SKILLS DEVELOPMENT AND ITS RELEVANCE IN A HEALTHCARE FACILITY: A CASE STUDY OF TYGERBERG HOSPITAL

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A MINI THESIS SUBMITTED TO THE SCHOOL OF GOVERNMENT UNIVERSITY OF THE WESTERN CAPE, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS IN PUBLIC ADMINISTRATION

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DATE: NOVEMBER 2013
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I wish to dedicate this work to my son, Timothy.
DECLARATION

1. I know that plagiarism is wrong; Plagiarism is to use another’s work and pretend it is one’s own.

2. Each significant contribution to, and quotation in this work that I have taken from the works of other people, have been attributed and have been cited and referenced,

3. This submission is my own work.

4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his/her own work.

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Mark David November
2532244
ACKNOWLEDGEMENTS

• I would like to give all Praise and Glory to God for giving me the ability to do this research activity. He is my strength and without Him, this work would not have been possible.

• To my wife and son, thank you for your patience and willingness to sacrifice family time to be filled with time in the library for reading or writing. Now, we can enjoy more quality time together.

• To my extended family, aunts and uncles, cousins and nieces, my sincere gratitude for all you support.

• To the UIPC staff and colleagues a “big” thank you for affording me the time and space to do this research activity.

• To my Supervisor, thank you, for your guidance, insight, patience and input during this process.
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<thead>
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<th>Definition</th>
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<tr>
<td>ASD</td>
<td>Assistant Director</td>
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<tr>
<td>CPUT</td>
<td>Cape Peninsula University of Technology</td>
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<td>DD</td>
<td>Deputy Director</td>
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<td>EPWP</td>
<td>Expanded Public Works Programme</td>
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<td>FETC</td>
<td>Further Education and Training College</td>
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<td>HRD</td>
<td>Human Resource Development</td>
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<td>HRM</td>
<td>Human Resource Management</td>
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<td>IDP</td>
<td>Individual Development Plan</td>
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<td>KPA</td>
<td>Key Performance Area</td>
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<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>OD</td>
<td>Organisational Development</td>
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<td>PSETA</td>
<td>Public Sector Education and Training Authority</td>
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<td>PALAMA</td>
<td>Public Administration and Management Academy</td>
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<td>ROI</td>
<td>Return on Investment</td>
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<td>SDF</td>
<td>Skills Development Facilitator</td>
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<td>SPMS</td>
<td>Staff Performance Management System</td>
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<td>SETA</td>
<td>Sector Education and Training Authority</td>
</tr>
<tr>
<td>SAQA</td>
<td>South African Qualifications Authority</td>
</tr>
<tr>
<td>UWC</td>
<td>University of the Western Cape</td>
</tr>
<tr>
<td>WSP</td>
<td>Workplace Skills Plan</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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INDICATOR
A measurable characteristic or variable, which represents
project progress against stated objectives, either directly or
indirectly.

INTERNSHIP
Opportunities offered in the Public Service form part of the
formal educational programmes of professionals to gain
meaningful practical experience in their field of study

LEARNERSHIP
A learning programme that consists of a structured learning
component, including practical work experience of a specific
nature and duration, and leads to a qualification that is
registered on the National Qualifications Framework (NQF).

NON-CLINICAL STAFF
Represents staff that do not have direct interaction with
patients

SKILLS AUDIT
A systematic process undertaken by organisations in order to
identify the skills gaps that exist within their midst. The outcome
is normally a training needs analysis that identifies where
training and development is needed.

TRAINING
Is the obtainment of technical and managerial skills to improve
productivity and to solve problems.

TRAINING NEEDS ANALYSIS
Identify performance gaps by isolating the difference between
current and future performance. This is achieved by collecting
both qualitative and quantitative data for analysis.
ABSTRACT

The public health sector over the years had been under constant criticism for the lack of or sub-standard service delivery. The post 1994 democratic era was accompanied by slogans such as 'a better life for all'. These slogans in part stem from the Constitution of the Republic of South Africa, 1996. The Constitution, chapter two, in its discussion on the Bill of Rights states that everyone has the right to quality health care services. The critics argue that the fundamental right enshrined within the constitution in as far as it pertains to health care has been violated. The state introduced various interventions, such as human resource capacity development programs, to turn the dismal state of public health care around. This research focused on the impact and the relevance of the human resource development within the public health sector. The following research question had been formulated to guide the research; Is skills development within the state undertaken for compliance sake or is it a focused interventionist approach aimed at improving the skills set of staff to perform effectively and efficiently? The research was qualitative in nature and the case methodology was used. In this regard Tygerberg hospital was used as the case study. A number of findings emanated from the data collection process, amongst other, that the skills development is not workplace specific but rather undertaken for compliance sake. Furthermore, that no individual staff development plans exist. The end result is that the skills development intervention aimed at improving the staff capacity and the state of health service generally is not
making any meaningful impact. The major recommendation is that a health audit must be done, which must inform the development of the hospital staff skills development plan. This in turn must be used to develop individual staff development plans. This alignment of development plans from provincial level to hospitals and then to the individual will result in a more focussed skills intervention and ultimately an improved public health sector.
CHAPTER ONE
INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION
The research focuses on human resources capacity challenges within the public health sector. The public health sector over the past decade attracted criticism regarding the state of healthcare. This chapter provides the background to the problem and the problem statement. The research question and the objectives that guide the research are discussed. A preliminary literature study and the research method are introduced in this chapter. The chapter concludes with the research chapter outline.

1.2 BACKGROUND TO THE RESEARCH PROBLEM
The public health sector over the years had been under constant criticism for the lack of or sub-standard service delivery. The post 1994 democratic era was accompanied by slogans to secure the vote of the electorate such as ‘a better life for all’; “together we can” and “better together”. These slogans in part stem from the Constitution of Republic of South Africa, 1996. The Constitution, chapter two, subsection 27 in its discussion on the Bill of Rights states that everyone has the right to quality healthcare services. The critics argued that the fundamental right enshrined within the constitution in as far as it pertains to healthcare has been violated. The Baragwanath hospital, one of the biggest state hospitals, over the years received
constant negative publicity regarding its quality of healthcare. Most recently, on 06 August 2013, a press release made available on the http://www.gov.za/speeches from the Public Protector Adv. Thuli Madonsela has expressed concern about the conditions she found at this public health facility.

Her observations included:

- Some wards were in a state of dilapidation, with open electric plugs and hanging live wires;
- Paint was peeling off the walls in some of the wards while stains of leaking roofs could be seen in others; and
- In the medical admission wards, paint was peeling off an asbestos ceiling.

Also, on the 19th September 2013, the same website http://www.gov.za/speeches recorded the National Minister of Health Dr Aaron Motsoaledi, which called the situation a “collapse of a health system” in the Eastern Cape Provincial health department and was under the spotlight regarding the poor state of health care.

The state in response to the criticism formulated various policies aimed at improving service delivery. The 1997 White Paper on Transforming Public Service Delivery, (Batho Pele White Paper), (Notice 1459 of 1997) on Human Resources Development policy document was formulated to improve the human resources capacity within the public health sector. The view was that many of the healthcare service delivery challenges could be traced back to human resources capacity
inefficiencies. Although different interventions had been used by the state to improve healthcare the criticism remains at an all-time high.

1.3 PROBLEM STATEMENT

Quality healthcare is a basic constitutional right and the disenfranchised South Africans hold the view that their right in as far as it pertains to healthcare is being trampled upon. Long waiting times, old infra-structure, staff attitudes, lack of appropriate medicine are some of the criticism directed at the state healthcare facilities. The key factor to quality healthcare, many argue, is the human resource. In this regard the lack of appropriate skilled and suitably trained staff is the major contributor to the poor state of healthcare within the public health sector. The state shifted its focus to improving the quality of healthcare through the improvement of its staff skills set. The premise is that if the staff skills improve then the quality of healthcare would equally improve. The healthcare situation after many human resources interventions has not improved meaningfully. It is against this backdrop that the following research question is posed.

1.4 RESEARCH QUESTION:

*Is skills development within the state undertaken for compliance sake or is it a focused interventionist approach aimed at improving the skills set of staff to perform effectively and efficiently?*
1.5 RESEARCH OBJECTIVES

The following research objectives had been formulated to guide the research and they are:

- To conceptualise human resource capacity building;
- To review relevant Legislative and policy Documents;
- To Evaluate the effectives of the current Work Skills Plan at Tygerberg Academic Hospital and if the desired outcome is in line with the Human Resource Strategy 2010-2030 as envisaged by the government of the day;
- To provide the findings stemming from the data collection process; and lastly
- To put forward recommendations based on the findings and analysis of the research.

1.6 SIGNIFICANCE OF THIS RESEARCH

No similar research activity in the field of Human Resource Development was conducted at Tygerberg Hospital to evaluate their implementation of their Work Skills Plan and what measurement instruments they use to assess the impact on service delivery with regards to the different training and development activities they deliver to staff. The research findings could contribute to strengthening human resources practices at healthcare facilities and contribute to human resources policy formulation. Furthermore, it could contribute
to the academic discourse on improving healthcare at the public healthcare facilities.

1.7 PRELIMINARY LITERATURE REVIEW

1.7.1 Legislative Framework

The 1996 Constitution of the Republic of South Africa is the supreme law of the country and it is regarded as the most progressive in the world. Chapter Two of the Constitution captures the basic rights of the citizens of the country. Emphasis is placed on the right to quality healthcare. Chapter 10, section 195 of the constitution provides the framework of the basic values and principles governing public administration. It states that:

- resources must be utilised optimally;
- the needs of the people are to be listened to; and
- they must be granted the opportunity to participate in policy development and formulation.

Furthermore, it similarly points out that an important element to ensure quality of service is human resources. In this regard Section 195(h) state that;

(g) Good human-resource management and career-development practices, to maximise human potential, must be cultivated.

The development of human resources capacity according to the Constitution is therefore a responsibility of the state. The objective
thereof is to improve the quality of life for all. To improve human resource capacity the Skills Development Act, (Act No. 97 of 1998) was promulgated. Chapter 1, Section 2 provides the purposes of the Act which are;

(a) To develop the skills of the workforce in South Africa;
(b) To increase the levels of investment made in education and training in the labour market and to improve the return on that investment;
(c) To encourage employees to use the workplace as an active learning environment; and
(d) To encourage employees to participate in learnership and other training programmes.

National departments and provincial departments in response to the act developed their own plan. The Western Cape Provincial department developed the Staff Performance Management System. This system contains and captures the Individual staff Development Plan for public servants.

South Africa as a member of the International Labour Organisation is compelled to put measures in place to rectify and remedy the outcome of Apartheid in the labour market. Not only is it matters of salary gaps or managerial positions, but the objective is to have a skilled workforce who can provide quality healthcare. To this end, the Employment Equity Act, (Act No. 55 of 1998) clearly stipulates that employment policy and practices should make provision for training
and development. The work skills plan is an outcome of the Employment Equity Act, (Act No. 55 of 1998). All public institutions such as healthcare facilities must prepare an Annual Work Skills Plan.

The plan should be championed by the Human Resource and Human Resource Development Departments in consultation with the strategies rolled out by its Senior Management of the institution. The Work Skills Plans must be aligned to the overall objectives of the institution with the aim of improving service delivery on a holistic level. In the case of the research topic, it would refer to delivering of an effective and efficient healthcare facility.

The Public Service Regulations of 2001, Government Notice No. R. 1 of 5 January 2001, Section D in Part III also echo the notion of the Human Resources being strategically aligned with the objectives of the organisation. The starting point of the process is to assess the existing human resources by race, gender and disability as well as by occupational category, organisational component and grade with reference to their-

(i) Competencies;
(ii) Training needs; and
(iii) Employment capacities.

This assessment will provide a picture of the human resource capacity and enable to plot the future intervention path. The future plan must consider the available budgeted funds, including funds for the remaining period of the relevant medium-term expenditure framework,
for the recruitment, retention, deployment and development of human resources according to the department’s requirements.

Human resources training and development must be guided by other pieces of legislation such as the National Qualifications Framework Act, (Act No. 1521 of 1995). The Act’s objective in brief is to ensure that training programs meet the national standards set and that training programs are outcome specific.

1.7.2 Theoretical Framework

Staff morale and motivation are closely linked to improvement in productivity. Grieves (2003:47) is of the view that the morale of the workforce can be influenced by the management of the organisation. Gomez-Mejia, Balki and Cardy (2005:30) elaborated on this viewpoint and use the work of McGregor (theory X and Y) to portrait two different types of managerial assumptions of staff in the working environment. The Theory X manager assumes that people inherently dislike work. Such individuals need constant coercion and direction as to what to do in the work place. Furthermore, this type of workers prefers the avoidance of taking any form of responsibility in the workplace. The manager therefore adopts an autocratic style based on the above.

The Theory Y manager on the other hand views staff as very keen to work. They regard working as a natural action to playing or resting. They strive to meet the organisational goals and are committed in achieving those goals. They are willing learners and are able to take on
responsibility. These people usually possess the abilities to be innovative and in creating solutions to solve problems in the workplace. They have intellectual properties that are seldom or only partially utilized in the organisation. (Robbins, 1990: 38-40)

Therefore, the management style adopted influences the way in which the manager motivates his staff to educate themselves to improve the overall performance in the workplace and to empower themselves as individuals.

According to Gomez-Meija et al. (2005: 509-510), the Herzberg Two-Factor Theory focuses on the factors that keep employees satisfied and motivated in the workplace. The factors are the hygiene factors which are in essence similar to that of Maslow and focus on pay, working conditions, rules and regulations. The second aspect is the motivators that focus on personal growth, learning, feelings of achievement, and recognition of a job well done.

Herzberg's research proved that people will strive to achieve 'hygiene' needs because they are unhappy without them, but once satisfied the effect soon wears off, thus satisfaction is temporary. Then as now, poorly managed organisations fail to understand that people are not 'motivated' by addressing only 'hygiene' needs. People are only truly motivated by enabling them to reach for and satisfy the factors that Herzberg identified as real motivators, such as achievement, advancement, development, etc., which represent a far deeper level of
meaning and fulfilment. Thus, his theory can influence greatly managers’ perspectives on allowing fellow employees to reach their full potential by means of training and education opportunities.

McClelland’s Need for Achievement Theory according to Rainey (1992:160) notes that people have different levels of achievement they reach. He calls them the NAch seekers. The NAch person is 'achievement motivated' and therefore seeks achievement, attainment of realistic but challenging goals, and advancement in the job. There is a strong need for feedback as to achievement and progress, and a need for a sense of accomplishment. Some individuals require concrete information on how well or how bad they performed. This allows them to be motivated to do better next time. Managers need to be conscious of the fact that some people are determined to do well and perform optimally in the workplace, whilst others only aim to achieve the minimum standard of the organisation and not higher. Hence, to stimulate this eagerness to perform well, managers should by all means create the environment for training and development to take place (Rainey, 1992:160).

Opperman and Meyer (2008:36) are of the view that the need for training and development within an organisation can be brought about by many related issues. They name poor performance as a key driver for such initiatives. Another might be an obligated institutional response to changes in governmental policy. Technology is ever evolving and the development of new equipment and techniques put
pressure on organisations to equip staff with appropriate skills to familiarise with the new technologies.

Opperman and Meyer (2008:199) state that the effectiveness of the staff development intervention must be measured. According to them the return of investment is chiefly the difference in assessment of the training gap identified, the training provided and the post evaluation of the performance after the training was completed and the worker is back in the working environment.

<table>
<thead>
<tr>
<th>Pre-Training Performance</th>
<th>leads to</th>
<th>Training Intervention</th>
<th>leads to</th>
<th>Post-Training Evaluation</th>
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Source: Adapted from Meyer, Opperman and Dyrbye (2003:79)

In the public sector with reference to the proposed research topic, the return on investment could be equated to the ability of the staff to perform more efficiently after attending capacity enhancement interventions. Wolfson (2007) in Opperman and Meyer (2008:35) postulate that the training need should be clearly defined that it is not a want of the individual, but rather the need of the organisation. This need inculcates all the aspects for skills development, knowledge generation and the transfer thereof which the individual requires to enhance his or her skill set needed in the working environment.
When there is a vibrant culture among employees to improve their standard of work rendering and improving their own quality of life by means of training and development, such an organisation will thrive in reaching its objectives. On the other hand when the contrary exist, it is often hard to change the perception of workers that the intended training and development will benefit both worker and employer. Training and development hold benefit for the worker, such as an increase in skills, career possibility, and an increase in remuneration. On the other hand the employer benefits are better service delivery and higher staff productivity.

Grieves (2003:125) equates the organisational change agent with the conductor of an orchestra. He records that the skills set of the change agent should be of such a nature that this person can and should have the ability to sense when there is a need to redress and implement an intervention as required by the organisation to deliver its product or service to the consumer. He goes further in saying that this person must have the ability to build sound and meaning relationships, have adequate communication skills and possess the ability to design the required framework in which the intervention will function. This is supported by Meyer (1999:285) where he notes that these values are highly imperative to ensure the strategies adopted make viable sense to employee and employer.
Grieves (2003:115) states the drivers and facilitators of workforce development are the line managers. They need to be sensitive and tactful in their approach when addressing the skills gap that they identified in their respective areas of responsibility in the working environment. Meyer (2003:216) reaffirms this point that the management levels in the context of South Africa deal with varying aspects in the organisation. He continues that the supervisor or front line manager is responsible for meeting targets, delegate small tasks and give back information relating to performance standards. The middle management guides and interprets the implementation of the organisational strategy and policy as formulated by senior management. The senior management finds themselves responsible for the development of policy and defining the strategic objectives for the organisation. However, in theory this would be the ideal situation but in practise it differs from one organisation to the other.

Training and development must not be merely seen as time away from the office or as an outing outside the working environment. The investing of time and money from the employer is to enable a better skilled workforce. The objectives for any training initiative should be clearly indicated and communicated to the participants entering the training program as noted by Jekiel (2011:195). The link between the strategic objectives for the organisation should be in sync with the training activity. They must be able to be related to each other. For example, a motor mechanic will not benefit much from a course in
horticulture; what relation does it have to the mechanics’ working environment?

1.8 RESEARCH METHODOLOGY

This research is qualitative and uses a case methodology approach to operationalize the research question. The qualitative study is most appropriate to answer the research question because it enables the researcher to engage with the sample group. Furthermore, the research approach allows the participants to express their views and experiences in as far as it relates to the research phenomenon.

To improve the validity and reliability of the research findings, triangulation was used during the data collection process. Multiple sources had been consulted to substantiate the findings when the data were analysed as stated by Jick (1983:145-1470) found in De Vos (2002: 341-342).

1.9 MECHANISMS FOR DATA COLLECTION

1.9.1 Literature Review

The Data Collection Tools include a Comprehensive Literature Review incorporating relevant Books suitable to the topic; Journal Articles (In recommended Accredited Journals); Institutional Reports such as Annual Reports, Human Resources Development Budget; Related Dissertations similar in the field of study; Legislative Frameworks in the context of South Africa and selected theories as mentioned previously that underpin the topic in the research paper. The aim of
these writings is to draw on the current and past conversation within
this realm of Human Resource Development.

1.9.2 Interviews

Interviews also form part of the data collection method. Varying types
of interviews include the one-on-one interview, which can be divided
into an informal; general or standardised open-ended interview; Greef
in Strydom et al. (2002:293). The interview schedule contains a total of
five questions (p83).

1.9.3 Sampling

Quality Healthcare does not depend solely on the expertise of the
medical and nursing staff. The healthcare facility comprises many other
actors whose contributions enable the doctor or nurse to fulfil their
mandate, namely, the provision of adequate healthcare. Thus, the thesis
focuses on those who render the support service to the facility, how
they are trained and developed to maintain a high level of service to
optimize their productivity. These individuals contribution is often
looked down upon as just mere pawns on the chess board, albeit, they
make such a huge contribution in the value chain of the health facility
towards patient care.

The sample excludes all clinical personnel such as doctors and nursing
staff who are already regarded as professionals in their respective
disciplines and have obtained professional qualifications for their
respective careers.
The sample size therefore includes all non-clinical employees at the institution and is divided by sub-group to make the selection of the participants as representative of the population as possible. Hence, the type of sampling that was adopted is the Purposive sampling strategy, as said by Maree and Pietersen (2007:178), the situation depicts that the sample is used for a specific reason. This method of sampling is further emphasised by Strydom & Delport (2002:334-335). They note that the selected respondents can add direct value to the research activity. It is also a good method used for qualitative research activities. The point is brought across that data are chiefly collected in two forms, by means of observation and through interviews.


1.9.4 DATA ANALYSIS

The raw data were collected, coded, categorised and filtered accordingly. A digit was added to interpret and give meaning to the data set for example; the research participants include both male and female groups.

The researcher made use of sufficient and reliable charts, graphs and tables to give illustration in picture form on the findings and write conclusive feedback on what those graphs and tables represent.

The researcher follows de Vos (2002:344-345) recommendation that various colours be used to simplify interpretation when a reader reads the reported findings.
1.10 ETHICAL STATEMENT

The ethical norms associated with any research activity apply in the strictest fashion to the researcher. As outlined by Strydom (2011:113-130) some key elements for ethical consideration include that no harm would come to any participant in the study; the respondents were given the chance to give their informed consent to participate; the researcher upholds not to deceive the respondents in any way; the participation of respondents was totally voluntary and they were allowed to withdraw at any stage from the research project.

1.11 CHAPTER FRAMEWORK

CHAPTER ONE
This chapter provides the problem statement, the research question and the research methodology to operationalize this study.

CHAPTER TWO
This chapter consists of the comprehensive literature review to provide the theoretical framework for the research.

CHAPTER THREE
This Chapter focuses on the Research Methodology.

CHAPTER FOUR
This chapter focuses on the data analysis of the data received during the research activity.
CHAPTER FIVE

This chapter provides the research findings and recommendations.
CHAPTER TWO
LITERATURE REVIEW

2.1 INTRODUCTION

This Chapter features the theories and work from relevant literature sources in the field of personnel training and development associated with the research topic. The first part of the chapter is a brief summary on the background to education and training in South Africa. The second part provides the writings of various scholars in the field relating to the research topic emphasising the need for training and development within the organisation. Thirdly, the methods employed and the benefits of training and development activities are explored. Then, a look at some classical philosophical theories that are still applicable in the modern era for training and development.

2.2 SOUTH AFRICAN EDUCATION AND TRAINING

The World Health Organisation (WHO) as indicated by Wissing (2000) cited in Els and De La Rey (2006:48) defines optimal health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. To achieve this state as expounded above, organisations, such as hospitals need knowledge managers. Knowledge managers must have the ability to create a work environment that enhances the holistic well-being of staff. In many organisations this seems not to be the situation which results in limited growth for the individual and the organisation alike.
Managers are too concerned about the visible challenges and do not consider what is below the “waterline” of the human capital “iceberg” (Els and De La Rey, 2006:49). For example, they may focus on the remedying of staff being absent from work on paydays. But after investigation they realise that the staff member is being bullied by some loan shark to pay back the loans incurred over the previous month. The reasons for the loans are mostly attributed to a lack of personal financial management skills. Other reasons are the low income levels of employment that the staff members occupy. In part, this is due to a lack of appropriate education to occupy a higher income post.

The historical education system in the context of South Africa pre-1994 has necessitated the government of the day to put in place various initiatives aiming at bridging the divide in the place of work and also to empower individuals to maximise the opportunity for further education and training.

According to Erasmus and Dyk (2003), South Africa developed various legislative frameworks, such as the Skills Development Act, (Act No. 97 of 1998); the 1999 Skills Development Levies Act, (Act No. 9 of 1999) and the 2010-2030 Skills Development Strategy. The aim is to increase staff capacity through promoting training and development programmes within the public sector. The racial historical past of South Africa resulted in racial educational disparities.
The Education Statistical Report of 1996 as recorded in the Census 2011 Report shows that pre-1994 showed that the (white) minority group was the one achieving far better education outcomes compared to the other groups (See Bar Graph 2.1). This could mainly be attributed to the unequal disbursement of financial; human and infrastructural resources, and the underdevelopment of its human capital.
The Bar Graph 2.2 above shows that at the time of Census 2011, 10.5% of black Africans, compared with 4.2% of coloured, 2.9% of Indian/Asian and 0.6% of white, aged 20 years and older had no schooling. A further 36.5% of the White population attained a level of education higher than Grade 12, compared to 8.3% of black African population, 7.4% of the coloured population and 21.6% of Indian/Asian persons of Asian origin. The figure also indicates that 35.5% of the black Africans, 42.0% of coloured persons, 26.1% of Indian/Asian and 21.4% of white persons had at least some secondary education.

The latest Census 2011 data shows that not much have changed, albeit the education system was redeveloped post 1994. The Census 2011 Report (2011:33) states;
The white population group remains the most highly educated group in the population, with only 0.6% of males and females who had no schooling, 0.7% of females and 1.7% of males who completed only primary school. More than a fourth (41.8%) of females and 39.8% of males completed Grade12/Standard10, a further 35.0% of females and 38.1% of males had a higher qualification.

Thus, this means the white minority group still receives the best paying jobs in the work place, such as top-tier supervisors, managers or directors positions within the place of work (60% for years 2007-2011 as per latest 2011-2012 Equity Report Data) where the remuneration levels are satisfying and maintaining their economic power to fulfil their needs.

Yeowart and Soobrayan (2005:249) express concern that some public servants are misinterpreting the call made by former president Thabo Mbeki “...mobilisation of the public sector...” to speed up social transformation. Many public servants saw it as a widow for the development of the certification culture, where they attend all courses to make themselves more marketable in the public sector, instead of focusing on training initiatives to help them deliver a better service where they find themselves. Often outside service providers are used to facilitate the training and development of staff, but Vinding
(2004:167) reminds us that often those experienced within the organisation can do the job just as effectively.

2.3 NEED FOR TRAINING AND DEVELOPMENT

Sylvia and Meyer cited in Hays and Kearney (1990:132) make it quite clear that any training and development activity should be contributing in a positive manner to the overall objective and mission of the organisation. They advocate the concept of lifelong learning in the workplace through on-the-job training; internships, self-education and in-service programmes. Training to them is the obtainment of technical and managerial skills to improve productivity and to solve problems by making correct decisions on how to remedy the problems.

Erasmus and Dyk (2003:55-61) note that the most popular methods of training include: On-the-Job Training (OJT); Job Rotation; Lecture/Classroom Instruction; Case Study; Role Play; Teambuilding and Sensitivity training methods. The method of learning also takes place in various forms, and the sensitivity of this is important if the objective of optimizing training is to be experienced (Yeowart and Soobrayan 2005:258-260). Boaz and Nutley (2009:338) found that just as social psychologists found it tough to uncover the process individuals use to understand and behaviourists trying to study the effects of stimuli in conditioning learning environments, yet cognitive psychologist such as Kolb (1983) observed that people’s learning processes take place within their “black box”.
Steyn cited in Yeowart and Soobrayan (2005:258), records four effective methods that can add value to the public sector’s strategy to do knowledge transfer. These include integrating of the on and off-the-job training; integrating learning and organisational change; alignment of people management and development experts and line managers in understanding the need for development and the development of more credible frameworks for understanding the processes and purposes for learning. Ball (1995:27) confirms that people vary in the tempo they learn, but yet, people can be taught how to learn at a faster tempo, they just need to be shown how.

Erasmus and Dyk (2003:1-3) echo the need for training and development and continue in providing the difference to what they perceive as training, and their understanding of development. To them, training is a systematic approach used by the organisation to “modify” the skills and behaviour of workers to achieve the organisational objectives. Further, they see development as the combination of education and training and are the activities used in the context of the organisation to meet specific objectives. For example, management development would focus on skills and knowledge managers need to make decisions in the interest of the organisation.

Sylvia and Meyer cited in Hays and Kearney (1990:136) continue that the importance and relevance for effective training requires proper and detailed planning, of which the impact of measuring the increase of productivity or the application of the taught curriculum is often a
challenge. The cost incurred by the organisation to send the individual on training, which leads to time away from the workplace can however be quantified. For example: the organisation sends person A to company B for a period of two days computer training. The organisation needs to cover the cost for the training, plus pay the individual for a normal day's work, albeit nothing, no tangible output, is delivered. The outcome should be reflected when person A is back at the office and drafts documents such as letters and memos; write emails; record and type the minutes of meetings. How does the organisation add a rand value to that to measure the return on the investment?

The training and development challenges are not unique to South Africa. Even the United States of America is trying to overcome the challenge of large numbers of people in the public service unable to read and write adequately. (See Carnevale in Hayes and Kearney (1995). Carnevale in Hayes and Kearney (1995) and Erasmus & Dyk (2003:47) emphasise that the spin-offs in organisations devoting time and money on training activities will see the results in due time. Some of these include; increased productivity; prevent employee becoming obsolete; promote job safety; socialization of the employee into the organisation culture and enhances employee’s long term employability. Opperman and Meyer (2008:36) record that the need for training and development within an organisation can be brought about by many
related issues. They name poor performance as a key driver for such initiatives. There might be an obligated response to what the government of the day requests from the institution. Technology is ever evolving and the development of new equipment and techniques to produce a service or item for usage might need attention to stay abreast of new developments.

Erasmus and Dyk (2003:28-33) reiterate that the South African National Skills Authority strategy is not only for the people to become more active in training and development, but more so to ensure that South Africa is able to compete globally. To this end, the five key objectives for this strategy which should be the catalyst behind each organisation’s training and development initiatives include:

- **To develop a culture of high quality life-long learning;**
- **To foster skills development in formal economy for productivity and employment growth;**
- **To stimulate and support skills development in SMME’s;**
- **To promote opportunities for skills acquisition in development initiatives; and**
- **To assist new entrants into employment in the labour market.**

Through effective training needs audits and analysis, an organisation can categorise training into various groups. This contributes to planning and resource allocation needed for the actual training to take place.
These categories as outlined by Carnevale in Hayes and Kearney (1995:137) are: organisational training for front line supervisors and managers within the organisation; technical training to help those responsible keep up to date with the latest advancements made; customer care, for those who have direct face to face contact with customers to ensure the correct quality of service is delivered; professional training for doctors and nursing staff; basic skills training, especially for those employees who have historical influences that curbed their level of literacy; regulatory training is essential to keep those responsible for decision making abreast of new or amended laws.

2.4 IDENTIFYING TRAINING NEEDS

The skills audit (see Erasmus and Dyk, 2003:277-280) generates useful information as to what method of teaching would be most appropriate to ensure that the trainee digests, interpret and implement the information brought over during the training session. The information captured during this phase is useful to develop the Work Skills Plan (WSP). As Du Toit (2010), states in his article that this WSP will guide the Public Sector Education Training Authority (PSETA) on the training the organisation decided to provide the employees within the new financial year. The training program should be structured to suite the operational requirements of the organisation. It should identify and bring across the critical skills identified by the PSETA. This document is a check and balance system to the PSETA, allowing them to gather
valuable statistical information with regards to skills shortages, critical skills in organisations and development requirements within the industry.

The skills audit can include tools such as interviews, questionnaires, requests from managers or even the personal development plan which is part of the staff performance management system which can be used to determine training and development needs for the employee. Hence, Human Resource Development (HRD) departments should take cognisance of the fact that people learn in varying ways. Some are practical learners, others auditory, and some are very much happy with theory.

One of the well-known motivational theories is that of Maslow’s Hierarchy of needs. Ranking them in a certain order to indicate their level of difficulty for people in their ability to be satisfied, going from the least difficult to obtain to the most unlikely to be achieved in one’s lifetime, see illustration 2.1. (Gomez-Mejia, Balki and Cardy 2005:506-507).
Maslow identified the Physiological needs such as food, shelter and water as the fundamental needs of a person. This is followed by the Safety or security needs such as a stable job and a healthy work setting. Social needs follow such as friendships, the sense of belonging and affection. He moves up to the Esteem needs, where status and recognition and prestige are needed. At the top of the list is the Self-Actualization need. The highest need level, where individuals want to grow and use their abilities to the fullest and maximise their potential (Green 2000; Gomez-Mejia, Balki and Cardy 2005). To this end, it is the duty of the immediate supervisor to ensure he or she motivates the subordinates to strive after the chances for personal growth and keep them keen and interested in learning. This will open new doors for staff, not only financial rewards, but more so placing the staff in the correct post to complement their skills.
The Hawthorne Electrical plant experiment is regarded as one of the most significant contributors to the field of human behaviour in the workplace. This well-known Hawthorne study conducted in the late 1920’s at the Western Electric Company in Illinois, Chicago, provides the evidence that when staff is deemed as important and irrespective their placement within the organisation’s hierarchy and receives attention from management, they will, irrespective of the working conditions, increase their productivity. (Donaldson & Scannell, 1987:111-112); Gomez-Mejia, Balki and Cardy, 2005).

2.5 POWER IN PURSUIT OF TRAINING AND DEVELOPMENT

The understanding of power in the context of human resource development can be spread to all relevant stakeholders. These include the HRD specialist, the employee, the employer, the labour union, the finance management of the organisation and the sector where this organisation is housed. In this case it would be the public health sector. Garavan (1995:11) records this power lies with each stakeholder, and their “influence” contributes to the effectiveness and efficiency of training activities within the organisation. Two models is captured by Garavan (1995: 12-13) to give explanation to the power vested in the stakeholders. Firstly, the single sovereign model, where the power is solely vested in the HRD specialist to determine the training needs for the organisation and how these will be facilitated. Top apex management respects the views and opinions from the HRD
specialist and the funding requirements are not challenged. This sovereign model also adds in reducing the conflict that might arise between the various stakeholders.

The second model for HRD management is the steerer model that can be adopted by the disbursement of power between all the above-mentioned stakeholders, Garavan, (1995:13-14). The HRD specialist takes the lead in the identification of the training needs required by individuals to achieve the organisational goals and objectives. It considers the value of the training for the individual and the organisation. The approach is more pro-active than re-active, as is the case with the sovereign model. All stakeholders need to buy in to the identified training as recommended by the HRD specialist. However, the determining factor for implementation of the training rests with the top management within the organisation after all stakeholders are consulted.

The tactic of the HRD specialist to get management on their side is very important. It becomes evident that these models, sovereign and steerer for HRD management can surely help to improve the historical social-construct which exists in post-Apartheid South Africa. Yeowart and Soobrayan (2005:251) agree that managers should have an understanding of the organisational capacity challenges in order to create that capacity building intervention. Many an individual struggles within the workplace to bring themselves to the point where they
acknowledge that training and development holds positive outcomes for themselves and the organisation.

Järvalt and Randma-Liiv (2010:244) note the importance on the management to promote and conceptually understand the consequences for poor HRM training and development factors. To help managers prevent poor decision making on such topics Järvalt and Randma-Liiv (2010:244) advise the alignment of people management with the overall organisational goals. This vertical integration consists of the recruitment and selection aspects; staff development; appraisal and rewards. They do consider that the managers are often placed under pressure in the public sector with the pressure in the political environment as some of them are elected officials; the constraint of being under constant scrutiny plays a huge role in their decision making, especially when it is in contrast to the national priorities. (Järvalt and Randma-Liiv, 2010:245).

The power struggle within the workplace in the context of training and development is a sensitive issue. Yet, knowingly or unknowingly, managers and subordinates alike contribute to this tussle over power. In the context of this, the three faces of power will be discussed in relation to training and development. The “first face of power” (Hudson and Lowe, 2004:48) is known as the Classical Pluralist paradigm. At the heart to of pluralist thinking is where society is made up of hundreds of social groupings, organisations and interest groups. The role of the state is likened to that of the referee on a
soccer field. It has to make sure every member stays within the rules of the game.

The most well-known pluralist thinker is Robert Dahl. Dahl as (cited in Held 1987:141) terms “power” in the pluralist form when “person one can act in a manner to control the responses of person B”. Thus, these varying groups are all regarded as players of the game. According to Dahl (cited in Hudson and Lowe 2004:49), “there are multiple centres of power, none of which is wholly sovereign”. Thus, no group can force its hand at setting the agenda for policy-making. Furthermore, this power struggle is balanced by the state through its inception of the various legal frameworks. They listen to all relevant interest groups views for a common ground during participation processes in developing relevant legislative frameworks. Should the state allow for consensus to be reached between stakeholders, then the process can be seen as successful.

Face two of power is known as the “power of non-decision”. According to Hudson and Lowe (2004:49) and Held (1987:146-147) Bachrach and Baratz formulated a justifiable critique of the pluralistic face of power. They note the “mobilization of bias” when barriers are put in place when conflicts arise during the policy making process. The example of the racial bias in America when the black minority was ignored as recorded in Hudson and Lowe (2004:50-51) the “screen out” from the process of policy making. This proved that this power gives the referee the power to decide what gets on to the agenda. For example, in the
South African context the state was faced with the issue of the nationalisation of the mines. They simply shifted the decision on the matter to a commission of inquiry and allowed that the findings of that commission be used to avoid the state from making a decision.

So too is the action of management in their reluctance to take a stand and fight for the effective implementation for training activities. Securing proper funding and providing sufficient resources for its success is often shifted to the finance department to provide back-up with the financial constraints and limitations to the budget.

The “third face of power” is the power of discourse. This is another critique on the pluralist notion of power. Individuals are not that “free” to make their own decisions; because they are manipulated by powerful interest groups (see Hudson and Lowe 2004:51). This kind of power is not visible to the naked eye, but is a power that is also called “the hidden face of power”. Foucalt, a French post-structuralist sociologist tried to prove that the state uses political power by means of constructing society with language, behaviour of how they should think. According to Foucalt, (cited in Hudson and Lowe 2004:51-53) he notes that power is spread and exists in the deep consciousness of every human being. When people can infiltrate the mind of others on psychological levels, such people can then exercise power over their subject’s thought processes and influence their patterns of behaviour.

Hence, the negative result of this “hidden” power in the work place is that subordinates are not aware that they are often deliberately kept
behind with the empowering through training and development. This is done when training and development programmes which are available to be attended are not communicated to the subordinates well in advance or at all. The positive can be when a tactful manager allows his subordinates to grow and achieve their full potential by delegating activities and through useful training and development programmes without them realising how their levels of productivity increase.

2.6 EFFECTIVE LEADERSHIP TOWARDS TRAINING AND DEVELOPMENT

This sensitive element of social construction is of utmost importance post 1994 in South Africa with its transition to an all-inclusive democracy. The South African conditions across racial segregation during the Apartheid years perpetuated lower value of people thinking themselves as less than equal human beings that can achieve and obtain education and training to advance their own livelihoods, grow their economic self-development and enjoy a good life. Mayer and Louw (2011:575) and Avolio and Walumba (2006) emphasise the need for good leadership at managerial level in organisations to try and change the thinking and behaviour in a positive manner which people have about their own capability and ability in the work place. The reason for this is for managers to understand the reluctance of many individuals in the workplace to enter into training and development programmes and the resistance managers experience when trying to persuade workers to empower themselves.
People in the workplace should know that learning “pays off” as noted by Ball (1995:26). Furthermore, Ball (1995:25) continues, learning adds value to the longevity of the organisation; it creates wealth and adds to personal fulfilment.

Mayer and Louw (2011) continue that managers should understand that organisations comprise individuals from various social-cultural constructed backgrounds. This understanding will help managers to develop and create an environment conducive to attract individuals to want to learn and develop, which will lead to the realisation of the organisation’s overall objective. (Garavan, 1995:11).

Avolio and Walumba (2006:277) state that managers in the HRM should be “authentic leaders”. Such leaders are characterised as those who are aware of their thinking patterns and behaviour. These individuals are regarded by others to have high morals and values. They are aware of the context wherein they function. These individuals also have good confidence levels, are full of hope, resilient and optimistic. Hence, Avolio and Walumba (2006:283) continue in stating that leaders who are too “consumed” by self-interest and lacking the attributes as outlined in the beginning of this paragraph, will not endeavour to solve a problem by considering all viable options. They will be too short cited and “blinded” with their lack of awareness. Thus, these results in tensions with other stakeholders and conflicts arise and the lack of buy-in to any training and development activities are a direct consequence of such poor leaders.
Leadership is important to ensure successful training and development. Leadership, according to Broussine (2009:266-267) is power given in the formal organisation context to those placed in a role of authority. Burnes (2000) cited in Broussine (2009:267) describes four kinds of authoritative leadership characteristics. Firstly, these leaders exert coercive power and threaten subordinates with negative consequences when they are not complying with instructions. Secondly, there is the remuneration power, which is the promise of material rewards. Thirdly, they exert normative power, the giving of non-tangible rewards, such as status. Lastly, the knowledge-based power lies at both the leaders within an organisation and the front-line workers. Often managers unwillingly ignore the opportunity to have the decisions to problems be solved at front-line level. Thus, managers might feel intimidated sending front-line staff on training and development courses because they will then have greater knowledge-based power over managers.

Further to this, Bovaird (2009:75) cites Mintzberg’s (1992) Emergent strategies as ways these front-line staff make use of grounded initiatives which is not planned by top management to deal with challenges they experience on a day-to-day level in their place of work. These ‘emergent strategies’ are often the breeding place for corruptive activities by deviations from the set rules and procedures that govern the public sector.

Löffler (2009:220) points out that the management of people in the workplace should allow staff to make useful contributions on
improvement strategies to increase productivity. Staff should be motivated to share a greater portion of their skills and abilities to further the organisational goals and objectives. Management should allow for more mobility of staff within various areas of the organisation. This is regarded to be similar to a system of job rotation between departments.

2.7 PHILOSOPHICAL THEORISTS

Philosophical theories which are still valid and relevant in the context of this research activity include Andre Gunder Frank’s (1972) focus on underdevelopment and provide insights how capitalism contributed to the underdevelopment and dependency of Latin America after being colonised. Through exploitation the colonisers or as he records them the “conquistadors” withhold the economic power from the original people of the country. Similar was the situation in South Africa. Many people of colour received inferior levels of education. This method to keep knowledge away from them ensured they have lower level skills, poor reading and written skills and can easily be exploited in the working environment. Cheaper labour cost results in higher profits for the owners of the means of production.

Stuart Hall’s focus on coding and decoding in summary by Bunby (2011) is the way the media are used as the sender to produce, circulate and ensure the consumption of the message by the receiver. The
meaning of the text is located between its producer and the reader. The producer (encoder) frames the meaning (or encoded) in a certain way, while the reader (decoder) decodes it differently according to his/her personal background, the various different social situations and frames of interpretation. Hence, within a training environment the recipients may not be at all clear on what the concept really means, but instead of asking the presenter for clarification, the recipient simply digest and interprets the meaning as he or she thinks it should be.

According to Kwasi Wirendu (1998), “knowledge belongs to all of humankind”. Colonialism was not only a political imposition, but also a cultural one. The coloniser introduced education as they received it in their native land. They use their language and the local folk find it difficult to understand. He stresses the point that it is time to strive to “decolonize African philosophy and Religion”. By means of training and development in the workplace this objective can gradually become reality.

A fear that might exist in any organisation, public or private, is that the development of the individual and instilling new knowledge makes it easier for that person to seek other employment. The knowledge in the end belongs to the individual and not the organisation as per Drucker in Sutherland and Jordaan (2004:55).

So, how do organisations retain the pool of “knowledge workers” they build up over a period of time? Brown and Duguid (1996); Depres and Hiltrop (1995) cited in Sutherland and Jordaan (2004:58) state that the
“knowledge worker” obtains knowledge outside of the organisation to advance their careers, and is a learning person. But organisations also send people on training and development courses on the expense of the company itself. This competency management technique, see Horton (2009:128) lacks empirical evidence that it really adds value to the organisation in achieving its objectives and is merely a mechanism used by staff to advance their individual goals and careers in the public service.

These individuals in whom so much money and time is invested is to be retained in an “...effective, sophisticated, juggling act...” as Ettore (1997) in Sutherland and Jordaan (2004:57) outlines. Some strategies the organisation can adopt include the changes in the hiring techniques applied in the organisation; to use effective exit interviews for analysis; pay system change. For the individual it could be to ensure the continuity with training and development to keep updated with new knowledge; an increase on recognition for individual contributions made to the organisation; improving the quality of management; and the encouragement of social ties.

Antonio Gramsci’s (1891-1937) theory on Hegemony can be defined as, “The concept of the Ruling Classes (the Bourgeoisie) imposing their set of values upon the population”. This set of values, according to Marxist theory, is actually forced upon people and what they believe they are agreeing to as a result of their own beliefs is in reality in the interest of the ruling class. The Social Hegemony is when the consent
is of a spontaneous reaction from the people to be directed by the leadership. Political governments use legitimate means to enforce hegemony. Especially during unrest, citizens are forced to retreat from gathering in high volumes of people. During the performance review process in the RSA public service many subordinates just want to get this process over and done with, without appreciating the true value of the performance review. On the other hand, many managers just force the hand of subordinates to sign the document without proper consultation.

The 2011-2012 Gender Equality Stats Report in the work place with specific reference to top management positions show that for the past four years, 2007 to 2010, males have dominated the top management positions at an average of 80%, compared to females at just 20%. Albeit the Census 2011 data reflect on average the population consists of 48.2% of the male population and 51.7% of the female population of the total population.

2.8 CHAPTER SUMMARY

In order for this healthcare facility to achieve its objective as outlined in their Vision and Mission Statements, effective needs assessment is not the only action required. Proper analysis in the gaps of the current standard of service delivery and better formulated and strategic implementation of these training and development activities are required. The monitoring on the impact of such training activities requires the proper application and understanding of the performance management system.
What becomes clear from the literature is that the point of departure for training and development must be the intrinsic motivation from the individual. When the individual is reluctant to take the initiative to enquire, be enthusiastic, and willing to show interest for self-development, so too will the attitude of the line-manager be. This line-manager will then have a negative approach to send the subordinates on any type of training, irrespective how important the contribution could be to improve service delivery. Also, should managers wish to contribute positively to the development of subordinates, they too need to be sensitive in their approach to instil a culture of continuous learning.

Cloete (1990) is of the view that all employees within government come into the public service with his/her own ideology, exposed to their unique culture, and it is part of the manager’s job to make sure the ethos and ethics which should be visible in all public servants are brought across through the training and development activities of the various government departments, be it vis-à-vis induction and orientation to the public service; on the job training or through the training and development institutes, such as PALAMA, the Public Sector and Education Authority (PSETA) and Kromme Rhee Provincial Training Institute. Chapter Three focuses on the research methodology and the relevant strategies identified to collect the data relevant for this research activity.
CHAPTER THREE
RESEARCH METHODOLOGY

3.1 INTRODUCTION
In this Chapter, the research method and strategies to collect data will be unpacked. The research design, the type of research activity, what data collection tools were decided upon and the justification for their usage will be explained. The data sources primary and secondary are discussed. The chapter provides an explanation of the data management and the analysis thereof.

3.2 RESEARCH DESIGN

3.2.1 TYPE OF RESEARCH
The qualitative study was deemed as the most appropriate to carry out the research. In this regard Brynard and Hanekom (1997:29) postulate that a qualitative study involves people's own written words and comments. Barker (2003) and Neuman (2000) in De Vos, Strydom, Fouché & Delport C (2011:42), are of similar view and note that qualitative research involves the study of institutions and people’s beliefs, behaviour and interaction. Qualitative research is defined to make use of data collecting tools such as literature review, interviews, questionnaires and direct observation. (Brynard and Hanekom, 1997:27).

Ensuring the reliability, validity and objectivity of the data collection and analysis process is a fundamental requirement for the findings and
Triangulation according to De Vos in Strydom, Fouché, Delport C & de Vos (2002:342) is the use of multiple theories by the researcher to help in the planning and interpreting of data. There are better confidence in the results, and allows for the creation or inventions of alternative data collecting methods to be developed. Also, the results can be more divergent which will lead to the review of older theories and the creation of new ones. Hence, this method will help with the fusion of theories and writings to underpin the research findings in the Chapter Four of this mini-thesis.

To carry out the research the case methodology seems the most appropriate. Fouché in Strydom, Fouché, Delport C & de Vos (2002: 275) is of the view that the case study refers to a process, activity, individual, programme or event during a specific time period that is studied. For this case study, the research focuses on the relevance of training and development within a public healthcare facility, namely, Tygerberg Hospital. Tygerberg hospital is situated in the heart of a coloured community where low levels of education and few opportunities for employment exist. The case of this healthcare facility is unique in the sense that many of the non-clinical staff are found in the lowest tier of the salary scales and often stay in such levels for most of their tenure as employees. Thus, how can training and development help these who wish to progress in obtaining the relevant qualification to do so?
3.2.2 SAMPLING STRATEGY

The overall population at this health facility includes professional medical personnel such as medical doctors and nurses, radiologist, tradesmen in electrical, plumbing, air-conditioning, refrigeration, carpentry, various administrative staff components in payroll, procurement, finance, public relations, ward clerks, patient administration, pension’s office, personnel management, support staff such as cleaners and messengers and auxiliary staff members such as drivers and gardeners. Purposive sampling was used to ensure a representative sample is selected. Purposive sampling as stated by Grinell & Unrau (2008), Monette, Sullivan & De Jong (2005) in Strydom, et al. (2011:392), is used for a specific reason and that the sample will contain the elements as judged by the researcher that are most characteristic and representative for the purpose of this research activity.

The sample population is limited to all non-clinical employees at the institution and divided by sub-group to make the selection of the participants as representative of the population as possible. The population excludes the doctors and nursing staff, as they are regarded for the purpose of this study as professional people who already obtained a formal qualification at a post school education facility or institution. Hence, to get a sample which is representative of the entire population the method employed for data collection makes use of personnel in the following departments: Administrative support;
Information Technology; Engineering services and cleaning staff. Performance Management process executors and members of the institution Performance Management Moderation Committee. The combination of lower; middle and senior management staff also forms part of the sample size. Interviews were conducted with the ASD for HRD at this facility. This will help the researcher to gain first hand insight to the challenges and positive aspects of the functionality of this department.

### 3.3 RESEARCH INSTRUMENTS FOR DATA COLLECTION

Research instruments or data collection tools are research specific. This means that the research topic, population size and research environment would influence the type of instruments a researcher will employ to gather the required data. In some cases interviews are the best option, but for this research activity the list below was utilised to gather the data.

- Comprehensive Literature Review (already covered in Chapter Two);
- Interviews (Structured/Informal/ Formal);
- Questionnaire;
- Annual Reports (2008; 2009; 2010 & 2011); and
- Other related surveys
3.4 PRIMARY DATA SOURCES

3.4.1 INTERVIEWS

Interviews form part of the data collection method. Lower and middle levels of staff, as well as some senior level managers form the overall population. According to Berry (1999) cited by Greef in Strydom et al. (2002:297) this one-on-one interview can be divided into an informal conversational type of interview. Here, it takes the form of a chat and questions follow on what was previously answered by the participant. The general interview guide approach is when the researcher works from a guide or checklist to ensure he/she covers all relevant topics required during the interview. The standardised open-ended interview is more useful when more than one researcher works on a project and the need to conduct interviews are spread amongst the researcher. Hence, this format using open-ended questions will be carefully worded and well arranged.

Approval was also sought beforehand from the interviewee if the interview can be digitally recorded to avoid any distortion of information that may prove to be significant to the study. One can also consider this a gesture of respecting other’s privacy from the researchers side (Greef in Strydom et al. (2002:304).

The interview was conducted in an environment which is set to not disturb the process or be a distraction for both interviewer and interviewee (See Greef in Strydom et al. (2002:292-297). The types of questions asked were carefully developed to draw the best possible
meaningful answers from the interviewees. The researcher has follow-up questions ready to further probe points that are vague or unclear. (The interview schedule is attached as Annexure B)

3.4.2 THE QUESTIONNAIRE

The researcher developed the questionnaire (See Annexure A) to serve as another instrument for data collection. The questionnaires will be made available in English due to financial constraints. Each questionnaire will receive a unique number before it is distributed. This will facilitate the tracking system for the researcher after the time elapses for data collection. An addressed envelope and cover letter will be attached to the questionnaire. The cover letter provided an explanation for the research activity and the instruction to the participant how to complete the questionnaire. When the participant is done completing the questionnaire, he/she will simply fold the questionnaire and place it in the envelope and return it to the central area where they received it. A reliable contact person will receive the envelope and ensure it is sent to the researcher.

The questionnaire structure is designed to make it as user friendly as possible and that any person reading the document should be able to answer the related questions. The questionnaire comprises of open ended questions (see Delport & Roestenburg) in De Vos, Strydom, Fouché & Delport (2011:196) with the objective to see how the respondent thinks about a curtain issue. This also allows the
respondents to be creative and express themselves. Varying answers will be obtained which can be categorised and organised during the data management and analysis section.

There are also some closed questions which will steer the respondent to choose from the list provided by marking them with an X. This selection is predetermined by the researcher by noting all viable options to the question posed to the respondent (see Delport & Roestenburg) in De Vos et al. (2011:198). Some multiple choice questions are also present on the questionnaire. The purpose for their inclusion is to have information that can be logically grouped during the data analysis phase. Dichotomous questions provide a selection of two possible answers of which the participant selects one of the two provided, e.g. Yes or No. This type of question is further elaborated by the follow-up question to explain the reason for their choice.

The questionnaire is divided into two sections. Section A focuses on the personal details of the individuals completing the document. The reasoning behind this is to ensure the research can trace the individual in the event of unclear hand writing or the need for some clarity on incomplete answers written down. Section A further focuses on the education level of the individual. This will help the researcher establish what level of education the participant’s poses. Section B focuses on the understanding and knowledge the participants have with training and development within the health facility.
3.5 SECONDARY DATA SOURCES

The secondary sources for data collection are found in all those official documents generated by the institution over a period of time (see Bailey) in Strydom and Delport in Strydom et al. (2002:323-324). For example: relevant reports, other surveys and minutes of meetings from the HRD committee at the healthcare facility of which the researcher has no direct control (see Strydom & Delport) in De Vos et al. (2011:383) on how the data were collected, analysed and interpreted. The data findings that are reflected in these reports where generated through means and strategies out of the hands of control of the researcher for this research activity. The time periods that will be used for the annual report review will range from 2008; 2009 and 2010.

Strydom and Delport in De Vos et al. (2011:386-387) some advantages and some disadvantages of making use of secondary data sources. Some advantages include that it avoids actual data collection, thus the researcher will save on time and money. Secondary sources are retrospective and provide the researcher the tools to study past events and issues dealt with previously. Also, it gives the researcher access to data sets that already exist and he/she does not have to develop a new one from scratch.

Some disadvantages for using secondary data sources include, the complexity of the data set might be more time consuming than originally intended by the researcher to grasp and comprehend the data.
The degree of accuracy captured in such data sources cannot be verified or validated. Thus the reliability of the data is being questioned. Obtaining the sources might prove a challenge for the researcher. Participants may try to prevent the release of some official documents to the researcher.

3.6 SIGNIFICANCE OF THIS STUDY

As indicated by the literature on the historical past of the South African education system, it would be interesting to gain an insight as to how this institution applies the provided legislative frameworks to implement and redress inequality to ensure better service delivery is the outcome in the healthcare facility.

Does the strategy they use speak to the National Core Standards for service delivery? How strategically does the management of this institution ensure that the training and development objectives are met? Furthermore, to the knowledge of the researcher, this will be the first of its type of research conducted at this facility.

3.7 LIMITATIONS OF THIS STUDY

Seeing that the sample size comprises sub-groups representing all non-clinical staff, not all will be able to participate in the Interview process as a result of time and financial limitations of the researcher.

No field workers will be employed during this research project. The researcher on his own accord will do all the required fieldwork. These include the printing and copying of the questionnaire, the design and
printing of the addressed envelope and delivery of the questionnaire to the central distribution point on the healthcare facility.

The timeframe to deliver the questionnaire and to conduct the interviews should not negatively influence the work and productivity of the sample population, nor that of the researcher.

The resistance of individuals to participant might be perpetuated through a fear of victimisation within the facility. However, to overcome this challenge the researcher must be able to convince the participant of the confidentiality of their personal information that will be recorded on the research questionnaire.

Finding the most suitable interpreter for the isiXhosa language poses its own unique challenges. That person should be reliable, have a high regard for confidentiality, and trustworthy. The researcher will rely on this persons' accuracy to translate the data collected from Xhosa speaking participants.

The researcher will not be able to generate focus-group discussions for this research activity due to the nature of the working environment and operational requirements where it is not permitted to have a large number of staff released from the same working areas at the same time.

The bureaucratic apparatus within this institution can prolong the approval sought from TBH Management to conduct the research project within the desired timeframe.
3.8 DATA MANAGEMENT

This is the first step towards the actual analysis of the data. The term data as described by Bogan and Biklen in Strydom et al. (2011:399) are all those “rough” material gathered during the data collection phase in the research activity. They state that this data include even diaries, field notes, the interview transcripts and official documents in possession of the researcher. According to Babbie (2007), cited by Schrunk, Fouché & De Vos in De Vos et al. (2011:399), qualitative analysis is the interpretation of non-numerical information to give purpose in the discovery of relationships to the research phenomena.

The researcher created files in the hardcopy folders and computer system and organise the data accordingly. This enabled easy access to the data for the researcher. All questionnaires and records of the interviews are stored in a secure location which will only be known to the researcher; see De Vos in Strydom et al. (2002:343). When all the data is collected by means of the data collection tools, the researcher with the assistance of a statistician will add coding to the data-set for analysis. For verification purposes the researcher will have an external Xhosa speaking individual to validate that the interpreter really gave the feedback that was recorded. That will help with the trust and validity of the interpretation of the findings of the research activity.

The researcher makes use of sufficient graphs and tables to give illustration in picture format on the findings and write conclusive commentary on what those graphs and tables represent. All the data
sets are stored on an external storage device such as a USB-memory stick. That is just in case the computer being used for the research work crashes or gets stolen, and then all information will not be lost. Further to this, the research work is stored on two separate desk top computers and a laptop.

3.9 ETHICAL CONSIDERATION

The social sciences are focused on the humanistic influences that make people behave the way they do and actions they portray. Furthermore, it is known that when environment conditions change, so too does the behaviours and attitudes of people change. Some change for the better and others for the worse. Hence, taking that into account, the researcher needs to be very tactful not to generate false hope or create a sense of mistrust with the participants.

When the findings of the data are completed and written up, the researcher in his capacity should not alter or deviate from what is revealed in the data sets. He must apply good ethical principles to ensure the legitimacy of the work is grounded as reflected by the original data collected. Thus, should someone else do the same research applying the same methodology the result should be the same at the end.
3.10 CHAPTER SUMMARY

This chapters’ main focus was to illustrate the methods the researcher will employ in order to collect and find the required data necessary for this research activity. The type of research was explained and the research design was noted. Also, the reason why the researcher will be using the data collection tools was explained. Furthermore, the limitations for this research project that might influence solid data collection were recorded in this chapter. The aspects of data management were covered and how the data will be analysed was noted. The chapter continued with the ethical considerations of this research study and ended with the organisation of the chapters found in this mini-thesis document.

Chapter four focuses on the analysis of the data collected and the interpretation thereof. The researcher makes use of some graphs to give readers at first glance an understanding of the findings.
CHAPTER FOUR
DATA COLLECTION AND ANALYSIS

4.1 INTRODUCTION

This chapter focuses on the data collection process and the analysis thereof. The first part is a brief description of the Western Cape health system, and clarification of where Tygerberg hospital is placed within the health system. This is followed by a description of Tygerberg hospital and its target market. The data collected are analysed and discussed thereafter. The last part of the chapter is the concluding remarks and provides the foundation for the last chapter that deals with the recommendations and conclusions.

4.2 TYGERBERG HOSPITAL BACKGROUND (TBH)

TBH is categorised as a Tertiary Academic hospital and was commissioned in 1976 and also function as a training institution for medical students and nursing staff. The hospital is well known throughout the Republic of South Africa, the African continent and world-wide. The hospital is designed for 1899 beds but currently has a bed count of 1310. The total staff complement is 4432 (TBH Information Pamphlet, 2010).

The hospital forms part of the Western Cape Health System which covers the breadth and width of the province and is divided into six districts and 32 sub-districts. Healthcare is provided by 34 district hospitals, eight regional hospitals, six tuberculosis hospitals, four
psychiatric hospitals, one rehabilitation centre and three central (tertiary) hospitals (www.westerncape.gov.za).

The Vision of Tygerberg Hospital is to provide

- **Quality healthcare for all**

And the Mission is;

- To be the best academic hospital in Africa recognised for its world class healthcare service locally, nationally and internationally

### 4.3 TBH ORGANISATIONAL STRUCTURE

The TBH structure (see Annexure D) consists of various departments which extend further into many sub-systems. The structure is a tall one and comprises many levels. The Chief Executive Officer (CEO) heads the hospital. The Chief Operational Officer (COO) is second in command to the CEO and basically Deputy Directors (DD) report to the COO office. Each Deputy Director (DD) is responsible for a certain portfolio. For example, the DD administration is responsible for Human Resource (HR) related issues. HR in itself is further segmented into Human Resource Management (HRM), Human Resource Development (HRD) and Human Resource Practices (HRP). These departments are being headed by the respective Assistant Director. Responsibilities are then delegated to the Assistant Director (ASD) who reports to the DD. To assist the ASD in meeting his/her duty, they have a Senior Admin officer (SAO) and/or Admin Officer (AO) to whom the Senior Admin Clerks report and they are supervised by the SAO or AO.
4.4 HRD ROLES AND RESPONSIBILITY

This department in TBH falls under the directorship of the Deputy Director (See Annexure D).

The ASD with her staff is required to perform the training needs analysis (See Annexure E) of the institution, implement the learnership programmes as well as the placement of the interns as part of the Expanded Public Works Programme (EPWP) initiated from HRD Head Office at Provincial level.

4.5 RELIABILITY OF DATA COLLECTION AND ANALYSIS

The distribution of the 200 Questionnaires that were distributed to various non-clinical working environments is reflected in Pie Chart 4.1. 119 research questionnaires, (59%) were returned, 31% were spoilt and 10% got lost. The response rates of the more than 50% is acceptable and increases the reliability and validity of the findings.
200 Questionnaires Distributed:

- Returned: 59%
- Lost: 10%
- Spoilt: 31%

**Pie Chart 4.1**  
*Source: Research Questionnaire Database*

The sample race distribution is captured below in Pie Chart 4.2. The demographics found within the Western Cape Province, which is coloured dominated, are reflected at this hospital facility.

**Pie Chart 4.2**  
*Source: Research Questionnaire*
62% of participants as depicted in Bar Graph 4.1 are male, which is the dominated gender at Tygerberg Hospital.

4.6 DATA ANALYSIS AND DISCUSSIONS

The following subsection is a discussion of the data collected. The first part is a financial analysis of the money spent on training programs. This is followed by the analysis and discussion of the sample group response. This subsection concludes with the unions’ responses to the research question.

4.6.1 TBH Finance Overview (Income/Expenditure)

The office of the Director of finance is responsible for all financial matters from the equitable share received from provincial government, hospital fees, Road Accident Fund, Medical Aid Schemes, as well as all expenditure from this institution. The expenditure is strictly governed
to ensure compliance to treasury regulations and supply chain management prescripts. Table 4.1 gives us a glance at the revenue generated during the years 2008-2011 at this hospital facility.

**TBH Revenue Overview: 2008-2011**

<table>
<thead>
<tr>
<th>YEAR</th>
<th>REVENUE</th>
<th>EXPENDITURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>102m</td>
<td>1 755m</td>
</tr>
<tr>
<td>2010</td>
<td>92m</td>
<td>618.9m</td>
</tr>
<tr>
<td>2009</td>
<td>86.6m</td>
<td>1 374m</td>
</tr>
<tr>
<td>2008</td>
<td>No data</td>
<td>No data</td>
</tr>
</tbody>
</table>


The staffing and personnel expenditure for this facility over a period of 3 years are outlined below in Table 4.2. The payroll is the most significant expense carried by the facility. There are three categories of staff that represent the payroll; the Persal staff, which is the permanently employed by the Western Cape government, the Joint staff, who represents persons working for the healthcare facility while simultaneously have a working contract with the University of Stellenbosch, or of Western Cape, or UCT.

The Agency deployed includes mainly personnel for the nursing division to cover for the shortfall of permanently employed nursing staff. This is still about 3.7% below of the Approved Post List (APL) as reported in March 2012.
**Table 4.2**  

Distribution of funds is done in a systematic manner. Each ward and department rendering services in the hospital is given an allocation for the financial year and needs to spend the funds to deliver the service that contributes directly or indirectly to patient care. An example for indirect contributing to patient care is when engineering is installing an extractor fan in a TB ward to ensure sufficient air flow as prescribed when a patient is placed in isolation. This purchase is deducted from the ward allocated budget. An example of direct impact on patient care is when the pharmacy needs to procure the medicine to administer to patients to improve their state of health.

### 4.6.2 How does HRD spend the funding they receive?

Drawn from the annual reports the expenditure is discussed below. Funding for the implementation of these training and development initiatives is reliant on the 1% allocation received from the TBH finance department, and the funds received from the HWSETA. The
learnerships, mainly focused on the radiography entrants, basic pharmacist assistants and enrolled nurses receive part finance support from the HWSETA, but the shortfall is carried by means of the 1% funding from HRD (See Table 4.3). Also, the interns receive a salary for their work being done and this is paid from the TBH payroll. As received from HRD, the average income over the last few years were in the region of 1 million to 1.7 million rand, year-on-year (2008-2011) and this is clearly not as outlined in the Skills Development Levy Act, (Act No.9 of 1999). As we can see from this table below, the expense reports recorded in the year books they spent from 2008-2011:

<table>
<thead>
<tr>
<th>Year</th>
<th>Training Interventions</th>
<th>Learnerships</th>
<th>Catering</th>
<th>EPWP</th>
<th>Internship</th>
<th>HWSETA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>791 508</td>
<td>38 500</td>
<td>11 353</td>
<td>28 300</td>
<td>106 500</td>
<td>370 900</td>
</tr>
<tr>
<td>2010</td>
<td>1 245 098</td>
<td>49 000</td>
<td>20 882</td>
<td>391 500</td>
<td>126 000</td>
<td>446 653</td>
</tr>
<tr>
<td>2009</td>
<td>1 555 260</td>
<td>51 898</td>
<td>19 733</td>
<td>313 500</td>
<td>81 000</td>
<td>502 000</td>
</tr>
<tr>
<td>2008</td>
<td>715 420</td>
<td>28 000</td>
<td>15 820</td>
<td>0</td>
<td>10 800</td>
<td>239 800</td>
</tr>
</tbody>
</table>

Table 4.3 Source: TBH Annual Reports 2008-2011

It is clearly evident that HRD is paying out on average almost 50% of their income received from the finance department to the HWSETA for the shortfall of the SETA’s contribution to the facility. Also, the catering is at a huge amount. All that one can ask, if there is a real need to provide catering to delegates when attending a course. Many
other training facilities and agencies do not provide any snacks and
delegates have to provide their own meals. The internship programmes
for students from FET colleges such as Northlink, are given practical
exposure as part of the agreement for 18 months. Students are placed in
various departments from HR to stores, electrical, plumbing and supply
chain management. The experience they gain is serving as a potential
platform to apply for any vacancy they may qualify for. The fact that
they are interns at this facility, does not guarantee they will be the
successful candidate for any vacant post. As negotiated they do receive
a monthly stipend for the labour they provide as an intern over the 18
month period. This is also recorded as an expense against HRD.

Further scrutiny on the information on expenditure for HRD in the
Annual Reports brought about only the training data and the cost
related to those training activities, and bursary allocations made.
However, no mention is made on the income stream of HRD to
facilitate the training and development objectives for the facility. That
raises the issue of transparency as all other finance related matters are
tabled and published in the annual reports 2008-2011.

The Sterile Services Department (SSD) is viewed as an important cog
in the wheel to ensure proper disinfecting of equipment used for
patient care in any healthcare facility. Some of these instruments
sterilised in this department include scopes and surgical sets used
during surgery procedures. Only items classified for re-use are
sterilised. However, it is recorded in the Annual Reports that training for this department cost R136 000 for 34 of the personnel to go on a formal competency certified Sterile Services Course presented by the University of Stellenbosch. That represents a mere 50% of its total to receive formal training in their field of work.

Yet, upon further investigation and during the interview with the manager of SSD, it came to light that not all training data are recorded in the annual reports. Service providers who sell the machines used to do the sterilisation come out on a regular basis to present sessions to the SSD operators. This training includes basic operating and maintenance of the machinery. These staff members are then monitored to see if they apply that which was taught. When irregularities occur, they are dealt with accordingly by means of re-enforcement of the information or by disciplinary action for not complying with the standard operating procedures to sterilise equipment. Unsterile reusable equipment can lead to loss of life, with an infection to a patient or the personnel.

4.6.3 Do you know who the Skills Development Facilitator at TBH is? The relevance of the question is to determine if the staff knows who is responsible for training and development activities.
Pie Chart 4.2  
Source: Research Questionnaire Database

As reflected in Pie Chart 4.2, a staggering 55% of participants indicated they do not know who the HRD facilitator is. They comment in their replies that they never formally met the facilitator; she never came to the venues when training is taking place; they would like to express their dissatisfaction to her should they be able to meet her, and all they know is that she is located somewhere in the building. Those who do know her are staff that made it their duty to find out who is the person who facilitates the skills audits and implements the training and development activities.

Furthermore, in Table 4.4, is the distribution of the replies within the staffing category to the question.
4.6.4 Do you think that the training needs analysis is effective?

The method of retrieving the skills audit information is an important factor that contributes or should contribute directly to the training needs and development activities of the staff.

The 42% yes replies captured in Pie Chart 4.3 feel that the training needs survey is good in principle, but not in practise. They state one of the reasons for this is that the immediate supervisor does not make them aware of the survey. Thus, they cannot ensure their training needs are met. According to the respondents, HRD is supposed to send out a communiqué that a specific training session is available. The supervisors are responsible to do the nomination.

The communiqué from HRD often does not filter through to all staff that might need such training and development. Thus the outcome from the questionnaire on whether the participants thought the strategy is effective or not is depicted below:
Again, reflected in Table 4.5, we can see that the Administrative cluster is the area where the most positive responses are coming from. This can be attributed to the fact that many of the administrative staff has electronic email facility and they do know who to contact at the HRD to make enquiry about training and development programmes on offer at the hospital.
4.6.5 As a Manager, what do you regard as a Challenge with Management?

The general response concern the management reluctance to view that staff contribute to the vision and mission achievement of this institution, to provide the best quality healthcare available to the patients.

As illustrated in 4.1 below in the healthcare value chain, all departments serve to the betterment of patient care. Without finance no service will be delivered; if no procurement of goods and services is made, then no service can be delivered; if there is no control over items used for patient care, much losses will be incurred; if no engineering departments exist to look after the ventilation systems, cooling and refrigerating systems; building maintenance and garden services, the infrastructure will crumble; Porters to move patients to various service delivery points within the facility, Information Management Units which generate reports required for forward planning on patients being served at this facility, how much foot traffic comes into the hospital, what services are mostly utilised and by whom with regards to household income earnings, how many operations are performed and what are these related to, heart transplants, bone marrow, etc.
The White Paper transforming the public service in 1997, (Notice 1459 of 1997) placed great emphasis on the eight Batho Pele Principles of treating users of public services as “customers” rather than citizens. The Constitution Act, 1996, stipulates that public administration should adhere to a number of principles, including that:

- *a high standard of professional ethics be promoted and maintained*;
- *services be provided impartially, fairly*, equitably and without bias;
- *resources be utilised efficiently, economically and effectively*;
• peoples’ needs be responded to;
• the public be encouraged to participate in policy-making; and
• it be accountable, transparent and development-oriented.

This is not only for the public servants to implement to those customers from outside in civil society to experience the above set of values, but is also very applicable to those “internal” customers of any public institution. To this end, it would be advisable for the management of this healthcare facility to relook and re-strategize their input mechanisms on training and development.

All these departments are interdependent of each other and all have a common component, human beings. Human beings are dynamic and are willing, keen, enthusiastic and capable to learn new skills should they receive training and development. Thus, the emphasis to understand each worker’s contribution in this facility to healthcare should be done through a value-chain analysis. This type of analysis will attempt to identify the series of activities performed by each department or sub-area in the contribution made to the effective delivery of healthcare to the patients. See Annexure F for what HRD currently uses to determine the training and development needs of the staff at TBH. Yet, their “wish list” as replied by the AO in HRD, is unchanged for the last five years.
4.6.7 Who initiated the need for training?

The research sample indicated a concern over the method employed to determine what training and development are needed by the staff member. Pie Chart 4.4 notes 24% of all training and development are identified by staff themselves and 57% of the replies indicated the supervisor motivates the training needs. 19% of respondents left the space open with no reply.

![Pie Chart 4.4](source: Research Questionnaire Database)

During the interviews with some subordinates, they indicated that the supervisors identify the skills shortages for compliance sake but are not really interested in implementation of the activity. During the performance review process the supervisor notes the shortcomings or areas of work that require attention to improve productivity. Each staff member ought to know and understand the content of their Individual Development Plan (IDP). (See Annexure C).
Another method of identifying the need for training as noted in the questionnaire was highlighted by the employees themselves. 24% of the participants indicated they escalate in their own capacity these nomination forms for training and by-pass their immediate supervisor who shows little to no interest in them attending training courses. Staff working at this facility gave the following insights to the attendance of training or development courses during their tenure of service. On average in some departments, especially engineering services which area of focus includes the refrigeration and air-cooling systems; the electrical and plumbing environments very seldom go on training and development to enhance their level of performance in the place of work. For example, a person who works here for almost 15 years went for training on one occasion and it was not even related to the individual’s key performance area. An individual with 38 years of experience in the work place refuses to attend training courses based on the question “what more can they teach me?”

Table 4.6  Source: Research Questionnaire Database
4.6.8 Do you have an understanding of the Individual Development Plan?

A very interesting comment on 100% of the questionnaires (See Pie Chart 4.5) returned and during the interviews was that training and development was primarily in line with your Key Performance Areas as noted in your job description. That indicates the relevance of the training intervention for the individual. Yet, little is done with the information recorded for personal development as recorded on the performance management document.

71% of the 119 respondents noted they know the reason for this IDP and here are some inserts from selected replies:

- It is to equip the individual in his field with relevant skills;
- To improve skill levels;
- To give quality performance in the work area and to understand how to do the work properly;
• To uplift the employee in his work area;
• To help you render a better service and broaden your knowledge; and
• For development and improving of knowledge

29% of the participants recorded that they do not even know that such an IDP existed.
As they state it.
• I do not have a “clue” as to what the role of this document is;
• First time I hear of such a plan;
• Was never explained to me;
• Where do I find this plan?
• Does it really exist?
• Unknown to me; and
• Perhaps just for the managers and their friends

12% just left the space blank and wrote nothing, that also can allude to the notion they had no idea what this document was.

4.6.9 What is the process followed to attend a training program?

Explain.
The respondents (73%) indicated they know the process to apply for a training course. It becomes evident that most of these are found under the administrative categories.
Table 4.7  
Source: Research Questionnaire Database

In summary below is the Flow Diagram 4.1 as indicated by those who know how the process works.

Flow Diagram 4.1  
Source: Developed by Researcher

At stage A, after the quarterly assessment of performance is conducted, the supervisor may highlight areas for a training intervention. This request often comes directly from the staff member themselves. This request is then tabled in line only with what is available in relation to
the Key Performance Area (KPA). If it does not match your KPA, and unless sufficiently motivated, it is declined.

During stage B, the formal nomination form (Annexure G) is completed. On the document it states very clearly that you need to record on how many training courses you went prior to the one you are applying for. This could be seen as a means of elimination as all staff should be afforded the chance to attend a training programme or two during the financial year. The signatories sign off on the document at Stage C, and the document is submitted to HRD for consideration. When during Stage C the supervisor deems that operational outputs will be negatively affected by the absence of the employee, they may decline to release the individual for the training sessions. Hence, good planning and strategic thinking is required when a nomination form is being scrutinised.

Stage D, HRD scrutinises the requests and see how many nomination forms have been received for this training course. Also, they check their own database to verify if the information with reference to attended courses is a true reflection of what they have on file. From here, if the required minimum is sufficient, a service provider is then required to tender to present the course. The service providers table their quotations on Trade-world, and only service providers who are registered on the supplier database are eligible to quote and will be considered. A decision is then made on who will present and when, where this training will take place. It could be on-site, which is on the
premises of the healthcare facility, or off-site, at the service providers’ facility. Each option brings its own logistical inputs for HRD. When going off-site, transport is to be arranged for the delegates, as to on-site, they make use of the training venue and equipment at HRD. After this is confirmed, HRD issues a confirmation notice (See Annexure G) to the prospective delegates where they need to confirm their attendance to the training course on the given dates provided from HRD. This document is returned and kept on record in HRD. Attendance to the actual course is recorded by the attendance register on the training day[s].

Then, at Stage E, the training takes place on the given dates and in the decided venue. The context of the training course determines if the delegate receives a certificate of attendance or a certificate of competence. The distinction between the two is as follows. The certificate of attendance is solely a proof that you were present during the training session. The certificate of competence requires the delegate to complete a portfolio of evidence after the initial contact training session and submits it to HRD which will send it to the service provider to mark and issue the certificate if they feel satisfied that the standard requirements were met in the portfolio. Many participants in the sample had reservations of attending such accredited courses for the work needed to be done after the contact period is over. Excuses such as time to compile the evidence, the structure of the portfolio and the mere intrinsic motivation to do this is lacking.
Furthermore, the IDP in the performance management system should provide the committee adjudicating the performance ratings given to staff a platform to communicate the training and developed plans to HRD. This will allow HRD to align its current “wish list” to the needs and expectations of important training and development programmes needed to ensure the standard of healthcare is continually progressing upwards. 18% of the respondents noted that they understand the purpose of the IDP, but they hardly see any feedback on the courses noted in the document for training and development. Some regard that document as just” wasted space” or a means to comply for managers when you write something in that section of the document.

4.6.10 Does the training match-up with your KPA s?

Collectively, the replies of ALWAYS (31%) and ALMOST (25%) are evident that the training is clearly geared to improve the current KPAs of the individual only. The engineering cluster indicated by 9% replies that the KPAs never match up to what is accepted in the KPAs. Hence, their continuous low scoring on performance outputs when evaluated.
This influence the staff morale and productivity and their reluctance to take on extra responsibility in the workplace (see Motivational Theories in Chapter 1). The participants reasoning as feedback is that this is smothering the chances for improving their productivity, limits the opportunities for better employment, and creates a glass ceiling in the growth path within the organisation.

| Table 4.9 | Source: TBH Public Relations Communication: TBH 2012 |

In a 2012 staff satisfaction survey report the following data were extracted. The first data point indicates in Table 4.9 that 80.97% of the participants were of the opinion that education and training are welcomed in the workplace and that they will attend when the courses become available. However, 43.35% responded that the lack of effective communication between managers and subordinates does exist with matters pertaining to training and development. There is no feedback on ideas and suggestion given by subordinates on how to improve the productivity of employees. 36.79% of the 1435
participants in this survey indicated that they are aware of their colleagues seeking other employment opportunities.

In the category on the opinion of the organisation, the 71.91% admitted that they are proud to work at this healthcare facility. Thus, for the management to retain this staff complement, they should start paying better attention to the workforce and create the platform for positive interaction on matters of training and development.

4.6.11 Interview question to managers: How do you measure the Return of Investment?

Time and money is spent to train and develop staff to add value to the service delivery of healthcare at this facility. How does the system allow for the monitoring and evaluating the impact of training courses attended by staff? From revelations during the interviews, 0% of the participants know how to measure, and what exactly they need to measure. They indicated that they as managers hardly request the course material or outline of what was covered during the training session to get an understanding of what tools can be developed to monitor the impact. The attendees to most courses only receive a certificate of attendance and not of competence.

Also, HRD in its capacity just ensures that participants to courses sign the attendance register as proof to enable payment to the service provider. This information is also captured on their database for reporting requirements on statistics as to how many delegates attended which type of course during the financial year. It goes without saying
that tax payers’ money need to be used more optimally to provide the necessitated training and development programs to develop staff at this facility to improve healthcare.

4.6.12 The question posed to managers on how they deal with staff who do not want to go on training or development programmes: Resistance for change

The store manager indicated that staff feel they have reached their saturation point for training and he should not bother to list their names. Also, they cannot go on courses which they want to go onto for personal development, because it should be KPA related.

The Asset Management supervisor stated his subordinates are all too willing to go on training activities, but when they come back the implementation is sub-standard and he then needs to re-emphasise some key elements.

The finance department indicated that the huge staff turn-over and the rapid pace with which that is taking place, more and more in-service training takes place. He notes,"...you invest time and effort in someone, and soon they are off to a better paying job...”

The SSD Manager also exclaimed that the staff should understand that technology is always improved and updated and for them to stay updated they need to go for regular training sessions.
Managers do not force this on them who resist. Hence, that brings the researcher to pose the following questions which are dealt with in this facility (Crafford et al. (2006:353):

- Does the change agent, the immediate supervisor or HRD representative know how to breakdown this wall of resistance?
- Are the issues for training and development effectively communicated to those in need of it to improve productivity and holistic development?; and
- Is counselling made available for those who suffer anxiety and find the training and development more stressful?

4.6.13 How do you view training and development?
Table 4.10 reflects how the participants responded to the question. The findings show that, a means to empower yourself is viewed across the four categories as the best reason to go for training and development. This is followed by a time to learn something new. These indicators of 75% and 21% respectively clearly show that the staff want to go and develop their existing skills or train in new skills.
How do you view training and development?

- A break away from the office
- A time to learn something new
- A means to empower yourself

<table>
<thead>
<tr>
<th>Role</th>
<th>Yes</th>
<th>No</th>
<th>Not Always</th>
<th>No Reply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engineering</td>
<td>21%</td>
<td>4%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Administrators</td>
<td>10%</td>
<td>1%</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>Service Workers</td>
<td>37%</td>
<td>2%</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>Technical Workers</td>
<td>21%</td>
<td>3%</td>
<td>4%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Table 4.10  
Source: Research Questionnaire Database

4.6.14 Can you apply what you receive in the training?

Pie Chart 4.6  
Source: Research Questionnaire Database
Table 4.11 shows the respondents indicated that it is mostly the administrative staff (38%) who apply what was taught during training. However, in the other groups the application is 8% on average. Thus, engineering and service workers staff and technical staff require more training in their field, because the administrative staff seem to have the advantage over the others in all facets.

This leads to the next paragraph on the input from the union[s].

4.6.15 Is there a role for the Union?

The general perception from the 70% respondents to this question is that there is no real place for the union to contribute to the training and developed of staff at this training facility.

In Table 4.12 this NO reply cuts across all staffing categories who participated in the sample for this research project.
The union is to endeavour that the best possible service from the employer is given to the employee. As recorded in Crafford et al. (2006:353-34) the union needs to see to the interest of the workforce. They are elected officials that should represent those who want them to serve. They should be part of any decision making that will affect the workforce directly when it comes to training and development. Thus by
being part of the training committee at this facility they can bring the input from their members and provide the feedback from the committee to the members on matters of training and development. What training programmes will be made available and why they are seen as priority areas. How much funding is made available and how it will be spent as a matter of transparency.

Also, it strengthens the line of communication for the employee to the employer. The confidence of the members to their union will also be boosted by such an approach of inclusion and negotiation. However, from the 119 replies in the questionnaire on the role of the union, 83 (69%) of those respondents commented that, to them, the union provides little input into training and development issues in this facility. They do not contribute or are not allowed to give any input. Some even went as far to say that management creates the bottle-neck for an inactive Union body to be the voice of the staff.

4.7 CHAPTER SUMMARY
This chapter provided an insight into the organisational structure of TBH within the greater spectrum of healthcare within the Western Cape Province. The outcome of the questionnaire and interviews were recorded, and the information drawn from annual reports are reflected. Also, the processes that are followed when application is made to attend training or development courses was illustrated and explained. The lack or ignorant understanding from middle to upper management to grasp that all departments within this facility are interconnected to
achieve the set vision, as outlined in this chapter. Furthermore, the challenges that staff noted on the questionnaire and during interviews are expressed. Chapter five focuses on feasible and logic recommendations to the identified challenges with regards to training and development and will end with a conclusion.
CHAPTER FIVE

RESEARCH FINDINGS, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

This chapter provides the research findings, recommendations and conclusions. The chapter commences with a restatement of the research question and the objectives that guided this research. This is followed by the findings the recommendations. A few concluding remarks are made regarding the current and future research.

5.2 The research question that guided the study was:

Is skills development within the state undertaken for compliance sake or for focused interventionist approach aimed at improving the skills set of staff to perform effectively and efficiently to increase the skills set of staff to perform effectively?

5.3 The research objectives were:

- To conceptualise human resource capacity building;
- To review relevant Legislative and policy Documents;
- To evaluate the effectiveness of the current Work Skills Plan at Tygerberg Academic Hospital;
- To evaluate if the desired outcome at the HRD DEPT at Tygerberg is in line with the Human Resource
Strategy 2010-2030 as envisaged by the government of the day;

- To create awareness among non-clinical staff on the Training and Development programmes which they are entitled to by law to be a part of; and
- To put forward recommendations based on the findings and analysis of the research.

5.4 RESEARCH FINDINGS

A number of findings emanated from the study and are herewith discussed.

5.4.1 HRD Funding

The findings in the Annual Reports 2008-2011 indicate that this institution does not comply with the legislative framework where 1% of its payroll should be paid to the relevant SETA to provide training and development activities. This directly impacts on HRD budgetary allocation to implement learnership programmes and provide training and development activities to improve the staff capacity.

5.4.2 Who is the skills development facilitator?

The fact that 55% respondents to the survey questionnaire indicated that they do not know the skills development facilitator is indicative of poor and ineffective communication and is a contributor to low staff productivity and morale. Currently, staff and supervisors do not get sufficient feedback on when the courses on the development plan is
going to be presented. Attendees are given short notice on when courses are taking place and this places strain on operational matters within the departments resulting in staff not being granted permission to attend. Supervisors and managers, to facilitate planning, would like to know at least a month in advance when a staff member will be participating in training and development courses. Thus, direct communication with the responsible person in HRD would negate such pressure in the working environment.

5.4.3 Training Needs Analysis strategy

Importantly the research findings draw attention to the importance of Staff buy-in with the training programmes that are made available. However, the evidence reflects that the same method is employed year after year to generate the training needs requirements list from employees. The findings indicated that no congruence exist between the skills audit and the training needs listed in the IDP of the employee.

Staff with long tenure of 15 years and more, aged from 45 upwards, do not see the benefit of going on training and development courses. They deem themselves as reaching the saturation point of learning. This is a short sighted approach, as technology changes constantly and one needs to keep updated with new and the latest developments with respect to your field of expertise.
5.4.4 **Policy Implementation is Inconsistent**

The alignment of policy understanding, interpretation and implementation has a direct impact on matters of training and development. The legislative framework exists to ensure that optimal planning and delivery of training and development activities takes place within all organisations, be it private or public. Management at lower, middle and upper levels uses discretionary interpretation to implement the policy, not as the policy objectives are set. This creates confusion due to lack of consistency.

This public health facility is still very much organised and managed within the concept of Bureaucracy as developed by Weber, see Hudson and Lowe (2004). Most of the decision-making power rests with top management. Those entrusted to implement the policy, clearly does not comprehend the objective of the policy. The implementation stage as viewed by Weber in his the “ideal type of bureaucracy” (cited in Hudson and Lowe; 2004:166) is usually done to produce the product as demanded by policy makers. Hence, the power of the implementer is of importance at this stage. As pointed out above the lack of uniformity of the application of the policy results in frustration amongst staff.

5.4.5 **Understanding of the IDP**

The findings indicate that 71% of participating staff are aware of the purpose of this document, compared to 35% who do not even know the content and function of this document. Yet, this document should be the catalyst for supervisors who deal with the staff performance of the
sub-ordinates. The evidence of knowledge with this document can propel those who feel aggrieved to follow the set protocol for the proper implementation of this IDP, which will benefit the institution and the employee.

5.4.6 **Training matching the KPAs**

The participants indicated that training programmes rolled out by the HRD is almost (30%) and always (36%) aligned with their KPAs. This ring fencing aims to curb staff doing training programmes outside the scope of their KPA’s. This keeps the individual back from attaining a qualification which could make him/her more marketable in the workplace. This is due to the fact that the individual is unable to obtain portable skills which are required in other departments. For example, a person working in the store environment which handles all consumable goods used at the hospital is unable to apply for any vacant posts in the HR environment. The reason for this is that stores mainly offer courses in supply chain management other than personnel administration which is required for HR.

5.4.7 **Return on Investment**

The study found that Monitoring and Evaluation (M&E) is non-existent to measure the impact of the training activity the employee went on. An important factor to ensure that policy decisions regarding training and development are implemented and that the return on investment is visible. Most service providers who do provide the training courses
only hand the delegate a certificate of attendance and not a certificate of competency.

5.5 RECOMMENDATIONS

5.5.1 HRD Funding

The proper understanding of the Acts and HRD related policies which speak to training and development need re-introduction to the HRD, middle to senior management, with key focus on the interpretation and implementation of these policies. Those entrusted to implement the policy, clearly do not comprehend the objective of the policy. This could be done by means of a consultant that will be able to explain in detail the functions and purpose of the Acts and policies. Even a tertiary academic institute or the provincial training institute can be utilised to do the re-enforcement training.

5.5.2 Training Needs Analysis strategy

It is recommended that when the performance review is tabled to the moderation committee, the committee communicates all training needs as indicated in the IDP to HRD. This information must be used to compile a training and development strategy that would fit the needs as identified by the supervisor. With a staff complement of over 4000 people, there might be more than one who requires similar training interventions to increase their productivity in the workplace.
5.5.3 Management Challenges

Management styles differ and the management of this institution should remain aware that they are dealing with people, who are also challenged by everyday social and economic challenges. People are not mechanical instruments with no feelings and mutual respect is needed when an employee is not performing up to standard. It is recommended that managers adopt a developmental approach instead of a punitive approach when dealing with staff development.

5.5.4 Understanding of the IDP

It is recommended that the performance instrument used to measure the performance of employees should again be reinforced to managers and employees alike. The purpose of the document and its content, as well as the obligation for both the employee and employer within that document should be made clear.

5.5.5 Training matching the KPAs

It is recommended to that a discretionary ring fence of the KPAs be applied. Therefore, allow employees to do at least one course per year that is not directly link to their current field of work in order for them to build their skills set and make themselves more marketable in the public sector.
5.5.6 **Return on Investment**
Brinkerhoff and Crosby (2002) note M&E is a process which should be planned for; monitored and evaluated. The three elements of an effective M&E is cyclical (See Illustration 5.1 below). They cannot operate in isolation.

![Illustration 5.1 Source: Adapted from Brinkerhoff and Crosby (2002)]

For the M&E of the HRD at this healthcare facility, the following recommendations are made.

1. A review of all current training courses needs to be conducted to establish its contribution to making this facility operate more effectively and building the human on a holistic level.
2. Review the current list of service providers and measure if they still adhere to the standards as depicted by the HWSETA.
3. Do not only rely on the SPMS information as indicators for employee’s performance. In many cases, managers and subordinates view SPMS as a waste of time. Create other means for evaluating training impact indicators.
4. Relook the training course options as set out on the generic document in use for many years now. Invite inputs from managers and staff to contribute in developing the new “wish list”. This will create a more diverse approach for effective consultation.

5. HRD need to set clear timeframes and mechanisms in place on what they want to measure and how they go about to measure it. This will facilitate a better review on the ROI needed to do a value ratio analysis.

6. The certificate of competency carries more value, because the individual will be tested and assessed on their implementation of the knowledge that was shared. So, HRD should request only service providers who issues accreditation for the courses and not only attendance are more used to render training and development programmes.

5.5.7 Partnership formation

It is recommended that Tygerberg hospital build and improve its existing networks with the academic environment. The health facility already has a good academic working relationship with academic institutions such as CPUT and UWC. In this regard nursing students are provided the opportunity to gain their practical experience. Students from FET colleges similarly do internship at the hospital. TBH must build on the existing partnership and use this network of the existing platform to help facilitate the development of the individual/staff in
obtaining a formal qualification. This facility may opt to adopt this strategy, for example. In the air-conditioning, electrical, plumbing or carpentry department one has the tradesman-aide, the tradesman and the artisan. Only the artisan is the one who completed the formal trade test. Yet, at this facility there are very few artisans. The tradesman-aide and tradesman are relied upon as a result of their years of experience to do the work normally assigned to the artisan.

A memorandum of understanding between the health facility, the tradesman and the FET College can be entered into. The agreement is that the tradesman-aide can qualify as a tradesman based on his/her level of experience, so too the tradesman can do the required trade test to qualify as an artisan. The employees sign a contract that binds them to the institution to work back the time for the funding, should the employee be in breach of the contract, he/she will be held liable to refund the cost used for the obtained qualification and the FET College agrees to incorporate the RPL framework for such employees. Also, the avenues for obtaining a formal qualification with CPUT and UWC could be explored in the field of HR, Finance or Supply Chain Management.

5.5.8 Job Rotation

It is recommended that job rotation be used as a form of on the job training. It is described as a method to give the employee practical experience in performing a task assigned to him/her and is overseen and guided by a supervisor or manager, until they are satisfied the
individual can perform on their own (Gomez Mejia et al. 2005:442 & Crafford et al. 2006:214-215). Also, the training is formally structured and the employee is able to expand their already developed skill set even further in other parts of the organisation. This is a good strategy to build capacity and ensure that in the event of sudden staff shortages or resignation that the remaining staff possess the knowledge to do the work.

5.5.9 Effective communication

The model for effective planning to instil better communication is suggested in the form of a training calendar (See Annexure I). This calendar should be available at least December of the previous year. The number in the calendar does not represent the dates of the course, but the maximum number of seats available to attend the course. Proper advertisement can be by means of the electronic email platform and by hardcopy on notice boards within the health facility. It can also be distributed as a flyer within the hospital. The content of the training calendar should incorporate all the courses available, this is, after the consultation process to identify the most important and relevant ones to improve service delivery and build capacity of the workforce. This model will eliminate on the spur of the minute course notification across the board.
5.6 CONCLUSION

In conclusion, the research information generated indicates that transparency is lacking within this institution. A key organisational challenge is that management lacks the understanding to interpret and implement policy documents. The development of the human being on a holistic basis is not a key organisational priority. The research showed that HRD is fundamental to turn the situation around and facilitate and coordinate the implementation of all capacity development matters between the Department and its stakeholders. The department’s responsibility is to develop and implement strategies to address scarce skills areas within the hospital. The research has also underscored the importance of a capacitated staff to deliver quality of healthcare. In particular, regarding Tygerberg hospital, the research findings indicate that the absence of an organisational wide skills development program results in systemic organisational problems with regard to skills development. As a turnaround human resource development strategy, the starting point must be the development of a hospital wide development strategy. The research findings had identified some areas for future research that could be explored.
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Tygerberg Hospital (2010). *TBH Annual Report 2009*. Published by the Department of Health Western Cape.

Tygerberg Hospital (2011). *TBH Annual Report 2010*. Published by the Department of Health Western Cape.

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Tygerberg Hospital Information Pamphlet: Available online


Section A - DETAILS OF RESPONDENT

1. NAME AND SURNAME+ Contact Number (Needed for Info Clarification)

2. GENDER
   - MALE □
   - FEMALE □
   AGE: ........

3. ETHNIC/RACE CLASSIFICATION
   - WHITE □
   - COLOURED □
   - AFRICAN BLACK □
   - INDIAN/ASIAN □

4. JOB TITLE:

5. WORKING AREA/DEPARTMENT
6. PLEASE INDICATE YOUR YEARS IN SERVICE AT THIS FACILITY:


7. What is your highest education qualification? Grade 12/ Diploma/Degree


Section B   TRAINING AND DEVELOPMENT

1. How often during your years of service have you gone on training?

Yearly  □  Less than 5 times

Not once □  More than 5 times

2. Does the training match-up with your Key Performance Area’s?

Almost □  Not really □  Never □

Always □

3. Who initiated the training?

You □  Your Manager □
4. How was it identified that you require training and development?

……………………………………………………………………………………
……………………………………………………………………………………
……………………………………………………………………………………

7. Do you know what the role of a SETA is?

……………………………………………………………………………………
……………………………………………………………………………………
……………………………………………………………………………………

8. Who is your Skills Development Facilitator at this health facility?

……………………………………………………………………………………
……………………………………………………………………………………
……………………………………………………………………………………

9. What role do you think the Union plays in training and development?

……………………………………………………………………………………
……………………………………………………………………………………
……………………………………………………………………………………

10. Do you think the needs analysis for training is effective? Explain

……………………………………………………………………………………
……………………………………………………………………………………
……………………………………………………………………………………

11. What is your understanding of the Individual Skills Development Plan?

……………………………………………………………………………………
……………………………………………………………………………………
……………………………………………………………………………………
12. Can you apply what you receive in training at your place of work?

……………………………………………………………………………………
……………………………………………………………………………………
……………………………………………………………………………………

14. Do you view a training activity as?

A break away from the office

A time to learn something new

A means to empower yourself

THANK YOU FOR YOUR TIME AND PARTICIPATION

Mr MD November
## ANNEXURE B: INTERVIEW SCHEDULE

<table>
<thead>
<tr>
<th>INTERVIEWEE</th>
<th>DATE</th>
<th>TIME</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asset Manager</td>
<td>01 March 2013</td>
<td>10.00am</td>
<td>Office of the Asset Manager</td>
</tr>
<tr>
<td>Stores Manager</td>
<td>06 March 2013</td>
<td>10.00am</td>
<td>Office of the Stores Manager</td>
</tr>
<tr>
<td>SSD Manager</td>
<td>08 March 2013</td>
<td>10.00am</td>
<td>Office of the SSD Manager</td>
</tr>
<tr>
<td>TBH Finance ASD</td>
<td>08 March 2013</td>
<td>13.00pm</td>
<td>UIPC Seminar Room</td>
</tr>
<tr>
<td>ASD HRD</td>
<td>20 March 2013</td>
<td>10.00am</td>
<td>Office of the HRD Manager</td>
</tr>
</tbody>
</table>

*Source: Developed by the Researcher*
ANNEXURE C: DEVELOPMENT PLAN

**Western Cape Provincial Administration: Performance Management**

**INDIVIDUAL DEVELOPMENT PLAN**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Key skills required (as identified during the review processes)</th>
<th>Training/development programme identified</th>
<th>Timeline</th>
<th>Resources (funds, courses available, service provider)</th>
<th>Desired outcome for</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Self</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Department</td>
</tr>
</tbody>
</table>

This Performance and Development Plan for are identified have been approved.

**Signatures:**

(Signature of Supervisor) (Date)

(Signature of Head of Component) (Date)

(Signature of Employee) (Date)

**Note:** The Head of the Component is required to obtain approval for the resources as indicated before sign off by the employee and supervisor.

**Source:** Staff Performance Management System Western Cape Government
ANNEXURE D: TBH ORGANISATIONAL STRUCTURE
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Department</th>
<th>Course Name</th>
<th>Trainer</th>
<th>Signature</th>
<th>Course Code</th>
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</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>Manager</td>
<td>HRD</td>
<td>Project Management</td>
<td>Smith</td>
<td>Johnson</td>
<td>PM101</td>
</tr>
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</table>

Source: HRD Tygerberg Hospital
## ANNEXURE F: HRD TRAINING WISH LIST

### Human Resource Development
### Training Interventions Guideline

**NB:** This document merely serves only as a guideline. Training needs specific to Departments, e.g. Basic Seating (Occupational Therapy) must also be identified.

This list is not all inclusive or exclusive; individuals are at liberty to identify skills that are not listed here.

<table>
<thead>
<tr>
<th>Training Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afrikaans for beginners</td>
</tr>
<tr>
<td>Xhosa for beginners</td>
</tr>
<tr>
<td>Basic Supervision</td>
</tr>
<tr>
<td>Batho Pele</td>
</tr>
<tr>
<td>Client Care</td>
</tr>
<tr>
<td>Diversity Management</td>
</tr>
<tr>
<td>Communication skills (Verbal and written)</td>
</tr>
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<td>English</td>
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<td>Conflict Management</td>
</tr>
<tr>
<td>First Aid</td>
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<td>Group Dynamics</td>
</tr>
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<td>Human Resource Management</td>
</tr>
<tr>
<td>Introduction to Project Management</td>
</tr>
<tr>
<td>Life Skills</td>
</tr>
<tr>
<td>Meeting Skills</td>
</tr>
<tr>
<td>Minute taking and report writing</td>
</tr>
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<td>Occupational Health and Safety</td>
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<td>Office Management</td>
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<td>Management Course</td>
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<td>Leadership</td>
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<td>Presentation Skills</td>
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<td>Problem solving and decision making</td>
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<td>Quality Management</td>
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<td>Time management</td>
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<td>Stress Management</td>
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<td>Supervision</td>
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<td>Record Management</td>
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<td>Adobe Photoshop Level 1 &amp; 2</td>
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<td>Excel Level 1, 2 &amp; 3</td>
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<td>Introduction to computers</td>
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<td>PowerPoint Level 1 &amp; 2</td>
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<td>Handling of informal procedures</td>
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<td>Investigation and Presiding officials</td>
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<tr>
<td>Negotiation skills</td>
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<tr>
<td>Practical LR for Supervisors</td>
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</table>

**Source:** HRD Tygerberg Hospital
## ANNEXURE G: TBH HRD TRAINING NOMINATION FORM

**OFFICIAL TRAINING NOMINATION FORM - 2013**

**Section A: Personal Details**

<table>
<thead>
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<th>Surname</th>
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<table>
<thead>
<tr>
<th>Facility / Directorate</th>
<th>Sub-District / District</th>
<th>Workplace / Section</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>i.e. Admin, ICU, OT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rank</th>
<th>Email address</th>
<th>Work Telephone no</th>
<th>Fax</th>
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<tbody>
<tr>
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<table>
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<tr>
<th>Race classification under previous Population Registration Act</th>
<th>African</th>
<th>Coloured</th>
<th>Indian</th>
<th>White</th>
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<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Gender</th>
<th>Employment</th>
<th>Permanent</th>
<th>Contract</th>
<th>Do you have a disability? If yes, provide a brief description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
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</tbody>
</table>

**Section B: Skills Development Information**

Is the course content related to the nominee’s current work? **Yes** | **No**
Is the course part of the employee’s Individual Performance Development Plan? **Yes** | **No**

How many short courses has the nominee attended in the past 6 months? **No**
List the two most recent Courses:

<table>
<thead>
<tr>
<th>Highest Qualification e.g. (Diploma, Degree, Honours / Master’s Degree)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Section C: Course Details**

<table>
<thead>
<tr>
<th>Name of Course</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Course</th>
<th>Alternative Date</th>
<th>Course Venue</th>
<th>Course Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Nominee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Immediate Supervisor / Manager (Print): [Signature: Date]

<table>
<thead>
<tr>
<th>Work Telephone</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Motivation for attending the course:

[Signature: Date]

Name of training co-ordinator: [Signature: Telephone No.]

*Source: HRD Tygerberg Hospital*
ANNEXURE H: TRAINING CONFIRMATION NOTICE

Tygerberg Academic Hospital
Mitchells Plain
& Tygerberg Oral Health Centre

For Attention:
Name:
Persal No:
Rank:
Dept:

CONFIRMATION OF TRAINING

Dear ......

Your application to attend Diversity Management is confirmed. It offers plenty of hands-on practice, and encourages you to learn from one another in discussion sessions. The course will be held:

Date:
Time:
Venue:

Nominee / Replacement: ____________________________
Name: ____________________________ Persal No: ____________________________

We hereby confirm that the above official will attend the specific course. We are aware of the fact that, if a nominee does not adhere to the cancellation/adjustment procedure stipulated in the letter confirming selection for training, the nominee will be held liable for the costs incurred by the Department.

Signature (Nominee): ____________________________ Date ______/_____/20______

Signature (Supervisor): ____________________________ Date ______/_____/20______

Name of Supervisor: ____________________________ Tel Number (w): ____________________________

Please indicate if the delegate will need transport to the venue: Y $$ No $$

Transport will be available at 7:30, Pharmacy East

Source: HRD Tygerberg Hospital
### ANNEXURE I: Example for a HRD Training Calendar

**TBH HRD TRAINING CALENDAR YEAR: ####**

<table>
<thead>
<tr>
<th>COURSE</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
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<tbody>
<tr>
<td>Afrikaans for beginners</td>
<td>10</td>
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<td>10</td>
<td></td>
<td>10</td>
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<td>10</td>
<td></td>
<td>10</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Xhosa for beginners</td>
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<td></td>
<td>15</td>
<td></td>
<td>20</td>
<td></td>
<td>15</td>
<td></td>
<td>20</td>
<td></td>
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<tr>
<td>Basic Supervision</td>
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<td>5</td>
<td>7</td>
<td></td>
<td>11</td>
<td>6</td>
<td>8</td>
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<tr>
<td>Batho Pele</td>
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<td>Client Care</td>
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<td>6</td>
<td>8</td>
<td></td>
<td>7</td>
<td>9</td>
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<tr>
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*Source: Self Developed by the Researcher*