

Natalie Leon, Florence Bhunu and Chris Kenyon

Health Systems Trust



Introduction

The experiences of facility managers illuminate some of the enabling factors as well as the obstacles for a range of managers across the country. They also illustrate the frustrations experienced by managers and how they are coping with these. Perhaps the most striking of the findings is that some facility managers, despite the obstacles, managed to change their facility from a place that felt like a 'Robben Island - outcast colony', to a place that is productive and fun to work in. The majority of the 9 facility managers interviewed are from an urban setting and the voices of health managers in rural areas are not adequately reflected. Views expressed in this chapter cannot therefore be generalised, but rather serve as a window from which to view the experience of a range of facility managers.



Overall attitudes



The facility managers interviewed exhibited a divergent range of attitudes to their jobs. Despite the many problems experienced, most managers interviewed could focus on the positive side of their jobs and could describe what motivates them to continue. There appears to be a fair level of satisfaction in the job and this perception is reinforced by the analysis of levels of burnout among facility managers.

Asked about the highs and lows of the job, one manager commented:



"The base is the love of the work I do ... money is a problem, it is a very slow road travelling upwards with the money, but money is not everything, we have a service to deliver, we have people looking up towards us for help, hope and for survival and you have to be committed, you have to have responsibilities to be able to push forward in this profession..."



And another:

“For now I can say I am functioning well, I don’t have problems at work, I am getting support.”

A manager, who is considering leaving her position, expresses her frustration about constant changes in the health service:



“Because of all the change I am tired of change. Since 1994 these consistent change. First it was the health policy they changed that, we had to get this primary health care, we are since then still in a changing phase because then its this program then its that program that’s changing.”

Overall while managers are reasonably positive, they indicated that their level of stress is higher than it had been before. Despite this, every manager interviewed could speak about having made a contribution in one way or another, to improving the services. These are detailed below.



Achievements

Facility managers highlighted several areas about which they feel positive and believe they have made progress. These include improving services, better management of staff and strengthening community participation.



Improving services

- ◆ Improved physical infrastructure through initiating or overseeing building renovations.
- ◆ Service expansion through implementing priority programmes, especially the PMTCT. This includes district based co-operation with local government staff around priority health programmes.
- ◆ Quality of care changes including patient satisfaction and waiting time surveys, patient flow changes to improve bottlenecks at the pharmacy.



“... between myself and the DMT, we are having again this Wednesday a workshop of quality of care and waiting times, to decrease the waiting times for patients.”



- ◆ Improved staff productivity at a clinic where there was low morale and productivity before.
- ◆ Monitoring and evaluation of routine data to improve service delivery.
- ◆ In-house training where staff shortages prevent staff from going for training outside the facility.



Staff management issues

- ◆ Establishing a facility management team, team-building and teamwork were highlighted as making a significant contribution to improving how managers and staff experience the job. In one district these include regular team-building activities, including social gatherings, fund-raising activities, and even joining the local private hospital in a drum majorette competition.
- ◆ The improvement of staff satisfaction and morale is another major achievement mentioned by several facility managers. This was done through encouragement and affirmation of staff, through conflict resolution and through building the leadership of others.

A facility manager who took on the challenge of working at a clinic with a difficult history, reflects:

“I really think that I did lift the morale of the clinic definitely, because previously people said to me ‘Sister, this is Robben Island’ and I said ‘why?’ ‘Because all the outcasts are being sent here’. So I said ‘I’ve also been sent here, so let’s work from here.’”



Community participation

A few managers took pride in their efforts to build relationships with the community through participation in the community health forum and through other forms of contact, and this was seen by some as a motivating factor:

“... my vision was that I would get to have all the committees in the community and to formulate the friendship within the community, which now I have achieved ... and after this ... I am going to help the community to understand what primary health care are...”



Enabling factors

There are a number of positive factors that support, motivate and develop facility managers, enabling them to perform their duties even under difficult circumstances. Both external and internal factors emerge as important in these achievements and in how well the managers cope.

External

External enabling factors refer to organisational resources that help make the job easier, such as physical infrastructure, finances, management systems and skills, policies etc.

Supportive and effective management at district and region

Support, in various forms, was highlighted as a key factor that enables facility managers to do a good job.





- ◆ Accessibility of management, an encouraging attitude and recognition and affirmation of efforts, are factors that facility managers feel are supportive.
- ◆ Effective and relevant meetings, constructive criticism, a participative management style and respect for the autonomy of the facility manager are considered to be enabling.
- ◆ Peer support from facility managers in the district is another enabling factor.



A manager describes her experience of being included in planning and organising:

"I happen to be given an opportunity of organising, arranging and planning for district activities. When one is given that opportunity, to plan, organise, to take part in, like when we had recently the regional conference ...that was held in our district. You grow there on your own, you develop."



Affirmation is highly valued by another:

"We got positive feedback from Dr. X and you know it goes through to the staff."

Elsewhere the same manager comments about her sense of being allowed to get on with the work without interference:

"I really think the staff morale has lifted. I think it is because the top structure leaves me to do the things, they don't barge in like they used to."



Facility - based management and support

- ◆ Support from an internal management team comprising the heads of sections, and especially support from the deputy, is valued.
- ◆ Teamwork and good staff relations are highly valued for job satisfaction and productivity.
- ◆ Participative management and building leadership are important. This is done through delegation of tasks and responsibilities, consultation with the team, and finding opportunities to build leadership amongst staff.



"I have got the district management team which is supportive and that is what is important to me."



"We also have a team-building event here after hours and all those things helped to sort of keep the spirits, and I don't have to struggle if I need somebody to hop into work or if somebody is absent ... I just pick up the phone ..."



Management skills, experience and training

Facility managers have a range of skills that they feel equip them to perform their jobs.

- ◆ Supervisory and communication skills, educational, research, direct patient care, community outreach, and operational planning and evaluation, are some of the skills that facility managers bring to the job.
- ◆ The ability to delegate duties, to set targets and to evaluate and prioritise the demands of the facility level are all regarded as important.
- ◆ People management skills, and especially dealing with conflict, are considered to be among the most important aspects of management.
- ◆ Training opportunities within the public sector assist managers with their development.



On teamwork and developing leadership, one managers says:

“... they are all eager to learn, we work as a team, we participate in every event and some of them are emerging to prove that they can be given leadership positions.”



Training was seen as being easily available and a source of development:

“My personal experience was regarding the rewards whilst working in the public sector is that you stand an advantage of being developed further. Once a skill has been identified, you were given an opportunity of attending ...”



Increased rank and authority

Most facility managers are on the same rank as some of the their senior staff and this is highlighted as a problem by several facility managers. Being promoted to a higher rank made a difference for one of the facility managers:

“... I was managing this huge facility with staff of over 90 and I was on a Chief Professional Nurse pay scale. No one listened to me. Now with the changes on 1 September, I applied to and got the post of Assistant Director. Now people listen to me.”



Co-operative working relations with local government

For one provincial facility manager, working with colleagues from local government adds to her sense of effectiveness. She is part of a regular HIV evaluation meeting, which comprises the TB and HIV/AIDS co-ordinators from the city council, the city council doctor, two lay counsellors and the provincial facility manager and one of her nursing sisters.





Policies

Facility managers mentioned that certain policies add to their sense of purpose and vision in health service, even though some of these same policies are an increased burden on service delivery.

- ◆ Free primary health care, the comprehensive health care package, Batho Pele and the patients’ charter were singled out as important policies.
- ◆ The HIV policy and the HIV workplace guidelines were mentioned as being important. The latter was seen as positive because it enables staff to address the needs of colleagues affected by HIV.
- ◆ Transformation and transparency of health services is appreciated, especially improved labour regulations.



Suggestions for enhancing policy implementation were put forward. These include better communication strategies around new policies, retaining the positive aspects of past policies, and resisting political influence in service decisions.

One manager suggested the following:

“If you explain the policy before implementation, you are likely to stand a better chance of that attaining their co-operation ... rather than circulars that are coming from the province.”



In summary, there clearly are many organisational factors which are considered to be positive in contributing to job satisfaction and the achievements of managers. Equally however, the personal resources of the individuals play an important part in how they experience work, seek out opportunities for service development, and adjust to existing constraints. Internal enabling factors are detailed below.




Internal

Internal enabling factors are individual attributes, which help a person function well and cope effectively with difficulty. These include attitudes to work, perceptions, inter-personal skill and adjustment abilities:

“I like what I am doing.”

An affinity and love of the work appears to be central to finding job satisfaction in the post of facility manager. Most managers do not receive additional remuneration for their management tasks, but despite this, continue to be committed to their role. Their love for working in the health sector, their enjoyment of working alongside staff, of being an administrator, organiser or leader, and dealing with patients and the community, are some of the things that keep them happy and motivated:






"For me it is important that the work gets done and my work is important to me and I like what I am doing ... that is what helps me."

Another manager expressed a similar sentiment, adding that she sees her job as providing a role model for staff and clients.

Motivated by challenges


Some managers are able to see challenges and change as an opportunity and as a source of inspiration and motivation:



"I wanted to be exposed to a different challenge and I was not afraid of challenges before. I wanted to take this up front and see how I can develop in terms of leadership position."


Leadership, management and attitude

There are several qualities that enable facility managers to cope and to thrive. For one manager this is having leadership qualities, which helps in leading by example:




"I think I am a leader, but not a manager ... and because of being a hands on person, they see if you are interested and then they follow you ..."

For another, her philosophy of life, her analysis of problems and her coping skills all inform her management style:



"However burnt out one is, you still have to try to show your staff and the people who are your clients. You just have to try and give them your best, because the staff and clients are not responsible. It is the top management, which is responsible. We should try not to displace our anger or frustration because we are the people and should try to hold on, even when things are bad, but not to show our long faces or whatever."


She continues:



"Then you will be okay because you won't carry the problems to your family, you will resolve, you will have one bite at a time. However bitter that bite can be, you are the force, you are the main person, If you are the head, then you have to draw the line. But at the same time, you should not forget your staff, you must think of the welfare of your staff ..."

People management and communication skills

Several of the managers emphasised how important it is to manage their staff well, to be supportive and to do conflict resolution:



"I allocate, delegate, I counsel because I am not only dealing with people who are at work, I am dealing with mothers, I am dealing with housewives, I am dealing with people who need to be supported ..."



Several managers stressed the importance of good communication skills in dealing with staff. This includes being direct and tactful in addressing difficulties. One manager created a formal mechanism for communicating problems, which she called a 'moaning session':

"... I think the people management part is critical and the admin you can learn later ... but it is much more difficult if you are not a people person."

Vision for quality service

More than one manager described how their vision for the service guides them in pursuing service improvements in their work:

"My vision was to take the service and improve the service to the level that is required."

Another managers elaborates:

"So my visions are to give our clients prompt treatment and quality treatment."

Community participation and patient satisfaction

Some managers also find a great source of satisfaction in being able to involve communities in the clinic, and when patients show appreciation for good work, the manager feels more inspired and motivated.

"The other day a guy came to me and said 'Are you the facility manager?'...he took my hand and said 'This place is much better, hundred percent better.'"

One manager has kept a dried flower bouquet given to her by a patient following his successful resuscitation after a heart attack. Another commented that management does not see the patients thanking staff, but only when they complain.

Faith and seeking support

The importance of receiving support from peers, a colleague, friend or family as well as asking your management for support, were highlighted by several of the interviewees. For some, their faith is a major source of strength in coping with difficult times in the job. A manager describes how all of these sources of support are important for her:

"There was a time when I felt like throwing in the towel, but like I say there are those staff members at work with me that I relate very well with, who come to me and we talk about it and they support me all the way so it strengthens me a lot."





Commenting about her faith as a source of support, she continues:

“I also go to church a lot and I have faith and I believe in the faith that I have and I also ... talk a lot with my priest who teaches me how to pray and how to read the Bible ...”

Another manager vividly describes the isolation of her position:

“When I cry, I cry and wipe myself quickly so that the other subordinates of mine cannot see that I am crying ... They will no longer think I am strong enough to support them.”



Self management strategies

Apart from seeking support, there are different ways that managers help themselves to cope better. This involves taking care of themselves by getting a good night’s rest, doing regular exercise and limiting the interference of work in their private life. For some, work inevitably spills over into their private life, but one manager describes how she handles this:

“Very seldom do I take work home, my private time is my private time. If it is a real crisis then I will take it home, but not just because someone wanted it yesterday.”




Table 1: Summary of the main external and internal enabling factors for facility managers

External	Internal
<p>These are organisational factors that make a positive difference.</p> <ul style="list-style-type: none"> · Supportive and effective district and regional management is critical. · Facility-based management systems, support and teamwork should be in place. · Facility management skills, experience and training are important. · Increased rank and authority for facility managers would enhance and reinforce the management position. · Co-operative working relations with local government help to strengthen interventions. · There is support for policies that promote access to, and quality of, services. 	<p>These are the individual factors that make a positive difference.</p> <ul style="list-style-type: none"> · Having a love for working in health services is a key motivating factor. · Dealing with challenges and change is a source of inspiration and motivation for some managers. · Having leadership qualities, management potential and skill makes it easier to manage in complex situations. · People management and communication skills are critical for facility management. · Being guided by a vision for improving access and quality of care helps to keep the manager focused. · Community involvement and patient satisfaction is seen as a source of motivation. · Having a strong support system that draws on faith, colleagues, friends and family is critical, especially in difficult times. · Having a positive attitude and self-management strategies improves coping.




Frustrations

The facility managers interviewed also experienced a wide range of difficulties and obstacles. For some, the external enabling factors mentioned above were not present and these then became a source of frustration. For example, feeling that management is not supportive or effective or that efforts are not recognised. Where managers were relatively happy in their jobs, there were other frustrations, like ineffective staff appraisal and staff disciplinary procedures. The following section highlights the main frustrations.




“Overworked and underpaid”

Several managers expressed the view that the facility manager’s position is too low in rank, that it is underpaid and that there are insufficient incentives for good work. Asked about challenges and problems, a facility manager shares these sentiments:




“I think one of the most negative things that I did experience is the fact that the facility manager having all these responsibilities, doesn’t get incentives. ... The salary is still the same as any other professional nurse ... If you do a good job, its fine, if you don’t do a good job its fine. You get the same salary ... If you are responsible for 11 million (rands) and they pay you a salary of a clerk ...”




“Responsibilities are not matched by skills”

Managers noted that their responsibilities are increasing, but that certain skills were lagging behind. Financial management skills, especially in budgeting, are considered crucial to enable them to fulfil the resource management aspect of the job:



“We are told ‘You are responsible for the budget’ I mean, I am a nurse. Call me a manager, but I am a nurse ...There is no support, no support whatsoever, to tell you this is how you go about the budget. I know a 44 report, I haven’t seen a 44 report in my life. I don’t know even if they give me one, what am I going to do, but I am responsible for eleven million rands.”



Management and systems are not effective

A range of difficulties was expressed concerning district and regional management and ineffective management systems.

- ◆ **Lack of experience among management:** Senior management and supervisors are sometimes inexperienced, unsure of themselves and lacking in confidence. It was felt that some are not well trained, or are unavailable because of having ‘too many irons in the fire’. One manager felt there was an element of “re-inventing things without acknowledging the achievements of the previous dispensation” which makes for duplication and inefficiencies.



- ◆ **Crises-driven demands from management:** Senior management sometimes gives short notice of meetings and requests for information. This is described as being ‘summonsed’ by top management who ‘always wanted the thing yesterday’.
- ◆ **Excessive training demands:** Multiple, often conflicting demands for in-service training are made from the different programmes, which puts a burden on service delivery. Programmes such as TB and HIV should be more co-ordinated and should plan a year ahead to allow the facility manager to plan the clinic programme.
- ◆ **Poor implementation of disciplinary procedures:** Delays and bureaucracy hamper the effective implementation of certain staff management procedures such as staff evaluation and disciplinary procedures.



“When you report a case you want the intervention of higher management, but the cases tend to drag, because the union has to come in ... You would have an employee whom you would reprimand, and then it took three months before management could respond. By that time whatever document has been there it has to be destroyed and this person has improved. Six months later the same thing happens, so the very person continues with his unbecoming behaviour.”



- ◆ **Time management difficulties:** Most facility managers are able to prioritise the facility level demands above district or regional demands. Despite this, some facility managers have difficulty managing their time effectively. They mention that patient queries and complaints and daily operational management take up all their time, resulting in long working days and taking work home. These distract them from prioritising strategic issues such as service development and evaluation.



Increased demands from service expansion

Facility managers commented on an increase in workload, which they relate to various policy shifts and service expansion. For example, the shrinking role of the district surgeon has increased the number and range of patients seen in the clinic. The free primary health care policy and the prevention of mother-to-child-transmission of HIV programme also make for an increase in the service load. Although there is wide appreciation for policies that increase access, there is also concern that the promotion of patients’ rights through Batho Pele has resulted in unreasonable demands from patients, demands that the service cannot cope with.



The following comments from two different managers illustrate this concern:



“... I am short staffed and I have written letters and I have reported even up to Regional office and everything and for years we are not given what I am crying for.”



For another manager:

“The other thing is the policy of decentralising the district surgeon’s office to the primary health care, that is one of the second most demanding. We have got about hundred patients today of which (most) are sick people in need of medication. The rest is disability grants, assaults, it’s rape and then the person who has been sitting here from six o’clock ...must now wait.”



Issues stemming from being overburdened were also raised indirectly. There is a perceived lack of psychological support for staff and for volunteers who are engaged in stressful work, especially with the increase of HIV. One manager feels strongly that health authorities show a lack of appreciation for volunteers, some of whom appear to be more skilled than the staff.

Other

Concerns were also raised about a variety of other issues:

- ◆ Security and crime including hijackings, a stolen car, a baby stolen from the clinic and a staff member threatened by a patient:



“The most negative thing that over this period that I can clearly remember was one of our staff being threatened and verbally abused and that she had actually landed up in a psychiatric unit. And it was by a sort-of ex-gangster ... , it affected me negatively in the sense that she felt I didn’t do enough to support her.”



- ◆ **Limited physical space:** Physical space needs were identified as a source of satisfaction - when the clinic space had been increased or renovated - but more often as a stress because space is limited - either the facility is too small to accommodate all the patients, or additional space for a specific purpose is required, for example a staff meeting room.
- ◆ **Amalgamation of provincial and local government health care and joint facilities.** Provincial staff at a joint facility were reported to be unhappy about the different conditions of service between themselves and the local authority and they wanted this to be addressed when amalgamation happens.

Table 2: The main sources of frustration for facility managers

The following factors are sources of occupational frustration for facility managers:

- High workload and low remuneration.
- Increasing responsibilities without the necessary rank, skill and guidance.
- Ineffective district, regional and senior management and systems.
- Increasing workload demands from service expansion, without increasing resources.
- Security and crime is becoming a concern.
- Limited physical space in certain clinics.
- Concerns about conditions of service under an amalgamated, municipal-based service.

Conclusion



The importance of a qualitative survey such as this is to highlight the 'subjective' or 'soft' issues that are as critical as the technical and structural issues in the way in which they impact on health service delivery. Despite all the frustrations, a high level of commitment is evident among facility managers. They are aware of, and appreciate, the main transformation policies for the promotion of primary care and service excellence. Whilst they are largely positive about these policies, they have difficulties and frustrations around their implementation, including organisational problems, staff limitations and patient demands. Despite this, all feel that they have been able to make a positive contribution.

Senior management is experienced as both a strong positive, enabling factor as well as a negative, demotivating factor, depending on the quality and approach of the management. The importance of support and affirmation from senior management, and of including staff in decision-making, clearly stands out as being critical to the development of staff and their ability to deliver quality services. Good leadership is identified as supportive, affirming, and able to involve staff in decision-making and provide them with opportunities for learning. For example a compliment about a job well done appears to make a big difference in a facility manager feeling appreciated. Where there is good leadership, the facility manager seems motivated and able to cope better with technical and operational difficulties.

The importance of the internal, personal resources of the individuals working as facility managers should not be underestimated. Their love for working in the health services, their affinity for dealing with patients, staff and the community, their leadership qualities and their ability to cope in difficult situations, are all crucial factors in maintaining and developing the services. They all recognise the value of good facility management. They have identified people management and financial management as skills that need further development. They have used their internal strengths to adjust to difficult changes, to tackle the challenges of policy implementation and in places, to seek out opportunities for quality improvements. However, many a time these internal strengths are worn down by the frustrations they encounter along the way.

People are clearly the biggest resource of the health services. The challenge therefore, is to find a way for health services to build on the internal resources of its staff. Concrete examples include adequate remuneration of facility management positions and supportive and affirming district and provincial management. Building and strengthening the internal resources of staff, combined with optimising management systems, remains one of the key human resource management challenges for South Africa.

