

# Voices of Health Policy Makers and Public Health Managers: Key Themes

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## Why give politicians and managers a voice?



According to Merriam-Webster’s dictionary<sup>1</sup> possible meanings of ‘voice’ are: a: wish, choice, or opinion openly or formally expressed <the *voice* of the people> or b: right of expression; *also*: influential power.

It may be argued that politicians and managers, by definition, have many spaces to voice their opinions and many ways in which to express themselves. Indeed it may be argued that they are more influential than they should or need to be in society! They determine public policy and they implement it as they see fit using public resources. Managers on the other hand may argue that they are told what to do and do not have sufficient influence into the policy making process or that they are held accountable but not given sufficient responsibility, unlike their private sector counterparts.



It is important to give managers and policy makers a voice – to hear what they think are the opportunities and barriers to the making of effective health policies and their implementation. We should also read between their lines about how important they view the opinions, concerns and experiences of those they serve – communities and health service users.



The chapter recognises that voices of local councillors (newly elected etc.) have not been heard; only those of provincial and national politicians have been accessed.



## Experiences of policy makers and implementers: key themes

### Experiences of change

*“Change is a good thing, but when there’s too much of it you get instability and the staff become discouraged because they feel threatened all the time.” (hospital manager)*

There is:



*“... too much planning and not sufficient implementation.” (district manager)*

*“Things happen so slowly and things change so fast.” (mid-level manager)*

*“It is interesting because you get up in the morning and you don’t know what you are going to do today.” (parliamentarian)*



*“Because of all the change I am tired of change. Since 1994 there is consistent change. First it was the health policy that they changed that, we had to get this Primary Health Care, we are since then still in a changing phase because then its this programme then its that programme that’s changing.” (PHC facility manager)*

The four quotes above provide a graphic illustration of how working life is experienced by a range of managers and a politician. People appreciate the need for change and are excited about their roles as agents of transformation but many feel that that the change could be managed more effectively.

It is clear from the descriptions represented in the voices of the different role-players that both effective leadership and management skills are required during this period of transformation. One manager noted that she leads 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.”*

Another suggested that:

*“It’s the vision and the sense that we’re going to make things work ...”*

... that creates a team effort. On the importance of the bureaucracy one manager suggests that because of the complexity of government there is a need for rules and an equally important need to be a good bureaucrat.

According to Kotter<sup>2</sup> both leadership and management skills are required, especially during periods of change, and they are complementary skills. “Management is about coping with complexity...without good management, complex enterprises tend to become chaotic in ways that threaten their very existence...Leadership, by contrast, is about coping with change...More



change always demands more leadership”.

Some managers were complimentary about their leaders (heads of department) whilst others were not. This was true between departments and even within departments where different managers expressed widely differing opinions. The frequent turnover in leadership was clearly viewed as disruptive leading to “a loss of focus and cohesiveness” and changes in priorities.

#### So what's good about working in the public health sector: why do they do it?

*“To work in the public sector is a wonderful experience, to help the community in the best way you can with the limited resources you have is a very rewarding experience.” (hospital manager)*

*“I feel strongly that there should be a public sector, and that there should be a strong public sector.” (mid-level manager)*

*“The base is the love of the work I do ... 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 ...” (PHC facility manager)*

*“The delivery of health services and effective and efficient delivery, that was my vision and my dream getting into the legislature to ensure that we really achieve the optimal health for the people of the province ...” (parliamentarian)*

While there are many reasons why people take on specific roles, the quotes above suggest that many managers and politicians are really committed to the public health sector and to serve the people. As can be expected some did complain about the lack of rewards and incentives but even these managers expressed the desire to do the best that they could.

A range of factors were cited by managers that enable them to function effectively. These included both intrinsic and extrinsic factors: (a) support from other managers, including senior management, support from family and from communities; (b) seeing the results of one's efforts – making a difference; (c) being affirmed by one's manager and getting positive feedback; (d) motivation displayed by staff that they manage; and (e) contributing to the challenges of the transformation process. Here are some quotes:

*“We got positive feedback from Dr X and you know if goes through to the staff.” (PHC facility manager)*

*“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.” (PHC facility manager)*



*"The rewards like the fulfillment of seeing things having changed. And sort of seeing legislation that is being implemented and you know the sentence or the paragraph is in that law ... you were part and parcel of drafting it ... it is quite a fulfilling thing." (parliamentarian)*

### Challenges and frustrations



While some parliamentarians and managers thought that they were making a difference and expressed excitement about being part of the transformation of the health system, many voiced a series of frustrations and challenges that they experienced.

For parliamentarians the large backlogs in health service delivery especially in rural areas were perceived as daunting but equally as a challenge:



*"I never had a chance for example being based in urban areas, when we go to the rural areas we are exposed to the worst conditions so that has actually given me the experience of getting to know how far we still have to go in terms of health service delivery."*

The role of politicians is not implementation – this is what the Department of Health and its managers are charged to do. However, politicians do experience this split between the role of the legislature and executive as frustrating:



*"The most negative experience for me is that you find that sometimes the legislature does not have the power over the executive, all you can do is recommend what they must do ..."*

This is how the system has been designed to ensure that the legislature has oversight and that the executive is accountable. Perhaps it is the accountability mechanism to the legislature that needs to be strengthened to ensure that the legislature does not feel dis-empowered.



Disconcertingly, a large number of managers, notably mid-level managers, felt little sense of personal accomplishment. One manager who has since resigned from the public sector noted: "I had no belief that anything I did was making a difference." Others (who are still employed in the public sector) were not sure: "If they were making a difference, or just standing still."

Managers seem to be rewarded by changes in service delivery at front line level but were frustrated at the amount of time they are able to spend doing work at this level. They complained about the large number of meetings that they had to attend at provincial level or the number of requests they had to respond to from superiors. One district manager explained her frustration as:



*"I am seen by subordinates as an absent manager, as I am always in meetings."*



While the need for meetings is not denied, many are seen as not being useful as they are poorly conducted and used largely for passing on information rather than for decision-making.

The lack of incentives for work done, especially by facility managers are a large source of frustration:

*"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 the same as any other professional nurse."*



Others complained of being underpaid for their level of responsibility. Hospital managers also complained about lack of incentives and promotion opportunities. For example one said that while he was acting manager for 14 months he was the lowest paid doctor on the hospital's establishment!

Another source of frustration is the lack of support and understanding and co-ordination of activities at provincial and national levels. This is often manifested in the lack of co-ordination between programmes and the support services and between the various programmes as well. One hospital manager described the type of support she experiences from top and senior management:



*"MECs, DDGs, chief directors, regional directors ... they only look at the politics and they're not here to see the disasters we are having. The only problem they consider is administration ... the patients and the doctors are not part of their considerations."*



In describing her experience of the provincial office one district manager remarked:

*"... everything comes at the last minute, there is no co-ordination between directorates."*



Lack of skilled managers (including the perceived lack of skills) at provincial and sub-provincial levels also contributed to frustrations. A mid-level health manager reports being frustrated by poorly written reports written by senior management. Another, was frustrated by managers who took credit for the work done by the people they supervise.

Managers often reported being frustrated by what they called crisis management. This took the form of having to respond to national and provincial requests at short notice and of planning and re-planning but not being able to prioritise! One manager explained the ineffective prioritisation as follows:



*"It is not encouraged that you will prioritise, and actually say I will concentrate on this one, two or three policies and make sure that they are implemented. They are all supposed to be implemented at the same time."*



Below are a few other quotes that illustrate experiences of the demands placed on managers:

*"In government by the nature of things, you have a great number of urgent things, this and that, you just don't have control over your time ... you just get completely bogged down (and) you literally become inefficient because of the amount of work."* (mid-level manager)



*"... never time to do things properly, but always time to do things again and again."* (mid-level manager)

*"Short notice is given for meetings." "Lots of crisis intervention."* (district managers)

Being:

*"Summoned" by top management who "always wanted the thing yesterday"* (facility manager).



The importance of leadership to prevent crisis management was stressed and much of the blame apportioned by one manager to an ineffective head of department:

*"Half the time when you blame your manager, you know the real problem is the Head of Department."*



The lack of speedy progress in the devolution of services to local government and its attendant uncertainties especially with regards to salaries and conditions of employment when the amalgamation of provincial and municipal services takes place were also mentioned as major sources of frustration and concern. This issue was mentioned by facility managers and district managers in particular. Interestingly, hospital managers noted that the integration of hospital services with district health services (Primary Health Care) resulted in improvement of the delivery of services, citing various examples.



Lack of skills and authority to deal with disciplinary matters featured high on the list of frustrations of many managers. A facility manager describes her experiences as follows:

*"When you report a case when you want the intervention of higher management, the cases tend to drag ..."*



Hospital managers also reported they spent a large amount of their time dealing with disciplinary issues but that they were ill-prepared for this role, learning on the job and making many mistakes.



### Where to from here?

The excitement, trials and tribulations that accompany transformation are evident from the voices of the managers that were interviewed. Whilst the sample size in all categories of managers was small, the interview materials (when triangulated with the voices that this author has been listening to since 1996) cohere. This suggests that many of the experiences reported by this sample of interviewees are similar to the majority of managers in the public health system. We should listen to their voices and initiate action that will strengthen the transformation process and the public health system.

The importance of leadership to, *inter alia*, establish departmental culture and to avoid crisis management was stressed by many managers. One manager described it graphically:



*“When a fish rots, it starts from the head.”*

The need for skilled managers and effective management systems at all levels of the health system has been highlighted by all managers that were interviewed. While much management training has been done, only a few managers appear to have benefited maximally from these programmes. Many appear to have been learning most ‘on-the-job’ as one hospital manager noted. With respect to areas of skills development that need to be prioritised, clearly financial and human resource management are priorities especially if the promised delegation of responsibility and authority is delivered.



District managers that were interviewed listed a range of actions that can be taken to strengthen district management. These include:



- ◆ Designing district management organograms in ways that relate to how health programmes at provincial office level are structured
- ◆ Appointing high quality and skilled district managers – when people act for too long their morale suffers
- ◆ Providing for more resources
- ◆ Providing more support to district managers
- ◆ Ensuring gender equity in appointments especially in management positions.



The need for more gender sensitive policies was also highlighted by some of the politicians interviewed. Whilst some felt much has been achieved, others felt that not much has been done about ...



*“.. Caring for them and children.”*

One parliamentarian suggested that there was a need to:

*“Change the relations between men and women where everybody takes responsibility for everything.”*



To enable hospital managers to manage more effectively a range of issues need to be addressed. These include: delegating more authority and responsibility to these managers; creating more effective management structures and systems; improving the organisational culture of hospitals and the health department as a whole; providing more resources like equipment and improving the infrastructure; capacity building, especially in financial and human resource management; and the provision of incentives for managers to manage effectively.



## Conclusions

While it is important to hear the voices of politicians and managers, it is equally important to hear the voices of front line health workers. These voices may feature in next year's Review.



Most of the managers and politicians who were interviewed were clearly pleased to have been part of the transformation process. They are dedicated to strengthening the public health service and displayed their dedication by working long hours and largely being able to cope with the stresses of transformation. These stresses range from successive waves of transformation, lack of effective management systems and often lack of management skills to ensure implementation of policies that were often determined at national and provincial level. The interviews revealed that newly appointed managers were enthused with the opportunity to make a difference, but often did not fully understand the complexities of governing and managing change. In addition, they often had to implement radically new policies without the necessary skills and support. As one manager put it:



*"One sobers down after a while, you realise that you can't change the world, because there are a lot of other things to cope with."*



Many of the managers interviewed loved working in the public health sector. This is illustrated by a series of quotes used in this chapter and elsewhere. However, the work is hard and extrinsic rewards perceived as being few in number. The leadership of the public health sector needs to build on the enthusiasm of managers and others that work in the public sector by providing leadership and the necessary rewards. In addition to setting the vision, strategy and targets, the health leadership must work harder on being a 'soft manager'. As Peace<sup>3</sup> suggests: "Soft qualities like openness and sensitivity are as critical to success as harder qualities like charisma, aggressiveness, and always being right".



One thing is certain, strengthening the public health system is not a short term job. It demands persistence, passion and commitment. Many managers display these characteristics but these qualities need to be nurtured by all of us who have an interest in ensuring that the public health sector provides effective and high quality care at an affordable cost to those who depend on it.





## References

- 1 Merriam-Webster's Collegiate Dictionary. [www.m-w.com](http://www.m-w.com).
- 2 Kotter JP. What leaders really do. *Harvard Business Review*, December 2001, pg 86.
- 3 Peace WH. The hard work of being a soft manager. *Harvard Business Review*, December 2001, pg 102.



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