OCCUPATIONAL SPECIFIC DISPENSATION WITH REFERENCE TO PROFESSIONAL NURSES: A POLICY OVERVIEW OF AN ACADEMIC HOSPITAL

By:

LINDELWA PEARL NGOZWANA

Student number: 28278063

A dissertation submitted in partial fulfilment of the requirements for the degree MPhil in Public Policy in the School of Public Management and Administration

FACULTY OF ECONOMIC AND MANAGEMENT SCIENCES

UNIVERSITY OF PRETORIA

SUPERVISOR: PROFESSOR Dr. J.O KUYE

APRIL 2015

School of Public Management and Administration

Declaration Regarding Plagiarism

The School of Public Management and Administration emphasises integrity and ethical behaviour with regard to the preparation of all written assignments.

Although the lecturer will provide you with information regarding reference techniques, as well as ways to avoid plagiarism, you also have a responsibility to fulfil in this regard. Should you at any time feel unsure about the requirements, you must consult the lecturer concerned before submitting an assignment.

You are guilty of plagiarism when you extract information from a book, article, web page or any other information source without acknowledging the source and pretend that it is your own work. This doesn't only apply to cases where you quote verbatim, but also when you present someone else's work in a somewhat amended (paraphrased) format or when you use someone else's arguments or ideas without the necessary acknowledgement. You are also guilty of plagiarism if you copy and paste information <u>directly</u> from an electronic source (e.g., a web site, e-mail message, electronic journal article, or CD ROM), <u>even if you acknowledge the source</u>.

You are not allowed to submit another student's previous work as your own. You are furthermore not allowed to let anyone copy or use your work with the intention of presenting it as his/her own.

Students who are guilty of plagiarism will forfeit all credits for the work concerned. In addition, the matter will be referred to the Committee for Discipline (Students) for a ruling. Plagiarism is considered a serious violation of the University's regulations and may lead to your suspension from the University. The University's policy regarding plagiarism is available on the Internet at *http://upetd.up.ac.za/authors/create/plagiarism/students.htm*.

For the period that you are a student at the School of Public Management and Administration, the following declaration must accompany **all** written work that is submitted for evaluation. No written work will be accepted unless the declaration has been completed and is included in the particular assignment.

I (full names & surname):	Lindelwa Pearl Ngozwana
Student number:	28278063

i

Declare the following:

1.   I understand what plagiarism entails and am aware of the University's policy in this regard.

2.   I declare that this assignment is my own, original work. Where someone else's work was used (whether from a printed source, the Internet or any other source) due acknowledgement was given and reference was made according to departmental requirements.

3.   I did not copy and paste any information <u>directly</u> from an electronic source (e.g., a web page, electronic journal article or CD ROM) into this document.

4.   I did not make use of another student's previous work and submitted it as my own.

5.   I did not allow and will not allow anyone to copy my work with the intention of presenting it as his/her own work.

Lindelwa Pearl Ngozwana

April 2015

Signature   Date

PERSONAL PARTICULARS

DEDICATION

I dedicate this study to my role models, my parents: Livingstone Mncedisi Ngozwana (Thiyane, Zengele) and Beauty Lulama Ngozwana (Mazulu), who are always ambitious for me and for the unwavering support system they have been throughout my life.

I also dedicate this study to the memory of my late friend, Ntombizethu Shongwe, who would have made a significant contribution to the South African medical field.

ACKNOWLEDGEMENTS

I give thanks to the Almighty God for the great things he continues to do in my life. I am undeserving but he continues to bless me abundantly. After this testing experience never will I doubt his power and plan for my life.

To my hardworking parents, Livingstone Ngozwana and Beauty Lulama Ngozwana words can never express my gratitude for all the sacrifices they have made in ensuring that my future is as bright as can be. Your prayers, words of advice and encouragement were my source of strength.

To my wonderful siblings Yonwaba Mabinza, Lungelwa Ngozwana, Linda Ngozwana "Coco" and Lukholo Ngozwana "Toe" thank you for the love and support.

I am very grateful to my supervisor Professor J.O Kuye for his time and guidance. Most importantly thank you for your valuable expert advice.

To Professor S.M Nkomo, thank you for encouraging me to cultivate a resilient attitude when faced with a challenging situation. Your academic advice, patience, and words of encouragement were so valuable.

To Professor N. Holtzhausen, thank you so much for believing in me. Your time, intellectual advice and consistent guidance changed this study into a great learning experience. This journey was not a simple one, but you helped me to focus and work towards the end goal.

To Professor L.P Malan, I am so grateful and fortunate to have had received motivation, time and profound advice that was so generously given to me by you.

I would like to thank Dr Kenoshi, the C.E.O of Steve Biko Academic Hospital, for allowing me to conduct the study at the Steve Biko Academic Hospital.

To Dr Marais, of the Steve Biko Academic Hospital Nursing Management, thank you for guiding me throughout the data collection process at the Steve Biko Academic Hospital because the contribution from the hospital has made this study worthwhile.

To Mrs Peterson I truly appreciate your help during the process of the research protocols which had to be submitted to the C.E.O and ethics committee. Thank you for taking this role seriously.

A special appreciation goes out to Isaac Zulu of the PHSDSBC, Khaya Sodidi of DENOSA, Suzan Ntlaleng and Mashudu Nkosi of HOSPERSA for the providing the documents that were needed for this study.

To my language editor Tharina Hansmayer, thank you for your valuable input and reliability.

I am very grateful to the University of Pretoria for the UP Postgraduate Bursary that paid for my university fees.

ABSTRACT

For many years the subject of retaining the Professional Nurses in the public sector has been one of the major challenges and factors that have contributed to the decreased quality of public health services in South Africa. The much needed and valuable skills of the nursing profession have caused South Africa to share its well trained nurses with the rest of the world and other sectors, thus resulting in a brain drain. Although some financial incentive policies such as the Rural Allowance and Scarce Skill Allowance policies had been introduced the South African government still identified a need to introduce a new remuneration policy. In an attempt to curb the retention issue the South African Department of Health with the relevant trade unions negotiated a remuneration and retention policy that would target skills that were considered scarce. This resulted in the establishment of the Occupational Specific Dispensation policy.

The implementation of this policy started in 2007 with the nursing profession being the first group to be introduced to this policy. The manner in which a policy is implemented is vital since it is important to determine whether the policy is a success or a failure and whether amendments need to be made or not. However, the implementation of policies tends to be the most overwhelmingly challenging, yet significant task. Studies on the evaluation of the implementation of remuneration policies that are related to public health professionals in South Africa are not sufficient. Therefore the basis of this study is to evaluate the manner in which the Occupational Specific Dispensation policy has been implemented and the outcomes of the implementation at the Steve Biko Academic Hospital.

This specific case study focused on were the Professional Nurses at the Steve Biko Academic Hospital. For a systematic collection of data and analytical purposes the 5C Protocol Framework was used. An empirical contribution to the body of knowledge on public policy implementation is not only ethical but essential. It is also imperative to identify trends and understand the implementation issues in the public health sector within a South African context. As the architects of public policy the South African government needs to be cognisant of the current state of affairs with regards to public policy implementation.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	African National Congress
CEO	Chief Executive Officer
CORE	Codes of Remuneration
CoT	City of Tshwane
CPN	Chief Professional Nurses
DENOSA	Democratic Nursing Organisation of South Africa
DoH	Department of Health
DPLG	Department of Provincial and Local Government
DPME	Department of Monitoring and Evaluation
DPSA	Department of Public Service and Administration
GDoH	Gauteng Department of Health
GDoHSD	Gauteng Department of Health and Social Development
HIV	Human Immunodeficiency Virus
HOSPERSA	Health and Other Service Personnel Trade Union of South Africa
M&E	Monitoring and Evaluation
NSG	National School of Government
NEHAWU	National Education and Health and Allied Workers Union
NUPSAW	National Union of Public Service and Allied Workers
OECD	Organisation for Economic Co-operation and Development
OSD	Occupational Specific Dispensation
PALAMA	Public Administration and Leadership and Management Academy
PERSAL	Personal Salary System
PHSDSBC	Public Health and Social Development Sectoral Bargaining Council
PMG	Parliamentary Monitoring Group
PSA	Public Servants Association
PSC	Public Service Commission
PSCBC	Public Service Bargaining Chamber

SADNU	South African Democratic Nurses Union
SANC	South African Nursing Council
SBAH	Steve Biko Academic Hospital
SPN	Senior Professional Nurses
STATS SA	Statistics South Africa
TB	Tuberculosis
UNDP	United Nations Development Programme
UNEDSA	University-based Nursing Education South Africa
WHO	World Health Organisation
WPTPS	White Paper on the Transformation of the Public Service

CHAPTER ONE: INTRODUCTION TO THE STUDY

1.1. INTRODUCTION

Public institutions are societal bodies that are established for the benefit of citizens. Citizens are entitled to satisfactory public services of high quality. Public institutions do not aim to generate profits but rather to achieve objectives that correlate with effective and efficient service delivery that enhances the well-being of citizens. Since the democratisation of South Africa in 1994, Chapter 10 of the South African Constitution of 1996 stipulates the democratic values and principles governing public administration. Batho Pele principles also strengthens the values and principles of public administration found within the South African Constitution by encouraging public servants to provide public services in a professional and client-oriented manner.

Democratic countries such as South Africa identify and formulate objectives that are directed towards service delivery through the formulation of public policies. In a democratic state public policies are put in place to transform and reconstruct or amend public sector affairs in order to obtain and maintain high quality public services. Public policies serve different purposes and can be formulated for different fields. A public policy can be oriented around diverse areas such as finance, health, environment or personnel management.

Through the formulation and implementation of Public Sector Human Resource Management policies the South African public sector is enabled to improve service delivery by looking at issues associated with wage inequalities, staff turnover of critical skills and work performance. However some areas of the South African Public Service such as the health services have always been faced with a number of challenges, and the increasing needs of restructuring and renovation. A challenge that continues to be a persistent obstacle relates to the retention of nurses that work in the public health services. In addressing this problem of staff retention, government and the relevant trade unions reached a consensus to formulate and implementing Resolution 3 of 2007 which is also referred to as the Occupational Specific Dispensation remuneration policy. This is the latest remuneration initiative that has been established by the South African government.

The purpose of this study is to evaluate the implementation of the Occupational Specific Dispensation policy for Professional Nurses in the public sector. The manner in which the policy objectives of Occupational Specific Dispensation have been translated into action by the Steve Biko Academic Hospital is the main proposition of this study. This chapter is an introduction to the purpose and objectives of the study. The nature of public policy in South Africa before and after democracy is explained. This is followed and supported by a description of legislation and policies that promote democracy in South Africa, democratic policies and strategies that relate to the public health professional and nursing policies and strategies in the new democracy. This is followed by an introductory description of Occupational Specific Dispensation.

The survey of literature, motivation, objectives, research question and significance and limitations of the study are articulated in this chapter. The key concepts that need clarification are defined and the preliminary framework of the study is outlined.

1.2. GEOGRAPHICAL LOCATION OF STEVE BIKO ACADEMIC HOSPITAL

The Steve Biko Academic Hospital was named after Steve Biko a young black political activist during the apartheid era in South Africa. This hospital is located in Pretoria, also referred to as Tshwane, the capital city of the Republic of South Africa. South Africa occupies the most southern part of the African continent with a coastline of some 3000 km (Burger 2011:2). South Africa covers an area of 1,219,090 km² and has common boundaries with Namibia, Botswana, Zimbabwe, Mozambique and Swaziland (Hutcheson 2011:1145). Lesotho is a self-governing country that is situated within the borders of South Africa.

South Africa is divided into nine provinces. Pretoria is found in the smallest but financially dominant province, Gauteng. The Gauteng province is South Africa's economic centre and is responsible for more than 34.8% of the country's total GDP (Burger 2011:7). Pretoria covers 6386 km² of Gauteng's 190055 km² and stretches almost 121 km from east to west and 108 km from north to south making it the third-largest city in the world with regards to land area, after New York and Tokyo (City of Tshwane 2013).

Figure 1.1 South African map of its capital city

Source: South African Statistics 2008.

1.3. THE NATURE OF PUBLIC POLICY IN SOUTH AFRICA: FROM APARTHEID TO DEMOCRACY

Public policy in South Africa experienced, and has been influenced by, drastic ideological changes. Before 1994 economic, political and land restriction policies structured society according to race, gender, and age-based pyramids governed, with significant effect on the organisation of access to basic resources for health and health services and general social life (Coovadia, Jewkes, Baro & Mcintyre 2009:1). The government of that time formulated public policies that institutionalised a political philosophy of separateness based on ethnicity and class. The sum of total discriminatory legislation, policies and practices that came into being under the authority of a white minority government can be viewed as apartheid (Van Aardt 1994:3). The apartheid system was introduced as a means of institutionalizing white supremacy, which lead to the deprivation of basic human rights of other population groups (Van Aardt 1994:3).

3

Ever since its birth as an organisation in January 1912, the ANC has been at logger-heads with segregationist legislation, policies and practices in one way or another (Van Aardt 1994:4). The founders of the ANC opposed the establishment of the Union of South Africa to the country's black majority were refrained from partaking in political activities (Coovadia *et al.* 2009:3). The ANC together with a number of other South African political parties continued to be significant symbolic organisations that fought against the discriminatory and unfair legislation and policies of the former South African rule.

As the political war against the apartheid regime was won in many ways, its policies and legislation which represented the way government was ran, left many obstacles and challenges for the new South African government that won the 1994 elections. The Apartheid system had unquestionable long term effects which include inequalities in income and unjust access to well-paid job opportunities, housing and health care services by members of different political parties (Van Aardt 1994:6). Van Aardt (1994:7) says that if one had to isolate the major legacy of apartheid it would probably be the marked inequality in the living standards of different population groups.

The apartheid regime, which implemented its ideology through its legislation and institutions, created and left an inheritance of persistent poverty and extreme inequality that spans 300 years (Gumede 2008:10). The new democratic government inherited a very broken, undemocratic health system that consisted of separate health departments for four different racial groups as well as for each of the. Before 1994 the Republic of South Africa comprised of 11 separate states, each with its own government, legislation and administrative system (Ncholo 2000:95). This means that health care was highly fragmented with regards to administration, governance and territory.

The ANC was challenged ideologically, administratively and technically in its approach to the reconstruction and development of a new public service. It is therefore not surprising that the post-1994 dispensation focused on the necessity for a much more effective, efficient and equitable public service, proficient of improving the quantity and quality of service provision and resolving the imbalances of the past (Bardill 2000:104). A number of significant policies and legislation were put in place to be used as a point of reference in the transition from the old regime into the new. Administrative reformation intended to

4

replace the rule-bound, command-and-control method of the apartheid regime with a system aimed to change the perspectives of public servants to 'serve the public' in a customer focused way (Ncholo 2000:88). The Reconstruction and Development Programme (RDP), the 1993 and 1996 Constitution and the WPTPS have shaped strategies and policies on transformation (Ncholo 2000:88). The plan of the first phase of administrative reform was to introduce new policies aimed to fundamentally transforming the public service and guiding the achievement of the objectives in the WPTPS (Ncholo 2000:90). Therefore the purpose of the White Paper was not to provide a detailed but rather a broad policy framework (Bardill 2000:106).

The democratic government faced considerable challenges which included reconstructing the institutional mechanisms, and initiating and implementing legislation and policies that are in line with the Constitution so as to guide the new era of a developmental State (Gumede 2008:10). The democratically elected state's crucial task was to address the discrimination, underdevelopment and disempowerment that had weakened the health system over the centuries (Coovadia *et al.* 2009:12). A neoliberalism state was deliberately avoided by South Africa with a preference for a developmental state with the responsibility of realising the mandate given the first democratically elected government in South Africa: to transform and to progressively work towards social justice for all (Saloojee & Pahad 2011:16). The shift from an oppressive regime to a democratic country that categorises its self as a developmental state is one of the important underlying characteristic of public policy in South Africa. It can therefore be acknowledged that the purpose of formulating and implementing public policies in South Africa has been based on a developmental standards and principles.

Saloojee and Pahad (2011:8) argue that "the developmental state is still the most effective instrument at the disposal of society to deal concretely with the most pressing challenges of underdevelopment; growing inequalities globally, regionally and nationally; poverty and unemployment; and integration in the global economy as equal partners". The South African government has clearly committed itself to the construction of a developmental state making it one of only on a few governments in the world to declare this (Edigheji 2010:2). A developmental state, as it has been explained above, is one that aims to

reconstruct and transform underdeveloped societies, decrease the inequality that may exist and empower and provide opportunities for the less privileged. Chapter 2, 7 and 10 of the Constitution promote a public administration that must function under democratic and developmental principles. This means that the public policies that are formulated must be directed towards ensuring that service delivery effectively benefits the citizens.

Although South Africa has frequently referred to itself as a developmental state; it remains a source of much debate (Gumede 2011:179). The task of giving effect to these developmental oriented chapters of the South African constitution is challenging as the public sector must continue to regulate corruption and decrease staff turnover. The progress in solving the social, economic and political troubles through the establishment of public policies that aim to improve the standard of living of the communities is greatly hindered by the lack of staff capacity particularly in the health sector.

1.4. GENERAL LEGISLATION AND STRATEGIES FOR THE HEALTH SECTOR PROFESSIONAL IN POST-APARTHEID SOUTH AFRICA

Against the backdrop of the previous discussion the post-apartheid South African government aimed to implement policies that were democratic, developmental and transformative for every sphere and department of government. In the context of this research, legislation and strategies relating to the general Department of Health personnel, specifically Professional Nurses in the new South Africa are explained. The legislation and strategies mentioned below are initiatives that promote a democratic public sector. Such a public service is not exclusive to the citizens that make use of public service, but leads by example in looking after the public servants, the providers of public service, and ensuring that their democratic rights are also protected. These initiatives include the South African Constitution, the Batho Pele principles, White Paper on Affirmative Action in the Public Service 1998, White Paper for the Transformation of Human Resources in the Public Service, Labour Relations Act of 1995, Employment Equity Act of 1998 and the Human Resources for Health in South Africa: Human Resource Strategy for the Health Sector of 2012/2013-2014/17.

- Constitution

The South African Constitution is the highest law of the land. Chapter two of the Constitution contains the Bill of Rights which is regarded as the corner stone of democracy in South Africa. The Bill of Rights in Section 1 of the Constitution provides that it preserves and protects the rights of all people in our country and affirms the democratic values of equality, human dignity, and freedom. Every person working inside or outside the public sector is protected by the Bill of Rights. No occupation or profession is superior to another in any way.

In the context of this study all public health professions are protected by the Constitution. It is set out in Section 9 of the Constitution that everyone is equal before the law and has the right to equal protection and benefit of the law. The implementation of the 1993 interim Constitution in 1994 saw that salaries, allowances, conditions of service and related measures were restructured in terms of Article 236 (4) of the constitution (Ncholo 2000:95).

- Batho Pele Principles

Based on the White Paper on Transforming Public Service Delivery, the Batho Pele principles gives effect to one of the WPTPS transformation objectives: to make service delivery a national and provincial priority in government department (Ncholo 2000:90). The Batho Pele principles promote a level of professionalism by clearly stating the manner in which services must be provided to the public by public servants. Public servants must handle all citizens with respect, courtesy, and dignity (DPSA 1997b:5). Batho Pele points towards a vigorous process to cultivate a pleasant, customer-focused and friendly and relationship between the public service and its clients (Ncholo 2000:90). When a public service is being rendered, citizens must not feel threatened or experience any form of ill-treatments from public servants. Public servants are the representatives of the government of the day, and must not only be competent in performing their duties, but they ought to be welcoming and professional.

- White Paper on Human Resource Management in the Public Service of 1995

The purpose of this White Paper is to provide a policy framework that will support the development of human resource management practices which promote an effective and efficient Public Sector that is geared for economic and social transformation (DPSA 1997a:16)**.** This meant that new policies and a new human resource management culture had to be established for transformation to take place. Implementing the White Paper's policies would pose challenges for national and provincial departments and for the Department of Public Service and Administration (DPSA 1997a:15). The manner in which applicants were recruited, selected and retained had to change as there were key values, ideals and standards put in place to guide the transformation in human resource management. The new democratic era was one that had to put in place policies that would accommodate and empower those groups that did not benefit from the former regime.

- White Paper on Affirmative Action in the Public Service of 1998

The White Paper on Affirmative Action in the Public Service of South Africa may be considered the most comprehensive and important policy document (Erasmus, Swanepoel, Schenk, van der Westhuizen & Wessels 2005:180). This white paper recommends that management practices of every aspect of public institutions should be an integral element of affirmative action (Erasmus *et al.* 2005:181). According to the DPSA (1998:1) *"*This White Paper on affirmative action is a testimony of the Government's commitment to the transformation of the Public Service into an institution whose employment practices are underpinned by equity". Affirmative action in South Africa is about ensuring a representative workforce of the diverse citizens in an organisation. Ncholo (2000:8) states that Affirmative action measures are the interim measures designed to speed up the process of achieving representatively and redressing the disadvantaged status of women, blacks and people with disabilities. For some, affirmative action may possibly be perceived as a policy that hinders the career progression of other groups that are not recognised as being previously disadvantaged according to this policy. Affirmative action could also be viewed as a mechanism that encourages the promotion of less qualified and inexperienced individuals.

8

- Labour Relations Act of 1995

Labour legislation in South Africa was transformed through the Labour Relations Act of 1995 by creating a single Labour Relations Act for the public and private sectors (Ncholo 2000:99). The Labour Relations Act of 1995 was established to instigate laws that would allow collective bargaining to occur at the workplace and at a sectoral level; and to ensure that employees participate in decision-making takes place by establishing workplace forums (DoL 1995:1). This act removed the fragmentation that was a result of each sector being self-governing. The LRA's core principle is to promote the right to fair labour practices in the public sector workplace (Erasmus *et al.* 2005:454). All Public sector employees, excluding special government agencies such as the South African Secret Service, National Defence Force and National Intelligence Agency, are protected by this Act as it upholds and promotes their employee constitutional rights such decision making and collective bargaining.

- Employment Equity Act 55 of 1998

The purpose of this act is to eliminate unfair discrimination in employment processes by promoting equal opportunity and fair treatment in employment through the (DoL 1998:1).Therefore the purpose of this Act is to promote anti-discriminatory practices in the work place by providing work opportunities to diverse individuals in the work place. Most importantly it ensures work opportunities are available for the groups that were once marginalized.

- Human Resources for Health in South Africa: Human Resource Strategy for the Health Sector 2012/13–2016/17

One way in which the Department of Health has played its role as the central hub of public health management in South Africa is through its publication of annual reports and strategic plans. The focus however is on Human Resource Management in South Africa: Human resource strategy for the Health Sector in 2012/13-2016/17. The function of the HRH SA Strategy is to provide strategic guidance to inform the process of implementing change in human resources for health (DoH 2011:72). This strategy provides a review of

some of the models and theories that are arising in human resource management practices in South Africa.

1.5. NURSING STRATEGIES AND POLICY INTERVENTIONS IN SOUTH AFRICA

Initiatives such as the rural allowance, scarce skills allowance and the Nursing Act of 2005 were put in place to remedy some challenges faced by the public health sector**.** In this section a brief description of each strategy is given and the purpose is explained. The nursing strategies are divided into the financial and non-financial categories. In the context of this research study the non-financial strategies are plans that do not consider financial or fiscal matters, whereas the financial strategies refer to strategies that use money as a means to pursue objectives.

- Nurses Act of 2005

The Nursing Act of 2005 made it obligatory for nurses that fall under the SANC to work in the public sector for a specific period of time and required of all nurses a compulsory year of experience in community service (Burger 2009:315). This gives nurses the opportunity to gain practical experienced exposure of what they learnt in theory, whilst giving back to society. According to MacFaralane (2007:363) this Act authorised nurses who had been absent from South Africa for more than three years to be removed from the roll and for nurses who trained in the private sector to be required to do a year of community service in public service after they had qualified.

- Nursing Strategy of 2008

The Nursing Strategy of 2008 offers a broad method to address the challenges encountered by the nursing profession in South Africa. It focuses on areas such as nurse resources, positioning of nurses, nurse leadership and education. It aims to implement an adequate supply and distribution of nursing professionals, as well as professional standards and quality in nursing practice, in order to meet the needs of South African people (Pillinger 2011:9).

- Strategic Plan for Nursing Education, Training and Practice 2012/13 – 2016/17

The purpose of the strategy is to ensure that the current and future nurses are equipped with the relevant and necessary skills to deliver high quality and competent service delivery to patients. It emphasizes the importance of registered nursing institutions and colleges to be acknowledged as institutions of higher education according to the requirements of the Higher Education Act (DoH 2013:10).

- Rural Allowance

In 1994 a Rural Allowance recruitment strategy was established. The objective of the Rural Allowance policy was to retain and attract health professionals to work full-time in public health services in under-served, rural and other uninviting areas (Ditlopo, Blaauw, Bidwell & Thomas 2011:84). Implemented in March 2004 after an extensive debate in the Public Service Bargaining Chamber (PSCBC), the new Rural Allowance eventually led to the development of two separate allowances; the Scarce Skills Allowance (SSA) and the Rural Allowance (RA) (HEARD 2009:39). The Scarce Skill Allowance benefits certain groups of health professional regardless of the place of work, while the rural allowance benefits all health professionals that are found in health facilities which are in designated areas as rural places (Health Systems Trust 2004:3).

- Scarce Skills Allowance

The purpose of the scarce skill allowance was to retain and attract health professionals in the public service (PHSDSBC 2011:2). This allowance only benefited certain groups of nurse and this was met with unhappiness by nurses that worked in the public sector. The other challenge was that scarce skill and rural allowances benefited doctors more than they did nurses (PMG) 2009). The PSCBC Resolution 1 of 2007 provided a revised salary structure to replace the Scarce Skills framework (PHSDSBC 2011:2). The revised salary structure brought about the establishment of Resolution 3 of 2007 referred to as Occupational Specific Dispensation policy. The purpose of the OSD policy was to cater for all public professions that were categorised as scarce.

- Resolution 3 of 2007: Occupational Specific Dispensation

In 2007 the remuneration package of healthcare workers was improved following a large-scale strike by public sector nurses who demanded a pay raise (Sato 2012:20). The main objective of Resolution 3 of 2007 is to improve salaries and offer career related opportunities to attract and retain the much needed professions in the public sector. Nursing is recognised as a scarce and significant profession in South Africa. The agreement also led to the introduction of different salary scales for identified categories of nursing professional and the incorporation of the existing scarce skill allowance for specialist nurses as part of their salaries (Pillinger 2011:9).

According to DPSA (2007b), "Occupation Specific Dispensation has been implemented to improve government's ability to retain and attract skilled employees". The Department of Health spearheaded Occupation Specific Dispensation as it is driven by the need to improve conditions in public health for health professionals (PMG 2009). In its constant scramble for these vital nursing skills government, together with the relevant unions, engaged on a collective agreement that would be appropriate for the problem that was at hand. The spokesperson for the Department of Health reported that five trade unions namely, DENOSA, NEHAWU, PSA, HOSPERSA and NUPSAW were involved in the negotiations of Occupation Specific Dispensation for nurses and an agreement was signed in September of 2007 (DOH 2008a). In the case of nurses the focus is on remuneration, career progression, incorporation of scarce skill allowances and differentiating salary scales (Mqolozana & Wildschut 2008:50-51).

As a salary structure Occupation Specific Dispensation has been centrally determined, provides career path opportunities based on experiences and competencies, with a salary progression within each level and it fuses certain benefits and allowances into salaries (DPSA 2007b). Occupation Specific Dispensation also serves to recruit nurses from the private sector into the public sector as it has made improvements on the nurse career paths in terms of salary grades and opportunities (Mqolozana & Wildschut 2008:51). Significant increases in nurses salaries through Occupation Specific Dispensation, to be aligned to the market hope to address the issue and improve the ability of government to retain and attract nurses (Pillay 2009:50). According to the former Minister of Health (DoH

2007) "the Department believes that the new salary dispensation would allow them to compete better in the labour market and even attract back to their facilities those nurses who left the public health service in search for better salaries".

All the parties involved in the negotiations agreed that there should be two phases, the first being a minimum adjustment to salary according to OSD and secondly basing salary adjustment on relevant experience (DoH 2008a). Salaries were to be increased from the 1 of July in 2007 and most of the nursing structures had to be reorganized in order to incorporate OSD (Health-e News Service 2008). This dispensation was to be implemented over the next five years as from 1 of July 2007 (DPSA 2007b).

In order to prevent people from outgrowing their salaries a consensus was reached in that emphasis must be on both remuneration and career-pathing (PMG 2009). As a medium term initiative OSD focused on dealing with the challenges that nurses face in an attempt to retain and attract new nurses through a comprehensive and competitive salary structure and better career opportunities (Mqolozana & Wildschut 2008:58-59). The formulation of the OSD policy intended to attract the much needed capability of critical skills such as those of professional Nurses. If a lack of capacity exists in public health services, then the lives of ordinary citizens who rely on the public service delivery is put at risk and this goes against the democratic principles that are enshrined in the South African Constitution. Through revising the salary structure and offering better career-pathing prospects for Professional Nurses, the objective of government was to gradually decrease the turnover of this profession within the public sector.

1.6. SURVEY OF LITERATURE

The information that was used for the implementation of the dispensation showed that there were 96800 nurses when in fact; there were 105000 which meant that the OSD funds were insufficient (PMG 2009). Many provinces had to deal with the restructuring of their organizational structures to accommodate OSD (DoH 2007). Health departments in some provinces did not implement OSD as it was supposed to be implemented and undermined the will of the national agreement; consequently, a joint task team was set

13

up by NEHAWU to ensure the proper interpretation and implementation of OSD (NEHAWU 2007). This indicates that implementation challenges of the OSD policy for the nursing profession were evident in the early stages of the implementation. The reason for these types of encounters still needs to be described and explored.

SADNU (2009) argues that "Occupation Specific Dispensation must be implemented properly and not under the discretion of CEO's or HR managers and that the 2008 overpayments of nurses must be reversed". Some trade unions took the Department of Health to court after some nurses experienced cuts on their OSD months after the agreement was signed (Comins 2010). Another problem was that OSD was withdrawn from nurses who had been working as specialist for many years without the required qualifications (Comins 2010). Issues of incorrect payments or unhappiness with the OSD policy itself were evident. The underlying reasons for these types of implementation problems and grievances have to be explained and understood.

It is demoralising for some nurses to receive OSD when they have the same qualifications, same grade and same workload (Comins 2010). There have also been cases of senior nurses taking sick leave in protest of being excluded from OSD, while some suffered from depression because some of their colleagues salaries increased by R6000 and they felt unappreciated (UNEDSA 2010). Chris Bateman pointed out that the Western Cape and Gauteng province were the worst performing provinces in OSD and that people were offended by the Health Department's incorrect calculations due to the impact these calculations have had on their payments (Bateman 2010:272). That is why it is imperative to be knowledgeable about the procedures and processes that shaped the implementation of this policy. Comins and Bateman showed that all of these implementation complications mentioned above were in conflict with the objectives of the OSD policy.

The idea of OSD was conceived to address remuneration for health professionals in the public sector, however salary issues tend to overshadow other aspects that need to be addressed (DoH 2009b). It was important to understand what remuneration or compensation stands for and aims to achieve in order to comprehend a remuneration policy such as OSD. Compensation stands for both intrinsic rewards such as the

psychological mind-sets of employees and extrinsic rewards which, included monetary and non- monetary rewards for the tasks performed at work by employees (Matrocchio 2001:2-3). The management of compensation is more or less identical to concepts such as remuneration, salary, wage or pay management (Erasmus *et al.* 2005:349). The role of compensation has always been central to an employment relationship as there is an exchange of inputs for outputs such as rewards which can be a salary that meet the needs of food, shelter, status and power (Erasmus *et al.* 2005:348). Some of the classical compensational objectives have been to attract the right applicant, to retain the right employees and maintaining some form of equity among employees (Erasmus *et al.* 2005:351).

A study by Oosthuizen and Elhers (2007:20) showed that financial needs were the overriding factor that influenced registered professional nurses to emigrate from South Africa due to their inability of maintaining a good standard of living. Another study by Oosthuizen and Elhers (2010:4) revealed that one of the factors which influenced the retention of nurses according to the participants was salary as it had the biggest impact on job satisfaction amongst professional nurses. Greyling and Stanz (2010:8) also concluded in their study that "the main reason why nurses leave their jobs is that they are unhappy or dissatisfied with their salary". Therefore; according to these studies to place value on the salary is still a prominent retention factor. Nurses want to ensure that their standards of living are maintained in a dignified manner.

The work value of nurses is said to have changed over time because the significance of the job is placed on work security and remuneration as opposed to the decreasing value placed on intrinsic motivators or rewards (Pillay 2009:49). Even though promotion and compensation complement each other, compensation seems to be the most important factor that affects the level of turnover in nurses (Greyling & Stanz 2010:2). It has been noted that the remuneration levels and conditions of employment are capable of contributing to recruitment and retention challenges and a situation of relative scarcity, and a good example is the nursing profession that has been characterised by low payments and high turnover rates (Breier 2009:5). Yet on the other hand, it is said that retention policies that only focus on improving nurses salaries will have a limited success

if they are not accompanied by promotions and training opportunities (Greyling & Stanz 2010:2). Many magnet hospitals that succeed in retaining and attracting nurses make use of a combination of optimal staffing, competitive salaries, self- management and positive feedback (Pillay 2009:41). Pillay, Greyling and Stanz argue that financial incentives cannot be the only significant factor that enables an organisation to retain or attract critical skills. Improvement of salaries has to be accompanied by other non-financial incentives that motivate employees that are perceived as scarce to remain within that particular organisation.

Archer (2009:269) argues that "it makes little sense to speak of a shortage of any commodity without reference to its price because the concept must be of a shortage at a stated level of wage or salary package for a skill of the same type and quantity currently being paid". According to this definition shortage of an occupation cannot be declared if plans to improve the salaries are not put in place or if the plans that do exist are irrelevant and need to be amended. A shortage cannot be just a shortage of individuals with qualifications; a shortage of nurses refers to a willingness to work as nurses under the present conditions (Aiken & Buchan 2008:3265). On the other hand a shortage of nurses may be linked to those who prefer to work in conditions that do not diminish their self-esteem and put their lives at risk.

According to Maxwell (2004:87) "the only way to work against staff-fire-drilling is to view recruitment and retention as long-term strategies, that are worthy of the initial cost and time investment, and designed to attract and retain the brightest and best". The National Educational Health and Allied Workers' Union (NEHAWU) perceived OSD not to being the first and last policy option and that it planned on using OSD and during a meeting of the OSD in 2009, it was noted that remuneration was not the only challenge to attracting and retaining health professions (PMG 2009). It was also pointed out that salaries had been increased for medical professionals in 1996 and within two years there were complaints about insufficient salaries coming from the same medical practitioners (PMG 2009). Improvement of salaries according to Maxwell and NEHAWU does not guarantee that the rising number of staff turnover will dramatically decrease especially in the long term. Fouche (2007:84) argues that "money cannot replace human quality care and most

of all competence". The 1996 medical doctor's salary increases proved to be a temporary solution in improving performance and commitment to the public sector (DoH 2009b).

Prioritizing salary over other retention related factors according to these studies may not be viewed to be as the most important strategic decision, but it does not decrease the need to implement financial incentives in the public sector as it has to compete on a global scale for skills that are perceived to be scarce. This is why the investigation of the implementation of a policy is important to determine if the problems lie within the content of the policy or with the interpretation of the policy or lack of capacity to implement a policy. NEHAWU believed that the agreement on the new wage structure for nurses, was an acknowledgement by the employer that it is actually not possible to have better service delivery without better remuneration for workers, the two go together (NEHAWU 2007). OSD is, however not a last resort in the struggle to improve the working conditions of nurses (NEHAWU 2007).

For the health care planners there is no immediate solution to ensuring adequate staffing in the public health sector (DoH 2009b). The fact that health authorities have to address retaining and recruiting of nurses through creating and introducing strategies and policies has been a challenge (Oosthuizen & Ehlers and 2010:2). Introducing and implementing of retention policies is not an easy task to manoeuvre and it therefore needs to be evaluated in order to determine problems and successes. Studies that evaluate the implementation of financial retention strategies and policies such as OSD are limited in South Africa.

A recent study by Ditlopo, Blaauw, Bidwell and Thomas (2011) applied the 'Hogwoods and Gunns 1984 perfect implementation framework' to analyse the implementation of OSD. This is not the only framework that can be used to evaluate implementation and that it is important to make use of other recent evaluation frameworks that are available so that comparative studies of the findings of such research endeavours can be done to really grasp the nature of the implementation issues of this era. The current state of the body of knowledge relating to the evaluation of the implementation processes, designs and outcomes of financial retention policies in South Africa needs to expand. Ditlopo *et al.* (2013:139) states that "in light of the global human resource crisis, the analysis of

policy implementation of financial incentives is important to guide policy makers; as such incentives are the most commonly used staff retention initiatives". The examination of the implementation of financial retention policies needs to be done in order to determine if the policies are bringing any form of value, or whether if they are appropriate for the problems that it needs to solve.

1.7. MOTIVATION FOR THE RESEARCH

The acceleration of progress in achieving the health related Millennium Developmental Goals is very important to the Department of Health as it guides the activities of the health sector (DoH 2009a:15). The achievement of these goals is essential as it would enable South Africa to be on par with developed countries that provide good public health services for its citizens. The occupation in the front line of most health systems are nurses and therefore their contribution is essential for achieving the Millennium Developmental Goals and delivering safe and effective care (Aiken & Buchan 2008:3263). The ANC's Primary Health Care (PHC) blueprint was accepted by government in the White Paper on Health Services Transformation of 1997, which envisions a decentralised and nurse-driven health system (Cullinan 2006). The role of the nursing profession in the South African public health care is so crucial and cannot be taken for granted because millions of people rely on public health services. The Department of Health first introduced OSD for nurses because, in comparison to doctors, nurses are to be found in every health facility in the country, therefore stabilising the number of nurses would be a start in making a difference in the health sector (PMG 2009).

Nursing involves attending to all physical, emotional and mental needs of the patient, as well as the curative, preventative and "promotive" care (Lund 2010:499).The roles that nurses play in delivering quality health services for all are critical (UNEDSA 2010). Nurses are the backbone of the health systems and are the largest group available to diagnose and treat opportunistic infections and dispense antiretroviral treatment (Mqolozana & Wildshut 2008:47). South African nurses are tasked with the responsibility of providing health services to ensure that health programmes that address illnesses such as the

HIV/AIDS, maternal health, Child morality and Tuberculosis are effective. Maternal, perinatal and under-5 morality remains high in South Africa (DoH 2012:7). South Africa is home to more people living with HIV than any other nation and is epicentre of the global tuberculosis (TB) pandemic, maternal morality and adult life expectancy (Berger 2010:37).

Many South Africans suffer from dangerous sicknesses that require the attention of trained health professionals. The number of people on antiretroviral treatment in South Africa has reached the 1million mark (Jooster & Jasper 2012:57). In South Africa 57% of deaths in children that were under the age of 5 years during 2007 were as a result of HIV as indicated by the child mortality statistics (Jooster & Jasper 2012:57). The majority of child deaths result from HIV infection and new born conditions such as prematurity, asphyxia, infection, pneumonia, diarrhoea, and tuberculosis (PMG 2013). The HIV/AIDS disease affects 23.5% of the population in South Africa and the lack of staff is contributing to the high mortality rates among people living with this disease where (Snow 2006). Special medicines to remedy or regulate these deadly diseases need to be administered by those who have the expertise and experience. Dealing with these types of illnesses also requires health professionals who are equipped to handle traumatic and stressful experiences of patients on a daily basis.

Every year nearly 600 000 women die due to pregnancy and childbirth-related complications (Jooster & Jasper 2012:57). A problem that is emerging silently amongst urbanising Africans is the chronic diseases of lifestyle (Padayachee 1993:36). Not only is there an AIDS pandemic that set in during the 1990s and a high rates of injury and other infectious diseases, but there is also a rising tide of Non-Communicable Diseases (NCD) that affect the quality of life and increase health care expenses both at a personal and country level (Bradshaw, Steyn, Levitt & Nojilana 2011). This indicates that the health related challenges faced by South African citizens are diverse and detrimental, and that the decrease in number of nursing professionals or the lack of rapid growth rates in the nursing profession poses a serious challenge to the public health sector.

The shortage of nurses, throughout the entire world, threatens the quality of our healthcare delivery and is becoming the leading health workforce issue of the decade

(Cowin, Johnson, Craven & Marsh 2008:1449). The lack of qualified health personnel, nurses included is being accentuated as one of the biggest obstacles to achieving system effectiveness (Aiken & Buchan 2008:3262). Looking at the central role of nurses in the South African government's primary health care system, the level of loss amongst nurses has the potential to demoralise the achievement of the Millennium Development Goals and but also health care delivery in South Africa (Pillay 2009:42).

According to Breier (2009:1),"South Africa's skills shortages are regarded as key factors preventing the achievement of the country's six per cent growth. These professionals and artisans in particular need to be seen in relation to a number of issues that arise from the country's history and post-apartheid attempts to rectify imbalances". In 2008, staff shortages in medical levels showed that 36% of the posts in the South African heath public sector were vacant (Macfarlane 2008: 472). South African Nursing Council (SANC) also pointed out a shortage of nurses in South Africa but that on the positive side nursing numbers were beginning to approach the population numbers, contrary to the SANC, Democratic Nursing Organisation of South Africa (DENOSA) asserted a shortage of nurses and that South Africa was failing to deal with the matter (Mqolozana & Wildschut 2008:7).

The scarcity of health personnel including nurses is a major problem and the 2006 World Health Organisation (WHO) reported on the negative impact that human resource shortage was having on global health care (Aiken & Buchan 2008:3262). Any form of shortage of nurses has a negative impact on the quality and accessibility of health care as enshrined in our constitution. Health care services that are getting worse instead of improving are undeniably undemocratic. The provision of poor health services in South Africa goes against South Africa's Constitution which is regarded the highest law of the land. Therefore the need to retain the nursing profession within the South African public sector is critical. Hence an evaluation of the implementation of a retention policy like OSD that aims to attract and preserve the nursing profession is very important.

1.8.   OBJECTIVES

The research objectives of this study are:

- To investigate the implementation plan and process of the OSD for Professional Nurses at Steve Biko Academic Hospital.
- To investigate the outcomes or significance of the implementation of the OSD policy relating to Professional Nurses at Steve Biko Academic Hospital.
- To make recommendations and suggestions based on the findings of the study.

The impact that the OSD has made was to be studied systematically by the Department of Health in the financial period of 2010/2011 (DoH 2009a:15). The Department of Health (2009c:27) stated that "the Department would continue to monitor the implementation of Occupation Specific Dispensation for nurses over the period of 2009 to 2012". However, it was important to bear in mind that the implementation of the OSD was an enormous task due to the fact that each nurse has to have a separate translation transaction for both phase one and two (DoH 2008a). In most provinces adjustments to the nursing organisation structures had to be done in order to allow the transition from the old dispensation to the OSD to occur (DoH 2008a).

Government is making use of this salary structure to retain and increase the number of nurses in the public sector of South Africa and to attract other nurses from private hospitals. It is therefore important to examine the manner in which this remuneration policy is being implemented and what the outcomes of the implementation are thus far. Therefore, the objective of this research study is to systematically evaluate how the policy objectives of the OSD for Professional Nurses at the Steve Biko Academic Hospital have been translated. OSD is not the first salary initiative that has been implemented by the South African government in order to retain the much needed skills in the public health sector. Thus, it is also imperative to investigate the significance of the implementation of this policy.

1.9.   SIGNIFICANCE OF THE STUDY

One can make sense of the gap between the government's intention and impact of the policy by researching the implementation (Larimer & Smith 2009:155). The focus of this study is to extract important lessons from the evaluation of the implementation of the OSD policy for Professional Nurses at the Steve Biko Academic Hospital. This is achieved through identifying the challenges with the implementation of the policy.

These lessons will be deduced from a South African perspective. It is important that the challenges experienced with the implementation be understood from a South African point of view because South Africa is a developmental state. This position can be used to make the world gain insight into the policy implementation challenges faced by developmental states.

Secondly the lessons learnt will contribute to research on public policy implementation of South Africa. Policy implementation research in the United States of America and Western Europe has passed through different phases, whereas South Africa an implementation era is currently in the midst (Brynard 2005:649). Sound research on policy implementation in a South African context needs to continue to grow further. The majority of implementation frameworks or proposed theories originate from the Western countries. About 90% of all publications that focus on implementation can be accounted for by the Western hemisphere (Paudel 2009:48).

Van Meter and van Horn, in Brynard (2011:137), observe that impact studies typically ask '' what happened?'' whereas implementation studies ask ''why did it happened?'. In this instance it is imperative to be conversant about what is happening and why it is happening, with regards to the implementation of OSD policy for Professional Nurses at the Steve Biko Academic Hospital. However before analysing why something is occurring or has occurred, it is essential to be aware of what exactly is happening or has happened. In order to acquire important information, what has been done must be assessed yet it is also critical to understand why the outcomes are or were not achieved if policy success is to be repeated or policy failure is to be avoided (Larimer & Smith 2009:157-158).

Through the policy evaluation process, which usually determines the success or failure of the policy implementation, the gap between policy formulation and implementation, will be looked at if there is a suggestion that one exists. It is by virtue of the process of monitoring and evaluation that the gap between policy goals and policy outcomes is determined (Ingle 2011:75). It is important to know whether the policy or some of its elements work, or whether if it needs to be further developed. It is also important to know if the policy has met some of its objectives and if the policy represents any form of value. All of this can be achieved through comprehensive evaluation that not only puts emphasise on the outcomes of a policy but also on how the policy was implemented in order to understand the outcomes.

1.10. LIMITATIONS OF THE STUDY

The major limitation of this study had to do with the gaining of access to documents that were perceived as confidential by the Steve Biko Academic Hospital. Permission to conduct the study at the hospital had to be approved by the hospital's Chief Executive Officer (C.E.O) and the Ethical Committee of the University of Pretoria's Faculty of Health. This was a long and time consuming process but it had to be done in order to gain access to the documents because this study is a desktop study.

Getting hold of the relevant union members that were part of the task teams or that were involved in the OSD policy bargaining and implementation was very difficult. The reason for tracking down these union members was to get the important documents that were relevant for the study. In addition, locating some of these unions was very costly because public transport in some of these areas was scarce.

1.11. CLARIFICATION OF CONCEPTS

1.11.1. Public Administration

Public Administration is a broad-ranging combination of theory and practice that intended to support a better understanding of government and is its connection with the society it governs, to formulate practical public policies which bring solutions to problem, and to ensure that management practices are effective (Henry 2013:5). Public Administration could also be referred to as the art and science of managing the affairs of government as applied within the boundaries of the bureaucracy (Kuye, Thornhill & Fourie 2002:5). Public Administration is the use of political, managerial and legal theories and processes to accomplish the mandates of government's legislation, executive and judiciary bodies for the provision of the regulatory and service functions of government (Kravchuk & Rosenbloom 2002:5).

In the context of this research Public Administration refers to the management and organisation of individuals and stakeholders that are needed to achieve the overall agenda of government. Individuals and stakeholder are the nurses that work in the public sector. Part of the overall agenda of government in this case would be to retain the nursing profession that works in the public health sector.

1.11.2. Public Policy

The sum of government activities, whether it is direct action or through agents, have an impact on the lives of citizens is a public policy (Peters 1996:4). Public policy refers to governmental decisions that are planned to deal with various issues associated with foreign policy, environmental protection, crime, unemployment and other forms of social problems (Nagel 1991:1).

In the context of this research public policy is the intention of government to solving problems that arise from the public sector.

24

1.11.3.   Public Sector

Public sector can be viewed as a set of production units which include firms, agencies, programmes and departments such as the social, security, education, national defence or national care and administration departments (Pestieau 2009:134). The public sector is made up of the overall government sector, all the public businesses and the central bank (OECD 2006).

In the context of this study the focus on the public sector is with public health or national care that is provided by Professional Nurses.

1.11.4.   Public Sector Human Resource Management (PSHRM)

According to Erasmus *et al.* (2005:4), "PSHRM as a field of study, theory and practice is taken to be that part of management concerned with all the factors, decisions, strategies, principles, methods, procedures and activities related to employees in the public sector institutions, all the dimensions related to people in their employment relationship and all the dynamics that flow from it". PSHRM has important characteristics that focus on the public sector, it has a management perspective, is an integrated process that involves key functions and practices, management tasks, management skills and specific outcomes that have long term consequences directed towards better service of public institutions (Erasmus *et al.* 2005:5).

Brown (2004:307) states that "PSHRM has been characterized by the creation of more flexible structures and processes, the removal of highly centralized agencies and the service-wide consistency of rules and greater responsibility accorded to line managers and supervisors in the management of employees through flatter management structures and programmes of decentralization and devolution". Human Resource Management is important as it can help public sector managers avoid high staff turnover, pay inequities, incompetent staff and unfair labour practices (Erasmus *et al.* 2005:6).

In the context of this research PSHRM refers to the Human Resource Management strategies and models which are implemented in the South African public institutions such as the Department of Health.

1.11.5. Scarce skill

The scarcity of a skill can also be viewed as a result of the unavailability of qualified and experienced people (Breier 2009:4).

In the context of this research a scarce skill refers to the unavailability of trained and experienced Professional Nurses in the South African public sector.

1.11.6. Compensation

Milkovich and Newman (2008:95) refer to "compensation as all forms of financial returns and tangible services and benefit that employees receive as part of an employment relationship". Compensation can be defined as non-financial extrinsic and financial incentives provided to the employee by the employer for the skills, effort and time of the employer in doing his job and achieving organisational goals (Erasmus *et al.* 2005:349). The word compensation means something that counterbalances or makes up for another thing (Milkovich & Newman 2008:8).

In the context of this study compensation refers to extrinsic rewards such as salary, wage, remuneration and pay of Professional Nurses in the public sector.

1.11.7. Professional Nurse

A Professional Nurse in this research refers to nurses that have obtained a four-year qualification be it from a college, university or tecknikon. A nurse with this kind of

qualification is educated and competent enough to practice comprehensive nursing and midwifery (Mqolozana & Wildschut 2008:12).

1.11.8. Retention

In the context of this research retention refers to the ability of government to decrease the staff turnover rate or level of Professional Nurses that leave the public sector.

1.11.9. Occupational Specific Dispensation

According to DPSA (2007b), "Occupation Specific Dispensation means a revised salary structures that is unique to each identified occupation in public service. OSD is a salary structure that was introduced in the South African public sector to retain skills that are considered to be scarce.

In the context of this research OSD refers to the salary structure of Professional Nurses that work in the public sector.

1.12. PRELIMINARY FRAMEWORK OF THE STUDY

Chapter 1: Introduction to the Study

This chapter laid down the foundation of the research topic. Chapter one focused on the background of public policy in South Africa during the apartheid era and some of the important legislation and policies that were created to bring change in the post-apartheid South Africa. The chapter focused on when, why and how the OSD policy for Professional Nurses was formulated. The background on the state of health in South Africa was discussed as part of the motivation for the research. The significance was explained and lastly the terms and preliminary structure of the study was clarified.

27

Chapter 2: Research methodology

This chapter focuses on the research methodology that was used for gathering and analysing the information in the research at hand. It was important to first discuss the research problem in order to be able to formulate the research question. The research design described in this chapter includes research methods or method used and the data collection techniques used such as literature reviews and desktop analysis. The ethical considerations are also explained.

Chapter 3: Public Administration and Public Policy: A theoretical overview

Chapter three focuses on the academic literature on public administration and public policy. The relationship between public administration and public policy is explored. The chapter include the policy making process with additional focus on implementation and evaluation of public policy.

Chapter 4: Introduction to the Steve Biko Academic Hospital and Professional Nurses

Chapter four introduces the Steve Biko Academic Hospital and its Professional Nurses, including geographical location within the Gauteng province, the history of the hospital, the type of hospital it is and the services it offers. The type of Professional Nurses found at the hospital, the general roles of these nurses and the nursing man power available at the hospital are described. This is followed by a explaining the state of the socio-economic determinants of health in Pretoria.

Chapter 5: Analysis of the implementation of Occupational Specific Dispensation for Professional Nurses

Chapter five analyses, interprets and presents the information collected through documents submitted by the Steve Biko Academic Hospital and the relevant trade unions in a logical and unbiased manner. This section focuses on how this policy has been implemented by applying the 5 C Protocol framework. It highlights on the implementation challenges and achievements that may have existed.

Chapter 6: Recommendations

This chapter six summarises all of the chapters. Recommendations related to the finding from the analysis are made.

1.13. CHAPTER SUMMARY

This chapter aimed to lay the foundation of this study. It is the introductory statement of this research. Based on the literature review of relevant studies, this chapter together with the rest of the study argues that the implementation of OSD policy, as the independent variable of this study that needs to be systemically examined.

CHAPTER TWO: RESEARCH METHODOLOGY

2.1 . INTRODUCTION

This chapter explains the manner in which this study was conducted. It aims to demonstrate the way in which data were collected, why the data were collected in that way and why it was necessary and appropriate to collect the data in that form. The research methodology is an important section of research. It gives direction on how the data will be gathered and converted into information. In this chapter research and methodology are explained under two separate headings. This is done to highlight the type of research and the methodology appropriate for the study.

Research is then discussed by dividing it into three perspectives, namely, application, objectives and inquiry. All of the types of research perspectives are discussed so as to position this study. In the next section methodology is defined and the different types of methodologies are described. The appropriate methodology for the study is highlighted and the approaches within the chosen methodology are explained. The data collection method of the study is described. Ethical considerations that guided this study are explained.

However before getting into the technical aspects of the chapter the research problem was established. Secondly, the research question follows the research problem to indicate what has to be answered or explained or discovered by this research.

2.2. PROBLEM STATEMENT

The Department of Health's Annual report (2009a:15) stated that "evidence emerged that had started to suggest that the implementation of the Occupation Specific Dispensation for professional nurses from July 2007 had begun to attract more of them back to the public sector, especially in the areas of service delivery and clinical setting, however the impact would have still needed to be studied systematically and empirically in the following financial year". Supporting the previous statement, Breier (2009:48) said that "In September 2007 the Department of Health introduced Occupational Specific

© University of Pretoria

Dispensation whereby nurses received salary increases of up to 88%. It remains to be seen whether the increase will be sufficient to stand the tide of attrition and overcome the shortage in key areas of our health system''. The formulation of the OSD policy is directed at retaining and attracting the much needed skills to the public sector. However the question on how OSD has been and is being implemented in a public health institution such as the Steve Biko Academic Hospital needs to be studied. It is important to examine the manner in which implementation of this policy is being translated so as to ascertain of the outcomes of the implementation.

The intent of this research is therefore to identify what has been happening and why it is happening regarding the implementation of the OSD policy, specifically for Professional Nurses at the Steve Biko Academic Hospital. This is done through a comprehensive evaluation of the implementation of the policy in order to understand the outcomes of the policy objectives. At this stage the researcher puts forward the following question to address the purpose of this study.

2.3. RESEARCH QUESTION

The research question of this study is:

"**To what extent has the Occupation Specific Dispensation policy been implemented at the Steve Biko Academic Hospital Pretoria, South Africa?**"

2.4. RESEARCH

The word research has many definitions but the common view of all the definitions leads to inquiring into or investigating of something in a systematic way (Merriam 2009:3). Research can be grouped in a number of ways. In this section of the study the focus is on the simple categorization presented by Kumar (2011) that focuses on the three perspectives from which research can be classified from, which is the application of the research study, the objectives of the research and the inquiry method.

© University of Pretoria

2.4.1. Application

This feature refers to how the research will be employed (Durrheim 2006:45). Research can be divided into basic and applied research. Basic research refers to the studies that aim to increase human understanding of a certain element that may surround a society (Bless, Kagee & Smith 2013:56). Basic research which is also known as academic research or pure research aims to advance knowledge about the social world (Neuman 2011:26). It has a goal of extending knowledge and is motivated by intellectual interest in a phenomenon (Merriam 2009:3). This type of research is used to expand the body of knowledge that already exist. It is a type of research that enables academics to ensure that their information base is as updated as possible. Pure research is also concerned with the research methods, procedures, techniques and the development, examination, verification and refinement of research methods, that form part of a research methodology (Kumar 2011:10). Basic research is used by researchers to support or challenge theories that focus on what makes things come about, on how the social world operates and changes and why events and social relations are in a particular state (Neuman 2011:26).

The majority of the research in social sciences is applied research (Kumar 2011:10). Applied research on the other hand aims to bring about a solution to a problem that is confronting a group of people (Bless *et al.* 2000: 43). Applied research aims to offer practical solutions to problems, the manner in which decisions are made, policy analysis and the development of communities (Durrheim 2006:45). Applied research is conducted in organizations such as government departments, businesses, social work agencies, health care facilities, political groups and educational institutions, and decisions are made based on the findings of these studies (Neuman 2011:27). The findings that are obtained from applied research offer an immediate practical relevance in contrast to basic research (Durrheim 2006:45). Conducting an applied research study on a public sector issue or subject can enable the public sector to find innovative and practical ways of dealing with the problems.

Applied researchers aspire for their work to be used as a reference by administrators and policy makers to improve the way things are done (Merriam 2009:4). Applied researchers produce research that shapes many decisions (Neuman 2011:27). Instead of constructing

a theory the aim of applied research is to provide information about a social action with the intention of making sure that the decision makers conclude to an informed decision (Durrheim 2006:46). Decisions that are made by the executive public officials on behalf of the ordinary citizens must be based on concrete evidence.

There are two types of applied research namely: action and evaluation research. The collection of data and evidence to prove the value of the programme and technique is done in evaluation research (Merriam 2009:4). Evaluation research aims to measure the effectiveness of policy or a programme or the manner in which something is being done (Neuman 2011:29). This can help to determine policy success or failure. The concern of evaluation research surrounds issues about how well does it work, a question that is central to much policy related investigation (Ritchie 2003:29).

Action research often requires the involvement of participants during the research process and it therefore produces a vague distinction between action and research (Merriam 2009:4). This kind of research tried to balance out the power relations that exist between the participants and researchers (Neuman 2011:30). Bless *et al.* (2013:57) stated that "participatory and action research tend to be more applied in nature, as do community needs assessment, evaluation research and monitoring".

This study is an applied research study. The aim of this study is to provide assessment on the implementation of the OSD policy so that lessons can be derived by both public sector policy makers and implementers. This study utilises the 5 C protocol as an evaluation tool to examine the implementation of OSD for Professional nurses.

2.4.2. Objectives

The objectives feature of research focuses on the goal of the research (Durrheim 2006:44). The research study can be one that seeks to describe, discover correlations, explain or explore problems and, situations or in this case policies. Descriptive research is conducted when a researcher has an interest in describing a phenomenon (Bless *et al.* 2013:57). A descriptive study aims to systematically describe a condition, problem,

33

phenomena or program, or to provide information or to describe an attitude towards a certain subject (Kumar 2011:10). This kind of research aims to identify what occurs in the social world and the manner in which it displays itself (Ritchie 2003:27).

Exploratory research is spoken of when there is very little that is known about the research topic (Bless *et al.* 2000:43). This kind of research is put to use to make preliminary investigations into unknown areas of research (Durrheim 2006:44). Exploratory studies can also be piloted to advance, improve or test quantity tools and techniques (Kumar 2011:11). Correlational research focuses on discovering or establishing if a relationship or association between two or more elements of a situation exist (Kumar 2011:10). These kinds of study merely indicate if a relationship between two or more elements of a situation is present, thus the name correlational studies (Kumar 2011:10). Contrary to correlation research, explanatory studies provide the explanations of how variable are related.

Bless *et al.* (2013:57) states that "when the research question demands an explanation of the relationship between two or more variables and demonstrates that change on one variable causes change in another variable, the research is called explanatory research". Explanatory research aims to validate how and why a relationship between two elements of a situation exist (Kumar 2011:10). Explanatory studies attempt to generate causal explanations of a phenomena (Durrheim 2005:43).

The exploratory objective of what has been happening with regards to the implementation of OSD for professional nurses is imperative. Whether relationships between factors or variables exist or not is established through the 5 C Protocol. The explanation of these relationships is important to get a better understanding of the dynamics of the relationships.

2.4.3. Inquiry method

Generally, there are two approaches to inquiry, the structured and unstructured approach (Kumar 2011:13). The structured method refers to the quantitative approach and unstructured refers to qualitative research. Quantitative researchers make use of

34

numbers in data collection and use statistical techniques to analyse data (Durrheim 2006:47). This research inquiry makes use of statistical data. Qualitative data focuses on understanding, explaining, exploring and seeking clarity on situations, feelings, perceptions, attitudes, values and beliefs shared by a group of people (Kumar 2011:14). Qualitative methods make way for a researcher to decide on what to study in openness, depth and detail as the researcher attempts to make sense of the information that materializes from the data (Durrheim 2006:47).

This study focuses on a social issue, the implementation of a retention policy of Professional Nurses that are scarce within the public sector of South Africa. The Implementation of this retention policy needs to be examined in depth and detail and therefore being subjected to a limiting structure should be avoided. At its core qualitative methodology offers a structure that is not so limiting and is about studying the important factors of a phenomenon intensely and in detail. The qualitative methodology which is further explained in the following section is relevant for this study.

2.5.   METHODOLOGY

Silverman (2010:113) states that "a methodology refers to the choices made about the cases to study, methods of data gathering, forms of data analysis and many other activities in the planning and executing a research study". Methodology refers to a group of methods which match each other and possess the goodness of fit that will produce data and findings that will position the purpose of the research and research question (Henning, Smith & Van Rensburg 2004:36). A methodology can also be defined as a system of thinking about and studying social reality (Corbin & Strauss 1998:3). Methodology is about the manner in which methods are used in trying to better understand the world (Hennings *et al.* 2004:15). A methodology gives specifications on how a research study may be done practically (Durrheim & Terre Blanche 2006:6). Methodology refers to the selection and application of the most appropriate approaches and techniques used in answering the research question. Three forms of approaches

which can be used for conducting studies namely are: quantitative, qualitative and mix method.

The quantitative model is based on positivism, which holds that scientific explanation involves in the formulation of general laws such as universal laws (Delport & Fouche 2002:79). A positivist view of reality is that science is the method by which the truth can be discovered in order to understand the world, leading to having more control through the process of prediction (Henning *et al*. 2004:17). The objective of this type of research is to produce accurate explanations of the laws and mechanism that operate in the social life (Durrheim & Terre Blanche 2006:7). The quantitative method is a technique that is usually associated with the gathering, analysis, interpretation and presentation of numerical statistics (Tashakkori & Teddlie 2009:5). Quantitative aims to make valid and objective explanations on phenomena (Taylor 2000:69). Quantitative research is more rigid than the qualitative inquiry and draws its analysis and findings from statistics.

The qualitative model comes from an interpretative perspective, which is anti-positivist, and involves the study on individual events or cases and its intentions are to understand social life and the meaning people give to everyday living (Delport & Fouche 2002:79). Qualitative research is often positioned to be interpretivists research, which accepts that social relations are created reality, thus having no restricted observation to reality (Merriam 2009:9). Explaining subjective reasons and meaning that lie behind social behaviour or action is a characteristic of interpretive research (Durrheim & Terre Blanche 2005:7). This term qualitative research means that it is a type of research that produces results not arrived at quantification or statistical techniques (Corbin & Strauss 1998:10). The qualitative method gives the researcher an opportunity to be directly or indirectly involved in the process to give a meaning and stimulating meaning to phenomena (Trumbull 2000:79). Qualitative methods are techniques that involve the gathering, analysis, interpretation and presentation of narrative information (Tashakkori & Teddlie 2009:6). Qualitative methodologies are more flexible and produce findings that are full of an in-depth description and analysis of an event or a phenomenon.

Another way of conducting research is through the mixed methodology approach which makes use of quantitative and qualitative methods. Mixed methodology offers an

36

alternative to the quantitative and qualitative approach by allowing the use of any tool that can assist in answering the research question (Tashakkori & Teddlie 2009:7). In defining the mixed methods as a multiple technique of seeing, its application is not limited to just using it as a research method (Creswell & Clark 2011:4). However it is possible for qualitative research to precede quantitative research, or it may accompany or work along with quantitative research, or it may be used as a follow up study (Ritche 2003:40).

This is clearly illustrated by the following Figure 2.1.

Figure 2.1 Mixed Method Design Matrix

	Concurrent	**Sequential**
Equal status	QUAL+QUAN	QUAL TO QUAN
	Mixed Methoid Design Matrix	
Dominant Status	QUAL+quan OR QUAN+qual	QUAL TO quan qual To QUAN QUAN TO qual quan TO QUAL
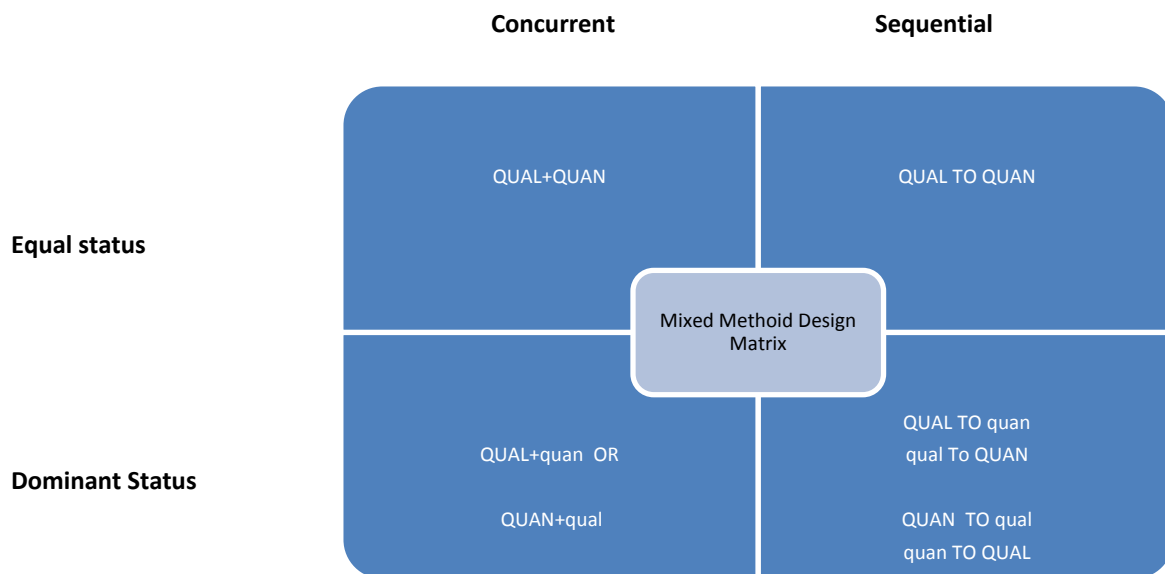
Adopted source: Morse 2003.

Figure 2.1 illustrate that the qualitative and quantitative methodology can be used together by either having equal status or one methodology could be more dominant than the other in a study. The two methodologies can coexist in a research study.

2.5.1. Methodology chosen

In order to evaluate the implementation of the OSD policy for Professional Nurses qualitative methods were appropriate and applied in this study. A qualitative method can help to address a list of evaluation questions that is almost endless and much has been said about the role of qualitative methods in the evaluation of policy initiative and programmes (Ritche 2003:30). Qualitative research is a type of research that evolved from behavioural and social sciences as a means by which to understanding the unique, dynamic, full nature of human beings (Burns & Grove 2007:18). Qualitative research studies assist in revealing the nature of certain setting, relationships, and situations, enabling the researcher to gain new knowledge on insights into concepts, and such studies also allows the researcher to examine the validity of assumptions or generalisations or theories that exist in the world, and finally qualitative studies provide the means of evaluation or judging innovations, policies and practices (Leedy & Ormrod 2010:135). The basis of this study is to answer the research question through the use of an evaluation. The qualitative approach enabled the researcher to effectively utilise the 5 C Protocol (content, context, capacity, commitment and coalitions), as the evaluation framework, by revealing the connections between the critical variables of implementation as identified by the protocol and to reveal the current state of the implementation process. The 5 C protocol has been used as an evaluation tool, and within the context of this study it is the appropriate methodological tool.

Researchers that use qualitative research are usually confident about their findings or theories even after publication and are usually open in part to negotiate and they are usually flexible; enjoy the play of ideas and the interaction that occurs in focus groups (Corbin & Strauss 1998:5). Another advantage of this approach is that qualitative methods can be used to explore areas that have not been explored or where little is known and an understanding needs to be gained (Corbin & Strauss 1998:11). What is challenging about using qualitative research is the fact that the researcher needs to be appropriate, authentic, credible, authentic, intuitive, receptive, reciprocal and sensitive (Corbin & Strauss 1998:6).

The qualitative approach does have a number of disadvantages that the researcher has to be aware of. Qualitative research can be demanding in the sense that it requires preparation and planning and it requires a researcher who has diligently gone through previous research in order to know what kind of information is important and relevant for the research (Leedy & Ormrod 2014:142). Another disadvantage is that researchers find it difficult to identify the exact methods they will be using due to the tendency of asking open-ended questions at the start of an investigation and only become aware or start having an idea of the methods they will use to answer questions as they learn more about what they are studying or investigating (Leedy & Ormrod 2014:142).

2.6.   APPROACHES USED IN QUALITATIVE RESEARCH

Qualitative research encompasses the studies used and first-hand material such as case studies, personal encounters, introspection, autobiographies, interviews, cultural text, observations, and historical, interactional and visual texts that give a descriptive account of the routine and problematic moments and meanings (Denzin & Lincoln 2011:3). Hence, the variety of qualitative approaches used in this study. A Qualitative researcher has to choose a strategy or design the whole study around a particular approach that will be best suited for the research (Fouche 2002: 272). There is a variety of qualitative approaches to choose from and figure 2.2 illustrates the types of qualitative research that a researcher can select from.

Figure 2.2 Types of Qualitative Research

Source: Merriam 2009.

A qualitative approach can be based on phenomenology, grounded theory, ethnography, case study, narrative analysis and critical approach. For the purpose of this study the focus will be on five qualitative approaches from which a decision of the most suitable qualitative approach for this study was made.

2.6.1. Phenomenology

The phenomenological approach has the purpose to understand the meaning of subjects in their everyday living (Fouche 2002:273). A phenomenological study aims to make sense of the crux and fundamental structure of the phenomenon (Merriam 2009:23). Researchers that make use of this type of approach collect data mainly through participation, observation and interviews (Fouche 2002:273).

2.6.2. Grounded Theory

One of the hallmarks of qualitative studies has been grounded theory research (Hennings *et al.* 2004:47). A grounded theory is not limited to making sense of a phenomenon but aims to also create a substantive theory about a phenomenon of interest (Merriam 2009:23). Grounded theories are so called because they are built from data, increase understanding, usually offer insight and provide a significant guide to action (Corbin & Strauss 1998:12). Grounded theory research is relevant for studies that propose new theories, models or frameworks.

2.6.3. Ethnography

Merriam (2009:23) points out that "ethnography strives to understand the interaction of individuals not just with others, but with the culture of the society in which they live in". Ethnographic studies are descriptive and give detail about the way of life of certain individuals, groups and organisation (O'Connor, Ritchie & Spencer 2003:200). An ethnographic researchers studies and observes a groups learned behaviour, patterns and way of life and records and listens to the voices of the participants (Fouche 2002:274). This type of approach is appropriate for research studies that want to study the daily activities, way of thinking of a particular culture, religion or class.

2.6.4. Case study

A case that is being studied can refer to a programme, activity, process, individual or numerous individuals (Fouche 2002:275). A case study can be defined as an in depth explanation and examination of a bounded system (Merriam 2009:40). Case study research is about examining singular or multiple items, organisations or societies or a person to enhance the understanding of a certain issue or topic. In any academic or professional field, the necessity for case study research comes from the desire to understand complex social phenomena (Yin 2014:4).There is a variety of case studies and the most relevant kind was chosen.

- Intrinsic case study

An Intrinsic case study is not done primarily because of it being a broad representation of other cases or because it illustrates a certain problem, but because it is of particular interest itself (Stake 2000:437). This kind of case study is done when the researcher is intrinsically interested in a particular case study (Merriam 2009:48). The purpose of this kind of case study is to describe the case that is being studied and not necessarily to gain a broad understanding of a phenomenon (Fouche 2002:276). Intrinsic case study can be used by an organisation to conduct case studies on internal issues that may be of interest to the organisation.

- Instrumental case study

The instrumental case study is of secondary interest and provides support as the main purpose of this type of study is to gain an understanding of something else (Stake 2000:437). This case study is used to elaborate on a theory or to develop an improved understanding of the social problem (Fouche 2002:276). An instrumentalist case study however is, mainly used to achieve more insight or to redraw a comprehensive statement (Merriam 2009:48). This type of case study is used to contribute to the understanding of issues in a more broad way.

- Collective case study

Lastly the collective case study is one that is less intrinsic as a research may study a number of cases in a joint form, in order to investigate a population, a phenomenon, or general situation (Stake 2000:473). With more case studies to be studies, the variation across case studies increases and the interpretation serves to be more convincing (Merriam 2009:49). The cases in this type of a study are chosen so that comparisons may be made between concepts and cases as this can extend and validate theories (Fouche 2002:276).

2.6.5. Narrative analysis

Moen (2006:2) states that "the narrative approach is a frame of reference, a way of reflecting during the entire process, a research method, and a mode for representing the

research study". Narrative analysis identifies the stories told by people and analyses them in a number of ways in order to derive the meanings of the different experiences found in the stories (Merriam 2009:40).

2.6.6. Critical qualitative approach

In critical inquiry the goal is to critique and challenge, to transform and empower (Merriam 2009:34). Early influences of critical research include Marx's analysis of socio-economic conditions and class structures, Harbermas's notions of technical, practical, and emancipator knowledge, and Freire's transformative and emancipatory education (Merriam, 2009: 35). Henning *et al.* (2004:23) argues that "research that uses the critical theory aims at promoting critical consciousness and breaking down the institutional structures and arrangements that reproduce oppressive ideologies, and the social inequalities that are produced, maintained and reproduced by these social structures and ideologies". When a research study is completed providing a constructive critique that is based on the finding of the research study is very important.

2.7. APPROACHES CHOSEN FOR THE STUDY

The qualitative approaches used for this research are the case study and critical qualitative approach. DeGroff and Cargo (2009:54) argue that "qualitative methods, particularly forms of case study and grounded theory, represent evaluation approaches that aim for contextual, pluralistic understanding. These methods are also valuable in facilitating understanding a policy implementation process, especially when time-series or other longitudinal designs are employed".

2.7.1. Case study

One of the several ways of conducting social research is through the use of a case study (Yin 1994:1). As with other types of qualitative research, case studies share the search of understanding and meaning, the key instrument of collecting data and analysing being

the researcher, an inductive exploration, to produce a richly descriptive product (Merriam 2009:39). A case study can be defined as the study of the singular, the particular, the unique (Simons 2009:3). The case study that was examined for this research was the Professional Nurses found at the Steve Biko Academic Hospital.

The main emphasis of conducting a case study is to particularly explore the uniqueness of a case (Simons 2009:3). Merriam (2009:46) states that a case study may be selected for its uniqueness, for what it can reveal about phenomena, knowledge to which we would not otherwise have access to. The primary focus of the case study for this research was on the Professional Nurses at the Steve Biko Academic Hospital. An analysis was conducted in order to get an understanding of the uniqueness of what has been happening at the hospital.

The Steve Biko Academic Hospital was instrumental in conducting this research. Its use in the study was to provide knowledge and understanding and to gain a better perspective on the issues that relate to retaining Professional Nurses through a retention policy like OSD.

2.7.2. Critical qualitative approach

Researchers are not fulfilled with just predicting or even understanding the researched; instead they also want to address social issues through and in their research (Henning *et al.* 2004:23). Critical research has become a broad term that covers a number of orientations to research, all of which seek to not just understand what is going on, but also to critique the way things are in the hopes of bringing about a more just society (Merriam 2009:35). Critical theory aims to scrutinize the processes of gaining, maintaining and circulating power relationships that exist (Henning *et al.* 2004:23).

The implementation of OSD policy for Professional Nurses is a continuation of the government's efforts to redress the issues of a profession that has not been receiving equitable salaries. The purpose of this study was to examine the implementation of this policy and at the end of this study it was important for the researcher to give an unbiased and structured critique of what was been happening regarding the implementation of the

OSD policy at the Steve Biko Academic Hospital based on the evidence that has been gathered. The critique must however be accompanied by practical recommendations. Most importantly, the critique must contribute or advance existing knowledge and ensure that those lessons drawn from the study benefit the clients of the policy.

2.8. DATA COLLECTION METHOD

Data was collected through an extensive review of literature and desktop analysis. The purpose of a literature review is to provide us with current knowledge of a particular problem that is at hand and to help one become aware of what is known and unknown about the problem (Burns & Groves 2007:135). The literature review is used to provide grounds and background to the research proposal (Leedy & Ormrod 2010:141). Reviewing published studies not only provides background but gives one a description of current knowledge, identifies gaps of knowledge or contributes to existing knowledge (Burns & Grove 2007:136).

Once an idea of what was to be studied was developed it was important to examine how other researchers have already thought about and researched the topic (Berg 2009:27). Henning *et al.* (2004:27) states that "a good literature review lays down the foundation of your research, without it you do not have an authority, the arguments and the voices of researcher that have gone before you, without it you are unenlightened and have little evidence of what your peers and those before them have done". However the best way to present a literature review is to advance your argument (Henning *et al*. 2004:28). The literature review assisted in building an argument and in the end, a neutral, well informed and logical conclusion was reached.

For the study, the researcher used documents provided online by the of Department of Public Service and Administration, the Department of Health and the labour unions involved with the nurses from Steve Biko Academic Hospital and from the hospital itself. The primary instrument for data collection was the researcher, the researcher therefore has to rely on the skills and intuition it possesses to interpret and analyse data (Merriam 2009:150).

In essence this study is a desktop analysis research. This means that the researcher used information from government websites, the library, relevant unions and academic journals. If, for the purpose of empirical research, these documents can be studied and analysed, the method of document study as a data collection method becomes operative (Delport & Strydom 2002: 322). Different types of documents such as letters, newspaper articles, official documents and books can be used in all of the variety of qualitative research (Kelly 2006:316). Any sources of information that relate to the research question, whether if it be new or old, in electronic, printed or handwritten format, may be of value (Henning *et al.* 2004: 99).

 Documentary analysis requires careful management as it can prove to be far more extensive than interview transcripts and field notes (Kelly 2006:316). New developments, insights and being sensitive to data remain constant in any strategy such as interviewing, observations or analysing documents (Merriam 2009:150). Insights derived from documents could be threefold; it could shed light on the processes of implementation in the past, the issues affecting implementation currently as well as possible clues, trends or pointers for policy implementation in the future (Ile, Ile & Eke 2012:143). The manner by which interviews or observations prove to be useful can also be found in the data of documents (Merriam 2009:155). Evidence-based research makes use of credible documents. Documents such as annual reports, strategic reports, and minutes of meetings, government's circulars or the lack of the appropriate, therefore, present a more truthful depiction of reality than the opinions of government officials.

The researcher had to also make use of their discretion when dealing with the data but in an objective and unbiased manner. The 5 C Protocol was used to ensure that the critical factors that affect implementation are explored. This protocol also assisted the data collection process by ensuring that the information is collected in a systematic and efficient manner.

2.9.   TARGET POPULATION

The target population of this study were the Professional Nurse that works at the Steve Biko Academic Hospital. The hospital has three types of professional nurses namely: general, speciality and lecturing Professional Nurses. Collecting information that is related to this group's OSD implementation process was imperative. This means that collecting documents such as the minutes of the OSD meetings for Professional Nurses at the Steve Biko Academic Hospital and labour unions, how the professional Nurses salaries were change according to OSD and the types of grievances of the Professional Nurses at the Steve Biko Academic Hospital was crucial. This information provided concrete evidence of some of the challenges and achievements of the implementation process of the OSD policy for Professional Nurses at the Steve Biko Academic Hospital.

2.10.   ETHICAL CONSIDERATIONS

The core requirement of an evaluation lies in being ethical (Kumar 2011:352).The premise of this study is an evaluation of the implementation of the OSD remuneration policy that is intended to retain scarce skills within the South African public sector. When an evaluation is being conducted it is important to remember that different stakeholders have different interests in the evaluation (Kumar 2011:352). Therefore, being ethical and truthful when using evaluation methods to obtain accurate results is imperative. Research integrity, in its truest form, means that you can be trusted with your words in presenting factual statements and positions (Yin 2011:41).

Flick (2008:123) argues that "research is justified if it produced insights that advance what is known or contributes to solving problems - by new knowledge or by concrete suggestions for practical implications". Any research that duplicates existing research, or any research that fails to possess the quality to contribute new knowledge to existing knowledge can be perceived as unethical (Flick 2009:40). It is unethical to encourage people to participate or to reveal their privacy if the research is not of high quality the end (Flick 2008:8). The significance of this study is to examine and enhance the understanding of policy implementation of retention policies in the South African context.

47

A research proposal was submitted and approved by the University of Pretoria's research Committee of the Economics and Management Sciences faculty and Ethics Committee indicating that the purpose of this study is significant.

The approval received from ethics commissions or institutional review boards are linked to assessing the quality of research in a certain way, or to access particular aspect of the quality of the research (Flick 2008:122). Colleges, universities and other institutions that conduct research have institutional review boards (IBR's) that have members which review research proposals to assess ethical issues (Bloomberg & Volper 2008:111). Getting the required permission to conduct a study from the relevant institution can be a time-consuming and frustrating but it is a necessary process. To guarantee ethical standards, the committees check and scrutinize the research and methods before they can be applied (Flick 2009:39). Permission from the research ethical committee from Faculty of Health at the University of Pretoria, together with the signature of the Chief Executive Officer (C.E.O) of the Steve Biko Academic Hospital was given to conduct this study at the hospital and to have access to the relevant documents that are not easily available. Accessing information from the head offices of the labour unions that represent the Professional Nurses at the hospital did not require any form of ethical clearance, only a letter from the University of Pretoria stating that the research was approved was required, because the aim was to ensure that the nature of the nurses concerns and issues were highlighted without the names of their clients being mention.

In all disciplines, collecting of information without the knowledge willingness and informed consent of participants is viewed as unethical (Kumar 2011:244). Some types of information can be seen as sensitive or confidential by other people and therefore an invasion of privacy (Kumar 2011:246). Even though this is a desktop research study it was important to get permission from the Steve Biko Academic Hospital and relevant labour unions representing Professional Nurses as the information that was supplied for this study is not easily accessible.

Being biased is an effort to hide what you have found or to emphasise on something disproportionately to its factual reality (Kumar 2011:246). It is clear that it is difficult to formalise research ethics despite having codes and institutional ethics boards, it remains

the responsibility of the researchers to be ethical in their decision making and reflections in the field (Flick 2008:1270). Issue of subjectivity and bias towards verification are applicable to all methods, it is not just the case study and the other forms of qualitative methods (Flyvbjerg 2011:310). Due to the fact that qualitative research designs and procedures are more flexible than other types of research, people will want to know that the research done by the qualitative researcher is conducted accurately and fairly (Yin 2011:41). In order to remain unbiased especially with regards to the findings of this study, since the qualitative research methodology was chosen as being appropriate to answer the research question, the use a variety of documentations from different sources to gain different perspectives and applying an academic framework for analysis (5 C Protocol) played a critical role. In order to firstly conduct this research and secondly to gain access to these crucial documents that were used in this study, procedures and processes had to be followed. The protocols of the research engagements are listed below:

- Annexure A: University of Pretoria, Faculty of Economics and Management Sciences: Application for research ethics clearance University of Pretoria.
- Annexure B: Faculty of Economics and Management Sciences: Research Ethics Committee.
- Annexure C: Permission to do research and access records, files and data base at the Steve Biko Academic Hospital.
- Annexure D: University of Pretoria, Faculty of Health Sciences Research Ethics Committee: Approval Certificate.

2.11. CHAPTER SUMMARY

The purpose of this study was to add value and increasing the knowledge that could benefit the South African public sector, academia and community at large in relation to public health services. However this had to be done systematically and empirically to ensure accurate and reliable findings. This chapter explained the design of the research which enabled the researcher to obtain information empirically and ethically through the appropriate methodology. The design of this study is completed by describing and

explaining the appropriate research methodology, data collection, and ethical considerations in this chapter.

CHAPTER THREE: PUBLIC ADMINISTRATION AND PUBLIC POLICY: A THEORETICAL OVERVIEW

3.1. INTRODUCTION

The role of public administration and public policy is fundamental in any democratic state, in this case South Africa. As mentioned in Chapter One it was through the practices of public administration and passing of public policies that many in South Africa were once oppressed and deprived of basic services. The South African government has since aimed to reconstruct the past through practicing a more democratic public administration and the implementation of public policies. This is done to empower previously disadvantaged and marginalised groups.

However the internal reconstruction of the public sector through public policies is an on-going process. The public sector has had and continues to have many internal challenges, one of which relates to the retention of public skills. Numerous policies have been devised and implemented to tackle this problem, among others OSD policy. This policy is a relatively new retention policy targeting scarce skills such as doctors, engineers, dentists, nurses and many other scarce skills within the public sector. For the purposes of this study as mentioned in the first chapter attention will be given to Professional Nurses at the Steve Biko Academic Hospital.

The purpose of this chapter is to reflect on academic literature on public administration and public policy. In discussing the theoretical overview of public administration and public policy the definition and history of public administration are reviewed for background purposes. Public management and other factors related to it are explained; and this is where the generic public administrative functions come into place. Through the description of public policy as a public administration generic function, the link between public administration and public policy is acknowledged.

Public policy is defined and the different types of policies are also mentioned. This assists in knowing under which category that OSD falls. The policy-making process is explored and implementation and evaluation part of the process are further elaborated in detail.

3.2. PUBLIC ADMINISTRATION

The organisation of people as a public, which collectively recognises their shared duties and obligations, handles their problems and achieves joint goals is the representation of the subject matter of Public Administration (Caidien 1982:3). The concept of communities handling disputes, problems and living arrangements for the benefit of all who resided in the community has long existed for centuries. Thus, administration is an activity that has been practiced by diverse societies throughout history. Historical reconstructions reveal that a part of the present-day administration can be traced back thousands of years, and that today's new developments in administration share many similarities with the historical administration (Caiden 1982:5). As time has gone by Public Administration has become more complex due to the changes and developments in the environment.

Administrative activity is reviewed against three major goals, namely efficiency, economy and effectiveness (Rathod 2010:5). This indicates that competence, good organisation and value for tax payers' money must accompany service delivery. Administration is an activity that can be found in the public and private affairs (Hodgson 1969:1). This means that administration it is not exclusive to one sector but found in both the public sector and private.

Woodrow Wilson (1887) stated that "administrations is the most obvious part of government, is government in action, it is the executive, the operative, the most visible side of government and is of course as old as government itself". The basis of public administration is the institutionalisation of administrative capacity for communal purposes (Caiden 1982:6). Public administration exists to serve the people by enhancing their standard of living and by protecting them. Chapter 10 of the South African Constitution clearly lays down the values and principles that govern the manner in which public administration must be conducted.

3.2.1. Public administration: The Action

Public administration is the term used to explain the administrative activities carried out together by the administrative executive institutions (Cloete 2012:86). In simple terms, public administration is about the management of every sphere of governmental and other public activities (Marini 2000:3) and takes place at every level of the government. Various public officials perform, for wide-ranging reasons, different functions in all government departments. However the aim of administration in all the spheres of government is to apply frameworks that facilitate effective, efficient and economic management of the state.

POSDCORB framework can be used as one way to manage administrative activities in government can be done by following. To emphasize the principles or functions of administration Gulick and Urwick formulated the acronym POSDCORB, representing Planning, Organizing, Staffing, Directing, Co-ordinating, Reporting and Budgeting (Coetzee 1988:37). There are numerous frameworks suggesting ways of effectively managing administrative activities which have been introduced by other scholars.

The action part of government is public administration, as it the approach in which the purposes and goals of government are recognized (Cadien 1971:13). Through public administration national goals are established and recognized through the developments and implementation of public policies. Public administration contributes to the determining and carrying out of policies which are manifested in laws, rules and regulations (Coetzee 1988:16).

Public administration is the organising of men, materials and money in a joint effort to achieve the objectives of public policy (Rathod 2010:12). Public administration is therefore a co-operative activity, amongst the different spheres of government that make use of the resources available in order to achieve public policy objectives. Public administration refers to the implementation statement made by public authorities, the organization of enforcement machinery to ensure compliance and the relationship between the public and public officials appointed to advance collective interest (Caiden 1982:7). The key priority of public officials working within the public sector therefore has

53

to be the achievement of public goals set out through public policies in a systematic and ethical manner for the benefit of the public.

3.2.2. Public Administration: The Science

Marini (2000:3) states that "Public Administration refers to two distinguishable but closely related activities: (1) a professional practice (vocation, occupational, field of activity), and (2) and an academic field which seeks to understand, develop, criticize, and improve that professional practice as well as to train individuals for that practice". It is claimed by some that public administration is without a doubt a science by pointing to the universal principles such as span of control, delegation and decentralisation to support their viewpoint (Hodgson 1969:11). Public Administration is that part of science of administration which concerns government, thus it focuses above all on the executive branch, where government work is conducted, although there are visible administrative problems also in connection with the legislative and judicial branches (Gulick 1937:3). Public Administration is a not an exact science, but is an academic discipline because new theories, models and approaches are proposed or constructed to adapt to the shifting political, social and economic environments. If public services are to be rendered in an ever changing surrounding Public Administration scientists need to devise methods and techniques that are appropriate and relevant for the time.

Based on the backdrop of the paragraph above, the definition of what constitutes a science is imperative. Precision and predictability give science a distinguishable characteristic (Berkely 2004:6). The differentiating factor between an exact science and social science is that social sciences work with values and ends (Gulick 1937:4). Values are normative they change all the time and are never consistent, and therefore lack predictability. Contrast to the sciences of chemistry, physics and biology, public administration does not deal within the exact predictable quantities and never be an accurate science (Hodgson 1969:11).

Public Administration as a field of study cannot construct formulas or rigid laws but it is linked to other social sciences. As a field of study, Public Administration includes

54

sociology, political science, business administration, anthropology, psychology, law, medicine, forestry and many more, thus making it an inherent cross- discipline (Burick, Russell & Shafritz 2009:23). Public Administration is a member of the largest social sciences family (Rathod 2010:5) which gives public administration a scientific characteristic. Public administration cannot be understood or expanded upon without the use of the knowledge that emanate from other academic disciplines.

Figure 3.1 Public Administration in relation to other acknowledged principal disciplines of the dominant social sciences

PUBLIC ADMINISTRATION

ECONOMICS

PSYCHOLOGY

SOCIOLOGY

JURISPRUDENCE
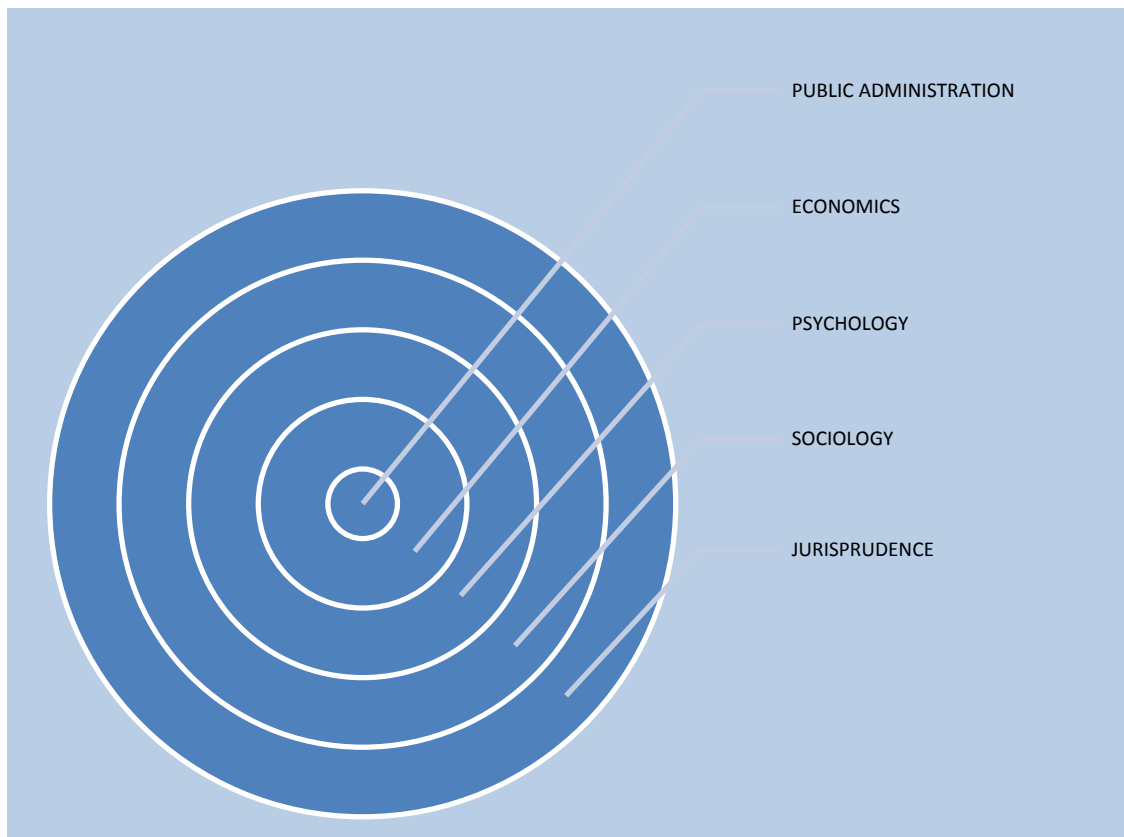
Source Adopted: Coetzee 1988.

Figure 3.1 demonstrates that anything that relates to public administration such as public policy, public human resource management or public finance cannot be understood without the knowledge of other sciences. For instance government cannot draw up a

budget without the familiarity to finance or economic, the law cannot be executed without knowledgeable public administrators, and influences on human behaviour in the public sector cannot be understood and explained without and psychology and so forth.

3.3. HISTORICAL BACKGROUND OF PUBLIC ADMINISTRATION

The Confucian principle that government should be handled by men elected (not by birth but by virtue and ability) and that its purpose was the happiness of the people was adopted by China in the Han Dynasty from 206 BC to 220 AD (Hughes 2012:44). This indicates that an importance of administering and managing public affairs based on skill, knowledge and experience, rather than just merely inheriting that right was starting to emerge as an aspect of governing. However the way to public administration in the modern age was paved by empires such as Imperial China in the far east, the Persian and Ottoman in the Middle East, in which European Christians and later Christians of the New World were dominant (Vigoda 2002:1). In order to differentiate between the absolute monarch's administration of public affairs and the running of his private home, the term public administration was coined in European languages during the seventeenth century (Caiden 1971:31). During this era those who gained power through privilege had to separate their roles of leaderships within their respectable homes and the actual decision-making and leadership role they occupied on behalf of the country. This meant that leaders of the time were gradually expected to be more accountable for their leadership decisions than before.

It was only in the 18th century that the systematic study of numerous manifestations in public administration began, and official recognition at universities was attained, and since World War I, professorial chairs were established and textbooks and published (Cadien 1971:30). The need for administrative knowledge and skill began to grow and professorates were introduced in the 18th century (Thornhill & Van Dijk 2010:99). History points out that During the 18th century, King Fredrick William I of Prussia decided to train a new strain of public administrators, and consequently created professorates through Cameralism (Basheka 2012: 26). This was the period that put emphasise on the need to

56

study public administration. Public administration was viewed an administrative function and a science. In some countries, public service positions could only be occupied by those who received special training from acknowledged institutions.

A variety of managerial and hierarchical structures that served as model for governing the increasing populations of the time are mentioned in the bible (Vigoda 2002:1). Likewise, administrative systems existed to administrate the irrigation from the annual flood of the Nile and to build the pyramids in ancient Egypt (Hughes 2012:44). It is clear that, throughout history, public administration had been a necessity for human begins to live in an orderly and cooperative manner.

3.3.1. First generation

A German professor, Von Stein in 1885 is considered to be the scientific founder of public administration even though administration literature attributes Woodrow Wilson of the 18th century as being the father of the discipline due to his 1887 essay (Basheka 2012:28). During Von Stein's time the science of public administration was considered to be a form of administrative law (Thornhill 2006:794). Von Stein believed that public administration needed to be regarded as a discipline that integrated pre-established disciplines such as sociology, politics, administrative law and public finance (Basheka 2012:28). He also advocated for the need to adopt a scientific approach to the study of public administration (Thornhill & Van Dijk 2010:99).

The influential work of Woodrow Wilson (1887) and Frank. J Goodnow (1900) is usually associated with the revolution that turned public administration into an independent profession and science (Vigoda 2002:3). Wilson applied the positivist belief that facts and values must be separated to public administration and thus asserted that politics and administration belonged in different fields (Dobuzinskis 1997:300). Wilson believed that the integration of administrative questions and political ones resulted in the evil spoiling of the system (Hughes 2012:52). Therefore, according to this view, the administration of public policies had to be implemented in a politically neutral manner.

Frank Goodnow wrote the ground–breaking entitled Politics *and Administration* in 1900 and automatically became a major supporter of the Wilson dichotomy movement (Basheka 2012:36). In his book Frank Goodnow pointed out a practical distinction between politics and administration, the former having to do with the policies or statement of the will of the state, and the latter was being only concerned with the execution of policies (Caiden 1971:34). Both Wilson and Goodnow were strong supporters of the politics/administration dichotomy as they were of the view that the involvement of politics in administrative activities was a recipe for corruption and inefficiency.

3.3.2. Second Generation

During the era of the politics-administration dichotomy a few scholars of management in America and Europe suggested a number of classical principles that become significant in the shaping the study and practice of public administration (Basheka 2012:37). Taylor believed that in as much as there was a best machine for a particular job, there also had to be an effective best method by which people should undertake their jobs (Basheka 2012:37). Taylor wanted to change ad-hoc decision-making through scientific management to efficiency and science, even a societal change as, through scientific management, the interests of the employees and employers seemed to be the same (Hughes 2012:55).

In 1937, the ideas of Taylor were systematically and theoretically revived by the editors of the influential papers on the science of public administration, Luther Gulick and Lyndal Urwick (Dobuzinskis 1997:302). A report was published in 1937 by Gulick and Urwick for President Roosevelt's Committee on Administrative Science that contained the well-known POSDCORB acronym (Green 2005:53). Other prominent contributors to this discipline included Max Weber, Henri Fayol, Mary Parker Follet and Chester I. Bernard (Basheka 2012:38). Gulick and Urwick were convinced by Fayol ideas as at the time they thought that they offered a systematic treatment of management (Thornhill 2006:795). This generation focussed on creating models and frameworks that identified important

58

administration variables, which could be applied to increase efficiency and effectiveness in public administration.

3.3.3. Third generation

After 1945, the politics/administration dichotomy of Wilson and the ideas of other authors were questioned by the third generation (Thornhill & Van Dijk 2010:100). The argument was that it is not possible to separate administration and politics because of the political role and nature within administration, and that administration was not limited to political decisions but it dealt with policy formulation (Basheka 2012:45). In America the reform movement was unable to separate policy from administration or politicians from administrators (Hughes 2012:60).

The principles of public administration were also questioned and critiqued by behaviourists such as Herbert Simon. The behaviourist approach developed as a protest against the traditional theorists descriptive analysis approach that were not substantive (Rathod 2010:70). The principles of public administration were not scientific but normative therefore were a symbol of questionable values (Caiden 1971:40). This generation proposed the notion to instil a more measured scientific approach to public administration. The behaviouralist approach integrated other disciplines, called for the use of scientific methods and was descriptive in nature (Green 2005:55). Simon advocated for a behavioural approach to the scientific study of public administration (Basheka 2012:46). This generation proposed new functions and principles of public administration.

3.4. PUBLIC MANAGEMENT

In the 1980s and 1990s, new managerial approaches in the public sector started to develop, in response to the shortfalls of the traditional public administration (Hughes 2012:74). The assumption was that public administration must adopt and be directed by a business administration or management approach and should be freed from politics (Cloete 2012:118). This was followed by the transition of renaming programmes such as

'business administration' to 'business management' and 'public administration' to 'public management' (Guy 2000:162).

The Bill of Rights and section 195 of the South African Constitution state that the evaluation of the acceptability of South African public institutions cannot be done in terms of material acceptability (Cloete 2012:118). The purpose of private sector business is to accumulate profits, whereas the function of the public sector is to spend money for the purposes of public service delivery. Critics of public management regard it as the unquestioning adoption of the worst features of private management that abandons the fundamental differences in the environment of the private and public and sector (Hughes 2012:75). However public management is a multidisciplinary field that makes use of other sciences such as human resources, finance, politics, planning, policy analysis, and organization development (Guy 2000:163). This clearly asserts the notion that the understanding of public management by separating it from the dynamics accompanying politics or public policy is not likely.

Public administrative and management activities are conducted in an environment where the goals and means are politically relevant (Lane 2005:5). It is important to keep in mind that public administration will always be based on political values rather than business motives or principles (Cloete 2012:119). The political ideals of a ruling party will, to a great extent, determine the way which government in administered. Public management involves of the execution of public policies, thus it cannot be neutral to administrative functions (Lane 2005:5). Public management focuses on efficiently delivering public services but is refined through the lens of public policy (Guy 2000:162). This means that public management is prone to transformation and changes in its pursuit to find the best approaches and models for achieving service delivery.

3.4.1. New Public Management

When reforms in public management started to take place one most profound models was the New Public Management model. New Public Administration emerged in the 1900s and designated the continuing public sector reforms in the Anglo-Saxon countries

(Lane 2005:5). The trend that advocated for a more client based approaches, decentralization and business orientated principles were highly favoured (Basheka 2012:53). This model suggested that in order for competence and professionalism to develop in the management of public sector, borrowing designs and strategies from the management systems applied by the private sector. In their article Denhardt and Denhardt (2000:550) state that "public management refers to a cluster of ideas and practices (including reinvention and neo-managerialism) that seek, at their core, to use private-sector and business approaches in the public sector".

The publication of *Reinventing Government* in 1992 by Osborne and Gaebler was a key event in the United States (Huges 2003:4). Osborne and Gaebler provided a number of currently familiar principles which were to be used by public entrepreneurs to bring about substantial government modification, ideas that continue to be at the centre of New Public Management (Denhardt & Denhardt 2000:551). Osborne and Grobler believed that the public sector had failed to keep up with the shifting paradigms of the post-industrial social order and that government still tried to deal with social issues with a 'one-size-fits-all' approach (Denhardt & Denhardt 2006:403). The new approach promoted the improvement of efficiency and a more service orientated public sector through the use of private sector models, organisational ideas and values (Basheka 2012:55).The public choice perspective is evident in New Public Management. Simply put the public choice perspective views government based on the market and customer relationship (Denhardt & Denhardt 2000:551).

Nevertheless, the above discussion does not in any way change the fundamental differences that exist in the functioning and purpose of the public and private sector. The political nature of public management is the primary difference between the private management and public management (Guy 2000:166). It is accepted that a business administrator is more interested in making a profit, whereas the public administrator has to live up to the expectation of conducting public business in an ethical manner by avoiding the misuse of his position for personal gain and instead to serve for the public interest (Simon, Smith & Thompson 1950:22). However the application of business principles used by the private sector such as efficiency, effectiveness and reliability can

benefit the public sector to a certain degree. If these private sector principles are properly implemented they can help to improve the way in which government functions when providing services to the public.

3.5. GENERIC FUNCTIONS OF PUBLIC ADMINISTRATORS

Public administration consists of a variety of administrative functions that are needed to achieve both the short and long-term objectives of government. The activities that take place at the executive administrative institutions can be placed into the following categories namely (Cloete 2012:86):

I.   Generic administrative and managerial

II. Instrumental

III. Functional

For the purpose of this study the focus will be on the generic administrative functions. According to Bain, Hanekom and Rowland (1993) "the generic administrative process is composed of various functions: policy making, organising, financing, staffing, the determination of work procedure and bringing about of measures of control". These functions enable public officials to run government departments in an effective and efficient manner thus achieving public goals. A short description of each function is given below. It is however important to note that the generic administrative functions are interdependent (Hanekom 1995:55).

3.5.1. Policy-making

Policy-making is an important function as it develops and clearly states the goals and priorities of government. Only once a policy has been made available and objectives established, can the other generic administrative processes be in operation, along with the delivery, instrumental functions and the functional activities (Cloete 2012:88).

62

3.5.2. Organising

Organising involves the classifying and grouping functions, the allocation of the groups functions to institutions and workers in an orderly pattern in order to make sure that work assigned to the workers contributes to achieving a predetermined goal (Cloete 2012:88). As a function, organising includes all those activities by which a formal network of intra-relations (formal internal relations) of an authority is created, adapted and maintained (Rowland 1993:208).

3.5.3. Financing

Public finance is at the core of public service. Financing is about establishing a financial system, preparing for audits and preparing financial reports to office bears, government and legislative institutions (Cloete 2012:87). Without funding or a proper budget system government would be unable to operate and this would result to poor delivery of public services thus decreasing public interest.

3.5.4. Staffing

Staffing is about putting in place the proper staffing system, legislations and directives (Cloete 2012:87). Ensuring that the personnel that are hired are suitable for the tasks at hand is a function of staffing. Therefore placing the right person for a job is important for an organisation. If the inappropriate staffs are recruited in the public sector, public service delivery is compromised.

3.5.5. Determination of work, methods and procedures

The determination of work involves the development of work systems, procedure manuals, and productivity improvement systems (Cloete 2012:87). Workers need to know what their duties and responsibilities are within an organisation. This is done through the

distribution of the codes of conduct, procedure and regulation booklets or posters to personnel.

3.5.6. Measures of Control

Putting in place the measures of control means that reports to the relevant institutions must be prepared, putting in place auditing systems and setting the standards for services and products must be established (Cloete 2012:87). Government is a large institution that has to control its labour, resources and finances. This means that measures of control are a necessity especially for the day to day activities.

3.6. DEFINING PUBLIC POLICY

Before exploring the policy-making process as a generic function of public administrations, it is essential to firstly understand what a public policy is and to identify the types of public policies that are formulated and implemented by governments. Public policy is about what governments intends to do or r not to do (Dye 1995:2). Therefore public policies are constructed by public institutions or government for the purpose of establishing strategic goals and objectives that provide direction for what needs to be achieved. Public policy is not stagnant or static as it has to respond to the needs of the public (Hanekom 1995:54). Public policies respond to the policy demands, or the claims of action or inaction on some public issue made by other actors such as citizens representatives, public officials and legislators, upon government agencies and officials (Anderson 2003:3). Governments do not only respond to public pressure or public needs but are also enabled to perform many other functions through the establishment of public policies. This can be done though the different types of public policies that can be formulated.

Theodore Lowi was a political scientist who had an interest in examining the types of policies that the policy process was producing and the effect these policies had on the in the political arena (Larimer & Smith 2009:36). Lowi was of the view that the classification

of policies meant that a prediction of the result would be made possible; therefore being knowledgeable about what works or does not work would be more practical (Larimer & Smith 2009:41).

Through the establishment of diverse public policies government is able to perform a number of activities. Public policies can also regulate behaviour, organise bureaucracies, distribute benefits, extract taxes or perform all of these functions at once (Dye 1995:2). This can be made possible through the use of different types of policies such as regulatory, distributive, redistributive and constituent policies which allow government to be able to target social, economic, and political and many other problems in a systemic and orderly manner. The OSD policy falls under one or three of these policy types.

3.6.1. Regulatory Policy

Regulatory policies are those types of policies that impose limitations and restrictions on the behaviour of groups and individuals (Anderson 2003:8). Regulatory policies make use of sanctions and incentives aimed at directly influencing the behaviour of a specific individual or group of individuals (Larimer & Smith 2009:39). A regulatory policy is designed to limit the actions of person's or groups for the purpose of protecting the general public or a significant portion of the public (Denhardt & Denhardt 2006:55). Classical regulatory policies would cover the protection of consumer rights and environment (Van der Waldt 2002:91). Regulatory policies are applied to limit and control the activities of any sector. These types of policies are mostly used for controlling the economy or endeavours that are related to business.

Regulatory policies differ from distributive policies because in the short run regulatory decisions involve the direct choice of those who will be included and those who will be excluded (McCool 1995:179).

3.6.2. Distributive Policy

Distributive policies involve the distribution of services or benefits to certain portions of the population such as groups, individuals, communities, corporations and (Anderson 2003:7). The characteristic of distributive policies is to be found in its ability to distribute benefits and costs on an individual basis (Larimer & Smith 2009:39). The term patronage can be used as a synonym for the term distribution (McCool 1995:179). Distributive policies make use of public funds in order to assist the targeted groups, industry or community (Anderson 2003:7).

Perhaps as the most common form of government policy, distributive policy use tax to provide benefits to individuals or groups as a way of creating subsides or grants (Denhardt & Denhardt 2006:56). This means that this type of policy is direct in nature, as it creates benefits which directly affect an individual or institution or community. An example would be the subsidies government gives to universities or grants given to children and pensioners.

3.6.3. Redistributive Policy

In comparison to distributive policies, redistributive policies aim to target a larger group (Larimer & Smith 2009:39). Redistributive policies aim to shift wealth, income, rights and property between classes or groups of the population, such as those who have and do not have, grassroots and influential people (Anderson 2003:10). Generally distributive policies are viewed as policies that benefit the less privileged at the expense of the privileged (Dehardt & Denhardt 2006:56). Welfare payments that go to the poor are typically thought of as a form of redistributive policy (Van der Waldt 2002:91).

Redistributive policies are set apart by the high level of bargaining that takes place between large groups of people (Larimer & Smith 2009:39).They generate the most discussion compared to other policies due to the win-lose effect they are thought to have, that is if one group gains the other does not (Denhardt & Denhart 2006:560). Regulatory and redistributive policies are somewhat the same in the sense that in both types of

66

policies the relations among broad individuals groups are involved and therefore these policies are linked up (McCool 1995:181).

The nature of the OSD policy is redistributive. It aims to empower a working class that has not been benefiting financially within its domestic arena. It is a remuneration policy that aims to address the shortage of Professional Nursing skills needed in the public sector of South Africa. The bargaining process with the Employer or Department of Health on behalf of the Professional Nurses was accomplished by the labour unions that represent this historically marginalised profession.

3.6.4. Constituent Policy

Constituent policies are those policies intended for or directed towards the benefit of agencies of government (Anderson 2006:57). Foreign policies and information bills would fall under this category. However little has been done to clarify constituent policies as they seem to fall under a mixed category that includes everything that is not fall under the original three classifications (Larimer & Smith 2009:40).

3.7. POLICY-MAKING PROCESS

Policy-making refers to actions, with the inclusion of decisions and thought processes that take place before a policy statement is finalized (Van der Waldt 2002:93). It is due to the policy-making process that a state is created and this process culminates in the constitution of that state (Cloete 2012:124). A state cannot or ceases to exist without the presence of public policies. Public policy making that are done by public institutions tend to be complex and time consuming (Cloete 2012:125). The making of a policy through following prescribed steps or process is not as sequenced and easy as it seems. These processes somewhat often happen concurrently, resulting in each one collapsing into the others (Dye 1995:298).

The policy process may be multifaceted and difficult to understand but this had not discouraged scholars, in particular political scientists, from attempting to understand and discover systematic casual relationships (Larimer & Smith 2009:76). Park (2000:39) states that "according to rationalist assumptions the policymaking process consists of the identification of a problem demanding a solution or a goal worth achieving, the assessment of the alternative means of achieving the desired outcome, the making of a choice between these alternatives, the implementation of the preferred option and the solution of the problem or attainment of the objective". The policy making methods do not meet the standards of a purely rational model (Sharkansky 1982:212). Policy-making involves following the guidance of set steps while taking into consideration the other factors which are not covered by these steps.

The basic phases of policy-making that will be discussed in this study are policy agenda, policy formulation, policy adaptation, policy implementation and policy evaluation. Policy implementation and policy evaluation will be discussed in detail in other sections of this study.

Figure 3.2 The policy cycle
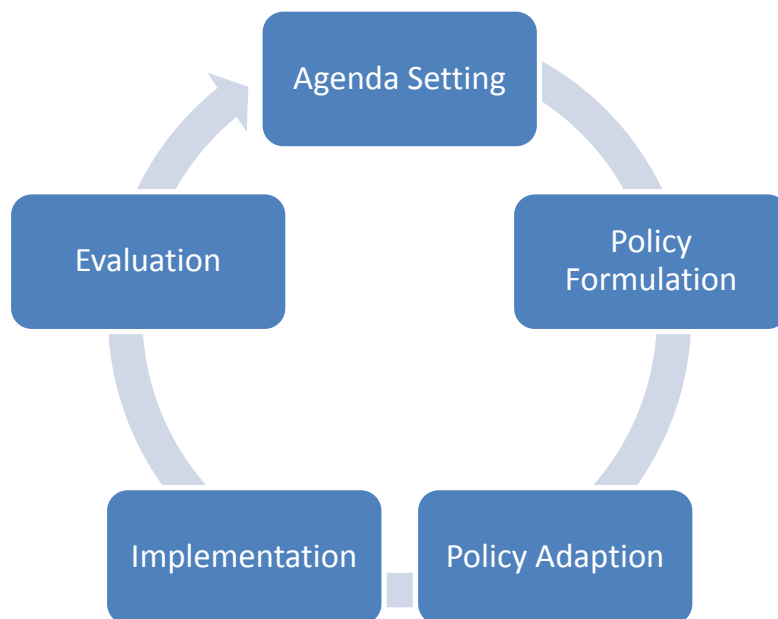
 Source Adopted: Knill and Tosun 2008.

Figure 3.2 shows the important stages of the policy-making process that have to take place for a policy to be formulated and carried into action.

3.7.1. Policy Agenda

Cloete & Meyer (2011:87) state that "policy agenda setting refers to the deliberate planning process through which policy issues are identified, problems defined and prioritised, support mobilised and decisions makers lobbied to take appropriate action". Agenda setting involves choosing issues that call for serious consideration for the making or remaking of policy (Van der Waldt 2002:93). Agenda setting makes it possible for some problems to be viewed as needing action, whereas others are postponed (Denhardt & Denhardt 2006:51). A problem has to be converted in to an issue or a matter that needs the responsiveness from government for it to receive agenda setting status (Anderson 2003:86). This is the phase that determines the most critical issues that need to be managed or solved by the state. This means that a problem has to gain significant attention from policy makers for it to be considered in the setting of the agenda.

Two basic agenda settings can be identified, that is, systematic and institutional agenda setting. A systematic agenda features negotiations with stakeholders; debates take place in parliament and proposals submitted by public officials who process proposals to the legislative authority (Van der Waldt 2002:94). For every sphere of government that is the national, state and local political system a systematic agenda exists (Anderson 2003:86).

Institutional agenda setting consists of matters that need to attention from policy makers and public officials (Van der Waldt 2002:94). Therefore governmental or institutional agenda setting consists of problems or issues to which legislation or public officials feel as if they are forced to give serious and active attention (Anderson 2003:87).

3.7.2. Policy Formulation

Policy formulation is the making of policy alternatives for handling problems on the public arena (Dye 1995:305). Solving a problem rests with the involvement of a variety of stakeholders in order to determine their explanation of the problematic situation (Van der Waldt 2002:95).These stakeholders include think tanks, special committees, public officials and interest groups.

Policy makers are faced with the challenge of competing proposals for handling a problem or the formulation of an alternative solution of their own (Anderson 2003:102). This means that particular decisive factors are necessary to guide policy makers when faced with such dilemmas. In the formulation phase of a policy the various alternatives that are presented to a policy maker must be assessed in terms of benefits, cost implications and feasibility (Van der Waldt 2002:96).

3.7.3. Policy Adaptation

The policy adaption phase typically does not involve the selection of policy alternatives but entails an action on an ideal policy alternative for which those involved in the action think they can win approval, even though it does not offer all they might like (Anderson 2003:119). This phase involves the support to legitimise and authorise that particular proposal (Van der Waldt 2002:96). This is the policy phase that involves lobbying and canvassing. In order to induce others and gain sufficient support three strategies must be followed: command, persuasion and bargaining.

Bargaining involves negotiation, compromise, and give-and-take for the purpose of reaching a mutually acceptable position (Anderson 2003:137). However the parties involved must be willing to take part in such an action. Secondly, gaining support for one's position needs persuasion. Persuasion occurs when one tries to convince the others of the appropriateness of one's position which in the end results in the adaption of their position (Van der Waldt 2002:96). People that persuade, try to get others to go with their way (Anderson 2003:140). Lastly, the act of commanding is another way of building

70

support. Commanding is the skill possessed by those in high positions to take decision that are compulsory for those who fall under their authority (Van der Waldt 2002:96).

3.7.4. Policy implementation

Implementation encompasses all the activities intended to carry out the policies passed out by legislature (Dye 1995:312). Implementation involves the conversion of decisions into action (Van der Walt 2002:97). Most of policy making takes place during implementation (Calista & Palumba 1990:10). This is the stage of the policy-making process that turns the content of the policy into action.

3.7.5. Policy Evaluation

Policy evaluation is the assessment of the policy outcomes (Van der Waldt 2002:98). Evaluation may try to discover the factors that made an impact in the success or failure of a policy (Anderson 2003:245). Evaluation can take place at any stage of the policy making process depending on the type of evaluation that is required.

3.8. ROLE-PLAYERS INVOLVED IN THE POLICY-MAKING PROCESS

Public policies are established by official government policy makers who specialize in the field of policy-making. The participation in public policies is, however, not limited to the legislature, executive or judges but includes non-official groups. Public policies are established as a result of the needs and demands that emerge from diverse actors such as unions, the media, citizens, political parties or research organisations. In order to cater to these different needs and demands the input of both government public officials and non-government officials is crucial.

- Public officers

Public managers are the subordinates of the political office bearer manager and as such should provide him or her with objective and factual advice on which policy has to be followed in order to satisfy the innumerable needs and desires of a changing society (Hanekom 1995:65). Public officials have to work with the factual information of what is happening in the public sector.

- Interest groups

Interest groups are structured organizations that try to influence government without attempting to take over government (Van der Waldt 2002:108). These groups represent a variety of issues such as health business, labour, and so on. Rather than confronting such groups the institution or political office bearer must seek cooperation for the objective of policy-making (Cloete 2012:147). Government institutions play a central role to interest-based power; their association with interest groups may be masked or obvious and their activities range in political character from the routines and accepted to be unsteady and highly controversial (McCool 1995:32).

- Media

The term media encompasses newspapers, radio, television, internet, magazines, twitter and facebook. People from the newsrooms believe that they are the public opinion and therefore confusion may occur between their opinions and the public occurs (Dye, 1995:299). The media also has the ability to educate members of the public about political and administrative issues (Cloete 2012:157).

- Research Organisations

Research organization offer expert but impartial information to policy makers compared to the partial or self-interested information developed by pressure groups (Anderson 2003:62). Research organisations are think tanks that specialize in the attainment of factual information that does not contain any form of biasness or misrepresentation.

- Individuals

Individuals in a democratic country such as South Africa are given the freedom to express their grievances or expectations with regard to public policies. An individual can draw up a petition, have people to sign on it and send it to the appropriate government institution (Cloete 2012:146). Individuals can also have their voices heard through mass marches, voting, driving petitions and so forth. The perspectives of ordinary citizens play a significant role in ensuring that the appropriate policies are formulated and implemented.

3.9. UNDERSTANDING PUBLIC POLICY IMPLEMENTATION

The study of implementation has its roots from the disciplines of public administration and policy sciences (DeGroff & Cargo 2009:18). It is one of the general functions of public administration and still needs to be expanded upon. Definitions of implementation as an activity and academic phenomenon differ and are numerous. The meaning of implementation literally refers to carrying out, accomplishing, fulfilling, producing or completing a given task (Paudel 2009:36). Implementation is what happens after government declares a formal intent to do something and before a policy outcome has been produced (Larimer & Smith 2009:157). To be more accurate policy implementation incorporates whatever that is done to bring a law into effect, to apply it to the target population (for example, a small business or motor cycle operators), and to attain its goals (Anderson 2003:193). The policy implementation stage appears to be the most problematic phase in the policy process with regards to practical policy execution (Roux 2002:89). Policy implementation is that part of the policy cycle that requires a thorough understanding of the content of the policy, the environment in which the policy will be implemented in, and type of commitments that emanates from the relevant stakeholders; and the ability to utilise the resources that are available to carry out the policy objectives.

It is imperative to keep in mind that the policy implementation phase consists of a variety of activities, such as finance, staffing (personnel provision and utilisation), organizing, and the determination of work procedures; one can picture the kinds of decisions that will have to be taken to develop an executive policy and political implementation policy (Cloete

1998:131). Policy actions are the products of various routines and activities in the middle ground of program implementation stage (McCool 1995:16). Policy implementation is not just limited to government programmes, but includes many other relevant actors, stakeholders and contextual factors.

With this many participants involved arguments, conflict and differing perspectives can erupt during implementation and therefore creating cooperation and coordinating mechanism is imperative. As a result one of the requisites for national policies to be successfully implemented may be cooperation and coordination among the network of national, local government and agencies (Anderson 2003:196). This means that it is essential to understand the dynamics that are brought in by different stakeholders when a policy is implemented. The use of implementation enables public policy analyst and public officials to gain a profound insight of implementation issues.

3.9.1. Three generations of policy implementation research

Policy implementation studies or research can be divided into three generations. Each generation represents its belief and logic on policy implementation. The first generation were of the view that implementation would just happen automatically after the appropriate policies had been firmly proclaimed by the authorities (Brynard 2005:166). These studies put the spotlight on implementation as a key reason for policy failure, and they also offered prescriptive advice on how to increase the odds of policy success cut down on decisions points, and push control and authority downward to allow those closest to the project to make important decisions quickly and effectively (Larimer & Smith 2009:161). The work of Pressman and Wildavsy is an example of what characterizes this generation.

 The studies by the second generation of policy implementation focused on describing and analysing the relationship between policy and practice (Paudel 2009:39). This generation viewed implementation as a complex process and sought to work with general theories of implementation rather than specific case studies as did the first generation. The first generation error was in their underestimation of the complexity of implementation

processes; the second generation tasked themselves with recording the enormity of this complexity through detailed empirical studies (Brynard 2005:168). The top-down and bottom-up approach are the prime school of thought of this generation.

The third generation pursued the construction of a theory of how a policy works or does not work; the focus was on separating the theoretical wheat from the chaff and generating a general understanding of implementation (Larimer & Smith 2009:170). Even though conclusion or union in the field of predictive implementation theories is still lacking and indefinable; this generation increased an understanding of the important variables that can impact on implementation (Brynard 2005:169). Different frameworks on the factors that must be examined in the implementation of a policy or programme emerged.

3.9.2. Top-down and Bottom-up approaches to implementation

The three generations of policy implementation research demonstrate that the field of policy implementation consists of a variety of implementation theories and a common implementation theory has not been decided upon. Academic scholars have contributed immensely to policy implementation literature by offering different perspectives that are articulated through some of the main policy implementation schools of thought. The two schools of thoughts which came up with the most effective method for describing and studying implementation as the field of implementation research evolved are the top-down and bottom-up approach (Brynard 2005:653).

The top-down approach is also referred to as the rational or systems model (Mthethwa 2012:39). The top-down approach restricts its focus to the actors which are formally involved in the implementation of a specific programme (Winter 1990:29). The top-down approach is characterised by its hierarchal and control themes (Mthethwa 2012:39). The actors that are officially involved in policy making include high ranking political office bearers and public officials such as ministers, director-generals, directors, general managers and so forth. Actors outside of this category are not considered to play a significant role in policy formulation and in deciding upon implementation directives of policies.

The bottom-up approached emerged as an opposing view to the top-down approach. The bottom uppers held the view that it was down at the street level where implementation took place, and to favour a centre over a periphery perspective was to ignore the practical realities of delivering public services (Larimer & Smith 2009:167). The actors are defined in terms of their relevance rather than through their attachment to a specific program (Winter 1990:28). The street-level bureaucrats are considered to be the group that possesses a better understanding of what clients need due to the direct contact they have with the public (Paudel 2009:41). The bottom-up approach advocates for an approach that includes those who do the day to day activities of government to be involved in the determination of the policy and its implementation.

3.9.3. The 5 C Protocol: critical implementation variables

It has already been mentioned and explained in the section above that the implementation of a policy is a complex, enormous and ever changing process that involves many tasks and activities. Policy implementation is a lively and growing procedure due to a confluence of factors and this includes socio-political conflict, networked implementation structures, and administrative transformations that shape policy ideas that are converted into social improvement programs (DeGroff & Cargo 2009:56). Therefore when analysing data dealing with the subject of implementation, it is critical a tool is chosen that is likely to cope with the peculiarities implicit in almost all conceivable public policy implementation irrespective of its contextual exigencies (Mnculwane 2008:57). The application of the 5 C protocol in this study is used as a tool to systematically evaluate the implementation of the OSD policy through the use of the critical variables found in this protocol. The variables that underpin implementation according to the 5 C protocol include the content, context, commitment and clients and coalitions of a policy.

All five of these variables are interconnected or influence each other depending on the various implementation cases (Brynard 2005:1780). What is implied by the interlinked dynamic 5C protocol is that implementation cannot be viewed as a planned activity that can be carried out by a predetermined plan instead it is a process that at its very best can

only be managed (Nakum 1995:56). The 5 C protocol paradigm comprises of various interdependent yet distinct variables that signify the complex nature of policy implementation which cannot always be thought of as a linear phenomenon with straightforward predictable relationship between variables (Mnculwane 2008:57). These variables identified in the 5 C protocol are some of the key factors that have to be taken into consideration when the analysis of policy implementation is undertaken.

It is remarkable that a very broad set of implementation scholars have identified these or similar variables as their key determinants of implementation effectiveness, even though some scholars may differ about the relative criticality of the variables identified by the 5 C Protocol, their placement within the top-down approach, or the contexts of industrialized/developing countries, or specific issue contexts (Nakum 1995:36). However DeGroff and Cargo (2009:48) argues that "in reflecting a process involving change over time, implementation is characterized by actions of multiple levels of agencies, institutions, organizations and their actors and is influenced by context throughout". The 5 C protocol has in its scope innovatively considered and included the most critical variables that have an impact on implementation and which have been are identified by scholars who in essence have different perspectives on the approach to the task of public policy implementation (Mnculwane 2008:56). Wherever and whenever the basic critical factors that are important to implementing public policy are not present, in developing or developed countries an implementation problem is bound to exist (Makinde 2005:63).

- Content

The content of a policy is a function of the level and form of compulsion by the government (Brynard 2005:1880). As explained earlier in this chapter, government policies can either be distributive, regulatory, redistributive or constituent in nature, it depends on the type of problem that the government and relevant stakeholders may want to solve through the formulation of the particular policy. The content of the policy states the goals of the policy, how the policy 'problemitizes' the issue and how it aims to solve the problem at hand (Nakum 1995:4). The goals, objectives, and the problem that may be the current issue and the method to solving the problem are identified and specified in the content of a policy and this indicates how government plans to address the problem.

The content of the policy is vital not only in the method utilised to attain its goals, but also in its determination of the goals and how it selects the particular methods to reach those goals (Roux 2005:74). The identified goals and the means chosen for achieving the goals of the policy have to be pertinent and suitable for addressing which ever issue that may be at hand. It is a necessity and important requirement that the content and thrust of policies be appropriate and implementable (Ile *et al*. 2012:10). The actors that are involved in the implementation of the policy must practically implement the content of a policy that is appropriate and if need be the implementers must adjust the content of the policy to the environment. The concern is not just limited to how the choice of different goals, casual theories, or methods will affect the policy content and implementation process but the concern extends to how these will impact the other four variables (Nakum 1995:40).This means that the manner in which the content of the policy is decided upon affects the other variables of the 5C protocol and must therefore be a reflection of the real issues that are facing the citizens of that particular country.

- Context

When looking at the context of a policy the focus here is on the institutional context which, like the other four variables, will be shaped by the larger context of political, social, economic, and legal realities of the system (Brynard 2005:180).The external context refers to the uncontrollable and unpredictable uncertainties of the external environment such as politics, economy, environment and social factors. The internal context on the other hand refers to the organisational structure and culture that is found within the internal environment of an organisation.

The institutional mechanism a policy has to pass through in order to become approved will influence the design of the policy (Roux 2005:76). Essentially the institutional context forces the attention to be based on the understanding of the institutional environment or corridor through which policy must pass as it translates to action (Nakum 1995:45).Implementation decisions concerning the needs of those that will be served, how they will be served and which outcomes will be of value are determined by political and social factors (DeGroff & Cargo 2009:52). One of the causes of an implementation gap is that when a policy is being formulated policy makers fail to take into consideration

the social, political, economic and administrative variables when analysing (Makinde 2005:66). A policy implementer has to be aware of the current state of the economic, political, legal and social environments that related to the particular policy that is to be implemented.

In addition, a reflection on relevant or related policies has to be given, including the effect of other policies on the envisaged one, as well as the effect of the envisaged policy on other existing policies (Ile *et al.* 2012:10). Previous and present policies that relate to the current policy and the dynamics of these relations have to be taken into consideration. In other instances an existing policy may have been incorporated into the new policy and therefore the reasons for policy change have to be reflected upon. There are a variety of distinctive aspects that have considerable implications for policy change (Crosby 1996:1404). It is therefore important to be constantly aware of changes that may take place within a context as these changes may influence the other four variables.

- Commitment

The fundamental nature of commitment is the ability to maintain the focus on an initiative from its inception through to its delivery (Brynard 2009:561). The commitment of all relevant stakeholders at all levels of policy engagement is critical (Ile *et al.* 2012:11). The level of commitment to the implementation of a policy from government, unions, communities, NGOs and many other participants is valuable and cannot be taken for granted. The work that the organisation does and produces is a result of the understanding and commitments that exists among the interested parties about what and whose needs should be satisfied (Crosby 1996:1404). Successful implementation of the policy by the organisation or the assigned task team is an indication that a high level of commitment exists.

Commitment to a policy can come from the people at the top that formulate and determine the strategic direction of the policy. Or else commitment to a policy can come from those who are at the bottom who are tasked with the duty to convert the policy into action. Commitment to the policy by the street-level bureaucrats is really significant because their unique position of proximity to the problem firstly means that their priorities are shaped

79

not only by their agency but by the realities and concerns of their clients; and secondly the level of discretionary power they usually enjoy grants them the ability to not only influence the implementation of the policy but to define policy in action (Nakum 1995:47).

Therefore one of the major purposes of policy implementation analysis is to understand how the combination of the implementer's discretion and commitment affect implementation and how this impact may be structured to enhance overall implementation effectiveness (Nakum 1995:45). This means that the perspective of the implementer towards the policy has to be understood because it affects his or her level of commitment. The implementer's perspectives also affect how they will apply their good judgment in the decisions that they may have to take during the implementation process.

Taking note of the drivers of commitment is helpful because it is not easy to judge the involvement and degree of commitment of the policy implementer's (Brynard 2009:558). The factors that indicate the level of commitment vary and are subjective. The comprehensive nature of the other four variables makes it imperative to take them into consideration because they affect the level of commitment to the implementation of the policy by the relevant actors and stakeholders.

- Capacity

Capacity relates to the structural and functional ability to implement a policy (Ile *et al*. 2012:11).Capacity in the context of this study refers to the availability of resources that are put aside for the implementation of the policy. Capacity can be tangible or intangible. Tangible includes finances, technology, personnel, strategy, and information. Intangible refers to motivation, commitment, leadership and courage. As soon as strategies are decided upon, the implementation organisations need to estimate and mobilise the financial, human and material resources needed to effectively implement the policy (Mthethwa 2012:43).

The provision of resources is not a straightforward task, in fact simply knowing what resources are necessary can be a non-trivial problem (Nakum 1995:48). Determining the type of skills, time, knowledge and financial resource that are available and appropriate shapes the capacity. The implementation of a policy may need new resources and

capabilities to achieve new objectives (Crosby 1996:1405). For instance, training people through workshops or recruiting the necessary skills might have to be budgeted for in order to ensure that the right personnel is available for the implementation of the policy. Implementers are likely to proceed if they have confidence in their capacity to overcome potential problems in transforming an intention into practice (Brynard 2005:563).

It is a necessity to be familiar with the current administrative system in order to have a substantial long-term impact, administratively intense or complicated policies (Crosby 1996:1404). Understanding the manner in which the organisation functions on a day to day basis helps to identify if any significant changes will have to take place to equip the organisation with the implementation of the policy. This may involve some major changes to the function and structure of the organisation. Extensive modification of a department or the creation of new departments may be one of the demands that emanate from policy implementation (Crosby 1996:1404).

The resources needed to implement the policy may be managed by those who have the same authority and prominence as those that are attempting to implement the policy but the managers of the resources may be opposed or uninterested to implementing that policy (Crosby 1996:1405). This means that the role of the relevant actors or stakeholders or groups influences the availability of resources, therefore capacity. Resources to implement a policy can be accessible to the relevant actors or groups but because of conflicting interests or views the capacity to implement a policy can be hindered.

- Clients and Coalitions

The fifth variable is an interplay or negotiation between diverse actors, their interests and strategies that influence ultimate implementation effectiveness (Nakum 1995:53). Evaluation and bargaining models view implementation as a bargaining, exchange and negotiation action (Mthethwa 2012:39). This refers to the interplay or negotiation that takes places between those at the top or the formulators of the policy and those at the bottom who are stakeholders or implementers of the policy.

The word coalition refers to those interest groups whose individual behaviour may not be affected, but who have plenty of motivations and ability to seek particular outcomes

(Nakum 1995:52). Coalitions involve interest groups, unions, political parties, and individuals who are involved in the implementation process of a particular policy. Clients are those individuals or groups or organizations that are meant to benefit from the policy.

The roles of the actors within coalitions are important to the implementation of a policy but they differ and are not of the same magnitude. The policy makers are responsible for determining the potential clients and coalitions before the designing and developing, to make certain that such policies are accepted (Roux 2005:76). Politicians take care of the interests of the citizens and the technocrats concern themselves with the maximising of output and rationalising scarce resources (Crosby 1996:1404). A study by Nakum rejects a false dichotomy between strict top-down and bottom-up conceptualizations and advocates that a particular strength of understanding implementation as a negotiation between the pressures from the top-down and bottom embraces the strengths of both perspectives (Nakum 1995:34). The roles played by the different stakeholders in the implementation may not be the same due to the different interest that each party represents, but engaging in facilitated and constructive negotiations before, during and after implementation is crucial.

Multiple strategies and interventions can be coordinated to address the number of factors that contribute to the problem through collaboration among networked agencies (DeGroff & Cargo 2009:51). Interorganisational cooperation is often viewed as valuable to policy implementation, but the existence of interorganisational cooperation does not mean that policy implementation will increase (Brynard 2005:565). As more innovative networked approaches to policy implementation are being adopted the interaction and relationship among agencies across the implementation chain are growing in complexity (DeGroff & Cargo 2009:50). Complexities within networks can arise from external or internal changes to the context of the policy, which may affect the content of the policy or change the level of commitment to the policy, and inevitability, disrupt the coordination of coalitions and its clients. A shift occurs when a policy change takes place between relations at certain levels and between stakeholders (Crosby 1996:1404).

Cognitive and normative factors play a major role in how implementers comprehend and explain the world (Brynard 2010:191). The manner in which policy implementers exercise

their discretion is to a great extend dependant on their disposition towards the policy (Makinde 2005:64). The background, religion or culture affects the perspective, value system and ultimately decision-making of those who are involved in the policy implementation. Policy implementers may fail, not because of an unwillingness to implement but possibly because their ability to implement is hampered by the extent to which their understanding do not align with the policy-makers intentions (Brynard 2010:194). Policy implementers will think differently and at times will not view things in the same way. Implementers have to deal with by unstructured and ambiguous, complex and dynamic issues simultaneously (Brynard 2010:197). The solutions to the obstacles and problems that may arise during implementation will be dealt with according to the way the implementer thinks is best, but this may pose a challenge to other implementers who may think an alternative to the proposed solution is more appropriate.

3.10. THE NATURE OF PUBLIC POLICY EVALUATION

The word "*evaluate*" or its root word "*value*" originates in the Old French "*value*" and "*valoir"* and the Latin "*valere"*, which had the sense of "to be worth something" and "to work out the value of something" (Greene, Mark & Shaw 2006:6). Ideally policy evaluation or assessment ought to be regarded as a judgment process to compare implicit and explicit and policy objectives with actual or predictable outcomes or results or impacts (Cloete & Rabie 2011:198). Evaluation is done to determine the worth or value of a policy outcome (Roux 2002:91). At its core programme evaluation is an explicitly normative enterprise; the motivation is the desire to compare what is with what should be (Larimer & Smith 2009:133).

Evaluations are needed to assess and understand how policies have worked or not worked and the reasons why in order for lessons to inform improvements (Sanderson 2002:19). Evaluation is required in policy analysis as it is an integral part of continuing the cycle of input into policy decisions (Heineman, Bluhm, Peterson & Kearney 1997:6). Evaluations can be conducted at the initial phases of the policy making process, during the middle of the policy making process or in later stages. Evaluations are systems that

are required to examine outcomes and impacts new project, policy or programme that is being initiated or has already been implemented. There are a number of evaluations that can be applied depending on the purpose of the evaluation.

3.10.1. Forms of evaluation

Policy evaluations can be categorised into the summative, formative, process and outcomes and they help to put in place some type of order in the extensive area of policy studies (Larimer & Smith 2009:1360). The four types of evaluations namely: formative, summative, process and outcome evaluations are explained in this study.

- Formative evaluations

A formative evaluation explains the logic of and the appropriateness to strategic objectives, and identifies and weighs both the financial consequences and the envisioned results and terms of outputs and outcomes for each decision (Cloete & Rabie 2011:199). Formative evaluation is used with co-existing evaluations, where the evaluation occurs alongside the projects or programmes for policy implementation (Van der Waldt 2002:98). This type of an evaluation is conducted when critical decisions have been made and a programme or policy has at least some emerging implementation but is not developed to the point where policymakers cannot make adjustments to the policy, taking advantage of empirical study to better match means to desired ends (Larimer & Smith 2009:134).This type of an evaluation is essentially conducted during the implementation process of a policy to check if anything needs to be changed. Formative evaluations are important decision making tools.

- Summative evaluations

In contrast to formative evaluation, summative evaluation is performed during or at the end of the implementation process. Summative evaluations take place at different life cycle of a program or policy; the fundamental role of such an evaluation is to make decisions on whether to expand, contract, terminate or continue a programme (Larimer & Smith 2009:134). A summative evaluation can be used to improve successive policy

initiatives (Van der Waldt 2002:98). The findings of a summative evaluation should include positive and negative changes to social circumstances at which the policy was intended for by comparing the outcomes with the situation before the policy implementation (Cleote & Rabie 2011:200).

- Process evaluations

The essential purpose of a process evaluation is to ascertain whether the actions of those appointed match the plans and goals of the policy (Larimer & Smith 2009:135). Process evaluations also check to see if the agreed upon processes are being adhered to and if the rights of individuals are not infringed (Denhardt & Denhardt 2006:227). During the implementation of a project, policy, or programme that is on-going there is a need to observe and oversee the implementation process in order to keep track of the spending programme time frame, the effort towards achieving objectives and the quality and quantity of outputs (Cloete & Rabie 2011:199). This type of evaluation focuses on the compliance to procedures related to the policy that is being implemented. Process evaluations reflect the level of understanding of the policy content and the issued implementation directive of a policy.

The purpose of this study was to investigate the implementation process of OSD policy at the Steve Biko Academic Hospital. The focus was to investigate the work of those who are tasked with the implementation of the policy adhered to the determinations of the implementation directive of the policy and if reference to the policy was done to solve translation issues. The evaluation of the implementation process will help to identify what the achievements are and how challenges are being dealt with at the hospital.

- Outcome evaluations

In comparison to the process evaluation, the outcome evaluation aims to measure and assess what a policy has in reality achieved (Larimer & Smith 2009:135). This type of evaluation seeks to determine the kinds of changes that have materialised and the extent to which projects/programmes can be credited for the changes (Ile *et al*. 2012: 134). Basically the evaluation of outcomes is concerned with results that are the achievement

85

of the policy objectives. This means that evidence which can assist to indicate if the objectives of the policy are achieved or not are critical in this type of evaluation.

3.10.2. Evidence based approach: a critical dimension of policy evaluation

Historically the purpose of policy analysis was to make available information to policy makers that can be used to make judgements in finding solutions to policy complexities (De Coning & Wissink 2011:3). The policy analysis field is characterised by a paradigm shift that moved away from opinion-driven policy choices with preference of an evidence-influenced policy making that clearly takes into account normative decision drivers to resolve societal problems (Cloete & Rabie 2009:3). The need to base policy related decisions on evidence that existed was becoming a necessity. Evidence can be defined as proof that can be against or for an answer to a question, or solution to a problem (Hammersley 2013:46). The policy-making process has many stages and at each of these stages different evidence is needed (Sutcliffe & Court 2005:12). Sutcliffe and Court (2005:1) argue that "the idea of using evidence to inform policy is not new, since, as far back as in ancient Greece; Aristotle put forward the notion that different kinds of knowledge should inform rulemaking".

Even though the evidence-based practice movement initially affected social scientific work in the area of health, it spread out from just medicine into other fields such as social welfare, crime and justice, and education (Hammersley 2013:4). The ultimate objective of evidence-based policy is to use concrete evidence on what works rather than to rely on an ideology to promote good public policies (Jensen 2013:3). Policy makers are able to comparatively study the policy options that are available and therefore make a well informed judgments. By effectively utilising existing evidence more, and undertaking new research, analysis and evaluation where understanding about effective policy initiatives and policy implementation is lacking evidence-based practice helps policymakers make better choices and achieve better results (Davies 2012:42-43). This increases the credibility and reliability of the choices made by the executive of government. The importance of evidence-based practice as a means of making sure that what is being

done is meaningful and that it is undertaken in the best possible way has increased in contrast to the culture of judgment- based professional practice there (Davies, Hutley & Smith 2000:2). From all this it is clear that in some respects the evidence-based practice movement is anti-professional: it challenges the claims of professional practitioners- whether doctors, teachers, social workers or police to be able to make expert judgment on the basis of their experience and local knowledge (Hammersley 2013:17). Evidence based evaluations are not just limited to the public officials but it challenges all professions to produce sound evidence that supports the decisions of their acknowledged philosophies, models, theories and frameworks.

Over the past decade many countries 'public policy-making has insisted to be 'evidence-based' and carrying out what works (Davies 2012:41). The 21st century's new technologies allows rapid, accurate and appropriate analysis of huge datasets to provide evidence of what works and what does not work (De Coning & Wissink 2011:22-23). Davies *et al.* (2000:2) states that "this rise in the evidence-based policy practice is the results of a number of factors, which include: growth of an increasingly well-educated and well-informed public; the explosion in the availability of data types, fuelled by developments in information technology(IT); the growth in size and capabilities of the research community and; and increasing emphasis on productivity and international competiveness, and an increasing emphasis on scrutiny and accountability in government". This is era that is dominated by people who are exposed to different forms of information resources with the rising need to acquire factual information. This means that governments need to be transparent in its dealings because the accessing of information is very easy.

Sanderson (2002:5) argues that "evaluation in particular is required in modern government to enhance accountability and control to providing evidence of what works to inform policy learning and improvement". Those who advocate for evidence-based policies argue that the combination of research that is rigorous and evidence into public policy discussions and internal public sector practices will improve program improvement and policy evaluation (Head 2010:16). This is why the desktop analysis was the appropriate approach for this study as it allows the analysis of a variety of important

87

documents to give a credible indication on what has been happening with regards to the implementation of the OSD. The grievances of the Professional Nurses and implementation problems of Professional Nurses were articulated through the documents that were submitted by the hospital and labour unions. Such documents provided concrete proof of the challenges that exist and achievements that had been made. The analysis of public service though substantial information is vital and has been recognised as such by the South African public sector.

3.10.3. Evaluation in the South African Context

The South African Public service did not undertake, manage and systematically coordinate policy programme monitoring and evaluation (Cloete & Rabie 2009:297). Ten years ago only a handful of South African government officials were familiar with the terms monitoring and evaluation through donor agencies and through exposure to monitoring and evaluation in other countries (Bester 2009:118). This points out that the evaluation in the South African public sector is a relatively new concept. Since the 2000s, there had been growing interest in monitoring and evaluation and pressure mounted to introduce a more coherent approach to government-wide monitoring and evaluation (Goldman 2013:1). International approaches including the work of Clarke, Kuzek and Rist, and the OECD and UNDP have assisted South Africans in the development of such systems (Mthiyane 2011:47).

During the ten-year review of 1994-2005 the South African ruling party, the ANC, recognised the need for improved monitoring and evaluation (Ile *et al.* 2012:12). This led to the development of the Government-wide Monitoring and Evaluation System (GWM&ES) in 2005, which would hopefully assist the South African government in providing better services and decrease the dissatisfaction of the communities with regards to the public services they expected in the new democracy. The GWM&ES planned to co-ordinate a systematic programme of policy monitoring and evaluation throughout the South African public sector (Cloete & Rabie 2009:297). The M&E policy provides direction from national perspective with a range of guides including a flowchart

on how intended outcomes can be achieved (Ile *et al*. 2012:14). Three data terrains and their policies which underpin the GWM&ES comprise of social, economic and demographic statistics, programme performance information, and evaluations (Ile *et al*. 2012:17).

A National Evaluation Framework (NEF) was approved by Cabinet in November 2011 (Goldman 2013:1). The aim of evaluation frameworks is to motivate government institutions to regularly evaluate their programmes, to offer assistance on the general approach to must be adopted when conducting evaluations, to ensure that publication of the results of the evaluation is undertaken (Mthiyane 2011:54). The National Evaluation Framework completes the GWM&ES and supports the variety of other institutions that have played a significant role of in the adoption of evaluation related policies in the South African public sector.

3.10.4. Important institutions of evaluation in South Africa

The South African Monitoring and Evaluation system is composed of major components that are part of the GWM&ES and play different roles on a national level, provincial level, and local level independently.

- Presidency

After the elections in 2009 the Department of Performance, Monitoring and Evaluation was established in the Presidency as a complementary ministry to the National Planning Commission (Bester 2009:5). As the custodian of the government wide monitoring and evaluation function in government, the DPME and has established an Outcomes Evaluation and Research Unit to focus on evaluation (DPME 2011:15). The Presidency observes and oversees the performance of South Africa against the key developments indicators (Public Service Commission 2008:14). The Presidency initiated the annual publication of development Indicators (Mthiyane 2011:55).

- National Treasury

National Treasury ensures that plans and budgets are informed by evidence and cost-effectiveness and that cost-benefit analysis are done and that interventions have a value for money (DPME 2011:15-16).

- Department of Public Service and Administration (DPSA)

The DPSA must monitor and evaluate the manner in which of the Public Service carries out its responsibilities especially from a sound Human Resource Management perspective (PSC 2008:14). The DPSA has to make sure that the results of the evaluations that highlight questions concerning the performance or structure of the public service to be addressed (DPME 2011:15).

- Department of Co-operative Governance and Traditional Affairs (COGTA)

COGTA changed its name from DPLG. It is the responsibility of the DPLG for evaluating the policy programme performances of provinces and local authorities (Cloete & Rabie 2009:299). Since local government is an important institution for the provision of basic public services, the DPLG's role in monitoring and evaluating the financial, health and service delivery of local government is vital (PSC 200:15).

- Statistics South Africa (Stats SA)

Stats SA administers the national statistical systems that gathers, examines and publishes a variety of social, demographic and economic statistical data (PSC 2008:15). If there is no quality control of statistical data government cannot make sound public decisions.

- National School of Government (NSG)

The old name of National School of Government was PALAMA. PALAMA launched introductory courses on M&E in order to promote awareness around M&E (Mthiyane 2011:58). PALAMA is responsible for building capacity building programmes related to M&E throughput government (DPME 2011:16). The knowledge and skills of public officials has to be enhanced on a regular basis through these capacity building trainings.

- Public Service Commission (PSC)

The PSC's aim is to uphold the constitutional values and principles of public administration and service (Mthiyane 2011:58). The constitutional mandate of the PSC is to probe, observe and assess the public sector as an organisation, its administration, and personnel practices (Bester 2009:2). The independent role of the PSC in the process of evaluation is to report to parliament and to also be a source of expertise with regards to building quality evaluation and improving government performance (DPME 2011:16).

- Auditor-General

From an M&E perspective what is important is that the Auditor-General undertakes performance audits to check if money has been spent sensibly and effectively by the entity that has been audited (PSC 2008:16). Audits conducted by the Auditor-general expose departments that misuse public funds.

- Human Rights Commission

The Bill of Rights is clearly articulated in the Constitution and is therefore important for the empowerment and protection of the public's social, political and economic rights. In circumstances where the rights of the individuals have been infringed upon the Human Rights Commission has the mandate to take action (PSC 2008:27).

- Public Protector

The role of the public protector in the South African public sector is very significant. This organ of the state is put in place to ensure that the public is treated in a reasonable and unbiased manner. The authority of the Public Protector is to investigate any behaviour in state affairs, or in public administration, in any sphere of government that is assumed to be inappropriate or prejudice or offensiveness (Public Protector South Africa 2009).

3.11. CHAPTER SUMMARY

This chapter has covered some crucial aspects of public administration and public policy that assists in understanding what the public sector is and the role and functions of the public sector. This chapter indicated that public administration has long existed and that due to the pursuit of developing it as a discipline and activity it went through a number of significant changes. However the function of public administration, which is to put in place a management system that will enhance public service delivery, still remains important.

The role of the public sector is to ensure that the delivery of good public service occurs and this cannot happen without the existence of the appropriate personnel. The Steve Biko Academic Hospital is named after Steve Biko a young South African who contributed to the fight for freedom; freedom being the right to accessible and quality services, and to a better life and future. It is therefore imperative for the public and the public officials to embrace these rights and privileges that come with democracy. Consequently the manner in which policies are translated or implemented by public administrators creates a certain type of democracy that is either beneficial to all or just a few. Service delivery will not be administered effectively and efficiently as it should be if the policies that are put in place fail address the problems due to implementation problems or other factors. This highlights the link between public administration and public policy.

CHAPTER FOUR: INTRODUCTION TO STEVE BIKO ACADEMIC HOSPITAL AND PROFESSIONAL NURSES

4.1. INTRODUCTION

The purpose of this chapter is to introduce the Steve Biko Academic Hospital and Professional Nurses. This is done to give an indication of the type of hospital the Professional Nurses at the Steve Academic Biko Academic Hospital work in and its importance to the community. The Steve Biko Academic Hospital is situated in Pretoria (Tshwane) a provincial geographic portrayal is provided. This is followed by the background, mission, vision and values of the Steve Biko Academic Hospital. An account of the South African healthcare structure is given to understand the characteristics of an academic hospital in South Africa. This is done to clearly articulate the purpose and function of the hospital, and what it embodies.

The introduction to the Professional Nurses of Steve Biko Academic Hospital is the starting point in understanding the type of Professional Nurses that work at the hospital, the general work scope of the nursing profession and the manpower of Professional Nurses from a provincial level and an institutional level. Then socio-economic determinants of health are taken into consideration as they contribute significantly to the health status of the community and the environment in which the Professional Nurses have to work in. The Steve Biko Academic Hospital caters for patients that come from different places within and outside of Gauteng, but for the purpose of this study the focus will be on Pretoria (Tshwane). Therefore the demographic profile of the population of Pretoria and growth according to race is described. The economic profile covers the economic position of Pretoria in the Gauteng province. Dependency ratio by district, school attendance and the infrastructural profile covers basic services such as water, sanitation, housing, electricity and transport found in Pretoria.

4.2. PROVINCIAL LOCATION OF STEVE BIKO ACADEMIC HOSPITAL

Figure 4.1 Pretoria: Part of the five regions of Gauteng.

Source: Gauteng Tourism Authority 2014.

Pretoria, the capital city of South Africa, is situated in Gauteng, the smallest province in South African geographically. Measured by the land mass the City of Tshwane (Pretoria) is one of the largest municipalities in South Africa, and is the second largest in the Gauteng Province (Statistics South Africa 2011). The Steve Biko Academic Hospital is to be found at about 500 m directly north of the Tshwane District Hospital that used to be the old Pretoria Academic Hospital (Steve Biko Academic Hospital 2013d).

Pretoria is home to many political and historical events. The Women's Anti- Pass March to the Union building and the inauguration of the first black South African President in 1994 all took place in Pretoria. Tshwane (Pretoria) is also home to a large number of

94

embassies and international organisations that specialise in health, educations, aids and research and it is the administrative capital of South Africa and therefore hosts all of the head departments and ministries (City of Tshwane 2013). The city implemented the street renaming project which involved the process of public participation in order to make informed decisions (City of Tshwane 2013). The name change of Pretoria to Tshwane has also highlighted some of the changing features of this municipality.

4.3. BACKGROUND OF THE STEVE BIKO ACADEMIC HOSPITAL

The foundation of the Steve Biko Academic Hospital was laid on 22 April 1927 (Steve Biko Academic Hospital 2013d). However the first hospital in Pretoria was established in an old house close to the military barracks in Potgieter Street (The African Business Journal 2014). Despite extensions in the early part of the century further expansion was needed because the growing population. The 1918 flu epidemic highlighted the need for a bigger facility and after demolishing the old building a new hospital was built (The African Business Journal 2014). On 14 of March 1932, the new hospital was officially occupied by patients and personnel and it was referred to as the Pretoria general Hospital (Steve Biko Academic Hospital 2013d).

In 1943 a Faculty of Medicine was established. The combination of the faculty and hospital formed an academic institution and became the third academic health establishment in South Africa and the sixth in Africa towards the end of World War II (The African Business Journal 2014). The hospital grew and increased its services to providing more advanced medical help the name of the hospital. In 1967 the hospital was renamed to H F Verwoerd Hospital, then to Pretoria Academic Hospital and later, in 2008, changed to its current name Steve Biko Academic Hospital (Steve Biko Academic Hospital 2013d).

4.4. VISION, MISSION AND VALUES OF THE STEVE BIKO ACADEMIC HOSPITAL

- Vision statement

We of the Steve Biko Academic Hospital are one in spirit, and have the vision of a bird in flight. We serve our community with dedication and vigour, ensuring a service of unsurpassed excellence! Empowerment is our key to success (Steve Biko Academic Hospital 2013d).

- Mission statement

To provide the highest quality of health care services as well as to support research and the training of health professionals (Steve Biko Academic Hospital 2013d).

- Values upheld by the Hospital

Values in this context are the guiding principles on how health services must be rendered to the public by the Steve Biko Academic Hospital staff. The values are:

- Caring ethos
- Supportiveness
- Professionalism
- Excellence
- Loyalty
- Discipline
- Equity
- Integrity
- Non-discrimination
- Transparency (Steve Biko Academic Hospital 2013d).

4.5. WHAT IS AN ACADEMIC HOSPITAL IN SOUTH AFRICA?

The South African health system as described in Chapter One was once highly fragmented and characterised by huge inequality. Health services were not distributed and provided equivalently. Some groups of the population suffered greatly as they did not benefit from the inadequate health services provided by the government of the time. Since 1994 the newly elected government has aimed to transform public health and address the former health care challenges created by the health system of the apartheid government by establishing a health care structure that would be efficient and effective for all South Africans.

The South African health system is made up of four layers. The structure is as follows:

- Primary healthcare (Clinics)
- District hospitals
- Regional hospitals
- Academic (Tertiary) hospitals (Steve Biko Academic Hospital 2013d).

Across five health districts, both rural and urban; and through community health centers and clinics run by both the Department of Health and by local government, Health services in the Gauteng Province are provided through regional, district, tertiary, specialized and central hospitals (GDoH 2014:14). The Steve Biko Academic Hospital is classified as a tertiary healthcare institution that provides highly specialised range of services (The African Business Journal 2014). Gauteng consists of four central hospitals, namely the, Dr George Mukhari Hospital, Steve Biko Academic Hospital, Chris Hani Baragwanath Academic Hospital and Charlotte Maxeke Johannesburg Academic Hospital (GDoH 2012:84).

The purpose of central and tertiary hospitals is to offer a platform of training for health workers, highly specialised health care service and a place of research, and these hospitals serve as specialist referral centres for local hospitals and nearby provinces

97

(GDoH 2011b:88). All patients in a referral hospital are referred to the hospital by local clinics (Steve Biko Academic Hospital 2013d). In principle, patients should enter the system at the clinic level for initial examination, and should then be referred upwards to the appropriate level if necessary (Von Holdt & Murphy 2006:2). Central referral hospitals boast of extremely specialised national referral units that offer an environment for multi-speciality clinical services and inventiveness and research (Cullinan 2006).

4.5.1. Modern medicine and services

Table 4.1 Services available at Steve Biko Academic Hospital

Amputation clinic	Family Medicine Clinic	Paeds Diabetic clinic
Anaesthetic clinic	Feet clinic	Pediatric Surgery
Ante Natal Clinic	Gynae-Oncology clinic	Plastic Surgery clinic
Brachial Plexus clinic	Hand clinic	Scoliosis clinic
Cardiology clinic	Hematology clinic	Spinal Plegic clinic
Children Congenital clinic	Infertility clinic	Lung clinic
Dermatology clinic	Kidney Transplant clinic	Heart Surgery
Epilepsy clinic	Neurosurgery clinic	Tumorclinci
Ear, Nose and Throat clinic	Neurology clinic	Urology clinc
Encopreses clinic	Osteoporoses clinic	Vascular clinci

Source: Steve Biko Academic Hospital 2013d.

Listed in table 4.1 above are some of the services provided by the Steve Biko Academic Hospital. State of the art medical equipment that is worth large amounts of money is found at the Steve Biko Academic Hospital. These revolutionary and life changing equipment include an, two 64- slice scanners, MRI Scanner, digital radiology and a picture archiving communications system (The African Business Journal 2014). The Minister of Economic Development, Ebrahaim Patel, recently announced that nine hospitals and three pathology facilities would receive the new x-ray machines that scan trauma patients in 12 seconds (SA News 2014). The Steve Biko Academic Hospital was included as one of the recipients of this machine. A community non-profit organization that facilitates cochlear

implants at the hospital was initiated and registered by the Steve Biko Academic Hospital Board (Givengain 2012). This initiative helps severely hearing impaired patients and Steve Biko Academic Hospital is one of a few hospitals where cochlear implants are performed.

4.6. AN INTRODUCTION OF THE PROFESSIONAL NURSES AT THE STEVE BIKO ACADEMIC HOSPITAL

It was clearly articulated in chapter one of this study that the nursing profession is the backbone of the health system in South Africa. Nurses are found on each level of the South African healthcare system where their knowledge, skills and experience are undoubtedly valuable and crucial. This section describes the type of Professional Nurses found that are found at the Steve Biko Academic Hospital.

Steve Biko Academic Hospital has general Professional Nurses, speciality Professional Nurses and educational Professional Nurses. According to Occupational Specific Dispensation policy Professional Nurses are categorized as follows:

- General Professional Nurses category -**PNA**
- Speciality Profession Nurses category -**PNB**
- Lecturing or education Professional Nurse –**PND**

Table 4.2 The number of Professional Nurses at Steve Biko Academic Hospital.

GENERAL STREAM	432
SPECIALITY STREAM	332
LECTURING STREAM	27
TOTAL	**791**

Source: Steve Biko Academic Hospital 2014b.

The table above shows the number of Professional Nurses working at the hospital for the year 2014.

4.6.1. The scope of practice of a Professional Nurse

The scope of the work that a Professional Nurse is trained to perform is quite extensive. The work requirements also depend on the career stream chosen by the Professional Nurse. However, there is a general scope of practice which serves as a guideline for this profession. The basic work description of the Professional Nurse is to deliver wide-ranging nursing treatment and care to patients in a cost effective, well-organized and reasonable manner in the different level of health care; and to provide an education and training that is effective to student nurses at the college (DPSA 2007:26a). Listed below are a few work regulations of Professional Nurses. The scope of practice of a registered nurse as stated by the South African Nursing Council (SANC) entails the following procedures or acts, which can be done scientifically, physical, psychological, chemical, social, educational and technological manner that is relevant to health care practice (SANC 2014):

- Identifying of the health needs and prescription, provisions and carrying out of the tasks by the nurse to meet the needs of the patient or patients.
- Care and treatment and the administration of medication to a patient, checking the patient's vital signs and response to, stress, disease trauma, anxiety, medication.
- Prevention of disease and the promotion of health and family planning through teaching and counselling.
- Regulation over the maintenance of supply of oxygen to a patient and facilitation of nutrition of a patient.
- Promoting prescribing and maintaining good hygiene, physical comfort and reassurance of the patient.
- Promoting rest and exercise with the view to healing and recuperation
- Facilitation of the maintenance of the nutrition of patient.
- Preparation of diagnostic, operative and therapeutic acts for the patient.
- Effective promotion and backing to empower the patient to obtain the health care he or she needs.

4.6.2. Nursing manpower

The capacity to provide essential healthcare services to the public sector clients can be a challenge. This is largely determined by the resources such as personnel that are available in the public health sector. The table below presents the information about the manpower or capacity of Professional Nurses against the population in the Gauteng Province.

Table 4.3 The population of Gauteng versus Professional Nursing Manpower 2011/2012

Performance indicator	Baseline 2010/11 actual	2011/12 target	2011/12 actual	Reasons for variance and comment
Professional nurses per 100000 people	100.5	105	109.0	Target achieved due to employment of nurses who were able to complete training at the end of 2011,

Source adopted: Gauteng Department of Health and Social Development 2011b.

Table 4.3 shows that:

- During the 2011/2012 period the number of nurses in the Gauteng public health sector was at an increase as the target was achieved. This is due to the retirement of nurses deployed to other levels of the healthcare system and also an intake of newly qualified nurses that are doing their community service training.

Table 4.4 The population of Gauteng versus Professional Nursing Manpower 2012/2013.

Strategic objective	Actual achievement 2011/2013	Planned target 2012/13	Actual achievement 2012/13	Deviation from Planned target For 2012/13	Comment on deviation

Professional nurses (87) per 100000 people	109	105	103.8	(1.2)	Appointments were constrained by available budgets.

Source adopted: Gauteng Department of Health and Social Development 2012.

Table 4.4 shows that:

- A decrease of professional nurses took place in the period of 2012/2013. According to the comment on this table the cause of this decrease was financial constrains that hindered the government from employing more professional nurses.

Table 4.5 Nursing manpower at Steve Biko Academic Hospital

	General Nursing	Speciality Nursing
Need List of 2007	628	272
Available Professional Nurses in 2007	592	272
Need List of 2009	686	470
Available Professional Nurses in 2009	606	470
Posts on Staff Establishment of 2013	388	388
Filled Posts of 2013	432	332

Source adopted: Steve Biko Academic Hospital 2014c.

Table 4.5 shows:

- The need list of the hospital with regard to Professional Nurses in the general and speciality stream.
- In 2007 and 2009 the target for the general stream was not met but there was an increase of general Professional Nurses in 2009 in comparison to 2007.

- This table also shows that in 2013 the open posts for the general stream were filled and were exceeded because more nurses were employed. This means that the nursing manpower was moderately improving.
- The speciality stream on the other hand met its need list target for both 2007 and 2009. However the open posts in 2013 that needed to be filled were not all occupied as there were a considerable number of open vacancies.

4.7. SOCIO-ECONOMIC DETERMINANTS OF HEALTH IN PRETORIA

Although social and health services make important contributions to health status, the majority of the determinants of health are derived from the outer surroundings of the direct influence of health and social care (Bradshaw 2008:52).The indirect factors that play a significant role in the state of health amongst the citizens of South Africa cannot be taken for granted. Chapter one highlighted some major health issues such as HIV/AIDS, TB and morality levels are that are prevalent in South Africa. This point outs that the Professional Nurses of South Africa are faced with a very challenging work environment and the causes of these challenges are diverse. The focus in this section will be on socio-economic determinants of health in Pretoria. Quality care is dependent on and determined by socio-economic factors. Hope Papo, former Gauteng MEC of Health stated in his budget speech (Times Live 2013) that "the provision of quality health care is also dependent on income levels, education levels, and access to housing, sanitation and nutritional status". A policy like OSD may be introduced to attract and retain Professional nurses, but there are other key factors that contribute to the unpleasant circumstances that are being avoided by most Professional Nurses in the South Africa.

4.7.1. Demographic profile

The City of Tshwane (CoT) has about 2, 5 million occupants (City of Tshwane 2013). In 2009IHS Global Insight, indicated that the total population of the CoT (Pretoria) was 2.157 million, 21.5% of the Gauteng population (Gauteng Provincial Government 2011:51). A

variety of cultural groups are found in Pretoria and 11 indigenous languages spoken in the city. The population consists of 73% black people, 51% of the citizens are women and 3.4% are disabled (City of Tshwane 2011:19). Service delivery in Gauteng is affected by various environmental factors, including cross-border utilization of services and high rates of migration into the province. Both of these factors increase the size of the population has to be served and impact on expenditure on the health care system in Gauteng (GDoH 2012:21). This means that the Professional Nurses of hospitals such as the Steve Biko Academic Hospital have to bear the burden of providing healthcare services to an ever rising population number.

Figure 4.2 Population growth rates by metros and district municipality 2008-2017

	2008	2009	2010	2011	2012	2013#	2014*	2015*	2016*	2017*
◼CoJ	3.4%	3.1%	3.5%	3.4%	3.2%	3.0%	2.8%	2.6%	2.4%	2.2%
◼CoT	3.4%	3.1%	3.4%	3.4%	3.1%	2.9%	2.7%	2.5%	2.3%	2.2%
◼Ekurhuleni	2.3%	2.0%	2.6%	2.7%	2.5%	2.4%	2.2%	2.1%	2.0%	1.9%
◼Sedibeng	2.0%	1.6%	2.0%	1.9%	1.7%	1.6%	1.6%	1.5%	1.5%	1.4%
◼West Rand	0.6%	0.4%	0.9%	1.0%	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%
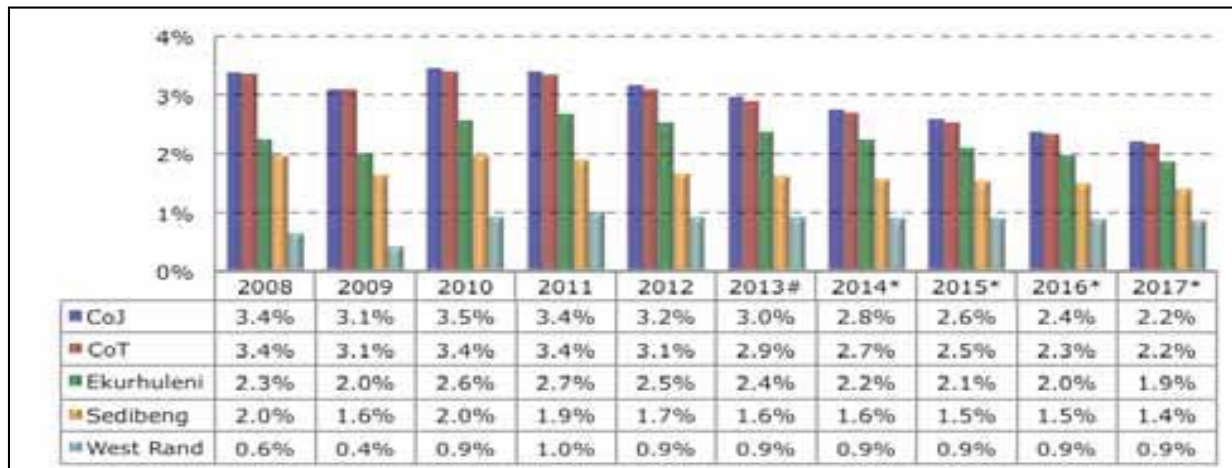
Source: IHS Global Insight 2013.

Figure 4.2 indicates that as one of the metros of Gauteng province, the Pretoria (City of Tshwane) experienced:

- A decline or slower population growth during 2010-2011.
- A similar position is reflected in the provincial population that decreased from during the period of 2013-2014.
- The growth rate of the population fluctuates each year there no stability.

104

4.7.2. Economic profile

Pretoria (City of Tshwane), as it has already been mentioned in Chapter one, is a city that is located in the Gauteng Province. Gauteng's contribution to the South African economy is huge and valuable. Between the year 1995 and 2008, Gauteng province contributed over one third of the national economic growth (City of Tshwane 2012:25). Gauteng's speciality is in its capacity to financially contribute to the economy of the country at large.

Pretoria (Tshwane) plays a significant role in the economy of this great province. This municipality makes the second largest contribution to the provincial GDP at 27%, with the tertiary sector's government, social and personal services and finance and business services in the forefront (Gauteng Provincial Government 2011:51). The following sectors have been identified by the City of Tshwane (Pretoria) as sectors that offer opportunities for private sector support, development and investment are (City of Tshwane 2013):

- Automotive and components
- Tourism and related services
- Agriculture and agro-processing
- Mixed manufacturing
- Aerospace and aviation technology
- Research and development
- Alternative and renewable technologies
- Business process outsourcing and off shoring
- Mining and beneficiation.

The industries mentioned above contribute to the economy of Pretoria (Tshwane) at an international level. They are also the sustainable job creators for many who are unemployed or for those who do not have higher education certificates. This means that some of the people that work in these industries will require good public health services when they fall sick or get injured. Therefore role of the Professional Nurses to the economy of Pretoria cannot be taken for granted.

4.7.3. Dependency ratios

Approximately 35.5 % of Gauteng's youth aged between 15 and 24 years live in low-income households and in the older youth group age 25 to 34 years, 28.2% live in low income households (City of Tshwane 2012:19). This means that those who endure the burden of working for those who are reliant on them may be low-income earners.

Figure 4.3 Dependency ratios by district municipality – 1996, 2001 and 2011

	Sedibeng	West Rand	Ekurhuleni	City of Johannesburg	City of Tshwane	Gauteng
1996	48,0	34,3	43,2	41,1	46,6	42,9
2001	42,9	36,4	39,1	36,6	40,9	38,7
2011	43,8	39,2	39,4	37,6	39,0	39,0
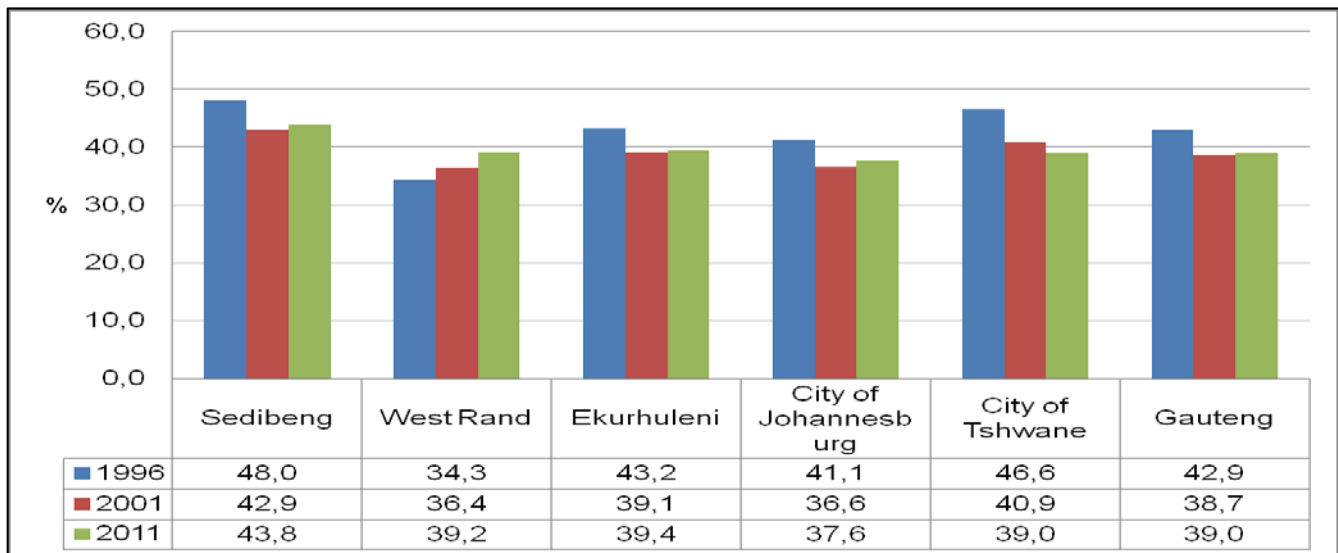
Source Adopted: Statistics South Africa 2012.

Figure 4.3 shows that:

- The dependency ratio has been steadily decreasing since 1996 to 2001.
- The decrease seen between the periods of 1996 to 2001 continues in 2011.

The low income households may not be able to afford private healthcare services. This is another source of the increasing demand for public healthcare services in Pretoria.

4.7.4. Educational profile

Pretoria is home to some of the best basic and higher educational intuitions in the country. However the accessibility to these institutions is not possible for all of the citizens of this city. The inability to attend school or to get a proper education can limit the chances of

getting employment. This means that a person may lack the resources to afford proper healthcare services like the medical aid, which adds onto the number of the population that makes use of public health facilities. The diagram below will give an estimation of the education status in Pretoria.

Figure 4.4 Distribution of the population aged 20 years and older by highest level of education and district municipality – 1996,
2001 and 2011

	Sedibeng			West Rand			Ekurhuleni			City of Johannesburg			City of Tshwane			Gauteng		
	1996	2001	2011	1996	2001	2011	1996	2001	2011	1996	2001	2011	1996	2001	2011	1996	2001	2011
No schooling	12,4	10,2	4,5	12,6	11,2	5,2	9,9	9,2	3,6	7,8	7,2	2,9	10,1	8,9	4,2	9,7	8,7	3,6
Grade 12/Std 10	19,6	24,0	32,7	17,1	21,2	30,7	21,6	27,5	35,9	23,6	28,7	35,0	26,2	30,1	34,5	22,8	27,7	34,7
Higher	7,2	7,8	12,3	5,9	6,5	10,4	8,1	10,0	14,1	10,2	13,8	19,1	14,0	16,5	23,1	9,9	12,3	17,6
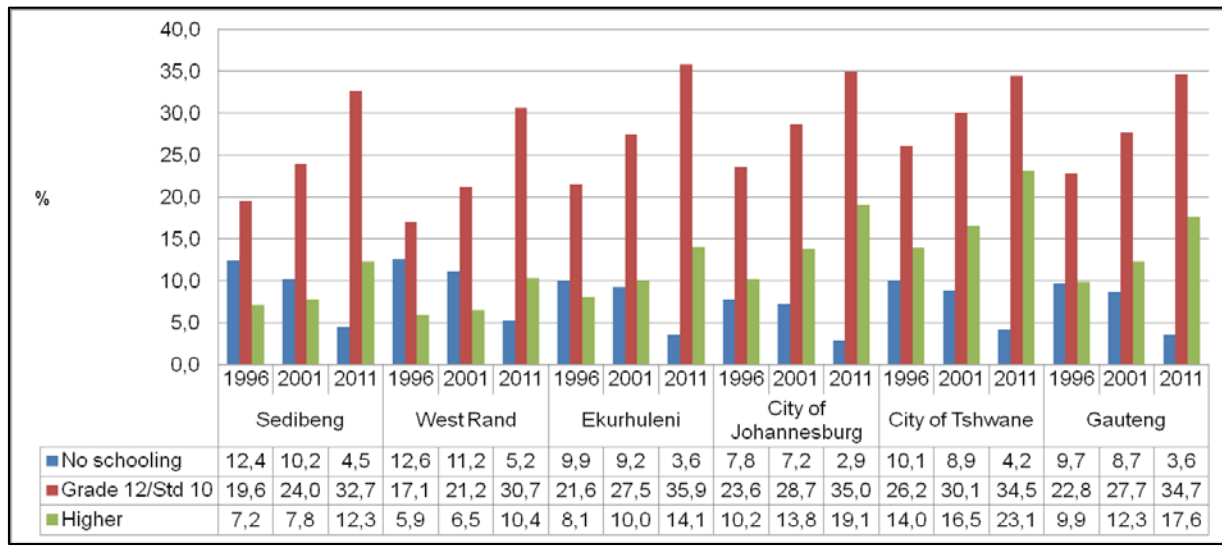
Source: Statistics South Africa 2012.

Figure 4.4 shows:

- A decrease in the period 2001 to 2011 in the City of Tshwane's No schooling section.
- An increase in the number of people who have passed their matric.
- The higher education section shows a drastic increase in the number of people who have attained some form of degree or diploma in the City of Tshwane from the years 1996, 2001 and 2011.

Having a good education increases the possibility of finding a decent job that can provide good medical benefits for the breadwinner and the dependants. However if more people are not finishing school or pursing a decent education it hinders their chances of gradually improving their standard of living.

4.7.5. Infrastructural profile

For this study, Pretoria's infrastructural profile includes the following services: housing, water electricity, sanitation and transport. Provision of proper basic services has to be done in a sustainable manner so that the environment of the city may be preserved.

- Water

A decree was issued by the Department of Water Affairs to reduce water losses and improve urban water demand by at least 15% by 2014 (City of Tshwane 2012:29). Figure 4.5 (see page 109) shows that the majority of households in Tshwane have access to water. Access to water in the Tshwane region is reasonably high.

- Electricity

Energy and Electricity is divided into seven sections (City of Tshwane 2013) namely:

- Bulk Supply Services
- Distribution Operations North
- Distribution Operations South
- Electricity Development
- Public Lighting Services
- Technical Services; and
- Quality, Safety & Environment.

The 2008 City of Tshwane Household Survey which had similar figures to Gauteng indicated that electricity that was the main source of energy for both cooking and heating and that there was very little evidence which indicated the use of renewable energy sources in households (City of Tshwane 2012:40). Figure 4.5 (see page 109) also indicated that the accessibility to electricity by the households of the City of Tshwane is very high. This points out that the demand for electricity is increasing and that interventions by the city have to be made in finding other sources of energy to provide electricity considering of the current load-shedding debacle the country is facing. If load-

shedding continues to be a persistent problem the work of Professional Nurses will be affected in a negative way.

- Sanitation

The City of Tshwane has extended sanitation services to a greater percentage of its citizens since 1996, reaching 81 % by 2009 (City of Tshwane 2012:40). Progress has been made in the City of Tshwane to providing dignified sanitation services.

Figure 4.5 Basic access to services CoT
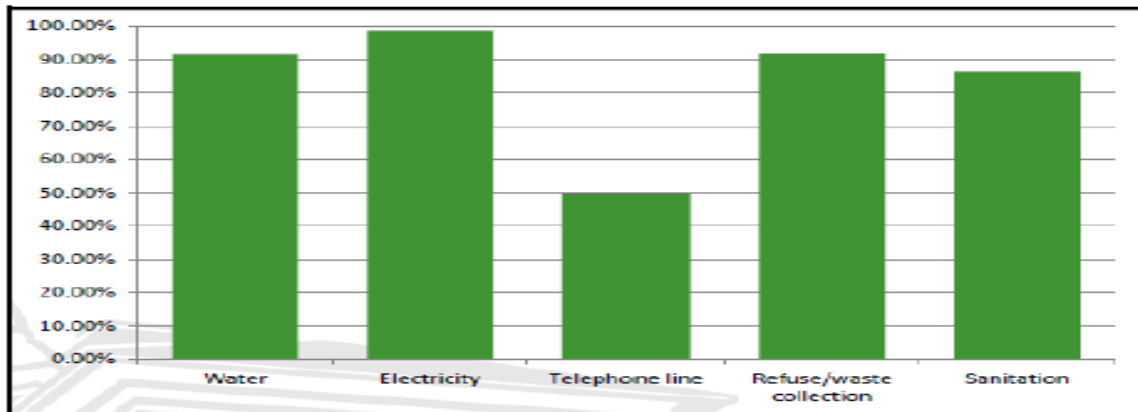
Source: BMR houselhold survey 2012.

Figure 4.5 shows that the basic access in City of Tshwane is good. For people to live in hygienic areas the presence of proper sanitation serivces is critical. Most of the citizens of this municpality have access to these necessary serives. A hygenic enviorment contributes to the health of a community. If people are able to access services that improve the cleanines of their living enviorment the risk to illnesses are reduced.

- Housing

Before 1994 South Africa as a country transferred the majority of its citizens to settle in the so called "townships and Bantustan homelands" and these citizens had little hope of owning property (City of Tshwane 2012:30). This put a lot of pressure on the post apartheidSouth Africa to distribute land equally. The implementation of RDP programmes

and many other government initiatives were carried through and continue to be the used as the solution to the housing challenge faced by South Africa faces.

Figure 4.6 Percentage distribution of households by type of main dwelling and districtmunicipality- 1996, 2001 and 2011

	Formal			Informal			Traditional		
	1996	2001	2011	1996	2001	2011	1996	2001	2011
Sedibeng	75,0	81,5	84,8	22,3	16,6	14,3	1,9	1,6	0,3
West Rand	66,6	66,8	72,7	32,0	31,4	25,3	1,1	1,5	0,3
Ekurhuleni	70,2	70,0	77,4	29,1	28,6	21,5	0,4	1,1	0,2
City of Johannesburg	77,8	77,4	81,4	21,5	21,1	17,4	0,4	1,2	0,4
City of Tshwane	78,3	74,9	80,7	20,1	23,0	18,0	1,4	1,7	0,4
Gauteng	74,9	74,4	79,8	24,1	23,9	18,9	0,8	1,3	0,4
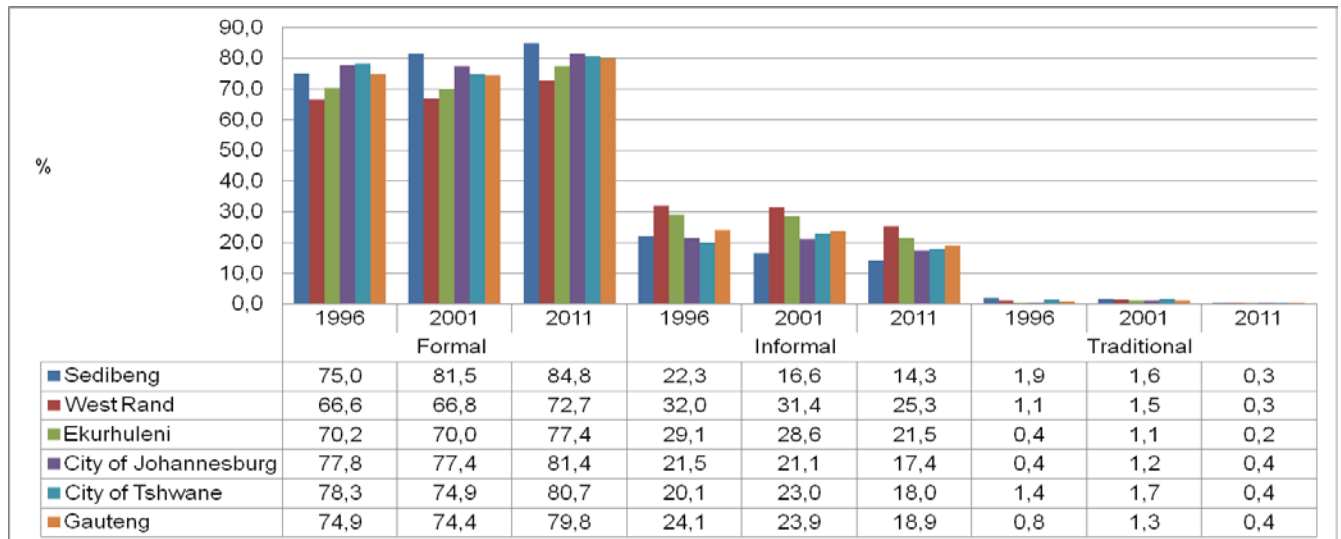
Source: Stats SA 2012.

Figure 4.6 shows:

- An increase in formal dwellings the province.

- A significant increase in formal dwellings in 2011 even though the percentage had declined in 2001.

- a decline in informal and traditional dwellings in the province.

- That the City Of Tshwane's informal dwellings have substantially decreased declined.

The standard of living with regards to housing is improving Pretoria. A significant number of citizens are able to live in decent homes. Informal settlements are still are form of dwelling in Pretoria, but the decrease shows that more people are less vulnerable to vicious weather or fires that usually occurr and spread easily in the informal dwellings.

110

- Transport

The role of transport in Pretoria and South Africa in general is very significant as it enables people to get to their places of work, hospitals, schools and homes. As a result of apartheid some communities are located in less developed areas that lack access to proper transportation. This gives rise to an economic and health problem as these areas are far away from the urbanised areas that are at the core of economic activities and proper health facilities. The 2008 Tshwane Household Survey, showed that the predominant modes of transport in the City were: private motorcars (19.7%), walking (16.5 %) and making use of a private minibus (12.2 %) (City of Tshwane 2012:35). The modes of transportation available in the city of Tshwane population are described below.

The City of Tshwane has a rail network that runs from the north, south, west and east areas of Pretoria. The rail network has been established around the areas of work. There are fourteen intermodal interchanges, twenty four stations and twenty one halts (City of Tshwane 2011:84). The running of the Gautrain from some of the key areas in the City of Tshwane to some of the central areas of Johannesburg has made life easier for students and the working class. The three major airports in the City of Tshwane are: Zwartkops Airforce Force base, Wonderboom Airport and Waterkloof Airforce. Pretoria is also relatively close to the OR Tambo International airport of the City of Johannesburg.

People of the City of Tshwane, as does the rest of South Africa; make use of taxis to get to their destinations. Taxis in South Africa come in different sizes - micro-buses, mini-buses and small cars. Busses are also a major a form of transportation that is used daily by121 000 people in the City of Tshwane (City of Tshwane 2011:85). Currently the Bus Transit System is being implemented and prepared for by the City of Tshwane. This system involves the creation and dedication of bus lines that will run throughout the City of Pretoria. The people who make use of public healthcare or the Professional Nurses that work for the public healthcare sector have access to different modes of transport in Pretoria that may assist them to get to the clinic or hospital.

4.8. CHAPTER SUMMARY

The OSD policy is a remuneration policy implemented to retain the much needed professional nurses in South Africa and in this case the Steve Biko Academic Hospital. The analysis presented in this chapter covered some critical information to that help to understand the environment in which the Professional Nurses operate. The function and role of tertiary hospital Professional Nurses such as those found at the Steve Biko Academic hospital are critical as they provide highly specialized health services. A representation of the Professional Nursing profession in Gauteng shows that there is the need for further progression and re-capitalising of resources. The numbers of Professional Nurses in Gauteng have to increase because of the increasing number of population. The need lists and open post that are filed at the Steve Biko Academic Hospital show that a shortage of this profession does exist.

However the socio-economic determinants of health cannot be taken for granted as they contribute to the quality of health. The analysis above reveals that the Pretoria municipality is taking strides in working together with the health sector in order to improve the health status of its citizens. This is shown by the growing economy of Pretoria, the accessibility to education for many although more work needs to be done, and basic services that are available for many household to maintain clean surrounding, but the transport system needs more improvement so that it reach remote locations on a frequent basis.

CHAPTER FIVE: ANALYSIS OF THE IMPLEMENTATION OF OCCUPATIONAL SPECIFIC DISPENSATION FOR PROFESSIONAL NURSES.

5.1. INTRODUCTION

Health care practitioners are a valuable asset in any country. This is why the retention of such skills through the formulation and implementation of retention policies such as the OSD cannot be observed in a casual way. The results of the manner in which such policies are implemented play a huge role in the lives of ordinary citizens that rely on public health care.

The purpose of this chapter is to evaluate the implementation of OSD for Professional Nurses at the Steve Biko Academic Hospital. The 5 C Protocol that is applied allows the analysis to cover some of the critical factors that contribute to the success or failure of policy implementation. Therefore, in studying the implementation of OSD at the hospital it is necessary to first understand the objectives, scope and implementation directives of the policy. Following that, the political, legislative and socio-economic context in which OSD is being implemented needs to be looked at. This helps to identify the trend and challenges that exist in the environment and which confront the implementation of this policy.

The capacity to implement the policy is vital and is examined by identifying the problems that were encountered by the hospital. Commitment to the policy is examined through identifying the changes and achievements encountered by the hospital through email communications and OSD related meetings. Lastly the role of coalition is examined with the focus will be on the unions as they represent the interests of the nurses.

5.2. THE CONTENT OF OCCUPATIONAL SPECIFIC DISPENSATION FOR PROFESSIONAL NURSES

The collective agreement of OSD for the nursing profession was concluded by PHSDSBC with effect from 1st July 2007. The content of the OSD policy clearly articulates the objectives, scope and the implementation directive. The OSD policy also referred to as

113

Resolution 3 of 2007 is divided into 3 sections namely Annexure A, B1 and B2 and C. All of these are explained in order to gain an understanding of what is at the core of the policy and how it was planned to be implemented by the Department of Public Service and Administration.

5.2.1. Objectives

The objectives of the OSD agreement for Professional nurses are:

1) To set up an occupational specific remuneration and career progression for Professional Nurses who are within the registered scope of PHSDSBC that provides for:

- Career pathing

Career pathing is provided for through grade progression at production levels (DPSA 2007a:3). The Career Progression Model incorporates pay progression increase of 3% for employees that qualify (DPSA 2007a:3). Dual career paths for Professional Nurses allows this profession to progress to higher levels when entering the speciality field where they can earn equal or higher salaries than that of a manager without moving into a supervisory/management post (DPSA 2007a:3). This means that this remuneration policy is also aiming to reduce the number of nurses that aspire to occupy management posts because of the need to earn a better salary. Professional nurses are provided the opportunity to work at production posts while earning a fairly reasonable income.

- Pay progression

Employees will be eligible for the two yearly pay progression within the limits of the applicable scale based on the condition that the relevant employee performance satisfactorily as set out by the performance management system (PHSDSBC 2007:3). This pay progression allows for a 3% increment every two years for employees that qualify (DPSA 2007a:3).

- Grade progression

Grade progression can take place at production level and at supervisory level (PHSDSBC 2007:4), but does not happen automatically. Grade progression has to take places after pre-determined phases and is based on criteria such as qualifications, performance, and experience (DPSA 2007a:3). At production level Professional Nurses have to perform their duties effectively and meet all the requirements for a promotion or appointment. The same criteria mentioned above are applicable at the supervisory level.

- Recognition of appropriate experience

To enhance the recruitment of nurses, the employer will establish a basis for recognition of relevant experience on employment from outside the public sector for production posts (DPSA 2007:4). This includes acknowledgment of relevant nursing practicing after registration in the specific discipline in a foreign country, and that the registration is acknowledged by SANC for registration in the specific discipline in South Africa (DPSA 2007a:21). This especially applies to those Professional Nurses from outside of the public health sector. The recognition of relevant experience of Professional Nurses who were already in service before OSD and translated according to production posts is accommodated for in annexure C of the policy implementation directive (PHSDSBC 2007:5).

- Increased competence

The competency requirements will be prescribed by the employer for each post level to make available the suitable salary recognition and grade advancement (PHSDSBC 2007:3).This will guide those who are tasked with promotions and appointments to make good and sound human resource management decisions.

- Performance

Performance is central in the career-pathing model as it encapsulates the pay and grade progression of OSD. Admirable performance on work duties compliments qualification and experience. Therefore the professional nurses are required to do their work diligently and effectively.

2) To establish the differentiated salary scales based on the new remuneration structure of the identified categories in the nursing profession

This unique salary structure incorporates per nursing category a 3% increase between notches on the particular salary scale (PHSDSBC 2007:2). Every two years the Professional Nurses will receive a salary increase of 3% according to the salary scale that they are put on. This is done to increase the number of Professional Nurses at production levels instead of having a substantial number of Professional Nurses that aspire to be managers.

3) To integrate the existing scarce skill allowance into the salary of identified category of speciality nurses

The termination of the Scarce Skill Allowance that is payable to Professional Nurses in terms of PHWSBC resolution 1 of 2004 who are working in the specialisations of Oncology, Intensive Care and operating Theatre (DPSA 2007a:7). This meant that the Scarce Skill Allowance was incorporated into the OSD and was no longer applicable to a certain group of Professional Nurses.

5.2.2. Scope

The scope of the OSD applies to the following dispensations (PHSDSBC 2007:1):

The employer, this refers to the Gauteng Department of Health. The Steve Biko Academic Hospital is a representative and branch of the Gauteng Department of Health.

The scope of applicability of the OSD policy is intended for the professional nurse, staff nurse and enrolled nurses that are listed in the South African Nursing Council (SANC) and are employed in terms of the Public Service Act of 1994 and Health Services Act of 1997. In this study the focus is on the types of Professional Nurses working at Steve Biko Academic Hospital. As discussed in chapter four the Steve Biko academic Hospital has three type of professional nurse namely: general nurses, speciality nurses; and lecturing

116

nurses. Figure 5.1 below was created by DPSA to illustrate that the scope of this policy is relevant to the Professional Nurses at Steve Biko Academic Hospital.

Figure 5.1 Exposition of work streams provided for in dispensation

```
                    ┌─────────────────┐
                    │  PROFESSIONAL   │
                    │     NURSE       │
                    └────────┬────────┘
          ┌──────────────────┼──────────────────┐
  ┌───────────────┐  ┌───────────────┐  ┌───────────────┐
  │ GENERAL NURSE │  │SPECIALIST NURSE│ │    NURSING    │
  │               │  │               │  │   EDUCATION   │
  └───────────────┘  └───────────────┘  └───────────────┘
```
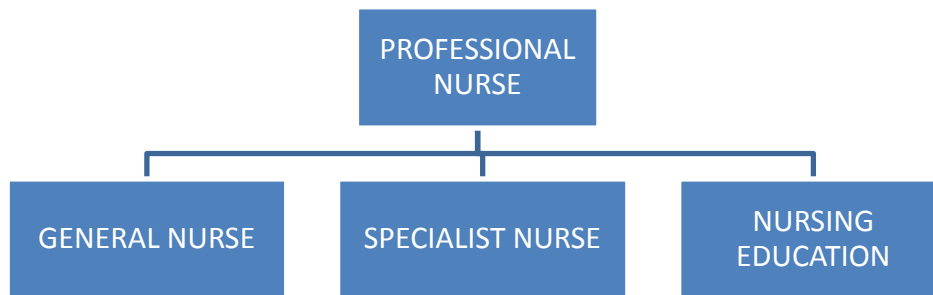
Source: Department of Public Service and Administration 2007a.

This policy also applies to those employees who are registered with the South African Nursing Council but who are not members of the labour unions that were involved in the collective bargaining process (PHSDSBC 2007:1). A Professional Nurse does not have to be a member a labour union to receive the OSD policy.

5.2.3. Implementation directive

The implementation directive of the Occupational Specific Dispensation policy for Professional Nurses is divided into Annexure A, B and C. In order to carry out the agreement, the implementation of OSD will be a determination and implementation directive is supplied by the Minister of the Public Service and Administration in term of section 3(3)(c) of the Public Service regulation, 2001, Chapter 1, Part 1/G (PHSDSBC 2007:5).

- Guidelines for career growth

This is the first step in guiding the implementers of the policy. This section of the implementation directive provides the appointment requirements for promotion or

117

appointment into post. This is applicable to those that are coming from outside who are seeking employment from the public health sector. It determines the salary scales, skills, experience, promotion requirements and career streams. Table 5.1 below illustrates how the Steve Biko Academic Hospital was supposed to apply the requirements for promotions and appointments or pay or grade progression.

Table 5.1 Guidelines for career growth

CAREER STREAMS, SALARY SCALES, APPOINTMENTS REQUIREMENTS, RECOGNITION OF EXPERIENCE ON APPOINTMENT AND GRADE PROGRESSION/PROMOTION REQUIREMENTS					
PAR	**JOB TITLE**	**SALARY LEVEL AND SCALE**	**APPOINTMENT REQUIREMENTS**	**RECOGNITION OF APPROPRIATE EXPERIENCE AT APPOINTMENT**	**GRADE PROGRESSION/PROMOTION REQUIREMENTS**
1.1	Professional Nurse (Community Service)	PN-A1 R88,256	Basic qualification accredited with the SANC in terms of Government Notice 425 (ie, diploma/degree in nursing) or equivalent qualification that allows registration with the SANC as a Professional Nurse	NONE	NONE

118

| 1.2 | Professional Nurse Grade 1 (General Nursing) | PN-A2
R106,086
R109,259
R112,548
R115,923
R119,400
R122,982 | Basic qualification accredited with the SANC in terms of Government Notice 425 (ie, diploma/degree in nursing) or equivalent qualification that allows registration with the SANC as a Professional Nurse | NONE | Compliance with the educational qualifications statutory requirements and compliance for the job level as contained in the appointment requirements as well as the experiential competency:

Above average performance for grade progression purposes: A combination of 5 years actual service and/or appropriate/recognisable post-registration General Nursing experience. At least 4 years of this period must be actual service as a Professional Nurse Grade 1 (General Nursing).

Average performance for grade progression purposes: A combination of 10 years actual service and/or appropriate/recognisable post-registration experience in General Nursing

Grade progression shall become effective from April following the date on which the official met all requirements |

Source: PHSDCBC 2007.

Table 5.1 shows how the new job titles, descriptions, required experience that were needed to move the Professional Nurses to their new salary scale according to OSD. This section of the policy helps in determining promotions and appointments of external Professional Nurses that come from other sectors.

- Calculations of salaries

The calculations of salaries or grades directive is the translation tables/keys of phase one. Translation in the context of this study means that a Professional Nurse was moved to a new salary scale according to the OSD policy. In this phase the old salary scales are translated into the new salary scales. The key determinates of translation are identified and illustrated in this annexure. The translation for the occupation of the Professional Nurse provide for translation of the following career streams: General nursing, Speciality nursing, Primary Health Care, Nursing education and all the management/ supervisory posts of these categories. Table 5.2 below is an illustration of how the salary or grade progression is calculated.

119

Table 5.2 Translation Tables for Professional Nurses. Phase 1.

Post/rank Salary level Salary Scale Translation	Senior Professional Nurse (Production General Nursing 106,335 X Prog – 123,456 Notch	Professional Nurse Grade 1 (General Nursing) PN – A2 106,086 X Prog – 122,982 Notch	Professional Nurse Grade 2 (General Nursing) PN – A3 130,473 X Prog – 151,257 Notch	Professional Nurse Grade 3 (General Nursing) PN – A4 160,470 X Prog – 203,280 Notch
	106,335	109,269		
	107,397	109,269		
	108,474	109,269		
	109,557	112,548		
	110,652	112,548		
	111,756	112,548		
	112,875	115,923		
	114,003	115,923		
	115,143	115,923		
	116,295	119,400		
	117,456	119,400		
	118,635	119,400		
	119,817	122,982		
	121,017	122,982		
	122,232	122,982		
	123,456		130,473	
	124866		130,473	

Source: PHSDCBC 2007.

Table 5.2 illustrates how the old salary scales had to be changed according to the new salary scales**.**

- Relevant experience

This section of the OSD implementation directive recalculates on the basis of relevant experience. This was a once off translation for professional nurses who were in service in 30 June 2007 and translated to production posts in phase one:

- Professional Nurses grade 1, 2 and 3 (general), professional nurses in grade 1 and 2 (speciality) and lecture grades 1 and 2.

Table 5.3 Translation for Professional Nurses. Phase 2

RECOGNITION BASIS

Part A: **Professional Nurses translated to Professional Nurse Grades 1, 2 or 3 (General Nursing) in terms of the Phase 1 process**

❑ All appropriate service/experience gained after registration as Professional Nurse is recognised

Service/experience profile on 31 March 2007	Revised production grade	Scale (Rpa)	Notch (Rpa)
Less than full 2 year's service & experience	Professional Nurse Grade 1 (General Nursing)	106,086 X Prog – 122,982	R106,086
Full 2 year's service and experience			R109,269
Full 4 year's service and experience			R112,548
Full 6 year's service and experience			R115,923
Full 8 year's service and experience			R119,400

Source: PHSDCBC 2007.

Table 5.3 shows the phase that is important for those Professional Nurses that have the necessary experience but does not have the proper qualification. If a Professional Nurse does not have a formal nursing qualification but has been working for a long period as a nurses, the years of experience are used to determine the new salary scale.

5.3. IMPLEMENTATION CONTEXT FOR THE OCCUPATIONAL SPECIFIC DISPENSATION FOR PROFESSIONAL NURSES

Political, economic, social and legal factors have an impact on the way policies are formulated and implemented. It was already highlighted in chapter three of this study that the context in which a policy is implemented and translated in is important to understand. This section discusses the political system of the South African public sector, followed by the legal, economic and work environment context relating to OSD.

5.3.1. Context of the political system

The management of the South Africa government is based on a three-sphere system namely the national, provincial and local sphere of government. These spheres are distinctive yet dependent on each other and interrelated. Tshwane (Pretoria) is the administrative capital of South Africa and therefore hosts all of the head departments and ministries (City of Tshwane 2013). As a metropolitan municipality Pretoria functions under the local sphere of government.

National government is in charge of formulating national policies and setting national standards, norms, rules and regulations (PSETA 2012:4). The public health system is led by the Department of Health which is responsible for overall health policy and co-ordination (Kistnasamy & Yach 2007:6). The National Department of Health is tasked with the role of policy development and channelling funding to provincial departments (Von Holt & Murphy 2006:2). The OSD became a determination by the relevant Executive Authority at the national level of government and is applicable to all employees covered by PHSDSBC (Zulu 2013). The determinations of the Minister for the Public Service and Administration and her explanation of the determinations must be read, interpreted and applied in conjunction with PHSDSBC Resolution 3 of 2007 (DPSA 2007a:2). Even though OSD was a collective agreement between governments the relevant unions, the DPSA had to decide on the overall policy resolve and implementation directive that would be used by the Department of Health at a provincial and local level.

The National Department of Health is developing a Performance Management and Development System for the nursing personnel that would facilitate the assessment of employees in the Professional Nurse, Staff Nurse and Nursing Assistant for purposes of the grade progression that is based on overall average performance (DPSA 2007a:17). This demonstrates that the executive role of the national departments in the South African political system is significant.

All policies, standards and rules and regulations decided upon by the national government have to be translated at provincial level as it is in this level where performances of major roles in social and basic services take place. Implementation and service delivery of

122

health services have to be provided by 9 provinces (provincial government) and 284 municipalities (local government) (Kistnasamy & Yach 2007:6). Provincial governments are tasked with the responsibility of implementing important social services including education, social grants, welfare services, health (academic, regional and primary health care), housing and provincial roads (PSETA 2012:5). The major implementation of policies is conducted at both provincial and local government.

The provincial Department of Health manages public hospitals (Von Holt & Murphy 2006:2). The Steve Biko Academic Hospital is under the management of the Gauteng Department of Health, which is the provincial management of health that has to ensure that the implementation of OSD takes place for all the Professional Nurses in its province. It is at this level that implementation or the actual translation of OSD occurs.

5.3.2. Legal context

The legal context focuses on the legislation and strategies that are at the core of the formulation and interpretation of OSD. These documents give the background of policies and systems that had to be either formulated, terminated or incorporated to lead to the establishment of OSD.

- Resolution 1 of 2007

This resolution was the starting point to the agreement of resolution 3 of 2007 referred to as OSD. Resolution 1 of 2007 agreement was the result of a bargain on the salaries and other conditions of service intended for the financial years 2007/2008 to 2010/2011 (PSCBC 2007a:1). Resolution 1 of 2007 of the Public Service Coordinating Bargaining Council (PSCBC) was the agreement on salary increase and improvement in working conditions (Zulu 2013). Under this resolution the scarce skill allowance was incorporated into the salary as part of the development of the revised occupational specific salary structures, thereby replacing clause 4 and Annexure A of resolution 2 of 2004 on the dates of implementation of each new occupation (PSCBC 2007a:6). This was done to

avoid any form of employee discrimination by the implementation of the new salary structure.

- Resolution 2 of 2007

Resolution 2 of 2007 was established to amend the implementation date mentioned in Resolution 1 of 2007. The implementation of relevant sectoral bargaining councils had to be finalised by 31 July 2007 but if negotiations were still on-going and not concluded by 31 July 2007 the matter would have to be referred to the PSCBC. Through the agreement of Resolution 2 of 2007 the PSCBC resolved to extend the period as stipulated in Section 4.17 of Resolution 1 of 2007 as follows: PHSDBC to finalise the occupation specific salary structure for all categories of nurses by 15 September 2007 (PSCBC 2007b:1).

- Scarce Skill Allowance

Due to the problems experienced with the implementation of the Scarce Skill Framework for skills that were categorised as scarce, it was decided to stop the payment of transverse scarce skill and to rather invest in a long-term solution to the challenge facing scarce skills through the introduction of occupational specific salary dispensations (Parliament 2011:2). The other challenge was that scarce skill and rural allowances benefited doctors more than it did for nurses (PMG 2009). Scarce Skill allowances were only paid to employees in full-time employment on the approved establishment or additional establishment and this therefore excluded those who were appointed on a 5/8th or 6/8th basis (DPSA 2005:1). The OSD policy on the other hand aims to increase employment capacity. It was therefore concluded in the OSD policy that, in order to facilitate flexibility, departments are allowed to employ on a permanent, full-time, part-time, fixed-term contract and sessional basis (DPSA 2007a:20).

- Codes of Remuneration

The salaries of employees in the Public Service were centrally determined prior to the implementation of the Public Service Regulations, 1999 (DPSA 1999:3). To ensure market related remuneration for each category, the former Commission for Administration responsible for the determination of remuneration came under pressure to distinguish

between the different occupational categories, on the basis of their different functions (Ncholo 2000:96). The Public Administration Standards (PASs) documents captured the unique service dispensations that were created for each occupational class, and all elements of each service dispensation including remuneration and job description (Ncholo 2000:97).

Specific formal qualifications and neglecting of indicators of competency, such as experience outside the public service, alternative qualifications or informal training was over emphasised by the PAS's (DPSA 1999:3). The workers whose careers were at the lower levels did not have any form of career pathing or promotion opportunities under the PAS (DPSA 1999:3). Career progression and growth were not promoted by the PAS. Therefore the system was no longer appropriate in a changing South African public sector. This led to the introduction of the Code of Remuneration (COREs) under the new Public Service Regulation. Policy initiatives such as White Papers and the findings of an independent investigation conducted by a team of international consultants, employee organisations and public servant influenced the development of the COREs (Ncholo 2000:97).

The information that is contained in the CORE is divided into a prescriptive part (job weights, salary ranges and salary codes) and guidelines (nature of the job, key competencies and learning indicators per salary range) (Ncholo 2000:97). CORE was developed to make sure that South African salaries could compete with other equivalent public sectors. The aim of COREs is to provide advice with respect to the definition and grading of jobs, without reinstituting this prescriptive framework (DPSA 1999:5). Under the post establishments of the matters of OSD, the CORE for Professional Nurses was put to an end. The Codes of Remuneration (CORE) for Nursing and Support as well as other related Cores was abolished, for the occupations Professional Nurse, Staff Nurse and Nursing assistant, the exception being Students and Pupil students training in the occupations of professional Nursing and Staff Nurse (DPSA 2007a:6).

- Government Notice: R212

The R212 is a government notice that contains the list of the recognised specialties of professional nurses and primary health care. The government notice lists the accredited post qualifications in clinical nursing for professional nurses. If a speciality does not appear on these notices it does not constitute as a speciality.

5.3.3. Socio-economic context

The brain drain of the much needed skills in the South African public health sector is a consequence of many contributing factors but the focus in this context will is on the economic and social issues. The need to improve the standard of living and to adequately provide for those who are dependent is the force that pushes the nursing profession to seek better opportunities elsewhere. The general trends that will be explained in this section relate to migration of South African Professional Nurses for socio-economic reasons.

- Rural to Urban Migration

About 40% of South Africans live in poverty and 75% live in rural areas and do not have sufficient health services (Turner 2010:1139). Migration of nurses from rural to inner-city areas and public sector to private sector is also a challenge facing the Professional Nurses (Pillay 2009:41). In developing countries the rural areas are often the most underserved when it comes to the availability of nurses there is tendency to prefer urbanized areas as there are more job opportunities (Aiken and Buchan 2008:3264). Studies have shown that nurses from rural areas would possibly change to another sector, go overseas or leave the profession (Pillay 2009:51). This form of migration is problematic to a country such as South Africa because rural areas are found in most of the provinces of the country.

- Public to Private Sector Migration

The migration of nurses from a public health institution to a private institution is a trend that continues to persist as a challenge to public health care services. From 2005 to 2007, according to the Department of Labour most vacancies for Professional Nurses and other nursing associates were advertised in the public sector (Mqolozana & Wildcshut 2009:36).The migration of public to private sector has been increasing even though the private sector serves a smaller part of the population (Mqolozana & Wildschut 2009:20). Private sector hospitals have world class facilities and care for people who have enough money to pay for the services, while the public sector is under resourced and used by many people (Pillay 2009:41). Studies have also shown that experienced nurses move to the private sector to seek better opportunities, leaving the public sector with less experienced nurses (Pillay 2009:49). The lack of nurses in the public sector has been perceived to be severe and that the supply of nurses in South Africa is not viewed as the problem but rather matter the imbalanced circulation between private and public health sectors, between urban and rural areas (Mqolozana & Wildschut 2009:10).

Gauteng Department of Health Annual Report 2012/2013 indicated that the target of employing Professional Nurses had not been achieved and that the shortage of nurses with specialist skills in intensive care, maternity care and Primary Health Care still persisted despite the department actively recruiting at nursing colleges (GDoH 2012:36). However the improved remuneration structure under the OSD had attracted nurses from the private sector (GDoHSD 2011b:41). Table 5.4 shows that the vacancy rate of Professional Nurses with the public sector is not that alarming.

127

Table 5.4 Employment and vacancies by critical occupations in Gauteng 2012/2013

Critical occupation	Number of posts on approved establishments	Number of post filled	Vacancy rate	Number of employees additional to the establishment
Professional Nurse	14411	11612	9.6%	1417
Professional Nurse (student)	4742	4188	11.5%`	10

Source: PERSAL 2013.

According to table 5.4 the posts for Professional Nurses were not entirely filled, but the vacancy rate is not that high because most of the posts were filled. The same trend posts for Professional Nurse Students post not all being occupied. Their vacancy rate of the students however was higher than that of the professional nurses.

The annual turnover of critical skills in the South African public sector is problem that has detrimental effect on public health. Over 41 million people rely on the public healthcare system; while the remaining 7.9 million of the rest of the population has medical insurance (Pillinger 2011:6). This therefore means that adequate services must be provided by well trained staff. However, the migration of nurses from rural to urban environments, public to private hospitals and local to overseas locations in the hope of better opportunities has affected the retention levels of nurses (Pillay 2009:41). Table 5.5 below shows the level of turnover of Professional Nurses in the Gauteng public health sector during the period of 2012/2013.

Table 5.5 Annual turnover rates by critical occupation in Gauteng 2012/2013

Critical occupation	Number of employees at the beginning of period April 201	Appointments and Transfers into the Department	Terminations and Transfers out of the Department	Turnover rate
Professional Nurse	12363	918	1106	8.9%
Professional Nurse (student)	5313	**737**	106	2.0%

Source: PERSAL 2013.

Table 5.5 above illustrates that:

- A bigger number of Professional Nurses leave the department than nurses being employed.
- A greater number of Professional Nurses that are students prefer to be transferred out of the department or employed elsewhere.

Some of the challenges faced by Steve Biko Academic Hospital in the period 2011-2012 included insufficient budget allocations for the salaries of employees, nursing shortages, particularly ICV and theatre-trained nurses, goods and services (GDoHSD 2011a:99)

Table 5.6 Vacant post of Professional Nurses

	General Stream	Specialty Stream	Lecturing and Management
2011	14	10	28
2012	78	26	31
2013	23	36	25
2014	+44	56	27

Source adopted: Steve Biko Academic Hospital 2014a.

Table 5.6 shows that the patterns of vacant post were fluctuating each year for all the Professional Nursing categories of the hospital. An interesting trend is with the speciality category as open posts seems to increase every year. The general stream seems to have exceeded the number open posts by taking in more Professional Nurses. The lecturing and management vacant posts also fluctuate each year. The year 2012 had the highest number of open posts and 2013 had the lowest. An increase occurred in 2014 for both the general and speciality Professional Nurses.

- Local to International Migration

Generally the prospects of moving aboard are very lucrative for most careers. The opportunities presented by different countries especially those in developed nations poses a threat to the state of the nursing profession in South Africa. The shortage of nurses in developed countries has been addresses through the recruitment of South African nurses and this has contributed to the emigration of South African nurses (Oosthuizen & Elhers 2007:16). The opportunities created by the worldwide shortage of nurses have prompted South African to work in foreign countries and it is projected that 35000 South African nurses have been working in OECD countries (Oosthuzien & Elhers 2007:14). The experience gained from working abroad can boost prospects of work promotion and give the nurse more prestige, which draws both respect and dislike from peers (Hull 2010:853). As great as these opportunities may be for the nursing profession it hinders the performance of public health care. Health systems are unable to deliver when they suffer from the direct effects of health workers migrating (Dolvo 2007:1376).

South Africa shares its skills and labour because it is a member of a global network (Oosthuzien & Elhers 2007:15). Due to the interdependence and globalisation the mobility of health professionals is increasing and international migration of nurses is one of the challenges South Africa has been facing (Pillay 2009:41). It is imperative to deal with the failure of addressing the nursing shortage locally, regionally and internationally to prevent failure of maintaining health care (Aiken & Buchman 2008:3264). South African qualifications in the international skills and global market for professionals are highly respected (Breier 2009:1). This means that South Africa has to share this profession that is trained by its own institutions with the rest of the world because the demand for nurses

is a worldwide phenomenon. This is why viable professions such as nurses in South Africa can easily leave the country if the local conditions do not keep them happy (Breier 2009:2). Yet, the loss of experienced nurses affects the organisation's effectiveness and efficiency (Pillay 2009:42). Migration of nurses to developing countries also affects the economy (Pillay 2009:43).

Due to better salaries, working conditions and lower risk of HIV/AIDS, South African nurses are attracted to affluent countries (Oosthuizen & Elhers 2010:1). For example, a nurse in who used to earn R5000 South Africa a month now earns R27000 a month in Saudi Arabia (Greyling & Stanz 2010:1).The difference in wages between two countries can be high, and wages is one of the most important factors that push health workers to leave the country. Another an example would be the Australian or Canadian payment purchase of a nurse, it is double that of a South African nurse (Dolvo 2007:1375). If nurses are offered good salaries that enable them to afford a good standard of living for themselves and their respective family members then the public sector is faced with some serious competition. The public sector therefore has to offer a high payment in order to compete with richer countries, which in the end increases costs within the public sector (Payne 2008:169). This is a major economic challenge.

The Table 5.7 below reaffirms the fact that the OSD policy has to compete with other countries that offer better salaries for professional Nurses.

Table 5.7 HRH gross salaries by national currency unit, Rand-foreign currency market exchange rate and PPP (Rand-based)

	SA(Rand)		UK	AUS	CAN	US	Saudi Arabia
	Pre OSD	Post OSD					
Register ed Nurse	R106220 $12416	R160032 $18884	23019 $34758 R302700	55354 $41294 R369908	63004 $53679 R463079	62000 R525140	199176 $53180 R450138

Source adopted: George and Rhodes 2012.

According to table 5.7 when the amount offered by these countries is converted to the South African currency, it becomes evident that the difference between the OSD starting salary and for instance the salary offered in Canada or America is huge. Since this table is comparing the Purchasing Power Parity adjusted earnings it is clear that they are different. Strides have been made to increase the salary of Professional Nurses through the OSD policy but the international salary ranges are still higher.

- Changing careers

The option of changing careers has posed a threat to retaining nurses even amidst all the structures and legislations that were put in place (Fouche 2007:53). When professional nurses leave the profession for non-nursing jobs with better remuneration, increased job fulfilment and flexible working hours usually becomes the better option (Oosthuizen & Elhers 2010:1).

- Overburden of diseases

A study has shown that the HIV pandemic has also impacted in the level of stress, burnout and absenteeism amongst health staff in South Africa, and that about 50% of the staff that was part of the study worried about contracting HIV and AIDS through some injury at work (Dolvo 2007:1377). Offering a low remuneration during the time of AIDS in South Africa has caused nurses to feel burdened, resulted in a medium-term shortage of nurses and for many nurses the crucial step that needs to be taken in order to retain and attract nurses is to increase salaries (Mqolozana & Wildschut 2009:47). It is likely that the rise of deadly diseases such as extreme HIV/AIDS and drug-resistance tuberculosis (XDR TB) contributes to the weakening of the nursing work environment in the public health care system that is already burdened (Pillay 2009:7).

- Working Conditions

Unpleasant working conditions within public health facilities pose a challenge to the performance and moral of the nurses. Although workload has been identified as a source of dissatisfaction in both the private and public sectors, the nurses found in the private sector are relatively more happy with their workloads than those that are in the public

sector (Pillay 2009:7).The shortage of nurses in South Africa can be a result of multiple factors such as excessive workload, insufficient salaries, limited career progression and the option of another career (Oosthuizen & Elhers 2007:17). Factors that persuade, encourage or pull migrants to leave their home country includes a range of issues namely remuneration levels, job satisfaction, career opportunities and occupational risk due to HIV/AIDS (Dolvo 2007:1374).

Some of challenges that attributed to the working conditions at the Steve Biko Academic Hospital included, poor supervision of support staff, staff being present at work (absenteeism, knocking off early) and facility infrastructure difficulties: air conditioning, lifts, fire detection and prevention, minor repairs, installations, and security gaps in the form of petty theft (GDoHSD 2011a:99). The priorities of the Steve Biko Academic Hospital in 2011-2012 included improving competence in clinical services mainly in the high cost drivers: laboratory costs, medicines, surgical sundries, and blood products; connecting an electronic Access Centre and Security System, accompanied by an Asset Trading and Staff Attendance Monitoring, and improving all risk services, linen services, general cleaning and food services (GDoHSD 2011a:99). This type of work situation hinders the work of Professional Nurses at the hospital. Not having the right food items, for instance, means that the patients with special diets such as a vegetarian diet or children's diet or pregnant woman's diet cannot receive proper nutrition. Consequently Professional Nurses at the hospital have to give medication to the patients even if they may not be eating properly because at the end of the day their role is to take care of these patients.

- Education status

Nursing education is vital in ensuring that an output of new nurses is produced to add on to the much needed nursing skills in South Africa. During the year 2012 that was under review the number of nursing students training in all courses and at all levels was 6811. During this time 1676 entered nursing training and 2373 graduated in various categories (GDoHSD 2011b:101).

Figure 5.2 Output of the 4 year nursing programme. All institutions.
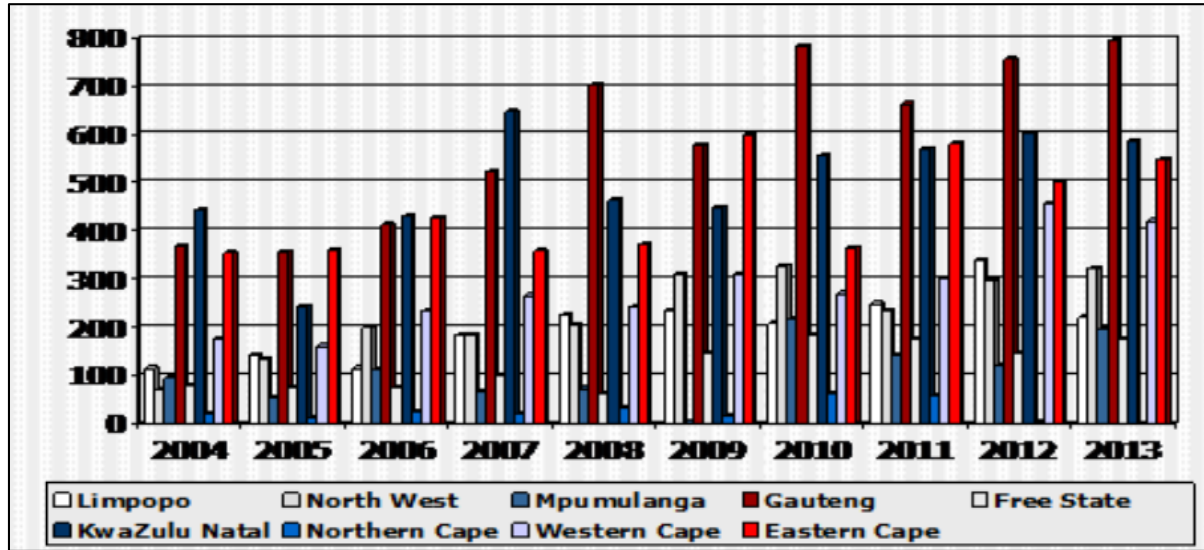
Figure 5.2 shows that:

- There was an increase in the number of nurses graduating in 2008 but a decrease in 2009.

- There was a major increase took place in 2010 but once again a decreased in 2011.

- 2012 reflected an increase that continues in 2013.

There are however, challenges in nursing education. The change in the health system from a hospital centred approach to a primary health care approach required a modification in the practice of nursing and as a result a modification in the philosophy and training of health professionals (DoH 2008b:8). The Nursing Act No 33 of 2005 has created the legislative outline that covers the scope of practice for different categories of nurses that the practice of nursing in South Africa is aligned with the needs of the health care system (DoH 2008b:8). A number of institutions like the University of Pretoria offer accredited professional nursing degrees and work together with medical institutions, in this case the Steve Biko Academic Hospital.

The South Africa Nursing Council (SANC) became aware of training institutions that were misleading the community and learners by offering Ancillary Nursing programmes not accredited by SANC and issued a report to make learners aware of this problem and to distance itself from such unrecognised programs (SANC 2013a). The South African Nursing Association Registrar referred to the issue of unaccredited training colleges as painful and many of them have been closed, but unfortunately many people had lost money by the time (Khumalo 2013). Receiving an unaccredited qualification is wasteful because the nurse may not be accepted to do community service at public health institutions.

Community service is a practical training programme that all public health professional in South Africa have to take part in after receiving their formal qualifications. Hospitals and clinics provide the platform for nurses to gain some practical learning experience.

Table 5.8 Health Science and Training in Gauteng

Health Science and Training					
Performance indicator	Actual achievement 2011/12	Planned target 2013/13	Actual Achievement 2012/13	Deviation from planned target 2012/13	Comments on deviation
Number of nursing community service placed in the service	644	1231	696	(532)	Target not met. Although the intake for four-year courses was 1311 in 2009, poor academic performance of students resulted to low output of graduates. Colleges are attempting to solve this problem through academic support programmes.

Source: Gauteng Department of Health 2012.

135

Table 5.8 illustrates that the number of nurses in the community service program did meet the departments' target. This targets was due to poor academic performance and low output of graduates.

At the Steve Biko Academic Hospital, the baseline number for Professional Nurses that are doing their community service is 65 and the intake of training Professional Nurses in 2013 was 67 which mean that the community service intake exceeded the limit (Steve Biko Academic Hospital 2014a). However, there was a turn of events in 2014.The intake of community service professional nurses decreased to 63 (Steve Biko Academic Hospital 2014a).

The continuation of the dual system of education for nurses hospital based, nursing college or the respectable university degree has guaranteed that the stratification in nursing education remains prominent (Hull 2010:853). Those nurses with degrees from universities are perceived to be better educated than those who received their qualifications from colleges or teknicons or those who have years of working experience without the required qualification. This creates some form of hierarchy among the nursing profession and the implementation of the OSD policy as it has been discussed above, takes qualifications into consideration in order to be translated and promoted.

5.4. THE ADMINISTRATIVE CAPACITY TO IMPLEMENT

The implementation of OSD was not to be done programmatically from a central point by Personal Salary system (PERSAL). PERSAL is the payroll system used by the South African government to pay its employees. This is also a sub system sued to capture employee information such as leave records, personal information, medical aid benefits and taxation deductions (National Treasury 2010:18). Since the implementation of OSD was not to be done from a central point the different provincial Departments of Health had to prepare for this transition. To ensure that the implementation was consistent the Minister for Public Service and Administration indicated that the implementation must be dealt with in terms of the following distinct phases:

Phase A

- Positioning of the PERSAL system with the organisational structures contained in the relevant OSDs
- Phase A and phase B must run simultaneously.
- The DPSA and the National Department of Health will accept the responsibility to communicate with PERSAL in this regard.
- The National Treasury (PERSAL) will notify departments when the PERSAL system has been aligned accordingly. Afterwards the departments who have finalised phase B mist begin with translation of employees in terms of phase C and D (DPSA 2007a:9)
-

Phase B

- Alignment of the new establishment of each affected department by changing the present establishment in line with the post structure contained in the relevant OSDs.
- The expositing of Professional Nurse, Senior Professional Nurses and Chief Professional Nurses who occupied production work on 30 June in the following work streams in the occupation Professional Nurses must be created (DPSA 2007a:9) in this format:

Table 5.9 CORE classification before OSD

30 June 2007	**1 July 2007**	
Post	**Post**	**Post class code**
Professional Nurses	**Professional Nurse (General Nursing)/ (Speciality Nursing)**	
Senior Professional Nurse		
Chief Professional Nurses		

Source: Department of Public Service and Administration 2007a.

137

Table 5.9 above illustrates how the old CORE classified Professional Nurses. After the abolishment of the COREs the departments had to apply the OSD classifications. The main purpose of realigning the departmental establishments was to convert existing post in line with the post structure contained in the respective OSDs. Table 5.10 illustrates how the hospital realigned the OSD within its existing organisational structures in order for phase one and two the policy to take place:

Table 5.10 Steve Biko Academic Hospital OSD Nursing spread sheet

PERSAL	SURNAME	INITIALS	NOTCH ON 30 JUNE 2007	NOTCH TRANSLATED ON THE 1 JULY 2007
###			127836	197358
###			81006	170244
###			79899	117576
###			127836	142572

Source adopted: Steve Biko Academic Hospital 2010b.

The preparation to implement OSD required realignment with the PERSAL system and the abolishment of the CORE which was the old salary codes. The Steve Biko Academic Hospital complied with the prerequisites of the OSD implementation.

5.4.1. Grandfather clause problems

However, even though the Steve Biko Academic Hospital complied with the required arrangements that were to be done prior to the implementation of OSD, challenges in translating the OSDs of Professional Nurses was an obstacle. A unique grandfather clause problem was persistent in the early stage of implementing the OSD policy at the hospital. In 2008, the OSD problem was that those who had the experience of PNA-4 to go back to grandfather clause PNB-1 (Steve Biko Academic Hospital 2012d). These cases were translate incorrectly and needed to be translated according to the grandfather

clause of the OSD policy. The grandfather clause states that those Professional Nurses who occupied a post in a nursing speciality and who were not in possession of the prescribed post-basic clinical nursing qualification recognised by the SANC and listed in the R48 and R212, but who were permanently appointed in a speciality unit and has been performing these duties satisfactorily on the 30 of June 2007, translate as a once-off provision to the lowest grade (salary scale attached to the post (DPSA 2007a:5).

The Local OSD Committee of the hospital held a meeting and it was decided that the salaries of Professional Nurses with more than 20 years of experience working in a speciality areas, with no speciality qualification, should remain on years of experience according to Phase two which is page 69 of the resolution 3 of 2007 (SBAH 2009d. official comm. 4 May). The complaint was that there was no consistency as some Professional Nurses were earning a salary of years of experience while others were not.

5.4.2. Overpayment and underpayment issues

There were also some cases of over and under payments of OSDs for professional nurses that were identified during the period of 2007-2010.

Table 5.11 Overpayments and Underpayments of Professional Nurses

PERSAL	NAME	INITIALS	RANK	MUST GO BACK	NOTCH ON	MUST BE NOTCH	REASON	RETIRED DATE
###			PN-B2	PN-B1	R197358		OVERPAID	
###			PN-B1	PN-B1	R160470		OVERPAID	
###			PN-A4		R197358	R160470	OVERPAID	2010
###			PN-B2	PN-B3	R242730	R235659	OVERPAID	2009
###			PN-A4	PN-A3	R160470	R142572	OVERPAID	
###			PN-A4	PN-B1	R175350	R160470	OVERPAID	2009
###			PN	PN-B1	R137424	R160470	UNDERPAID	2007
###			PN-A3	PN-B1	R146850	R160470	UNDERPAID	

Source adopted: Steve Biko Academic Hospital 2010b.

139

Rectifying the overpayment or underpayment case is not simple because each case presents a unique problem. Some of these salary calculation errors related to nurses that had already retired. This would probably affect their retirement pension and the process to correct such can be a lengthy procedure.

5.4.3. General OSD implementation problems

The same trend of translation problems occurred at the Steve Biko Academic Hospital in 2011. There were cases of Professional Nurses that appealed to be translated correctly. These nurses were mainly at assistant directors, Chief Professional Nurses and Senior Professional Nurses level.

Table 5.12 OSD translation problems for Professional Nurses

RANK	POSTS	SALARY LEVEL BEFORE OSD	OSD JOB TITLE	REMARKS	APPEALS
Assistant Director	3	Level 10	PNB-4	50% + Speciality	Appealed to be translated to R358218
Assistant Director	2	Level 9	PNB-4	50%+ Speciality	Appeal against circular 8/2008
Assistant Director	2	Level 9	PND-2	University lecturers	Appealed: No scales on PND-2
CPN	14	Level 8	PNA-7	Deputies to assistant managers	One is earning less than junior colleagues due to management position

140

CPN	1	Level 8	PNA-5	Deputy to assistant managers	Appeal: why different from other deputies?
CPN	8	Level 8	PNA-4	Corridor matrons	Appeal to go to PNA-7
CPN	36	Level 8	PNA-4	General units	PNA's appeal against placement under general stream, low scales. Specialty clinics also on general stream
CPN	61	Level 8	PNB-1	Prof. Nurses: Speciality Unit; Without qual AND Qualified with <14yrd	Appeals: Prof Nurses in speciality without Qualification disadvantaged by staying in Speciality
CPN	51	Level 8	PNA-3	Prof. Nurse: General Unit with years of experience	PNA-3's appeal against placement under general stream, low scales. Speciality also on general stream.
SPN	113	Level 7	PNB-1 PNA-3	Prof Nurses: Special Units Gen Units	PNA-3's appeal against placement

141

					under general stream
SPN	2	Level 7	PNA-2	Prof Nurse: General	No provision for Clinical Program Coordinator on level 7
PN	164	Level 6	PNB-1 PNA-2	Prof Nurses: Spec Units Gen Units	PNA-2's appeal against placement under general stream

Source adopted: Steve Biko Academic Hospital 2011g.

The appeal against Circular 8/2008 was evident as this circular contained a list of implementation problems identified by the relevant labour unions and Health Departments of government that were a part of task teams. However, implementation challenges of circular 8 of 2008 were abolished when the 26 areas of implementation challenges were incorporated in the nursing arbitration award of 2009. Therefore all the nurses translated according to circular 8 of 2008 needed to be translated according to the 2009 nursing arbitration award.

Fourteen Chief Professional Nurses complained that they were earning far less than their juniors despite having more years of experience under their belt than the juniors.

A prominent issue highlighted by the table 5.12 above was the translation of speciality Professional Nurses according to Government Notice R212. Many cases relating to this issue were instantly recognizable as many speciality nurses were being translated to the general stream. This is a problem because some of the skills that may be viewed as speciality may not be listed in the R212 document. Some of the speciality Professional Nurses that were translated to the general stream complained because they were getting lower salaries and those place at speciality without the qualification felt that they were also disadvantaged.

142

5.4.4. Other unique implementation cases: Interpretation issues

The Steve Biko Academic Hospital was involved in labour disputes with some Professional Nursing personnel that occupy management and specialised positions in the hospital. In some of these cases the relevant union or lawyer that represented the Professional Nurse was involved. The major issue was with interpretation which led to the incorrect translation according to those that were launching their grievances. Supporting documents such as functions of duties performed, certificates, and bank statements had to be submitted when these challenges were addressed.

- Nursing Functions Problems

Represented by their union some Professional Nurses occupying management posts at the hospital initiated an unfair labour dispute against the Gauteng Department of Health because they felt that they were unfairly translated. The argument of the hospital was that they may have Professional Nursing qualifications but that they do not perform nursing functions. The argument by the Department of Health was that a majority of their time at work was spent performing functions that are not nursing functions as stated by SANC scope of practice. However these managers argue that they work with patients on holidays, weekends and are on 24 hour stand by (SBAH 2008b. official comm. February).

- Deployment Issues

Another matter involved Professional Nurse who worked at a specialised unit and was possibly being deployed to another department because the Professional Nurse felt that they did benefit from OSD because they deserved a better appointment. This led to the suggestion to deploy the manager. A request was sent to Nursing Management to notify them of the importance of the skills and experience of this Professional Nurse (University of Pretoria 2008.official comm. August). It was decided that this nurse should not be transferred to another department (SBAH 2010c. official comm. February). This meant that there was no promotion.

A case of listing of speciality was a challenge in one of the units that were not listed as a speciality by the amended Government Notice R212. This Professional Nurse occupied

143

a post that was not listed in the R212 government notice according to the hospital, leading to the translation to the general stream. However, the applicant received an arbitration award from the PHSDBC because the council agreed that the unit in which this Professional Nurses worked in was listed as a speciality in the R212 (PHSDSBC 2008a:3). The hospital took this matter to the National Department of Health as it was concerned about the implications of this arbitration award. It was feared that is arbitration award would lead all Professional Nurses allocated in the same way wanting to be translated to speciality at the Steve Biko Academic Hospital and other hospitals in other provinces (SBAH 2009c. official comm. May). The hospital tried to resolve this matter by suggesting shifting this Professional Nurse to a unit that would allow her to receive the same amount she was supposed to get according to the arbitration award. However, the shifting of the Professional Nurse to another unit would have not been a good move for the hospital as it would affect the performance of the unit in relation to research output, courses offered by the unit and staff moral would be low because of the role and functions of the nurses role (SBAH 2010d. official comm. March). This nurse received the promotion due to the arbitration award that was won by this nurse.

- Incorrect translation of managers and lecturers

A case that involved some managers that worked at a specialised unit that were translated according to years and not according to the level of their jobs. It was agreed upon in an OSD meeting that the translation required by the two nurses must take place but it still took over a year for this translation for one of the managers (SBAH 2013c. official comm. February).

The translation of assistant managers was the lasts interpretation challenge in 2013. These nurses were translated according to the circular 8/3008 which was cancelled. This caused the challenge of having Unit Managers who were promoted to Corridor Matron and were being translated into the general stream together with some assistant directors (SBAH 2013b. official comm. February).This was a problem because these Professional Nurses work in specialty departments.

- Submission of certificates

Late submission of required documents to prove work experience was another common case. A Professional Nurse laid a complaint of being incorrectly translated because of late submission of service certificate that was submitted in 2009 instead of the 30 march 2008 (SBAH 2011e. official comm. July). The late submission of the certificate of the Professional Nurse was defended by nursing management of the hospital as others in a similar situation were pardoned.

- Night duty Professional Nurses

A night duty Professional Nurses also enquired about the criteria used to translate the salary of a person in their position. A listing of functions was submitted by this Professional Nurse to motivate why they are in the incorrect salary notch (SBAH 2011f.official comm. August).

- Retired Professional Nurses problems

The incorrect translation of a retired Professional Nurse in 2007 was a major concern as it affected the pension fund and it resulted in a lower amount than what was expected. While other Professional Nurses on her level were upgraded, she was demoted to a lower level. This Professional Nurse laid a complaint and had been trying to rectify the error for some time (SBAH 2013a. official comm. February).

5.5. THE LEVEL OF COMMITMENT TO IMPLEMENT

An official notice was sent out to general management, nurse management and staff nurses informing them about the provincial workshops that were to take place in October 2007 and that all nurses needed to ensure that their OSD forms were filled in and handed in to the Nursing management (SBAH 2007b. official comm. October).The workshops that introduced the OSD policy were attended by Nursing Management together with the hospitals Human Resource Management. Some workshops specifically focused on understanding the translation for different nursing streams which, in the case of the study

would be the general and speciality stream. Nursing management and Human Resource Management also contributed in identifying challenging areas during the workshops conducted by the Gauteng Department of Health this lead to the establishment of Personnel Circular Minute No. 8 of 2008 to address implementation problems (GDoH 2008).

From the documents submitted for this research, it was clear that meetings took place and that communications between the different levels of hospital management and unions were frequent. The meetings that took place identified OSD problems that hindered the correct implementation of OSD for Professional Nurses at the hospital. The local OSD task team members comprised of the Human Resource Management, Nursing Management and shop stewards councils (PSA, DENOSA, NEHAWU and HOSPERSA). A few of the meetings involved the provincial task teams which would have sessions with the relevant representatives at the hospital for monitoring purposes.

The communications relating to OSD issues for Professional Nurses at the hospital were flowing between the hospitals executive management, nursing management, Human Resource Management, unions and lawyers representing their clients. The hospital's relevant stakeholders replied to emails directed to them. Important government notices and resolutions relating to the OSD policy were sent around through emails so that all the relevant parties would be updated on the latest OSD developments.

The following challenges and achievements pertaining to the implementation of OSD were identified during the general meeting, local task team meetings and communications relating to the OSD for Professional Nurses at the Steve Biko Academic Hospital.

2007 Challenges

- Grandfather clause was a challenge.
- Tracking down of Service Certificate were problematic.
- Problem to count experience before or after registration as a speciality Professional Nurses was also a confusing (SBAH 2007a .minutes. November).

146

- Acceptance of juniors earning more than seniors.

- A concern that a new form of professional jealousy was on the rise and therefore, if possible, the moving a Professional Nurse to positions that would put them at a disadvantage was discouraged.

- Newly appointed Professional Nurses were not on the OSD spread sheet of the hospital. (SBAH 2007a. minutes. November).

2007 Achievements

- Gauteng Department of Health sent a vote of thanks to managers for all of their hard work at the hospital (SBAH 2007a.minutes. November).

- Positive attitude that OSD would elevate most nurses (SBAH 2007a. minutes. November).

2008 Challenges

- Some Professional Nurses were not translated to speciality as they thought they should be.

- Grandfather clause problems were still evident but the proper application of OSD policy helped to solve this problem because circular 8 of 2008 was in contradiction of the OSD Policy.

- Complaints about lack of commitment from leadership coming from those that played important roles in the implementation and monitoring of OSD policy for Professional Nurses (SBAH 2008a. minutes. October 2008).

2009 Challenges

- No nurse was working as full time steward for unions (SBAH 2009a. minutes. September).

- Some OSD disputes required the input from the top management of the hospital as they were very tricky to solve (SBAH 2009b. minutes. October).

- The Grandfather Clause and the specialty translation persisted because the salary notch for some Professional Nurses dropped (SBAH 2009b. minutes. October).
- A survey from the Gauteng Department of Health was completed by Nursing Management of the hospital indicated the following trends post OSD implementation:

Table 5.13 Effectiveness of Nursing OSD implementation

	NURSES	
Number of Prof. Nurses before OSD	391 (speciality)	180 (general)
Number of Prof Nurses after OSD	436 (speciality)	170 (general)
Transfer into SBAH from a public institution	19	
Transfer out of SBAH to public institutions	3	
Newly appointed from the private to SBAH	15 (speciality)	8 (general)
Prof. Nurses resigning from SHAH to the private sector	20 (speciality)	8 (general)

Source adopted: Gauteng Department of Health 2009b.

Table 5.13 was accompanied by comments made by Nursing Management at the hospital indicated that:

- Managers were demoralised with new salaries because they were not clear.
- Nurses in general wards especially those in with speciality qualifications were unsatisfied.

- The staff at ICU was not happy with the new salaries because scarce skill allowance put them on a higher salary than OSD.

- Service delivery to patients was affected because expectations were not met and it resulted in low morale among most groups.

- Those that had years of experience and had dedicated their lives to the hospital did not welcome OSD salaries because those that were younger received more.

- Nurses started to compare their salaries with those from other institutions (GDoH 2009b).

2009 Achievements

- Nursing management translated Professional Nurses to the better option and the Professional Nurses agreed to these decisions because most of them did not choose the years of experience as a better option (SBAH 2009a. minutes. September).

- The hospital sent the relevant representatives to attend the provincial 2009 Nursing Arbitration award meeting (GDoH 2009a).

- The hospital was applying the 26 areas of disputes as a guideline in addressing problems regarding OSD for nurses during its meetings.

2010 Challenges

- Translation of Nurses was still a problem but the guide of reference in directing the committee in the process of verification had to be decided upon by the hospital (SBAH 2010a.minutes. December).

2010 Achievements

- The process of managing underpayments and overpayments was decided and agreed upon.

- The timelines dedicated to deal with cases were also agreed upon (SBAH 2010a.minutes. December).

2011 Challenges

- Problems with placing Professional Nurses in the wrong salary notches were evident (SBAH 2011a .minutes. January).
- Retired nurses were still receiving wrong pension payments because of incorrect OSD translations (SBAH 2011b.minutes. July).
- The grandfather clause was still a challenge (SBAH 2011c. minutes. August).
- Another issue was that manager with over 25 years of working experience where receiving less than their subordinates.
- OSD policy did not make provision of some programme coordinators to be translated correctly.
- Restructuring of nursing and having a new organogram was important because assistant mangers reported to other assistant managers (SBAH 2011d. minutes. September).

2011 Achievements

- Where incorrect translations were done the hospital was able to quickly identify the mistakes.

2012 Challenges

- Night Duty Professional Nurses who also worked as management were challenging their translation into general stream (SBAH 2012a.minutes. August).
- The errors of those wrongly translations continued and needed to be corrected because it led to overpayments and underpayments (SBAH 2012b. minutes. November).

2012 Achievements

- Grievance relating to commitment by some of those that played leadership roles with regards to OSD was launched (SBAH 2012c. official comm. November).

5.6. THE ROLE OF CLIENTS AND COALITIONS IN THE IMPLEMENTATION OF OSD

The Department of Health and Social Development and the relevant labour unions that fall under the Public Health and Social Development Sectoral Bargaining Council (PHSDSBC) were involved in the negotiations process and implementation of OSD. The role of the unions is to represent their clients, which are the Professional Nurses of the hospital. Grievances such as unfair labour disputes cases are the speciality of labour unions as their role is to ensure that their clients are treated fairly according to the law and are respected in their work place. Unions ensure that the arbitration awards won by their clients are effective as the process of accepting an arbitration award can sometimes be contested by the respondent or employer.

The unions which are affiliated to PSCBC and fall under its umbrella include: The General Public Service Sectoral Bargaining Council (GPSSBC), The Public Health and Social Development Sector Bargaining Council (PHSDSBC), The Safety and Security Sector Bargaining Council (SSSBC); as well as the Education Labour Relations Council (ELRC) (PSCBC 2014:2).The unions that represent health personnel fall form part of PHSDSBC sectoral council.

Figure 5.3 Structure of Unions in South Africa
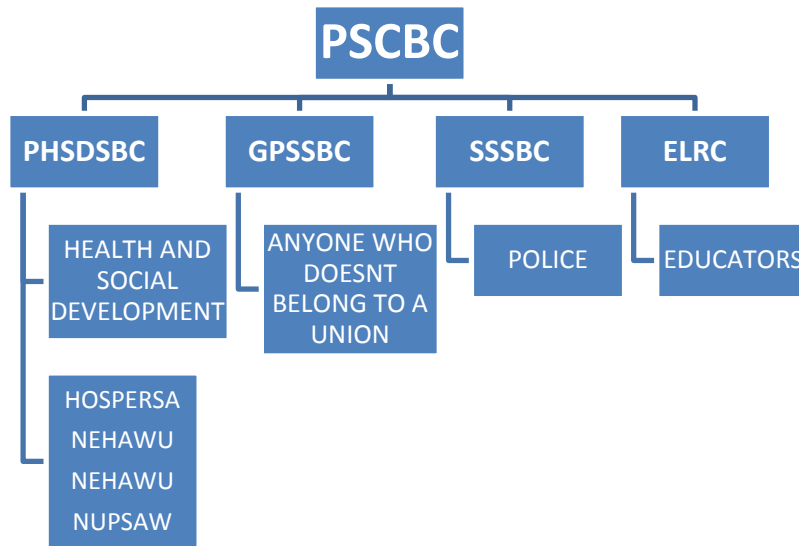
Source: PSCBC 2014.

The health and social development labour unions report all matters to the PHSDSBC. The progress or challenges in relation to OSD for Professional Nurses are reported to the PHSDSBC. This helps with finding collective solutions when common problems experienced by different public health facilities are identified.

5.6.1. Workshops

Before the implementation of OSD, the PHSDSBC held workshops to ensure the collective agreements such as Resolution 3 of 2007 for nurses were understood by the implementers. The implementation workshops started immediately at a national level once the agreements were signed. During March and April 2012, the PHSDSBC undertook a final round of provincial chamber visits to take stock of the progress with implementation with relevant departments (PHSDSBC 2014:2).

5.6.2. Task Teams

All national provincial and local task teams had representatives from the labour union which is referred to as Labour from PHSDSBC and the Department of Health referred to as the Employer. The unions that have offices and are part of the local task teams at the Steve Biko Academic Hospital are DENOSA, HOSPERSA, NEHAWU and PSA. The guiding principles that were used as reference during some provincial task team visit included:

- Obtaining progress reports on implementation (phase 1 and 2)
- Highlighting gaps and challenges
- Provide support with challenges through interaction (PHSDSBC 2008b: 3.minutes. January)

During the monitoring of OSD in 2008 the unions agreed that a labour caucus was needed to discuss some critical issues with regards to translation challenges. During this labour caucus, it what came to light that the OSD agreement did not reflect what was agreed upon during the negotiation (PHSDSBC 2008c:2. minutes. January). It was therefore further clarified in this special council meeting that an amendment to the OSD for nurses needed to be made. However, the amendment to the OSD for speciality nurses was withdrawn and issues regarding this matter were be referred to the task team (PHSDSBC 2008d:3. minutes. January).The Department of Health (Employer) also did not agree to this amendment as it would complicate the implementation process of the OSD policy for nurses because it was still in its early stages.

5.6.3. Differences in perspectives

Problems between the Employer (Gauteng Department of Heath) and Labour (labour unions) transpired during a meeting the implementation of OSD was discussed due to the divergent perspectives that existed among the parties involved in the council meetings. For instance, the labour unions viewed OSD implementation as the government's competency and indicated that they would utilise options outside of the process to deal

with grievances and disputes, should they be dissatisfied with the way the implementation (PHSDSBC 2008e:5. minutes. May). This led to the recommendation to dissolve the task team as it did not fulfil its mandate to providing support to the provinces and its report was not accepted.

The Employer also felt that OSD for nurses was not the only crucial medical OSD while Labour was of the view that it should be treated as a priority (PHSDSBC 2009a:2.minutes.June). Matters relating to the amended R212 were a problem because some qualifications the labour unions regarded as speciality were not viewed as such by the Department of Health (PHSDSBC 2009b:2. minutes. July).This led to interpretation differences which are also reflected in the disputes experienced by hospitals such as the Steve Biko Academic Hospital. Some Professional Nurses, for example, at the Steve Biko Hospital wanted to be deployed to different units, in order to avoid a decrease in their salary, because their specialties were not recognised by the R212 government notice.

5.6.4. Nursing Arbitration Award of 2009

Arbitration award for nurses was won on 7[th]August 2009. This arbitration award was put forward by the 5 labour unions namely: DENOSA, HOSPERSA, SADNU, NUPSAW, NEHAWU and PSA, against the Department of Health and Social Development, Department of Public Service and Administration and all the provincial departments of health (PHSDSBC 2009c:3). The agreement of the 2009 nursing arbitration award noted:

- A dispute was declared by trade unions of PHSDSBC on 8[th]August 2008 with the interpretation and application of the OSD for nurses on the 26 areas. This arbitration resolved that the dispute of 8 August 2008 was finalised as the 26 areas regarding OSD for nurses
- Reasserted underlying principles of the OSD agreement to translate nurses according to the duties they were performing on 30 June 2007 and that speciality posts refer to those post-basic qualification listed by Government Notice R212 as amended

154

- A once-off provision to the first salary scale will be granted to a nurse that has been occupying a specialist post without a post-basic qualification (PHSDSBC 2009c:4).

It is important to note that the 26 areas were a product of the sub-task team that undertook provincial visits throughout the entire country to get updates on the implementation of OSD for nurses, the challenges that may have existed, how these challenges were being addressed and the problems that the sub-task team was unable to resolve (PHSDSBC 2009d:1). All the provinces reported to the sub-task team and the sub-task team advised on the problems that the provinces were unable to solve. There were serious discrepancies amongst provinces with the implementation of certain clauses of the OSD for nurses and it became obvious that a national understanding was needed on all the common points mentioned by the provinces (PHSDSBC 2009d:2). The provincial visit of the sub-task team assisted in establishing the common national implementation problems found in the 26 areas.

5.6.5. Lack of task teams

In 2009 the 26 areas identified by the provincial task teams pointed out that there was a lack of OSD monitoring task teams to oversee implementation in provinces and that it was important to establish more of these task teams. The re-establishment OSD task teams in institutions and district offices for all health professionals were advised by the Department of Health (GDoHSD 2011c). The roles of the institutional and regional task teams were to produce reports based on their monitoring and evaluation of the implementation of OSD. The provincial task teams mandate was to conduct institutional visits to examine the implementation of the resolutions relating to OSD.

5.6.6. Hospital Structures aligned to OSD

The alignment of the OSD to the existing hospital structure was a challenge. The Provincial Head of Health aligned the structure to OSD and this caused problems. Units being restricted from speciality to general posts decreased from 10 to 6 due to some staff

not being translated to speciality and post that needed to be filled were advertised and therefore those in office were being played out of translation (PHSDSBC 2009 d:3. minutes. May).

5.6.7. Nursing OSD – The problematic

The interpretation of R 212 is a persistent problem for Professional Nurses. A PHSDSBC meeting that took place in 2009 highlighted the difference that existed regarding the meaning of the regulation which inevitably means that implementation is different depending on the interpretation adopted (HOSPERSA 2009:1). The wrong interpretation can lead to overpayments or underpayments. The National Implementation (NIM) Monitoring Task team recommended that the South African National Council be invited to make a presentation on the regulation (PHSDSBC 2014:4). The NIM Task Team discovered that the OSD for nurses was the most problematic in terms of the disputes and concerns being raised by health professionals and their labour unions (PHSDSBC 2014:3). However, the overall impression of the NIM Task Team was that the OSD objectives were meet but that this was accompanied by unhappiness from employees as they had expected more (PHSDSBC 2014:3).

5.7. CHAPTER SUMMARY

To critically evaluate the implementation of OSD the 5 C Protocol was applied. This protocol consists of critical variables that ensure that the vital factors are examined and explained. A proper understanding of the content of the policy, its scope and its plans for retaining Professional Nurses were explained. Through the application of this protocol the trends and patterns pertaining to context, capacity, commitments and role of coalitions during the implementation of the OSD policy were deliberated. This made way to identify the shortcomings and achievements of the process of implementation of the OSD policy at the hospital.

From the analysis of this chapter, it is clear that the problems identified by the hospital related mostly to the shifting into the new OSD salary scales and to the understanding of the OSD policy. Most errors that took place were a result of interpretation. Initially many nurses experienced over and under payments, or were unhappy with the new salary notch as some were receiving less payment than their juniors. Some Professional Nurses were unhappy with the translation from speciality to the general stream while, some wanted to be deployed to different units so that they could benefit from the OSD and the incorrect translations of retired Professional Nurses affected their pension funds.

The problems at the Steve Biko Academic Hospital correlate with those of the labour unions. The labour unions express dissatisfaction mostly with the R212 Government Notice which categorised some Professional Nurses that were once recognised as speciality into the general stream. The financial implications of this according to the OSD are not favourable. However, problems within the task team comprising of the Department of Health and labour unions transpired as each party had different interests in mind.

These problems indicate that implementation of the OSD policy occurred and it proved to be a very challenging. These implementation challenges identified by both the Steve Biko Academic Hospital and the labour unions indicate that the OSD policy needs to be reviewed in order to for the effectiveness of the OSD policy to be seen. Some Professional Nurses were put at a disadvantage; others could not be translated because their type of nursing was not included in the policy. The Steve Biko Academic Hospital also does not seem to have task team meeting to discuss the problems and solutions on a regular basis. Lastly some of the representatives from the labour unions that are at the hospital are not nurses and this poses a serious problem because the introduction of the OSD policy has shown that to understand the content of this policy, those involved in the implementation process must preferably be nurses.

CHAPTER SIX: RECOMMENDATIONS

6.1. INTRODUCTION

The task of implementing a remuneration policy such as OSD is enormous and therefore challenging. Prior to the implementation of OSD, a number of remuneration policies aimed at retaining the nursing profession were put in place but the need to introduce a revised salary structure for long-term purposes was viewed to be essential. The evaluation of the implementation of this latest remuneration policy is important so that the challenges that having been experienced during the implementation can be identified, which can be a strategic step towards ensuring that proper implementation takes place.

This chapter aims to describe the finding of the implementation of OSD for Professional Nurses at the Steve Biko Academic Hospital as explained in chapter 5. The analysis in chapter 5 is a reflection of the extent to which the OSD has been implemented at the hospital. Recommendations based on the findings of the implementation of the OSD policy accompany the findings. When problems have been identified it is important to suggest practical solutions that can be applied.

6.2. SUMMARY OF CHAPTERS

Chapter One laid out the argument for the need to evaluate the implementation of policies in the South African Public Sector. In particular, it pointed out that the need to evaluate the implementation of remuneration public policies aimed retaining much needed skills in the South African health sector. Literature that relates to the remuneration, retention, implementation and evaluation of the OSD policy for Professional Nurses was explored

Chapter Two was about the research methodology applied in this study. The appropriate methodology to conduct the study was the qualitative method. The qualitative approaches used were the case study and critical approach. All of these were explained to show that it was the relevant approach for answering the research question and meeting the objectives of the study empirically and ethically.

Chapter Three focused on the theoretical overview of public administration and public policy. It was important to understand the position of this study with regards to academic literature related to public administration and public policy. Public administration is the role that government performs in order to ensure that the country is run well. A public policy is a result of the policy-making function of government and the different phases of the policy-making process are explained. The emphasis was on the policy implementation and evaluation phase as the purpose of the study was to evaluate the implementation of OSD for Professional Nurses Steve Biko Academic Hospital.

Chapter Four was the introduction to the case study. The types of Professional Nurses working at the Steve Biko Academic Hospital, the scope of practice and the man power of Professional Nurses at an institutional and provincial level were covered. This chapter touched on the vision, purpose, values and services offered by the Steve Biko Academic Hospital. The healthcare structure of South Africa was described to help with understanding the role of an academic hospital in South Africa. Lastly the socio-economic determinants of health that have an impact on the health status within Pretoria were examined.

Chapter Five evaluated the implementation of OSD through the application of the 5 C protocol. To ensuring that a comprehensive evaluation was undertaken, the 5 C protocol was relevant : (1) firstly it was important to gain a proper understanding of the content of the policy, (2) it was necessary to be aware of the contextual factors that have an effect on the implementation of the policy, (3) the capacity to implemented the policy was reflected through the problems that came to light during the implementation (4) commitment to the implementation of a policy was important to evaluate as this variable can either obstruct or support the implementation and (5) lastly, the role of the coalitions in the implementation was vital as they represent the interests of the custodians of the policy.

Chapter Six presents the conclusions of all the chapters of this study. The findings are described and recommendations in terms of the findings are made.

6.3. FINDINGS AND RECOMMENDATIONS

Finding 1

The interpretation of OSD for professional Nurses was a problem at the Steve Biko Academic Hospital and there were some disputes regarding the interpretation. Some Professional Nurses felt that they deserved to be translated to a certain salary notch but those who were the representatives of the hospital believed that these nurses were in the right salary notch based on their roles and functions. This meant that different perspectives on what is written in the policy affected interpretation and consequently the implementation process. Other Professional Nurses appealed against their translations that were based on the abolished circular 8 of 2008. The appeals took place in 2011 when this circular was already replaced by the 26 areas of implementation challenges for nurses in 2009. It took a long time to change these incorrect translations based on circular 8 of 2008

Recommendation 1

1.1. Regular meeting between the team that implements OSD and the different Professional Nursing streams must take place so that the Steve Biko Academic Hospital can explain its application of the policy.

1.2. Nurses need to understand that the work requirements of the different levels of Professional Nurses are stated in the OSD policy so that this may be the guideline that must to be used by all public health facilities.

1.3. Implementing circular 8 of 2008 which is in contradiction of the OSD policy and therefore causing problems must be questioned by the implementers of the policy. Before applying such circulars it is important that the Steve Biko Academic Hospital consults the original OSD policy document to see if problems may arise in the long term. Carefully investigating the purpose and the implications of applying these circulars may have must be done before they are accepted.

160

Finding 2

The issue of the Grandfather Clause for Professional Nurses that have been occupying speciality posts for many years but without qualifications was problematic. Some Professional Nurses were translated correctly but others were not translated according to the years of experience and therefore were posted to the general stream. Being in the general stream meant that the salary scales were lower. However some of the Professional Nurses in the specialty stream felt that they were disadvantaged because of the lack of qualification.

Recommendation 2

2.1. The Steve Biko Academic Hospital must provisionally put in place a special unit that will deal with this clause because the Professional Nurses that qualify for this clause have years of valuable nursing experience. This experience is used to teaching newly qualified Professional Nurses and Professional Nurses who have been practicing for only a few years.

Finding 3

The Government Notice R212 has hindered the implementation of OSD for specialties that are not listed in this notice. If a specialty is not listed on this government notice, then it is not seen as a speciality. There were many complaints from the Professional Nurses that were not recognised as speciality by the OSD policy and were therefore translated to the general stream. This section shows that the Steve Biko Academic Hospital is following the OSD policy and its implementation directive. However, unhappiness among the Professional Nurses that are not recognised by R212 is hindering the objective of the OSD policy to retain Professional Nurses within to the public sector. The role of speciality nurses at an academic hospital is vital to the public health service.

Recommendation 3

3.1. The Steve Biko Academic Hospital together with other academic hospitals and the SANC need to come together and contest this amendment made by the Government Notice: R212 to the speciality field because accepting this notice will encourage Professional Nurses with specialised qualifications and skills to consider other work options.

Finding 4

Professional Nurses with years of experience had to accept lower salaries than juniors. It was emphasised at an OSD meeting in the early phases of the implementation of this policy that it would most probably have to be accepted that juniors would earn more than seniors. This could be the case especially in the speciality stream, because younger Professional Nurses with a post-basic qualification earn more than those Professional Nurses that only have working experience in speciality. It was also underlined that a new form of professional jealousy was on the rise amongst the Professional Nurses due to the OSD policy.

Recommendation 4

4.1. The implementation of this policy must not create tense working conditions as this will negatively affect the objective of OSD of attracting and retaining nurses. The hospital can encourage Professional Nurses to further their studies by getting post-basic qualifications so that they can be translated to the speciality stream.

4.2. However, this could mean that fewer Professional Nurses will want to stay in the general stream. The hospital also needs to create a career path for specialised Professional Nurses that want to retire to go into the general stream on a part-time basis because both general and specialised nursing streams are important.

Finding 5

Incorrect translation of Professional Nurses affects the pensions of the retied nurses. Professional Nurses that retire need the pension funds to sustain their livelihood. The younger group of Professional Nurses may not want to work in the public health sector for a long period if the incorrect implementation of OSD affects their retirement funds in an undesirable manner.

Recommendation 5

5.1. The cases of the retired Professional Nurses need to be treated with special care as their services may be needed again at some point by the Steve Biko Academic Hospital again. The hospital needs to ensure that a small evaluation unit for unique OSD cases is put in place together with the 'Grand Father Clause' problems. Such units need to do a follow up of the progress of such cases and report back to the hospital as the process of correcting such errors can take time.

Finding 6

The request or suggestion to be deployed because the Professional Nurse involved was unhappy with their new salary translations is a tricky situation. The Steve Biko Academic Hospital is trying to make sure that translations of Professional Nurses do not put any nurses at a disadvantage. Deployment would have meant that a unit within the hospitals may have lost valuable skills.

Recommendation 6

6.1. If deploying a Professional Nurse is not good for a unit the Steve Biko Academic Hospital must not compromise. The health of patients is as important as the needs of the Professional Nurses.

6.2. The Steve Biko Academic Hospital must be commended for handling deployment submissions well as the application of OSD was used to explain why deployment would

not take place. Therefore the hospital must continue to use the policy for reference purposes when difficult situations arise.

Finding 7

The local OSD task teams hold meeting but not as regularly as the National task team. How will the proper progress on OSD implementation challenges be monitored and evaluated properly if meetings do not take place at certain intervals? In addition, the members of unions that represent the Professional Nurses at the Steve Biko Academic Hospital need to be Professional Nurses. Some labour union representatives are Professional Nurses but most are not.

Recommendations 7

7.1. Regular local OSD task team meetings need to be scheduled to assess the progress on solving OSD related problems. In order for the hospital to truly see a reflection of its progress with regards to implementing the policy, it needs to ensure that task team meetings take place on a regular basis so that members of the task team are encouraged to do their jobs effectively and efficiently. This will motivate professional Nurses to know that solutions to their grievances will be processed quickly.

7.2. The labour union members that represent nurses in the Local OSD task teams have to be Professional Nurses as they will understand understood by other Professional Nurses. Secondly, a Professional Nurse will represent fellow Professional Nurses with more passion and better understanding of the Professional Nursing work requirements at an institution like the Steve Biko Academic Hospital.

Findings 8

An evaluation system or unit regarding the implementation of OSD does not exist. Systematic information on what has been happening with regards to the implementation progress of the policy is not in place in a proper manner. The Steve Biko Academic

Hospital needs to be able to straightforwardly provide any form of report that may be requested by the Gauteng Department of Health or research institution or a think tank when it comes to the implementation of OSD as this policy has been incorporated in the structures of the hospital for some time.

Recommendations 8

The Steve Biko Academic Hospital needs to put in place an evaluation system or unit to assess the implementation of OSD. Perhaps this evaluation system or unit could also be used to examine the performance of other policies, projects and programmes undertaken by the hospital. The evaluation unit could ensure that the following evaluation activities take place:

8.1. The Steve Biko Academic Hospital needs to ensure that it creates an effective information resource centre. Information reports about the number of Professional Nurses that retire, transfer to other government institutions or who just leave the public health sector needs to be available. This can help identify to trends that are a result of OSD.

8.2. The evaluation unit could also conduct studies on behalf of the hospital to identify trends and patterns. For instance questionnaires can be administered to understand the perspectives of Professional Nurses. This is a form of organisational learning.

8.3. The evaluation unit could ensure that strategic planning and reviewing of the implementation process is conducted. Reports by relevant stakeholders of the implementation process could be mandated to submit quarterly reports on the progress of OSD implementation. This also implies that minutes, workshops attended, grievances, arbitration awards won and translation issues would have to be submitted on a regular basis. Making sense of the reality of the situation through gathering credible evidence as opposed to opinions can help with strategic decision making.

6.4. CHAPTER SUMMARY

The extent to which the OSD policy has been implemented at the Steve Biko Academic Hospital is evident through the implementation challenges that were identified in Chapter Five. The challenges illustrated that the implementation of OSD is very dynamic and is not a straightforward process. Even though the implementation directive of the OSD policy may have been distributed and explained, workshops were conducted and task teams were established unexpected problems surfacing could not be prevented. OSD for Professional Nurses has been implemented at the Steve Biko Academic Hospital but the task of solving some implementation problems is an on-going issue as some challenges continue to occur and this has affected the objectives of the policy in an unconstructive manner. Some of the OSD implementation problems that occurred at the Steve Biko Academic Hospital have also revealed that certain sections of the policy need to be revised so that other Professional Nurses may not be excluded from benefiting from this incentive.

This study has also showed that the capacity to implement the policy is available but that the problem lies with the interpretation of the policy. Some nurses wrote letters or launched unfair labour dispute cases against the hospital and the root of these conflicts was about interpretation. The perceptive of the Steve Biko Academic Hospital and its employee differ. Furthermore, this study showed that incorrect translations did occur at the hospital and such incidents especially affect retired Professional Nurses.

The Steve Biko Academic Hospital needs to systematically handle the problems experienced with the implementation of OSD for Professional Nurses as an urgent situation. This group was the first to receive OSD in 2008, but problems experienced then are still evident. The skills of the Professional Nurses in the public sector are not easily available and those that are already in the public service need to be nurtured. The public sector is not just competing with the South African private health sector but it is competing for these skills on a global scale. Therefore the systemic evaluation of the implementation of this complex policy needs to be conducted by the Steve Biko Academic Hospital on a regular basis. The hospital needs to retain Professional Nurses by assessing the progress

166

of finding practical solutions to the OSD related problems in an effective and efficient manner.

Andre Cuomo says that *"I believe we need to attract a generation of the best and brightest to public service and I believe that government can be a source of inspiration, not degradation".* The experience of working in the South African public sector must not be clouded by negative and damaging testimonies. Public health institutions must be gradually transformed into organisations that offer outstanding learning and career opportunities. Experts from diverse disciplines must be motivated to seek permanent working opportunities within the public sector. Young health professionals must be encouraged to view the public sector as a viable working environment for career growth and enrichment.

LIST OF REFERENCES

Aiken, L. & Buchan, J. 2008. Solving nursing shortages: a common priority. *Journal of Clinical Nurses*, Vol (17) No.24.

Anderson, E.J. 2003. *Public policymaking. An introduction.* 5th edition. Boston: Houghton Mifflin Company.

Archer, S. 2009. Growth and skills issues in the financial services of the South African economy. In: A. Kraak (Ed.). *Sector skills: The need for policy alignment.* Cape Town: HRSC Press.

Bain, E.G., Hanekom, S. X. & Rowland, R.W. 1993. *Key aspects of public administration.* 3rd edition. Pretoria and Cape Town: Southern Book Publishers.

Bardill, E.J. 2000. Towards a culture of good governance: The Presidential Review Commission and Public Service reform in South Africa. *Public Administration and Development*, Vol (20) No.2.

Basheka, B.C. 2012. The paradigms of public administration re-examined: a reflection. *Journal of Public Administration*, Vol (47) No.1.

Bateman, C. 2010. Occupation Specific Dispensation- a hapless tale. *South African Medical Journal*, Vol (100) No.5.

Berg, B.L. 2009. *Qualitative research methods: for the social sciences.* 7th edition. Boston: Allyn & Bacon.

Berger, J. 2010*. 'South Africa's ailing health system: how should it be treated?'* AIDS law Project Review: January 2009 to March 2010. [Online]. Available: http://www.section27.org.za. Accessed: 5 April 2013.

Berkely, E.G. 2004. *The craft of public administration.* 9th edition. Boston: Allyn & Bacon.

Bester, A. 2009. Evaluation of public policies in South Africa: governance, independence and credibility. Proceedings from the International Conference: National

Evaluation Capacity, Casablanca, Kingdom of Morocco, 15-17 December 2009. [Online]. Available: http://www.web.und.org/evaluation/documents/NEC/nec. Accessed: 3 June 2013.

Bless, C., Kagee, A., & Smith, C.H. 2013. *Fundamentals of social research: an African perspective.* 5th edition. Lansdowne: Juta.

Bloomberg, L.D., & Volper, M. 2008.*Completing your qualitative dissertation; a roadmap from beginning to end.* L.A: Sage.

Bureau of Market Research (BMR). 2012. Houselhold survey , In City of Tshwane Draft 2013/14 IDP Review. 28 March 2013. [Online]. Availabe:http://tshwane.gov.za. Acessed: 30 May 2013.

Bradshaw, D. 2008. *Determinants of health and their trends.* [Online]. Available: http://www.hst.org.za. Accessed: 5 April 2013.

Bradshaw, B., Steyn, K., Levitt, N. & Nojilana, B. 2011. '*Non- Communicable diseases- a race against time'*. Medical Research Council, policy briefs. [Online]. Available: http://www.mrc.ac.za/. Accessed: 5 April 2013.

Breier, M. 2009. Introduction, In Breier, M. & Erasmus,J. (Eds.). 2009. *Skills Shortage in South Africa: case studies of key professions.* South Africa: Human Sciences research Council.

Brown, K. 2004. Human Resource Management in the public sector. *Public Management Review,* Vol (6) No.3.

Brynard, P. 2005. Policy implementation: lessons for service delivery. *Journal of Public Administration,* Vol (40) No.1.

Brynard, P. 2009. Mapping the factors that influence policy implementation. *Journal of Public Administration,* Vol (44) No.3.1.

Brynard, P. 2010. Policy implementation and cognitive skills: The difficulty of understanding implementation*. Journal of Public Administration,* Vol (45) No.11.

Brynard, P. 2011. Policy implementation, In Cloete, F. & De Coning, C. (Eds.). *Improving public policy: theory, practice and results*. 3rd edition. Pretoria: Van Schaik.

Burger, D. 2009. *South African Yearbook 2008/09*.16th edition. Pretoria: Department of Government Communications and Information Systems.

Burger. D. 2011. *SA Year Book 2010/11*.18th edition. South Africa: GCIS, Paarl Media.

Burick, C.P., Russell, E.W. & Shafrits, J.M. 2009. *Introducing Public Administration*. 7th edition. New York: Pearson.

Burns, N. & Grove, S. K. 2007.*Understanding nursing research: building an evidence-based practice*. 4th edition. St Louis, MO: Saunders/ Elsevier.

Caiden, E.G. 1971.*The Dynamics of public administration: guidelines to current transformation in theory and practice*. New York: Pearson Longman.

Caiden, E.G.1982. *Public administration*. 2nd edition. California: Palisades.

Calista, E.G. & Palumbo, D.J (Eds.). 1990. Implementation and the policy process; opening up the black box. New York: Greenwood Press.

City of Tshwane. 2011. Approved IDO for City of Tshwane IDP 2006-2011. [Online].Available: htpp://www.tshwane.gov.za/About Tshwane. Accessed: 22 April 2013.

City of Tshwane. 2012. Tshwane SA's Capital 2055.Discussion document July 2012. [Online]. Available: htpp://www.tshwane2055.gov.za. Accessed: 22 April 2013.

City of Tshwane. 2013. City of Tshwane Metropolitan Municipality. [Online].Available from: htpp://www.tshwane gov.za. Accessed: 22 April 2013.

Cloete, F. & Meyer, H.I. 2011. Policy agenda setting, In Cloet, F. & Wissink, H. (Eds.). *Improving public policy: theory, practice and results.* 3rd edition. Pretoria: Van Schaik.

Cloete, F. & Rabie, B. 2009. A new typology of monitoring and evaluation approaches. *Administratio Publica*, Vol (17) No.3.

Cloete, F & Rabie, B. 2011. Policy evaluation, In Cloete, F. &de Coning, C. (Eds.).*Improving public policy: theory practice and results*. 7[th]edition. Pretoria: Van Schaik.

Cloete, J.J.N. 1998. *South African public administration and management*. 9th edition. Pretoria: Van Schaik.

Cloete, J.N.N. 2012. *Public administration and management*.10th edition. Pretoria: Van Schaik.

Coetzee, W.A.J. 1988. *Public administration. A South African introductory perspective*. Pretoria: Van Schaik.

Comins, L. 2010.Unions act against nurses' pay cut. 13 July 2010. IOL News. [Online]. Available: http://www.iol.co.za/new. Accessed: 1 March 2012.

Coovadia, H., Jewkes, R., Baro, D. & Mcintyre, D. 2009. The health and health system of South Africa: historical roots of current public health challenges*. Series: Health in South Africa 1*. 25 August2009. [Online]. Available: http://www.thelancet.com.journals. Accessed: 5 May 2013.

Corbin, J. & Strauss, A. 1998. *Basics of qualitative research: techniques and procedures for developing grounded theory*. 2nd edition. California: Sage.

Cowin, L.S., Johnson, M., Craven, G.R. & Marsh, H.W. 2008. Casual modelling of self-concept, job satisfaction, and retention of nurses. *International Journal of Nursing Studies*, Vol (45).

Creswell, J.W. & Plano Clarke, L.A. 2011. *Designing and conducting mixed methods research*. 2nd edition. L.A: Sage.

Crosby, B. 1996. Policy implementation: The organizational challenge. *World Development*, Vol (24) No.9.

Cullinan. K. 2006. *Health services in South Africa: A basic introduction.* [Online]. Available: htpp://www.health-e.org.za. Accessed: 22 April 2013.

171

Davies, H., Nutley, S. & Smith, P. 2000. Introducing evidence-based policy and practice in public services, In Davies, H.T.O., Nutley, S. & Smith, P.C. (Eds.). *What works? Evidence-based policy and practice in public services*. Bristol: The Policy Press.

Davies, P. 2012. The state of evidence-based policy evaluation and its role in policy formulation. *National Institute Economic Review*, Vol (19) No.1.

De Coning, C. & Wissink, H. 2011.Nature, role and history of public policy, In Cloete, F. & Wissink, H. (Eds.).*Improving Public Policy: theory, practice and results*.7th edition. Pretoria: Van Schaik.

DeGroff, A. & Cargo, M. 2009. Policy implementation: implications for evaluation, In Ottoson, J.M. & Hawe, P. (Eds.). *Knowledge utilization, diffusion, implementation, transfer, and translation implications for evaluation.* Jossey-Bass.

Delport, C.S.L. & Fouche, C.B. 2002. Introduction to the research process, In Lewis, J. & Ritche, J. (Eds.) .Qualitative *research practice: a guide for social sciences students and researchers.* London: Sage.

Delport, C.S.L. & Strydom, H. 2002. Information collection: document study and secondary analysis, In Lewis, J. & Ritche, J. (Eds.). *Qualitative research practice: a guide for social sciences students and researchers*. London: Sage.

Denhardt, B.R. & Denhardt, J.V. 2006. *Public administration: an action overview*. 5th edition.USA: Thomson Wadsworth.

Denhardt, B.R. & Denhardt, J.V. 2000. The new public service: service rather than steering. *Public Administration Review*, Vol (60) No.6.

Denzin, N.K. & Lincoln, Y.S. (Eds.). 2011. *The sage handbook of qualitative research*. 4th edition. Los Angeles: Sage.

Department of Health (DoH). 2007. Statement by the minister of health on progresses in the implementation of OSD for nurses. [Online].Available: http://www.doh.gov.za. Accessed: 10 April 2011.

Department of Health (DoH). 2008a. All nurses to benefit from an agreement with unions. 15 January 2007. [Online].Available: http://www.info.gov/speeches. Accessed: 25 March 2011.

Department of Health (DoH). 2008b. Nursing strategy for South Africa 2008. [Online]. Available: http://www.sanc.co.za. Accessed: 10 April 2014.

Department of Health (DoH). 2009a. Annual Report 2008/09. [Online]. Available: http://www.gov.za/documents. Accessed: 9 March 2012.

Department of Health (DoH). 2009b. Memorandum to all Departments of Health professionals and administrative staff. 26 May 2009. [Online]. Available: http://www/doh.gov/search/. Accessed: 5 March 2011.

Department of Health (DoH). 2009c. Strategic Plan 2009/10-2011/12. [Online]. Available: http://www.doh.gov.za/. Accessed: 9 March 2011.

Department of Health (DoH). 2011. Human Resources for Health in South Africa: Human Resource Strategy for the Health Sector 2012/13–2016/17. [Online]. Available: http://www.gov.za. Accessed: 10 April 2013.

Department of Health (DoH). 2012. South Africa's National strategic plan for a Campaign on Accelerated reduction of Maternal and Child Morality in Africa (CARMMA). [Online].Available: http://www.hst.org.Accessed: 5 March 2013.

Department of Health (DoH). 2013. The National Strategic Plan for Nursing Education, Training and Practice 2012/13–2016/17. [Online]. Available: htpp://www.sanc.o.za. Accessed: 30 July 2014.

Department of Labour (DoL).1995. Labour Relations Act of 1995 1995. [Online]. Available: http://www.labour.gov.za. Accessed 29 January 2015.

Department of Labour (DoL). 1998. Employment Equity Act of 1998. [Online]/ Available: http://www.labour.gov.za. Accessed: 29 January 2015.

Department of Monitoring and Evaluation (DPME). 2011. National evaluation policy framework. [Online]. Available: http://www.thepresidency-dpme.gov. Accessed 10 August 2013.

Department of Public Service and Administration (DPSA). 1997a. White Paper on Human Resources Management in Public Services. December. [Online]. Available: http://www.dpsa.gov/legislation. Accessed: 5 may 2014.

Department of Public Service and Administration (DPSA). 1997b. White Paper on Transforming of the Public Service Delivery (Batho Pele) 1997. [Online]. Available: http://www.gov.za/sites/. Accessed: 29 January 2015.

Department of Public Service and Administration (DPSA). 1998. White Paper on Affirmative Action in the Public Service, 1998. [Online]. Available: http://www.polity.org. Accessed 29 January 2015.

Department of Public Service and Administration (DPSA). 2005. Implementation of the scarce skills framework. [Online]. Available: http://www.dpsa.gov.za. Accessed: 5 may 2014.

Department of Public Service and Administration (DPSA). 2007a. The implementation of the Occupational Specific Dispensation (OSDs) for the occupations: professional nurse, staff nurse and nursing assistant in the public service.

Department of Public Services and Administration (DPSA). 2007b. Occupation Specific Dispensation in the Public health Service. 12 June 2007. [Online].Available: http//:www.info.gov.Accessed: 5 March 2011.

Department of Public Service and Administration (DPSA). 2014. Introduction to COREs and the occupational classification system. [Online]. Available: http://www.dpsa.gov.za. Accessed: 10 April 2014.

Ditlopo, P., Blaauw, D., Bidwell, P. & Thomas, S. 2011. Analysing the implementation of the rural allowance in hospitals in North West Province, South Africa. *Journal of Public Health Policy*, Vol (32) No.1.

Dobuzinskis, L. 1997. Historical and epistemological trends in public administration. *Journal of Management History*, Vol (3) No.4.

Dolvo, D. 2007. Migration of Nurses from Sub-Saharan Africa: A Review of Issues and Challenges. *Health Services Research*, Vol (42) No.3.

Durrheim, K. 2006. Research design, In Terre Blanche, M.J., Durrheim, K. & Painter, D. (Eds.). *Research in practice: applied methods for social sciences.* 2nd edition. South Africa: UCT Press.

Durrheim, K. & Terre Blanche, M. 2006. Histories of the present: social science research in context, In Terre Blanche, M.J., Durrheim, K. & Painter, D. (Eds.). *Research in practice: applied methods for social sciences.* 2nd edition. South Africa: UCT Press.

Dye, R.T.1995. *Understanding Public Policy.* 8th edition. Englewood: Prentice Hall.

Edigheji, O. 2010.*Constructing a democratic developmental state in South Africa: potentials and challenges.* Pretoria: Human Science Research Council.

Erasmus, B., Swanepoel, B.S., Schenk, H., Van der Westhuizen, E.J. & Wessels, J.S. (Ed.). 2005. *South Africa Human resource Management for the Public Sector.* Cape Town: Juta.

Flick, V. 2008. *Managing quality in qualitative research.* Los Angeles: Sage.

Flick, V.2009. *An introduction to qualitative research.* 4th edition. Los Angeles: Sage.

Flyvbjerg, B. 2011.Case study, In Denzin, N.K. & Lincoln, Y.S. (Eds.).*The sage handbook of qualitative research.* Los Angeles: Sage.

Fouche, B.C. 2002. Research strategies, In Lewis, J. & Ritche, J. (Eds.).*Qualitative research practice: a guide for social sciences Students and Researchers.* London: Sage.

Fouche, A.N. 2007. What does Occupation Specific Dispensation in the public service mean for nursing? *South African Journal of Critical Care*, Vol (23) No.2.

Gauteng Department of Health (GDoH). 2008. Personnel circular minute 8 of 2008. Implementation of OSD for nurses: guidelines. January 2008.

Gauteng Department of Health (GDoH). 2009a. Nursing OSD arbitration meeting. October 2009.

Gauteng Department of Health (GDoH). 2009b.To determines the effectiveness of nursing OSD implementation at institutional level. January 2009.

Gauteng Department of Health and Social Development (GDoHSD). 2011a. Performance plan 2011/2012.2013/2014. [Online]. Available: http://www.health.gpg.gov.za. Accessed: 22 April 2013.

Gauteng Department of Health and Social Development (GDoHSD). 2011b. Annual report 2011/2012. [Online]. Available from: http://www.health.gpg.gov.za/Pages/.Accessed: 22 April 2013.

Gauteng Department of Health and Social Development (GDoHSD). 2011c. Personnel circular minute 37 of 2011: The establishment of task teams to monitor the implementation of all OSDs.

Gauteng Department of Health (GDoH). 2012. Annual Report 2012/13. [Online]. Available:http://health.gpg.gov.za. Accessed: 22 April 2013.

Gauteng Department of Health (GDoH). 2014. Gauteng health turnaround strategy: "towards effective service delivery, strengthening primary health care and a clean audit." [Online]. Available: http: //www. Accessed April 2014.

Gauteng Provincial Government. 2011. Socio-Economic Review and outlook 2011. [Online].Available: http://www.tshwane.gov.za/economicdevelopment/local. Accessed: 15 April 2013.

Gauteng Tourism Authority. 2014. [Online]. Available: http://www.gauteng.ney/guide. Accessed: 30 May 2014.

Givengain. 2012. Overview of Steve Biko Academic Hospital Board Project Fund. [Online]. Available from: htpp://www.givengain.com/cause.Accessed: 15 April 2013.

George, G. & Rhodes, B. 2012. Is there really a pot of gold at the end of the rainbow? Has the occupational Specific Dispensation, as a mechanism to attract and retain health workers in South Africa, level the playing field? *BMC Public Health*, Vol (12).

Goldman, I. 2013. Reflections on the South African experience with evaluation and the use of the evaluation evidence to orient public policy formulaion. 21 July 2013 DMPE paper for ECD conference. [Online].Available: http://www.thepresidency-dpme.gov.za. Accessed: 10 August 2014.

Green, J.K. 2005. *Public Administration in the New Century: A Concise Introduction*. Belmont, CA: Thomas Wadworth.

Greene, J.C., Mark, M. & Shaw, F.I. 2006. The Evaluation of policies, programs and practices, In Greene, J.C., Mark, M. & Shaw, F.I. (Eds.). *The sage handbook of evaluation.* New Dehli, California: Sage.

Greyling, J. & Stanz, K. 2010.Turnover of nursing employees in a Gauteng hospital group*. South African Journal of Industrial Psychology*, Vol (36) No.1.

Gulick, L. 1937. Is public administration becoming a science? As reprinted In Rowat, C.D. 1961. *Basic Issues in Public Administration*. New York: Macmillan.

Gumede, V. 2008. Public Policy making in a post-apartheid South Africa: a preliminary perspective. *Africanus*, Vol (38) No.2.

Gumede, V. 2011.Public policy making in South Africa. In Venter, A. & Landsberg,C. (Eds.). *Government and politics in South Africa*. 4[th]edition. Pretoria: Van Schaik.

Guy, E.M. 2000. Public Management, In Shafritz, J.M. (Ed). *Defining public administration. Selections from the International encyclopaedia of public policy and administration*. Boulder,CO: Westview.

Hammersley, M. 2013. *The myth of research based policy and practice*. London: Sage.

Hanekom, S.X. 1995. Policy activities of public managers, In Hanekom, S.X. & Thornhill,C. (Eds.).*The public sector manager*. Durban: Butterworths.

Head, B. 2010.Evidence-based policy: principles and requirements. Strengthening evidence-based policy in Australian federation- Roundtable Proceedings, 1: 13-26. [Online]. Available: http://www.pc.gov.au. Accessed: 3 June 2013.

Health Systems Trust. 2004. Monitoring the effects of the new rural Allowance for health professionals. November 2004. [Online]. Available: //www.hst.org.za/. Accessed: 5 May 2013.

Health-e News Service. 2008. Nurses salaries to increase by March. 16 January 2008. [Online]. Available: http://www.health-enews.co.za. Accessed: 16 March 2012.

HEARD. 2009. Human Resources for health in South Africa - HEARD. [Online]. Available: http://www.heard.org.za. Accessed: 5 May 2013.

Heineman, R.A., Bluhm, W.T., Peterson, S.A. & Kearny, E. N. 1997.The *world of policy analyst. Rationality, values and politics*. 2nd edition. New Jersey: Chatham House.

Hennings, E., Smit, B. & Van Rensburg, W. 2004. *Finding your way in qualitative research*. Pretoria: Van Schaik.

Henry, N. 2013. Public administration and public affairs. 12th edition. Pearson.

Hodgson, J. S. 1969. *Public administration.* Canada: McGraw Hill.

HOSPERSA. 2009. Report on OSD. December 2009.

Hughes, E.O. 2012. *Public management and administration. An introduction.*4th edition. New York: Palgrave Macmillan.

Hull. E. 2010. International migration, domestic struggles and status aspiration among nurses in South Africa. *Journal of Southern African Studies*, Vol (36) No.36.

Hutcheson, A.M. 2011. *South Africa: physical and social geography, In: Southern Africa of Sahara 2012*. 41st edition. London and New York: Routledge.

IHS Global Insight. 2013. In Gauteng Provincial Government. 2014. Socio-Economic review and Outlook 2014. [Online]. Available: htpp://www.treasury.gpg.gov.za. Accessed: 20 may 2014.

Ile, C.A., Ile, I.U. & Eke, C. E. 2012. *Monitoring and evaluations of policies programmes and projects*. Pretoria: Van Schaik.

Ingle, M. 2011. Public policy and Batho Pele in South Africa: time to turn over a new leaf. *Journal for New Generations Sciences*, Vol (9) No.1.

Jensen, H.P. 2013. What is evidence-based policy? The University of Melbourne: Melbourne Institute of Applied Economic and Social Research. Policy brief No.4/13, 4 August 2013. [Online]. Available: http://www.melboureinstitute.com/downloads/policy_briefs. Accessed: 3 June 2013.

Jooster, K. & Jasper, M. 2012. A South African perspective: current position and challenges in health care service management and education in nursing. *Journal of Nursing Management*, Vol (20) No.1.

Kelly, K. 2006. From encounter to test: collecting data in qualitative research, In Terre Blanche, M.J., Durrheim, K. & Painter, D.(Eds.).*Research in practice: Applied Methods for Social Sciences*. Cape Town: UCT Press.

Khumalo, G. 2013. Strategic plan to revitalise the nursing profession. [Online].Internet: http://www.sanews.gov.za/south. Accessed: 10 April 2014.

Kistnasamy, B. & Yach, D. 2007. Healthcare in a democratic South Africa. Conference paper: After apartheid. The second phase. [Online]. Available: http://yale.edu/macmillam/. Accessed: 1 April 2014.

Knill, C. & Tosun, J. 2008. Policy making. Working paper. [Online]. Available: http://www.kopss.ub.uni-konstaz. Accessed: 3 June 2013.

Kravchuk, R.S. & Rosenbloom, D.H. 2002. *Public administration Understanding management, politics and law in the public sector*. 5th edition. New York: McGraw-Hill.

Kumar, R. 2011. *Research methodology: a step by step guide for beginners*. 3rd edition. London: Sage.

Kuye, J.O., Thornhill, C. & Fourie, D. 2002. *Critical perspectives on public administration: issues for consideration*. Sandwon, South Africa: Heinemann Publisher.

Lane, E.J. 2005. *Public administration and public management: The principle agent perspective*. New York: Routledge Taylor and Francis Group.

Larimer, C.W. & Smith, B. K. 2009.*The public policy theory primer*. Philadelphia, P A: West View Press.

Leedy, P.D & Ormrod, J.E. 2014.*Practical research planning and design*.10th edition. Boston, MA: Educational Trust.

Lund, C. 2010. Hierarchies of care work in South Africa: nurses, social workers and home-based workers*. International Labour Review*, Vol (149) No.4.

Macfarlane, M. 2007.*South African Survey 2006/07: Health and Welfare*. Johannesburg: South African Institute of Race Relations.

Macfarlane, M. 2008. *South African Survey 2007/08: Health and Welfare*. South African Institute of Race Relations.

Makinde, T. 2005. Problems of policy implementation in developing nations: The Nigerian experience. *Journal of Social Sciences*, Vol (11) No.1.

Marini, F. 2000. Public administration, In Shafritz, J.M. (Ed.). *Defining public administration. Selections from the International encyclopaedia of public policy and administration.* Philadelphia, PA: Westview.

Matrocchio, J.J. 2001.*Strategic Compensation. A Human Resource Management Approac*h. 2nd edition. New Jersey: Prentice Hall.

Maxwell, M. 2004. Recruitment Realities: Building a HR/Nursing Partnership. *Nursing Economics*, Vol (22) No.2.

McCool, C.D. 1995. *Public policy theories, models, and concepts. An anthology*. Upper Saddle River: Prentice Hall.

Merriam, S.B. 2009. *Qualitative research: a guide to design and implementation*. San Francisco: Jossey-Bass.

Milkkovich, G.T. & Newman J.M. 2008.*Compensation*. 9th edition. New York: McGraw-Hill/ Irwin.

Mnculwane, V.V. 2008. An assessment of implementation of service delivery improvement in the Department of Arts, Culture and Tourism in KZN. University of Stellenbosch. Thesis.

Moen, T. 2006. Reflections on the narrative research approach. *International Journal of Qualitative Methods*, Vol (5) No.4.

Morse, J.M. 2003. Principles of mixed methods and multi-method and research design, In Tashakkori, A. & Teddlie, C. *Handbook of mixed methods in social and behavioural research*. Thousand Oaks, CA: Sage.

Mqolozana, T. & Wildschut, A. 2008. Nurses, In Breier, M. & Erasmus, J. (Eds.).2009. *Skills Shortage in South Africa: Case studies of key professions*. Pretoria: Human Sciences Resource Council.

Mthethwa, R.M. 2012.Critical dimensions for policy implementation. *African Journal of Public Affairs*, Vol (5) No.2.

Mthiyane, S.G. 2011. Towards an outcome-based policy evaluation framework in South Africa. University of KZN. Thesis.

Nagel, S.S. 1991. *Public Policy. Goals, means and methods*. Lanham, MD: University Press of America.

Nakum, A. 1995. Learning from the literature on policy implementation: a synthesis perspective. International Institute for Applied Systems Analysis (IIASA). Working Paper- 95-61. [Online]. Available: http://www.iiasa.ac.at. Accessed: 15 March 2013.

National Treasury. 2010. Basic Accounting handbook for government departments. Chapter 2. [Online]. Internet: http://www.oag.treasury.gov.za. Accessed: 10 Aril 2014.

Ncholo, P. 2000. Reforming the public service in South Africa: a policy framework. *Public Administration and Development*, Vol (20) No.2.

NEHAWU. 2007. Victory!!! The nurses have scored a majority in the OSD agreement. [Online]. Available: http://www.nehawu.org.za.Accessed: 3 March 2011.

Neuman, W.L. 2011. *Social research methods: qualitative and quantitative approaches*. 7th edition. USA: Pearson.

O'Connor, W., Ritchie, J. & Spencer, L. 2003. Analysis: practices, principles and processes, In Lewis, J. & Ritche, J. (Eds.).*Qualitative research practice: a guide for social sciences students and researchers*. New Delhi: Sage.

OECD.2006. OECD Glossary of Statistical terms. [Online]. Available: http://www.oecd.org   Accessed: 6 May 2012.

Oosthuizen, M.E. & Ehlers, V.J. 2007. Factors that may influence South African nurses' decisions to emigrate. *Health SA Gesondheid*, Vol (12) No.2.

Oosthuizen, M.E. & Ehlers, M.J. 2010. Retaining professional nurses in South Africa: Nurse Mangers' perspective. *Health SA Gesondheid*, Vol (15) No.1.

Padayachee, N. 1993. Public health policy, In Spies, P.H. (Ed.).*Public policy in South Africa in the year 2000*. University of Stellenbosch-South Africa: Institute for Future Research.

Park,H. 2000. Policy, In Shafritz, J.M. (Eds.). *Defining public administration. Selections from the International encyclopaedia of public policy and administration*. Philadelphia, PA: Westview press.

Parliament. 2011. National assembly: Internal question paper. [Online].Available: http://www.parliament.gov.za/live/. Accessed: 5 April 2014.

Parliamentary Monitoring Group (PMG). 2009. Occupational Specific Dispensation. Health Department briefing. 18 August 2009. [Online]. Available: http://www.org.za/. Accessed: 7 March 2012.

Parliamentary Monitoring Group (PMG). 2013. Child morality in South Africa: Minister of Health briefing. 5 March 2013. [Online]. Available: http://www.pmg.org.za. Accessed: 11 July 2013.

Paudel, N.R. 2009. A critical account of policy implementation theories: status and reconsideration, *Nepalese Journal of Public Policy and Governance,* Vol (25) No.2.

Payne, S. 2008.*Governance, globalisation and public policy- globalization, governance and health*. Cheltenham: Edward Elgar.

Personal Salary system (PERSAL). 2012 establishment report, In Gauteng department of Health. Annual Report 2012/2013. [Online]. Available: http://www.health.gpg.gov.za/pages/. Accessed: 2 April 2013.

Pestieau, P. 2009. Assess the performance of the public sector. *Annals of Public and Cooperative Economics*, Vol (80).No.1.

Peters, B.G. 1996. *American Public Policy: Promise and Performance*. 4th edition. Chatham: Chatham House. Pillay, R. 2009.Retention strategies for professional nurses in South Africa. Leadership in Health Services, Vol (22) No.1.

Pillinger, J. 2011. Public Service International. Quality health care and workers on the move. [Online].Available: http://www.world-psi.org/. Accessed: 5 April 2014.

Public Health and Social Development Sectoral Bargaining Council (PHSDSBC). 2007. Resolution 3of 2007. Agreement on implementation of an Occupational Specific Dispensation (OSD) for nurses.

Public Protector South Africa. 2009. History and background to the office of the Public Protector. [Online]. Available: http://www.pprotect.org. Accessed: 30 July 2014.

PHSDSBC. 2008a. Arbitration award: Professional Nurse at SBAH. December 2008.

PHSDSBC. 2008b. Minutes: minutes of the PHSDSBC the OSD task team meeting. January 2008.

PHSDSBC. 2008c. Minutes: minutes of the PHSDSBC the OSD task team meeting. January 2008.

PHSDSBC. 2008d. Minutes: minutes of the PHSDSBC the special council meeting. May 2008.

PHSDSBC. 2008e. Nursing arbitration document for labour. May 2008.

PHSDSBC. 2009a. Minutes: minutes of the PHSDSBC the OSD task team meeting for nurses. June 2009.

PHSDSBC. 2009b. Minutes: minutes of the PHSDSBC the OSD task team meeting for nurses. July 2009.

PHSDSBC. 2009c. Arbitration award: Resolution 3 0f 2007.OSD for nurses. August 2009.

PHSDSBC. 2009d. Report from the OSD task team on arbitration nurses OSD. May 2009.

PHSDSBC. 2011. Resolution 1 of 2011. [Online]. Available: http://www.npswu.org. Accessed: 5 June 2012.

PHSDSBC. 2014. Executive report on Occupational Specific Dispensations (OSD's). April 2014.

Public Service Bargaining Chamber (PSCBC). 2007a. Resolution of 1 of 2007. Agreement on improvement in salaries and other conditions of service for financial years 2007/2008 to 2010/2011.

PSCBC. 2007b. Resolution 2 of 2007.Amendment to resolution 1 of 2007.

PSCBC. 2014. Information broucher. [Online]. Available: http://www.pscbc.org.za. Accessed: 10 May 2014.

Public Service Commission (PSC). 2008. Basic concepts in monitoring and evaluation. February 2008. [Online]. Available: http://www.psc.gov.za/documents/docs/guidelines/PSC. Accessed: 3 June 2013.

Public Service Sector Education and training Authority (PSETA). 2012. Scarce skills in the public services sector. A career for people already employed in the public services sector. [Online]. Available: http://www.pseta.org.za. Accessed: 30 July 2014.

Rathod, B.P. 2010. *Contemporary public administration: ideas and issues*. Jaipur: ABD Publishers.

Ritchie, J. 2003. Applications of qualitative research methods, In Lewis, J. & Ritche, J. (Eds.). *Qualitative research practice: a guide for social sciences students and researchers*. London: Sage.

Roux, L.N. 2002. Introduction to public policy analysis: concept and methodology, In Fourie, D., Kuye, J.O., & Thornhill C. (Eds.). *Critical perspectives on public administrative: issues for consideration*. Sandown: Heinemann.

Roux, l.N. 2005. Unrest at the local sphere of government in South Africa: unrealistic expectations or the inability to implement policies? UPSpace Institutional Repository. [Online]. Available: http://www.respository.up.co.za/handle.Accessed:30April 2014.

Rowland, R.W. 1993. Efficiency and effectiveness of public institutions, In Bain, E.G., Hanekom, S. X. & Rowland R.W. (Eds.). *Key aspects of public administration*. 3rd edition. Pretoria and Cape Town: Southern Book Publishers.

South African Democratic Nurses Union (SADNU). 2009. SADNU OSD demands to avoid nation-wide strike. 22 May 2009. [Online]. Available: http://www.sadnu.org.za/main Accessed: 1March 2012.

Saloojee, A. & Pahad, E. 2011. The bureaucratic, flexible and democratic developmental state: Lessons for South Africa, In Plaatjies. D. (Eds.). *Future Inheritance. Building State Capacity in Democratic South Africa.* Johannesburg: Jacana Media.

185

South African Nursing Council (SANC). 2013a. Attention: all media for immediate release unaccredited nursing programmes. [Online]. Available: http://www.sance.co.za. Accessed: 10 April 2014.

SANC. 2013b. Output of the 4 year nursing programme. All institutions. [Online] Available: htpp://www.sance.co.za. Accessed: 10 April 2014.

SANC. 2014. Regulations relating to the scope of practice of persons who are registered or enrolled under the nursing act, 1978. [Online]. Available: http://www.sanc.co.za. Accessed: 18 March 2014.

Sanderson, I. 2002. Evaluation, policy learning and evidence-based policy making. *Public Administration*, Vol (80) No.1.

SA News. 2014. Nine GP hospitals to get new-age x-ray machines. [Online]. Available: http://www.sanews.gov/za. Accessed: 3 June 2014.

Sato, C. 2012. International migration of nurses and human resources for health policy: the case of South Africa. Working Paper Series: Studies on Multicultural Societies No.11. [Online].http://www.afrasia.ryukoku.ac.jp/. Accessed: 2 march 2013.

Sharkansky, I. 1982. *Public administration. Agencies, policies and politics*. San Francisco: W.H. Freeman and Company.

Silverman, D. 2010. *Doing qualitative research*. 3rd edition. London: Sage.

Simon, A.H., Smith, D.W. & Thompson, A. V. 1950. Are public and private administration alike? As reprinted In Rowat, C.D. 1961. *Basic Issues in public administration*. New York: Macmillan.

Simons, H. 2009*. Case Study Research in Practice*. Los Angeles: Sage Publications.

Snow, T. 2006. Nursing take the lead in preventing deaths from Aids in South Africa. *Nursing Standard*, Vol (20) No.51.

South African Statistics. 2008. Statistics. [Online]. Available: http://www.zar.co.za/stats. Accessed: 5 April 2013.

Stake, R.E. (Ed.). 2000. Case Studies, In *Handbook of qualitative research.*2nd edition. New Delhi: Sage.

Statistics South Africa. 2011. Metropolitan Municipality. [Online]. Available: http://www.beta2.statssa.gov.za. Accessed: 30 July 2014.

Statistics South Africa. 2012. Census 2011. Municipal report- Gauteng statistical report No 30-01-55. October 2012. [Online]. Available: http://www.stassa.gov.za/census2011. Accessed: 15 April 2013.

Steve Biko Academic Hospital. 2007a. Minutes: OSD meeting with nursing management. November 2007.

Steve Biko Academic Hospital. 2007b. Official communication: introduction of OSD. October 2007.

Steve Biko Academic Hospital. 2008a. Minutes: minutes of the local OSD committee meeting. October 2008.

Steve Biko Academic Hospital. 2008b. Official Communication: matter between Gauteng Department of Health and four Professional Nurses. February 2008.

Steve Biko Academic Hospital. 2009a. Minutes: minutes of the local OSD committee. September 2009.

Steve Biko Academic Hospital. 2009b. Minutes: OSD meeting. October 2009.

Steve Biko Academic Hospital. 2009c. Official communication: arbitration award. May 2009.

Steve Biko Academic Hospital. 2009d. Official communication: OSD translation of years of experience. May 2009

Steve Biko Academic Hospital. 2010a. Minutes: minutes of the local OSD. December 2010.

Steve Biko Academic Hospital. 2010b. OSD Nursing spread sheet.

Steve Biko Academic Hospital. 2010c. Official communication: deployment of professional Nurse. February 2010

Steve Biko Academic Hospital. 2010d. Official communication: nursing manager of unit. March 2010.

Steve Biko Academic Hospital. 2011a. Minutes: OSD meeting. January 2011.

Steve Biko Academic Hospital. 2011b. Minutes: OSD meeting. July 2011.

Steve Biko Academic Hospital. 2011c. Minutes: OSD monitoring meeting. August 2011.

Steve Biko Academic Hospital. 2011d. Minutes: OSD meeting. September 2011.

Steve Biko Academic Hospital. 2011e. Official communication: grievance regarding translation to OSD. July 2011.

Steve Biko Academic Hospital. 2011f.Official communication: OSD for nurses. August 2011.

Steve Biko Academic Hospital. 2011g. Summary of OSD translations. August 2011.

Steve Biko Academic Hospital. 2012a. Minutes: OSD meeting. August 2012.

Steve Biko Academic Hospital. 2012b. Minutes: OSD meeting. November 2012.

Steve Biko Academic Hospital. 2012c. Official communication: OSD meeting. November 2012.

Steve Biko Academic Hospital. 2012d. OSD problems: with experience PN-A4 to go back to grandfather clause PN-B1. November 2012.

Steve Biko Academic Hospital. 2013a. Official Communication: retired Professional Nurse grievance. February 2012.

Steve Biko Academic Hospital. 2013b. Official communication: OSD translation of assistant managers in nursing. February 2013

Steve BiKo Academic Hospital. 2013c.Official communication: OSD translation. February 2013.

Steve Biko Academic Hospital. 2013d. Welcome to Steve Biko Academic Hospital. [Online]. Available from: htpp://www.pah.org.za. Accessed: 15 April 2013.

Steve Biko Academic Hospital. 2014a. Steve Biko Academic Hospital Nurses Monthly Statistics 2011-2014.

Steve Biko Academic Hospital. 2014b. Nursing. May 2014.

Steve Biko Academic Hospital. 2014c. Steve Biko Academic Hospital Nurses Monthly Statistics.

Sutcliffe, S. & Court, J. 2005. Evidence-based policymaking: What is it? How does it work? What relevance for developing countries? November 2005. Overseas Development Institute. [Online]. Available: http://www.odi.org.uk/. Accessed: 3 June 2013.

Tashsakkori, A. & Teddlie, C. 2009. *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in social and behavioural science*. London: Sage.

Taylor, R.T. 2000. Quantitative Research Methods, In Taylor, R.T. (Ed.). *Integrating Quantitative and Qualitative Methods in Research*. Lanham, MD: University of Press.

The African Business Journal. 2014. Steve Biko Academic Hospital. [Online]. Available: http://www.tabj.co.za. Accessed: 10 May 2014.

Thornhill, C. 2006. The domain of public administration. *Journal of Public Administration*, Vol (41) No.4.1.

Thornhill, C. & Van Dijk, G. 2010. Public administration theory: justification for conceptualisation. *Journal of Public Administration*, Vol (45) No.1.

Times Live. 2013. Quality health care depends on social factors: Gauteng health MEC. 31 May 2013. [Online]. Available from: htpp://www.timeslive.co.za. Accessed: 22 April 2013.

Trumbull, M. 2000. Qualitative research method, In Taylor, R.T. (Ed.). *Integrating quantitative and qualitative methods in research*. Lanham, MD: University of Press.

Turner, B. 2010. *The statesman's Yearbook 2011: The politics, cultures and economies of the world*. London: Hazel Woodbridge.

UNEDSA. 2010. UNEDSA's nursing in the news. [Online]. Available: http:www.unesda.co.za. Accessed: 1 March 2012.

University of Pretoria. 2008 .Official communication: unit manager. June 2008.

Van Aardt, C. 1994. *The future South Africa: Issues, options and prospects*. Pretoria: Van Schaik.

Van der Waldt, G. 2002. Public policy and policy analysis, In Jonker, A., Niekerk, D. & Van der Waldt, G. (Eds.). *Governance, politics and policy in South Africa*. Cape Town: Oxford University Press.

Vigoda, E. 2002. *Public administration: an interdisciplinary critical; analysis*. New York: Marcel Dekker.

Von Holdt, K. & Murphy, M. 2006. Public hospitals in South Africa: stressed institutions, disempowerment management. [Online]. Available: http://www.npconline.co.za. Accessed: 22 April 2012.

Wilson, W. 1887. The Study of Administration. Political Science Quarterly, 2. As reprinted In Hyde, A.C. & Shafritz, J.M. 1992*. Classics of Public Administration*. 3rd edition. Pacific Grove: Brooks.

Winter, S. 1990. Integrating implementation Research, In Calista, D.J. & Palumbo, D.J. (Eds.). *Implementation and the policy process; opening up the black box.* New York: Greenwood Press.

Yin, R.K.1994.*Case study research: design and methods.* 2nd edition. London: Sage.

Yin, R.K. 2011. *Qualitative research from the start to finish*. New York and London: The Guiltford Press.

Yin, K.R. 2014. *Case study research: design and methods.* 5th edition. Los Angeles: Sage.

Zulu, I. 2013. The Occupational Specific Dispensation (OSD) in the health and social development sectors. Third Labour Relations Conference 2013. [Online]. Available: http://www.pscbc.org.za. Accessed: 30 July 2014.

Annexure A

ANNEXURE A

FACULTY OF ECONOMIC AND MANAGEMENT SCIENCES

APPLICATION FOR RESEARCH ETHICS CLEARANCE: 2013

- Literature review and the research design should be completed _prior_ to application.
- Electronic forms available on Faculty website > *Committees* > *Ethics Committee*.
- Submit _original_ application form to Marcel Deysel, EMS Building, Room 4-49.
- Incomplete applications cannot be reviewed.
- Documentation required before _final_ approval can be granted, submit with application:

Approved Title Registration X	Research Proposal X
Data collection Instrument	Introduction, Permission, Informed Consent letter(s)

SECTION A: PROJECT INFORMATION

Title, initials, surname	MS L.P NGOZWANA			
Student or personnel no.	28278063			
Degree	MPHIL PUBLIC POLICY			
Department	SCHOOL OF PUBLIC MANAGEMENT AND ADMINISTRATION			
E-mail	LINDI.PEARL@GMAIL.COM			
Application	First application ☒		Resubmission ☐	
Title of research	OCCUPATIONAL SPECIFIC DISPENSATION WITH REFERENCE TO PROFESSIONAL NURSES: A POLICY OVERVIEW AN ACADEMIC HOPSITAL			
Supervisor/Co-supervisor	PROFESSOR J.O KUYE			
Purpose of research				
Master's	X	Doctoral		Non-degree

Problem statement

In the Gauteng province the percentage of professional nurse posts in the public sector that were vacant from 2006-2007 showed an increase from 26% to 39.9% (Mqolozana and Wildschut 2009:37). According to the South African Institute of Race Relations (2007) the number of public sector nurses in Gauteng in the year 2005 amounted to 7587 and in 2006 the number was 7539. The people to registered public sector nurse ratio in Gauteng in the year 2006 was1264:1 (Majie 2007:346). These are some of the important results relating to Gauteng nurses before Occupation Specific Dispensation for this profession.

2012-09-01

APPLICATION FORM
Ethical Clearance

192

In 2008 the people to registered public nurses ratio in Gauteng was 1363:1 (Majie 2010:515). This is indicates a significant increase in comparison to 2006. In 2007 the number of public sector professional nurses in Gauteng was 7520 and increased in 2008 to 7663 (Majie 2010: 514). This means also that there was an increase in nurses and due to what exactly is what needs to be discovered.

However it has to be kept in mind is that the implementation of Occupation Specific Dispensation started on the 1 July 2007(DPSA 2007). The Department of Health (2009) stated that emerging evidence had started to suggest that the implementation of Occupation Specific Dispensation for professional nurses as from July 2007 had begun to attract more of them back to the public sector, especially in areas of service delivery and clinical setting, however the impact would still need to be studied systematically and empirically in the next financial year. Breier (2009) argues that the effects of Occupation Specific Dispensations on retaining nurses through substantial increases of salaries remain to be seen.

The formulation of the Occupation Specific Dispensation policy is directed at retaining and attracting the much needed skills to the public sector. Yet the question on how OSD has been and is being implemented in a public health institution such as the Steve Biko Academic Hospital remains to be answered. It is important to examine the manner in which the implementation of this policy is being translated so as to be aware of the outcome of the policy objectives.

This research will therefore explore the implementation of Occupation Specific Dispensation policy, specifically for professional nurses at the Steve Biko Academic Hospital through a comprehensive evaluation which involves an evaluation of the implementation of the policy in order to understand the outcomes of the policy objectives.

Research objectives in bulleted format

The research objectives of this study are as follows:

• Investigate implementation design and process of Occupational Specific Dispensation for professional nurses at Steve Biko Academic Hospital.

• Investigate the outcomes and significance of the implementation of Occupational Specific Dispensation policy relating to professional nurses at Steve Biko Academic Hospital.

• Provide recommendations and suggestions based on the findings of the study.

Research Question

The research question of this study is as follows: "To what extent has the Occupation Specific Dispensation policy been implemented at the Steve Biko Hospital Pretoria, South Africa?"

2012-09-01

APPLICATION FORM
Ethical Clearance

© University of Pretoria

Research design

Qualitative	X	Quantitative		Mixed method	

To whom will the research results be made available?

Academia	X	Popular media, etc		Other (provide detail)	

In which format will the results be made available? (Mark all applicable)

UPeTD website	X	Scientific article journal(s)		Conference paper(s)	
Lay article		Research report		Other (provide detail)	

Research data should be stored for ten (10) years. The final electronic dataset of raw material (such as the completed survey questionnaires, interview transcripts and/or field notes and Letters of Introduction, Permission, Informed Consent) should also be stored. **Data storage is the responsibility of the researcher, supervisor and, ultimately, the Head of the Department.**

DATA COLLECTION

HUMANS	NON-HUMAN (Secondary data)	COMBINATION
↓	↓	↓
Continue with Section B	Skip to Section C	Complete all sections

---
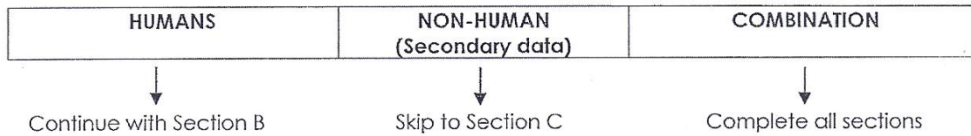
SECTION B: HUMANS AS PARTICIPANTS

Number of participants

Female ☐   Male ☐   Both ☐

Age range   ....

Methods to be used to obtain data

Survey questionnaire Hard copy or electronic	Interview schedule In-depth personal interviews/focus groups	Other Please specify

PLEASE NOTE THE DIFFERENCE BETWEEN THE FOLLOWING
(These documents may be combined – see example)

LETTER OF INTRODUCTION	PERMISSION LETTER	INFORMED CONSENT
↓	↓	↓
Letter on UP letterhead to institution(s)/participants to introduce research. Approval must also be obtained from the Registrar when using UP staff or students.	Letter from the organisation (on official letterhead or per e-mail) granting permission to conduct research at their company, bank, school or NGO/NPO, etc.	Consent from participants to take part in research. Use a tick box at the top of a self-completion survey questionnaire.

PERSONAL RECORDS *

2012-09-01

* This may only be done in highly exceptional cases, if records are fully anonymous and application is brought in terms of Act 2 of 2000. Individual informed consent to access personal records is therefore preferred. Specify the nature of these records and indicate how these records will be selected.
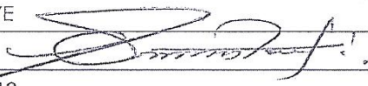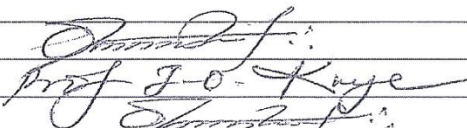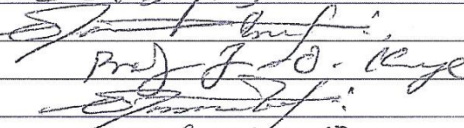

SECTION C: NON-HUMAN SOURCES OF INFORMATION

Indicate which secondary data will be used, e.g.: Records/databases/financial statements/reports
If published secondary sources will be used, specify the nature of the data. Indicate how these sources will be selected. If secondary data are available in the public domain, indicate the source(s).
DECLARATION

I hereby undertake to:

1. Execute the investigation and research in a scientific and ethically responsible way;

2. Act in a *bona fide* and honest manner towards my research;

3. not to use and/or apply the research and information in a manner that is detrimental to the UP or other persons or outside institutions unless it can be scientifically-academically justified; and

4. I have familiarised myself with the University of Pretoria's policy regarding plagiarism http://www.library.up.ac.za/plagiarism/index.htm. as plagiarism is regarded as a serious violation and may lead to suspension from the University.

RESEARCHER	
Name in capital letters	LINDELWA PEARL NGOZWANA
Signature	
Date	16 OCTOBER 2013
I, as researcher, undertake to ensure the appropriate **archiving of the research data** for a minimum period of ten (10) years.	
SUPERVISOR	
Name in capital letters	PRFESSOR J. KUYE
Signature	
Date	16 OCTOBER 2013
CHAIR: DEPARTMENTAL RESEARCH COMMITTEE	
Name in capital letters	Prof J.O. Kuye
Signature	
Date	Oct 35/13
HEAD OF DEPARTMENT	
Name in capital letters	Prof J.O. Kuye
Signature	
Date	Oct 25-13

2012-09-01

APPLICATION FORM
Ethical Clearance

FINAL APPROVAL	
CHAIR: FACULTY RESEARCH ETHICS COMMITTEE	
Name in capital letters	B A Lubbe
Signature	
Date	27/11/2013

APPLICATION FORM
Ethical Clearance

Annexure B

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

FACULTY OF ECONOMIC AND MANAGEMENT SCIENCES

RESEARCH ETHICS COMMITTEE

Tel: +27 12 420 4102
E-mail: berendien.lubbe@up.ac.za

29 November 2013

Strictly confidential

Prof JO Kuye
School of Public Management and Administration

Dear Professor Kuye

Project:	Occupational specific dispensation with reference to professional nurses: a policy overview of an academic hospital
Researcher:	LP Ngozwana
Student No:	28278063
Supervisor:	Prof JO Kuye
Department:	School of Public Management and Administration

Thank you for the application you submitted to the Committee for Research Ethics, Faculty of Economic and Management Sciences.

I have pleasure in informing you that the Committee formally approved the above study on 27 November 2013. The approval is subject to the candidate abiding by the principles and parameters set out in the application and research proposal in the actual execution of the research.

It is not the mandate of this Committee to comment on the technical quality of the research proposal.

The approval does not imply that the researcher, student or lecturer is relieved of any accountability in terms of the Codes of Research Ethics of the University of Pretoria if action is taken beyond the approved proposal.

The Committee requests that you convey this approval to the researcher.

We wish you success with the project.

Sincerely

PROF BA LUBBE
CHAIR: COMMITTEE FOR RESEARCH ETHICS

cc: Student Administration

Members: Prof BA Lubbe (Chair); Prof RS Rensburg (Deputy Chair) ; Prof HE Brand; Dr CE Eresia-Eke; Prof JH Hall; Prof JF Kirsten; Dr MC Matthee; Prof JE Myburgh; Dr SG Nienaber; Ms K Plant; Prof C Thornhill; Prof R van Eyden; Prof SR van Jaarsveld, Dr M Wiese
Administrative officer: Mr M Deysel

197

Annexure C

Permission to do Research and access Records / Files / Data base at the _____ Hospital

To: Chief Executive Officer
Steve Biko Academic Hospital
Dr E Kenoshi

From: Investigator
University of Pretoria
L P Ngozwana (28278063)

Re: Permission to conduct research at the Steve Biko Academic Hospital

Field of Study: MPhil (Public Policy), School of Public Management and Administration, University of Pretoria

Title of the study is Occupational Specific Dispensation with reference to professional nurses: a policy overview of an academic hospital.

I am a Master of Philosophy student specialising in Public Policy at the University of Pretoria. The desktop research that I need to conduct for my masters dissertation involves a policy overview of the Occupational Specific Dispensation policy. As specific case I want to focus on the professional nurses at the Steve Biko Academic Hospital. The purpose of this study is to evaluate the manner in which the Occupational Specific Dispensation policy is being implemented and the outcomes at the hospital thus far.
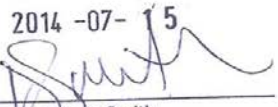
It is therefore vital to get access to the hospital's implementation program and the operational mechanisms that are used to support the achievement of the Occupational Specific Dispensation policy for professional nurses. For a systematic collection of data and analytical purposes the use of the 5 C Protocol Framework (Content, Context, Capacity, Commitment and Coalitions) will be applied.

I hereby seek your permission to be allowed access to the relevant documents that I will need for this research that pertain to the Occupational Specific Dispensation policy and professional nurses at the Steve Biko Academic Hospital. In order for this research study to be effective and empirical I will need and appreciate the hospital's assistance in this regard.

A copy of my research proposal and university ethical clearance letter are included in this application. Your approval to conduct this study will be greatly appreciated. The results of this study will be used for academic purposes only and may be published in an academic journal. The summary of results will be

Faculty of Health Sciences
Office of the Research Ethics Committee
University of Pretoria
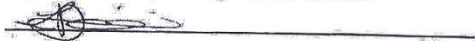We hereby acknowledge receipt of these documents.

2014 -07- 15

Manda Smith

provided to the hospital. If you have any enquires please contact my study leader, Professor J.O Kuye, email address: jerry.kuye@up.ac.za . Or please contact the MPhil (Public Policy) Coordinator, Professor N. Holtzhausen, e-mail: natasja.holtzhausen@up.ac.za, tel: 012 420 3474

Sincerely

Signature of the Principle Investigator

Permission to do the research study at this hospital and to access the information as requested is hereby approved.
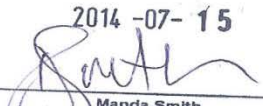
Chief Executive Officer

Steve Biko Academic Hospital

Dr E Kenoshi

DR ME KENOSHI
CHIEF EXECUTIVE OFFICER
STEVE BIKO
Signature of the CEO ACADEMIC HOSPITAL

16/4/2014.

Faculty of Health Sciences
Office of the Research Ethics Commi-
University of Pretoria
We hereby acknowledge receipt of these docu.

2014 -07- 1 5

Manda Smith

199

Annexure D

ANNEXURE D

The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.
- FWA 00002567, Approved dd 22 May 2002 and Expires 20 Oct 2016.
- IRB 0000 2235 IORG0001762 Approved dd 22/04/2014 and Expires 22/04/2017.

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences Research Ethics Committee

05/05/2014

Approval Certificate
New Application

Ethics Reference No.: 104/2014

Title: Occupational Specific Dispensation with reference to professional nurses: a policy overview of an academic hospital

Dear Ms Lindelwa Pearl Ngozwana

The **New Application** as supported by documents specified in your cover letter for your research received on the 27/02/2014, was approved, by the Faculty of Health Sciences Research Ethics Committee on the 05/05/2014.

Please note the following about your ethics approval:
- Ethics Approval is valid for 3 years
- Please remember to use your protocol number (**104/2014**) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, or monitor the conduct of your research.

Ethics approval is subject to the following:
- The ethics approval is conditional on the receipt of 6 monthly written Progress Reports, and
- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

Dr R Sommers; MBChB; MMed (Int); MPharMed.
Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

- Tel:012-3541330   ◆ Fax:012-3541367   Fax2Email: 0866515924   ◆ E-Mail: fhsethics@up.ac.za
- Web: //www.healthethics-up.co.za   ◆ H W Snyman Bld (South) Level 2-34   ◆ Private Bag x 323, Arcadia, Pta, S.A., 0007

200

201