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AN EXPLORATORY STUDY OF THE PROBLEM OF TRAINING AND SKILLS DEVELOPMENT IN THE PUBLIC HEALTH SECTOR: THE CASE OF TWO DISTRICT HOSPITALS IN THE LIMPOPO PROVINCE

by

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DECLARATION

I, **Mulalo Nefale,** hereby declare that this thesis is my original work and that it has not been submitted for any degree at this or any other university. The thesis does not contain other people's writings unless specifically acknowledged and referenced accordingly.

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ABSTRACT

Public health sectors across the globe are usually faced with challenges of adopting creative ways to improve performance and service delivery in the form of investing in employee skills development and training. During the apartheid era, employee training and skills development were reserved for the white minority group. The South African dawn of democracy in 1994 did not automatically result in a change in the status quo. In spite of various regulatory frameworks that emphasise skills development and training, skills development is still a problem, more than 25 years later. Amidst the high unemployment levels, there is also a short supply of critical skills or scarce skills in key sectors such as health. Moreover, the development of the skills of healthcare professionals and the investment in the healthcare infrastructure are requirements, as stipulated in the 1996 South African Constitution. This thesis relies on the New Public Management theoretical paradigm to contextualise the changes initiated in the public healthcare sector towards the improvement of service delivery to patients. The study pinpoints that training will enable the healthcare professionals and administrative staff to achieve the objectives of the New Public Management. If done correctly, this training should enable the public healthcare sector's professionals and administrative staff to achieve the aims and objectives of the New Public Management hence improved service delivery to the society. The lack of investment in skills development and training in this regard, potentially jeopardises the inherent benefit of adopting some of these principles with the view to improving access to, and delivery of, healthcare services. The thesis adopted a triangulation method that included the administration of semi-structured interviews with representatives of management, focus group discussions with nurses and a survey questionnaire with public healthcare professionals, that included medical doctors. The focus groups were organised into manageable groups of not more than 12 participants. The research findings reveal that employees at the Vhembe and Capricorn District hospitals in Limpopo Province, South Africa are not receiving training and are not enlisted in skills development programmes, as required by the Health Department's training policy. It seems that the reason for the lack of investment is the lack of resources, mainly financial. Furthermore, the findings suggest that the shortage of staff prevents healthcare professionals from attending training and skills development initiatives, since their absence would jeopardise patient care. The study's key recommendations include adequate resources, adequate staff as well as competent leadership and management.

Keywords: public administration, public administration reform, public healthcare sector, skills development, training

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LIST OF ACRONYMS AND ABBREVIATIONS

ANC	African National Congress
ASGISA	Accelerated and Shared Growth Initiative for South Africa
CEO	Chief Executive Officer
DEL	Department of Employment and Labour
DoH	Department of Health
DHET	Department of Higher Education and Training
DPSA	Department of Public Service and Administration
FGD	Focus Group Discussion
HR	Human Resources
HRD	Human Resource Development
HRDM	Human Resource Development and Management
HRH	Human Resources for Health
HRHS	Human Resource Health Strategy
HRM	Human Resource Management
HWSETA	Health and Welfare Sector Education and Training Authority
IC	Informed Consent
IMF	International Monetary Fund
LP	Limpopo Province
LDoH	Limpopo Province Department of Health
LRA	Labour Relations Act
NDoH	National Department of Health
NDP	National Development Plan
NGO	Non-Governmental Organisation
NHA	National Health Act
NHI	National Health Insurance

NHIB	National Health Insurance Bill
NPA	New Public Administration
NPM	New Public Management
NQF	National Qualifications Framework
NSA	National Skills Authority
NSDS	National Skills Development Strategy
PAR	Public Admin Reform
PFMA	Public Financial Management Act
PMS	Performance Management System
PSA	Public Service Act
PSC	Public Service Commission
PSETA	Public Service Education Training Authority
SAQA	South African Qualifications Authority
SARS	South African Revenue Service
SDA	Skills Development Act
SDLA	Skills Development Levies Act
SDP	Skills Development Programmes
SDS	Skills Development System
SETA	Sector Education Training Authorities
UK	United Kingdom
UKCS	United Kingdom Civil Servants
UNDP	United Nations Development Program
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Introduction

Employee training and skills development of healthcare professionals are of great importance for the effective and efficient functioning of the healthcare system. Lack of skills development affects the stable development and contribution of the organisation to both the economy and society at large. The vision of the Department of Health is to render “quality services” to all (DoH, 2012). To be specific, the public health sector aims to improve the overall health status of the population through the prevention of illnesses, the promotion of healthy lifestyles and to consistently improve the healthcare delivery system by focusing on access, equity, efficiency, quality and sustainability (DoH, 2018). However, the realisation of this vision is primarily dependent on skilled and trained employees. It requires well equipped personnel, especially management and healthcare professionals as the core staff members of the department. In principle, the public healthcare system should strive for success in providing quality services through skilled and well-equipped employees. Bohlander and Snell (2004: 7) argue that in order to provide quality services, the Department of Health has to obtain and utilise human resources effectively and keep them up-to-date. Therefore, the department needs to pay special attention to employee training and skills development processes and practices as these play an important role in the attainment of the departmental goals and vision. Without well-equipped employees, it is difficult for the Department of Health to achieve its vision. Hence, employees are major assets in the department, who require to be well equipped.

The active role that employees play towards the success of the organisation cannot be underestimated. As a result, “equipping these unique assets through effective training and skills development becomes imperative in order to maximise their job performance and position them to take on the challenges of skills shortage that the Department of Health is currently facing” (Karim et al., 2019: 1; DoH, 2012). In addition, this will keep employees (healthcare professionals and administrative staff) up-to-date and ready to implement new initiatives.

Munzhedzi (2017), Shipalana and Phago (2014), Mello et al. (2013) as well as Beardwell and Claydon (2007) postulate that although extensive research has been conducted in the area of human resource development and management, the same cannot be said about employee skills development, especially concerning the public health sector in Limpopo Province. Scholars such as Dhanpat et al. (2018, 57), Naidoo et al. (2017, 34), Pillay (2010, 3), van Holdt and Murphy (2007, 312) highlighted some issues concerning public hospitals and human resource development and management in South Africa, nevertheless it is not specifically directed to training and skills development concerns particularly to Limpopo Province. The researcher is therefore showing interest to continue extending the knowledge. The Department of Health needs to pay greater attention to the effective management of human resource development and prioritise it (DoH, 2017). Skills development processes and practices as well as adequate resources require special attention as they play an important role in the attainment of the departmental goals and vision. This study focuses on the problem of the management of employee training and skills development in the Vhembe and Capricorn District hospitals within the Department of Health in Limpopo Province.

1.2 Background to the problem of the study

During the apartheid era in South Africa, organisations were not compelled by law to invest in the development of skills of their employees. Fundamentally, there was an imbalance in terms of employee training and skills development. Training and development were reserved for the white minority group during the apartheid regime. Classified groups such as women in general and black people (Africans, Coloureds and Indians/Asians) were not allowed to receive training and skills development during that era (McGrath, 2004; Turnley, 2008). However, after 1994, the South African government introduced new policies, legislative and regulatory frameworks to cover the former imbalances. The post-apartheid legislation and policies were introduced to ensure that every organisation invests in the development of all their employees, with specific attention to those from previously disadvantaged groups. However, more than twenty-six years into democracy in South Africa, there is still is a gap in training and skills development, which necessitates serious attention in South African public health sector organisations (DoH, 2019b). As reported by the World Health Organisation

(2022), there is a concern of the shortage of healthcare workers in the South African public health sector. This has a detrimental effect on the delivery of healthcare services. The number of healthcare professionals is not equivalent to the number of patients seeking service in the public health sector. The statistics indicate that the South African public health sector faces a critical shortage of healthcare professionals with a doctor- patient ratio of 1 doctor per 3, 198 patients. There is an estimated deficit of 15 million healthcare professionals in the sector as substantiated by WHO. Similarly, Stats SA indicates that the total high school (secondary school completion rate from age 15 and old) is 68.3% while post-secondary completion rate (age 25 and older) stands at 18.8% since 2019 to date (Stats SA, 2022). According to Ocampo (2021), 65% of whites over 20 years old and 40% of Indians have high school or higher academic qualifications, while other population groups are at lower rates. During the apartheid era where only whites – in particular males – were allowed to be trained, 96% of whites were trained professionals with certificates. This discriminatory practice was based on the apartheid-era Population Registration Act No 30 of 1950 and the Bantu Education Act No 47 of 1953.

According to the Human Resource Development Strategy for South Africa (DoH, 2019b), in order to implement the promotion of a formulated skills development agenda, strategic priorities have been identified which include, but are not limited to, providing adequate financial investment for education and training systems. Kalina and Rogan (2017), indicate that the South African government's strategic plan should advocate for investment in education and training, as well as the recruitment of skilled individuals. However, the former Minister of Health, Dr Aaron Motsoaledi, in expressing his views on the White Paper on National Health Insurance (DoH, 2017), maintained that despite efforts by the government to inculcate a culture of good leadership and governance, the knowledge and skills among those who occupy positions at top and senior management levels, are still very inadequate. Motsoaledi further asserted that management and governance capacity of those in primary healthcare (PHC) needed to be strengthened through improving skills and upgrading information systems. Moreover, Motsoaledi (DoH, 2017) remarked that the South African government allocates limited state revenue from personal income tax to fund skills development and training of human resources.

In light of the above, Khambule (2013) and Munzhedzi (2017) are critical of the deployment of political cadres, which is linked to the misuse of financial resources for training, through corruption. It is evident that there is a need to start head-hunting skilled and experienced personnel for all positions in the public health sector. Marks and Graham (2004) indicate that there should always be ways to recruit and retain highly skilled staff while on the other hand addressing the skills deficit in identified employees in the public health sector. It is important to note that until relevant training and skills development in the public health sector are provided to employees and until qualified people with relevant qualifications and requirements are trained and hired, the public health sector may not live up to its vision. The departmental goals may also not be achieved in the public health sector if human resource development is not managed properly. Quality healthcare services should be delivered to all people, as healthcare mandated by the country's constitution (Republic of South Africa, 1996), by individuals who are fit for purpose. In rural areas, health service delivery is not adequate due to the shortage of skills (Gumede et al., 2021: 2). Many South Africans living in rural areas lack access to affordable, quality, and comprehensive health care. As in many other countries in the sub-Saharan region, rural areas have a high burden of disease, high levels of unemployment and poor healthcare services at public health facilities and the problem is worsened by the shortage of skills (Gumede et al, 2021; Karim et al, 2019). This is exemplified by Limpopo Province which is situated in the northern part of South Africa and almost 80% of its area is rural with inadequate healthcare services (Shipalana, 2019: 28).

1.3 Statement of the research problem

The public health sector is a special services industry where services are both resource- and time-intensive. Most importantly, effective and efficient delivery of these services depends upon the availability of human resources with the appropriate skills. The human resources for health (HRH) strategy for the health sector in South Africa (DoH, 2012: 96) emphasises the development of staff through innovative education and training strategies that are fit for the purpose of meeting the needs of the departmental system and measurably improve access to quality services for all. Within the context of the healthcare sector, change and innovation, evidenced through, for example, technologies aimed at enhancing the work of medical professionals, is rapid.

More generally, and in the South African context, new legislation and strategies (RSA, 2011.) have been introduced to facilitate improvements and access in the public healthcare sector. However, the intentions of these regulatory frameworks can only be realised with the right-fit and fit for purpose individuals. Therefore, improvements in the healthcare sector are dependent on staff who have the knowledge, capacity and experience to deliver an effective and efficient service to the citizens of the country.

However, there are various factors that affect the appointment of staff in public hospitals who are fit for purpose. The first factor pertains to the demand for staff in public health services that continuously outstrips the supply. The Department of Higher Education and Training (DHET, 2016) identified the skills that are lacking as those in the scarce skills professions, including but not limited to health sciences, accounting and engineering. The second factor relates to the effect of change on how people employed in the healthcare sector perform their functions and duties. A study conducted by the Health and Welfare Sector Education and Training Authority (HWSETA) (RSA, 2013a) revealed that the introduction of primary healthcare re-engineering in the health system necessitates changes to the scope of practice of many professions and occupations. The third factor pertains to the health infrastructure of public hospitals, especially those in the rural parts of South Africa. The same HWSETA (RSA, 2013a) study found that although some employees are keen to do their jobs well and within a good environment, poor infrastructure with a lack of aligned continuous learning and re-training in the public health service discourage them. This leads to employees' negative attitudes towards the workplace which also results in high staff turnover. Given this context, improvements in the sector are dependent on the appropriate investment in training and skills development.

The case of public hospitals in the Limpopo Province (one of the economically challenged provinces in the country) illustrates some of the challenges that emanate from the lack of investment in training and skills development of staff, are core to the implementation of change in the healthcare sector. The table below shows that for the period between the 2012/2013 to 2016/2017 financial years, the Limpopo Department of Health (LDoH) has trained very few of its employees from various categories. Although the number of employees trained relative to the total number of employees is low, the percentage of the total number of employees per category trained has

increased somewhat until 2017 while during 2018 and 2019 the training situation deteriorated due to a total lack of training funds at R0.00 (DoH, 2019a). In other words, 2019 and subsequent years were not adequately budgeted for by the LDoH. This raises concerns about whether employees such as management and public healthcare professionals will still receive training from 2022 onwards. So far, the department has not been developing and training healthcare professionals and administrative staff for years, as required, due to lack of financial resources.

Table 1.0: Provincial health contributions to Gross Domestic Product (GDP).

Province	GDP	Health spending	Health spending % GDP
Eastern Cape	247,040,000	22,771,139	9
Free State	154,400,000	9,795,191	6
Gauteng	1,080,800,000	44,132,368	4
KwaZulu- Natal	494,080,000	40,430,163	8
Limpopo	216,160,000	19,522,743	9
Mpumalanga	216,160,000	12,445,693	6
Northern Cape	61,760,000	4,722,157	8
North West	185,280,000	11,420,212	6
Western Cape	432,320,000	21,671,137	5
Total	3,088,000,000	186,910,803	6

Sources: GDP in R'000 in 2017 terms adopted from Statistics South Africa and National Treasury (StatsSA, 2022; DoNT, 2022).

Table 1.1: Departmental Skills Development and Training Report: 2012/13 to 2016/17 Financial Years

CATE-GORY	2012/13		2013/14		2014/15		2015/16		2016/17		2017/18 to date
	Number of employees	Employees trained	Number of employees	Employees trained	Number of employees	Employees trained	Number of employees	Employees trained	Number of employees	Employees trained	No funds for skills development and training programmes
Healthcare Profes-sionals	23,540	4,420	22,870	3,245	22,645	3,054	21,528	2,860	21,248	2,730	
Admini-stration	10,370	2,370	9,178	2,242	8,874	1,645	8,543	1,756	8,342	1,258	
Elementary / General Workers	3,240	1,256	3,120	1,300	3,026	720	2,643	624	2,562	612	
TOTAL	**37,150**	**8,046**	**35,168**	**6,787**	**34,545**	**5,419**	**32,714**	**5,240**	**32,152**	**4,600**	

Source: Adapted from Limpopo Department of Health Oversight Report for 2012–2020 (DoH, 2012)

The focus now shifts to how monies allocated for training and development have been distributed in the Limpopo Province. The LDoH receives R4 million annually for training and development programmes. Training and skills development in the public health sector is a necessity; thus, it should be prioritised with sufficient resource allocation in order to be effectively implemented. Given the introduction of the new health initiatives, R4 million annually is not enough to cover two programmes. These programmes include bursaries (including for external people) as well as employees' skills development and training programmes (DoH, 2012). The relative share for each of these two spending areas is not clearly arranged as to how much of the R4 million is to be allocated directly to bursaries and/ or skill development and training. According to the Limpopo Department of Health Oversight Report (2012/13-2016/2017) (DoH,

2012), this amount has remained unchanged from 2012 to 2017. This study's medical facilities, the Vhembe and Capricorn District hospitals have not received any funding for training and skills development, which includes the financial year 2019/2020, while the demand for employee training is high, especially given the new health initiatives in the sector.

An annual allocation for skills development and training in the public health sector presupposes that there is a commitment on the part of the employer to invest in its employees. The differentiated approach should enable the employer to fund various options that interest its employees. However, the problem emerges when training and skills development resources, such as bursaries, are awarded for programmes that are not aligned to occupations. The skills that professionals already have in the public health sector require enhancement for the effectiveness of public healthcare service delivery. Nevertheless, according to the Department of Health Annual Report (DoH, 2019a), there are still no resources to prioritise the investment in training and development of the skills aligned to departmental employees.

Regarding the funding of the furthering of studies, the Annual Report reveals that the departmental bursaries for employees to further their studies are not properly coordinated in terms of who should receive them and for what qualifications (DoH, 2019a). Furthermore, the Annual Report (DoH, 2019a) states that there is poor alignment between employees' first qualifications, their skills, positions and duties, and the qualifications they intend studying for.

It is therefore important for the Department of Health (DoH) to start coordinating, monitoring and evaluating the activities it undertakes. While the LDoH is not investing in hiring staff coordinators to coordinate training and skills development activities, the department is also failing to train its own employees to become coordinators of employee training and skills development programmes (DoH, 2019a). Likewise, there is a decrease and shortage of training and skills development Staff Coordinators – key personnel in the operation of the organisation – due to financial constraints at the Department of Health (DoH, 2019, 2022). Their main responsibility is to organise, schedule and facilitate employee training and skills development programmes such as management, technical and financial skills. The lack of Staff Coordinators results

in poor coordination of skills and development training programmes. As a result, this in turn impacts negatively on the achievement of organisational goals and objectives in the public health sector.

The last factor is related to poor management or leadership in the sector, due to the deployment of political cadres who hold leadership positions that they are not suitably qualified for (Shipalana et al, 2020: 348). Occupying these high offices without merit significantly impacts on the low motivation and morale of employees, such as healthcare professionals. By the same token, these leaders are unable to transfer skills and conduct the training required by their employees. Such poor leadership is also unable to mobilise resources for training and skills development implementation for their employees. This causes those who are supposed to be receiving training as well as the end-users (patients) to suffer, and results in high staff turnover. It ultimately leads to the general public not receiving services from the public institutions. Both low morale and staff turnover have negatively impacted on patients as a result of heavy workloads entrusted to limited staff (DoH, 2021, Gumede et al, 2021, Shipalana et al, 2020). While the public health sector faces a challenge to effectively implement the new initiatives and strategies because of the lack of leadership, there are no efficient and effective public services rendered to the patients as a result of the lack of motivation and staff turnover. Shipalana (2013) points out that the turnover rate of healthcare professionals creates a high-risk environment for the patient, employee and employer in the public health sector.

The factors mentioned above require the DoH to re-skill and multi-skill its employees to be up to date with the dynamics of the public health sector and society. Through training and development, employees can meet the objectives and expectations of the new programmes (such as PHC re-engineering and NHI) and counteract the effects of high staff turnover (Shipalana and Phago, 2014). Furthermore, Shipalana and Phago (2014) state that the LDoH is experiencing high staff turnover of healthcare professionals such as medical officers, which drastically affects service delivery. Evans et al. (2002) argue that in order to avoid or limit the exodus of staff from the department, it is imperative to train and develop employees as one of the ways to prepare them to also adjust to the changing programmes and thus enhance their performance. Employees are a crucial resource, and it is therefore important to

optimise the contribution of employees to achieve the aim and goals of the department as a means of sustaining effective performance through skills development (Munzhedzi, 2017). Similarly, Shipalana et al (2020) asserts that in order to succeed, the DoH needs to comply with the requirements of the relevant designed human resource management strategy to align with the current health programmes, as this will facilitate the achievement of the departmental goals and objectives. This requires the prioritisation of skills development and training by means of adequate provision of resources to facilitate appropriate skills intervention programmes.

1.4 Research objectives

Given the background and problem statement of the study, the main and secondary objectives are outlined below.

1.4.1 Aim

The main aim of the study is to explore and understand the problem of the lack of investment in training and skills development programmes in the Department of Health in the Limpopo Province for healthcare professionals and administrative staff.

1.4.2 Specific research objectives

This study's specific research objectives are:

- to critically examine scholarly debates on public sector reform with specific reference to the new public management (NPM) to understand the need for government investment in training and skills development in the public healthcare sector to enable professionals and administrative staff to achieve the objectives of NPM;
- to employ the theoretical framework of public administration reform more generally, and the NPM, more specifically, to address the impact of the lack of investment in training and skills development on the South African public healthcare sector so as to enable professionals and administrative staff to achieve NPM aim and objectives hence improved service delivery;
- to explore the reasons for the lack of investment in skills development and training of healthcare professionals and administrative staff in the sector

through the case of two district hospitals in the Limpopo Province, namely, the Vhembe and Capricorn District hospitals;

- to propose actionable strategies for the effective management of training and skills development in the Vhembe and Capricorn District hospitals.

1.5 Main guiding assumptions/hypotheses

The study is guided by the following assumptions:

Guiding Assumption 1: Problems and challenges regarding employee training and skills development (for healthcare professionals and management) exist in public hospitals within Limpopo Province, which negatively affect healthcare service delivery.

Guiding Assumption 2: If there are sufficient resources as well as competent management in the Limpopo Department of Health, employee training and skills development can be effectively managed and utilised, resulting in quality service delivery to the public.

1.6 Research questions

1.6.1 Primary research question

What are the main reasons for the lack of investment in skills development and training of healthcare professionals and administrative staff employed in the South African public health sector?

1.6.2 Research questions

- What are the possible challenges contributing to employee skills development and training in the public health sector?
- How can the public health sector enhance its management of employee training and skills development?
- What strategies can be recommended to help address the challenges in the management of employee skills development and training in the Vhembe and Capricorn District hospitals?

1.7 Research design and methodology

Schumacher and McMillan (2006) indicate that research design is a plan for selecting subjects, research sites, and data collection procedures to answer the research questions. Burns and Grove (2005) state that a research design guides the researcher in planning and implementing the study in a way that is likely to achieve the intended goals. In this regard, the researcher opted to use a case study research design approach, which enabled the researcher to conduct an in-depth examination of the problem of investment in training and skills development in the 'real-life' context of two district hospitals in the Limpopo Province (Crowe et al., 2011). The use of various data collection instruments, namely, interviews, focus group discussions (FGDs) and a survey questionnaire were key for probing the views and opinions of respondents across different occupational categories in the hospitals under study. The study largely adopted a qualitative approach to examining and understanding the responses, while the researcher relied on descriptive statistics to present the frequency of responses to certain key statements contained in the survey questionnaire. The fieldwork started before the eruption of the COVID-19 pandemic in 2020. Therefore, the data gathering process was conducted on a face-to-face basis in 2019.

1.8 Demarcation and focus of the study

It is necessary to mention that the study was conceptualised about three years before the onset of the COVID-19 pandemic in South Africa in 2020. The researcher rolled out the pilot study in August 2019 and the final data collection happened from October to December 2019. The 2020 and 2021 academic years were used to write up the study for the purposes of examination. Consideration of the effects of the pandemic on healthcare delivery by the two district hospitals would have required a reconceptualisation of the study, including the methodology and instruments used to gather data. Given the investment of time, finances and maximum time that the university allows a student to complete a doctoral study, reconceptualising the study was not feasible.

The study took place in the Limpopo Province within the Vhembe and Capricorn Districts. Limpopo is a South African province bordering Botswana, Zimbabwe and Mozambique. It is known for its bushveld and wildlife reserves, including the northern

section of the Kruger National Park. Near the provincial capital Polokwane, there are the Arend Dieperink Museum and the fossil-rich caves of Makapansgat. The multi-dimensional factors of poverty constrain the resources of the LDoH in delivering healthcare services. This is especially because it is challenging for the Limpopo Department of Health to source and raise extra funds in the province due to existing economic challenges. During the “Market Health Inquiry” in Durban, the LDoH (DoH, 2016) further indicated that the department is faced with multi-challenges of poverty that affect indicators such as the incidence of acute malnutrition, diarrhoea, and the prevalence of HIV and AIDS, just to mention a few. These are some of the challenges in terms of healthcare services that contribute to the significance of conducting a study on public hospitals in the province.

The shortage of healthcare workers in rural and remote areas remains a growing concern in both developing and developed countries (Mbemba et al., 2016). Also, the uneven distribution of the health workforce between urban and rural areas and the absence of a well-trained and supported staff constitute major problems in delivering services to meet the needs of communities in developing countries. It is crucial to identify and recognise the important factors in recruiting and retaining trained personnel in rural and remote areas (Mbemba et al., 2016). This study assumes that professionals and specialists are not keen on working in rural areas. Rather, they work in urban areas where there are fewer problems and where most of the urban dwellers can afford private healthcare services. According to *News24* (2012), the majority of the doctors at rural hospitals are female community service doctors and travelling along gravel roads or tarred roads with potholes can be incredibly dangerous for them. This is the case in Limpopo Province, particularly in the Vhembe and Capricorn District hospitals, referred to as the Elim and Botlokwa Districts hospitals.

The main reason for choosing the two hospitals in the Vhembe and Capricorn Districts was based on media and other reports that illustrated the lack of resources allocated to these hospitals. In particular, this had an adverse effect on the development of adequately trained staff in these hospitals and ultimately on the quality of healthcare services provided to the public (Shipalana et al., 2020; DoH, 2020; DHET, 2016). These hospitals receive less funding for training and skills development of employees, compared to hospitals in urban areas, or even other district hospitals in the largely

rural province of Limpopo. The researcher identified a gap in terms of resource allocation between rural and urban hospitals (Maphumulo and Bhengu, 2019; Mello et al., 2013; Munzhedzi, 2017, 2021; Shipalana, 2013).

With regard to public healthcare, appropriately investing in infrastructure and human resources will contribute to the well-being of the people of the country, who may be healthier and better able to contribute to the broader economy. The significant differences between the two hospitals under study show that, regardless of geographical location, the one hospital is better placed than the other, and that the problems in the Limpopo Province affect both hospitals in pretty much the same way.

There were several secondary reasons for choosing Elim District and Botlokwa District hospitals. First, these hospitals have featured frequently in the media with regard to poor service delivery and the slow response time to patient needs (Health-e News, 2020; News24, 2012). In some instances, patients have died in queues waiting to be helped. Second, the case of these hospitals illustrates the effect of poor leadership on service delivery in the public healthcare sector (Shipalana et al, 2020, 2014). In 2019, the Member of the Executive Council (MEC) for Health fired the management teams of both hospitals for their poor performance. Third, the issue of appropriate and adequate human resources is illuminated through the case of the two hospitals. Reports highlight the vacancy rates especially for healthcare professionals and challenges to fill vacancies timeously. Finally, the hospitals are in close proximity to where the researcher lives; this therefore reduced costs associated with travel to and from the hospitals under study.

1.9 Population of the study

According to Schumacher and McMillan (2006), a population is a group of elements or cases, whether individuals, objects, or events, that conforms to specific criteria and to which the researcher intends to generalise the results. According to Welman et al. (2005), a population is the full set of cases from which a sample takes place. The population for this study includes employees who are appointed as administrators and those who are classified as healthcare professionals in the LDOH.

1.9.1 Population size

The Limpopo Department of Health (LDoH) consists of 8,342 administrative staff and 21,248 healthcare professionals. The total combined number of the population size of both administrative staff and healthcare professionals is 29,590 according to the Limpopo Department of Health Oversight Report (DoH, 2012).

1.9.2 Sampling

Mulder (1992) views a sample as a representative group which is selected from the population and it is thus less than a population. Denzin and Lincoln (2009) indicate that sampling involves selecting units of analysis (e.g., people, groups, artifacts, settings) in a manner that maximises the researcher's ability to answer research questions set forth in a study. This section presents the target population, sampling method as well as the sample size.

1.9.2.1 Target population/sampled group

The target population of the study included employees in administration (management and its administrators/officers) and healthcare professions (medical doctors and nurses) who are permanently employed in Vhembe and Capricorn Districts, within the LDoH. Both these districts in the Limpopo Province face similar challenges concerning the health system, particularly in public hospitals. Empirical findings by Younis (2012) show that rural and small hospitals face significant factors that hinder their performance in comparison to urban and large hospitals. Furthermore, Younis (2012) indicates that rural hospitals generate less revenue per bed which results in insufficient funds, hence the low-quality health services. A recent data-driven study shows that rural hospitals are performing considerably worse than their urban counterparts and that many rural hospitals stand on shaky financial ground (Phillips and Moylan, 2017). It is clear that the magnitude of the improvement is far lower for disadvantaged rural hospitals than urban hospitals. It is appalling that most of those who depend on public health services are unemployed and living in poverty in rural areas; in addition, professionals and specialists, including those at management levels, are limited (Maphumulo and Bhengu, 2019: 4).

The target population of this study were employees working at management level, operational level, and as healthcare professionals in public hospitals in the Vhembe and Capricorn Districts. The management staff included the Chief Executive Officers (CEOs), Directors of Human Resource Development, Clinical Managers (CMs), and Nursing Managers (NMs). The healthcare professionals included medical doctors and professional nurses. The operational staff included Clinical Administrators, Nursing Administrators, Human Resource Development Officers, Staff Nurses, as well as Assistant or Auxiliary Nurses. The reasons for including those in management, administration and healthcare professionals across the healthcare spectrum, are three-fold. Firstly, these are individuals who occupy scarce skills positions within the healthcare sector. Secondly, these individuals have an important role to play in the recruitment and selection processes of the hospitals under investigation. Thirdly, they are responsible for driving skills development programmes in the hospitals under study.

1.9.2.2 Sampling method

The researcher used non-probability sampling and its subtype purposive or judgemental sampling method to determine the respondents' knowledge and experiences of working in the LDoH. The reason for using the judgemental approach to choose the research respondents, was that the particular respondents had better knowledge and experiences as well as responsibilities for skills development. By employing a purposive method, the researcher received more information from knowledgeable and experienced employees who were familiar with the research study problem. In simple terms, the researcher chose the respondents purposively. Purposive sampling refers to a non-probability sampling method in which the units to be observed are selected on the basis of the researcher's judgement about which respondents are most useful (Babbie, 2010).

1.9.2.3 Sample size

The sample size of this study is composed of the total targeted number of 370 respondents from both the administrative staff and healthcare professionals from the hospitals under investigation. The 370 respondents were sampled from a total population of 3,687 employees from both hospitals. According to many scholars,

including Welman et al. (2005), the sample size of the total population should be 10% and above in order to be deemed representative.

The 370 respondents were affiliated to the two district hospitals within the two districts which formed the focus of the study in the LDoH. The researcher sampled 370 respondents from the hospitals for fairness and to avoid any bias. The target number and sampled size of the respondents from the administrative staff in the hospitals included two CEOs, two Directors of Human Resource Development and Management, two Clinical Managers, two Nursing Managers, two Clinical Administrators, two Nursing Administrators, two HRD Officers, and 356 healthcare professionals.

1.10 Data collection methods

According to Mouton (2003), data collection is a means of collecting information from different sources. Ghauri and Gronhaug (2005) define data collection methods as the systematic way towards the collection of data so that information can be obtained. This is the most time-consuming exercise in that the population for the study should ideally be reduced to a small manageable group, but still be representative of a larger group. The researcher employed different methods to gather data, such as a survey questionnaire, interviews, focus group discussions, observations, and secondary data. The data gathering process happened in 2019, before the advent of the COVID-19 pandemic in 2020, and therefore the researcher was able to conduct most of the data gathering using face-to-face methods.

1.10.1 Survey questionnaire

Hair Jr et al. (2003) explain that a questionnaire is a set of prepared questions or measures to which respondents record answers. Kumar (2011) defines a questionnaire as written questions, meaning that the respondents will simply answer by ticking the correct answer of their choice. For the purpose of this study, a questionnaire was part of the data collection tools. The researcher used a questionnaire for 356 doctors and nurses from the public hospitals under investigation in Vhembe and Capricorn Districts. The questionnaire statements were short and precise in order to enable the respondents to answer freely by ticking the answers of their choice. The advantages of using a questionnaire are that it simplifies things and

it is also convenient especially for busy employees like healthcare professionals. A further advantage of using a questionnaire is that large amounts of information can be collected from a large number of people in a short period and in a relatively cost-effective way (Babbie and Mouton, 2001: 239; Welman et al., 2005; Young, 2016).

After the researcher received Ethical Clearance from the university and permission to conduct the research from the Department of Health in Limpopo Province, the researcher requested the informed consent from the participants to participate in the research. A consent form was attached to the questionnaire, following the information sheet which explained the nature and purpose of the research. The reason for attaching a consent form was to obtain participants' voluntary participation before administering the questionnaire. The researcher firstly made appointment arrangements with the hospitals' research liaison chairpersons on when to meet with the respondents before the distribution of the questionnaires. The questionnaires were completed in the researcher's presence. Many of the busy healthcare professionals had requested some days to complete the questionnaires during their free time. The questionnaires were later checked by the researcher for their proper and full completion. Where there were gaps, participants were requested to complete all the sections. Those who were comfortable managed to complete the questionnaires voluntarily. All the questionnaires were handed to the participants who completed them on their own, with the researcher in attendance.

Prior to starting the main data gathering process, the researcher conducted a pilot study with 10% of the sampled population to test the validity and reliability of the study. The pilot study was conducted with healthcare professionals and administration employees from one particular department so that the researcher did not have to go back to that department during the main data collection process. The majority of those who participated in the pilot study agreed that there is a gap in terms of employee training and skills development; hence, there is a need for government's intervention. The pilot study shed light on the broader picture, confirming that the questionnaire needed some adjustments. For instance, some questions were repetitive, which required revision. The questionnaire needed questions that would elicit answers to the study's research questions. After the analytical analysis, the responses obtained through the survey questionnaire facilitated the researcher's understanding of some

of the key reasons that contributed to the problem of training and skills development in the two district hospitals.

1.10.2 Interviews

The researcher also used an interview schedule as a source of collecting the research data from 16 participants (eight from Vhembe District hospital and the other eight from Capricorn District hospital). For the purpose of this study, all interviews were conducted physically, guided by an interview schedule. There was no need for virtual interviews since all the interviewees were ready and available for physical interviews. According to Welman et al. (2005), an interview schedule is a document used in interviewing respondents. In addition, Welman et al. (2005) state that an interview is a technique in which the interviewer reads a question to the respondents and records the verbal responses of the respondents. Before the interview process started, the researcher elicited the participants' consent to record their responses during the interview, to which all of them voluntarily agreed. The interview schedule consisted of open-ended questions that allowed the respondents to add more information, if they so wished. The advantage of using the interview is that it is useful to obtain detailed information about personal feelings, perceptions and opinions. Interviews also allow for more detailed questions to be asked. Different forms of data collection techniques yield different kinds of data.

The researcher interviewed the sampled respondents during 2019. The researcher was able to interview two respondents per day. That was both part of the arrangements as well as to ensure the quality of the data to be collected, as the researcher wanted to maintain a fresh, stable mind during the entire data collection process. The researcher had appointed two qualified research assistants – both with Master's degrees in Public Administration and Public Health respectively – with experience in data collection in a similar field. The interview information was audio recorded and noted in writing.

1.10.3 Focus group discussions

Focus group discussions (FGDs) were conducted with 72 respondents representing all categories of nursing, and included 12 professional nurses, 12 staff nurses and 12 assistant nurses from each of the two district hospitals under investigation. The

discussions of the focus group – comprising of the 72 nurses and divided into 6 groups of 12 nurses of the same category – were completed within a 4-week period. Nurses were included in the sample because they are core healthcare professionals in the public health system who are expected to render quality healthcare services to the public in alignment with the vision of the South African DoH, the NPM, and USAID. Nurses are generally familiar with all systems and structures of public health system.

1.10.4 Observation

There are several data sources available for social science research and they include physical sources, documentary sources, and indirect and direct observation (Mouton, 1996). Observation is a fundamental and important method in qualitative inquiries (Marshall and Rossman, 2006). Observation referred to in this study include the observation of individual behaviour, social interactions and necessary observable characteristics of the hospitals in the LDoH community. Even in studies using in-depth interviews, observation plays a pivotal role as the researcher notes the interviewees' body language in addition to their words. The researcher undertaking this study was previously employed as a National Health Insurance (NHI) Officer and was appointed at the middle management level in the Department of Health. This former position of the researcher benefitted the process of gathering data. Furthermore, observation was undertaken to prove the knowledge of the existence and application of NPM doctrines in the public health sector.

1.10.5 Secondary data

In addition to the abovementioned primary data collection instruments, the researcher also used documentary sources such as the study areas' strategic management documents, training policy, reports, acts and legislation from which the secondary data were to be obtained in support of the primary data. The study also used relevant scholarly works such as articles from scientific journals and books. Furthermore, the researcher relied on dissertations and theses on related topics, media reports, research reports, and government documents. The study also relied on personal observation, based on the researcher's previous experiences gained while working in the healthcare sector.

1.11 Data analysis

Data analysis refers to how the data collected was organised, interpreted and analysed (Henn et al., 2006). Boetjie (2009) states that data analysis is the process of systematically searching and arranging the interview transcripts, field notes and other materials that the researcher accumulated to increase their own understanding of the materials and to enable them to present what they have discovered from others. For the purpose of this study, the researcher analysed the data collected using the statistical and thematic analysis.

For the data collected through questionnaires, the researcher used the Statistical Package for Social Sciences (SPSS v 26 of 2019/ 2020) to analyse it in order to give valid results. Statistical analysis is the summarisation of numerical data. It is also a tool for extracting, highlighting and organising the information in the data (Punch, 2005). The data collected in this study is presented in the form of tables (tabular form), frequencies and percentages using descriptive statistics to analyse the findings. Where data cannot be quantified, it is explained. The researcher analysed the data collected through interviews and FGDs, using thematic analysis. The information is presented in a narrative form. The presentation of findings is organised in accordance with the study objectives. The researcher followed the six steps of data analysis, as formulated by Creswell (2003).

1.12 Ethical considerations

This researcher committed to conducting the research in an ethical manner. The researcher's conduct was influenced by the rules prescribed by the institutional structures of the University of the Western Cape (including the university's Ethics Committee). Upon receiving the written permission from the LDoH and its public health sectors, the researcher made arrangements to conduct the empirical research, with the research committee chairpersons of the district hospitals under investigation. Before the research commenced, all participants were informed of their rights in relation to participation in the research. The researcher firstly presented all the relevant information to the participants, including the purpose and objectives of the research study as well as the guidelines for their voluntary participation. The researcher explained to the participants that they had the right to withdraw their participation at

any point of the research process, should they choose to do so. At a later stage, participants were also provided with the consent forms and information sheets containing information about the study to read by themselves for a better understanding prior to their participation. As participants agreed to participate, for purposes of anonymity and confidentiality, the researcher used pseudonyms when analysing, interpreting and presenting the data. Lastly, the data was stored in a secure place that only the researcher has access to. It would remain securely stored for a period of five to seven years, at which point it would be destroyed.

1.13 Fieldwork challenges

The researcher experienced several fieldwork challenges. The financial implications of the field trips were an issue as the focus of the study was on the Capricorn and Vhembe District hospitals in the Limpopo Province, while the researcher was based in a different province. The distance from Cape Town to Limpopo Province – especially to Venda, where Vhembe District is located – is close to 2,000 kilometres. Furthermore, the research study focused on public hospitals located in different districts, which required multiple trips, sometimes with disappointments. To ensure the validity and reliability of the research study, the researcher travelled back and forth from Cape Town to Venda and again from Venda to the various public health sectors, and then back to Cape Town. Since there was a need to be located close to those hospitals being investigated, the researcher secured accommodation in close proximity to the study areas. This arrangement assisted the researcher, especially in times of unplanned re-scheduling and cancellations, particularly after-hours. Living close to the study areas also helped when participants were only available for interviews during the midnight shifts, when they were considered to be less busy.

The challenges experienced by the researcher were primarily during the dry run, pilot study, but also during the main data collection, when some FGDs were conducted from midnight onwards. The pilot study and the main data collection period required significant travels, resulting in high costs. The fieldwork budget included funding for a research assistant and a scribe; local accommodation; local transport; internet access; airtime; food; and printing (questionnaires and relevant documents). It was essential

for the fieldwork planning to be precise in order to ensure smooth research arrangements, data collection, validity and reliability.

1.14 Preliminary literature review

This section acknowledges the distinguished opinions and views from various sources, different researchers and authors whose work is significant and relevant to the study. A literature review can be defined as a critical evaluation of previous scholarly writings that are relevant to the research topic (Bless, Higson-Smith and Kagee 2006). According to Mouton (2001) it is of paramount importance that every research project begins with the review of the existing literature in its particular field of study.

This study adopted the theoretical context of Public Administration Reform (PAR) in order to illustrate the following: (a) the nature of these reforms insofar as public sector efficiencies and effectiveness are concerned; (b) the human resources challenges in the public administration arena over the past few decades; and (c) reforms and amendments to legislation that require employees to be trained and upskilled in order to perform their duties well in the public sector. In other words, changes have happened in public administration over several decades towards enhancing the way in which the public sector performs. However, reforms without investment in human capacity or human resources will not yield much of an impact on the performance of government departments. Therefore, public administration reform needs to include investment in the people tasked with implementing these reforms. There is a dire need of investing in training and skills development of human resources for the smooth implementation of various activities, including government reforms. In addition, this section scrutinizes the literature relevant to skills shortage and the management of skills development in the public service with a focus on healthcare services.

1.14.1 Theoretical context of Public Administration Reform

Since 1994 the South African government has been instrumental in placing skills development high on the national agenda of priorities; however, its implementation has been lacking (Bellete, 2010; Munzhedzi, 2017; Tebele, 2016). The evidence over the past 26 years of democracy does not really demonstrate that the investment in skills development has paid off in the public sector. It is therefore crucial that the

necessary interventions be undertaken to address the gap in training and skills development in the public sector. According to Smith (2006), interventions should range from specialist technical training to general educational and management skills. This assumes that there is still a problem of skills development at the management levels in the public service.

The DHET's (2016) report on skills supply and demand in the public service, warned that there is a dire shortage of skills in the South African public service. This is exemplified by the Department of Health, in particular with reference to funding (DoH, 2015). However, besides the limited funding, there are also other problems affecting skills development in the public service. The research conducted by Shipalana (2013) reveals that the other problems involve staff turnover, attributed to poor infrastructure or working conditions as well as the failure to develop and implement an effective retention strategy. Although funding is a core problem, it is also vital to develop and implement an effective recruitment and retention strategy to retain well-skilled officials for the betterment of public services. However, the problems arise when there is insufficient funds allocation for implementation.

Various studies over the past few decades have highlighted the challenges facing public service institutions across the world. Amongst others, strategies such as the New Public Management (NPM), Performance Management (PM) and Public Value have been attempts to enhance public sector efficiencies and government's responsiveness to the needs of ordinary citizens. Public Administration Reform (PAR), being the umbrella paradigm wherein these strategies can be found, focuses on the building of a capable development state in South Africa, as articulated in the United Nations Development Programme (UNDP, 2018a). According to the PAR Practice Note, capacity development in public administration needs to be addressed at three levels: individual, institutional and societal levels (UNDP, 2018a: 5).

1.14.1.1 Individual level

This involves the establishment of the conditions under which civil servants are able to embark on a continuous process of learning and adapting to change, building on existing knowledge and skills and enhancing and using them in new directions (UNDP, 2018a). Through a continuous process of learning, employees can adapt easily to

change, such as the introduction of primary healthcare re-engineering in the public healthcare service. This necessitates a new approach to human resource management and knowledge management in order to facilitate increased learning and adaptation towards the changes. As the Skills Development Act (RSA, 1998a) mandates, employers are required to take measures to improve the levels of skills of employees in workplaces.

Khambule (2013) postulates that training and skills development should assist in forming the basis of lifelong learning and ought to contribute to increased productivity. Therefore, employees' development and knowledge gained through the lifelong learning process can result in an improved workplace. Furthermore, Gibb (2002) adds that development should aim at changing the person in totality and not only their knowledge or skills. This overall change can also lead to improvement which will therefore result in higher quality work. The National Development Plan 2030 (RSA, 2013b) states that the reform of the public health system should focus on improved management, especially at institutional level.

1.14.1.2 Institutional level

At institutional level, a similar approach needs to be applied. Rather than creating new institutions, often based on foreign blueprints, support should focus on the modernisation of the public service employees' machinery, with a priority on systems and processes. Some of the South African government's legislative and regulatory policies are very good and well-framed. According to Habtom (2014: 47), Botswana is among the African countries embracing public administration reforms best practices. Unlike South Africa, Botswana is reputed for its good institutions, prudent macroeconomic management, political stability and efficient civil service. However, in South Africa, the Public Administration Reforms (PARs) have made both positive and negative impacts in government institutions (Miller, 2005; UNDP, 2018a). Mzangwa (2019: 6) argues that before 1994, the institutions in South Africa performed better, compared to the current era, with the latter applying affirmative action, aimed at an improvement in resource allocations, especially in the rural institutions. The PARs introduced policy and budgetary changes, which presented their share of

implementation challenges. Of relevance to this study, are the reforms pertaining to employee training and skills development in public hospitals, where leadership and management are highly politicised. The Department of Health Annual Report (DoH, 2019a) indicates that resources allocated for the use of employee training and skills development have been re-allocated for other activities. It is therefore important that the South African government should intervene in improving the enforcement of the PARs in its departments, to ensure improved human capacity and service delivery.

Public Administration Reform clearly stipulates that the key elements in this process are capacity development for policy support; organisational effectiveness; and revenue and expenditure management. However, Munzhedzi (2017) maintains that no matter how good the public policies are, the lack of capacity often results in poor implementation of those policies. The South African government has been lauded for having great laws and policies in the statutes. In addition, the South African government has invested in adopting models and approaches from the Global North to improve the systems, processes and approaches of its public administration (under the overarching PAR umbrella concept), but if it does not invest in capacitating civil servants to perform their roles and responsibilities efficiently and effectively, the new approaches will not yield any significant outcomes for the citizens of the country. It is therefore crucial that the leadership and management implement the policies and effectively manage the financial, human and technological resources that they control.

In support of investing in skills development, Kroukamp (2011) posits that the various training programmes should be developed to address the skills gap in the field of public administration and management. Thus, skills development is a necessity in order to improve challenges with regard to bridging the gap between theory and practice. Institutions improve through continuous learning and re-training; tackling the most serious problems affecting a society, resolving it and moving to the next priority. Through effectively coordinated skills development implementation, society will be empowered and receive improved and high-quality services, as the vision of the Department of Health (DoH) stipulates.

1.14.1.3 Societal level

Capacity development at the societal level is required to support the paradigm of a more interactive public administration that equally learns from its actions and from the feedback it receives from the population (UNDP, 2018a). One of the principles inherent in public administration reform relates to the government engaging with the people, to enable it to be more responsive to the needs of the citizens. In other words, public administration focuses more on service and not on making a profit. While profit is an essential part of businesses, public administration is characterised by the pursuit of meeting societal needs (Lupuente and van der Walle, 2020: 462). Similarly, government officials are expected to consult with the people and allow for citizen participation in decision-making processes. This is quite a departure from how things were done in the past under the old bureaucratic order, where officials were appointed on the basis of their knowledge and experience and therefore, made decisions on behalf of the people of the country. In this regard, citizens need to empower themselves through gathering information about their rights, entitlements, and responsibilities, to become more knowledgeable with regard to policies and laws.

Muthien (2014) indicates that the state inherited by former South African President Nelson Mandela was not efficient, effective or capable to serve the needs of the population. Furthermore, the New Public Administration Management Bill of 2015 expresses the current vision and mandate of government as “the emerging South African development state which is democratic, non-racial, interventionist, redistributive, pro-poor, people-centred and participatory” (RSA, 2015). In addition, the government’s vision in general also informs the Department of Health’s vision to render quality services to all its ‘clients’.

At this level, clients can be redefined as customers and be given the opportunity of choices. This can be through the involvement of both public servants and citizens during community participations and meetings. According to Ijasan et al. (2013), community participation can be loosely defined as the involvement of people in community projects to solve their own problems. Through community participation, problems can be prevented by anticipating them before they arise, rather than offering services after the effect. In this instance, Limpopo Department of Health is willing to improve its community participation. While the Department of Health in Limpopo

Province is willing to improve its engagement with the community, it should also thrive to improve the skills of its employees, for example through on the job training. Accordingly, DoH (2020) and DoSD (2019) states that there are still great challenges facing the public health sector such as the provision of adequate training to healthcare professionals to meet the provincial needs of service delivery.

It is important for individual, institutional and societal levels to have a good interactive relationship and support more interactive public administration. According to Ndevu (2021), a more interactive public administration put an emphasis on public officials to take heed of the needs of the people. In order for public officials to effectively respond to the needs of the people, training and skills development should play a role. This can be through the effective management of skills development as it is crucial for the success of the public service. The focus of this study is to establish why there is a lack of skills development investment in the public service in Limpopo Province.

1.14.2 Skills development and management in the public health service

Bourn (2005) suggests that employers need to focus on employees' training and skills development if they are to maximise organisational productivity, and ensure organisational development and survival. There are various benefits to be gained from skills development, such as: organisational goals and objectives are realised more effectively and expediently; employees are happy and motivated since they are able to use their skills and experiences to contribute in a positive way to the organisational purposes; and society benefits from the goods and services provided by the organisation. In the context of public sector organisations globally, the burning issues in public service skills development include the financing and coordination of skills development as well as the reform of the public service. Some of the challenges to implement skills development in the public service organisations include the lack of funds to implement these programmes. There is also a challenge of facilitating public service reforms through the introduction of appropriate training and development programmes. Skills development can contribute to the effectiveness, efficiency, accountability and responsiveness of the state. Effectiveness and efficiency mean that processes and institutions produce results that meet the needs of society while making the best use of resources at their disposal. Organisations must be accountable to the public and to their institutional stakeholders (Twalo et al., 2012). The level of work

performance by employees who attended training or whose skills were developed must improve so that the organisation delivers on its mandate. Skills development programmes should therefore be focused, strategic, and have impact (Saleem et al., 2011).

Assessing the impact of skills development in the context of public sector organisations is two-fold. The first relates to institutional or organisational performance, whereby the focus is on improved performance in the application of policies, efficient systems, processes, organisation, technology, infrastructure and resources. The second dimension is at the individual performance level. Here there has to be accountability that is linked to job descriptions and delegation of authority; training and skills development in both top management and lower management; and appropriate performance management in areas of rewards and discipline (Nel et al., 2008). In the case of the latter, discipline results as a consequence of individual employees failing to perform their roles, functions and duties. Performance as one of the principles of the reforms under the PAR paradigm requires, as the New Public Management Theory implies, that officials should be monitored and evaluated in terms of their role performance. This is quite different from the way things were done in the past where public officials were guaranteed a job for life. With that being said, performance should go hand-in-hand with training and skills development.

An improved performance is a reflection of effective training and skills development implementation; hence, performance requires to be well managed (Munzhedzi, 2017: 4). Some scholarly debates seem to argue that performance management can also be manipulated in such a way that good performance is not necessarily a direct product of training and skills development (Cameron, 2010). Other scholars such as Maguire et al (2022: 7); Munzhedzi (2017, 7) are of the view that if implemented effectively, training and skills development can make a positive impact on improving performance through improved service delivery to the clients. There is a relationship between performance management and training, therefore training plays a vital role in performing work effectively. The main purpose of performance management is not to penalise poor performance, but instead to identify areas of poor performance and introduce corrective measures. This is echoed by Van der Waldt (2004), who purports that the aim of performance improvement is to overcome negative constraints of the

employee, the employer and the environment. Performance improvement strives to achieve a cooperative strategy that will nurture a culture conducive to service excellence within the institutional context.

Munzhedzi (2011) indicates that human and other resources need to be harnessed to their maximum potential, and environmental constraints need to be maintained at manageable levels, or even reduced, where necessary, to ensure intra- and inter-institutional harmony. In another study, Khambule (2013) illustrates the link between training and development of public sector staff and organisational performance. According to Khambule (2013), training and skills development should assist in forming the basis of lifelong learning and contribute to increased productivity and quality of work. Through this work, the importance of a comprehensive human resource training and development strategy that links the business strategy and the human resource management strategy is emphasised. In this context and amidst the public-sector reforms being introduced, skills development is fundamental to the improved functioning of public sector organisations.

Davids and Esau (2012) indicate that the efficacy of leadership is paramount in identifying the skills needs, gaps and constraints that confront their employees. Notwithstanding the organisational benefits in investing in skills development, emerging democracies such as South Africa contends with the legacy of apartheid (Mello et al., 2013). Apartheid laws such as ‘Bantu’ education and a subsequent dysfunctional education system resulted in a divided and poorly skilled workforce. Daniels (2007) points out the results of skills shortages, which include too few workers with adequate skills where labour supply is unable to match labour demand. For example, several areas where this shortage is experienced include nursing, senior administration, and management. In an attempt to discuss the aspects of public sector acquisition and assimilation of employees, strict processes and criteria should be developed to adhere to the modern systems and framework of the twenty-first century. Innovative skills development for both professional and administration employees is vigorous for harnessment. It is clear that without proper skilled professionals and administrative staff, performance and service delivery cannot be effective.

Given the above and with the aim of accelerating social and economic development in South Africa, employers and other workplace skills development role players need

to unite in closing the gaps that exist between skilled and non-skilled employees (Bisschoff and Govender, 2004). It is necessary to close the gap between skilled and non-skilled employees in order to achieve the organisational goals. The introduction of training and skills development legislation in South Africa such as the Skills Development Act No 97 of 1998 (RSA, 1998a) and the Skills Development Levies Act No 9 of 1999 (RSA, 1999b), has compelled organisations to re-assess their contribution to skills development in particular, and education and training in general. Various other initiatives, such as the introduction of the Human Resource Development Strategy for South Africa (HRDSSA) (RSA, 2009), the National Skills Development Strategy (NSDS) (RSA, 2010), and the Accelerated and Shared Growth Initiative for South Africa (ASGISA) (RSA, 2014) by government, provide further impulse to the importance of education, training and skills development initiatives for organisations (Erasmus et al., 2006).

1.14.3 The importance of investing in the skills of employees

The public service is continuously changing to such an extent that officials need continuous training and re-training. This can be attributed to the ever-changing environment within which officials operate and the need for training to suit the prevailing environment (Dobkin and Hassed, 2016). Technological, social and political factors are transforming the world fundamentally. The White Paper on Public Service Training and Education (RSA,1998c), and the Transformation Policy Framework under education, training and development have made the provision for training that is in accord with the national policy of South Africa.

The world that human beings are living and working in, is complex. In the past, professional newcomers to the public service were able to do the work, largely due to their secondary and tertiary training. However, due to more specialisation in almost all walks of life and also in the public service, further practical tasks and vocationally directed training are essential . Training should be offered to officials, especially those previously disadvantaged, in order to equip them with skills such as human, technical and conceptual skills. Human skills are essential to enable organisational leadership to obtain teamwork. Technical skills are essential to carry out the tasks, and conceptual skills are essential for decision-making and planning (Fawaz, 2012). The importance of training and development in organisational development training and

career development are vital in any organisation that aims at progressing. This includes decision-making, thinking creatively and managing people. Training and development are so important because they help in addressing: employee weaknesses; improvement in work performance; consistency in duty performance; ensuring worker satisfaction; increased productivity; improved quality of service and products; reduced cost and reduction in supervision (Meerut, 2014).

1.15 Significance of the study

Many studies have examined training and skills development in organisations, both from a global and national perspective and within a private and public sector context (Maphumulo and Bhengu, 2019, Mello et al., 2013; Shipalana, 2013). However, none of these studies have really examined training and skills development through the lens of public administration reform in a public healthcare sector specifically covering Limpopo Province. Moreover, none of these studies have considered the problem of training and skills development within a rural context, specifically pertaining to the two district hospitals in the Limpopo Province. While the advent of democracy in South Africa may have generally contributed to change in the everyday lived experiences of some South Africans, it has not substantively affected the lives of the poor or those who find themselves in the rural parts of the country. In addition, the findings of the study may provide interesting insights to those responsible for the development of human resources in the hospitals under study. Increased investment in training and skills development of staff across occupational categories in the two district hospitals may ultimately have a positive effect on the quality of healthcare provided and the well-being of the community at large. More generally, the study will contribute to raising awareness among policy makers, healthcare professionals and staff occupying senior and top management positions, and government as the employer, of the importance of investing in training and skills development of people in scarce skills occupational categories. Finally, the process of conducting research independently at the level of doctoral studies has greatly benefitted the researcher, since it has contributed to her experience, knowledge and insights into the challenges that organisations such as the two district hospitals face in the delivery of key services, such as healthcare, to the public.

1.16 Definitions of key terms and concepts

1.16.1 Skills development

Skills development is a type of activity which is planned, systematic and it results in enhanced levels of skills, knowledge and competencies that are necessary to perform work effectively (Jackson, 2002). Essentially, it involves the manner in which the ability and capacity acquired through deliberate, systematic and sustained effort to carry out complex activities or job functions smoothly and adaptively involving ideas (cognitive skills), things (technical skills) and people (interpersonal skills), are developed.

1.16.2 Training

Boongaling et al. (2020), and Mampane and Ababio (2010) view training as an important proactive approach for the development of the human resource in an organisation to promote learning. Training can be seen as a sustained, purposeful, organised attempt to change or improve people's knowledge, skills, attitudes, techniques, judgement, feelings and productivity especially if it is done correctly. Beach (1975: 375) is of the view that training is the organisational procedure by which employees learn knowledge and skills for a definite purpose. The aim of training is to provide knowledge and skills which add to the basic abilities and equip a person to undertake a particular role (Lawrence, 1972: 40).

1.16.3 Public healthcare sector

According to the National Health Act (RSA, 2003), the public healthcare sector can be defined as a sector for health establishment that is owned or controlled by an organ of state. In this case, it means that the public healthcare sector is a sector for public healthcare services that is owned and controlled by the Department of Health in South Africa (RSA, 1996).

1.16.4 Public administration

According to the United Nations Development Programme Annual Report (UNDP, 2021a: 1), public administration refers to the aggregate machinery (policies, rules, procedures, systems, organisational structures, personnel, and others) funded by the state budget and in charge of the management and direction of the affairs of the executive government, and its interaction with other stakeholders in the state, society

and external environment. The term public administration involves the management and implementation of the whole set of government activities dealing with the implementation of laws, regulations and decisions of the government and the management related to the provision of public services.

1.16.5 Public Administration Reforms

Public Administration Reforms (PARs) are often grand visions, filled with hopes and dreams of real change with the aim of addressing perceived policy problems in the public sector (Hammerschmid et al., 2016: 1). Public Administration Reform can be very comprehensive and includes process changes in areas such as organisational structures, decentralisation, personnel management, public finance, results-based management, regulatory reforms etc. It can also refer to targeted reforms such as the revision of the civil service statute (UNDP, 2021b: 2).

1.16.6 New Public Management

New Public Management is a topical phrase to describe how management techniques from the private sector are being applied to public services (Lane, 2000). This is one of the reforms of public administration which is a worldwide phenomenon as governments grapple with rapid social, economic and technological change, including the effects of globalisation (Kapucu, 2006).

1.17 Outline of the study

The organisation of the study allows for the allocation of responsibilities for different functions. Below is the structure of the research thesis study, divided into seven chapters.

Chapter one: Orientation of the study

This chapter provides a brief landscape to the subject of the study. Chapter one starts by presenting the introduction and background to the study. It presents the problematic of the research study, main aims and objectives of the study. It provides an overview of the methodological approach employed, a brief summary of the theoretical framework used to examine and explore the problem under investigation. The chapter also refers to how the study is organised in terms chapters and focus.

Chapter two: Theoretical framework on the New Public Management

Chapter two presents the theoretical framework of the study on the New Public Management (NPM). The chapter discusses a theoretical framework which is defined within the context of the management of skills development and training for employees in particular. This chapter provides a critical review, analysis and interpretation of the NPM theory that was embedded from Public Administration Reforms. It allows for the identification of the importance of skills development and training in the organisation for effective, efficient and economical service delivery.

Chapter three: Legislative and regulatory framework on training and skills development in the public health sector

Chapter three addresses the legislative and regulatory framework that supports the skills development and training in the public health sector. The chapter shows that the public health sector's approach to skills development is regulated and mandated by laws, policies and regulations; thus, there must be compliance.

Chapter four: Contextual background to the problem of the research study

Chapter four focuses on the contextual background to the problem of the study. It presents a review of the literature addressing the contextual problem of the study. This chapter then provides the reader with detailed insight and understanding into the problem of the study in the context of two district hospitals in the Limpopo Province. It highlights that the main challenge is the lack of finance, which results in the shortage of staff, skills, equipment, and machinery, to mention a few areas.

Chapter five: Research design and methodology

Chapter five focuses on the methodology employed by the researcher to explore the problem of skills development and training in the Limpopo Department of Health. The study employs a mixed-method approach that includes both qualitative and quantitative methods for collecting data. This approach was identified as relevant and appropriate since it allows for triangulation of responses and the reduction of self-bias that can emerge in the data collection process. The techniques included a survey questionnaire, semi-structured interviews, and focus group discussions. The techniques were used to collect data from a cross-section of stakeholders who were

purposively selected in the hospitals under investigation. The stakeholders included medical practitioners, nursing staff, and senior and top management. This enabled a diversity of views and experiences in the context of the problem of the lack of investment in training and skills development in the two district hospitals.

Chapter six: Results, presentation, interpretation and analysis

This chapter presents the research study analysis and interpretation of the findings. The responses of the sampled population are analysed and interpreted. This chapter therefore focuses on the presentation of the research data obtained from the participants as well as the analysis and interpretation of such data. In summary, the purpose of this chapter is to present, analyse and interpret the information gathered from document analysis, questionnaires and interviews.

Chapter seven: Main findings, discussions, recommendations and conclusion

Chapter seven provides a summary of the main research findings and presents these within the context of the theory on the New Public Management. The chapter also focuses on recommendations towards addressing the problem of poor investment in skills development and training. Finally, the chapter concludes the study and presents possible and future areas of research.

CHAPTER TWO

THEORETICAL FRAMEWORK FOR UNDERSTANDING THE TRAINING AND SKILLS DEVELOPMENT IMPERATIVE OF NEW PUBLIC MANAGEMENT

2.1 Introduction

The public health sector in South Africa has adopted some of the principles underpinning the New Public Management (NPM). These principles include: performance management; financial service reforms; outsourcing; and contract appointments; for the effective, efficient and economical management of human and other resources (Munzhedzi, 2021: 3). The NPM theory is relevant to this study, based on its focus on principles that can contribute to the improved functioning of the public sector such as the public healthcare sector. The NPM as a popular reform approach introduced in the 1980s, demands that health officials and administrative staff should be customer-oriented, efficient, and effective, which requires training and skills development, given the lack of attention to these principles in the early 1980s. Since this approach is relatively new within the South African public health sector, the training of healthcare professionals and administrative staff is a necessity. Every new thing or change strategy demands training. Training can play a huge role in enhancing the skills of the public healthcare professionals and administrative staff, while on the other hand providing career stability within the sector. This chapter presents and discusses the theory of NPM, in relation to the problem of the management of employee training and skills development towards improved functioning of two district hospitals in the Limpopo Province. The discussion starts with a focus on Public Administration Reform (PAR) in general, as an umbrella paradigm that encompasses a variety of post-Weberian theories that include the NPM. It then proceeds to focus on the origins of the NPM, its definitional context and relevance to the case of the South African Public Healthcare Sector in particular.

2.2 Public Administration Reform as an umbrella paradigm of New Public Management

PAR is an umbrella paradigm that encompasses several theories or approaches, such as those mentioned above. The United Nations Development Programme (UNDP) on

PAR Practice Note (UNDP, 2014) describes Public Administration Reform as an aggregate machinery consisting of policies, rules, procedures, systems, organisational structures, and personnel. In the long term, PAR intends to effect changes in areas such as organisational structures, decentralisation, personnel management, public finance, results-based management and regulatory reforms (Calogero, 2016; Eakin, 2011; Libert-Amico and Larson, 2020; UNDP, 2014). PAR focuses on public institutions with the aim of operating efficiently, safely, with the due speed required, cognisant of modern trends, and without excessive bureaucracy, in the service of citizens and businesses (Ayee, 2008; Bellete, 2010; Fernandez, 2020; Krasniqi and Aliu, 2016). Fernandez (2020) indicates that public sector reform requires training interventions for a capable public service. Most importantly, PAR promotes efficiency of public administration in the public service, such as the public health sector, which requires skilled employees in order to effectively achieve its set goals.

The UNDP on PAR Practice Note (UNDP, 2014) maintains that an efficient, responsive, transparent and accountable public administration is a central part of democratic governance. In light of the above, it is well known that governments in different countries have introduced various laws, policies and strategies, particularly in the public health sector, that emulate the principles that underscore PAR (Loayza and Pennings, 2020). However, these policies may not achieve the intended outcomes unless governments invest in developing and upskilling public officials tasked with the implementation processes. Subban and Vyas-Doorgapersad (2016) observe that there is an urgent need for capacity-building in the areas of management, finance, administration, and technical and professional staff in the public health service. However, capacity-building through training requires to be done correctly, in order to close the gap in the shortage of skills. In order to enhance the knowledge, capacity, effectiveness and efficiency of the public service, needs-based training that seeks to close the skills gap, must be effectively developed and adequately implemented (Boongaling et al., 2020; Davids and Esau, 2012; Mkhonza, 2017; Munzhedzi, 2017).

Globally, there is an acute shortage of skills in human resources for health (HRH), especially in sub-Saharan Africa and some parts of Asia, that is projected to reach 12.9 million by 2035 (Miseda et al., 2017) especially if not addressed. In the context of South Africa, the Department of Higher Education and Training (DHET, 2016)

compiled a report on the skills supply and demand in government departments and reports that there is a dire shortage of skills as only 20% have a tertiary qualification, 32% have completed secondary education and close to half of the workforce in general do not have a Grade 12 certificate. The DHET (2016) further notes that there is a dearth of professional skills in areas such as healthcare, accounting and engineering. A lack of critical skills has negative impacts on employee performance, particularly in the provision of healthcare services (Mateus et al., 2014; Morris and Reed, 2008). This implies that there is indeed an urgent need for the intervention of the government and other stakeholders in employee skills development and training, particularly for healthcare professionals and those who manage resources. Scholars such as Hammerschmid et al. (2016: 28) underscore the importance of promoting managerial roles in the reform of public administration, to ensure efficiency and effectiveness in this area.

For decades, the UNDP (2018b) has promoted PAR as a systematic tool for speeding reform in the affairs of government with regard to skills development. The focus of PAR is on investing in training that is designed to improve employees' skills sets (UNDP, 2014). This is because, various governments around the globe concede that competent employees are needed in order to ensure efficiency in delivery of services, particularly in public health sectors (Ye and Liang, 2010). The need for transforming the public sector has resulted in governments reviewing their approach to how they invest in their people (Eakin, 2011). This includes investing in employee skills development through prioritisation of appropriate training, and to improve and facilitate service delivery to the public (Rhodes, 1994). Various scholars, including Ricciardi and Boccia (2017), have highlighted the challenges facing public health service institutions across the world. Additionally, scholarly debates reveal that the public health service is still currently facing challenges regarding skilled personnel to deliver quality service (Kaseke, 2011; Nengwekhulu, 2009; Shiffman, 2017). It is therefore vital that the public health sector takes notes that the improvement and facilitation of service delivery require skilled personnel (RSA, 2016). As such, it is also crucial to ensure that the public service workforce is well trained and skilled at all times, to be ready to render quality healthcare services to the society.

As mentioned earlier, PAR focuses on the building of capable development states. The National School of Government (RSA, 2015: 10) asserts that there should be an intervention for every nation and organisation to have skilled human resources for such capable development states. According to Smith (2006), interventions should range from specialist technical training to general educational and management skills. In the public health sector, this implies that skills development and training should be prioritised for the core staff members, particularly healthcare professionals and management staff. Although administrative staff members are also important in running the organisation smoothly, the core staff are the most significant members as they deal with lives. Thus, other staff members such as those in administration and elementary work in general, can be prioritised after the core staff. Intellectuals such as Nxumalo (2018), Mboweni (2017), Lutwama (2013), and Nyoni (2006) point out that there is still a huge problem when it comes to the implementation process of employee skills development and training in the public health service, since it is not executed properly. The public healthcare sector faces a problem of shortage of skilled employees, even to facilitate training and skills development programmes, as articulated by the former Minister of Health, Dr Aaron Motsoaledi (DoH, 2017).

Capacity development in public administration is three-fold in nature. As such, it requires to be addressed at all three levels – individual, institutional and societal – as discussed below.

2.2.1 Capacity development – individual level

The individual level involves the establishment of conditions under which civil servants are able to embark on a continuous process of learning and adapting to change. This can be regarded as building on existing knowledge and skills, enhancing and using civil servants in new directions (UNDP, 2014). In this context, it can be argued that through a continuous process of learning, employees can easily adapt to change especially when dealing with new interventions in the context of the public health sector. As a result, there may be a necessity for development of new methods to human resource development as well as knowledge management to increase learning and adaptation towards the organisational changes. Employers are required to take measures to improve the levels of skills of employees in the organisations.

The National Development Plan 2030 (RSA, 2013b) requires that the reform of the public health system should focus primarily on improved management. This view is echoed by Khambule (2013), who shows that training and skills development should assist in forming the basis of lifelong learning and contribute to increased productivity which would lead to quality health service delivery. Proper employee development and knowledge gained through lifelong learning results in improved public health service (Mlambo et al., 2021: 2; Olson et al., 2008: 54). Furthermore, Gibb (2002) maintains that development should aim at changing the person in totality, which includes their attitude and not only their knowledge or skills. Changing of a person in totality in this regard refers to developing a positive attitude towards work while having relevant skills and knowledge, which in turn result in rendering quality public healthcare services.

2.2.2 Capacity development – institutional level

At the institutional level, a similar approach needs to be applied. Rather than creating new institutions, often based on foreign blueprints, support should focus on the modernisation of public service machinery, with a priority on systems and processes (UNDP, 2014). According to Tebele (2016), the South African public service has excellent and well-written public policies; however, the problem lies in the implementation strategies. With all government's good policies designed to improve service delivery in the public health sector, which are well formulated, the problem arises when there is implementation failure. Lack of implementation strategies and poor monitoring and evaluation ability continue to undermine good policies (Magagula, 2019: 34; Kusek and Rist, 2004:6). It is imperative to consider that good policies without proper implementation serve no purpose (Tebele, 2016). Roux and Nyamukachi (2005) and Ham et al. (2012: 28) indicate that the public healthcare service should comply with regulatory public policies and modernise its medical healthcare machinery as well as equip its employees for effective operations and quality service delivery.

Munzhedzi (2017) is of the view that no matter how good the public policies are, lack of capacity often results in limited or no implementation of those policies. It is therefore one of the duties of management and leadership to enforce compliance with policy guidelines in order to effectively control finance, and human and technological resources. However, the enforcement of compliance with such guidelines may not be

successful without visionary management and leadership who lead by example in relation to their followers and subordinates.

Across the various government sectors, reforms have occurred at the institutional level to facilitate the introduction of democracy in 1994, with its focus on equal access and quality services, through skills development and training programmes (Kwiek, 2016; Zweigenthal et al., 2019). However, in the case of the public health sector, not much attention has been directed at the upskilling of civil servants, including the development of skills and training (Miseda et al., 2017: 2). Challenges such as the shortage of resources, particularly updated equipment and funding, result in improper implementation of training (Bogg et al., 2020; Maphumulo and Bhengu, 2019). In support of investing in skills development, Kroukamp (2011) posits that numerous training programmes should be developed to address the skills gap in the field of public administration and management. Thus, in general terms, an employee's skills development is a necessity in order to improve challenges with regard to bridging the gap between theory and practice.

Institutions improve through the continuous learning and re-training of staff; this can help in tackling some of the problems affecting a society, resolving them and moving to the next priority (Cruikshank, 2002). The well-coordinated and effective implementation of skills development may be beneficial to both employees and customers (citizens) henceforth aligned with the vision of the public health sector. As a matter of fact, well-skilled employees tend to render better and higher quality healthcare services to the society (Kieft et al., 2014). Furthermore, Kieft et al. (2014) purport that the increasing complexity of patient care requires well-trained healthcare professionals and management who are capable of creating a safe and patient-centred environment. It is evident that effective training is positively associated with societal satisfaction.

2.2.3 Capacity development – societal level

Capacity development at societal level is required to support the paradigm of a more interactive public administration that equally learns from its actions and from the feedback it receives from the population (UNDP, 2014). This level is about the societal environment, which is also linked to public service supply and demand. Muthien (2014)

indicates that in the context of African countries, leadership inherited nations that were not capable of serving the needs of the population – this includes South Africa. Nelson Mandela played a crucial role in the country's transition from apartheid to democracy. However, the new government led by the African National Congress (ANC) failed to implement the policies aimed at increasing critical skills in the country. The current leadership of the ANC is still not managing to close the gap in skills development and training especially for critical skills in management and the health sciences for improved service delivery to the population (Department of Employment and Labour, 1995; DHET, 2009).

The Department of Public Service and Administration (DPSA, 2014) presented a reminder of the vision and mandate of the South African government, as an emerging developmental state that is democratic, non-racial, interventionist, redistributive, pro-poor, people-centred and participatory. The government's vision informs the public health sector's vision to render quality healthcare services to all, which can be effectively done by a skilled workforce. Lauzon-Joset (2020) and Reichard (1998) argue that there should be a new approach to instruct and train public servants in order for public administration reforms to be clearly seen. Public administration reforms encompass a number of theories and approaches. One of the key theories that has influenced the South African government's thinking as far as the public health sector change is concerned, is the New Public Management (NPM).

In this regard, the paradigm has shifted focus from citizens to customers in a manner that it describes citizens not just as ordinary people but that they should be treated as customers (Lægreid, 2017). In simple terms, the public health sector is required to have a skilled workforce that treats citizens fairly, while on the other hand regarding them as government clients. An empirical study on health and citizen satisfaction by Agoti et al. (2020) reveals that citizens, who are regarded as customers or clients in terms of NPM, should always be satisfied, especially regarding health and social welfare services. It is therefore imperative that the public health sector should strive to satisfy its clients by using a skilled workforce.

In certain parts of the world and within the context of NPM, at societal level, clients are given an opportunity to make suggestions on their needs, to enable the government to provide the relevant services (Rouban, 1999). Suggestions of preferred services

can be implemented through the involvement of both public servants and citizens during participatory community gatherings. According to Ijasan et al. (2013), community participation can be defined as the involvement of people in community projects to solve their own problems. By so doing, problems can be prevented by anticipating them before they arise, rather than offering services after the effect. According to Boongaling et al. (2020), and Mampane and Ababio (2010), professionals necessitate a proactive approach for the development of their skills to promote learning in an organisation. People from communities require knowledgeable professionals who know, understand, and are sure and confident of their roles to gather and meet with them to learn about their challenges and decide how those challenges can be addressed. However, in order for the public health sector to have knowledgeable professionals, it is crucial to follow the principles of NPM. That means that employees should be well trained and developed to harness their skills. To this end, it is vital for the public health sector to prioritise training and the required resources in order to meet NPM standards, while on the other hand achieving the sector's goals and responsibilities. One of the NPM principles emphasises considering various options through which public services can be provided. Public servants should therefore be trained to think logically and systematically towards considering alternative options of providing services that are cost-effective but also address the needs of the community. According to Peters (2017), this process can result in a good relationship between the three levels – individual, institutional and societal. It is important for the individual, institutional and societal levels to have a balanced interactive relationship and support more interactive public administration (Peters, 2017). This should start with focused leadership, and competent management, together with the effective implementation of skills development and training for improved service delivery. Interaction between the three levels (individual, institutional and societal) could play a crucial role in the success of public healthcare service delivery.

Moreover, while more recent theoretical studies address issues of public sector efficiency and effectiveness (Curristine et al., 2007: 1; Lapuente and Van de Walle, 2020: 465), the NPM is one of the first theories that introduced the notion of 'citizen as customer' (Cameron, 2009) into the public sector. In the context of public healthcare,

patients are regarded as customers who must be valued and taken good care of. As such, it is important to always ensure that health services that are rendered to them are of good quality. The NPM theory contends that as much as there is a public health service, there are also patients (customers) who receive such services. In fact, there cannot be a public health service without patients and *vice versa*. The origins of the NPM theory, which resorts under the umbrella of the PAR paradigm, is discussed in the following section.

2.3 Origins of the New Public Management Theory

The term New Public Management (NPM) was introduced by Hood in 1991. Hood (1991) defines NPM as a body of managerial or ideological thoughts based on ideas generated in the private sector and imported into the public sector. Scholars such as Gruening (2001: 1), Van de Walle and Hammerschmid (2011: 193) and Rubakula (2014: 86) maintain that the NPM has its origins in the public-choice and managerialism. In view of the above, the principles embedded in the NPM are directed at addressing some of the issues related to service delivery in the late 1980s, to the early 1990s (Brinkerhoff and Brinkerhoff, 2015; Fatemi and Behmanesh, 2012). This includes the lack of investment in employee skills development and training through an increased focus on performance towards quality public health service delivery. The NPM emphasises impartiality, financial service reforms, performance management, efficiency, effectiveness, and economy in human resources (Boe, 2015; Fatemi and Behmanesh, 2012; Manzoor, 2014; Mihai, 2010).

The NPM originated in the United Kingdom (UK) under the leadership of then Prime Minister, Margaret Thatcher. Thatcher was unhappy about the lack of responsiveness of the UK Civil Service (UKCS) and hence opted out of the state machinery and resorted to employing the private-sector principles to render services that were historically within the realm of the Civil Service (Christensen and Lægreid, 2017; Harvey, 2005; Lane, 2000). According to Lane (2000), the NPM was implemented in the UK and influenced other western countries across the world before it also affected developing countries in Africa, including South Africa. The NPM is part of the managerial revolution that has permeated the world, affecting many countries, to considerably different degrees, as stipulated by Hotez et al. (2008), Brinkerhoff and Brinkerhoff (2015) and Islam et al. (2015). The government of Bangladesh rejected

the approach of the NPM after its implementation failure in that country (AllAfrica, 2017). According to Lapuente (2020: 465), Lane (2000) and Kaboolian (1998: 190), many other countries have been influenced by the NPM in one way or another.

While there is an influence of NPM in South Africa, the successful implementation of the principles of NPM in the South African public health sectors remains a challenge. This is due to aspects such as mismanagement, which involves senior management (Munzhedzi, 2019: 7). Issues that are hindering the effective implementation of the NPM include but are not limited to patronage and nepotism amongst public managers. The other thing is the problem of not complying with ethical rules and professionalism. Non-compliance with ethical rules and professionalism continues to include problems such as tender rigging, bribery and kickbacks which are general irregularities found in the public health sector (Shipalana et al, 2020). According to studies conducted by Munzhedzi (2019) and Hope (2001) on the context and practice of NPM in Africa, the results were mixed, even in African countries where political interference in administrative matters is still a concern. For employees to be properly trained in order to acquire the relevant updated skills, there is a dire need of resources that also require to be spent accordingly. While the NPM framework has good intentions, its applicability can be a success in South Africa, only if policy provisions are implemented accordingly (Munzhedzi, 2019: 7).

In light of the above, the NPM reforms have been driven by different factors in different countries and continents. Gould (2003) indicates that the reform of the state in Africa has been influenced by external actors which require skilled and competent management to ensure improved performance that leads to cost-effective, better service delivery to the public. Ultimately, both public servants and the society at large must be satisfied. In the case of the public health sector, external actors that include donors such as the World Health Organisation (WHO), the International Monetary Fund (IMF) and the United States Agency of International Development (USAID), require employees who are skilled and competent in order to render cost-effective healthcare services, using the available resources (IMF, 2019; USAID, 2019; WHO, 2019). These external actors also support training and skills development in the public health sector, aimed at improving service delivery to the people.

External actors play a vital role in influencing the NPM to reform the public sector. Heeks (1998) argues that donor agencies have occasionally played a major role in the implementation of reform such as NPM measures. While USAID is the world's premier international development agency and a catalytic actor driving development results, the WHO on the other hand, addresses human capital across the life-course. Kroukamp (2011: 24) posits that institutions should continuously invest in the skills and knowledge capital of the workforce through, inter alia, training to support employees in order to stay ahead of competition. Thus, the aim and objectives of the NPM, coupled with the South African government's *Batho Pele* (people first) principles – discussed below – are achievable and could benefit the majority of people who depend on the public health service. However, in spite of the introduction of sophisticated regulations, policies and legal frameworks, neither the NPM nor its *Batho Pele* counterpart, has done much to improve service delivery. This is due to the politics–administration interface, low administrative capacity, and corruption in many arms of government, resulting in negative impacts, especially on the poor and vulnerable, and more generally on the healthcare sector. These concerns are addressed more fully, later in this chapter.

2.4 Conceptualising the New Public Management Theory in the public health sector

Hood (1991: 4) and Halpern (1978: 1253) define the NPM in terms of elements such as having managers who are free to manage, goal setting, performance-based rewards, disintegrating the centralised bureaucracy into corporatised units, adopting term contracts and public tendering, decentralised budgeting, cost-saving, flexible hiring and rewards, intensifying labour discipline and equipping public servants for efficient service delivery. Furthermore, Hood (1995), with the support of Halligan (2020), maintains that apart from public accountability, the overall associate doctrine of the NPM is organisational best practice when a skilled workforce renders quality services to the public.

Subsequently, the term has had a wide range of meanings. The NPM is the theory that introduced the focus on change in the public sector and how it is to be managed and governed (Lane, 2000: 3), to facilitate greater efficiencies and effectiveness. Additionally, Lane (2000: 3) refers to the NPM as the most visible sign of the rapid

change in perspectives on how government should run the public sector. On the other hand, Ferlie (2017) defines the NPM as a major and sustained development in the management of public affairs. This means that without following the principles of the NPM, it will not be easy for the public health sector to effectively manage its services and resources, hence rendering quality services which may result in protests. The NPM and its principles are all about intra-organisational management whereby organisational resources and performance are managed through the monitoring service inputs and outputs (Dayson et al., 2020). Moreover, Dayson et al. (2020) indicate that in order to effectively manage the organisational resources, services and performance, accountability mechanisms such as performance-based contracts are a necessity. According to the NPM, while employees at management level are employed on performance-based contracts where they cannot become complacent in their posts (Hood, 1995; Munzhedzi, 2019), both the organisation and the general public will benefit in terms of improved service delivery. It is this focus on performance that necessitates a greater investment in training and skills development. The NPM is a theory that encompasses a number of principles and approaches for promoting the overall effective management that results in quality service delivery to the public, but requires a skilled and trained workforce. In this regard, Adivar et al. (2019) agree that the NPM plays a vital role in reorganising management procedures in the public sector with the aim of achieving greater effectiveness and efficiency. Those management procedures include planning and decision-making, organising, leading, and controlling. It is thus imperative that the public health sector should effectively implement these management procedures, to attain better results. However, effective implementation requires capabilities in the form of skills that are acquired through training. Kaper et al. (2020) state that if done correctly, after training interventions, there should be a significant difference, regarding greater increases in both literacy and competency. The views of Kaper et al. (2020) correspond with those of the NPM to promote a greater increase in skills and competency. In essence, there are similarities in the views of Kaper et al. (2020) and Hood, 1995) on the NPM.

Other views on the NPM, apart from skills and competency, include entrepreneurial government, managerialism, neo-Taylorism and public/private hybridisation, to mention few (Casady et al., 2020; Kletz et al., 2014; Osborne and Gaebler, 1995;

Pollitt, 1993). These terms emphasise the adoption of business strategies in the management of the public sector. They imply putting emphasis on performance-based management, cost-saving and increased outputs. In this regard, scholars such as Narendra (2013) and Adivar et al. (2019) emphasise the importance of delivering cost-effective public services to the society. As such, public servants require to be effectively trained in a way that they will be able to improve their performance, hence rendering quality health services without a waste of resources. The NPM intends to foster a performance-oriented culture in a less centralised public sector through strengthening of capacities at the lowest cost.

According to Armstrong (1995:429), performance management is a means of getting better results from an institution, teams and individuals. It is important to note that performance can be measured through quality service delivery, which cannot be attained by an unskilled workforce. Kogan (2000) indicates that effective planning is a key element for success in training and development. Effective planning can also be regarded as a key element for organisational success in general. In addition to the above, Rae (2000), Mosey (2009), and Min and Tangand Yi (2011) assert that it is important to prioritise training during the planning stage. It is therefore crucial that the public health sector prioritises its employee training and skills development using the available resources for the betterment of service delivery. Although the term NPM has a wide range of meanings, its main feature is to reduce costs and focus on the principle of cost-saving. In order to do this, a number of private sector strategies such as flexibility and internal controls practices are adopted (Hood, 1991; Kletz et al., 2014).

The adoption of these strategies is based on the argument that private sector mechanisms raise efficiency in the provision of goods and services without a waste of resources, as a result of recruiting skilled professionals as well as continuously developing and training them, to be updated (Lane, 2000). In other words, efficiency is viewed in terms of increased outputs and reduced costs through a skilled workforce (Lane, 2000). Although the NPM theory has its origins in the Anglosphere, if implemented correctly, it can also play a crucial role in influencing the effectiveness and efficiency of public services in most African countries. Through the implementation of relevant principles and approaches embedded in the NPM, the public healthcare sector could become more effective and efficient in how it provides services to the

public. In this regard, McSweeney and Safai (2020) are of the view that the NPM can serve as an innovation in service delivery internationally. In the South African context, one of the key principles of the NPM can be evidenced through the Citizens' Charter for Service Delivery, commonly known in South Africa as the *Batho Pele* principles.

One of the important issues that emerge when reflecting on the NPM is that of public service values and ethics. Some theorists argue that the traditional public service values of impartiality, fairness and equality, on which public administration was based, have been eroded. According to Mclaughlin, Osborne and Ferlie (2002, 40), the result is that governments, developing codes of governance and codes of conduct for public servants combat more private-sector oriented values.

After posts have been determined and the various qualifications for each post have been laid down, the question of training should be attended to, in order to adapt the knowledge, ability and skills of each employee to the work situation and improved performance. The individual needs of each employee must be determined. Employees in the public health sector should be trained on delegation of authority, output orientation, decentralisation of management authority, increased flexibility of service conditions and quality of services, standards and responding to customers' priorities amongst others (Pollitt, 1995: 133).

2.5 New Public Management doctrines in the public health service

There has been some debate over the precise nature of the NPM (Dunleavy and Hood, 1994). However, the classic formulation of it (Hood, 1991) holds that it comprises seven doctrines. If applied accordingly, these doctrines can play a significant role in the management of South Africa's public health sector. The doctrines include: entrepreneurial management, performance management, output control, decentralisation, competition, private sector management style, and parsimony in resource allocation. These doctrines are discussed below.

2.5.1 Explicit standards and measures of performance

Since the NPM framework places an emphasis on the re-skilling of employees, it is evident that training and skills development go hand-in-hand with performance (Osborne, 1995). The more employees are well trained in the public health sector, the

more they are likely to improve their job performance, which could result in increased patient satisfaction. The public health sector needs to improve its performance as it's aimed at promoting the welfare of the people. There should be effective, efficient and economical operations in the Department of health and its programmes such as administration, medical care, mental health and others. The public health sector is required to set explicit goals and targets for the purpose of measuring performance (Hood, 1991: 52). Performance management is one of the principles of the NPM framework which seeks to monitor, assess, evaluate and manage performance of employees, through setting performance targets (Phago, 2014). This should not only be done at organisational level, but it should also be cascaded down to the different sections of the public health sector and individual employees (Hughes, 2003: 54). It thus means that every employee of the public health sector must enter into a performance agreement with their immediate supervisor. Larbi (1999: 23) describes performance contracting as a written negotiated agreement between government as an employer and individual employees in which quantifiable targets are explicitly specified for a given period and performance is measured against targets at the end of the financial year. In order to meet the performance targets, employees such as healthcare professionals should be regularly harnessed in their training and the development of their skills, to ensure that they are up-to-date with health-related trends, such as the COVID-19 pandemic. To this end, performance management is a very crucial element of the NPM, as it enhances the performance of those functioning in the public health sector, as truly skilled professionals. This is precisely the reason the NPM was introduced in the 1980s, namely, to enhance the performance of the public sector, in response to the economic crisis.

2.5.2 Emphasis on output controls

According to Borne (1999), an emphasis should be placed on output controls, in particular, financial controls. This means that there should be an application of the 'triple Es' – effective, efficient, economic – in the management of human resource development in the public health sector. This is called the 'value for money principle', which is also highlighted in the *Batho Pele* principles, that were inspired by the NPM. Reforms in the financial services sector of many countries of the world are at the centre of NPM reforms. One example of such financial reforms is the shift from line-item

budgeting towards programme budgeting (Cameron, 2009). This can be exemplified by a budget reform from an administration budgeting (line-item budgeting) shift to skills development and training budgeting (programme budgeting). The NPM that was introduced entails offering managers in the public health sector greater control over budgets, such as training budgets, for which they should be held accountable. Control measures such as auditing, inspection, monitoring and evaluation, cost analysis, and writing reports should be used within the public health sector. It means that public health care professionals and administrative staff should ensure that the outcome of rendering services should be positive. The dawn of the NPM created an atmosphere in which service delivery is aimed at increasing the output from low inputs. In other words, the NPM sought to balance the economical use of state resources, on the one hand, and improve the quality of service delivery, on the other, through the adoption of managerial approaches to performing public sector functions, roles and responsibilities.

2.5.3 Private sector management styles: Contract culture and competition

The NPM places a greater emphasis on the private sector style of management, to bring about effectiveness and efficiency in the public sector (Carstens and Thornhill, 2000; Hood, 1991: 52). A key provision of the NPM framework is that the appointment of senior staff must be contractual and flexibility. The NPM brings about flexibility whereby some of the duties should be performed by external people that are hired to do so based on contracts. For example, giving private medical personnel contracts in the public health sector can help to improve service delivery and professionalism within the public healthcare sector. Some of these personnel from the private sector are experts or specialists within their fields of operation such as gynaecology otolaryngology, epidemiology to mention few. Specialist doctors have training in a specific area of medicine which allows them to treat complex health problems that primary healthcare doctors may not be able to (DoH, 2020). Although they are highly trained, the challenge in the public healthcare sector is that of the lack of clinical equipment to perform duties to the satisfaction of the patients. In addition, medical science evolves, therefore, specialist doctors require on-going training to keep up to date with changes in their areas of specialisation.

In this context, regular performance review discussions with incumbents and assessments of their performance are essential. In some instances, this may require an investment in training and development, where gaps in performance are identified (Hughes, 2003: 57). In addition, training and skills development may be important for career-pathing and succession-planning within the public sector. A person appointed on a contract basis is likely to perform well and be more productive, since the renewal of their contract is not guaranteed as it depends on employee performance (Hope, 2001; Munzhedzi, 2021). In line with practices in the private sector, the NPM framework entails terminating the contracts of those who do not perform to the required standards (Miller, 2005). However, it can be argued that employees are less likely to underperform if they are well trained in their jobs.

2.5.4 Promotion of discipline and parsimony in resource allocation

Based on the views of Metcalfe and Richards (1990), there is a need for the promotion of discipline and parsimony in resource allocation in the public health sector. These authors maintain that there should be a discipline and willingness to fairly allocate resources in the public health sector. In allocating such resources, the authors further indicate that priority has to be given to increasing cost-consciousness and selecting management tools and techniques which will economise on resources and promote greater efficiency in their use. Resource allocation is fundamental to strategic management (Maritan and Lee, 2017). This includes the allocation of financial, physical, technological, and human resources to support organisational strategies. The government has the responsibility to provide funds to the public health sector. In order to ensure that funds are used efficiently, the public health sector managers should be trained on budgeting and budget implementation with strong follow-up and M&E thereafter.

Hollister and Rae-Grant (1970) purport that one of the principles of parsimony includes providing care at the lowest cost possible and using the least intervention required to positively impact the organisational goals – in this instance, the South African public health sector. The authors further purport that pursuing the principles of parsimony requires achieving maximum benefit, from minimal investment. In this regard, the public health sector should prioritise the allocation of their limited resources accordingly, to achieve the principles of the NPM, such as the expansion of employee

development possibilities. Vienažindienė and Čiarnienė (2007: 8) concur that the main change trends of the HR system management in the public sector should focus on the expansion of employee development possibilities.

The public health sector should therefore promote discipline, while on the other hand being parsimonious with its resource allocation for various programmes. In so doing, the skills development and training programme should be part of the priorities in order to comply with the NPM aims. According to Hope (2001:10), the key elements of the NPM reform of the human resources in organisations have been centred around productivity enhancement, capacity-building as well as training to make management more effective. When the organisation has the appropriately trained human resources, it is easier to work effectively without waste of resources. Resultantly, the human resources can make it possible for the organisation to achieve its goals of rendering quality healthcare services to the public – in this instance, the public health sector. In support of this principle, Hollister and Rae-Grant (1970) indicate that the public health sector should be able to work effectively without wasting resources, while achieving the sector's duty of care by delivering on its mandate, without dissipating time and energy.

However, in the face of overwhelming public healthcare service obligations and scarce resources with employees mostly not having relevant skills (DPSA, 2022; Munzhedzi, 2017), it becomes a challenge to effectively work and achieve the NPM objectives and organisational goals. Based on the views of Hollister and Rae-Grant (1970), the quality of the state organisations depends on the knowledge and training interventions of the employees as well as their ability and skills to use them. As such, there could be a high possibility of motivation of good results and competitiveness. In essence, the lack of requisite skills and capacity renders most public health sectors vulnerable to unachieved public healthcare objectives due to poor public healthcare service delivery to the clients (patients). Likewise, monitoring and evaluation systems must be enhanced to ensure that both clients and public healthcare professionals are involved in the general planning as well as the financial planning (budgeting). Such involvement and consultation must not only be done for purposes of compliance based on the regulatory framework, but to ensure that inclusive decisions are taken by all stakeholders in the public health sector (DoH, 2018). In such instances, monitoring

and evaluation is indispensable to pinpoint any possible deviations regarding compliance.

In light of the above, there is a need to allocate sufficient resources for the training and skills development of employees in order for them to receive proper training and do a proper job. Employees often become motivated and more confident in the performance of their duties when they are well trained, as they understand their work better (Choi et al., 2020; Elnaga and Imran, 2014; Saleem et al., 2011). Training increases employees' morale; hence, they will like their work and be eager to take on higher-level responsibilities. According to Thu et al. (2015), when employees are demotivated at a workplace such as a public health sector setting, it affects both their performance and their attitude towards patients.

2.6 *Batho Pele* – interaction of civil servants with citizens

The White Paper on Transforming Public Service Delivery of 1997 (RSA, 1997) contains the principles of *Batho Pele* – a Sesotho expression meaning 'people first'. This White Paper provides guidelines and directives governing the provision of public services to the public. *Batho Pele* specifically refers to the centralisation of the needs of citizens when civil servants interact with those dependent on their service delivery. It is premised on managerialism (where the managers are left to manage without the interference of politicians. This is the ideal; however, this is not necessarily how it happens in practice. Nonetheless, it comprises of different principles that refer to how public services will be delivered or principles that will facilitate service delivery with a view to be more economical, but at the same time effective. *Batho Pele* is only one aspect or approach within the context of NPM towards improving public service delivery.

The *Batho Pele* document seeks to introduce a fresh approach to service delivery, an approach that will put pressure on systems, procedures, attitudes and behavior within the public service and re-orientate service delivery in the customers' favour. Since *Batho Pele* implies putting people first, there is a necessity for training intervention in order to satisfy people's needs (Fernandez, 2020).

The *Batho Pele* principles (consulting users of services, setting service standards, increasing access, ensuring courtesy, providing more and better information,

increasing openness and transparency, remedying mistakes and failures, and getting the best possible value for money) influence the training needs of employees in the public service. According to the Department of Public Service and Administration (DPSA, 2020), in order for employees to apply these principles, they require to be well trained. They will thus be more likely to achieve the objectives of the NPM for greater service through client orientation in order to promote competition in the public health service.

In order to implement the principles of *Batho Pele* successfully in the public health sector, public service managers require new management tools (Venter, 2018). Although the public service in South Africa is generally still quite a long way from implementing the tools and principles of both *Batho Pele* and the NPM, the *Batho Pele* document is considered to be an overarching guiding framework within the context of the NPM. *Batho Pele* focuses on placing the citizens at the centre of everything that the public service does and how it does what it does. Therefore, whether a decision is made to outsource or enter into a partnership with a private company, the bottom line has to be improved and economical service delivery.

This means that there is a relationship between *Batho Pele* and the NPM. The unfortunate part is that the implementation stage is still a challenge, in particular to implement both *Batho Pele* and NPM principles which are somehow overlapping, for improved performance. In spite of having the regulatory frameworks in place, public servants are not properly trained, which results in the lack of knowledge of their rights, such as training. Munzhedzi (2019) points out that this lack of understanding hinders the effective implementation of performance management systems, hence the poor quality of service delivery.

The fact that the NPM places an emphasis on performance management and the 'triple Es' – efficiency, effectiveness and economy (Alonso, 2013; Deva, 1985; Fatemi and Behmanesh, 2012; Manzoor, 2014; Mihai, 2010) – it implies that the theory also promotes the *Batho Pele* principles in the public health service. In general terms, the NPM purports that people should be trained to render quality services to the public, guided by the *Batho Pele* principles which comply with the NPM principles. In order for the *Batho Pele* White Paper to work optimally or achieve its goals and objectives, citizens must be knowledgeable, since *Batho Pele* (upon consideration) is really about

citizens challenging their right to access basic services. The NPM in general, and the *Batho Pele* principles in particular, focus on ensuring performance and output control. For instance, the NPM principles holistically seek to find alternative ways for delivering effective and efficient public services, focusing on reducing costs to the state.

Batho Pele is an approach that emerged from the theory of NPM, with its focus on improving public sector efficiency and effectiveness. Furthermore, this approach focuses on putting the citizens first – or citizen as customer – and highlights the need for investing in training and skills development in this regard. Therefore, if the *Batho Pele* principles – including other issues such as staffing by merit and state of the art infrastructure – are properly implemented, the public health service may improve on its overall service delivery. Repici et al. (2020: 193) state that it is imperative to implement and maintain the principles for improvement in the public service. In order to correctly implement and maintain those principles, skills development and training should be used as an actionable solution for improved performance as well as quality service delivery. Although there are good policies for training and development in place in South Africa – such as the Skills Development Act 97 of 1998 (RSA, 1998a) – the implementation of these policies remains a challenge, which ultimately also hinders the implementation process of both the NPM and the *Batho Pele* principles (Department of Employment and Labour, 2020; DoH, 2018; DHET, 2016; Munzhedzi, 2017).

Narrowing the NPM theory from the global perspective to the South African context, the *Batho Pele* principles – as the NPM component or legislation – are correspondingly aligned to the Constitution of the Republic of South Africa, Act 108 of 1994 (RSA, 1996). The *Batho Pele* principles follow from Chapter 10 of the RSA Constitution where reference is made to a public service with a high standard of professional ethics. These principles mean that citizens should be aware of the quality of the service they are entitled to, while in this regard, public servants are expected to be polite, open and transparent when delivering good services. According to Chapter 10 of the RSA Constitution (RSA, 1996), and the Department of Public Service and Administration (DPSA, 1995), public servants must be guided by and follow the *Batho Pele* principles which require them to be polite, open and transparent and to deliver good services to the public, which can be effectively done by skilled officials. Mpofu (2015) stipulates

that training and development are tools for improving public service delivery. The government must train and develop its employees in order to satisfy the public through quality service delivery. These principles imply a better life for all South Africans, by putting people first.

The delivery of quality healthcare in South Africa is framed by both the National Patients' Rights Charter and the principles of *Batho Pele,* which emphasise patient-centred care (Jardien-Baboo et al., 2019). Their intentions are similar to those of the NPM, for public officials to render improved public services in an efficient, effective and economic manner. However, underfunding, mismanagement and neglect of the South African public infrastructure result in the implementation of these policy documents often not being evident in practice (Jardien-Baboo et al., 2019). It is therefore imperative that the public health sector finds the means to prioritise training and skills development, to effectively implement the outlined policy documents. Both training and skills development are crucially needed in the public health sector, to make the implementation of policies and guidelines a success. It remains a daydream to have a vision of rendering quality healthcare services while the workforce is untrained and unskilled.

The *Batho Pele* White Paper (as it is commonly referred to) is based on eight service delivery principles, which are discussed in detail below.

2.6.1 Principle 1: Value for money

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

Services should be cost effective and delivered within departmental resource allocations while procedures should be simplified and eliminate waste and inefficiency (RSA, 1997). Based on this principle, the public health sector's managers and professionals in their units are encouraged to plan, organise, and control all their resources in such a way that cost effective patient care can be rendered.

The Department of Public Service and Administration (RSA, 1997) aims at treating citizens as customers, which implies listening to their views and taking them into consideration. However, it is currently more than 26 years into democracy in South

Africa, yet little has been done in terms of quality public healthcare service delivery (Munzhedzi, 2019). According to Burger (2011), in order to pursue value for money, governments are increasingly using public-private partnerships (PPPs). It requires additional resources that should be spent in an effective, efficient and economical manner to improve public healthcare service delivery. Karatzas et al. (2020) stipulate that the effect of training on service delivery needs to be improved. It is therefore important that the public health sector must design a training programme that can effectively and efficiently support employee performance and quality service delivery.

2.6.2 Principle 2: Service standards

Citizens should be told what level and quality of public services they will receive, so that they are aware of what to expect.

This principle of *Batho Pele* reinforces the need for benchmarks to constantly measure the extent to which citizens are satisfied with the service or products they receive from government departments. To this end, it is paramount to train staff and ensure that employees are well skilled. Vaezazizi and Douville (2020), Wear (2020), and Bandy (2011) purport that no improvement process works if people lack the ability, the authority, the training or the skills development. Without the requisite training and skills development in the public health sector, it may not be easy to improve the standard of healthcare service delivery. The public health sector should take full responsibility for the effective implementation of regular training, to enhance staff competency. Where applicable, assistance should be sought from partnerships. In this regard, the *Batho Pele* framework may play a critical role in the development of service delivery improvement plans, to ensure quality healthcare service delivery and a better life for all. According to Ncube (2001: 16), the development of service standards should also involve citizens, who are regarded as customers of the state.

Hamdok and Kifle (2000: 88) maintain that standards that are precise and measurable are required so that users can judge for themselves whether or not they are receiving what was promised and to achieve the goal of making South Africa globally competitive. The public health sector should thus publish the specific and measurable standards for the quality of healthcare services. Similarly, health services standards pertaining to the functioning of the ward needs to be displayed on the wall in the units

as well so that they can be visible to patients and their families or loved ones. For example, the shift rosters for the professionals, schedules for serving patients with meals, health care professionals tea and lunch breaks as well as visiting times. While the clients of such public health sector should be able to judge whether the promised services were received or not, however it is also important to argue that service standards cannot be reached without resources.

Standards should be benchmarked (where applicable) against those used internationally, taking into account South Africa's current level of development. Despite the fact that some public health sectors have not met their healthcare service delivery standards yet, there is hope that if things are done accordingly, most people can have access to services to which they are entitled.

2.6.3 Principle 3: Access

All citizens should have equal access to the services to which they are entitled.

This principle of *Batho Pele* posits that all citizens should have equal access to the services to which they are entitled (Schacter, 2002: 19). This service delivery principle includes access of healthcare services to patients especially those who were previously disadvantaged (RSA, 1997: 18). While the *Batho Pele* principles are unique to the South African public sector, the literature suggests that the principle of equal access to public services has global relevance. For example, a study conducted in Brazil by Martins et al. (2020), records the plight of families in their struggles to access medication, treatment and surgical procedures. It is evident that access to social and health services should be prioritised, with greater investment of resources, to avoid hindering patients from gaining access to adequate care.

One of the prime aims of *Batho Pele*, is to provide a framework for making decisions about delivering public services to South Africans. *Batho Pele* also aims to rectify the inequalities in the distribution of existing services (Cockcroft, 2002: 9). Access to information and services empowers citizens and creates value for money, and quality services, hence reducing unnecessary expenditure (Hondeghem, 1998: 28).

2.6.4 Principle 4: Consultation

Citizens should be consulted about the level and quality of public services they receive and, wherever possible, should be given a choice about the services that are offered.

In order to deliver quality service to customers – patients, in the case of the public health sector – training and skills development should not be overlooked. Training and skills development help organisations attain success by ensuring that employees provide consistent customer service that translate into satisfied customers and return business (Noe and Kodwani, 2018). Citizens expect knowledgeable employees who should consult them about the level and quality of services they receive.

There are many ways to consult users of services, including conducting customer surveys; interviewing individual users; consulting stakeholder groups; and holding meetings with consumer representative bodies, non-governmental organisations (NGOs) and community-based organisations (CBOs). Often, more than one method of consultation will be necessary in order to ensure comprehensiveness and representativeness (Henriques, 2001: 24). With that being said, the public health sector is therefore required to have proper rooms for private consultation and/ or conversation with its patients. Currently, the public health sector lacks consultation rooms to have a private conversation with professionals (Khoza and Du Toit, 2011:15).

2.6.5 Principle 5: Courtesy

Citizens should be treated with courtesy and consideration.

Anleu et al. (2020) agree that citizens should be treated with courtesy and patience. In the case of the public health sector, patients are to be treated as individuals, with fairness, in an unhurried manner, with empathy and understanding including consideration and respect. As courtesy/human dignity is underscored in the Bill of Rights, Khoza et al (2010: 64) concur by putting an emphasis on the fact that discourtesy should not be tolerated. Patients' rights should not be violated especially by public health professionals who are supposed to be trusted to save lives (Khoza et al, 2010: 64).

This principle is aligned to one of the standards of professional ethics contained in Chapter 10 of the RSA Constitution (RSA, 1996). Public healthcare sector employees should be trained on how to engage with their customers, such as in the private healthcare sector. This goes beyond a polite smile, or saying 'please' and 'thank you'. It requires service providers to empathise with the citizens and treat them with the same consideration and respect, as they would like for themselves (Owen et al., 2001: 38). Examples of polite and respectful engagement with patients, include: “Thank you for honouring your hospital medication bill”; “You are welcome”; and “Please feel free to suggest any ideas on how we can continue to improve our services”.

The public health service should commit to continuous, honest and transparent communication with its customers. This involves communication of services, products, information and problems, which may hamper or delay the efficient delivery of services to promised standards. If applied properly, the principle will help demystify the negative perceptions that the citizens in general have about the attitude of the public servants (Cockcroft, 2002: 63). In the public health sector, some studies report that many healthcare professionals have negative attitudes towards their patients (Tsoi et al., 2021).

2.6.6 Principle 6: Information

Citizens should be given full, accurate information about the public services they are entitled to receive.

The principle of information refers to the provision of information which aims to empower patients to understand the health services that they are entitled to receive, their illness, diagnosis, and treatment. In this case, the public health sector’s professionals should be able to determine what patients need to know and therefore decide on the best way to provide the information in an understandable language (RSA, 1997). The Department of Health (DoH, 2021) has a policy on quality in healthcare for South Africa which states that patients who are well informed are able to participate in the treatment decisions and are more likely to comply with their treatment plans. Likewise, the primary documents to inform patients about the obligation of healthcare professionals and the rights of patients must be clearly displayed and noticeable (DoH, 2021).

This *Batho Pele* principle requires that all information about the services offered, should be available at the point of delivery. In this regard, Rezende et al. (2020) maintain that offering full information and efficient public services is a crucial requirement, as it concerns citizens' quality of life. It has therefore become vital for government departments to plan properly and invest in training. Furthermore, for service users who are far from the point of delivery, other arrangements should be in place. In line with the definition of a customer in this document, managers and employees should regularly seek to make information about the organisation, and all other service delivery-related matters, available to fellow staff members and customers (Hamdok and Kifle, 2000: 46).

2.6.7 Principle 7: Openness and transparency

Citizens should be told how national and provincial departments are run, how much they cost, and who is in charge.

This principle of *Batho Pele* indicates that a key aspect of openness and transparency is that the public should know more about the way national, provincial and local government institutions operate, how well they utilise the resources they consume, and who is in charge. It is therefore important to train and develop employees so that they can have the relevant skills when they help customers. Bertot et al. (2010) encourage government departments to work harder, to increase openness and transparency in their actions. It is evident that governments have the tendency of formulating policies and frameworks without making an effort to properly implement them (Mancini et al., 2020). This is exemplified by conditions in many African countries. Mancini et al. (2020) emphasise that it is necessary to put more efforts towards openness and transparency. Employees should be well trained and developed, to be confident in their positions while practicing openness and transparency towards their customers in the public health sector. To this end, it could be expected that the public would exercise their rights of citizenship by demanding or requesting relevant information, in order to acquire the knowledge of what is going on in the relevant government sectors. Additionally, the public should make suggestions for improvement of service delivery mechanisms, to the extent of holding government employees accountable and responsible by raising queries with them (Charlton and Andras, 2002: 33). In the public health sector, professionals and administrative staff

are not supposed to be offended when patients are seeking clarity, for example on issues relating to their health. The public healthcare professionals should be open to patients and allow patients to ask questions for clarification purposes so as they are sure of what and what not to involve themselves into. Transparency and openness are basic scientific values that lie at the heart of practices that accelerate discovery and broaden access to scientific knowledge (Gennetian et al., 2020).

2.6.8 Principle 8: Redress

If the promised standard of service is not delivered, citizens should be offered an apology, a full explanation and a speedy and effective remedy; and when the complaints are made, citizens should receive a sympathetic, positive response.

Based on published reports on the attitudes of healthcare professionals, the public health sector should consider training its employees on how to work with patients as their customers (Ghodse et al., 1986; Kerst et al., 2020). A full professional explanation and a speedy and effective remedy are thus necessary. The principle of redress requires an effective approach to handling complaints which should be viewed as opportunities to identify and address problems and improve service delivery. This means that complaints should be addressed without delay, must be investigated fully and impartially so, and must be treated confidentially to protect the complainant. The hospital must have a strategy for providing feedback about complaints that will serve as training opportunities for health care providers. All staff must know the procedure for handling complaints (RSA, 1997:21).

This principle emphasises the need to identify quickly and accurately when services are falling below the promised standard and to have procedures in place to remedy the situation. This should be done at the individual transactional level with the public, as well as at the organisational level, in relation to the entire service delivery programme (Schacter, 2002: 28). Public servants should be encouraged to welcome complaints as an opportunity to improve service, and to deal with complaints so that weaknesses can be remedied quickly for the good of the citizens (Henriques, 2001: 63). By these actions, they will be putting citizens first as customers, as stipulated in the NPM framework. The South African public healthcare sector has adopted most of the principles underpinning the NPM.

2.7 Chapter summary

This chapter focused on the theoretical context and the relevance of the NPM within the public sector, and more specifically the public healthcare sector. The NPM falls within the PAR umbrella of theories, strategies and approaches towards the improved functioning of public sector organisations. The NPM is mostly oriented towards finding alternative ways and employing alternative strategies that optimally contribute to how public servants are managed, perform their roles and functions, and whether resources are used in an effective, efficient and economical manner. However, in order for NPM principles such as performance management, output control, culture of competition and rendering quality health services to be effectively achieved, public servants in general must be properly trained and developed. The NPM theory promotes the principle of competent management and subordinates to improve performance and render quality services to the public, which can be done by a trained, skilled and competent workforce. The next chapter presents the legislative and regulatory frameworks governing employee training and skills development in the South African public healthcare sector.

CHAPTER THREE

LEGISLATIVE AND REGULATORY FRAMEWORK UNDERPINNING EMPLOYEE TRAINING AND SKILLS DEVELOPMENT

3.1 Introduction

As indicated earlier, training and skills development were not prioritised by the apartheid government. Only the white minority population group was afforded opportunities for training, skills development and growth, especially within the public sector. However, under the democratic dispensation, the South African government has made concerted efforts to drive transformation, in particular to address the challenges related to the lack of skills and capacity across sectors. Transforming the outmoded and inappropriate human resource practices, is a catalyst in making efforts to create capacitated and skilled public service human resources (RSA, 1997: 6). In this regard, a review of the regulatory frameworks is indicative of these efforts towards a culture of on-going training and development. The regulatory frameworks provide for the introduction of programmes and strategies that educate, train and develop public servants to be more responsive to the needs of the South African people. Nonetheless, South Africa is still facing a crisis of shortage of skills, specifically in the public healthcare sector (DoH, 2017). Challenges confronting the implementation of training and skills development strategies will be the focus of chapters to follow. The focus of this chapter is to present and critically engage with the training and development frameworks that have been introduced since the dawn of democracy in 1994. The chapter is organised into two parts. First, it presents a general overview of laws, regulations and policies towards a culture of training and development. Second, it discusses more specific frameworks directed at addressing the problems of lack of capacity and skills in the public healthcare sector.

3.2 South African legislative and regulatory frameworks on public service training and skills development

It is evident from the extent and detail of the regulatory frameworks that employee training and skills development are underpinned by several legislative and regulatory frameworks. There are various Acts and statutory guidelines which guide the

development and implementation of training and skills development in the public health sector. Scholars such as Erasmus et el. (2005: 270) agree that there are numerous legislative guidelines and White Papers that underpin training and skills development in the public health sector. In this regard, this chapter explores a selection of the various legislative and regulatory frameworks which support employee training and skills development in the public health sector. The legislative and regulatory frameworks as well as their roles in skills development and training are discussed in the subsequent sections below.

3.2.1 Constitution of the Republic of South Africa of 1996

The 1996 Constitution is one of the founding legal prescripts in South Africa from which training and skills development emanated. The obligation imposed by this supreme law of the land must always be fulfilled. According to Kundmueller (2019: 3), obligations set by a supreme law should be in fulfilment of responsibilities to client, to society and to self as a public servant or employee. The view of Kundmueller underscores the requirements set for public servants in terms of section 195 of the 1996 constitution. Amongst others, these requirements indicate that there should be effective human resource management and career development practices to maximise human potential. In order to have both effective human resource management and career development practices that maximise human potential, human resources require to be cultivated. In support of the above, Sowa (2020: 333) indicates that leadership and management in public sectors such as public health sectors need to cultivate human resource, to maximise effectiveness and prevent unforeseen problems. As such, the triple Es – efficient, economic and effective use of resources – must be promoted.

In light of the above, section 195 (1) of the Constitution of the Republic of South Africa (RSA, 1996) serves as a reference point guiding the conduct of public servants, including skills development and training. Based on principles that optimally guide public service delivery outlined in section 195 (1), the aim should be to develop the skills of employees. Williams (2020: 3) points out that public servants need to be educated for the future. Mengan and Lawrence-Pietroni (2019) agree that nurturing future public servants in their future roles is not just a case of developing new knowledge or skills but rather enabling them to apply their current skill sets with a more

sophisticated level of consciousness. It is therefore crucial, according to section 195 (1) of the constitution, that while the skills of public servants are developed, the needs of the people are satisfied in compliance with the constitutional obligations. The South African constitution is thus an umbrella paradigm of all legislation and policy provisions.

3.2.2 Public Service Regulations (PSRs) of 2016 as amended

The Public Service Regulations (RSA, 2016) as amended from the one of 2001, focuses on areas of employment matters for effective public service delivery to the society. Part VIII of Chapter 1 of the Public Service Regulations of 2016 (RSA, 2016) provides that the Executive Authority should determine, in consultation with their department, a system that links individual performance to institutional goals. In a case of the public health sector, this involves a skills development and training system that is aligned with the needs of employees and the healthcare services sector. The views of Hollingsworth (2000: 3) and Baum and Singh (1994: 8) complement each other in a manner that places an emphasis on the importance of training methods that are both interactive and technical in nature. While the focus areas of the PSRs of 2016 involve training – albeit without any specific methods identified – Hollingsworth (2000: 3) emphasises the importance of a computerised system with an accompanying method of computer-based training. Similarly, Baum and Singh (1994: 8) purport that the inclusion of technology should be taken into consideration during both the planning and implementation of training systems. In the case of the healthcare service sector, software to augment what healthcare professionals do, is fundamental to efficiencies and effectiveness of the sector. The public healthcare sector should therefore strive to use various interventions and methods of training systems to improve the performance of its employees. Additionally, the public health sector is required to support the efficient management of employee development, training and performance management, to attain staff performance based on achieving the sector's desired competency.

The above discussion highlights the importance of skills development and training of employees, as articulated by authors such as Baum and Singh (1994), Bunney (2019), Davids and Esau (2012), Hollingsworth (2000), Munzhedzi and Phago (2014), and Suhodo et al. (2020). These scholars argue that comprehensive training programmes

can improve the quality of employees' service delivery. However, in order to deliver quality performance, particularly in the public health sector, such skills development and training programmes necessitate effective implementation. It is evident that quality performance that results in quality public healthcare service delivery can occur with an established, effective implementation process of skills development and training. Delaney and Huselid (1996: 949) recommend that skills development and training programmes should be conducted with existing employees after the recruitment and selection process. In addition, Farina et al. (2020: 18) maintain that newly hired candidates ought to be provided with more extensive and relevant training sessions to enhance the quality of their performance. The views of Farina et al. (2020) and Delaney and Huselid (1996) are in accord with the PSRs (RSA, 2016), to manage performance through skills development and training interventions.

The PSRs of 2016 further stipulate that an Executive Authority shall determine the system of performance management and skills development for employees in the department. Both the PSRs of 2016 and those of 2001 necessitate employees of all categories to be trained and developed. In the case of this study, skills development and training programmes should be effectively implemented for public healthcare professionals such as medical doctors, professional nurses, staff nurses and assistant nurses, without overlooking administrative staff, whose responsibilities are related to HR aspects. After the implementation of the skills development and training process, the Executive Authority expects employees to improve their performance through rendering good public and healthcare services (Bunney, 2019: 323).

According to the PSRs (RSA, 2016), the Executive Authority in every department is expected to establish an appropriate performance assessment instrument for different occupational categories or levels in order to assist the management to decide on probation, rewards, promotion and skills development as well as the training of employees as a continuous process. Unsatisfactory performance must be managed well, as required by the PSRs of 2016 (RSA, 2016). The effective management of unsatisfactory performance should therefore be done by means of developing plans to improve employees' performance. According to Suhodo et al. (2020: 26), these plans to increase employee performance should be developed through training.

Rudman (2020) concurs that employees should be helped to develop their skills and talents, while a concurrent year-round cycle of planning, monitoring, rewarding and development takes place. As a result, both employees and the public health sector could benefit from the improved performance. Overall, skills development, training and performance management play a pivotal role, not only in public administration, but in any workplace (Munzhedzi, 2017: 6). However, the effective implementation of systems and programmes such as skills development, training and performance management with rewards for outstanding performance, requires financial resources. The PSRs of 2016 indicate that departments should make provision for training budgets for employee training. In particular, departments such as Department of Health are authorised to provide financial assistance to employees and prospective employees, as stated in regulation 77 of the 2016 PSRs (RSA, 2016).

3.2.3 Public Finance Management Act of 1999

The Public Finance Management Act (PFMA) No 1 of 1999 (RSA,1999a) takes careful consideration of the human resources development (HRD) and training policy framework provisions, particularly regarding the spending of the allocated budget. The PFMA of 1999 is therefore regarded as a compliance strategy that serves to modernise financial management in the South African public service (Madue, 2007: 306). This implies that the public health sector should be guided while complying with the PFMA of 1999 on how funds appropriated by government should be spent by stakeholders in the public sector. This compliance will in turn support the processes of public administration which are focused on achieving sustainable development and high-level public services. However, compliance with the PFMA remains a challenge (DoH, 2019a; Madue, 2007). The DoH (2019b) in particular states that it is facing a challenge to prioritise skills development and training programmes of employees, regardless of the shortage of skills it is facing due to lack of finances. Furthermore, the department raised its concern that although it may have plans to implement skills development and training programmes, the funds allocated for such programmes end up being diverted to other activities, rather than those planned for. Moreover, the department voiced its concern about struggling to render quality healthcare services, which leads to service delivery failure to the public, as a result of the lack of resources.

Ambe and Badenhorst-Weiss (2012: 11012), the DoH (2019b), and Munzhedzi (2017) all raise concerns that these challenges stem from, amongst others, non-compliance with the government regulations, such as PFMA policies; fraud and corruption; and lack of proper knowledge and skills. It is evident that failure to address these challenges sooner rather than later may lead to dramatic consequences in the public health sector. At a medico-legal summit in Pretoria in March 2015, the former Minister of Health, Dr Aaron Motsoaledi described the challenges and claims within the public health sector as reaching crisis stages. Interestingly, Behrens et al. (2020: 3), Hlayisi (2020: 2), Maphumulo and Bhengu (2019: 46), and Ozili (2020: 39) observe that both international and local public health sectors are facing a crisis of skilled and qualified human resources. However, Barron and Padarath (2017: 4) point out that health problems, particularly in South Africa, are worsened by the unequal distribution of resources among the provinces, coupled with the inappropriate use of public funds that result in either the shortage or lack of resources in various government departments.

The PFMA regulates financial management in the public entities, in national and provincial departments, including, for purposes of this study, the Department of Health. Therefore, this Act ensures that assets, revenue, and expenditures are managed effectively and efficiently. Read and Kleiner (1996) contend that as much as training is important and necessary, it is also costly. This implies that human resource development and training require sufficient resources. The public health sector should invest in training of its employees while ensuring that the management and implementation are effectively done. Chege (2019) recommends that there should be financing options for training since it requires sufficient finance in order to be effectively conducted. In another view, Ondieki (2017) emphasises the urgent need for prioritising training in the public health sector. This can be done through compliance with the PFMA, which could lead to the effective, efficient, and economic use of resources in public healthcare service delivery, provided that there are sufficient finances to invest in human resource development.

In terms of section 38 (1) (b) of the Public Finance Management Act (RSA, 1999a), the accounting officer is responsible for the effective, efficient and economic use of public resources. Accordingly, this Act stipulates that training, which goes hand-in-

hand with performance measurements, should receive special attention in the public health service. Accounting officers, through their chief financial officers, have the primary responsibility of implementing performance and training measures. In this regard, comparisons between financial targets and results need to be done on a regular basis (Archibald and Murray, 1994: 131). This can help to improve matters during the allocation of finances for various programmes, such as skills development.

3.2.4 Skills Development Act of 1998

The Skills Development Act (SDA) No 97 of 1998 (RSA, 1998a) has been promulgated to address aspects such as improving the skills of the workforce in South Africa, improving the working life for workers and improving productivity in the workplace. This Act also aims to encourage learning in the workplace so that employees get opportunities to acquire skills and experience related to their jobs. In other words, the SDA is constituted to provide an institutional framework to devise and implement national, sector and workplace strategies to develop and improve the skills of the South African workforce (Hauki and Engdahl, 2001: 62). According to section 2 (1) of the Skills Development Act (RSA, 1998a), emphasis should be placed on employee development for the good and effective performance of employees in the institution. Ludwig-Mayerhofer et al. (2019) and Maila (2006: 26) posit that there is a need for the provision of training in the skills that employees lack in terms of their personal development plan and competency profile. In this regard, the skills audit is necessary to determine the gaps between the job requirement and competencies of a particular employee for development purposes.

This Act makes provision for the development of a Workplace Skills Plan by the employer. According to Coetzee (2002: 95), Workplace Skills Plans refer to the strategic human resource training and development aimed at developing skills capacity which then helps the institution to achieve its own goals and objectives. Of particular importance, is that section 30 of the Skills Development Act (RSA, 1998a) prescribes that all public services, such as the public health service institutions, are mandated to budget at least 1% of their payroll for training and development of employees. The training and development of public health services employees are done with the aim of enhancing their skills, performance and productivity. Mpofu (2015) also regards training and development as a tool to enhance productivity,

competitiveness in the workplace and for improving service delivery. Improvement of the delivery of social services has been stated as one of the purposes of the Act, which can be realised through the development of the skills of the South African workforce as provided for in section 2 (1) (iv) of the Skills Development Act (RSA, 1998a). An implementation of the Act followed by monitoring and evaluation in the public health sector assist in the improvement of performance of employees and hence, better healthcare service delivery to the society.

In order to ensure the quality of learning and healthcare service delivery, the SDA has been aligned with the South African Qualifications Authority Act No 58 of 1995 (Nel et al., 2008: 432). The SDA gives effect to the South African Qualifications Authority (SAQA) and the National Qualifications Framework (NQF) process in the employment sector. The South African workforce skills need to be developed in order to improve the quality of life of workers, to improve productivity in the workplace, to sharpen the competitiveness of employees, and to improve the delivery of social services. Significantly, the SDA intends to ensure the quality of education and training in and for the workforce, which will then presumably result in quality public health service delivery.

It is therefore significant that employers should make it a point that they recruit and select candidates who possess the necessary skills, experience and abilities, to the different job areas. If this is applied in the public health sector, such candidates may be able to confront challenges associated with public healthcare service delivery. Training and experience are both important in the public health service. Furthermore, Esau (2006) indicates that it is imperative that the employer invests substantially in continuous training, education and development of employees, while Daniels (2007: 3) posits that training and skills development must be effectively facilitated and guided by policy documents.

This Act enshrines the establishment of the National Skills Authority, whose functions include, the development of national skills development policy, strategy, strategic framework, regulation as well as guidance on the implementation of the national skills development strategy. Moreover, it also sets out the establishment of Sector Education and Training Authorities (SETA), whose purpose includes the education and training of both employers and employees.

In summary, the main purposes of this Act are as follows:

- to ensure that organisations invest in their human resources by providing them with training and skills development;
- to inspire employees to use the workplace as a place for learning and acquiring skills;
- to give employees an opportunity to learn new skills and knowledge; and
- to allow new employees who enter the field of work to gain the experience of the work they are doing (RSA, 1998a).

The implications of the above legislation for managers are that the human resource strategy of their organisations, in particular the education and training strategy, needs to be aligned. Although scholarly debates by Mello (2015) and Munzhedzi (2011) reveal that there is no alignment between the skills audit and training provided to public servants, Nel et al. (2008: 553) emphasise that there must always be an alignment between human resources practices and objectives of the business. Nel et al. (2008) further maintain that human resources practices may be successful if they are aligned with the strategic objective of the business, make business sense and are focused on business operations. In this regard, Yong et al. (2020) are in agreement with Nel et al. (2008). Based on the above views, it is crucial for employers to effectively participate in the institution and make it a point that there is an alignment between human resources practices and institutional goals. As such, that may play a crucial role in the attainment of the institutional objectives. Management in the healthcare sector should focus on education and training initiatives in order to improve employee performance. In so doing, they should also conduct a needs analysis of their sector to uplift the skills base of their employees. It is therefore imperative that managers should make resources available to support training and skills development for employees.

3.2.5 Skills Development Levies Act of 1999

This Act regulates a compulsory levy scheme to fund education and training in businesses within various sectors in South Africa (RSA, 1999b). In particular, the responsibility for education and training under this Skills Development Levies Act (SDLA) is divided between the Department of Education and the Department of Labour

(Ward and Rosenberg, 2019). However, according to both the Department of Health (2019) and Department of Labour (2019), the resources allocated for training are limited as compared to those allocated for education. This results in a shortage of training and skills in the public service, particularly in the public health sector where there is a demand for supply. It is therefore significant that training should be prioritised, especially in terms of resource allocation. Training requires enough resources in order to be effectively managed until the implementation process, to achieve the departmental vision and goals. There is no need to have a higher number of employees in the workplace without proper skills; hence, training must be a continuous process. Studies by Somu et al. (2020: 44) as well as Elnaga and Imran (2013) point out that without training, employees do not have a firm grasp on their responsibilities. This is because training is a necessity that enables people to acquire the required knowledge to develop the skill sets for their positions. According to Swidler (2010), nobody knows everything about anything. Since no one knows all, it is therefore essential that training programmes are properly planned and undertaken to address the skills gaps to ensure improved performance. On the other hand, Värri et al. (2019) emphasise that the skills shortage in the public health sector needs to be addressed, particularly at the planning level. While the public healthcare service has to urgently address the challenge of skills shortage at the planning level, it also has to be strategic on both short- and long-term actionable solutions. Strategic plans should be in place in order to make efforts to strengthen public health system performance and to enhance healthcare service delivery through a skilled workforce.

The intention of the SDLA (RSA, 1999b) is to encourage a planned and structured approach to learning, as well as to expand the knowledge and competencies of the labour force and in doing so, increase the supply of skilled labour in South Africa, providing for greater productivity (RSA, 1999b). Fundamentally, the levy grant scheme, legislated through the SDLA, serves to fund the skills development initiative in the country. This Act provides for a system whereby all employers who are not exempted must pay monthly skills development levies that are determined as a percentage of the employer's total monthly payroll (called a leviable amount). The collection of the levies is administered by the South African Revenue Service (SARS).

Employers who provide training to employees can then apply to receive grants to address skills gaps in terms of the SDLA (Erasmus and Schenck 2008: 100).

3.2.6 White Paper on Public Service Training and Education of 1998

The main principle of the White Paper on Public Service Training and Education of 1998 (RSA, 1998b) is to establish a clear vision and policy framework which could serve as a guide to the introduction of new policies, procedures and legislation aimed at transforming public services training and education. In this regard, scholars such as Butler (1986: 26), Dally et al. (2020: 1), Hope et al. (1995: 658), and Van der Merwe and Albertyn (2010: 24) indicate that training goes hand-in-hand with transformation. This implies that, through training, employees can be transformed from being semi-skilled to skilled. Training and education in the public service should be transformed into a dynamic, needs-based and pro-active instrument and should be capable of playing an integral part in the process of building a new public service for a new and democratic society in South Africa (RSA, 1998b: 13). Priyadarshini and Dave (2012) suggest that the training needs for particular competencies should be based on the importance given to each competency for a particular job or role which would lead to the achievement of organisational goals. To this end, organisations should include questions that deal with the who, when, where and what of training, during their planning processes (Amelina and Tarasenko, 2020: 2).

The anticipated outcome of this Public Service Training and Education White Paper (RSA, 1998b) is that training and education should:

- encapsulate the linking of transformation and human resource development in the public service;
- effectively organise and coordinate ways which should promote quality, accountability and cost-effectiveness;
- be based on broad participation and involvement by relevant stakeholders;
- promote the empowerment of previously disadvantaged groups;
- be demand-led;
- offer needs- and competency-based training and education; and
- add value to individual and institutional capacity.

The above anticipated outcomes could significantly help in transforming the public health service. While this White Paper concentrates on the provision of formal training and education in the public service, it also recognises other formal methods of training such as coaching, monitoring and job rotation. Harro-Loit and Ugur (2019) and Read and Kleiner (1996) emphasises that training methods must be as effective as possible when implemented.

The introduction of this White Paper aims to address a fragmented and uncoordinated approach in which training and education across public services are conducted. The DoH (2018) states that it is currently facing the challenge of a shortage of training coordinators due to lack of sufficient finances. In addition, Ncholo (2000) stipulates that the fragmented and uncoordinated approach to training and education in the public health sector results in low quality.

The inappropriate nature of training and education being provided could be the result of the lack of a strategic, needs- and competency-based approach to public health service training and education.

Furthermore, employees should not be required to perform responsibilities that exceed their current skill or knowledge level if they have not received training (Ivancevich et al., 2011: 209). The consequences to the employee may be under-performance, while the reputation of the employer and the sector may be dented. It is therefore important that the sector plans to implement developmental programmes in order for employees to improve their performance. Linking personal development plans and key performance areas has been stressed by the DPSA's performance management system framework. Training and education play a vital role in the improvement of performance and service delivery in any public service institution (Mestry, 2017). However, the effective result of training can only be satisfactory when such training is properly implemented with enough available resources.

3.2.7 White Paper on Human Resource Management in the Public Service of 1997

Before the introduction of the White Paper on Human Resource Management in the Public Service of 1997 (RSA, 1997), the South African public service was perceived to be discriminating in nature in terms of personnel management practices (Erasmus et al., 2005: 177). The conditions under which previously disadvantaged groups,

including blacks and women were appointed, promoted and worked were less favourable than those of white males. This also included the training and development of black and women employees. Mays et al. (1996) confirm similar factors that affect both employment status and presence of job stress in blacks and women. Several studies have identified the lack of advancement opportunities as a key constraint (see for example, Bowman, 1991; Bramwell, 1973; Brown and Ford, 1977; Fernandez, 1981; Fields and Freeman, 1972; Florence, 2020; Wallach, 1980). According to Florence (2020: 19), the public health sector has a lack of advancement opportunities, in particular those that result in development and growth. Likewise, Gupta and Tibando (2020) stipulate that the lack of challenging work and the under-utilisation of skills in human resources are also challenges. It is therefore important to find effective measures towards addressing the skills under-utilisation challenges. This can be achieved through the correct implementation of skills development and training programmes in an effort to close the skills gap. The public health sector, in particular, should note that the lack of both training and of human resource development is of serious concern that could potentially plunge healthcare services into a crisis.

The main reason for the introduction of the White Paper on Human Resource Management in the Public Service was to produce a diverse, competent and well managed workforce which is capable of and committed to delivering quality services to the people of South Africa (Florence, 2020; RSA, 1997: 2). This White Paper further stipulates that human resources should be effectively managed in a transformed public service. In the case of the public health sector, this ensures that the focus should be on the fair provisioning of training and development programmes for employees, to meet the departmental goals and objectives. Ensuring fairness and objectivity can be done through intervention by the immediate supervisor or the manager. For example, if an employee and the supervisor are not satisfied with the work performance, such an employee should be given a chance to be trained and developed.

The White Paper makes provision for certain principles regarding the performance in the public health service. Van der Walt (1999: 386) concurs with the principles in the White Paper. Training and development as key principles of a Performance Management System (PMS) are provided for by this White Paper and assist an

institution to identify the strengths and weaknesses of employees as well as other possible interventions that are necessary. The interventions refer to various training and development options that might be deemed necessary. It is crucial for the public health service to move towards ensuring that the principle of training and developing the workforce is prioritised as part of the performance management process (Pittman and Scully-Russ, 2016; RSA, 1997: 19).

The primary objective of performance management, as provided for by this White Paper, is to develop and recognise outstanding performance in the institution (Amelina and Tarasenko, 2020: 2). The White Paper provides guidelines that facilitate the development of human management practices to support an effective and efficient public service geared towards economic and social transformation. It is therefore crucial to note that transformation of the public health services should include the transformation of human resource practices, to attain effective results. For the public health service to be able to deliver on its operational and developmental goals, employees need to be effective and efficient in doing their work (Schuh et al., 2018). As a key driver of innovative employee behaviour, effective management and leadership foster the creation and implementation of new ideas by setting inspirational goals, fostering a climate of learning, and facilitating productive exchange among employees (Alfes et al., 2013; Basu and Green, 1997). It is therefore paramount that there should be a drive towards being efficient and effective in the workplace, which requires proper implementation of training and development programmes. Management and leadership should take into consideration the needs of both the public health sector and the employees, which includes investing in training and skills development. The White Paper further stipulates that management should establish and determine future training needs of employees and other strategies to develop employees (RSA, 1997: 20). Thus, steps to address those detected training needs should be taken to address the challenges timeously and thereby improve performance. According to this White Paper (RSA, 1997), the management of performance in the workplace serves the following purposes in the human resources arena:

- employees know what is expected of them;

- managers know whether the employees' performance is in line with the set objectives;
- poor performance is easily detected and corrected through training.

As shown above, several studies have demonstrated that the implementation of the above legislation in the public health sector would increase the levels of investment in human resources development, ensure good standards pertaining to the quality of training and development in the workplace, and improve the level of competency of employees in the workplace. If implemented correctly, this legislation would also increase the literacy levels of employees, improve the performance of employees, and prepare employees for new career paths.

3.2.8 Labour Relations Act of 1995

A performance management process must be legally sound to avoid unnecessary litigation (Amelina and Tarasenko, 2020: 2; Nel et al., 2008: 488). Schedule eight of the Labour Relations Act (LRA) of 1995 (RSA, 1995a) makes provision for dealing with the incapacities of employees and poor performance. Maila (2006: 26) is critical of the LRA, indicating that it makes it impossible to dismiss an employee solely because such an employee has not reached the set performance targets. The Act also makes provision for the management of poor performance by employees without opting for dismissal as a first option. Before any dismissal can be affected, lengthy and corrective measures, which include an investigation to establish the reasons for poor performance, have to be applied. Section 14 (4) of the Labour Relations Act indicates that an employee has the right to be heard and to be assisted by a union representative or a fellow employee during an enquiry or disciplinary hearing of any kind that may include under-performance (RSA, 1995a). In other words, dismissing an employee because of under-performance should be the last option after all improvement plans such as coaching, counselling and training have been exhausted. Van der Waldt (2004: 94) further states that the PMS should be developmental in nature, which allows for effective remedies for consistent inadequate performance. Outstanding performance should, however, be rewarded (Byars and Rue, 2006: 245; Dally et al., 2020: 1).

3.2.9 Public Service Act of 1994

Section 3 (5) (c) of the Public Service Act (PSA) of 1994 (RSA, 1994) clearly indicates that performance appraisal should be provided for in the public service. This proclamation further stipulates that the head of a particular public service institution shall be responsible for effective management and administration, which clearly includes the managing of employees' performance. The performance in the public service institutions, as stipulated by the 1994 PSA, shall be managed in a consultative, supportive, and non-discriminatory manner in order to enhance institutional effectiveness, efficiency and accountability. According to Florence (2020: 2) and Van der Waldt (2004: 4), public service institutions should minimise the administrative burden while maintaining transparency and administrative justice through complying with NPM principles, such as improved performance resulting from training. The proclamation outlines the responsibility of different parties in the process of training and performance management, including the executing authority (Ministers in national departments or Members of Executive Councils (MECs) in provincial departments), senior management and the supervisors.

3.2.10 National Skills Development Strategy III for South Africa

The National Skills Development Strategy (NSDS) III, published by the Department of Labour every five years, is another category of legislation that aims to promote economic growth, as well as growth in the employment environment. The NSDS III aims to make an impetus in sustaining the development of skills and also ensuring that there is equity in the South African institutions. According to Gumede (2008), employees in the health sector need to be trained in skills that could make it easier for them to get work done effectively and render quality healthcare services to all. Moreover, McGrath and Powell (2015) assert that it is a global requirement, that skills and work levels need to be transformed for the future.

The NSDS III aligns the work of employees with available resources so that there can be effective health service delivery (Nel et al., 2008: 434). The key driving force of this strategy is to improve the effectiveness and efficiency of the skills development system. This strategy embodies an unambiguous commitment to encouraging the linkage between skills development and career paths, fostering career development;

it also promotes sustainable employment and in-work progression. However, research by Munzhedzi (2017) reveals that in the public service, there is hardly any connection between skills development and career paths and most of the training that is conducted is not aligned to the skills gap or prevailing challenges. This is exemplified by the recent findings from studies conducted on the public health sector by scholars such as Brunello and Wruuck (2019); Buchan et al. (2019), and Jayakumar and Singh (2019). These scholars caution that both public health workforce skills shortages and mismatches are currently widespread.

Since the NSDS III also seeks to encourage and actively support the integration of workplace training, it is therefore essential to comply with the policy guidelines. There should be greater political will in the public health sector to translate policy objectives to practical and tangible outcomes, based on the needs of society. The potential of the transformation in the public health sector will be realised when employees are regularly trained and equipped with skills. This means that employees in the public health sector should be able to render better services to the society after receiving training. Furthermore, the public health policy must also be relevant to the needs and circumstances prevailing in the country (Resnik, 2007; White, 2015).

The National Skills Development Strategy III (RSA, 2010) responds to pressing challenges that include inadequate skills levels. Miseda et al. (2017) observe that the acute shortage of human resources for health (HRH) is a global concern. In this regard, the NSDS III acknowledges that the skills shortage in the public service is a longstanding problem, and that there are also inadequate linkages between institutional (tertiary) and workplace learning (RSA, 2010). In essence, the intention of the NSDS III is to ensure that the training of stakeholders focuses on identifying and addressing skills challenges in the workplace. Nkomazana's study (2017) reveals that multiple strategies were employed to address the shortage of healthcare workers with varying degrees of success in Botswana's public health sector. The author further indicates that the strategies included training in fiscal, regulatory and professional or personal support. Those strategies concur with the policy recommendations of the World Health Organization (WHO) for the retention of healthcare workers in rural and remote areas. According to the WHO, the retention strategies of healthcare workers necessitate various interventions, which include rewards, training and skills

development for improved performance. The South African government is among the nations that the WHO is working with, towards improving health (WHO, 2020: 14). The WHO's objectives are aligned with the public health sector's legislation, regulations and policies to harness performance that results in quality healthcare service delivery to the poor (Maphumulo and Bhengu, 2019: 5).

3.3 Legislation and regulatory framework specifically for South African public healthcare sector

3.3.1 National Health Act 61 of 2003

The National Health Act (NHA) 61 of 2003 (RSA, 2003) provides a framework for a structured uniform health system within the country. This Act seeks to transform the health system for the provision of quality healthcare to the public. However, there cannot be transformation without training, as Dally et al. (2020: 10) underscore that training goes hand-in-hand with transformation. It is evident that it may be challenging to have proper transformation without the effective implementation of training and skills development programmes. While there should be transformation in training, similarly there should also be transformation through training; hence, the two terms go hand-in-hand. Likewise, as there is a relationship between the transformation of health systems and training for improved performance in the provision of healthcare services to the public, Munzhedzi (2017: 5) confirms that training not only relates to transformation but also to performance.

The NHA requires the public health system to ensure that adequate resources for training are available to improve employee performance and transform the public health sector's systems. Through a continuous training and development process, the healthcare personnel should be able to meet the overall requirements of the national health system. The NHA states that there should be an identification of the shortage of key skills, expertise and competencies within the health system. In response, the study conducted by Maphumulo and Bhengu (2019) indeed revealed key skills shortages in the public health service, that hinder quality healthcare service delivery. Therefore, skills development and training programmes should be implemented in order to address the challenge of skills shortages.

The National Health Act 61 of 2003 has the following objectives:

3.3.1.1 Integration of various elements of health systems

The integration of various elements of health systems is seen as an innovative management initiative to ensure that health systems are properly aligned with the common goal of promoting the provision of quality healthcare services in the country. According to the NHA, an integration of health systems should take place through the three spheres of government, namely, national, provincial and local government. In this regard, healthcare services would be accessible to all people in the country.

3.3.1.2 System of co-operative governance and management

A system of co-operative governance and management of health services is an innovative management initiative that is embedded within the national guidelines, norms and standards that seeks to place an obligation on the provinces, municipalities and health districts to deliver quality healthcare services.

3.3.1.3 Decentralised management-based system

A decentralised management-based system is an innovative management effort that seeks to empower local areas regarding management skills and decision-making on health systems. This initiative is rooted in the aspects of delegation and accountability. It is also seen as a contributory factor that promotes equity, efficiency, sound governance, internationally recognised standards, and advocacy that encourages involvement as well as participation for service delivery improvement.

3.3.1.4 Co-operation and shared responsibility

Co-operation and shared responsibility provide a spirit of teamwork among public and private health professionals as well as service providers for the provision of quality healthcare services. The shared responsibility is also extended to other relevant sectors within the context of national, provincial and district health departments.

3.3.1.5 Foundation of healthcare system

The healthcare system should operate within the foundation of relevant statutory bodies, policies and mandates. In this regard, healthcare professionals are obliged to register with relevant health councils, while health facilities are also expected to meet the necessary accreditations.

3.4 Chapter summary

In spite of the frameworks on skills development and training in place, its effectiveness in achieving the desired outcomes relies on those responsible for implementation processes. Similarly, although much has been done over many years of democracy to restructure the healthcare system and to improve the quality of care being rendered to the public, the literature reveals that millions of people in South Africa still suffer escapable harm every day as a result of the shortage of skills. Still much needs to be done by government, policy implementation officers and society at large to address the issues of poor-quality service delivery. The drive to improve particularly the quality of public healthcare services in South Africa requires interventions such as training with powerful ideas. Particular suggestions on how to improve the quality of healthcare service delivery in South Africa include skills development and training as strategies to resolve institutional capacity. In this instance, the South African public health sector should strive to comply with the training guidelines towards addressing the key obstacles in the performance, as there can be long-term problems not only with institutional capacity but also with high levels of corruption and human resources. With that being said, it is important to train and develop employees, especially those working in the public health sector in economically challenged areas.

CHAPTER FOUR

CONTEXTUAL BACKGROUND TO THE PROBLEM OF THE RESEARCH STUDY

4.1 Introduction

This chapter introduces the context of the problem of the study and is organised into four sections. The first section focuses on the lack of investment in training and skills development for the majority of South Africans, namely black South Africans (Africans, Coloureds, Indians/Asians). It provides an overview of the role of the managers, as instrumental in the implementation of public policies and laws introduced to effectively manage training and skills development. The second part focuses on issues of poor public healthcare service delivery resulting from the shortage of training and skills development in the public health sector. The third segment provides details on how poor public healthcare service delivery negatively impacts the lives of people. The fourth part discusses the efforts of the public health sector towards addressing the problem of employee training and skills development. The chapter concludes by reviewing the on-going challenges facing the South African public health sector in its efforts to train and develop the employees so that they can improve their performance and render quality healthcare services to all.

4.2 Management of training and skills development under the apartheid administration

The administration during the South African apartheid era was characterised by oppressive styles of leadership and management. The basic principle underlying this style of leadership and management was discrimination based on racial classification and included the discrimination in training and skills development – as one of the characteristics of the apartheid period (Goody, 1969). Since human resource development systems tend to reflect and reinforce broader domestic power dynamics, this was organised in terms of race and gender, which were discriminatory organising principles. In light of the above, Maclean and Wilson (2009) add that South African training and skills development systems in the public health service had powerful organising principles to access not only particular programmes but also for the resourcing and status of such programmes. This was best seen in the discriminatory

training policies under the apartheid regime that resulted in a low skills regime (Kraak, 2004).

The training and skills development discrimination towards certain groups of South African people had negative impacts, specifically towards black people (Africans, Coloureds, Indians/Asians) and women in general, as they were powerfully overlaid with the effects of race (Goody, 1969). This is illustrative of the extreme injustices faced by the majority in terms of training and skills development. Despite the fact that there was sometimes only an expression of an impulse of the person who was in a position of authority to determine the opportunities for others, the ruling was stipulated in advance for particular groups by the appropriate legal documents such as policies and legislative frameworks. Strong sentiments regarding this state of affairs are contained in the writings of various authors such as Biko and Arnold (1978), De la Escosura (2015), DoH (2019a), Jauch and Muchena (2011), Maddison (2007), and Mandela (1994).

This type of administration in the South African public health service was portrayed through the ways in which the apartheid government ran the nation. The apartheid civil service was tasked with implementing and enforcing discriminatory policies that upheld separatism across race, gender and ethnicity (Chipkin and Lipietz, 2012). In other words, people were forced to comply with the administration of public policies that were focused on ensuring inequality in both the workplace and in society in general based on race, gender and ethnic classification. Henceforth, people of colour, particularly women, were not allowed to participate in training and skills development programmes during “apartheid” – an Afrikaans word meaning “apartness”. Translated into English, this describes an ideology of racial segregation that had been practiced in the South African public health service, by refusing certain people an opportunity to be trained and developed to enhance their skills (Moyo et al., 2020). The racial segregation had been practiced in South Africa from the time that the Cape Colony was founded by the Dutch East India Company in 1652 (Naidoo, 2015). According to Franks (2014), the emergence of apartheid in 1948 was antithetical to the decolonisation process begun in sub-Saharan Africa after World War II. Widely perceived internationally as one of the most abhorrent human rights concerns from the 1970s to the 1990s, apartheid was characterised by white privilege and black

marginalisation, implemented by a police state that strictly enforced black subordination (Limcaoco et al., 2020; Muthien, 2014). Under apartheid, whites held almost all powers in South Africa, such as political power using policies of separatist development, while other races were almost completely marginalised from the country's governance processes (Goody, 1969; Muthien, 2014).

Apartheid-era public servants carried out the implementation of policies of separatist development, that included policies regulating the legally enshrined bifurcation of work, income and skills between white and black. White workers were skilled, based on the colour of their skins, while black workers remained largely deprived of skills development, regardless of their levels of knowledge and experience (McGrath, 2004; Turnley, 2008). This suggests that the public health service, during the South African apartheid administration, was designed along racial lines to ensure the success of apartheid through compliance with policies and laws. Consider for instance, the Population Registration Act of 1950 requiring every South African to be classified into one of a number of racial 'population groups', officialising the practice of apartheid. Additionally, the Group Areas Act of 1950 divided urban areas into 'group areas' in which ownership and residence was restricted to certain population groups. Furthermore, the Reservation of Separate Amenities Act of 1953 required public premises, vehicles and services to be segregated by race, similar to training and skills development.

The Bantu Education Act of 1953 promoted an education policy aimed at directing black or non-white youth to the unskilled labour market. This was among the public policies that were passed under the administration of Ernest George Jansen (1881–1959). Public servants were still required to guarantee the successful implementation of these policies by complying first with the legislation and then with the laws associated with its implementation. In simple terms, this junction had massive implications for the system of training and skills development (Limcaoco et al., 2020; McGrath, 2009). Similar designs for public health service were carried out throughout subsequent apartheid administrations.

The design and structure for both skills and public health service under the apartheid regime became clear and were facilitated by the 1983 Constitution that promoted the system of governance referred to as the "Tricameral Parliament", providing separate

Houses of Parliament for “Coloureds”, “Whites”, and “Indians”, thereby effectively excluding the majority of the black population (at 80% by then) (Christopher, 1994; Reynolds, 2005). The implication of such a system from an administrative perspective suggests that the South African public health service and its skills were structured along the lines of race; hence, different administrations attended to matters pertaining to different race groups (Christopher, 1994). Furthermore, Christopher (1994) describes racial separation as being operated at the three distinct levels, namely, “petty apartheid", “urban segregation”, and "grand apartheid". Institutionalised social segregation, including separate sections of facilities such as healthcare, post offices and other official buildings – for whites and non-whites – was characterised as “petty apartheid” (Goody, 1969; Maphumulo and Bhengu, 2019; Muthien, 2014). Such discriminatory practices based on race ensured that separate development was enforced in terms of training and skills as well as public health services that disadvantaged non-whites, even to the present day (Maphumulo and Bhengu, 2019). Many of the problems in the South African healthcare system can be traced back to the apartheid period (1948–1993) during which the healthcare system was highly fragmented, with discriminatory effect, between four different racial groups (black, mixed race, Indian and white) (Baker, 2010: 79). To worsen the situation, the apartheid government developed 10 ‘Bantustans’ (the so-called ethnic homelands) into which Africans were unwillingly crammed – segregated from the rest of society – and each of which had its own ‘homeland government’, with its own department of health with its professional bodies (Baker, 2010: 80). This led to the deterioration in health system delivery because of lack of resources. Poor communities and economically challenged provinces – such as Limpopo – were especially affected. This is still a concern in present-day Limpopo Province (Chassin and Loeb, 2013: 462).

4.3 Training and skills development in democratic South Africa, post–1994

From chapter three it is clear that huge efforts have been made to establish a sound foundation through regulatory frameworks and strategies towards improved access to quality healthcare services. In his last parliamentary speech as the first democratically-elected President of the Republic of South Africa, President Nelson Rolihlanhla Mandela described the vision and challenges facing the new public health service in the following terms:

Last year, we spoke of the need to cut expenditure on personnel, as part of reducing a bloated public service and changing its positioning. That commitment remains to the new public service regulations based on each individual's skills and output, especially management, rather than just observance of rules, should see to the improvement of service to the public (Mandela, 1999).

In this view, the former president commits to transforming the public service, including public health services, with the government of national unity continually improving the lives of the people of South Africa by a transformed public service which is representative, coherent, transparent, efficient, effective, accountable and responsive to the needs of all (RSA, 1995b: paragraph 2). Mandela's view supports the argument that the public health service during apartheid was characterised by the lack of individuals' outputs, suggesting that at an individual level, people demonstrated a lack of equity, quality and timeousness. Such an approach is based on the public service structure which was arguably inherited and could be traced back to as far as the former British colonies and Boer republics (Transvaal, Orange Free State, Cape Colony and Natal) and which was less people-centred and people-driven up until 1994 (Maphunye, 2002; Posel, 1999).

Despite the unprecedented political and social changes that South Africa underwent since its first democratic elections in 1994, corruption and mismanagement practices have persisted in various sectors of South African society (Bruce, 2014; Esau, 2016; Good, 1994; Ilarious, 2020; Naidoo, 2012). This includes the South African public health sector whereby corruption and mismanagement of funds negatively impact on training and skills development to enhance the performance of employees (DoH, 2020). From 1994, the South African government articulated training and skills development policies that are also to the advantage of the previously disadvantaged groups such as Africans in general, and women in particular. However, it is now more than 25 years into democracy in South Africa, and training and skills development continue to be a challenge, particularly in the public health sector, where it is most needed, as healthcare professionals deal with human lives on a daily basis.

South African citizens are constantly reminded that challenges in relation to skills and services faced by certain groups are not a phenomenon of South African's past that was buried along with the apartheid laws of the old order (Seekings and Nattrass,

2008). Unfortunately, its fragments continue to feature as an integral aspect of contemporary South African society as a result of corruption and mismanagement practices. This is exemplified by inequality in terms of the provision of healthcare services, as the poor continually receive poor service delivery while the middle class and the rich are able to access quality healthcare services. In their study about poverty and access to healthcare in developing countries, Stats SA (2022) and Peters et al. (2008) illustrate the greatest economic disparity between the poorest and the wealthiest. The report from Stats SA (2022) yielded the highest subject poverty rate with more than half of South African households (57.0%) being classified as poor. Black African- headed households had the highest levels of poverty. It appears that poverty increases when it is measured as the perceived inability to earn enough income to make ends meet. Meanwhile, Peters et al. (2008) further purport that the poor have less access to quality health services. Furthermore, only 5% of the estimated population of 5.5 million people in Limpopo Province benefit from the poorly resourced health facilities that are struggling to provide optimal quality services due to numerous challenges that health workers face on a daily basis (Netshisaulu et al., 2019: 2). In light of the above, it is evident that the previously disadvantaged groups are generally still at a disadvantage – even during democracy. This is due to the fact that they are indirectly discriminated against, as they are still unable to access healthcare services of good quality in the private health sector, as compared to public health sector.

4.4 Contextualising the problem: A case of the Vhembe and Capricorn District hospitals

Based on the literature, scholars across the disciplines agree that the society struggles due to oppressive and ineffective management practices (Maphumulo and Bhengu, 2019; Netshisaulu et al., 2019). From a South African public health sector perspective, the problem of the management of training and skills development preceded 1994 as a result of discriminatory policies towards certain groups of people prior to democracy (Kraak, 2004). After the apartheid era, the democratically elected government initiated policies to address the anomalies of the past, which included policies and laws to facilitate training and skills development. However, in the case of the two district hospitals (Vhembe District: Elim Hospital, and Capricorn District: Botlokwa Hospital)

in Limpopo Province, these hospitals are facing specific issues in relation to non-compliance with policies, such as training and skills development policies (Netshisaulu et al., 2019: 3). While these two hospitals are not complying with a training and skills development policy, which results in inadequate training, Maphumulo and Bhengu (2019) indicate that the hospitals are also facing challenges related to the shortage and mismanagement of resources. In 2019, the Member of the Executive Council (MEC) of the Limpopo Department of Health (LDoH), Dr Phophi Ramathuba removed the entire management teams of the hospitals in Vhembe and Capricorn Districts due to continuous problems that the hospitals were facing (DoH, 2019b). According to the Limpopo MEC of Health, problems at these hospitals in the Limpopo Province include dilapidated buildings, poor service, queues of people who wait for hours and only to be sent home without receiving help while others die while waiting (DoH, 2019b). It is evident that the troubles faced by these hospitals are the result of poor and incompetent leadership and management, based on the complaints by several patients. These challenges in the Vhembe and Capricorn District hospitals led to on-going poor-quality service delivery to the public with a decline in improved health services. In this regard, Netshisaulu et al. (2019: 3) purport that the lack of resources in these hospitals within the Vhembe and Capricorn Districts resulted in the provision of suboptimal health services to the public. As a result of these issues, the performance of employees is still negatively impacted due to the lack of investment in training and skills development to date, which in turn leads to the poor quality of service delivery in public healthcare (DoH, 2019b).

Like most other South African sectors, the public health service did not escape the ongoing and pervasive influence of this country's low skills administration (Malakoane et al., 2020). The information in this segment collectively reveals that while apartheid discriminatory policies had a profound impact upon training and skills development in the South African public health sector, corruption and mismanagement practices equally have a negative impact (Malakoane et al., 2020). Training and skills development require sufficient resources in order to be properly managed, along with effective implementation. Although the apartheid regime played a dubious role in providing training and skills development for certain privileged groups in the South African public health service, the corruption and mismanagement practices that are

taking place during democracy should not be overlooked. In this regard, the findings of the study conducted by Nurunnabi (2020: 1) reveal that corruption is significantly increasing, in particular in the public healthcare service.

4.4.1 Post-apartheid challenges faced by the Vhembe and Capricorn District hospitals

The Limpopo Province and its district hospitals – such as those within the Vhembe and Capricorn Districts – are experiencing challenges in the provision of quality healthcare to their patients, as a result of a shortage of resources (Netshisaulu et al., 2019: 2). Compared to other African countries, South Africa has a relatively good aggregate availability of human resources for health (HRH). In 2004, the Africa Health Workforce Observatory found that the health worker density of 7.078 per 1,000 of the population in South Africa compared favourably to the density of the entire African region of 2.626 per 1,000 of the population (WHO, 2022; WHO AFRO, 2006). A recent study in five countries – Mali, Sudan, Uganda, Botswana and South Africa – found that health worker density in Mali, Uganda and Sudan all fell short of the WHO's recommended target of 2.28 health workers per 1,000 of the population, while South Africa and Botswana both exceeded it (Willcox and Duckett, 2015). However, the data on South Africa is misleading, in that approximately 79% of medical doctors work in an insurance-based private sector (Scott et al., 2020). The WHO (2022: 1) states that 4.45 health workers per 1000 people are needed to deliver essential health services and achieve universal health coverage. The region's health workforce is also unevenly distributed by country, ranging from 0.25 health workers per 1000 people in Niger (the region's lowest) to 9.15 health workers per 1000 people in the Seychelles – the highest in the region.

The public health sector in South Africa has a wide range of health workforce challenges. These include a shortage of sufficient resources to effectively train the workforce and implement policies, thereby rendering improved public healthcare services a challenge. In a case of the Vhembe and Capricorn District hospitals, the main challenges include: inadequately trained and skilled staff, management and leadership crisis; and insufficient resources. The challenges faced by these two hospitals affect not only the performance of employees but also the service delivery since there is also a shortage of resources such as staff (Munzhedzi, 2021). The

hospitals under investigation in Vhembe and Capricorn Districts have been trying to apply and implement the New Public Management (NPM) approaches, to improve their service. However, there is still poor service delivery which is exacerbated by tolerance of misconduct, lack of performance management and monitoring strategies; hence, the ignorance of the law, policies, and framework (Maphumulo and Bhengu, 2019: 3).

Despite the NPM approaches which were introduced precisely to better manage the state and its resources including in the public health sector, these two public hospitals are still encountering various challenges that require improvement (DoH, 2019b). Without good performance management in these hospitals, exacerbated by the lack of resources – mainly finances – the training of employees to improve their performance, remains a challenge. Furthermore, the two hospitals experience problems related to cadre deployment, which is not based on merit, but on political loyalty. Additionally, their budgets are controlled at the head office, which is against the NPM principles (Mathoho et al., 2021: 18).

Botlokwa and Elim District Hospitals should be able to plan their activities, including training, as well as to control their budgets, since they are the ones that are deeply affected by their challenges. This means that there should be a decentralisation of activities such as budget allocation so that the hospitals are able to control and conduct training, as the NPM advocates. According to Munzhedzi (2019), the NPM advocates for the decentralisation of activities, including budgeting and financial reform. Mathoho et al. (2021) concur with Munzhedzi (2019) on the issue of the decentralisation of hospitals' budgets. Similarly, employees should be recruited or selected according to their skills, experience, and qualifications with a proper screening process to verify credentials. The above does not only apply to healthcare professionals, but to trainers and training coordinators too. The implementation of the NPM principles in Botlokwa and Elim Hospitals is confronted by challenges, including, lack of political will, corruption, and lack of skills (Munzhedzi, 2019). That is why the two hospitals apply the NPM's contracting-in approach. For example, regarding the medical doctors – this approach is used, due to the high staff turnover, as a result of challenges such as poor infrastructure and lack of equipment (Shipalana, 2020: 8).

Currently, there is low patient satisfaction based on the service rendered at these hospitals (Agoti et al., 2020: 53; Meerut, 2014; Munzhedzi, 2017). This reflects poor patient management; hence, this study later recommends strategies on how to improve performance. Contracting-in is a strategy that has been used by these hospitals to solve the problems of skilled staff shortages and limited finances, while improving performance (DoH, 2019b; Munzhedzi, 2021). While working on contract can encourage performance and save funds for the organisation, the disadvantage is that a contract can be terminated when performance is not up to standard.

The two hospitals implement the contracting-in approach, using the private healthcare professionals who seem to bring in the required skills in the hospitals (Hood, 1995; Munzhedzi, 2021: 3). However, these private healthcare practitioners tend to become demotivated to assist these public hospitals, since there is a lack of resources (Choi et al., 2020: 63). This study therefore recommends strategies to keep the healthcare professionals motivated in their duties (in the concluding chapter). The NPM encourages contracting-in based on the following arguments:

a) Most contract employees tend to work hard, for fear of having their contracts terminated at any point and time.
b) The institution can plan properly, as the agreed amount is the one which is paid for a given period.
c) The training expenses of most employees who are contracted-in – such as the health practitioners in these two hospitals – are covered by their own organisations, and it is not the burden of the host organisations – like Botlokwa and Elim Hospitals.

The NPM approaches that Botlokwa and Elim Hospitals adopted, as discussed above, include, performance management, financial service reforms, outsourcing and contract appointments for the effective, efficient and economical management of human and other resources (Munzhedzi, 2021: 3).

While the intentions of the NPM are good vis-à-vis improving efficiency and effectiveness of public sector organisations, the issues discussed below highlight some of the preconditions necessary to ensure the effective implementation of the principles.

4.4.1.1 Inadequately trained staff

Like any other sector, clients of the Vhembe and Capricorn District hospitals require special care through trained staff who can provide quality healthcare services. However, the Limpopo Provincial Department of Health (2020) highlights that patient care in these hospitals is compromised due to inadequate numbers of trained healthcare professional and administrative staff. The shortage of trained healthcare professionals in the Vhembe and Capricorn District hospitals results in low quality healthcare services to Limpopo Department of Health clients who should be classified as customers in terms of the NPM. In order to improve the quality of public health services, it is necessity for the public health sector to train its employees, starting from the management and leadership offices, to junior staff. Once employees – including leadership, management and healthcare professionals – are effectively skilled, positive transformational changes in healthcare should be evident, as a result of training interventions.

4.4.1.2 Management and leadership crisis

A recent report by the Democratic Alliance (DA) states that Limpopo Province has been marred by a lack of leadership, poor management and blatant maladministration with impunity (DA, 2020). It is therefore very encouraging that the performance of the Limpopo Provincial Department of Health (LDoH), especially in the rural Vhembe and Capricorn District hospitals, is showing some improvement, in response to the dire need of improved services by customers. A report by the South African Human Rights Commission (SAHRC, 2018) exposes the health system of the Limpopo Province and its districts as it is on the verge of collapse, due to poor leadership and management (Health-e News, 2020). This means that among the many issues that need to be addressed in the Vhembe and Capricorn District hospitals, leadership and management are clearly the main concerns. Capacity-building in leadership and management through training interventions is crucial in these hospitals. A number of complaints and protests by members of one of the opposition political parties (the Economic Freedom Fighters) as well as members of communities, about various concerns in the Vhembe and Capricorn District hospitals that resulted in patients' deaths (DoH, 2020) illustrate the concerns related to leadership capacity. Car et al.

(2018: 16) concur that there is a dire need for leadership and management capacity-building in the public health system.

4.4.1.3 Insufficient resources

According to the Limpopo Provincial Department of Health (2020), the shortage of resources is a major issue in the Vhembe and Capricorn District hospitals. Furthermore, the shortage of resources in these district hospitals is mainly financial, which covers human resources, equipment, proper infrastructure, retention strategies, consumable supplies and medication (Maphumulo and Bhengu, 2019). The Vhembe and Capricorn District hospitals are in dire need of financial resources for various reasons which include training and developing its employees for improved performance. While these hospitals have no finances to train their employees, they are facing a challenge of shortage of skilled staff. Posts are not filled, since they have been frozen for some time, while few skilled public health professionals are leaving these hospitals due to numerous challenges affecting them (Netshisaulu et al., 2019: 2). Additionally, the Limpopo Provincial Department of Health (2020) also states that many medical doctors and nurses remain unemployed because there are not enough open positions to employ them. While the Vhembe and Capricorn District hospitals are public healthcare sectors – mostly in rural areas with socio-economic challenges, these hospitals require continuous training in a high care setting in order to deliver better services to those who cannot afford private healthcare services. The problem of resources, such as finances, was also highlighted by the Minister of Health in Limpopo Province, that as a rural province it is a struggle to make money available for training and recruitment (Gordhan, 2012). According to the National Department of Health (DoH, 2019b) and Mudimu et al. (2021), there are currently over 44,000 funded posts in Limpopo. Of these, only 35,450 are filled, leaving almost 10,000 vacant posts in the province (DoH, 2019b). This translates to almost 25% of the workforce. A Human Sciences Research Council (HSRC) report showed the vacancy rate of doctors at 75% and nurses at 67% due to lack of resources such as finances (Sabi and Rieker, 2017). Ntuli and Maboya (2017) indicate that the doctor-population ratio for Limpopo Province in 2015 was 16.4/100,000 and Vhembe had 113 doctors and one specialist at a regional hospital. With that said, challenges of resources in these district hospitals place health professionals under stress that leads them to quit their

jobs to the private health sector. Healthcare workers believe that things are way better in the private health sector, where employees are encouraged to do better through training and development of their skills for improved performance.

4.5 Chapter summary

The purpose of this chapter was to introduce the context of the problem of the study. The first section sketched the context of skills development and training before the advent of democracy in South Africa, during the apartheid regime. It provided an overview of the role of the public health service as being instrumental in the implementation of public policies and laws introduced to divide, oppress and discriminate along the lines of race and ethnicity. The following section's focus was on issues of skills development and training, in an effort to illustrate that the departure of an oppressive regime does not naturally lead to the smooth running and management of public health sector initiatives. The last section demonstrated the post-apartheid on-going challenges faced by the Vhembe and Capricorn District hospitals in Limpopo Province, which primarily involve various resources such as financial and human resources. The chapter concluded by illustrating the importance of training and skills development for employees in the Vhembe and Capricorn District hospitals for improved performance and service delivery.

CHAPTER FIVE

RESEARCH DESIGN AND METHODOLOGY

5.1 Introduction

This chapter discusses the data collection process and methodological framework used for this study. The methodology forms the pillar and guides the process of planning, organising, analysing and interpreting of the data. According to Sarantakos (2005: 24), methodology refers to research carried out by a researcher based on a specific task, which includes the elementary knowledge associated with the subject and research procedures in question and the framework adopted in a specific context. The methodological framework prescribes the data collected; the method adopted, and draws out the deductions that lead to the development of a knowledge base (Leedy et al., 1997: 09).

This chapter then provides a detailed description of how this research study was conducted and administered. The components of a research methodology include the research design, sources and type of data, sample size, sampling frame, sample techniques, population size, research instruments, questionnaire design, and data measurement methods adopted. Therefore, it is important to understand the process of gathering data in order to evaluate the research findings, interpretations, recommendations, conclusions, and critique of the reliability and validity of the data.

5.2 Research philosophy

Prior to embarking on a research project, a researcher must first determine what research philosophy will be adopted. According to Collis and Hussey (2013), the research philosophy is the scientific practice centred on assumptions and theory about the nature of knowledge and the world. Every research philosophy is grounded in a detailed paradigm. Denzin (2000: 922) notes that paradigms are theories related to how the world works and the character of humanity; what is feasible to know and not to know. Guba and Lincoln (1994: 117) emphasise that a paradigm involves classifying a body of multifaceted views that guide actions. The authors further explain that each paradigm encompasses three sets of beliefs: epistemology, ontology, and

methodology. Epistemology is derived from a Greek word ‘episteme’, meaning knowledge. It is all about how we know the world and the connection between the inquirer and the known. It also represents the expectations about the nature of the relationship between ‘the would-be’ or ‘knower’, and ‘what can be known’. Ontology raises questions about reality and the nature of what can be known. Finally, methodology is focused on obtaining knowledge about the real world and defines the appropriate research approach for collating valid empirical evidence. In this study, the researcher used descriptive statistics as well as interpretive analysis.

5.3 Research design

Schumacher and McMillan (2006) indicate that research design refers to a plan for selecting subjects, research sites, and data collection procedures to answer the research questions. Burns and Grove (2005) state that a research design guides the researcher in planning and implementing the study in a way that is likely to achieve the intended goals. The researcher adopts various research designs which are most suitable for the case of this study. For the purpose of this study, a case study research design was adopted with the use of a number of methods to facilitate triangulation (FGDs, survey questionnaires and face-to-face interviews). The researcher preferred to use this research design in order to gain a deeper understanding of the study and its problem. This research design allows for the exploration and understanding of complex issues. In simple terms, a case study research approach was deemed more appropriate to achieve the research objectives as the researcher wanted to gain concrete, contextual, and in-depth knowledge about the problem of management of training and skills development in the public health sector.

5.4 Methodological approach to the study

The study used various instruments to collect data that included interviews, focus groups and a survey questionnaire. The study largely employed qualitative methods to make sense of the data collected. The responses gathered through the survey questionnaire were presented according to the frequency of responses of those who participated in the questionnaire. The researcher therefore used descriptive statistics to makes sense of the responses to the survey questionnaire.

5.4.1 Questionnaire

Hair Jr et al. (2003) explain that a questionnaire is a set of prepared questions or measures to which respondents record answers. Kumar (2011) defines a questionnaire as written questions, meaning that the respondents will answer by simply ticking the correct answer of their choice. For the purpose of this study, the questionnaire was a key data collection tool. The researcher used a questionnaire to obtain responses from 356 doctors and nurses (healthcare professionals) out of a total population of 3,490. This is more than 10% of the sampled size from the public hospitals under investigation in the Vhembe and Capricorn Districts. According to Welman et al. (2005), anything associated around 10% can be generalised. The questionnaire statements were short and precise in order to enable the respondents to answer freely by ticking the answer of their choice. The advantage of using a questionnaire is that it is convenient especially for busy employees like healthcare professionals. Another advantage is that large amounts of information can be collected from a large number of people in a short period and in a relatively cost-effective way.

After the researcher received Ethical Clearance from the university and permission from the Department of Health in Limpopo Province, she then requested informed consent from the participants to conduct the research. A consent form was attached to the questionnaire, after the Information sheet which explained the nature and purpose of the research. The reason for attaching a consent form was to obtain participants' voluntary participation before administering the questionnaire. The researcher made appointments with the hospitals' research liaison chairpersons to meet with the respondents before the distribution of the questionnaires. The questionnaires were distributed and they were completed in the researcher's presence. The healthcare professionals who had busy schedules at work, requested to be given some days to complete the questionnaires during their free time. The completed questionnaires were later checked by the researcher to ensure its proper and full completion. Where there were gaps, participants were requested to provide the outstanding information. The majority of respondents completed the questionnaires voluntarily. The data collected through these questionnaires was analysed using the Statistical Package for Social Sciences (SPSS). Prior to the main quantitative data collection through a questionnaire, the study was piloted with 10% of

the population who were healthcare professionals before it was administered to the sampled target population. After implementing all the corrections from the pilot study to improve questions' clarity, the checklist for verification was done and the researcher conducted the main study, that was analysed using the SPSS.

5.4.2 Interviews

The researcher used the interview schedule method as a tool and source of collecting the research data from the 2 CEOs; 2 Directors of Human Resource Development; 2 Clinical Managers; 2 Nursing Managers; 2 Clinical Administrators; 2 Nursing Administrators; 2 HRD Officers using non-probability sampling and its sub-type, the purposive or judgemental sampling method. For the purpose of this study, all interviews were conducted physically with the guide of an interview schedule. There was no need for virtual interviews, since the fieldwork was conducted before the onset of the Coronavirus pandemic. All the interviewees were ready and available for face-to-face interviews. According to Welman et al. (2005), an interview schedule is a document used in interviewing respondents. In addition, Welman et al. (2005) state that an interview is a technique in which the interviewer reads a question to the respondents and records the verbal responses by the respondents. Before the interview process began, the researcher elicited the participants' consent to record their responses during the interview, to which all of them voluntarily agreed. The interview schedule consisted of open-ended questions and allowed the respondents to willingly add some more information. The advantage of using the interview is that it is useful to obtain detailed information about personal feelings, perceptions and opinions. Interviews also allow for more detailed questions to be asked. Different forms of data collection techniques yield different kinds of data.

The researcher interviewed the sampled respondents during 2019, interviewing two respondents per day. This was both part of the arrangements as well as to ensure the quality of the data to be collected, as the researcher endeavoured to be adequately prepared for the data collection process. The researcher had two qualified research assistants – both with master's degrees in Public Administration and Public Health respectively, with experience in fieldwork data collection in this study area. The research team audio recorded and noted in writing the interview information. All data

collected through the qualitative approach method was analysed using thematic analysis.

5.4.3 Focus group discussions

The researcher conducted focus group discussions (FGDs) with 72 respondents, representing all categories of nursing, including 12 professional nurses, 12 staff nurses and 12 assistant nurses from each of the two district hospitals. The focus group of 72 nurses was divided into 6 groups of 12 nurses of the same category; these FGDs were completed within a 4-week period. Nurses were included in the sample because they are core healthcare professionals in the public health system who are expected to render quality healthcare services to the public in alignment with the vision of the South African Department of Health, the NPM and USAID. Nurses are generally familiar with all systems and structures of public health system.

5.4.4 Observation

There are varieties of data sources available for social science research and they include secondary sources, indirect and direct observation (Mouton, 1996). Observation is a fundamental and important method in qualitative inquiries (Marshall and Rossman, 2006). Observation referred to in this study includes the observation of individual behaviour, social interactions and necessary observable characteristics of the hospitals in the Limpopo Department of Health community. Even in studies using in-depth interviews, observation plays a pivotal role, as the researcher notes the interviewee's body language, in addition to the words. Furthermore, this study used observation to ascertain the existence and application of NPM doctrines in the public health sector as the student's experience in the public health sector contributed to a better understanding of what was happening in this particular sector, especially during public hospitals' visits. The researcher undertaking this study had previously worked as a National Health Insurance (NHI) Officer who was appointed at the middle management level in the Department of Health. This former position of the researcher benefitted the process of gathering data.

5.4.5 Secondary sources

In addition to the abovementioned data collection instruments (primary data collection instruments), the researcher also used secondary sources such as policy documents, government reports, legislation, scholarly articles, books, published dissertations, media reports, research reports, and personal observation.

5.5 Population and settings

5.5.1 Population of the study

According to Schumacher and McMillan (2006), a population is a group of elements or cases, whether individuals, objects, or events, that conforms to specific criteria and to which the researcher intends to generalise the results. Welman et al. (2005) adds that a population is the full set of cases from which a sample is taken. The population for this study included LDoH employees – both administrative staff and healthcare professionals.

5.5.2 Population size

According to the Limpopo Department of Health Oversight Report, the LDoH has a staff complement of 8,342 administrative staff and 21,248 healthcare professionals, totalling 29,590 (DoH, 2012).

5.6 Sampling

Mulder (1992) defines a sample as a representative group which is selected from the population; the number is thus less than the population. Denzin and Lincoln (2009) indicate that sampling involves selecting units of analysis (e.g., people, groups, artifacts, settings) in a manner that maximises the researcher's ability to answer research questions set forth in a study. This section discusses the sampling method, target population, and sampling method.

5.6.1 Sampling method

The researcher chose non-probability sampling and its sub-type, the purposive or judgemental sampling method, to determine the respondents' knowledge and experiences of working in the LDoH. The reason for this choice, was that the particular respondents have both the required knowledge and experience as well as the responsibilities for skills development. By using this method and choosing the

respondents purposively, the researcher received more information from knowledgeable and experienced employees who were familiar with the research study problem. Purposive sampling refers to a non-probability sampling method in which the units to be observed are selected on the basis of the researcher's judgement about which respondents are most useful (Babbie, 2010).

5.6.2 Sampled group

The target population of the study included employees in administration (management and its administrators) and healthcare professions (medical doctors and nurses) who are permanently employed in deeper rural and slightly rural-based districts, namely the Vhembe and Capricorn Districts – both within the jurisdiction of the LDoH. Empirical findings by Younis (2012) show that rural and small hospitals face significant challenges that hinder their performance in comparison to urban and large hospitals. Furthermore, Younis (2012) indicates that rural hospitals generate less revenue per bed as compared to urban hospitals. A recent data-driven study by Phillips and Moylan (2017) shows that rural hospitals are performing considerably worse than their urban counterparts. In addition, many rural hospitals stand on shaky financial ground (Phillips and Moylan, 2017). It is clear that the magnitude of the improvement is far lower for disadvantaged rural hospitals than urban hospitals. It is appalling that most of those dependent on the public health services are unemployed and living in poverty in rural areas. Additionally, professionals and specialists – including those at management level – are limited in number.

The shortage of healthcare workers in rural and remote areas remains a growing concern in developing and developed countries (Mbemba et al., 2016). Also, the uneven distribution of the health workforce between urban and rural areas and the absence of a well-trained and supported staff constitute major problems in delivering services to meet the needs of communities in developing countries. It is crucial to identify and recognise important factors for recruiting and retaining trained personnel in rural and remote areas (Mbemba et al., 2016). The researcher assumes that professionals and specialists, including management staff, are not keen to work in rural areas. Rather, they work in urban areas where there are fewer problems and many people can afford private healthcare services. According to *News24* (2012), the majority of doctors at rural hospitals are female community service doctors and

travelling along the gravel roads or tarred roads with potholes, can be incredibly dangerous for them.

The target population of this study were employees working in public hospitals in the Vhembe and Capricorn Districts, as management and administrative staff, and healthcare professionals. More specifically, the following were participants from management: Chief Executive Officers (CEOs); Directors of Human Resource Development; Clinical Managers (CMs); and Nursing Managers (NMs). The healthcare professionals included medical doctors and professional nurses. The administrative and wider support staff included: clinical administrators, nursing administrators, human resource development officers, staff nurses, and assistant or auxiliary nurses. The reasons for including staff from across the healthcare spectrum, are three-fold. Firstly, these are individuals who occupy scarce skills positions within the healthcare sector. Secondly, these individuals have an important role to play in the recruitment and selection processes of the hospitals under investigation. Thirdly, they are responsible for driving skills development programmes.

5.6.3 Sample size

The total sample size of this study was 370, consisting of both the administrative staff and healthcare professionals from the two hospitals under investigation in the LDoH. The respondents included: 2 CEOs; 2 Directors of Human Resource Development; 2 Clinical Managers; 2 Nursing Managers; 2 Clinical Administrators; 2 Nursing Administrators; 2 HRD Officers; 356 healthcare professionals; 14 administrative support staff. This is the 10% sample size of the overall population size, as recommended by Welman et al. (2005).

5.7 Rigour in research

5.7.1 Validity and reliability of the study

According to Leedy et al. (1997), validity and reliability are the keys to measuring research credibility. While the researcher in this study uses validity and reliability interchangeably, there is a difference between the meanings of these words. Joppe, in Golafshani (2003: 598) describes reliability as the extent to which results or outcomes are reliable and consistent over a period. It is a true description of the entire population under study. Joppe (2003) further explains that when the outcomes of a

study can be reproduced using related methods, the research instrument is reliable. Babbie and Mouton (2001: 75) orate that, “reliability is a matter of whether a particular technique, applied repeatedly to the same object, would yield the same result each time.” Therefore, reliability is associated with the stability, dependability, and consistency of a quantifying pool. The researcher acknowledges that the research instruments selected for this study have both advantages and limitations, which will addressed.

The validity of a tool or instrument “determines the level to which the tool or instrument replicates the abstract perception that is being examined” (Burns and Grove, 2010: 294). Burns and Grove add that valid data can only provide an accurate picture of what has been studied. The opinions of various researchers lay much emphasis on the various methods adopted by the researcher to strengthen the validity and reliability of the research. As previously noted, this study employed triangulation to ensure validity and reliability. In addition, the survey questionnaire started with a pilot study where the researcher tested the research instruments on the possibility of failure or success before the main study. The study was piloted with 10% of the population – healthcare professionals – before it was administered to the sampled target population. After implementing all the corrections from the pilot study to improve the clarity of questions, the checklist for verification was done and the researcher then conducted the main study.

5.8 Ethical approval and consideration of the study

Prior to embarking on this research, the researcher sought ethical approval from the Humanities and Social Sciences Research and Ethics Committee at the University of the Western Cape. The Committee approved the study and granted ethical clearance of the research project before the researcher embarked on the study. The study process was carried out with quality affirmation and integrity. The researcher, therefore, pursued appropriate sources to obtain information significant to the study. Finally, the study observed confidentiality and anonymity where necessary.

5.8.1 Informed consent

Before data collection, the researcher informed the participants about the purpose of the research and that they have a right to decline to participate should they so wish.

Once the participants were clear about the purpose of the study and how the information they provided will be stored and used, participants were thus asked to sign an informed consent form. Prior to data collection, participants were given a brief explanation of the procedures to be followed during the research process.

5.8.2 Anonymity and confidentiality

The principle of anonymity is linked with that of confidentiality. With respect to this research, this meant the safeguarding of the participants' identities and information obtained from the participants (Bless et al., 1998: 143). The use of an audio recording device was discussed with the participants, as well as the issues of anonymity and confidentiality. Participants were assured that the information they shared during the interview would be kept confidential. Participants were informed that information received from the interviews would be accessed by the researcher and the research supervisor. They were also informed that in order to protect their names, pseudonyms would be used. Participants were informed that there would be no direct benefit to participation in this study, although their participation may contribute positively to the present study and further enquiry by other researchers. The study participants were also re-assured that the information would be kept under lock and key for the next five years, at which point all audio recordings and transcripts would be destroyed.

5.8.3 No harmful deception

This research study endeavoured to uphold the principle that the research conducted should not cause physical or emotional harm to the respondents (Neuman, 2008). The researcher is therefore responsible for protecting the respondents from any harmful risks or effects that may result from participating in the study. The researcher was honest in terms of the purpose of the study and the reasons for the respondents' participation. The researcher never promised any benefits to the respondents in order to deceive them to take part in the study. Instead, the respondents were encouraged to respond freely. There was not a single event of negative effects that required the researcher to assist in the provision of services, such as counselling support.

5.8.4 Voluntary participation

The literature emphasises that no one should be coerced to participate in a research study. Therefore, participation should, at all-times, be on a voluntary basis (Robin and Babbie, 2005, cited in De Vos et al., 2011). In the case of this study, written consent,

by means of signatures, was obtained from all participants. They were advised that in the event of them not being comfortable with any question, they were at liberty not to answer such a question. Participants were also informed that they could withdraw from their participation in the research at any point, should they wish to do so. To ensure privacy, interviews were conducted on an individual basis, in a private office where no one could listen in on what was being said. This is in line with the definition of privacy, pertaining to that which is not normally intended for others to see and analyse (De Vos et al., 2011). In addition to the above, and to ensure no harm to participants, the researcher wrote to the Department of Health to obtain permission to conduct research in the selected hospitals, as well as to interview the selected participants.

5.8.5 Respect for participants

Bless, Higson-Smith and Kagee (2006: 142) highlight that the researcher should ensure that the dignity and self-respect of the participants are always maintained. While conducting this study, the human and legal rights of all respondents were respected; no respondents were intimidated, at any stage. The research engagement was characterised by mutual respect throughout the research process. The study also ensured that there was no misinterpretation of data obtained from the respondents.

5.9 Delimitation of the study

The focus of this study is the level of skills development of healthcare professionals, management staff, and administrative support staff in two selected public hospitals in the Limpopo Province. The research area was restricted to the Limpopo Province – one of the poorer provinces in South Africa – and more specifically to two district hospitals in the province, namely, the Vhembe and Capricorn District hospitals. The province is located in the northern part of South Africa and it encompasses 5 districts. This study included the participation of 370 employees of the Limpopo Provincial Department of Health.

5.10 Significance of the study

The study is important for three reasons. First, many studies have examined training and skills development in organisations, across countries and sectors. However, few have conducted a detailed examination of the problem of the lack of investment in training and skills development, through the lens of the NPM within the context of the

public healthcare sector in a rural setting in South Africa. Second, while the study has contributed to, and enhanced the experiences and insights of the researcher, it also provides practical solutions that may address the problem of the lack of investment in training and skills development in the two district hospitals in the Limpopo Province, were these to be implemented by relevant and key stakeholders. Finally, the study contributes to raising awareness among lawmakers of the importance of, not only, introducing regulatory frameworks that reflect the ideals of a democratic political system, but also appropriating the financial and other support needed to adequately achieve the intentions of these frameworks.

5.11 Chapter summary

In this chapter, the researcher presented the methodological procedures used to conduct this study. The chapter discussed the process embarked upon by the researcher in collecting relevant information for the research study. An appropriate research structure was considered for this study before a suitable approach was finally chosen. This study employed a case study approach, using multiple methods of data collection. The approach for analysing the data was primarily qualitative, also using descriptive statistics to make sense of the responses of participants who completed the survey questionnaire. The next chapter focuses on a discussion of the research results, as well as a presentation of the research data, including its analysis and interpretation.

CHAPTER SIX

PRESENTATION, INTERPRETATION AND ANALYSIS OF RESEARCH RESULTS

6.1 Introduction

This chapter presents the results as well as the interpretation and analysis of the findings from the research conducted at the Elim and Botlokwa District Hospitals. The chapter presents, analyses and critically interprets respondents' views on the management of employee training and skills development. In this respect, the chapter is organised into three parts, capturing responses from the semi-structured interviews; the focus group discussions (FGDs); and the survey questionnaires. The responses from staff working at the two district hospitals under study, are presented below.

6.2 Data collected from Capricorn District and Vhembe District

The FGD guide, interview schedule and survey questionnaire were used to gather information relating to the problem of the lack of investment in training and skills development. These instruments were used particularly to gather information on challenges that contribute to the lack of investment in training and skills development as well as the actionable solutions towards those challenges. Apart from the skills development and training, the research instruments surfaced the issues concerning the unequal distribution of resources, political cadreship, and the lack of expertise, infrastructure and equipment. A semi-structured interview schedule was used to guide the interviews with those in management and administration, FGDs were conducted with nurses, and survey questionnaires were administered with public healthcare professionals at both Botlokwa and Elim District Hospitals.

The purpose of using the interviews and FGDs was to understand the issues at a deeper level and to add meaning and understanding to existing knowledge. To reduce personal biases inherent in the responses of the management and administration staff, which appear to be a challenge emerging from self-perception assessments (Gavanski and Hoffman, 1986; Walfish et al., 2012; Wells and Sweeney 1986), a survey questionnaire was administered to public healthcare professionals, that included medical doctors and nursing staff.

Interviews: At both district hospitals under study, the researcher conducted interviews with the Nursing Managers, Clinical Managers, Human Resource and Development (HRD) Managers, and the Chief Executive Officers (CEOs). Staff in these positions constitute their institutional management teams responsible for planning, organising, directing and analysing the performance of all institutional activities in the two hospitals. Key roles of management include the implementation of training and skills development processes, and ensuring the attainment of the organisational vision and goals. In this regard, the vision of the South African public health service is to render quality healthcare services to all, which can only be a success if delivered by a trained and skilled workforce.

Focus group discussions: The researcher conducted FGDs with all categories of nurses working and reporting directly to the Nursing Manager. Scholars point out that FGDs generally consist of 4 to 6 or up to 15 participants (Yin, 2003). In this study, there were 8 to 12 participants per FGD. Participants consisted of senior or professional nurses, enrolled or staff nurses, and assistant or auxiliary nurses working at the hospitals. Each session was allocated 90 to 120 minutes, with both female and male participants. Krueger (2002) maintains that homogeneity is very critical for participants to engage freely and reveal more information. Therefore, this study ensured that all participants shared similar characteristics, including the same level of employment. Purposive sampling is widely recommended since FGD relies on the ability and capacity of participants to provide relevant information (Krueger, 2002).

6.2.1 Capricorn District – Botlokwa Hospital: Data presentation, interpretation and analysis

6.2.1.1 Responses from semi-structured interviews with management

The study set out to gauge problem of the management of employee training and skills development from the perspective of the management in the Capricorn District – Botlokwa District Hospital. The researcher adopted the approach of face-to-face interviews, based on a semi-structured interview schedule to guide the interviews with the institutional management. The semi-structured nature of the interview guide allowed for follow-up questions in the case of clarification and further exploration of issues. The responses below reflect the views of the respondents who participated in the face-to-face interviews.

Theme: Perspectives on management challenges – Budget allocation

Question one

In general terms, what do you think are the challenges contributing to the management of training and skills development in your institution?

Collective response from the hospitals' management/ administrative staff

> The hospital setting does not really have a control of its budget; it relies on the head office for everything. This hospital receives R0.00 amount of budget for training and skills development programmes, which becomes difficult for the hospital to manage its Human Resource Development activities plans without funds. Ninety-nine per cent of the time the hospital and its management really cannot do much. Training is very much important but it is not on a priority list of the head office since they do not fund it. If people are not trained because there is no money, they end up being frustrated. The hospital management does engage with the head office every day about resources, but is told it is a national problem. The root cause is lack of leadership and management. There is a period of low laziness, especially for those in occupied positions based on cadreship. The administrative issues are being over-politicised, which led to financial misconduct, since people do not fear prosecution. The training and development policies from the head office and hospitals are not the same. The head office policy requires people to be trained based on a seniority list. However, the hospital prioritises those who are younger and who show passion in their work. All in all, the policy indicates that only 10% of the staff should be trained to avoid creating a shortage of staff on the service delivery part.

Interpretation and analysis

From the participant's perspective, the Department of Health in Limpopo Province is facing various challenges pertaining to the management of training and skills development of its employees. The cause of the problem of insufficient budget allocation is labelled as corruption. While the cause of the problem in the management of human resource development phase is corruption on top of the list, this negatively

impacts on employees' performance. There is a challenge in terms of financial management, fraud, fruitless expenditure and financial misconduct. Furthermore, a lack of accountability is also labelled on the top list. The dynamics around challenges in the management of training and skills development of employees are attributed to many factors such as lack of accountability, poor commitment, cadreship, absence of passion and interest from HRD, since there is not even an HRD plan.

Theme: Perspectives on implementation processes

Question two

What are the possible contributory challenges in the implementation of training and skills development for employees in your institution?

Collective response from the hospitals' management/ administrative staff

> Generally, there are no resources, which include finance, equipment and materials for training and skills development implementation processes. While there is no master trainer, on the other hand, the training venue is the only one and [it is] even too small to convey training and for demonstrations. Although the staff's attitude to learn is positive, however, the hospital is still suffering the mismanagement consequences of the past era; hence, there are no resources. By law, every year we must train at least 80% [of staff]. However, the hospital is now sitting on 0% trained staff due to lack of resources. People are not even trained on how to deal with a collapsed person. There is lack of commitment and interest; people are not trained to do the right things. Since 2011, the hospital received R0.00 for training. In 2010, it has requested R700,000 but instead was given R60,000 to see what to prioritises. However, later the hospital received instructions to allocate the amount to other areas/sections and not training. This could be because in 2010, many people were employed; that caused a shortage of training funds. There are a lot of staff the hospital needs to pay salaries to, which affects training finance. The budget for the whole institution is R112 million. However, it has been reduced to R65 million for the whole institution, inclusive of everything – salaries, bonuses, patients' goods and services, to mention a few.

Interpretation and analysis

By mentioning the challenges in the implementation of human resource development (HRD) activities, the respondents point out the shortage of resources as the main challenge. The respondents indicate that in some sections of the hospital they try to capacitate those who are not performing well; however, there is a shortage of resources. Furthermore, the respondents stipulate that as the institution, they plan to prioritise training but receive no support for implementation from the HRD office. Other challenges mentioned by the respondents include, the lack of training specialists, teaching aids for practical training such as stimulation training. There is not sufficient facility space to convene training for people, including demonstration training, particularly practical training. In the 2012 financial year, the LDoH issued the provincial training policy, that is not effectively implemented. According to the law and regulations, at least 80% of staff should be trained every year; however, the hospital has delivered 0% of training, due to lack of resources. In other words, compliance appears to be an issue. Nevertheless, non-compliance is not necessarily as a result of the lack of will, but due to the lack of resources.

Theme: Perspectives on strategies that enhance training and skills development

Question three

What are the strategies to enhance the management of training and skills development for healthcare professionals?

Collective response from the hospitals' management/ administrative staff

> One, training should be prioritised with sufficient resource allocation. A hospital should have control of its budget to do its job to manage the institution without too much of bureaucracy. Two, there should be a collaboration with other Human Resource Development offices. This hospital should learn and benefit from other institutions. Students should come for experiential practical training, as they can come up with new ideas to enhance performance. Three, skilled professionals working at tertiary institutions should assist in the hospital to train employees. The hospital should have its own master trainers to ensure people are receiving

training to make them happy in their positions. Four, the HRD office should be accountable and communicate with people through a periodic meeting on anything related to training and skills development. The hospital is in the dark and unfortunately it is the responsibility of HRD to deal with training-related matters. In future, the hospital should identify the right people for the right positions with a performance-based contract, throughout the term, because people are so comfortable in the office. Five, each division must have a champion person that can work directly with HRD in terms of facilitating training. Six, a skills audit should be conducted at least twice a year. Seven, there is a need to design a model for training and give trainees certificates after training implementation to encourage people out of their frustrations, to be developed. Eight, the hospital should improve its communication through the improvement of networks and create emails for employees. This means that if about 95% of people have emails, things can be better with easier communication. Employees should have emails and networks should be provided. Most of the employees do not have internet access nor email addresses.

The hospital is still using an internal memorandum to communicate and invite people for meetings. However, people do not read those manually pasted memorandums on the walls. The strategy is to allow people to register for training privately, as there is no budget. For example, accountancy training such as PASTEL Accounting Software, can be privately outsourced. Human relations training with employees, including healthcare professionals, can also be conducted through the in-service training with the involvement of Human Resource Division.

Interpretation and analysis

The responses from participants highlight a number of solutions to the problem of the lack of investment in training and skills development in the Capricorn District. Amongst other things, mention is made of the lack of financial resources allocated to staff training. There should be adequate resource allocation for training, for example, financial resources such as sufficient budgets for training. There should also be technological resources (laptops and desktops with software for practical training).

Similarly, there should be a creation of space such as boardrooms, to effectively conduct training.

The responses from the participants also highlight that adequate human resources, such as experts in the particular fields, are important. There is a need for greater collaboration with HRD offices at other external hospitals and tertiary institutions, as well as the introduction of training programmes that are relevant and accredited. An example is the collaboration with the Baragwanath Hospital in Johannesburg (Gauteng Province) which is the biggest hospital in Africa. Another example is the collaboration with medical schools at the University of the Western Cape and the University of Cape Town. The Department of Health and its hospitals cannot work alone; hence, there is a need for collaboration with other external accredited institutions. For hospitals' training to be of value and be accredited, it is important to work hand-in-glove with human resources personnel from the Department of Education and other relevant government departments. It means that, since the hospitals under investigation are in the Limpopo Province, they should work closely with the University of Venda and the University of Limpopo.

While every division should have a champion person to work directly with HRD to facilitate training, communication should always be effective. Communication can be done through both print and non-print media, by conducting a skills audit. The proper skills audit will reveal training needs and gaps among employees. In this regard, the design of a training module can be of assistance.

Regarding the need for staff emails, the researcher observed that by obtaining a personalised training invitation, an employee would be motivated to attend the training sessions. However, the current mode of communication is still not yielding results, as training information is posted manually on the general notice board.

In summary, the respondents indicated that actionable solutions that can be used to address the management of training and skills development gaps, are dependent on sufficient resources. This includes financial resources, human capital resources, equipment, and establishing networks with other hospitals, to draw on good practice. To this end, the LDoH should make efforts to source training and skills development resources as well as initiate collaboration with other relevant stakeholders.

6.2.1.2 Focus group discussions with nurses

The researcher conducted FGDs with the nurses at Botlokwa District Hospital with nurses. These FGDs were guided by an interview guide. The FGDs were used as a way to understand specific issues at a deeper level; hence, different questions were posed to the different focus groups. These FGDs were helpful for adding meaning and understanding to the existing knowledge, or getting to the “why” and “how” of an issue.

Question one

As a nurse, what are the challenges that you are facing while performing your duties in this institution?

Collective response from the public healthcare professionals

> The main thing is the issue of the shortage of staff. They should hire more staff and skilled personnel to train us or train the trainers who can train us internally to avoid travelling for training. We are facing a shortage of staff that affects our performance, since we are not trained and well-skilled to do all the duties. Another challenge that is affecting our performance is the lack of equipment to implement the little that we are being trained on.

Interpretation and analysis

Respondents reported that the main challenge they faced, is the shortage of staff. Although the institution may want to train staff, it will affect service delivery, as there will be a shortage of staff on duty to render services to the patients. Other challenges involve the shortage of equipment, support and budgets to implement training. However, the lack of resources was regarded as the most crucial challenge in terms of funds.

Question two

If there were things that needed to be addressed to improve your performance and quality of public healthcare service delivery in your institution, what are the two things that you think should be addressed accordingly?

Collective response from the public healthcare professionals

> The issue of professional and on-going training really needs to be addressed accordingly, so that nurses can gain knowledge and skills to improve their performance. The institutional management must write a motivational letter to request more money and make follow-ups for feedback. We must have sufficient equipment that is also up-to-date. We need to be up-to-date because things are changing. Managers of training and skills development should engage with us to find out our gaps. Resources are the main things also needed in terms of funds particularly for training, equipment and recruitment of staff. The HRD office should enquire from outside and make sure healthcare professionals from the hospital get trained to qualify as trainers of trainees at the hospital .

Interpretation and analysis

From this FGD, it is evident that employees in the LDoH really need to be trained and developed. The respondents understand the importance of the availability of training and equipment. It is clear from this response that the shortage of resources is affecting both the management and implementation of HRD activities. According to Gardner and Cooper-Thomas (2021: 40), the training process should be well planned and cover leadership, management, communication and team-building. All managers, employees and human resource personnel require to be trained. In order to effectively implement the knowledge acquired from training, the hospital wards should also have the required equipment.

Question three

What are the strategies to enhance management and implementation of training and skills development for healthcare professionals in your institution?

Collective response from the public healthcare professionals

> The institution's management needs to write motivational letters to request more money. The institution should train those who can train others in the hospital without going outside. There should be a provision of enough equipment which is also updated. It is important that employees are up-to-date because things are changing. If the institution submits motivational letters, they should also make follow-ups to get feedback. Managers of training and skills development should enquire from the public healthcare professionals to find out their skills' gaps – what it is that they are lacking to perform their duties well. In so doing, the management will be able to see how much the public healthcare professionals know and do not know. A skills audit is sometimes done, but not properly so. The institution should hire a qualified person to give public healthcare professionals in-house service training. That person must be skilled in a way that he or she will be able to provide proper training to produce quality results. The same hired person should be able to go for training outside the institution and come back to train [staff in] the wards. Incentives or compensation after training should also be considered. Similarly, trainees can also be given certificates after training participation. In so doing, that can encourage others to value training and attend as well as participate. Resources are the main things that are currently hindering the implementation of most HRD activities, including training. It is necessary that the HRD office enquires from outside to make sure healthcare professionals receive training to qualify as trainers at the hospital.

Interpretation and analysis

Based on the responses, the public healthcare professionals indicated that there should be skilled management and leadership staff who are passionate about improving employees' performance. This can be done through obtaining funds, providing updated equipment, training of employees, doing proper skills audits,

providing incentives, offering compensation, and awarding certificates after training. There is a need to train master trainers to become specialists who train other staff internally.

Question four

What are the strategies that your institution can use to retain highly skilled professionals?

Collective response from the public healthcare professionals

> Management needs to improve because if people know that it is poor, obviously they will go. The management in our institution should improve and stop abusing their power, since people will leave and even those from outside will not be attracted to come to join the institution.

Interpretation and analysis

Some respondents argued that those with specialisations are being retained. Other respondents felt that the department is not hiring new staff since there are no funds. On the other hand, the responses also indicate that some staff are leaving due to personal issues, such as financial constraints. Furthermore, the responses imply that incentives and performance awards could serve as a strategy to retain healthcare professionals in the public health sector. A respondent suggested that this could include the introduction of ward ceremony awards. Respondents further stipulated that management should be improved to be more competent, so that healthcare professionals remain working in the public health service. They felt that the leadership should see the bigger picture in order to plan the department's future direction.

6.2.2 Vhembe District – Elim Hospital: Data presentation, interpretation and analysis

6.2.2.1 Responses from semi-structured interviews with management

This study set out to gauge the problem of the management of employee training and skills development from the perspective of the management of the Vhembe District – Elim District Hospital. In this respect, the study adopted the face-to-face interview

approach, based on a semi-structured interview schedule to guide the interview. This interview guide allowed for follow-up questions in the case of clarification and the further exploration of issues.

Theme: Perspectives on management challenges – Budget allocation

Question one

In general terms, what do you think are the challenges contributing to the management of training and skills development in your institution?

Collective response from the management

> The hospital has a lot of unfilled vacant positions, since the department does not have money. This includes those who are responsible for training; they are in acting positions/roles, either without qualifications at all, or without relevant qualifications. People are occupying offices that they do not deserve because of comradeship in politics. People who are in the training and skills development office (HRDM) do not know what has to be done in training and skills development. They are placed in those offices based on the deployment of cadres, on political affiliation or loyalty. They do not know where to start, go or end. While the HRD personnel are just acting, they are also not trained in those new and acting positions. As such, they are further told that they will learn as they go, while in the position by themselves. Those in superior positions do not do anything about people's complaints regarding poor performance as a result of the lack of training and skills development. Though it is clear from the reports that people want to be trained and skilled, there is no feedback. It is as though the reports are submitted for the sake of compliance, without action, as it seems that they are not even read.

Interpretation and analysis

The respondents identified challenges that contribute to the management of training and skills development in the hospital setting, such as the lack of resources, which include finance, skilled staff and equipment. The respondents further indicated that those resources are not well managed as a result of incompetent and poor

management. They also said that there is a high number of unfilled vacancies, a lack of fit-for-purpose appointments, as well as the politicisation of these appointments.

Theme: Perspectives on implementation processes

Question two

What are the possible contributory challenges in the implementation of training and skills development for employees in your institution?

Collective response from the management

> There are no resources nor money for training and skills development programmes for employees. The overall budget for the hospital is very low. There are no resources to facilitate training and skills development – no money, no training. Those responsible for the training and skills development of employees are no longer making provision for training, due to financial constraints. Most of the institutional challenges revolve around money. Resources are not well managed, as a result of poor leadership and management. The hospital does not have the required equipment and skilled people to even properly train and skill others internally. We all know the price of the bread isn't low. If we are supposed to buy bread for R15 but end up buying something else with a lot of money or for more than R15, that is misutilisation of resources. Resources are not managed well; hence, the utilisation of resources is not done right. The hospital last received money for training of employees in 2016. There is no accommodation, transportation, nor food for trainees during the training. Although the hospital can organise the training, it becomes a challenge to implement. There are no seminar rooms for training. It is just a ward and sometimes the hospital conducts in-service training in the passages where the area is not even conducive [to training]. The hospital just does what it can, since it does not have people who are specifically trained to train others. There is also a shortage of staff. Therefore, to train is also a challenge that can create another shortage of service delivery. People are willing to be trained; however, funding and shortage of staff are challenges.

Interpretation and analysis

These responses show that contributory challenges in the implementation of training and skills development centre on the lack of resources to make implementation a success. There is no training budget, due to the misallocation of funds to other items. Training funds received in previous years were limited and allowed for the training of only a few healthcare professionals. Some of the respondents last received training years ago and never received any certificates.

Theme: Perspectives on strategies that enhance training and skills development

Question 3: **What are the strategies to enhance the management of training and skills development for employees in your institution?**

Collective response from the management

> Sufficient resource allocation for employee training and skills development is key, for example, management, medical doctors and nurses should be prioritised as the main staff members. There is a need for sufficient budgets for training in order to be able to effectively plan. Training is very important. For people to be up-to-date, they require training. Public healthcare professionals such as medical doctors at upper-level hospitals like tertiary hospitals, need to train those in lower ranks. It is not easy to apply injections to children – it demands experience that is acquired through practice. Wi-fi is also needed for self-reading journals on the internet. While there should be trainers to train others, those master trainers should also be trained on new things. People who are not receiving training, make a lot of mistakes that result in poor performance. As such, patients sue the department for such negligence, which costs a lot of money. The issue of in-house or in-service training needs to be strengthened to help with skills transfer. People should learn and do the right things to avoid patients suing the department. However, for people to learn, there should be a provision of sufficient resources for training and skills development. The department is sued by patients because it is not doing things the right way, which ends up wasting the departmental finances that could help to improve performance. We are sued because we are not doing things right! To ensure accountability for those who are not committed and who are making mistakes deliberately or due to [bad]

attitudes, consequence management can be used as a disciplinary measure. Consequence management can also help in corrective measures. The process can discipline those who commit mistakes, to follow the right procedures. There should be a proper skills audit before training is conducted. Training and skills development facilitators who know what to do should help those who lack knowledge, in the spirit of sharing.

Interpretation and analysis

The respondents suggested strategies to enhance the management of training and skills development for healthcare professionals, that include: a means of having funding, improved and committed management, proper planning, skilled master trainers, skills audit, strengthening in-service training and workshops. Respondents further emphasised the enhancement strategies for training and skills development.

The institution should allow staff members to get private training using their own money. However, this may widen the gap between those who have the means to pay for on-going training and those who cannot afford to attend private training, or to pay for the on-going training. It is important and beneficial for the public healthcare sector to allow those who can pay for private training, to do so.

6.2.2.2 Focus group discussions with nurses

The FGDs were conducted with the nurses at the Elim District Hospital, and they were guided by an interview schedule. The FGDs with the Elim Hospital nurses were used as a way to understand an issue at a deeper level; hence, different questions were posed to the different focus groups. Those FGDs were helpful for adding meaning and understanding to the existing knowledge, and also to establish the “why” and the “how” of a subject matter.

Question 1: As a nurse, what are the challenges that you face while performing your duties?

Collective response from the public healthcare professionals

It takes even 10 years or more without receiving training because of seniority lists that need to be followed. There are no resources in terms of a budget, as it is not utilised. Head office promises a change through word of mouth, without an action. The department is not providing the equipment nor employing staff; hence, there is a shortage of staff. Nurses are not being trained although there is a training institution (at Elim District Hospital); things are not managed well. The problem is from the province, where things are started, not to be run right. Senior employees do not want to take information shared by experienced staff who have been working in the institution for a while. There is no spirit of teamwork and supportive system – which affects patients. Patients do not have trust in employees, because our duties are not clear. An employee who is not responsible for giving injections, end up doing it, although it is out of his/her scope. There is no help – even from senior nurses and medical doctors – for those who fail to perform their duties well, like putting up a drip. This is because some senior nurses and medical doctors do not really know some of their duties too and are scared to tell their juniors that they do not know. They end up ignoring those in need of assistance and reporting challenges while performing the work duties. The mistake made by the hospital, is that they take someone new from training who still needs to be supervised and appoints the person as a unit manager, without experience. Both professional nurses and medical doctors at some sections do not even know how to put up a drip, since they fail to assist their juniors. Instead, when juniors need assistance in that regard, they show them an attitude without providing help. While senior nurses (professional nurses) spend time standing and chatting after attending their meetings and leave juniors (staff nurses and assistant nurses) alone in the wards, medical doctors move around the streets until later, at 10 am, which does not reflect passion and proper training. They do not really do their jobs, especially those coming from training. These healthcare professionals adapt how it is done in the hospital environment, as a result of poor and lack of supervision. Doctors who

are well trained know how to prioritise their work at the right time. They avoid loitering during working hours. It may be because, although they are trained, they are still having negative attitudes towards their work.

Interpretation and analysis

From the responses, it is evident that the lack of training, lack of resources for training, as well as the lack of equipment (updated machines for check-ups such as X-ray machines, computers for record-keeping and more advanced medication) are seen as some of the challenges that require to be addressed for smooth health service delivery. While some nurses at Elim District Hospital have not received training since they started working in 2011, some indicate that they have 15 years of working experience but received training only once. The above statements imply that not only is the department not training its employees, but is also not complying with policies such as providing training that requires employees to be trained on an annual basis. Ultimately, this demotivates employees, in particular public healthcare professionals.

Question 2

If there were things that needed to be addressed to improve your performance and quality public healthcare service delivery in your institution, what are the two things that you think should be addressed accordingly?

Collective response from the public healthcare professionals

The department should increase its number of trainees – since we have a training institution here at the hospital – and stop taking two people per annum to train. Computer literacy training is also needed, since some employees do not even know how to use it. The hospital is currently working manually, using papers. There is also no transparency in how employees get information; sometimes no information is posted on notice boards to provide information. The department needs to do away with its seniority policy and train those who are young and passionate about their jobs. Those who are trained based on the seniority list policy from the head office, are going for pension [due for retirement]. What is

> the use of training an old person who will work for a few months after training and then go for pension [retire].

Interpretation and analysis

The findings imply that there is a need for training of healthcare employees at the Elim District Hospital. Most of the work and organisational communications are being done manually, as there is evidence of technology phobia. It is clear from the inputs above that this hospital requires the use of technology. The institution uses a seniority policy for training, which requires those who have been in the system for long to be trained first. However, the responses from the participants indicate that the institution should do away with this training policy, as it disadvantages the young and passionate employees.

Question 3

What are the strategies that your institution uses to retain highly skilled professionals?

Collective response from the public healthcare professionals

> There are no strategies to attract people to come and work here or even remain in this institution. Instead, people are leaving the hospital. I am also leaving! Sometimes you want to work, but there is no equipment. The tendering [system] is the one killing us, as sometimes they buy things not needed and leave those things that are needed. You also find that the quality of those ordered items is not good. Training is very important; they should train us. They should invite retired healthcare professionals because those people have knowledge and information.

Interpretation and analysis

The responses regarding strategies to enhance training and skills development refer to the lack of competitiveness of the institution to attract staff and the exodus of staff from the hospital. Staff should be trained both internally – within their hospital setting – and externally – from tertiary institutions – with attractive measures to retain them.

Respondents mentioned that computer literacy training is urgently required, as they currently do work manually, using paper records. Other strategies to enhance training and skills development include the training of young and passionate staff, unlike older staff who are due for retirement. The institution should be transparent and improve its mode of communication, ensuring that staff receive information regularly and timeously.

6.2.3 Presentation and discussion of frequencies (Survey questionnaire)

The researcher administered 356 survey questionnaires to medical doctors and nurses working in the two district hospitals under study and who report directly to the Clinical Manager. Of the 356 survey questionnaires, 120 were responded to, which is a 34% response rate. The primary reason for such a low response rate was the participants' busy work schedules. Another reason was a lack of interest on the part of participants, as they indicated that they were tired of responding to questionnaires which do not bring any positive change to both them and the hospitals. However, in order for the researcher to increase the response rate from the questionnaires, the research team gathered information through the FGDs – mostly during the midnight shifts, which participants regard as less busy periods.

The purpose of the questionnaire was threefold:

(a) to understand the reasons for the lack of investment in training and skills development;

(b) to understand the perspectives of the public healthcare professionals on training and skills development as well as the reasons why the hospitals are not investing in training; and

(c) to reduce personal biases inherent in the responses obtained through the one-on-one interviews with the management staff of the hospitals.

The following section presents the results of the data gathered, captured in a series of tables.

Section A: Biographical details

Of those who completed the survey questionnaire, 37% were from the Capricorn District hospital and 63% from the Vhembe District hospital (see Table 6.1). Evidently, the majority of responses were from the Vhembe District hospital and therefore the responses should be viewed within this context. The reason is that the socio-economic activity of Vhembe District hospital is lower, compared to the activity of Capricorn District hospital, hence the investment of training is needed more. Mainly nursing staff participated in the survey (77%), while medical doctors constituted 23% of respondents, reflected as Clinical staff in Table 6.2. The age category of those who participated in the survey ranged from 18 years to above 60 years (see Table 6.3). The majority of respondents were female (79%), while males constituted 21% (see Table 6.4). In terms of qualifications, about 50% were in receipt of a diploma qualification, just over 29% had a Bachelor's degree and almost 11% were in receipt of a post-graduate diploma (see Table 6.5). In general, most of the respondents worked in the healthcare sector for either 3 to 5 years (just over 20%) and above 20 years (more than 36%), as reflected in Table 6.6. Respondents' work experience in the current hospital ranged from 1 to 2 years (nearly 18%) to 11 to 15 years (over 13%), as shown in Table 6.7. Only 3.3% of the respondents had 16 to 20 years of experience in the hospitals under study (see Table 6.7).

Table 6.1: District category

Category		Frequency	Percentage
Valid	Capricorn	44	37
	Vhembe	75	63
Missing	System	1	
Total		**120**	**100**

Table 6.2: Section/Division

Division		Frequency	Percentage
Valid	Nursing	90	77
	Clinical	27	23
Missing	System	3	
Total		**120**	**100**

Table 6.3: Age group

Age		Frequency	Percentage
Valid	18–28 years	14	11.7
	29–38 years	22	18.3
	39–48 years	28	23.3
	49–60 years	53	44.2
	Above 60 years	3	2.5
	Total	**120**	**100**

Table 6.4: Gender

Gender		Frequency	Percentage
Valid	Female	94	79.0
	Male	25	21.0
Missing	System	1	
Total		**120**	**100**

Table 6.5: Highest qualification

Qualification		Frequency	Percentage
Valid	Diploma	59	49.6
	Bachelor	35	29.4
	Post-Graduate	13	10.9
	Other	12	10.1
Missing	System	1	
Total		**120**	**100**

Table 6.6: Years of service in the profession

Years of service		Frequency	Percentage
Valid	1 to 2 years	10	8.5
	3 to 5 years	24	20.3
	6 to 10 years	17	14.4
	11 to 15 years	16	13.6
	16 to 20 years	8	6.8
	Above 20 years	43	36.4
Missing	System	2	
Total		**120**	**100**

Table 6.7: Working experience in the current institution/hospital

Years of experience		Frequency	Percentage
Valid	1 to 2 years	21	17.5
	3 to 5 years	18	15.0
	6 to 10 years	19	15.8
	11 to 15 years	16	13.3
	16 to 20 years	4	3.3
	Above 20 years	42	35.0
	Total	**120**	**100.0**

Section B: Challenges contributing to the management and implementation of training and skills development

Table 6.8: Perspectives on financial constraints

		Frequency	Percentage
Valid	Strongly agree	66	55.9
	Agree	31	26.3
	Not sure	11	9.3
	Disagree	4	3.4
	Strongly disagree	5	4.2
	Other	1	.8
Missing	System	2	
Total		**120**	**100**

The results of the survey questionnaire suggest that the majority of the respondents (at nearly 56%) agreed that there are financial challenges that contribute to the shortage of training and skills development. Additionally, the majority (over 82%)

agreed that financial challenges contribute to a lack of investment in training and skills development.

Table 6.9: Perspectives on incompetent management

		Frequency	Percentage
Valid	Strongly agree	19	16.5
	Agree	28	24.3
	Not sure	37	32.2
	Disagree	21	18.3
	Strongly disagree	10	8.7
Missing	System	5	
Total		**120**	**100**

Almost 41% of respondents agreed that their hospital management team is incompetent. Such perceptions show concurrence with the views presented by healthcare professionals in the focus group discussions.

Table 6.10: Perspectives on poor planning

		Frequency	Percentage
Valid	Strongly agree	23	20.4
	Agree	34	30.1
	Not sure	25	22.1
	Disagree	24	21.2
	Strongly disagree	7	6.2
Missing	System	7	
Total		**120**	**100**

The results of the survey questionnaires suggest that the majority of the respondents (almost 51%) agreed that the planning process for training is poor, while more than 22% purported that they were not sure on whether the planning process for training is poor or not. On the other hand, just over 21% of the respondents disagreed that the

planning process for training is poor, while only 6.2% of the respondents strongly disagreed that there is poor planning in the hospital setting.

Table 6.11: Perspectives on shortage of training facilitators

		Frequency	Percentage
Valid	Strongly agree	36	30.5
	Agree	42	35.6
	Not sure	18	15.3
	Disagree	13	11.0
	Strongly disagree	9	7.6
Missing	System	2	
Total		**120**	**100**

The results of the survey questionnaires suggest that the majority of the respondents (just over 66%) agreed that there is a shortage of training facilitators. It is quite clear that the majority were of the view that the hospitals under investigation are not investing sufficient resources in trainers and coordinators to facilitate training programmes for their staff. Just over 15% of the respondents indicated that they were not sure, which illustrates their mixed feelings, while nearly 19% of the respondents were in disagreement.

Table 6.12: Perspectives on recruitment of unqualified trainers

		Frequency	Percentage
Valid	Strongly agree	17	14.4
	Agree	22	18.6
	Not sure	30	25.4
	Disagree	31	26.3
	Strongly disagree	18	15.3
Missing	System	2	
Total		**120**	**100**

When probed on their perspectives of how qualified the trainers were, respondents shared mixed opinions. About 33% were of the view that trainers were adequately qualified to facilitate training programmes. However, more than 25% of the respondents were not sure, while nearly 42% responded that trainers were not properly qualified. The above figures suggest mixed feelings as far as perceptions, experiences and viewpoints are concerned. Since the majority of the respondents disagreed on the perspective of this question (41.6%), it means that the trainers are qualified to do their job. Interestingly, the qualitative data reveals that there are not sufficient qualified trainers to conduct training.

Table 6.13: Perspectives on shortage of training materials

		Frequency	Percentage
Valid	Strongly agree	43	36.4
	Agree	45	38.1
	Not sure	18	15.3
	Disagree	7	5.9
	Strongly disagree	5	4.2
Missing	System	2	
Total		**120**	**100**

The majority of respondents were of the view that there was a shortage of training materials (almost 75%). Only about 6% of respondents disagreed with this statement. It seems that training materials are not provided or included in the limited training that is provided to staff in the hospitals under study.

Table 6.14: Perspectives on lack of transportation for mentoring personnel

		Frequency	Percentage
Valid	Strongly agree	32	27.1
	Agree	33	28.0
	Not sure	28	23.7

	Disagree	16	13.6
	Strongly disagree	9	7.6
Missing	System	2	
Total		**120**	**100**

The results of the survey questionnaires reveal that the majority of respondents (just over 55%) agreed on the lack of transportation for mentoring personnel before and after training. It is worth noting that, while some employees do not have access to private vehicles, some do not want to use their private vehicles for work purposes due to fear of not receiving the reimbursement of their fuel and related expenses. The other reason is that the hospitals lack resources, such as official vehicles, since there is a shortage of such vehicles. However, there are other respondents who were neutral about the issue at hand. Based on Table 6.14, nearly 24% of the respondents indicated that they were not sure of the matter, while just over 21% of the respondents disagreed.

Table 6.15: Perspectives on training alignment

		Frequency	**Percentage**
Valid	Strongly agree	24	20.7
	Agree	36	31.0
	Not sure	39	33.6
	Disagree	9	7.8
	Strongly disagree	8	6.9
Missing	System	4	
Total		**120**	**100**

The main reason for including this statement in the questionnaire was to probe views on whether training was aligned to the needs of trainees. The findings from the FGDs revealed that there is no alignment between training programmes and training needs of the employees. Previous research, as well as the inputs from the FGDs, highlighted

the mismatch between the kinds of training provided to the healthcare professionals and their needs. For example, while employees felt that there is a need to be trained more on technology aspects that can also be put into practice, the training is more focused on manual aspects, instead. Participants also expressed strong concerns about negative attitudes from healthcare professionals towards patients as a result of burn-out; hence, human relations training is of importance, but there are no resources. Scholarly works refer to the importance of ensuring that the nature of training programmes is aligned to the needs of the trainees (Munzhedzi, 2017).

6.3 Chapter summary

This chapter presented the findings, as contained in the responses, to interview questions, FGDs, and the survey questionnaire. The findings show that there is indeed a challenge in terms of investing in employee training and skills development in the Vhembe and Capricorn District hospitals in the Limpopo Province. The findings also illustrate a clear knowledge by participants of the policies and legislation pertaining to training of employees. Amongst other factors, the participants noted that the poor implementation of training and skills development is due, in part, to the poor coordination of the training and skills development programmes and activities by those who are responsible to do so. These issues are discussed further in the next chapter.

CHAPTER SEVEN

MAIN FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

7.1 Introduction

This chapter presents the main findings, recommendations and conclusions of the study. Before presenting these however, it is important to remind the reader of the initial intentions of the researcher. The main objective of the study was to explore and understand the problem of the lack of investment in training skills development programmes in the Department of Health in the Limpopo Province (LDoH). More specifically, the study:

- critically examined scholarly debates on public sector reform with specific reference to the New Public Management (NPM), to understand the need for government investment in training and skills development in the public health sector;
- employed the theoretical framework of public administration reform more generally, and the NPM more specifically, to consider the problem of the lack of investment in training and skills development in the South African public health sector;
- explored the reasons for the lack of investment in skills development and training of officials in the sector through the case of two district hospitals in the Limpopo Province, namely, the Vhembe and Capricorn District hospitals;
- proposed actionable strategies for effectively managing training and skills development in the Vhembe and Capricorn District hospitals.

7.2 Main guiding assumptions/hypotheses

The study was guided by the following assumptions:

Guiding Assumption 1: Problems and challenges regarding employee training and skills development exist in public hospitals within Limpopo Province, which negatively affect healthcare service delivery.

Guiding Assumption 2: If there is availability and sufficient resources as well as competent management in the Limpopo Department of Health, employee training and skills development can be effectively managed and utilised, resulting in quality service delivery to the public.

It is important to mention that, in light of the study being largely qualitative in nature, the above-mentioned assumptions were used to guide the study, and not to examine whether or not relationships exist between two or more variables.

The researcher was further guided by four research questions, one primary and three secondary questions. The main research question was:

- What are the main reasons for the lack of investment in skills development and training of officials employed in the South African health sector?

The secondary questions were:

- What are the possible challenges contributing to employee skills development and training in the public health sector?
- How can the public health sector enhance its management of employee training and skills development?
- What strategies can be recommended to help address the challenges in the management of employee skills development and training in the Vhembe and Capricorn District hospitals?

7.3 Main findings of the study

The South African apartheid government adopted the approach of 'separate development' that led to citizens of the country being separated on the basis of race and ethnicity. In addition, the apartheid policies resulted in jobs being reserved for certain groups according to race and gender. As a result, the South African workforce is still differentiated, twenty-seven years into democracy. This is particularly evident when one considers reports that highlight who, by race and gender, occupies positions at a senior management level in organisations. Within the context of this study, the healthcare sector is one that markedly reflects the past, both from an infrastructure development perspective and that of occupational representation in terms of race and gender. In spite of the achievements of the democratic government since the dawn of democracy in 1994, not much has changed for the poor and those in the rural parts of the country. An examination of the case of the two district hospitals that formed part of the study highlights the continued challenges that hospitals face, especially those in rural settings. Key factors that are shown to contribute to these challenges relate to

ineffective leadership, the lack of financial resources, especially for training and skills development, and the subsequent lack of adequately trained staff. Notwithstanding these challenges, the South African government introduced significant changes when it assumed power in 1994. New or amended laws, policies and strategies were introduced that were aimed at facilitating the basic human rights of the people of the country and improved access to quality public services. In this regard, the principles comprising the NPM are evident in some of these policies and strategies.

Generally, the approaches contained in public administration reforms such as the NPM, imply a significant shift from how things were done in the civil service in the past. Towards the end of the 1970s and beginning of the 1980s, non-traditional approaches and reforms were introduced that were aimed at improving the efficiencies and effectiveness of the civil service, largely within the United Kingdom context. Subsequently, similar reforms were introduced in countries in the North, and in the early 1990s on the African continent, either resulting from donor conditionalities or political reforms. Reform of the South African public service only really started with the advent of democracy in 1994, that was accompanied by a number of laws that were intended to advance the ideals of a democratic political system. These were followed by policies and strategies designed to facilitate shifts in attitudes and behaviours of key role-players in the implementation process of the delivery of public services. In the context of these policies and strategies, the South African government adopted a number of NPM principles in an effort to accelerate the provision of basic services to all citizens of the country and improve the quality of such services. Amongst others, contracting-out, public private partnerships and agencification are but some approaches introduced by the government.

As was reflected on in Chapter one of the thesis, public administration reforms impact on the context, attitudes and behaviours across various levels that relate to the individual, institutions and society. With regard to the effect of reforms on the individual, the importance of creating enabling and empowering organisational conditions is brought to the fore (Khambule, 2013). In the case of the institutional level, the value of reform is emphasised through modernisation of processes and systems, rather than the creation of new institutions that are based on ‘foreign’ blueprints. Finally, at a societal level, consideration needs to be given to how members of society

relate to individuals within public institutions. To this end, the focus on ‘citizen as customer’, a key principle underpinning the NPM, emerges. While the South African government has clearly made an effort to ensure the introduction of appropriate and adequate regulatory frameworks, the implementation of these frameworks remains a challenge, as is evidenced through the case of the two hospitals in the Vhembe and Capricorn Districts.

Factors identified as contributing to the problem of training and skills development in the two district hospitals include: lack of infrastructure to support training and development, poor and ineffective leadership, and inadequate staffing. Chapter three of the thesis provides a detailed discussion of the laws and policies that (a) refer to a culture of training and skills development; and (b) encourage employers to invest in training and skills development. Gleaning from the frameworks, the underpinnings of the focus on improved efficiency and effectiveness of the public sector are clear. The White Paper on Human Resource Management (RSA, 1997), for example, refers to the development of a diverse, competent and well-managed workforce, capable of delivering quality services to the people of the country. It also provides guidelines for fostering a culture of performance. To this end, training and development is identified as one of the principles of a meaningful performance management system, designed to support employees in the exercise of their roles, functions and responsibilities. The White Paper also makes reference to a performance management system that contributes to the development of outstanding performance (Amelina and Tarasenko, 2020).

In the case of infrastructure to support training and skills development, most of the respondents who participated in the interviews and focus group discussions (FGDs) referred to an inadequate budget for staff training. From some of the responses, it appears that the national government is not adequately appropriating funding to support the training and development of skills of staff in Elim and Botlokwa. The lack of funding prevents the hospitals from developing and implementing a coordinated training agenda that takes into consideration changes in the sector and specific staffing needs. Additionally, the failure to appoint training staff adds to the problem of training and skills development. In one of the hospitals under review, respondents

commented on the appointment of individuals as trainers in the interim period, who do not possess adequate or relevant qualifications.

The problem of poor and ineffective leadership also emerged from the findings. In this regard, some respondents blamed leadership for not motivating strongly enough for an adequate training budget. In a politicised context where managers are appointed on the basis of their political affiliations as opposed to their qualifications, knowledge and experience, there is probably less of an administrative will to pursue what is in the best interest of the staff and the hospital, in this instance. In addition, it does not seem that the hospital leadership is acting in compliance with legislation, such as the Skills Development Act (RSA, 1998a) and the Skills Levies Act (RSA, 1999b). These legal frameworks refer to the employer's responsibility to introduce training and development programmes that enable staff to grow and develop within their functional areas. Yet the views shared by staff across occupational categories in the hospitals studied, suggest that staff are not afforded opportunities to update their skills and competencies in a sector central to the well-being of millions of South Africans.

Finally, inadequate staffing was highlighted by respondents as a third factor contributing to the problem of the lack of investment in the development of staff. The NPM framework places a significant emphasis on the appointment of contractual staff, to fill the gap of inadequate skills and staffing (Hughes, 2003: 57). The framework, together with government training policy, concur that such contracting-in must also be based on merit, skills, and capacity rather than political association, patronage and nepotism. The framework is based on the understanding that a person appointed on a contractual basis is more likely to be productive and perform well. However, regardless of contracting-in of healthcare professionals in Botlokwa and Elim hospitals, the hospitals still find it challenging to retain health professionals such as nurses and medical doctors. This is due to poor working conditions that these employees work under, which involve poor infrastructure and lack of equipment (Hlayisi, 2020: 2; Maphumulo and Bhengu, 2019: 46. While these two hospitals experience turnover of staff which worsen the service situation, training the remaining staff becomes a challenge, not only as a result of limited finance but also due to shortage of staff who will be on duty rendering services. It is therefore important that while these hospitals are considering contracting-in of healthcare professionals, they

should consider motivating employees through improving work conditions as another way to retain them. Contracting-in can be a good strategy of bringing in skilled and well-trained labour, especially without the involvement of political-administrative interference. The hospitals under study should therefore receive support through the provision of training resources. Well-trained and skilled employees stand a chance to improve their performance and thereby also the quality of services rendered to the people.

For the hospitals to be able to balance the equation between investing in training and rendering the public service in demand, they should be able to have control over their personnel and training budget. One of the features of the NPM is the abolition of centralised decision-making powers as well as personnel and financial control mechanisms (Polidano, 1999). Botlokwa and Elim hospitals can easily achieve their plans when given a chance to have control over their resources. Decentralisation refers to delegating greater managerial authority and responsibility to public managers (Cameron, 2009: 915). This includes the hospital Chief Executive Officers and their management, in the case of the hospitals under study.

The findings from interviews with the hospitals' management staff, reveal that the hospitals under study are facing various challenges which the leadership at the head office is not directly experiencing; hence, there is a need for decentralisation of powers. In the Limpopo Province, approximately 79% of healthcare professionals – which include medical doctors – work in the private sector or at least outside their province (DoH, 2019b; Scott et al., 2020). It becomes a challenge for the limited staff in public hospitals to keep themselves up-to-date with changes in the healthcare sector. The changes in these public hospitals negatively impact on service delivery to the people who are regarded as patients, clients or customers. According to the NPM and the *Batho Pele* principles, patients should be put first and treated with good customer service skills, as they are regarded as customers who should be satisfied (Agoti et al., 2020: 53). In line with the policy framework, the NPM and the *Batho Pele* principles advocate for a client-centred approach. However, based on the findings from the FGDs with nurses, the hospitals under study challenge the idea of treating patients as customers – due to burn-out and demoralisation, the public health professionals care less about patients. Some of the reasons for the demoralisation

and burn-out were aligned to lack of training and poor working conditions (DoH, 2019b; Lægreid, 2017). Skilled and trained professionals are key in delivering good customer service. The observations show that healthcare professionals who are well- trained and skilled, tend to treat patients as customers through putting patients first before their own needs.

7.4 Recommendations

Based on the findings of this study, there is a need for enhancement of skills development and training of employees in the public service, specifically in the health sector. In this regard, the researcher drew recommendations of the study focusing on the findings in Chapter six of the study. Useful recommendations based on the data analysed in the previous chapter are provided to assist the management of the LDoH, and especially the Botlokwa and Elim Hospitals in the improvement of investing in training and skills development.

7.4.1 Inadequate resources

The provincial government should ensure that there are sufficient resources in these hospitals under study, since the lack of resources compromises service delivery, mostly in rural areas where the majority of the people depend on public services. These resources should be used effectively, efficiently, and economically. All financial irregularities such as inappropriate, unauthorised, as well as fruitless expenditure should be avoided in the hospitals. In this regard, the Accounting Officers should ensure that financial irregularities are avoided at all times and those involved in such misconduct should be held to account. Accountability should be enforced, as far as financial resources are concerned.

In this case, the resources are of great importance to ensure healthcare professionals are receiving on-going training. Hence, it important that the responsible personnel allocating budgets must first do proper research. Financial budgets must be well aligned with the programmes, activities and functions of the department.

7.4.2 Poor leadership

Competent political, administrative, and professional leadership should be employed in the Limpopo Provincial Government and the hospitals which are under their area of jurisdiction; they should also separate politics and administration. Recruitment

systems based on patronage and nepotism are not needed and are undesirable. Therefore, patronage and nepotism should be avoided at all costs as they cause the hospitals to be unable to render services for the promotion and improvement of the health of the people. A merit system of recruitment should be used in employing managers and professionals to serve in the LDoH and in hospitals.

7.4.3 Inadequate staff

Timeous appointments of personnel should be done in the LDoH and the hospitals in the Limpopo Province. There is a pool of unemployed people with relevant qualifications, and they need to be considered for appointment to those vacant posts. Hospitals cannot operate effectively without sufficient administrative and professional staff. Lack of service delivery in the Department of Health is also caused by the fact that there are several positions that are not filled. The vacancy rate is as high as 81%, whereas some of these positions are already budgeted for during the particular financial year (DoH, 2020).

7.4.4 Continuous training

The provincial government should provide public professionals with on-going training on modern technologies and human relations, while balancing the staff ratio. This means that there should be sufficient human resources to do the work when others are on training. When employees are being taken care of well, they also work on developing a positive attitude towards people, to achieve the organisational goals.

The hospitals should continuously request funds for training from the provincial government and other stakeholders, while making means to raise funds as well. The budget should be used by the hospitals to take control of their resources, such as personnel and finances, particularly for training, without political-administrative interference. By so doing, the hospitals can achieve their training plans, while improving on performance and rendering quality services to the people.

7.4.5 Recruitment based on merit

The NPM advocates for those in management to possess the right kinds of knowledge, experience, and qualifications, to enable decision-making in a more flexible way. This means that employees must be recruited based on merit and not according to political loyalty or cadreship. More specifically with reference to the case of the two hospitals

under study, those in managerial positions should possess the core competencies to make decisions that ultimately affect the well-being of both patients and those working in the hospitals.

7.4.6 Ensuring compliance with regulatory frameworks

Hospitals should ensure that they comply with regulatory frameworks in order to work effectively towards the achievement of their goals. This means that they should stay up-to-date with changes in health, law, and regulations. Hence, it is important that these healthcare sectors hire and involve specialists and consultants to ensure that everything is in order while actions and procedures are being complied with. It is also important to conduct regular proper internal and external audits such as financial and skills audits, in this case.

7.4.7 Prioritising and investing in HRDM

Human resource development and management (HRDM) should be regarded highly in the public health sector. Strategic HRDM is essential in the public sector and should be applied accordingly with experts who value investing in HRDM. The Human Resource Development (HRD) offices in the hospitals under study should prioritise the upskilling of healthcare professionals, as it is encouraged by the regulatory frameworks, such as the Skills Development Act and the Skills Levies Act. These regulatory frameworks advocate that the employer is required to invest in training and development of its employees to improve their performance. The regulatory frameworks presented earlier in this thesis emphasise the prioritisation of training by the employer in various ways. For example, Chapter three of the South African Skills Development Act states that the employer should determine the training needs of employees and then address them through training and education. The hospitals could do better if they trained and upskilled their employees while encouraging them to participate in learning programmes.

7.4.8 Recruitment of competent staff based on merit

Employees should be recruited based on their qualifications, skills, and experience. This will promote service delivery, professionalism, and effectiveness of these functionaries in the public health sector. The hospitals need to invest in the recruitment of staff who are competent, as opposed to appointing staff on the basis of their political affiliation. The introduction of merit, as an important criterion in the recruitment and

selection process, would contribute significantly to the quality of healthcare provided by the hospitals. Interview panels should be properly constituted and comprise of panellists who are experts in the healthcare sector, to eliminate political biases. In addition, a recruitment and selection process based on merit may result in the reprioritising of training and skills development within a context that is fast-changing, given disruptions of the 21st century.

7.4.9 Expansion of public institution activities

The activities of public institutions are expanding and changing at such a rate that the academic world cannot always keep abreast of them. The staff must therefore be specially trained to ensure that their knowledge and skills will have a practical and realistic value. In every section or functional branch of an institution there will continually be new developments, simplified and more effective techniques, and employees should be kept abreast of them. Periodic training remains one of the most effective antidotes to stagnation.

7.4.10 Training as an essential and unreplaceable activity

Training is essential in the public health institutions as well as in the private sector. Employees must learn how to do their work. It is better to provide organised training than to allow workers to receive their instructions haphazardly, in conditions not conducive to proper training. Most private institutions have proved that it is profitable to train employees. Some of the larger private enterprises have training schemes. Public institutions must follow suit if they wish to move with times. It has been established that training generally results in higher morale and greater enthusiasm. It stimulates the employees' interest and gives them a feeling of self-esteem among colleagues, and they will be able to work to the best of their ability.

7.5 Main conclusions

Notwithstanding the merits of public sector reforms such as those proffered through the NPM, improvements in the quality of services provided by public health organisations will not be achieved unless there is significant investment in training and skills development of staff, especially those in rural contexts. The implementation of public sector reform approaches require training interventions that will contribute to a capable public service (Limcaoco et al., 2020). Therefore, the lack of investment in

training and skills development compromises strategies and plans towards enhancing public sector healthcare efficiency and effectiveness. Moreover, investment in skills development requires a holistic approach or strategy that is adequately funded, aligned to the needs of recipients of training, and has the necessary infrastructure required by staff who operate within the healthcare sector. Given the nature of the world that we live in, change is inevitable. In the absence of organisations planning for change (beyond risk management plans), by appropriating adequate financial resources to training and development, investing in infrastructure and human resources fit for purpose, meaningful organisational change will be stifled.

In addition, the notion of managerialism that underpins the NPM, requires that those in leadership positions possess the right kinds of knowledge, experience and qualifications, to enable decision-making in a more flexible way (Hood, 1991; Kletz et al., 2014). More specifically, with reference to the case of the two hospitals under study, those in managerial positions require core competencies to make decisions that ultimately affect the well-being of both patients and those working in the hospitals. However, the current situation reflects the contrary. It seems that the lack of investment in training and skills development across occupational levels in the hospitals has contributed to the delivery of poor healthcare services to the people who live in these districts.

The Limpopo Department of Health's training policy needs to be reviewed, adjusted, and updated. In its current state, the training policy prioritizes training to employees on the basis of seniority and number of years of employment in the hospital. This is referred to as a seniority- based selection process. With seniority- based selection, the first hired is the first to receive training. In this regard, it becomes unfair and a challenge for young and new employees working in the public health sector to receive training opportunities as it might take a long time before it's their turn to be trained. Providing training to nearly retiring employees who will soon leave the sector with the skill, is a loss to the public health sector. Rather, it can be beneficial to the public health sector to review its training policy to cover and prioritise young employees who are passionate about their work as well. Training passionate employees and finding mechanisms to retain them can sustain both their careers and enhance public healthcare service delivery. It becomes a wasteful expenditure to train people who have almost reached retirement age.

7.6 Limitations of the study

This study focused on two district hospitals within the Vhembe and Capricorn Districts in the Department of Health in the Limpopo Province, investing in training and skills development of employees. Therefore, the findings of this study may not be generalised to represent the entire spectrum of public institutions in South Africa.

Another limitation was introduced when some respondents chose not to participate in the FGDs or to complete the survey questionnaire. They indicated that they did not have time due to their busy work schedules and other commitments; some also expressed their reservations about continuously completing research questionnaires, without meaningful outcomes. However, the researcher managed to convince some of the respondents, who later changed their minds and participated in the study during their night shifts, which were less busy.

It was also a challenge to meet with the hospitals' management to conduct interviews, because they had busy schedules. The researcher had to wait for them while making follow up arrangements on when to meet. The arrangements were therefore successful and it gave a green light to conduct the interviews.

Despite these limitations in this study, issues of training and skills development in the context of the public health service, specifically in Botlokwa and Elim District Hospitals were addressed.

7.7 Future areas of study

Future research in regard to the management of employee training and skills development in the LDoH (Botlokwa and Elim District hospitals) is essential in order to improve performance and service delivery.

The following recommendations for future research areas are outlined to suggest possible actionable solutions on the findings and to provide further areas of research which are not covered in this study:

- continuous proper skills audits and training of employees – especially healthcare professionals – aimed at identifying approaches for improved service delivery in the public health service;
- a comparative analysis study of hospitals in rural settings and those in urban settings;
- challenges related to training and skills development investment: the development of guidelines to inform a new and effective training policy;
- further and more in-depth research on financial mechanisms for skills development and training drawn from all over South Africa;
- an exploratory study of the influence of in-service training on the public health sector;
- the development of a human resources management model;
- actionable measures for effective human resources development and management in a quest for improved healthcare service delivery; and
- further research on the effective implementation of continuous training in the public health service.

These future research areas may assist in expanding the body of knowledge in regard to training management in a quest for improved health service delivery in South Africa.

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APPENDICES

APPENDIX A: University of the Western Cape Ethics Committee approval for the research and the research methodology

UNIVERSITY of the WESTERN CAPE

OFFICE OF THE DIRECTOR: RESEARCH
RESEARCH AND INNOVATION DIVISION

Private Bag X17, Bellville 7535
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31 August 2018

Ms M Nefale
School of Government
Faculty of Economics and Management Science

Ethics Reference Number: BM18/7/1

Project Title: An exploratory study into the problem of the management of employee training and skills development in public health sector: A comparative analysis of two district hospitals in the Limpopo Province.

Approval Period: 30 August 2018 – 30 August 2019

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

PROVISIONAL REC NUMBER -130416-050

APPENDIX B: Approval to conduct research from the Botlokwa and Elim District Hospitals

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Stander SS (015 293 6650) Ref: **LP_201809_002**

Nefale M
University of Western Cape

Greetings,

RE: An exploratory study into the problem of the management of employee training and skills development in public health sector: A comparative analysis of two district hospitals in the Limpopo Province

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-
    - Research must be loaded on the NHRD site (http://nhrd.hst.org.za) by the researcher.
    - Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
    - In the course of your study there should be no action that disrupts the services, or incur any cost on the Department.
    - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
    - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
    - The above approval is valid for a 3 year period.
    - If the proposal has been amended, a new approval should be sought from the Department of Health.
    - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

Head of Department

31/10/2018
Date

Private Bag X9302 Polokwane
Fidel Castro Ruz House, 18 College Street. Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.
Website: http/www.limpopo.gov.za

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APPENDIX C: Participation Information Sheet

Research title: An exploratory study of the problem of training and skills development in the public health sector: the case of two district hospitals in the Limpopo Province

Dear Participant

You are invited to participate in a research study conducted by M Nefale (3777215). It is in partial completion of the researcher's thesis towards PHD Degree at the School of Government, at the University of the Western Cape.

Before you decide to participate, it is important for you to understand the purpose of the research and what it would entail. Please take time to read the following information carefully and discuss it with others if you wish. If you are unclear of anything, I would be happy to answer any questions you may have.

PURPOSE OF THE STUDY

The Department of Health is facing a serious challenge with regard to the shortage of skills and management of employee training and skills development. The department faces a challenge of scarce skills. Naturally, this affects their ability to deliver services effectively and efficiently. It seems that too little financial resources are being allocated to the development and management of skills. Hence, the researcher wants to explore and understand the reasons for the lack of investment in skills development programme in the Department of Health in the Limpopo Province.

DESCRIPTION OF STUDY AND YOUR INVOLVEMENT

Government departments are tasked with becoming more responsive to citizens needs by offering services that are both effective and accountable. Employees need to be in a position to ensure that they have the necessary skills to drive this change. The participants are required to complete the questionnaire and answer the interview questions on management of employee training and skills development in the public health sector.

CONFIDENTIALITY

Please be advised that the results of the study will neither divulge the organisation's particulars nor your particulars, as to maintain confidentiality at all times. Any information that can connect the responses to you or the organisation will remain confidential. The researcher shall keep all records and tapes of your participation, including a signed consent form which is required should you agree to participate in this research study, locked away at all times. After a period of five years after completion of the study, the records and tapes will be destroyed.

VOLUNTARY PARTICIPATION AND WITHDRAWAL

Your participation in this research is entirely voluntary, which means that you are free to decline from participation. It is your decision whether or not to take part and without giving a reason. You may also choose not to answer particular questions that are asked in the study. If there is anything that you would prefer not to discuss, please feel free to say so.

RISK STATEMENT

The researcher's topic is not sensitive; therefore, the might not be any negative consequences or implications towards participation. However, in the event of any negative effects, the researcher will assist with the provision of some form of counselling support services for participants.

PAYMENT FOR PARTICIPATION

There are no costs to the participant for partaking in the study.

INFORMED CONSENT

Your signed consent to participate in this research study is required before I proceed to interview you. I have included the consent form with this information sheet so that you will be able to review the consent form and then decide whether you would like to participate in this study or not.

QUESTIONS

Should you have further questions or wish to know more, I can be contact as follows:

Student Researcher : Mulalo Nefale

Student Researcher Signature : M Nefale

Student Number : 3777215

Mobile Number : +27 81 364 5236

Email : 3777215@myuwc.ac.za

mulalo44@gmail.com

I am accountable to my supervisor: Prof MV Esau

School of Government (SOG)

Telephone : +27 21 959 3941

Fax : +27 21 959 3849

Email : mvesau@uwc.ac.za

Biomedical Research Ethics Committee

Research Development

Telephone : +27 21 959 4111

Fax : +27 21 959 3849

Email : research-ethics@uwc.ac.za

APPENDIX D: Consent Form from the University of the Western Cape

Research title: An exploratory study of the problem of training and skills development in the public health sector: the case of two district hospitals in the Limpopo Province

I have read the information presented in the information letter about a study being conducted by Mulalo Nefale towards the Doctoral Programme at the School of Government (SOG) at the University of the Western Cape.

This study has been described to me in a language that I understand and I freely and voluntary agree to participate. My questions about the study have been answered.

I understand that my identity will not be disclosed and was informed that I may withdraw my consent at any time by advising the student researcher.

With full knowledge of all foregoing, I agree to participate in this study.

Participant Name : _____

Participant Signature : _____

Date : _____

Place : _____

APPENDIX E: Approval to change the thesis title

1. Name of Student:	**Mulalo Nefale**

2. Student number:	**3777215**

3. Department:	**SoG**

4. Degree:	**Public Administration**

5. Supervisor:	**Prof M.V. Esau**
5.1 Co-Supervisor:	**N/A**

6. Original Title:	**An exploratory study into the problem of the management of employee training and skills development in public health sector: a comparative analysis of two district hospitals in the Limpopo Province**

7. Proposed new title:	**An exploratory study of the problem of training and skills development in the public health sector: the case of two district hospitals in the Limpopo Province**

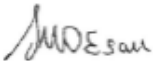
8. Motivation for title change:
After my Supervisor read through the draft that is almost ready for examination. She realised that the registered title does not adequately reflect the study as it now reads. The scope of the project remains the same. However, the study is not really comparative in nature. We are planning to send the thesis for examination very soon.

9. Has the scope of the project changed?	**YES**		**NO**	**×**

10. If Yes to Q.9, does this warrant a re-application for Ethical Clearance?	**YES**		**NO**	**×**

SIGNED BY:

Student: M Nefale

Supervisor: 

Department Post-Graduate Coordinator ……

Date:……

APPENDIX F: Survey Questionnaire

SURVEY QUESTIONNAIRE FOR HEALTH CARE PROFESSIONALS (MEDICAL DOCTORS AND PROFESSIONAL NURSES) AT THE HOSPITALS WITHIN VHEMBE AND CAPRICORN DISTRICTS

The questionnaire intends to help the researcher concerning **"An exploratory study of the problem of training and skills development in the public health sector: the case of two district hospitals in the Limpopo Province".** Please read each of these questions and statements carefully and decide which one is most appropriate to you by making a cross (**X**) in the appropriate space provided below.

SECTION A: BIOGRAPHICAL DETAILS

1. District category

Capricorn	1
Vhembe	2

2. Name of hospital

Botlokwa	1
Elim	2

3. Section/Division……...

4. Age group…….

18-28 years	1
29-38 years	2
39-48 years	3
49-60 years	4
Above 60 years	5

5. Gender

Female	1
Male	2

6. Highest qualification

Diploma	1
Baccalaureate Degree (s)	2
Post-Graduate Degree (s)	3
Other specify	4

7. Current position

Medical Doctor	1
Professional Nurse	2

8. General year/s of service in the profession

1 to 2 years	1
3 to 5 years	2
6 to 10 years	3
11 to 15 years	4
16 to 20 years	5
Above 20 years	6

9. Working experience at the current institution/ hospital

1 to 2 years	1
3 to 5 years	2
6 to 10 years	3
11 to 15 years	4
16 to 20 years	5
Above 20 years	6

SECTION B: MANAGEMENT OF EMPLOYEE TRAINING AND SKILLS DEVELOPMENT IN LIMPOPO DEPARTMENT OF HEALTH

No	**Please indicate what method of training you have received since you began working in this hospital**	Place an X in the box that applies to you	
		1. Yes	2. No
1	Orientation training		
2	Coaching training		
3	Sensitivity training		
4	Team building training		
5	Case study training		
6	E-learning/ Technology-Based Learning training		
7	Simulation training		
8	Job rotation training		
	Other:		

No	**The following challenges contribute to shortage of employee training and skills development in this hospital**	Place an X in the box that applies to you				
		1. Strongly Agree	2. Agree	3. Not sure	4. Disagree	5. Strongly Disagree
9	Financial constraints					
10	Incompetent management					
11	Poor planning					
12	Shortage of training facilitators/ coordinators					
13	Recruitment of unqualified trainers					

14	Shortage of training materials					
15	Lack of transportation for mentoring personnel					
16	Training alignment					
17	Other (specify)					

No	**The following strategies/ measures will attract highly skilled professionals in this hospital**	Place an X in the box that applies to you				
		1. Strongly Agree	2. Agree	3. Not sure	4. Disagree	5. Strongly Disagree
18	Cash bonus					
19	Occupational specific dispensation					
20	Grading					
21	Long service award					
22	Translation					
23	Additional qualification award					
24	Rural allowance					

No	**The following solutions will enhance and strengthen management of employee training and skills development in this hospital**	Place an X in the box that applies to you				
		1. Strongly Agree	2. Agree	3. Not sure	4. Disagree	5. Strongly Disagree
25	Prioritising and investing in employee training and skills development					
26	Recruitment of competent employees based on merit					
27	Allocation of enough training resources					

28	Strengthening retention strategies					
29	Doing away with the deployment of cadres based on political affiliation					
30	Compliance with employee training and skills development legislations and regulations					

Additional:

31. How many times per year do you receive relevant training and skills development in this hospital? (Please tick)

1	
2	
3	
4	
5	
More than 5	

1) In general terms, what do you think are major contribution factors to poor management of employee training and skills development particularly in your current institution?

……
……
……
……

2) If there were things that need to be addressed to improve employee's performance and quality public health care service delivery in your institution, what are the two things that you think should be addressed accordingly?

……
……
……
……

3) What is your recommendation to those responsible of the management of employee training and skills development programme?

……
……
……
……

Any other comments:

……
……
……
……

THANK YOU SO MUCH FOR YOUR TIME AND PARTICIPATION!

APPENDIX G: Interview schedule/ guide

UNIVERSITY of the
WESTERN CAPE

FACULTY OF ECONOMIC AND MANAGEMENT SCIENCES

SCHOOL OF GOVERNMENT

Research title: An exploratory study of the problem of training and skills development in the public health sector: the case of two district hospitals in the Limpopo Province

1. Training and skills development overview

1.1 What is the type of trainings that you receive here that are related to your job?

1.2 From the training you mentioned, are they having a positive or negative impact on the trainee?

Please explain your response in detail.

1.3 Apart from the trainee, is the training done here having a positive or negative impact on the organisation?

Please explain your response in detail.

1.4 Apart from the training mentioned above, what other training would you like to receive that would be of great impact to you and the organisation?

2. Challenges contributing to management of training and skills development

2.1 Generally speaking, what do you think are major contributory factors towards the management of training and skills development at your institution?

2.2 What are the challenges in the implementation of training and skills development for health care professionals?

2.3 As the HRD Manager, what are the challenges that you are facing whilst on duty?

2.4 Is there any challenge that the managers face in relations to training and skills development of hcp?

2.5 If there are challenges, what do you think causes these challenges?

2.6 What are the challenges faced by the medical officers while performing their duties?

2.7 What are the challenges faced by professional nurses whilst performing their duties?

2.8 What are the challenges faced by the clinical managers while performing their duties?

2.9 What are the challenges faced by the nursing managers while performing their duties?

2.10 What do you think causes these challenges?

3. Strategies that can enhance management of training and skills development for health care professionals

3.1 What strategies can be used to address the challenges facing health care professionals?

3.2 How can your institution enhance the management of training and skills development?

3.3 What are the main things that you think should be addressed accordingly in order to improve the management of training and skills development?

3.4 What are the possible actionable solutions that can address poor management of training and skills development?

3.5 Do you think prioritising and investing in training and skills development, recruitment of competent employees based on merit, funding, strengthening retention strategies, avoiding deployment of cadres and compliance with training regulations and legislations can play a role as solutions to enhance and strengthen management of training and skills development for hcp in your institution?

3.6 How can challenges faced by health care professionals be dealt with?

3.7 How can challenges faced by the management be dealt with or addressed?

3.8 What is your recommendation towards effective management of training and skills development programme for health care professionals?

3.9 How do you address issues pertaining to training and skills development within your institution?

4. Strategies to retain and attract top talents or highly skilled professionals

4.1 What strategies being used by institution for top talents retention?

4.2 What measures do your institution use to attract external highly skilled professionals?

4.3 Do you think they are efficient to maintain old professionals and attract new ones?

4.4 What do you think can be the best retention strategies?

5. Prioritised form/ methods of training and skills development

5.1 What are the factors influencing training and skills development in your institution?

5.2 What are the training needs of the health care professionals?

5.3 What types of training conducted amongst hcp in your institution?

5.4 What is the prioritised form of training and skills development for hcp at your institution?

5.5 Why such training is deemed important over others?

5.6 How many times per year do hcp receive relevant training and skills development at your institution?

5.7 In what areas hcp receive training and skills development?

5.8 What types of courses offered for health care professionals?

6. Effect of skills audit reports and understanding on training and skills development policy at your institution

6.1 How do you understand your roles and responsibilities as an HRD Manager?

6.2 What is your understanding of the following terms which are frequently used by your institution:

- Training
- Skills development

6.3 What is the importance of skills audit in your institution?

6.4 Based on your personal experiences and perceptions of others, how helpful is the skills auditing program in improving public health care service delivery?

APPENDIX H: Focus group discussion guide

UNIVERSITY of the
WESTERN CAPE

FACULTY OF ECONOMIC AND MANAGEMENT SCIENCES

SCHOOL OF GOVERNMENT

1.1 In general terms, do you receive skills development and training?

In your response, please explain deeper.

1.2 What is the type of trainings that you receive here?

1.3 From the training you mentioned, are they having a positive or negative impact on the trainee?

1.4 Apart from the trainee, is the training done here having a positive or negative impact on the organisation?

1.5 Apart from the training mentioned above, what other training would you like to receive that would be of great impact to you and the organisation?

1.6 What do you think could be the main reasons for the lack of investment in skills development and training of officials employed in the South African public health sector?

1.7 Based on your opinion, what are the possible challenges contributing to employee skills development and training in the public health sector?

1.8 How do you think the public health sector enhance its management of employee training and skills development?

1.9 What strategies you think can be recommended to help address the challenges in the management of employee skills development and training in the Vhembe and Capricorn District hospitals?

1.10 How are your skills being audited?

APPENDIX I: Professional editing certificate

ON POINT LANGUAGE SOLUTIONS (PTY) LTD
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Tel: 082 2988 560
E-mail: on.point.solutionsza@gmail.com
Website: www.onpointlanguage.com

EDITING CERTIFICATE

14 February 2022

Ms Mulalo Nefale
c/o School of Government
Faculty of EMS, UWC

Editing of PhD Thesis

This serves to confirm that the following academic thesis has been fully copyedited (language and style), formatted, proofread and reference-checked by me:

An exploratory study of the problem of training and skills development in the public health sector: The case of two district hospitals in the Limpopo Province
by
Mulalo Nefale

The research content or the author's intentions, were not altered in any way during the editing process. The author has the authority to accept or reject my suggested changes and corrections.

I may be contacted for any further clarity required regarding the above.

Sincerely

……..
URSULA F. ARENDS
Director: On Point Language Solutions