evaluations after which employees will be considered for salary/pay progression and/or performance incentives. The following principles must be implemented as process of performance evaluation is carried out:

- Fairness,

- Consistency,
- Development oriented,
- Openness and transparency,
- Efficient, effective and economic use of resources,
- Impartiality and un-biasness', and
- Professionalism, among others

2.5.3.7 Communication

Communication is central to the promotion of democracy and worker empowerment. Communication as a process of exchanging information is crucial to the employment relationship because the manager and the employee when sharing information may become good friends. There are many mediums in which communication can take place at a workplace. These mediums may include letters, memorandums, policies, and verbal communications (Swanepoel et al., 2003:201).

2.5.3.8 Worker Participation

There are five registered labour unions that have been accepted by the Department of Health and Social Development in Limpopo to practise its freedoms and rights within any institution and offices falling within the jurisdiction of the said department. The registered trade unions recognized in the Department of Health and Social Development in Limpopo are: National Education and Health Allied Workers Union (NEHAWU), Health and Other Service Personnel Trade Union of South Africa (HOSPERSA), Public Service Association (PSA), Democratic Nurses Organization of South Africa (DENOSA), and South African Medical Association (SAMA).

According to Mafunisa (2000:74), labour unions are sometimes regarded as watchdogs of the activities of the employer especially to those matters regards the agreements entered into by both of them (employer and labour unions). Labour Union's activities are to represent members during disciplinary hearings, declare disputes over issues that they cannot reach an intended decision or a consensus with the employer, and to mobilize support within the workplace.

Equally, there are workplace forums that are or should be established in terms of the Labour Relations Act, 1995 (Act 66 of 1995) in order to ensure worker participation in

the workplace. The rationale behind the idea of the workplace forum is an attempt to avoid adversarial industrial relations by way of consultation and joint decision making. Consultation and joint decision making becomes possible through the establishment of a workplace forum. Some of the issues that are the concern of the workplace forum include restructuring of the workplace, training and development of employees, and recruitment strategies that must be incorporated within the overall institutional plan, among others (Du Plessis et al., 2001:217).

There is equally a need to establish different workplace committees that will focus on different issues within the institution that affect service delivery. Such Committees must include the Executive Committee comprising of the top management of the institution, the Risk Management Committee, Joint Management and Labour Unions Committee, Batho Pele Committee, Training Committee, and Industrial Action Committee, among others, which must all look at service delivery issues within the workplace (Mukendi, 2004:1).

Other worker participation means may include the following:

Annual Meetings

The employer may arrange to have annual meetings with representatives of employees. Meetings like these are important as they are not always held. Anytime such meetings are held, it is encouraged that all employees should be represented because it is in these meetings where decisions made will be implemented for the rest of the financial year. These decisions include budgets, and strategic plans, among others. The attendance of employees also ensures the consideration of their needs and views whereas the budget and strategic plan are supposed to benefit all areas and sections in the workplace.

Imbizo

Imbizo is a historical phenomenon, which was used by African chiefs to address concerns within their communities. It was used as a form of report back to the people on activities and tasks that they were assigned. During 2000, Cabinet decides that an imbizo as a style of interactive governance and communication should be adopted to promote increased and unmediated dialogue between the

government and the people. The Imbizo can be undertaken over a few days or just in one day depending on the content that has been agreed upon. Imbizo is aimed at building partnership between government of South Africa and its public in the process of social change (DPSA: online).

Therefore, Imbizo promotes active involvement and participation of the public in the implementation of government programmes. The government is trying to meet with members of the communities to find out from them as to whether they are happy with services rendered and to afford them an opportunity of contributing to the transformation process (Mbeki, 2001:1).

Imbizo in a workplace is a common means of involving every individual in decision-making. Employees are gathered at one place, irrespective of the occupational levels and ranks. During such a gathering, individual employees are given a chance to voice out their views with respect of workplace related issues. Trying to meet with members of the communities to find out from them as to whether they are happy with services rendered and to afford them an opportunity of contributing to the transformation process (Mbeki, 2001:1).

Debriefing Sessions

Debriefing sessions are very common in ensuring quality control. Different sections within a public institution gather together wherein each section reports on the progress and challenges that they come across in their respective sections. The good part about these sessions is that sections assist each other to deal with challenges, especially those that are common among sections. This kind of setup also ensures coordination of sections towards realizing a common institutional goal.

2.6 Conclusion

Apart from the RDP and ASGAISA as programmes of action of the government, there remain many other programmes that, if implemented correctly, will enhance service delivery. The implementation of these programmes requires resources, including human resources. The human resources in any workplace should be utilized to perform duties and tasks attached to them and made to understand that Batho Pele is a way of life in the provision of service delivery. The human resources

should also be regarded as the important stakeholders in service delivery and should therefore taken into board as joint decision makers with the management through imbizos and other decision making structures.

CHAPTER 3

RESEARCH METHODOLOGY AND DESIGN

3.1 Introduction

This chapter highlights the importance of research methodology. It is important to look back at what the statement of the problem is and also what the research questions and objectives are. The research problem, questions and objectives have a strong orientation to guide the research. This chapter explains the results of the pilot study that was undertaken with regard to interviews and questionnaires. The purpose of the pilot study was to test the feasibility of the data collection method and the understandability of the questions. This chapter introduces the new or final questionnaire and its implementation. Finally, a concluding remark is outlined.

3.2 Statement of a Problem

According to Swanepoel (1999:59–61), conflicting labour relations in the workplace arise due to a lack of effective communication, attitudinal problems, ideological differences and inadequate support and guidance from the top management to the general workforce. Once the above-mentioned conditions apply there will be job dissatisfaction resulting in high employee turnover that is bound to result in poor service delivery. The statement of a problem is, namely: Why are there continued conflicts at Mokopane Provincial Hospital that results in job dissatisfaction that causes public dissatisfaction when the implementation of the Labour Relations Act, 1995 (Act 66 of 1995) is expected to bring peace and harmony and to improve service delivery?

3.3 Research Questions

The main questions posed for the study are the following:

- 3.3.1 What are the major labour related conflicts that are threatening service delivery in the Mokopane Provincial Hospital?

- 3.3.2 How effectively can the Labour Relations Act, 1996 (Act 66 of 1995) be implemented to ensure there are limited labour related conflicts resulting in improved service delivery?

3.4 The Objectives of the Study

The objectives of the study are, namely:

- a. To find out the major labour related conflicts that are prominent at the Mokopane Provincial Hospital and broadly discuss them in order to find out if they are threats to service delivery; and
- b. To recommend through the application of the Labour Relations Act, 1996 (Act 66 of 1995), important areas that will enhance service delivery.

3.5 Pilot Study

The questionnaire (see Appendix C) was sent to a few selected employees and clients. The purpose of the pilot study was to establish the feasibility of using the chosen data collection method and the understandability of the questions. The results indicated that some of the questions needed to be changed for consistency. Pilot interviews were also done with a limited number of managers that proved that they were very biased. Information got from the few managers presumes that the employment relationship between the managers and the subordinates – perhaps a study on the broken relationship of the manager and subordinate should be initiated in the future.

3.5.1 Questionnaire for Clients (see Annexure A)

Cover Page

No changes made in the cover page. There is no need to provide the name of the present researcher, name of the programme studied, name of the supervisor and the name of the institution (university) because they may influence the respondent(s).

Section B

Even though the University's high authority approved the initial questionnaire, some questions are redundant. To bring a sense of question applicability, the questions coloured in blue were removed from the questionnaire. The uncoloured areas remain in the questionnaire. The last column in the questionnaire that initially was for comments is now a column for "Don't Know". This implies that a respondent may select a "Don't Know" option if he or she does not know the answer to the question asked.

3.5.2 Questionnaire for Employees (see Annexure B)

Cover Page

No changes were made in the cover page. There is no need to provide the name of the present researcher, name of the programme studied, name of the supervisor and the name of the institution (university) because they may influence the respondent(s).

Section A: Bibliographical Data

The only additional information put in Section A is the years of service or experience in Mokopane Hospital, represented in the form of the block given below:

Years of Service or Experience in Mokopane Hospital

+5yrs	+7yrs	+10yrs
+15yrs	+17yrs	+20yrs+
-5yrs		

This block is necessary to check on the years of experience in Mokopane Hospital of respondents. The more years of experience the more the response becomes permissible. There shall be no need for the respondent to state his or her names.

Section B

Even though the questionnaire was approved by the University's high authority, some questions are redundant. To bring a sense of question applicability, the initial questionnaire has been coloured in yellow and blue. Yellow questions are replaced by new questions below, while blue questions are removed at all. Uncoloured areas remain in the questionnaire. The last column in the questionnaire that initially was for comments is now a column for "no opinion". This implies that a respondent may select a no opinion option if he or she has no opinion on the question asked.

3.5.3 Questionnaire Implementation

Of the thirty employee respondents given the questionnaires, sixteen are managers, four are the labour union representatives (shop Stewarts), while ten are employees

at operational level. A manager is regarded as any employee from level 8 and above while an operational employee is regarded as any employee at level 7 and below. All questionnaires distributed to respondents were returned. The distribution of questionnaires to the above respondents was mainly to guard against managers who may not be realistic in their response mainly because they may want to protect their sections. The distribution to labour union representatives, as representatives of employees was necessary because they might see questions differently.

The questionnaire for patients was distributed as follows, 2 – Female Medical, 3 - Female Surgical, 2 - Male Medical and 3 - Male Surgical. The distribution of questionnaires for patients was mainly guided by the principle of gender equality in that, both the male and female patients should be covered in the responses given.

The purpose and scope of both questionnaires was explained to the respondents by the two appointed Fieldworker Enumerators. Enumerators helped the respondents in the completion of the questionnaire, then collected and submitted questionnaires to the present researcher.

3.6 Conclusion

After the pilot study was made it was decided to leave out interviews as they may have a negative impact on the study. It was also decided that, because other questions are redundant, questionnaires should be changed. The final questionnaires were then distributed to the respondents and were later collected through the assistance of Fieldwork Enumerators. The results of the questionnaires are presented and analyzed in the next chapter.

CHAPTER 4
PRESENTATION OF RESULTS OR FINDINGS

4.1 Introduction

This chapter examines the data collected or information drawn from the respondents of the questionnaires for employees and clients. The interpretation of the data collected is used to answer the following questions:

- a. What are the major labour related conflicts that are threatening service delivery in the Mokopane Provincial Hospital?
- b. How effectively can the Labour Relations Act, 1996 (Act 66 of 1995) be implemented to ensure there are limited labour related conflicts resulting in improved service delivery?

4.2 Data Analysis

In analyzing data, the statistical and descriptive analysis of data has been used to empirically test the hypotheses. All questionnaires distributed to the respondents were returned. The collected data from all questionnaires were consolidated and the analysis of the information gathered follows hereunder:

4.2.1 Questionnaire for Employees

4.2.1.1 The Hospital is staffed with motivated, performance driven & customer focused employees

Respondents' information	Response Options				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Number of Respondents	1	11	18	0	0
Number of Managers' Respondents (level 8 and above)	1	7	9	0	0
Number of Employees' Respondents (level 7 and below)	0	4	9	0	0
- 5yrs	1	6	10	0	0
+5yrs –10yrs	0	2	7	0	0
11yrs – 20yrs	0	2	2	0	0

Eighteen respondents disagree with the above mentioned statement, nine of the respondents are managers and nine others are officials at operational level. The COHSASA report after a visit at Mokopane Hospital shows that there are many officials who are demotivated. It is for this reason that most officials are performing poorly and never minding that they should serve the community. However, Mokopane Hospital was selected as one of the benchmarking institution by the Department of Public Service and Administration for the reasons that there opportunities for improvements in striving for service excellence – this is supported by the eleven respondents who believe that there are officials who are performing above expectations.

According to the Performance Management Evaluation Results for the year 2005/06, there are officials who were rated outstanding (5). The Service Excellence Awards 2005/06 held at Mokopane Hospital confirms that there are other officials who perform far above the expectations. However, on the list of recipient officials shows those officials who were honoured for service excellence are mostly new officials in either the public service or Mokopane Hospital. The question arises, why are the old officials not honoured for service excellence? The answer is very simple, officials who have been there before are dissatisfied and demotivated for one reason or the other. Generally, the oldest employees' morale has dropped that they cannot perform like new employees who have just joined Mokopane Hospital. This may be articulated to the management and leadership styles practiced as many officials (including essential services such as Medical Doctors and Nurses).

In 2005, executive management was refused entry into the hospital by an angry mass of employees complaining, among others, about; information not reaching the staff, junior Medical Doctors not promoted when a certain Medical Doctor (whose name is upheld) was appointed as Principal Medical Doctor having more than seven years experience not in a hospital but in a refugee camp in the Congo, and a Clinical Manager (whose name is withheld) who was responding to calls while on standby, resulting to the death of a patient.

4.2.1.2 Staffs are allocated prescribed minimum working space with standard workstation configuration

Respondents' information	Response Options				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Number of Respondents	1	12	17	0	0
Number of Managers' Respondents (level 8 and above)	0	9	7	0	0
Number of Employees' Respondents (level 7 and below)	1	3	10	0	0
- 5yrs	0	8	9	0	0
+5yrs –10yrs	1	2	6	0	0
11yrs – 20yrs	0	2	2	0	0

According to the Mokopane Hospital: Risk Assessment Report, compiled by the Risk and Security Management: Mokopane Hospital in 2006, there are many disputes that arise as a result of officials sharing offices. The concern was raised when the Chief Executive Officer realized that there are disputes raised by certain candidates who were somehow informed that they were not selected for the vacant post before selection results reaches her office for appointments (2006:1).

According to the Mokopane Hospital: WorkStudy Report on Office Accommodation: 2006, there are fewer offices for many officials. Supporting functionaries are accommodated in offices far from each other – for example: support functionaries under the sub – directorate of Corporate Services are distant from one another thus obstruct service delivery.

Of the thirty respondents, seventeen align themselves with findings of Risk and Security

Management and Workstudy; perhaps having other reasons that are not mentioned.

Of the seventeen, ten are officials at operational level three more than the seven who are managers. Twelve respondents agree with the statement given above and

are nine managers and three officials at operational level. This may only mean that most managers are allocated offices for which they do not share with anyone.

4.2.1.3 There are workplace forums, established in terms of provisions of the Labour Relations Act, 1995 (Act 66 of 1995) that advances the development and needs of all employees

Respondents' information	Response Options				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Number of Respondents	0	11	13	0	6
Number of Manages' Respondents (level 8 and above)	0	7	6	0	1
Number of Employees' Respondents (level 7 and below)	0	4	7	0	5
- 5yrs	0	9	4	0	4
+5yrs –10yrs	0	2	5	0	2
11yrs – 20yrs	0	0	4		0

Thirteen respondents disagrees that there are workplace forums existing in Mokopane Hospital. Even though there is a labour union forum existing, it was not established in terms of the Labour Relations Act, 1995 (66 of 1995). There are no other forums existing, it is therefore questionable as to why the 11 other respondents are agreeing that there are workplace forums established in terms of any Act. However, six other respondents do not know if there are such forums in Mokopane Hospital.

According to the first minutes (2004:2) of the labour union forum, the four recognized labour unions agreed to establish such a forum. The background against the establishment of such was the need to have all recognized labour unions discussing and taking decisions on matters of common interest. Labour unions believed that establishing this forum; they will have more bargaining power on matters of common interest. The establishment of this forum did via the required

steps as provided for in the Labour Relations Act, 1995 (66 of 1995). The Act provides that the establishment of any workplace forum should be by application to the CCMA, where the Commissioner will have to be appointed to assist the applicant by establishing such a forum through guiding principles in the collective agreement or provisions of the Labour Relations Act, 1995 (Act 66 of 1995). Once the forum is established, it shall have to, namely:

- Promote interests of all employees in the workplace whether or not they are members of a trade union;
- Enhance efficiency in the workplace;
- Be consulted by the employer, with a view of reaching consensus; and
- Participate in joint decision making meetings (1995: 63).

4.2.1.4 Workplace forums are not important as they tend to undermine the existence of labour unions and their activities – workplace forums and labour unions operate the same way

Respondents' information	Response Options				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Number of Respondents	0	6	17	2	5
Number of Managers' Respondents (level 8 and above)	0	3	11	0	2
Number of Employees' Respondents (level 7 and below)	0	3	6	2	3
- 5yrs	0	6	8	2	1
+5yrs –10yrs	0	0	8	0	1
11yrs – 20yrs	0	0	1	0	3

Section 78 of the Labour Relations Act, 1995 (Act 66 of 1995) list the general functions of the workplace forums. The functions of the workplace forums are clearly different from the functions of the labour unions as outlined in the same Act, Chapter 3 Part A. What could be seen as a difference between the workplace forum and

labour unions is that workplace forum is representing interests of all employees while labour unions represent the interest of their members. This, therefore, means that the existence of the workplace forum and/or labour unions as employee structures is critical in that they are different structures but all representing employees in the workplace.

Seventeen respondents disagree that workplace forums do not operate the same way with the labour unions. Eleven of these seventeen are managers, while six are employees at operational level. Two employees at operational level strengthen the point made by the seventeen above by strongly disagreeing that workplace forums undermine the activities of the labour unions. Six, that is, three managers and three employees at operational level, agree that workplace forums and labour unions operate the same way. The last two does not know. With the representations made, it is clear that if the two structures can exist at the same time, they will operate from the extreme and no structure shall undermine the existence of the other.

4.2.1.5 Skills gaps are addressed through training and development guided by available policies, procedures and processes, and development needs as required by performance management

Respondents' information	Response Option				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Number of Respondents	0	21	5	0	4
Number of Managers' Respondents (level 8 and above)	0	16	0	0	0
Number of Employees' Respondents (level 7 and below)	0	5	5	0	4
- 5yrs	0	12	5	0	0
+5yrs –10yrs	0	8	0	0	1
11yrs – 20yrs	0	1	0	0	3

Any work or at least any employee needs a particular skill to perform his/her work. The degree to which any line manager is able to allow effective work performance to take place will be determined to a large degree by the level of training of his subordinates. Good managers always make sure he promotes career development amongst his subordinates. Unfortunately, there are many managers who tend to promote their own interests, eventually to the disadvantage of subordinates and the whole organization (Centre of Business Management: UNISA, 2004:78).

According to the Centre of Business Management: UNISA (2004:12), the Skills Development Act, 1998 (Act 97 of 1998) was introduced to address severe skills shortages in the South African workforce, among others. In addressing skills shortages, employers are expected to run skills audit plans and to provide skills according to need. According to the Public Service Regulations, 2001 (2001:36) an executing authority or someone appointed by him (including; accounting officers (i.e., CEOs) of hospitals) is expected to determine the required competencies of and prescribe training for, various occupational categories or specific employees in her or his department.

At the heart of the performance of the public service lie issues concerning the efficiency, competence, motivation and morale of the workforce. The effective mobilisation, development and utilisation of human resources will therefore be critical for the success of institution building and management programmes, as well as for the success of the transformation process more generally (*White Paper on the Transformation of the Public Service*, 1995: 52).

A strategic framework for effective human resource development will entail a number of related elements, including staff training. These will include:

- The elevation of the role and status of human resource development within the overall framework of government policy;
- The development of effective and lifelong career development paths for all categories of public servants;
- The improvement in employment conditions;
- The introduction of effective appraisal systems, and the use of incentives to reward individual and team performance;

- The basing of promotion and career advancement on performance rather than on seniority or qualifications;
- Training and education will assist the government to develop the professional capacities of public servants and to promote institutional change; and
- Contribution towards the realization of the strategic goals of the state.

Twenty-one respondents agree that skills gaps are addressed through training and development, while five others disagree and the remaining four do not know. All manager respondents agree, even though training and development eventually focuses on priorities aligned with budget constraints. The fact that there is prioritization based on budget constraints denies other employees of training and development, hence the five who disagree with the statement are employees at operation level. This also means that training favours managers than employees at operational level. For example, training on conflict management, labour relations, leadership, and project management, among others recommended by the Department of Public Services and Administration that took off between November and December 2006 was for the few selected managers.

4.2.1.6 Line Managers apply discipline in a prompt, progressive, and consistent manner guided by the available policies on management of discipline, disciplinary code and procedures and Schedule 8 in the Labour Relations Act, 1995 (Act 66 of 1995)

Respondents' information	Response Options				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Number of Respondents	5	9	12	3	1
Number of Managers' Respondents (level 8 and above)	3	7	9	0	0
Number of Employees' Respondents (level 7 and below)	2	2	3	3	1
- 5yrs	4	5	5	3	0

+5yrs – 10yrs	1	4	4	0	0
11yrs – 20yrs	0	0	3	0	1

The main principle of workplace discipline is that discipline is a management function. The other important principles mentioned in the PSCBC Resolution 1 of 2003 (2003:4) are that, discipline must be applied in a prompt, progressive and consistent manner. According to the Labour Relations Act, 1995 (Act 66 of 1995), Schedule 8, there must be fair reasons disciplining or dismissing an employee (1995:184). Basson et al., (2002:173) hold that fair reasons are characterized as substantive and procedural fairness.

The procedure to be followed when dealing with a disciplinary matter should be prompt (that is, should follow one step after the other). According to the PSCBC Resolution 1 of 2003 (2003:7), the procedure that has to be followed when dealing with a disciplinary matter is as follows:

- Notice the employee of the disciplinary hearing some five days before the hearing can take place. In the case where a transgressing employee is a union representative, the union head offices must be notified of the disciplinary hearing before the hearing can take place;
- Transgressing employee must be informed of his/her rights. Some of the rights include the right to cross question witnesses of the employer, to submit evidence in the form of documents and witnesses, among others, to state his/her case, to advance mitigating reasons if the hearing finds him/her guilty, to be represented by a union representative or a co-employee and to appeal; and
- Transgressing officer must be given reasons why he/she is found guilty. He/she must also be informed of the reasons for the sanction(s) recommended against him/her.

According to Basson et al., (2002: 174–183), substantive fairness is characterized by the following elements:

- **Is there a rule?** – For any disciplinary matter to be fair, it is necessary to determine whether the rule exists. Existing rules are prescribed by the employer in regulating the conduct of employees in the workplace.
- **If the rule existed, did the employee contravene it?** – The employee has to be disciplined for contravening the rule through his action or omission. The employee's actions in contravening the rule include for example; theft, assault, absenteeism, alcohol abuse, and drug trafficking, among others, in the workplace. The employees' omissions in contravening the rule include for example; failure to carry out a lawful order, and failure to follow routine work, among others in the workplace.
- **Is the rule valid or reasonable?** – It is important to look at the factual question of whether the rule is valid or reasonable. The reasonableness of the rule should depend on the nature of the business. For example, there can never be a rule that presupposes that whenever a Human Resources Officer is on leave, then a Manager: Clinical Services should be charged of misconduct when Medical Doctors are not paid salary and then decided to leave the hospital.
- **Was the employee aware or could he reasonably be expected to have been aware of the rule?** – The employee should be aware of the rule, or at least be expected of him to know the rule. It may arguably be said an employee is expected to know the rule if he does routine work or has long service in employment on the same rank and level. In a routine work, an employee knows what is expected of him and as a result, he knows which actions and/or omission that can lead him to a disciplinary enquiry.
- **Is the rule applied consistently?** – It is true that all disciplinary matters has own merits and demerits, even if they can be the same. But previous decided cases should guide the employer to fairly apply discipline in the workplace – hence one of the principles of discipline in the PSCBC Resolution 1 of 2003 (2003:4) says that discipline should be applied in a consistent manner.
- **Is the sanction appropriate for the contravened rule?** – In Schedule 8, in the Labour Relations Act, 1995 (Act 66 of 1995) (1995:185) it is maintained that, “generally it is not appropriate to dismiss an employee for the first offence, except if the misconduct is serious and of such gravity that it makes a continued employment relationship intolerable” – for example, gross

dishonesty, willful damage of employer's property, and physical assault in the workplace, among others. Serious misconducts deserve harsh sanctions while for less serious misconducts minor sanctions may be decided upon.

According to the table mentioned above, twelve respondents (highest number of respondents) do not agree that line managers regard discipline as one of their responsibilities. Of the twelve respondents, nine managers agree that they are not material enough to discipline subordinates for actions and omissions led to misconducts. According to the 2005/2006 Annual Labour Relations Report from Mokopane Hospital (2005/06:7), there are only six line managers who took a responsibility to discipline subordinates who misconduct themselves. A number of six line managers are too little as compared to the number of line managers trained on Labour Relations processes and procedures. According to the compiled attendance report kept by the Human Resources and Development, there are currently a total number of 68 line managers who were work shopped.

The Limpopo Provincial Department of Health and Social Development through the Labour Relations sub directorate circulated Circular 131 of 2005 in reminding line managers that discipline is their function in August 2005. Even though there are only few managers taking that responsibility, nine respondents agree that discipline is carried out by line managers, as compared to the twelve respondents who feel that there is lot to be done in ensuring that managers need to take the responsibility to ensure that discipline is maintained in their sections. Of the six disciplinary matters taken up by line managers, only two appeals were lodged, and Executing Authority upheld the sanctions, thus confirming that the two proceedings were both procedural and substantive fair (Mokopane Hospital Labour Relations Report, 2005:2).

4.2.1.7 There are many grievance lodged due to unfair labour practices that are resolved within the required time frame and in a fair and consistent manner

Respondents' information	Response Options				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know

Number of Respondents	6	6	14	2	2
Number of Managers' Respondents (level 8 and above)	6	6	4	0	0
Number of Employees' Respondents (level 7 and below)	0	0	10	2	2
- 5yrs	4	2	9	1	1
+5yrs –10yrs	0	4	3	1	1
11yrs – 20yrs	2	0	2	0	0

Employees have rights conferred to them by the Constitution Act, 1996 (Act 108 of 1996), Employment Equity Act, 1998 (Act 55 of 1998), and Basic Conditions of Employment Act, 1997 (Act 57 of 1997), among others. For example, Section 23 in the Constitution Act, 1996 (Act 108 of 1996) says every employee has the right to a fair labour practice. Failure to respect these rights result to unfair labour practices. An employee may then lodge a grievance if such rights are not respected by the employer through his/her actions or omissions. A grievance is thus regarded as an act or omission by the employer that adversely affects employment relations at the workplace.

An employee must lodge a grievance within 90 days from the day that he/she became aware of the act or omission by the employer that affects the employment relations. The employer at the same time is expected to resolve such grievances within 30 working days from the day the grievance was lodged. However, Resolution 14 of 2002 (2002:4) provides that a grievance must be resolved closer to the point of origin. After referring from the labour relations monthly reports of Mokopane Hospital, it was realized that there are many misconduct cases than grievance cases. Even so, it was discovered that most grievance cases are not resolved within the prescribed time frame.

Fourteen respondents are disagreeing with the statement above, four of them are managers and the other ten are employees at operational level. There are two respondents who strongly disagree with the statement while and the two others do not know. Six each manager strongly agree and agree with the statement.

4.2.1.8 The rights and freedoms of labour unions as provided for in the Labour Relations Act, 1995 (Act 66 of 1995) are respected, including paid leave for union activities, and the right to hold meetings, recruit and hold workshops, among others, within the employers' premises

Respondents' information	Response Options				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Number of Respondents	4	17	8	0	1
Number of Managers' Respondents (level 8 and above)	4	10	2	0	0
Number of Employees' Respondents (level 7 and below)	0	7	6	0	1
- 5yrs	3	9	4	0	1
+5yrs –10yrs	0	8	3	0	0
11yrs – 20yrs	1	2	1	0	0

The Constitution Act, 1996 (Act 108 of 1996), in Section 23 provides that every person has the right to fair labour practice. The Labour Relations Act, 66 (Act 66 of 1995) also provides freedoms and rights of employees. For example, in Section 4, employees are conferred right to freedom of association (1995:10). This means any employee may choose to belong to a particular labour union or not. Such a choice cannot be dispute by the employer or other employees. Chapter 3 of the Labour Relations Act, 1995 (Act 66 of 1995) holds that registered trade unions should access the workplace, whenever they want to recruit new members, and to hold meetings – such activities should happen outside the employer's working hours (1995:14).

Any office bearer of a registered labour union has the right to a leave for labour union activities. Such a leave should be reasonable, within the employer's working hours and for the purpose of performing labour union activities. This means that an office bearer shall not take leave for union activities when he/she has his/her personal obligations to attend to. According to the Mokopane Hospital: Labour Relations Report (January 2007:1), there are labour unions which continue to hold

meetings within the employer's working hours and office bearers who continue to abuse leave for union activities.

Four respondents strongly agree supported by seventeen who agree that labour unions are enjoying their rights and freedoms within the employer's premises (Mokopane Hospital). The four respondents who strongly agree are all managers, are supported by ten managers who agree. Seven respondents who are employees at operational level support the ten managers who agree with the statement above. Two managers disagree and six employees at operational level also disagree with the statement mentioned above. Finally, one employee, at operational level, does not know whether or not the rights and freedom of employees are respected.

4.2.1.9 There is a joint decision making process by the management and labour union representatives

Respondents' information	Response Options				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Number of Respondents	8	17	4	0	1
Number of Manages' Respondents (level 8 and above)	8	7	1	0	0
Number of Employees' Respondents (level 7 and below)	0	10	3	0	1
- 5yrs	6	7	3	0	1
+5yrs –10yrs	2	7	0	0	0
11yrs – 20yrs	0	3	1	0	0

Decision-making at any hospital is critical and must deliberately seek to incorporate views and ideas of all stakeholders, including various registered labour unions. According to the Short Term Action Plan of Mokopane Hospital, which was introduced in 2005 (2005:2), labour unions are joint decision makers in the Joint Management Committee. The Joint Management Committee comprises of heads of sections and labour unions, where operational issues are discussed and decisions

are made to enhance service delivery. Labour unions also meet with the Executive Committee to discuss labour related constraints within the hospital, on a monthly basis.

Eight managers strongly agree and supported by seven others who agree with the statement above. ten employees at operational level also agree with the statement above. One manager and three employees at operational level disagree with the statement, whereas one employee does not know if there is joint decision making by management and labour unions.

4.2.1.9.1 Line Managers are not knowledgeable in terms of dispute resolution and as a result most disputes are referred to external dispute resolution bodies such as the PHWSCBC

Respondents' information	Response Options				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Number of Respondents	4	9	12	4	1
Number of Managers' Respondents (level 8 and above)	1	3	9	3	0
Number of Employees' Respondents (level 7 and below)	3	6	3	1	1
- 5yrs	3	6	6	1	1
+5yrs –10yrs	1	1	6	1	0
11yrs – 20yrs	0	2	0	2	0

Disputes are often regarded as conflicts within a workplace. Even though the Labour Relations Act, 1995 (Act 66 of 1995) provides for the establishment of the dispute resolution bodies such as the sectoral councils, labour court, and labour appeal courts, among others, disputes are still valid to be resolved at the workstation. The question that always stands is: are line managers knowledgeable in terms of dispute resolution. According to the Mokopane Hospital: Labour Relations October 2006, Report (2006:2), there are two disputes reported and awaiting dates for conciliation.

The other question that arises is: is it necessary to refer these disputes for conciliation when they can still be resolved at an institutional level?

One manager and three employees at operational level strongly agree and are supported by three managers and six employees at operational level who agree with the statement. Nine managers and three employees disagree, whereas managers and employees at operational level strongly disagree with the statement above. Only one respondent does not know if the statement mentioned above is correct or wrong.

4.2.1.10 Always, the principle of no work, no pay is applied to those who take part in a strike action

Respondents' information	Response Options				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Number of Respondents	10	10	5	3	2
Number of Managers' Respondents (level 8 and above)	7	6	1	1	1
Number of Employees' Respondents (level 7 and below)	3	4	4	2	1
- 5yrs	6	4	1	3	2
+5yrs –10yrs	3	4	2	0	0
11yrs – 20yrs	1	2	2	0	0

The Limpopo Department of Health and Social Development Circular 43 of 2003 (2003:2–7) maintains that health institutions like Mokopane Hospital are essential services and as a result they are not supposed to partake in an industrial action. The mentioned circular maintains that any essential services employee who takes part in an industrial action shall have committed an act of misconduct. The circular goes on maintain that any employee who takes part in an industrial action during the employer's working hours shall have subjected him/herself to a no work no pay rule. The no work no pay rule is a right of an employee and thus may not be concluded in

a disciplinary hearing – it is not a sanction. During the general public service strike action over salary determinations in August 2005, nineteen employees in Mokopane Hospital were issued with written warnings and the no work no pay rule was applied on them, as according to Mokopane Hospital: Labour Relations January 2006 Report (2006:2-3). Ten respondents strongly agree, ten others agree, five disagree, and three strongly agree with the statement above. Two respondents do not know if no work no pay rule is applied every time when employees take part in a strike action within the employer’s hours of work.

4.2.1.11 A Hospital plan to manage strike action is in place and effective

Respondents’ information	Response Options				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don’t Know
Number of Respondents	6	8	12	2	2
Number of Manages’ Respondents (level 8 and above)	6	6	2	0	2
Number of Employees’ Respondents (level 7 and below)	0	2	10	2	0
- 5yrs	5	5	6	1	0
+5yrs –10yrs	1	2	5	0	1
11yrs – 20yrs	0	1	1	1	1

The Limpopo Department of Health and Social Development Circular 43 of 2003 (2003:3) provides for the establishment of the Industrial Action Committee that shall comprise of the equal representation of the employer and labour unions. The Industrial Action Committee shall, among other things, come up with an industrial action management plan. In 2005, the Industrial Action Committee indeed came up with the industrial action management plan that highlighted areas of security, communication with stakeholders, disciplinary matters, and other contingencies during industrial action. The plan was later implemented when nineteen employees were issued with written warnings and denied payment for the time they have spent

taking part in a strike action. The labour unions were not happy about the matter and decided to no longer take part in the Industrial Action Committee.

Twelve respondents disagree that the industrial action management plan is in place and effective. Two other respondents strongly disagree that the plan is in place and effective. The above-mentioned fourteen respondents may be implying that the plan is not effective rather than it is not in existence. It is obviously true that the plan is not effective because a strike action does not take place often. Also, the plan does no longer have the blessings of the labour unions that were part in its drafting and conclusion. Six managers strongly agree that the plan is in place and effective. The last eight respondents agree in support of the six who strongly agree that the plan is in existence and effective and six of them are managers. Two managers do not know if there is such a plan.

4.2.1.12 Labour unions and Hospital management are equally responsible for managing strike action

Respondents' information	Response Options				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Number of Respondents	0	9	14	4	3
Number of Managers' Respondents (level 8 and above)	0	5	7	3	1
Number of Employees' Respondents (level 7 and below)	0	4	7	1	2
- 5yrs	0	6	8	1	1
+5yrs –10yrs	0	3	2	3	1
11yrs – 20yrs	0	0	3	0	1

According to Nel (2002:35–36), the employer and the labour unions will always be hostile towards each other. There can never be good faith in an employer – employee committee such as the Industrial action Committee, even though the Limpopo Department of Health and Social Development Circular 43 of 2003 provides that it should be constituted by an equal representation of employer and labour

unions. Labour Unions always would want to use what they have to win the employer, including partaking in a strike action. The employer will want to do the same, by using the disciplinary procedure, and his rights (including, no work no pay rule, and lock out, among others). Nineteen employees at Mokopane Hospital were issued with written warnings and denied payment for the time they have spent taking part in a strike action during 2005 August general public service strike. Since the 2005 August happenings, labour unions never wanted to be part of the Industrial Action Committee that should manage industrial action.

Nine respondents agree that there is a joint management of a strike action by management and labour unions. Fourteen respondents disagree whereas four strongly disagree that there is a joint management of a strike action by management and labour unions. Three respondents do not know if there is a joint management of a strike action by the management and labour unions.

4.2.1.13 Decisions are only taken by the Members Executive Committee

Respondents' information	Response Options				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Number of Respondents	4	8	12	4	2
Number of Manages' Respondents (level 8 and above)	3	8	1	2	2
Number of Employees' Respondents (level 7 and below)	1	0	11	2	0
- 5yrs	2	4	6	3	1
+5yrs –10yrs	1	3	5	1	0
11yrs – 20yrs	1	1	1	0	1

In 4.2.1.9 above, the findings shows that there is a joint decision making process by the management and labour union representatives. The established Joint Management Committee and Labour Union Forums give platforms for consultation and joint decision making. It is, therefore, not true that Executive Management of Mokopane Hospital take unilateral decision. Twelve who disagree and four who

strongly disagree support the fact that decision making process in Mokopane Hospital is not by Executive Management only. There are, however, four respondents who strongly agree and eight who agree that decision making is by Executive Management. Lastly, two respondents do not know if the Executive Management takes decisions by themselves without involving other stakeholders.

4.2.2 Questionnaire for Clients

4.2.2.1 Community is satisfied of the services offered by the Hospital

Response Options	Number of Respondents	Response Percentage
Strongly Agree	2	20%
Agree	3	30%
Disagree	2	20%
Strongly Disagree	0	0%
Don't Know	3	30%

All targeted ten respondents responded. Two of them strongly agree that the community is satisfied of the services in the hospital. Three respondents agree, two disagree and the other three do not know if the hospital satisfies the community. In analyzing the results, it is generally accepted that the services of the hospital satisfies the communities. Section 195 of the Constitution Act, 1996 (Act 108 of 1996) provides, among others, that service delivery must be development oriented. The response on this question presupposes that the developmental role played by Mokopane Hospital is that of providing essential patients care.

According to the Strategic Plan of Mokopane Hospital (2006:3), an acknowledgement is made that Significant progress was made in improving quality of care; however there are still challenges facing the hospital. Some of the challenges, as listed in the Strategic Plan (2006:3), are, namely:

- Staff attitudes still need attention;
- Burden of disease study to be conducted;
- Staff-turn over leading to skills shortage;
- Referral system not properly followed;

- Hospital revitalization – old buildings;
- Public private interaction;
- Poor record keeping;
- Inability to collect targeted revenue;
- Accommodation;
- Lack of Gateway Clinic; and
- To ensure implementation of labour relations procedures & processes by line managers.

4.2.2.2 There are few or no complaints by the community on services delivered

Response Options	Number of Respondents	Response Percentage
Strongly Agree	1	10%
Agree	2	20%
Disagree	4	40%
Strongly Disagree	1	10%
Don't Know	2	20%

Most clients reckon that, even though the community may be satisfied with the services of Mokopane Hospital, there are still complaints that are aligned to services rendered. *The White Paper on Transforming Service Delivery* identifies eight “Batho Pele” principles and Consultation is one of these principles. By consultation, it is expected of the government officials to adopt and implement means and ways to consult users of public services (patients) about the level and quality of the services they receive and wherever possible, to provide a choice about services that are offered. Public institutions such as Mokopane Hospital should have suggestion boxes placed all over within the hospital premises to allow patients to submit their views, complaints and needs. Patients may not submit their names when submitting suggestions.

Of the ten respondents, four of them disagree that there are few or no complaints by patients. This is the largest number who sees a hospital without complaints from the

patients as opposed to one respondent who strongly agrees and two respondents who agree that there are no complaints by patients. Otherwise, one respondent strongly disagree that a hospital can be without complaints from patients, while the two last respondents does not know whether there are complaints or not by patients.

Ms. Maluleke (not a real name) gave birth to still born (macerated) twins. The family came to take the babies but the babies were already disposed of without the consent of the mother or any family member. The family already had assembled at home to bury the babies, but as they were disposed of, the family could not bury their beloved babies. The family questioned why the hospital had to dispose of the babies without consent from them (Investigation Report, 2004:2). It becomes clear that most complaints are results of medical negligence by the clinical and nursing staff that arises out of poor communication; lack of necessary tools; and lack of systems in place, among others.

4.2.2.3 Most members of the community prefer other Hospitals other than Mokopane Hospital for patients care

Response Options	Number of Respondents	Response Percentage
Strongly Agree	0	0%
Agree	1	10%
Disagree	8	80%
Strongly Disagree	1	10%
Don't Know	0	0%

According to the Mokopane Hospital: Strategic Plan (2006:8), Mokopane Hospital is a regional and referral hospital. The referral chain system dictates that patients must visit the Regional Hospital (Mokopane) upon referral from the clinic private practitioners or district Hospital. This system is not followed because the hospital is located within the residential area, and the nearest primary health care clinic is inside the hospital premises. Once the patients are within the hospital, they go directly to the doctor's consultation rooms (2006:8).

Members of the community prefer Mokopane Hospital, because it has appointed specialists. Already, there are five specialists were appointed. Consulting a specialist at a hospital is cheaper than a in a private institution. There were patients who were not treated in Mokopane Hospital but transferred to Polokwane Hospital or Private Specialists.

Eight respondents disagree that members of the community prefer other hospital other than Mokopane Hospital. This response is in line with reasons advanced above. In support of the above-mentioned eight respondents, one respondent strongly disagree that the community prefers other hospitals other than Mokopane Hospital. In total, nine respondents believe that Mokopane Hospital is the best hospital as compared to other hospitals within its region. one respondent agree that members of the community prefer other hospitals other than Mokopane Hospital.

4.2.2.4 Mokopane Hospital employees are qualified and capable to serve the community

Response Options	Number of Respondents	Response Percentage
Strongly Agree	0	0%
Agree	6	60%
Disagree	2	20%
Strongly Disagree	0	0%
Don't Know	2	20%

Appointments of professionals and other supporting functionaries are based on experience, skills and mostly, qualifications. There are certain criterions set for each job created to be filled. In other words, not every person can qualify to become a Professional Nurse. One has to meet set criteria before he/she can be selected for any professional position. Six respondents reckons that staff has met set criterions and were appointed to best serve the community. The capacity of each employee is determined by his/her ability and willingness, and readiness to do the work. Two respondents disagree that Mokopane Hospital staff is not qualified and capable to serve the community. The last two respondents are between the six who agrees and

the two who disagree that staff is qualified and capable to do the work, as they do not know.

4.2.2.5 Community is consulted for the services rendered at the Hospital

Response Options	Number of Respondents	Response Percentage
Strongly Agree	0	0%
Agree	3	30%
Disagree	5	50%
Strongly Disagree	1	10%
Don't Know	1	10%

According to "Consultation" (one of Batho – Pele Principles), the community must be consulted of the services rendered as they are the supposed beneficiaries and tax payers. There are, however, means in which Mokopane Hospital can consult with communities it serves. For example, this can be done through open days, imbizo, community outreach programmes, public – private interventions with institutions such as SANTA, Red Cross and PPL Mines, among others, governance structures such as Hospital Boards, and requesting slots during community meetings. But five respondents maintain that the community is not consulted for the services rendered at Mokopane Hospital and one respondent supports the above-mentioned five respondents.

Three respondents agree that Mokopane Hospital consult with communities about services rendered at Mokopane Hospital. This may only imply that there are few members of the community who are consulted. The last respondent does not know if Mokopane Hospital consults its clients for the services rendered in the hospital.

4.2.2.6 There are suggestion boxes where suggestions on what and how public services should be can be posted

Response Options	Number of Respondents	Response Percentage
Strongly Agree	2	20%
Agree	4	40%

Disagree	2	20%
Strongly Disagree	0	0%
Don't Know	2	20%

Suggestion boxes may be used for reporting poor service by public officials. They may also be used to post suggestions about service delivery. Two of the respondents strongly agree that there are suggestion boxes where they can post their suggestions. Four other respondents agree that there are suggestion boxes where patients may practice their rights by posting suggestions, complaints and/or commends. Two respondents disagree whereas two other respondents do not know if suggestion boxes are there.

4.2.2.7 The Hospital facility is used 7 days a week

Response Options	Number Of Respondents	Response Percentage
Strongly Agree	6	60%
Agree	3	30%
Disagree	0	0%
Strongly Disagree	0	0%
Don't Know	1	10%

60% of the responses from hospital clients comprise those who agree that the hospital facility is used 7 days in a week. They are eventually supported by 30% of those who agree that the hospital facility is used 7 days in a week. The 60% and 30% responses show a great the hospital clients are overjoyed and satisfied. This tells that, as an essential service provider, Mokopane Hospital should provide services to the clients at any time and day. It does not have an impact when one respondent does not know whether the hospital facility is opened 7 days a week.

4.2.2.8 The Hospital is readily accessible to community/patients

Response Options	Number of Respondents	Response Percentage
Strongly Agree	7	70%
Agree	3	30%
Disagree	0	0%
Strongly Disagree	0	0%
Don't Know	0	0%

Mokopane Hospital is an essential service provider, providing health care to ensure a healthy community and a better life for all. As a provider of essential services, Mokopane Hospital renders its services to the community in 24 hours a day and 7 days a week. The most essential services are the clinical, clinical support and nursing services. Staff is allocated to best suit the 24 hour a day and 7 days a week service programme. For example, the Nursing professionals are expected to work as from 06H00 and knock off at 13H00, but, at times, there are others who are compelled to work up to 18H00. Mokopane Hospital is further opened on holidays and weekends.

Mokopane Hospital is a regional and referral hospital. The referral chain system dictates that patients must visit the Regional Hospital (Mokopane) upon referral from the clinic private practitioners or district hospital. This system is not followed because the hospital is located within the residential area (thus making access easy into Mokopane Hospital) and the nearest primary health care clinic is inside the hospital premises. Once the patients are within the hospital, they go directly to the doctor's consultation rooms (2006:8).

Seven respondents strongly agree that services are readily accessible to the community, while three others agree. This confirms that Mokopane Hospital, as regional and essential services, is in the service of the communities of seven district hospitals, two primary health care clinics, one health care centre and two clinics, in the Waterberg District.

4.2.2.9 The Hospital facility is suitable for the intended level of hospital service

Response Options	Number of Respondents	Response Percentage
Strongly Agree	0	0%
Agree	4	40%
Disagree	2	20%
Strongly Disagree	2	20%
Don't Know	2	20%

According to Mokopane Hospital Strategic Plan (2006:6), there are still challenges that with regard to the hospital facility. However, there are plans to develop the facilities in order to arrive at improved service delivery, and one of these strategies is to upgrade wards. With the above responses, it is clear whether the hospital facility is suitable for intended level of hospital facility. Four respondents agree and two each respondent disagree and strongly disagree that the hospital facility is suitable for the intended level of hospital services. Two last respondents do not know if the facility is suitable for intended level of hospital services.

4.2.2.10 A patient does not spend 12 Hours without being seen by a Medical Doctor

Response Options	Number of Respondents	Response Percentage
Strongly Agree	1	10%
Agree	5	50%
Disagree	2	20%
Strongly Disagree	0	0%
Don't Know	2	20%

Medical doctors are working in terms of time roosters on a daily basis. There are always Medical doctors during the day and in the evening. Mokopane Hospital is a patient care institution that operates 24 hours in 7 days. Nursing staff are also

available to assist Medical doctors in their endeavors to care for the patient. Five respondents agree that a patient may not spend 12 hours without being checked by a Medical doctor. One respondent strongly agree with the above statement. Two other respondents disagree with the statement, while two others do not know if the statement is correct or wrong.

4.2.2.11 Hospital clients are aware of the expected standards of service

Response Options	Number of Respondents	Response Percentage
Strongly Agree	0	0%
Agree	4	40%
Disagree	5	50%
Strongly Disagree	1	10%
Don't Know	0	0%

From the response analyzed it is clear that patients or clients are not aware of the expected standards of service. Four respondents agree, while five disagree and 1 strongly disagrees that hospital clients are aware of the expected standards of services.

4.2.2.12 Employees are able to meet the set standards

Response Options	Number of Respondents	Response Percentage
Strongly Agree	2	20%
Agree	0	0%
Disagree	2	20%
Strongly Disagree	1	10%
Don't Know	5	50%

It is clear from 4.2.2.11 that hospital clients are not aware if there are service standards. It is, therefore, difficult for the hospital clients to determine whether the service standards are met or not if they are not even aware of such service standards. 50% response rate goes to respondents who do not know if service standards are met or not. 50% is the highest rate than in other response options –

this implies that hospital clients are really not aware of the service standards. One of the respondents strongly agrees whereas the other two disagree and one strongly disagrees that employees are able to meet set service standards.

4.2.2.13 Employees wear their name tags at all times

Response Options	Number of Respondents	Response Percentage
Strongly Agree	5	50%
Agree	3	30%
Disagree	1	10%
Strongly Disagree	0	0%
Don't Know	1	10%

Employee identification is important for the clients to know who their carers are. This is also important for reference sake (for example, a patient who has been seen by Dr. Duma – not a real name – may approach Dr. Duma to brief him about his disease). Wearing of name tags is acceptable as courtesy where the employees make themselves known to the community they serve. Basic information appearing on the name tag should include the name of official, position held, and the name hospital.

Five respondents strongly agree that employees wear their name tags while at work. The response might relate to those employees who are confined to working with patients every hour, because respondents are patients. Three respondents agree that employees wear their name tags while at work. One respondent disagrees with the those mentioned above, while the last respondent does not know if employees wears their name tags while at work.

CHAPTER 5 CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The previous chapter analyzed the data collected. After data analysis, findings were reached. It is with these findings that we are going to conclude and recommend possible interventions for the root of the problem.

5.2 FINDINGS AND RECOMMENDATIONS

5.2.1 Major labour related issues threatening service delivery in Mokopane Hospital

a. Labour Unions and management

Common sense dictates that labour unions will always be against certain management decisions. Management is looking at improvising of service delivery with the minimal resources at its disposal. Even though labour unions may also claim that their focus is to improve service delivery, their main focus is to promote and protect the interests of their members. When it is expected of the labour unions and management to join hands in delivering services to the clients, any of these parties will act "malafide" (i.e., not in good faith). Parties act "malafide" for some reasons known to them, but in the name of power.

Even when there is no big deal about an issue, labour unions would lodge a complaint. For example, a line manager may agree with his subordinates that, because of shortage of staff and that there is a need to deliver quality service; others will be shifted from their usual workstation to another for assisting. Once labour unions picks up issues like these they want or even lodge a complaint about it. The Industrial Action Committee at Mokopane Hospital is currently not active because labour unions feel they cannot sit in a committee where they will have to discuss discipline of their members who go on a strike action.

b. Diversity at workplace

Mokopane Hospital appoints different individuals from different environment, culture and religious groups, among others. These differences cause class struggle, and

ultimately a social disorder within the workplace. This is likely to result in social conflicts. Brand et al., (2002:3) define conflict as:

conflict exist in a relationship when parties believe that their aspirations cannot be achieved simultaneously, or perceive a divergence in their values, needs or interests and purposefully employ their power in an effort to defeat, neutralize or eliminate each other to protect or further their interests in an interaction.

There are times where a conflict becomes too much, unbearable and can no longer be tolerated. Brand et al., (2002:7-8) refer to this kind of a conflict as a blaming, claiming, and naming stage. This might be caused by different factors, but factor that is crucial is that individuals have different levels of tolerance. Usually, this stage transforms into a grievance and later a dispute.

c. Leadership style

Leadership means an attempt to influence other people (followers) to do the job and to realize organizational goals. Any leader who is trying to influence others to do the job might be misinterpreted or even taken as a manipulator. It is often true about many leaders – they are manipulators and do not care about what matters to their followers, all they want is to have the work done. It is this style of leadership that results in many officers complaining and taking harsh steps, which include a strike action or protest. However, every employer wants to working with a good leader. The question remains is a good leader to me a good leader to others?

d. Abuse of organizational rights

The Labour Relations Act, 1995 (Act 66 of 1996) conveys some rights to labour unions. Among other rights, labour unions are entitled to enter the employer's premises and hold meetings with members outside the employer's working hours. During the general public service strike action over salary determinations in August 2005, nineteen employees of Mokopane Hospital were seen in a meeting during the employer's working hours. These officers were issued with written warnings and the no work no pay rule was applied on them, as according to Mokopane Hospital: Labour Relations January 2006 Report (2006:2-3). Even so, the attitude continues as there are other labour unions that continue to hold their meetings during the employer's working hours. In the 2007, Priority Agenda for Labour Relations section

in Mokopane Hospital, abuse of organizational rights include abuse of leave for labour unions activities.

e. The composition of established workplace committees

The Mokopane Hospital: Short Term Action Plan establishes the workplace committees that take an advisory role on different issues to the executive management. There are however, certain committees that deal with matters of employment relationship, such as the Training Committee, and the Employment Equity Committee, among others. Labour Relations officers as expert advisors in labour related issues are not part of these committees. Mokopane Hospital has a final draft of the Employment Equity Plan introduced in 2006. This plan has shown “loop holes” there and there, for example, the plan does not prescribe dispute resolution mechanisms in case of disputes about a part or whole of the plan, and the procedures for monitoring and evaluating progress, among others, as required by the Employment Equity Act, 1998 (Act 55 of 1998).

f. Industrial action management

In a power struggle, labour unions end up resorting to an industrial action. Industrial action is one the powerful strategies of labour unions to exert pressure to get the employer go along with the employees’ demands. Employees in an industrial action join hands in a protest or a go slow, among others. During their involvement in an industrial action, service delivery suffers. It is, therefore, necessary to manage industrial action in order to make it a point that services continue even during an industrial action. Department of Health and Social Development (Circular 43 of 2003) provides for the measures to be used in managing an industrial action.

g. Office accommodation

Office accommodation is one other problem that is scarce and resulting to officials sharing offices. The sharing of offices sacrifices information security. There have been many complaints lodged when it was not expected. The reason for this is confirmed by the fact that other officers reach out to such information and end up divulging to their friends or families who are co – employees.

The 2006 Mokopane Hospital: Risk Assessment Report also confirms that there are many disputes that were lodged as a result of sharing of offices. There was an outcry from the office of the Chief Executive Officer realized that disputes are continued to be raised by certain candidates who were somehow informed that they were not selected for the vacant post before selection results reaches her office for appointments (2006:1). It is still a challenge that even when panelists and observers have signed oaths of secrecy, information still reaches wrong ears before formal processes take place.

h. Workplace discipline

According to Public Service Coordinating Bargaining Council (Resolution 1 of 2003), discipline remains a management function. This statement is overemphasized in the Limpopo Department of Health and Social Development Circular 131 of 2005 that also maintain that discipline is a management function (2005:1). The circular also mandate line managers to start initiating disciplinary cases within their own sections. There are 68 line managers trained on workplace discipline and only 6 matters were dealt with by line managers. It is questionable as to what makes line managers not to take own initiatives within their own sections to discipline wrong doers, especially when there is a strong support from the Labour Relations section and different workplace prescripts such as the Public Service Coordinating Bargaining Council (Resolution 1 of 2003), among others.

i. Training and development

The degree to which any line manager is able to allow effective work performance to take place will be determined to a large degree by the level of training of his subordinates. A good manager always makes sure he promotes career development amongst his subordinates. Unfortunately, there are many managers who tend to promote their own interests, eventually to the disadvantage of subordinates and the whole organization (Centre of Business Management: UNISA, 2004:78).

It is sometimes the case at Mokopane Hospital that managers promote own interests to the disadvantage of subordinates. Sometimes it is subordinates themselves who do not want to participate in human resources development programmes. Often,

there are reports that few employees have submitted skills audit forms. It is difficult to line up or to come up with the skills audit plan when you have few forms submitted – the least is done is to compile a skills audit plan for those fewer individuals. This causes a serious problem as others who are not included in the plan are not considered for training and development. Even when there is a plan, the other root cause is budget constraints.

5.2.2 OTHER SERVICE DELIVERY PROBLEMS

The community is satisfied with services at Mokopane Hospital, that is why they even prefer to consult there than in any other institutions within the Waterberg District. Mokopane Hospital is situated in Mahwelereng and has medical specialists. It is also (as provider of essential services) running 24 hours, 7 days a week. However, there are three service delivery challenges that Mokopane Hospital still realizes, as listed below:

- There are clients who are not aware that they can lodge complaints or complement in suggestion boxes. Most of them are not even aware of these suggestion boxes;
- Mokopane Hospital service standards are not known to the clients they serve and as a result clients are not aware of what to expect other than the service they receive; and
- Mokopane Hospital clients contest that they are not consulted for the services rendered by the hospital.

5.2.3 THE ROOT OF THE PROBLEM

The statement of a problem is: Why are there continued conflicts at Mokopane Provincial Hospital that results in job dissatisfaction, which in turn causes public dissatisfaction, when the implementation of the Labour Relations Act, 1995 (Act 66 of 1995) is expected to bring peace and harmony, and to improve service delivery?

It is evident that there are labour related conflicts at Mokopane Hospital and public dissatisfaction. It is obviously important to maintain the good areas and to recommend possible interventions of dealing with these challenges mentioned above

5.2.4 POSSIBLE INTERVENTIONS

5.2.4.1 Legislative interventions

Section 2 of the Constitution Act, 1996 (Act 108 of 1996) provides that the constitution shall remain the law of South Africa and any law or conduct inconsistent with the Constitution is invalid (1996:3). The Constitution Act, 1996 (Act 108 of 1996) in section 9 (4) maintains that no person may unfairly discriminate directly or indirectly against anyone on one or more grounds in terms of language, race, gender, sex, pregnancy, and culture, among others. The Employment Equity Act, 1988 (Act 55 of 1998) maintains that:

No person may unfairly discriminate, directly or indirectly, against an employee, in any employment policy or practice, on one or more grounds, including race, gender, sex, pregnancy, marital status, family responsibility, ethnic or social origin, colour, sexual orientation, age, disability, religion, HIV status, conscience, belief, political opinion, culture, language and birth.

(1998:8)

The Constitution Act, 1996 (Act 108 of 1996) in Section 17 maintains that every employee shall have the right and freedom to association (1996:9). The Labour Relations Act, 1995 (Act 66 of 1995) also promotes in Section 4, that employees may choose to join and participate in labour union of their own choice (1995:10). Section 33 of the Constitution Act, 1996 (Act 108 of 1996) provides for the right to administrative action that is reasonable and procedurally fair (1996:15). The Promotion of Administrative Justice Act, 2000 (Act 3 of 2000) was promulgated to deal with matters of administrative justice act. According to this Act, every employee whose rights have been adversely affected by an administrative action deserves a written reason for the action.

There are, therefore, many legislations that may be relevant in improving employment relations and thus ensure improved service delivery, such as Protected Disclosures Act, 2000 (Act 26, of 2000), Public Service Act, 1994 (Act 103 of 1994), and Public Finance Management Act, 1999 (Act 1 of 1999), among others. However, when referring to these prescripts, public officials should always align themselves with the basic values and principles outlined in Section 195(1). Also important, it is recommended that all line managers at Mokopane Hospital be supplied with relevant public service legislation for easy reference at any time.

5.2.4.2 The Committee system

It has been mentioned that there are other workplace committees that deal with matters of employment relationships. Some of these committees are, namely, the Employment Equity Committee, Management Committee, and Training Committee, among others. The expert personnel in Mokopane Hospital should be brought together to facilitate decisions making and long term plans. Executive management of Mokopane Hospital will be able to make long term plans with the aid or recommendations from these committees. These committees are necessary to prevent the uncoordinated execution of institutional activities from taking place.

It is, therefore, recommended that the committees on the Short Term Action Plan of the hospital should be reviewed to include relevant expert employees for an informed and pro active decision making. Labour Relations and Risk and Management expertise is needed in these committees. The Management Committee is at the highest, at least before the Executive Committee, and, as a result, deals with strategic issues than operational matters. It is, therefore, important to exclude labour unions from such a committee. Hence it is the management obligation to give direction with its strategies and tactics.

The Industrial Action Committee established in terms of the Department of Health and Social Development: Circular 43 of 2003 is no longer effective because of the labour unions' resignation from it. Because industrial action management must be provided for, it recommended that management provides for an ad-hoc committee that shall deal with management of industrial action every time when there is a threatening strike action. It is finally recommended that a co-ordinated structure of Labour Relations, Human Resources Management, Human Resources Development, Work-study and Occupational Health and Safety sections be established to deal with issues that overlap from one these sections to another, to co-ordinate services, and advise management on issues discussed.

5.2.4.3 Public private partnerships

The public and private sectors are increasingly coming closer across the globe. South Africa is also increasingly experiencing levels of co-operation between the two sectors. Most people have been taught that the public and private sectors occupy distinct worlds, that the

government should not interfere with business, and that business should have nothing to do with the government. Because of budgetary concerns, governments are under intense pressure to solve problems without spending new money. This has naturally forced civil servants and leaders of industry and commerce to develop a common understanding. There is a need to create opportunities for managers in these sectors to share experiences and information. This could be accomplished through joint training programmes and workplace exchange programmes.

5.2.4.4 Conflict as a necessary evil

Talking about conflict is not a difficult thing to do, because broad generalized statements can be made without fear of contradiction. There are people who argue that conflict is unhealthy and counter-productive, and that it damages. In other ways, conflict is bad. Adversely, there are those who believe that, because conflict cannot be eradicated as it forms an integral part of human relationships, it gives rise to new opportunities and challenges. Conflict has a number of positive aspects that should not be overshadowed by the negative way we usually think about it.

The broadest statement of all is also the most important, that conflict is an inherent part of our lives, that it is inevitable and inescapable. We face conflict on a daily basis (even at our workplaces) and we always find ourselves in conflict with other people or group of people. It is, therefore, recommended that any conflict at Mokopane Hospital should be welcomed with two hands and resolved thereafter. Conflict management is an important aspect for service delivery improvement and, as a result, it should be done with good care. Conflict management should be done following rules of natural justice, that is; all parties to the conflict should be heard, no man should be a judge of himself, and ultimately, justice must be realized. Conflict management should also focus on previously concluded cases to allow consistency to proceed, not only at Mokopane Hospital, but throughout the public service.

5.2.4.5 Continued labour relations workshops

The National Policy Framework on Labour Relations requires that public officials be trained on a continued basis. Continued labour relations workshops at Mokopane Hospital are important as labour relations is a function of line managers. Labour relations is a new talk at Mokopane Hospital and, as a result, it needs to be

marketed within the institution. These workshops should not only prepare line managers but also employees at different occupational ranks and levels should be targeted as well. The labour relations office should come up with an annual programme for these workshops. This programme should be aligned with the budget in terms of catering, and bookings for presenters, among others.

5.2.4.6 Batho Pele functions

The *White Paper on Transforming Service Delivery*, on the other hand, identifies the eight “Batho Pele” principles, and these principles are, namely, Consultation; Service standards; Courtesy; Access; Information; Openness and transparency; Redress; and Value for money. In ensuring that public officials start to “care”, “belong” and “serve”, there is a need to start initiating functions towards Batho Pele. It is recommended that employees should start to move away from just qualifying, occupying offices and holding meetings, to really serve the community. It is important to shift from the word “me” to the word “us.” Service delivery should be improved for the sake of all those who are the supposed beneficiaries, the tax payers.

It is further recommended that Mokopane Hospital should start to adopt certain Batho Pele functions as a way of improving service delivery. Open days are important functions through which Mokopane Hospital may start to market its services to the communities it serves. Consultation forums such as Imbizos, debriefing sessions, quality circles and annual meetings are important for Mokopane Hospital to really know and understand what the needs of the communities they serve are. It is also important to workshop all employees of Mokopane Hospital on Batho Pele principles so that they start to “live, sleep, drink, and talk” Batho Pele. Finally, employees should feel like their efforts are important and welcomed. As such, outstanding performance should be honoured and acknowledged through service excellence awards.

5.2.4.7 Procedure manuals

The South African public service operates according to rules. Certain procedures have to be followed in order to arrive at a particular destination (to realize goals). Procedures are expected to be simple, but often are cumbersome, especially in the

South African public service. The complexity of these procedures is often time wasting and a threat to service delivery. Procedures may be cumbersome for a number of reasons, for example, because they are too long, they are not clear, or they are even not known to those who should follow them.

It is recommended that sections should submit procedure manuals for easy reference by end-users. Where possible, these manuals must be in different official languages for those who cannot read English, so as to understand and know the procedures, especially those which are for visiting/outside clients. It will also serve a great important role to run road-shows on the procedures, whereby community members can be gathered somewhere and be told about these procedures. Certain procedures may be recorded on the telephone system wherein outside callers can listen to the prompt voice about recorded procedures. The Out-Patient Department may also boost the process by showing video footages about certain procedures.

5.2.4.8 Good governance

There are positives and negatives about the public service. To maintain such positives and to improve the negatives, it becomes necessary that we apply the system of good governance. Good governance is important to coordinate and facilitate improved service delivery. It is one other measure that can assist the public service and the government to realize government programmes such as ASGISA, GEAR, RDP, and Black Economic Empowerment, among others.

It is recommended that Mokopane Hospital should start to benchmark at well managed hospitals such George Mukhari and Polokwane hospitals, among others. Benchmarking will assist Mokopane Hospital to look at how other hospitals have resolved similar problems that they have. The provincial monitoring and evaluation systems should be maintained to assist Mokopane Hospital to realize its strategic objectives. There should be reports on the outcome and impact of service delivery in Mokopane Hospital that will assist the hospital not to continue working without looking back and reflecting. The establishment of s Hospital Board should be an important issue that the board is appointed on time. It is also important to appoint a Chief Executive Officer and the Manager: Clinical Services. There are obvious officers within Mokopane Hospital who know and understand this hospital better,

who may be considered for these positions. It is also important to align strategic objectives of the hospital with the Waterberg District and Mogalakwena Municipalities' Integrated Development Plans in order to avoid duplications. This shall have stood with the requirements of intergovernmental relations.

5.3 CONCLUSION

The relationship between the Labour Relations Act, 1995 (Act 66 of 1995) and service delivery cannot be underestimated. It is evident from the responses received from the respondents that the Labour Relations Act, 1995 (Act 66 of 1995) is relevant in improving service delivery; that is why it impacts on service delivery. Responses got also show that there are continued conflicts at Mokopane Hospital that are cause job dissatisfaction and client dissatisfaction. Finally, it is important that the proposed interventions be implemented to ensure that these conflicts are not growing into grievances and/or disputes, but are taken for growth and development within the hospital.

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hospital service.					
A patient does not spend 12 Hours without being seen by a Medical Doctor.					
Staffs are suitably qualified in positions they occupy.					
The Hospital is staffed with motivated, performance driven & customer focused employees.					
Strategic management personnel have advanced skills and are capable of identifying and investigating variances.					
There is a need to further train employees because they have no capability to serve the community.					
Hospital clients are aware of the expected standards of service.					
Employees are able to meet the set standards.					
Hospital clients understand the set standards.					
Set standards are realized within the set time.					
Employees wear their name tags at all times.					
Strategic human capital is available at any time of the day to provide patient care to hospital clients.					
Employees wear their name tags at all times.					

THANKS!

ANNEXURE B: QUESTIONNAIRE FOR EMPLOYEES

RESEARCH TOPIC

THE IMPACT OF THE LABOUR RELATIONS ACT, 1995 (ACT 66 OF 1995) TO
THE TRANSFORMATION OF PUBLIC SERVICE DELIVERY AT THE MOKOPANE
HOSPITAL IN LIMPOPO

SECTION A: BIOGRAPHICAL DATA

Names:

Institution: Mokopane Hospital

Please state designation:

Section:

Level:

2	3	4	5	6	7
8	9	10	11	12	13+

NB: Please print where necessary. Where you are required to choose among options, please put a cross on the option you choose.

SECTION B

NB: Here you are required to put a cross to select among options provided. The last column requires you to comment, if necessary. You will select one (1) option that best suits the situation at Mokopane Hospital from each question.

QUESTIONS	AGREE	STRONGLY AGREE	DISAGREE	STRONGLY DISAGREE	COMMENTS
The Hospital is staffed with motivated, performance driven & customer focused employees.					
Staffs are allocated prescribed minimum working space with standard workstation configuration.					
All staff has a station from which they operate.					
Strategic management personnel have advanced skills and are capable of identifying and investigating variances.					
Clear organizational development strategy exists.					
A shared vision, mission & value statement exists.					
Community is satisfied of the services offered by the Hospital.					
There are few or no complaints by the community on services delivery.					
There are workplace forums that were established in terms of the Labour Relations Act (Act 66 of 1995).					

Workplace forums are available to represent a particular group of employees.					
Workplace forums are not necessary in Mokopane Hospital because they will undermine the existence of labour unions.					
Workplace forums are important for the development of human capital.					
Personnel actively participate in Hospital meetings to ensure effective and efficient human resources management.					
Labour Unions are party in negotiation forums.					
All employees are represented during negotiations.					
There are many structures of negotiating that are just useless.					
Training & Development policies, procedures & processes exist.					
Training & development is driven by strategic human capital needs of the hospital					
Training & development needs are aligned to performance management development needs					
The skills gaps are addressed through					

customized training and development programmes on business unit level.					
Always, labour unions comply with Labour Relations Act (Act 66 of 1995) in terms of notification of intention to embark on strike action.					
Always, the principle of no work, no pay is applied to those who take part in a strike action.					
A Hospital plan to manage strike action is in place and effective.					
Labour unions and Hospital management are equally responsible for managing strike action.					
Most employees break the rules.					
Discipline is a line management function.					
Discipline is applied in a prompt, aggressive, consistent manner and encompassing fairness, equality, and rules of natural justice.					
There are policies, disciplinary code and procedure available that are in line with Schedule 8 in the Labour Relations Act (Act 66 of 1995).					
Grievances are resolved within the required time and from the point of					

origin.					
Grievances are resolved in a fair and consistent manner.					
Grievances are lodged as a result of unfair labour practices and not unfair dismissals.					
Most employees do not lodge grievances as					
Rights and freedoms of labour unions as prescribed in the Labour Relations Act (Act 66 of 1995) are respected.					
Shop stewards are given paid leave when they attend to labour union activities.					
Leave forms completed by shop stewards to attend to labour union activities are always checked to guard against abuse of leave.					
Labour unions are granted an opportunity to recruit and workshop members.					
Personnel actively participate in Hospital meetings to ensure effective and efficient human resources management.					
Decisions taken are disseminated down to the employees at lower levels.					
Decisions taken are bound to maintain peace at work.					
Decisions are only taken by the Members Executive					

Committee.					
Many disputes arise because there is a lack of knowledge on matters of labour relations by line managers.					
Many disputes arise because there is a lack of knowledge on matters of labour relations by employees.					
Many disputes could have been resolved within the Hospital before they are referred.					
Many disputes arise because there is a lack of effective communication, attitudinal problems, ideological differences and inadequate support and guidance from the top management to the general workforce.					

THANKS!

Annexure C

Below are the initial questionnaires and the changes made to them:

Annexure C1: Questionnaire for Clients

RESEARCH TOPIC

“THE IMPACT OF THE LABOUR RELATIONS ACT, 1995 (ACT 66 OF 1995) TO THE TRANSFORMATION OF PUBLIC SERVICE DELIVERY AT THE MOKOPANE HOSPITAL IN LIMPOPO”

SECTION A: BIOGRAPHICAL DATA

Names:

Institution: Mokopane Hospital

Please state the ward:

Age:

18 - 30	30 -	40 -	50 - 60
	40	50	+

NB: Please print where necessary. Where you are required to choose among options, please put a cross on the option you choose.

SECTION B

NB: Here you are required to put a cross to select among options provided. The last column requires you to comment, if necessary. You will select one (1) option that best suits the situation at Mokopane Hospital from each question.

QUESTIONS	AGREE	STRONGLY AGREE	DISAGREE	STRONGLY DISAGREE	COMMENTS
Community is satisfied of the services offered by the Hospital.					
There are few or no complaints by the community on services delivery.					
Most members of the community prefer other Hospitals other than Mokopane Hospital for patients care.					
Mokopane Hospital employees are qualified and capable to serve the community.					
Community is consulted for the services rendered at the Hospital.					
Community is aware of its rights to be consulted as stipulated in the "Batho - Pele" charter.					
There is a Hospital Board that represents the community in Hospital consultation forums.					
There are suggestion boxes where suggestions on what and how public services should be can be posted.					
The Hospital facility is used 7 days a week.					
The Hospital is readily accessible to community/patients.					
The Hospital facility is suitable					

for the intended level of hospital service.					
A patient does not spend 12 Hours without being seen by a Medical Doctor.					
Staffs are suitably qualified in positions they occupy.					
The Hospital is staffed with motivated, performance driven & customer focused employees.					
Strategic management personnel have advanced skills and are capable of identifying and investigating variances.					
There is a need to further train employees because they have no capability to serve the community.					
Hospital clients are aware of the expected standards of service.					
Employees are able to meet the set standards.					
Hospital clients understand the set standards.					
Set standards are realized within the set time.					
Employees wear their name tags at all times.					
Strategic human capital is available at any time of the day to provide patient care to hospital clients.					
Employees wear their name tags at all times.					

THANKS!

Annexure C2: Questionnaire for Employees

RESEARCH TOPIC

“THE IMPACT OF THE LABOUR RELATIONS ACT, 1995 (ACT 66 OF 1995) TO THE TRANSFORMATION OF PUBLIC SERVICE DELIVERY AT THE MOKOPANE HOSPITAL IN LIMPOPO”

SECTION A: BIOGRAPHICAL DATA

Names:

Institution: Mokopane Hospital

Please

state

designation:

Section:

Level:

2	3	4	5	6	7
8	9	10	11	12	13+

NB: Please print where necessary. Where you are required to choose among options please put a cross on the option you choose.

SECTION B

NB: Here you are required to put a cross to select among options provided. The last column requires you to comment, if necessary. You will select one (1) option that best suits the situation at Mokopane Hospital from each question.

QUESTIONS	AGREE	STRONGLY AGREE	DISAGREE	STRONGLY DISAGREE	COMMENTS
The Hospital is staffed with motivated, performance driven & customer focused employees.					
Staffs are allocated prescribed minimum working space with standard workstation configuration.					
All staff has a station from which they operate.					
Strategic management personnel have advanced skills and are capable of identifying and investigating variances.					
Clear organizational development strategy exists.					
A shared vision, mission & value statement exists.					
Community is satisfied of the services offered by the Hospital.					
There are few or no complaints by the community on services delivery.					
There are workplace forums that were established in terms of the Labour Relations Act (Act 66 of 1995).					
Workplace forums are available to represent a particular group of employees.					
Workplace forums are not necessary in Mokopane					

Hospital because they will undermine the existence of labour unions.					
Workplace forums are important for the development of human capital.					
Personnel actively participate in Hospital meetings to ensure effective and efficient human resources management.					
Labour Unions are party in negotiation forums.					
All employees are represented during negotiations.					
There are many structures of negotiating that are just useless.					
Training & Development policies, procedures & processes exist.					
Training & development is driven by strategic human capital needs of the hospital					
Training & development needs are aligned to performance management development needs					
The skills gaps are addressed through customized training and development programmes on business unit level.					
Always, labour unions comply with Labour Relations Act (Act 66 of 1995) in terms of notification of intention to embark on strike action.					
Always, the principle of no work, no pay is applied to those who take part in a strike action.					

A Hospital plan to manage strike action is in place and effective.					
Labour unions and Hospital management are equally responsible for managing strike action.					
Most employees break the rules.					
Discipline is a line management function.					
Discipline is applied in a prompt, aggressive, consistent manner and encompassing fairness, equality, and rules of natural justice.					
There are policies, disciplinary code and procedure available that are in line with Schedule 8 in the Labour Relations Act (Act 66 of 1995).					
Grievances are resolved within the required time and from the point of origin.					
Grievances are resolved in a fair and consistent manner.					
Grievances are lodged as a result of unfair labour practices and not unfair dismissals.					
Most employees do not lodge grievances as					
Rights and freedoms of labour unions as prescribed in the Labour Relations Act (Act 66 of 1995) are respected.					
Shop stewards are given paid leave when they attend to labour union activities.					
Leave forms completed by shop stewards to attend to					

labour union activities are always checked to guard against abuse of leave.					
Labour unions are granted an opportunity to recruit and workshop members.					
Personnel actively participate in Hospital meetings to ensure effective and efficient human resources management.					
Decisions taken are disseminated down to the employees at lower levels.					
Decisions taken are bound to maintain peace at work.					
Decisions are only taken by the Members Executive Committee.					
Many disputes arise because there is a lack of knowledge on matters of labour relations by line managers.					
Many disputes arise because there is a lack of knowledge on matters of labour relations by employees.					
Many disputes could have been resolved within the Hospital before they are referred.					
Many disputes arise because there is a lack of effective communication, attitudinal problems, ideological differences and inadequate support and guidance from the top management to the general workforce.					

THANKS!

Results and changes through pilot study:

Disputes Related Questions

Initial Questions

Many disputes arise because there is a lack of knowledge on matters of labour relations by line managers.

Many disputes arise because there is a lack of knowledge on matters of labour relations by employees.

Many disputes could have been resolved within the Hospital before they are referred.

Many disputes arise because there is a lack of effective communication, attitudinal problems, ideological differences and inadequate support and guidance from the top management to the general workforce.

Decision Making Questions

Initial Questions

Personnel actively participate in Hospital meetings to ensure effective and efficient human resources management.

Decisions taken are disseminated down to the employees at lower levels.

Decisions taken are bound to maintain peace at work.

Replacement Question(s)

Line Managers are not knowledgeable in terms of dispute resolution and as a result most disputes are referred to external dispute resolution bodies such as the CCMA.

Replacement Question(s)

There is a joint decision making process by the management and labour union representatives of employees.

Organizational Rights Questions

Initial Questions

Rights and freedoms of labour unions as prescribed in the Labour Relations Act (Act 66 of 1995) are respected.

Shop stewards are given paid leave when they attend to labour union activities.

Leave forms completed by shop stewards to attend to labour union activities are always checked to guard against abuse of leave.

Labour unions are granted an opportunity to recruit and workshop members.

Grievances Questions

Initial Questions

Grievances are resolved within the required time and from the point of origin.

Grievances are resolved in a fair and consistent manner.

Grievances are lodged as a result of unfair labour practices and not unfair dismissals.

Most employees do not lodge grievances as

Replacement Question(s)

The rights and freedoms of labour unions as provided for in the Labour Relations Act, 1995 (Act 66 of 1995) are respected, including paid leave for union activities, and the right to hold meetings, recruit and hold workshops, among others, within the employers' premises.

Replacement Question(s)

There are many grievances lodged due to unfair labour practices that are resolved within the required time frame and in a fair and consistent manner.

Discipline Management Questions

Initial Questions

Discipline is a line management function.

Discipline is applied in a prompt, aggressive, consistent manner and encompassing fairness, equality, and rules of natural justice.

There are policies, disciplinary code and procedure available that are in line with Schedule 8 in the Labour Relations Act (Act 66 of 1995).

Replacement Question(s)

Line Managers apply discipline in a prompt, aggressive, and consistent manner guided by the available policies on management of discipline, disciplinary code and procedures and Schedule 8 in the Labour Relations Act, 1995 (Act 66 of 1995).

Training and Development Questions

Initial Questions

Training & Development policies, procedures & processes exist.

Training & development is driven by strategic human capital needs of the hospital

Training & development needs are aligned to performance management development needs

The skills gaps are addressed through customized training and development programmes on business unit level.

Replacement Question(s)

Skills gaps are address through training and development guided by available policies, procedures and processes, and development needs as required by performance management.

Workplace Forums Questions

Initial Questions

There are workplace forums that were established in terms of the Labour Relations Act (Act 66 of 1995).

Workplace forums are available to represent a particular group of employees.

Workplace forums are not necessary in Mokopane Hospital because they will undermine the existence of labour unions.

Workplace forums are important for the development of human capital.

Replacement Question(s)

There are workplace forums, established in terms of provisions of the Labour Relations Act, 1995 (Act 66 of 1995) that advances the development and needs of all employees.

Workplace forums are not important as they tend to undermine the existence of labour unions and their activities – workplace forums and labour unions operate the same way.

Annexure C

Below are the initial questionnaires and the changes made to them:

Annexure C1: Questionnaire for Clients

RESEARCH TOPIC

“THE IMPACT OF THE LABOUR RELATIONS ACT, 1995 (ACT 66 OF 1995) TO THE TRANSFORMATION OF PUBLIC SERVICE DELIVERY AT THE MOKOPANE HOSPITAL IN LIMPOPO”

SECTION A: BIOGRAPHICAL DATA

Names:

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Please state the ward:

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