

Creating Functional Public Administration: A Case of Limpopo Health Department in South Africa

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Abstract: This paper interrogates what it takes to birth a functional administration whose service delivery is consistently outlandish. The paper is conceptual and empirical in nature within the qualitative research paradigm. The question guiding this paper is: *did it take other independent countries in Africa, more than 26 years to turnaround their health sectors?* Narrative enquiry and interviewing techniques were used to collect data. Out of the population of 18 experienced sectional heads in the Limpopo Department of Health, South Africa, 6 were conveniently sampled. In each of the 6 sampled experienced personnel, only heads of sections became research participants. Findings revealed that lack of unity-of-purpose within the personnel, delayed the improvement of administrations. Secondly, failure, to embrace efficacy contributes to dysfunctional service delivery. Thirdly, indecisiveness is another factor. Fourthly, ignoring to reward excellence and punish mediocrity is a dilemma. Lastly, de-emphasising job-mentoring, monitoring and evaluation, is another factor. The researcher recommends for the restoration of the culture of good service and accountability by all institutional incumbents. Furthermore, health practitioners of all categories require retraining to be enabled to protect the brand 'health' against further damaging and negative stigmatisation.

Keywords: Efficacy, Excellence, In-decisiveness, Mediocre, Monitoring

1. Introduction

There has to be consequences for the underperforming health professionals (Matiwane, 2020:18). Gold (2016:8) emphasises that good governance and excellent service delivery remain a stress-buster for organisational incumbents. With a sound governance in place in a health sector, not a single member could be heard of complaining of stress-related challenges. Sebola (2015:61) describes enabling governance as the creation of a structure and order which cannot be externally imposed, which result from interaction between a multiplicity of governing nodes which influence each other in the creation of a functional public administration. Every health sector requires order and a certain way of behaving by its members for the sector to succeed with its core-function of healing the nation. In the context of health, poor service to the clientele amounts to a disservice and has to be frowned upon. Functional administrations can nag institutional incumbents to wish to serve a department with aplomb and distinction (Clarke, 2009:14). Functional public administrations encapsulate the traditions and service delivery values that determine how authority is exercised in a particular health department with the intention of carrying out the mandate of that administration. Msila (2016:31) articulates that good governance in

public administrations has a potential of steering the half-sinking ship into the bay. The implication is that under-delivering health sectors could enhance their service delivery through putting sound governance structures in place. A sound governance teaches civil ways of engagement for institutional members to avert a dysfunctional department. Functional health sectors are known to be able to teach departmental incumbents how to decimate organisational challenges other than aggravating them (Fox, 2010; Theletsane, 2014; Moyo, 2015:16). Khoza (2015:43) and Masina (2015:24) contend that where there is a functional public administration, the delivery of quality health service to patients is possible. Nkuna (2015:120) and Tisdall (2015:15) remark that apartheid has instilled in health professionals and their patients a sense of self-hate and inferiority complex to the level of battling to create, maintain and manage functional public administrations. Functional public administrations are indispensable especially where a health sector is not paying any lip service to the concept of perpetual delivery of the high quality health service to patients (Yukl, 2006; Motsepe, 2015:5). One of the underlying reasons why many public health sectors still experience governance and administration that are indescribably inefficacious, after more than 25 years of independence, is because of placing little attention to issues

of good governance and functional administrations (Shejavali, 2015:34; Siswana, 2007:182).

2. Theoretical Considerations

Schumacher & McMillan (2010) advise that a theory assists in creating a perspective from which to view a phenomenon under study. Welman, Kruger & Mitchell (2005:12) reason that a theory represents a mental view of a phenomenon or a system and normally forms the basis for a chain of reasoning. The critical theory underpins this paper. Its choice rests on the relevance the researcher finds in it in terms of sufficiently illuminating issues of performance and functionality in public administrations like the health sector, to avoid the provision of poor quality health care to patients. Critical theory helped the researcher to make meaning from the whole notion of the Limpopo health department being under-performance stricken. Briefly, one of the principles of the critical theory is that very often truth serves the status quo. The other principle relates to the question of "why is it that certain groups of people are so privileged in life than others"? These fundamental principles of this theory were helpful in clarifying how lack of functional public administrations in the health sector perpetuates inequality between patients of the same country. For instance, on the one hand patients from Limpopo Province under the department of health are disadvantaged as regards health issues because of below par health service extended to them in comparison to patients from Gauteng where a health department is professionally led and managed. The predicament with such a sordid state of affairs could be that some patients are already being advantaged by where they are receiving health services much as others are already disadvantaged (Motsepe, 2015:5). The selection of the critical theory in this paper is informed by its encouragement of reflective and analytical thoughts as regards the experienced health sector dysfunctionality. That the six chosen sections of the health department in this paper are still having a predicament of dysfunctionality, has to be a cause for concern. The question to pose is whether the absence of the functional health department in Limpopo Province is a deliberate or a demonstration of a sheer incompetence by the six sections of the department under study. It is the critical theory which is better placed to adequately and convincingly respond to such a question (Allen, 2015:11) and (Moyo, 2015:16). In this paper, the critical theory reveals that inequality in the healing

of patients could be entrenched if the masses of patients are docile and gullible and are not confronting the poor quality health service rendered to them by the province. On that note, the critical theory serves as a basis for interpreting the whole issue of inefficacious health department, as occurring in some of the Province's departmental sections. Higgs & Smith (2010:67) advise that knowledge and how we understand truth, including scientific truth, moral truth and historical truth should not be separated from everyday life. This implies that comprehending the trend on how quality and decent health services are denied to their legitimate recipients, namely, patients, the context of the manifestation of denial, is as essential as the denial itself. The critical theory assisted in arriving at the root cause of the inefficacious governance and administration as experienced in health departments (Van Niekerk & Van Niekerk, 2009:12). The other relevance of the critical theory for this paper can be traced back to its emphasis of public administration ethics. In the context of this paper, that would imply the study of good and bad behaviour by human beings especially in the manner in which they interrelate and interact as part of rendering a healing service in the health department. The legitimacy of the critical theory regarding inefficacious health sections of the department defining and characterising the health department, is not in doubt. Historical reasons and existential conditions which some sections of the health department experience, somewhat compel them to think hard and long on when are they hoping to turn a tide as regards inefficacious and dysfunctional governance and administrations which persist to taint the image of their health department. The reality is that immediately patients' cup of endurance is over, they are likely to revolt against their own health officials and managers which have been neglecting them for long with regard to a decent health service they are entitled to (Arden, 2013:28; Higgs & Smith, 2010:72; Tisdal, 2015:15).

Hofstee (2010:110) and Cohen, Manion & Morison (2011) advise about the need for a researcher to be cautious about statement of their problem. On the basis of the above, the problem of this paper centres around unabated underperformance characterising the health department in Limpopo Province. Perpetual delivery of poor healthcare services to the province's residents is as unethical as it is wrong. The question to pose is why such a sordid state of affairs in public healthcare? The response relates to the point that due to the suffered colonialism in Africa,

indications are that it has eroded and corroded in service providers any semblance of humanity and Ubuntu to the level where egoism in Africans is so strengthened such that institutional incumbents turn to operate without conscience with much of what they are doing. That is why health practitioners could be cruel against their fellow residents. Such an alien behaviour by health practitioners, as practised largely in public health institutions, is having devastating effects to patients and their communities. With that kind of disposition, public health institutions could take long to successfully push back the habit of delivering poor quality health service to the province's health seekers.

3. Research Questions

Research questions addressed in this paper are anchored on the critical theory as the theoretical perspective underscoring this paper (Higgs & Smith, 2010:88). The research questions are as follow: did it take other independent countries in Africa, more than 26 years to get their health sectors functional? What are the roles and significance of governance structures and systems that are clearly crafted in line with the conditions and institutional incumbents populating a health institution, in enhancing performance of health departments? What are the ideas, concerns and aspirations of practitioners regarding addressing ongoing underperformance of the health department through strengthening their administrative efficacy?

Broad as they are, the above questions can be broken down into the following sub-questions:

- How is a functional health department understood?
- Who genuinely benefits most from a functional public administration?
- How best to sow a culture of quality health delivery in the health sector?
- How is a health sector functionality linked to structures and systems in health administrations?

4. Research Methodology

Myriad reasons necessitated that this be a qualitative paper as against the quantitative one. Firstly, the problem which the paper pursues centres around

interrogating the dysfunctionality of the health department in view of ongoing poor health service to health seekers. Such a research problem was amenable to be studied through the qualitative way of thinking as against the quantitative. The nature of the problem was researchable along the qualitative school of thought as against the quantitative line of thinking (Dawson, 2006; Levin, 2005). This qualitative research methodology was also orchestrated by the fact that the paper is being underscored by the critical theory. The researcher found a need to create a synergy between the critical theory and the qualitative approach as the overarching research methodology (Hofstee, 2010:115). The combination of the two helped immensely in terms of illuminating issues of dysfunctional administration in the health sector, which is evident by poor health service to the health seekers. Lack of functional health sector with efficacious governance and administration systems and structures is a challenge. That manifested through poor health results by some sections of the Limpopo health department (Masina, 2015:24). With the critical theory underpinning this paper, the researcher utilised it, to interrogate how long is it likely to take the health sector to outgrow inefficacy and dysfunctionality to usher in efficacy and functional service delivery to health seekers. That could happen when perennial under-functioning health department begins to prioritise excellence and punishes mediocrity. The critical theory was applied to establish whether the prioritisation of mentoring, monitoring and evaluation would not contribute to the efficacy and the functionality of the health department. Since this paper is a qualitative case study, there was a need to amalgamate the critical theory and the qualitative research approach. That aimed at maximising the ability and strength of the critical theory towards the exposure of how dysfunctional public administrations rob the patients of the quality health service they are entitled to. Partnering the qualitative research approach and the critical theory enabled the researcher to make an in-depth understanding of how, despite many years since colonialism and apartheid healthcare systems have formally ceased to exist, their effects remain firmly in place. Such effects are still so severe such that many public healthcare institutions, find it difficult to experiment with a sound administration to begin to offer quality health service to all patients with aplomb and distinction. To conclude this section on research methodology, there is a need to divulge that the narrative enquiry and the interviewing techniques were utilised to construct data relevant

for this paper. To corroborate and triangulate data generated through the narrative enquiry, interviewing was conducted with six experienced sectional heads within the Limpopo health department, which were purposively selected. Responses were audio-taped for transcription later-on to prepare for analysis through the thematic content analysis and the constant comparative method (Glatthorn & Joyner, 2005).

5. Results and Discussion

Findings arrived at in this paper, are in relation to the research topic whose focus is: the creation of a functional public administration that could rescue the health department from delivering poor health service to health seekers. The basis of the findings is the analysed data which were generated through the narrative enquiry and the interviewing technique. Six sections within the health department were interrogated as regards functional administration whose service delivery has to be consistently outlandish. The six sampled sections are being referred to as Section A, Section B, Section C, Section D, Section E and Section F. That was done to protect the actual identities of those sections. The researcher sampled those sections for interrogation in the area of a functional administration that has to deliver an outlandish health service to health seekers. The choice of those six sections, was on the basis of the researcher having familiarised himself with issues of dysfunctional administration in those sections of the health department, down the years. The critical theory was instrumental in assisting in the analysis of data to ultimately emerge with the findings below. Findings and discussion of this paper are the following: lack of unity-of-purpose, failure to espouse the principle of efficacy, failure to prioritise excellence and punish mediocrity. A detailed discussion of each finding follows.

5.1 Lack of Unity-of-Purpose

Top class health service delivery to the clientele in Limpopo health department, could occur with much ease after the establishment of the necessary institutional structures, systems, policies, procedures and processes which could galvanise health practitioners to be guided by the unity-of-purpose. Doing such is the competency of the sectional heads (Brunton, 2003:B-11). On this point that sectional heads of the health department need to encourage superior performance within the entire health

department, Sectional head A advises that:

"as long as antiquated, archaic and crisis-ridden inherited administrative structures in the health department are kept intact with no intention of dismantling them, then operating in silos by sectional heads and at times at cross purposes is likely to continue to prevent the health department from running a sufficiently functional administration whose service provision could gratify the bulk of the health clientele".

Sectional head C shares that:

"I was more than zealous when joining the current section, which I am presently leading, being highly spirited that this section shall contribute in no small way to the advancement of the health department, but I have since been mired in a governance administration which perpetually handicaps our section from excelling in terms of servicing the health clientele".

Section head E asserts that:

"without a sound governance which is based on functional policies, systems and structures, that are appropriately synergised to promote at all times cooperation and collaboration within all the sections of the health department, then working at cross-purposes could take long to be completely rooted out for the satisfactory functionality of the entire health department".

The utterances of the research respondents are straightforward in calling for taking seriously the overhaul of the health department for the sake of enhanced health service to health seekers. This is a point supported by the review of literature. For instance, Tsheola (2002), Mbeki (2003), Madue (2013) and Zwane (2015:10) emphasise that creating efficacious and functional governance is what 21st century state departments so much require and demand for the sake of their smooth operations.

5.2 Failure to Espouse the Principle of Efficacy

It comes as no surprise for some sections of the health department that perpetually churns out impressive results to continue to hope that, that kind of committed sectional heads will always be there despite inadequate efforts to revamp the health department (Macha, 2016:23). On the expressed

challenge, Sectional head C cautions that:

"my experience of having being a sectional head in this department for no less than two decades keeps on reminding me, that it is good governance and functional administration which could guarantee the stability of the sectional performance of this health department".

Sectional head D agrees when stating that:

"show me a single section in this health department whose health facilities have been sufficiently modernised to enable the whole health department to service its health clientele in an immaculate manner to the praise and appreciation of the health recipients. No such section exists and this confirms that our health service to the customers is ever below the par".

Sectional head B accentuates the fact that:

"having noticed what a functional administration and a sound governance system do for other state departments, it will not be soon for my colleagues and I in this section of the health department, to expect the drastic improvement of the service provided because of the collapse of super administration here."

The body of literature reviewed confirms the views of the participants. Gobillot (2008), Cunha, Filho & Goncalvers (2010) advocate that the indispensability of a sound governance system towards the functionality of the health departments remains irreplaceable.

5.3 Prioritising Excellence and Punishing Mediocrity

Allen (2014:9) remarks that as long as the creation of functional and sound administrations are not taken as a priority by many public health administrations, then sowing a culture of health excellence could take long. This suggests that apart from governance relying on the creation of appropriate systems, structures, policies, procedures and processes for the functionality of the public health administrations, matching governance to the context and the leadership style practised in a section or department, remains something inevitable (Matiwane, 2020:18). On this aspect the Sectional head F emphasises that:

"despite having less than 15 years health experience, I have personally witnessed good intentions in the health department, failing to be impactful because of ignorance of the pursuance of excellence as against maintenance of blatant mediocre performance".

Sectional head C reasons that:

"attempts to operationalise ideas however noble they could be in the health fraternity, to the total disregard of uprooting mediocrity as a new norm which is gradually establishing itself, in the health sector, are likely to be frustrated".

Sectional head A reminds that:

"the antonym of mediocrity is excellence and that any public health institution that has a bright future, has to quickly instil in its health providers the virtue of excellence with the kind of health service rendered to diverse health customers".

The responses of research participants emphasise the need to replace mediocrity with excellence. This fact is even being vindicated by countless literature reviewed for the sake of this paper (Omano, 2005; Kouzes & Posner, 2007; Thornhill & Van Dijk, 2010; Sebola, 2012; Qwabe, 2013; Tisdall, 2005:15).

6. Conclusion and Recommendations

Public health administrations need to speedily deal with the challenge of dysfunctional governance and administration. This could enable them to improve their service delivery to the clientele. Whether public administrative hurdles experienced by public health sections and departments are internally generated or externally imposed, that is not an issue. The question to ask has to be: what is it that every individual in the health department, has to do to craft a governance and an administration structure that could enable it to operate differently and in an efficacious way? Practitioners in the health sector need to put interests of their institutions in a trajectory of forward development and movement. This is possible with sound governance and functional administrations which need to be free from euro-centric models and general institutional rigidity. Postponing to create a functional administrative healthcare by the departments of health could allow the rendering of mediocre health services to the clientele to proceed

unabated especially at the selected six sections of the Limpopo health department. The basis of these recommendations in the discussed findings is as follows:

There is a need for public health administrations to fathom why is it that functional and sound administration are being underrated, in the health department, despite their known efficacy of encouraging top class health service everybody in the health department is likely to be proud of.

There is a need for public health departments to embrace an awareness that a responsive administration that pursues health efficacy, requires structures, systems and processes through which it would flourish and thrive by remaining impactful and ever well-meaning to health seekers.

Lastly, there is a need to reconcile good governance and functional administrations in the sections of the health department by means of entrenching a virtue of excellence with every health service rendered to health customers.

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