



**Masters in Public Health**

# **Managing Human Resources for Health**

## **Module Guide**

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**Masters in Public Health**

# **Managing Human Resources for Health**

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## **Module Guide**

Module Registration Number: 880102

Value of module: 20 credits

Study time required: 200 notional learning hours

Pre-requisites:

Introduction to Developing Human Resources for Health

Study Materials for this module:

Module Guide & Module Readings

# Managing Human Resources for Health

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## **Vision Statement of the School of Public Health University of the Western Cape**

The **Vision** of the School of Public Health is to contribute to the optimal health of populations living in a healthy and sustainable environment in developing countries, particularly Africa, with access to an appropriate, high quality, comprehensive and equitable health system, based on a human rights approach.

The **Purpose** of the School is to contribute to developing policy-makers and implementers who are knowledgeable and skilled in the principles and practice of Public Health, whose practice is based on research, influenced by informed and active communities, and implemented with a commitment to equity, social justice and human dignity.

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# I MODULE INTRODUCTION

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## 1 LETTER OF WELCOME

School of Public Health  
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*Dear colleague,*

### ***Welcome to the Managing Human Resources for Health Module.***

*Human resource management is one of the key functions within the broader scope of human resource development. If you are or want to become a manager in the health services, you will in all likelihood have some responsibility for managing people. Some managers may fulfil human resource functions as part of a much wider portfolio (for example, facility or programme managers), while for others it may be a full-time responsibility (for example the head of an HR department at provincial level). The unit should therefore be of use to most managers in the health sector.*

*Human resource management is sometimes wrongfully equated with personnel administration. While personnel administration is one aspect of human resource management, the latter is actually much broader in scope. It incorporates a range of issues such as leadership, capacity development, support and supervision, etc.*

*All activities in human resource management aim to help people fulfil their potential and to get the best out of them as individuals and in groups for the benefit of health service delivery and quality of care.*

*Because the topic is so broad in scope, we had to be selective in what we included in this module. We have tried to aim for a mix of understanding the importance of human resource management in the context of developments in the health sector and of gaining some knowledge and skills that will help you in your day-to-day practice as a human resource manager.*

*The challenges facing HR managers in the health sector today are serious and seemingly endless: HIV/AIDS, brain drain, low morale, transformation fatigue, to name just a few examples. We will not discuss these topics per se, although they*

*will keep coming up in examples and illustrations, but the topics are aimed to provide guidance to build human relations and organisations that can address the challenges facing us today.*

*The module follows on from the module 'Developing human resources for health', but it can also be chosen within the health management stream.*

### ***Finding your way around the Module Introduction***

*The introductory pages which follow provide you with an overview of the Module, its outcomes, the assignments as well as the sources from which you can expect support and assistance.*

### ***Assessment***

*This module is normally assessed through two assignments. You will find the two assignment topics further on in the module introduction.*

### ***Evaluating the module***

*We hope that you will give us some feedback on your experience of this module. Your feedback will be valuable to us in improving the module. An evaluation form can be found on the site.*

*We hope you enjoy your studies.*

*Sincerely*

*Uta Lehmann*

School of Public Health Module Convenor



## 2 INFORMATION ABOUT THIS MODULE

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### 2.1 Module Aims and Rationale

As explained in the welcoming letter, the module aims to provide a contextual understanding of as well as practical skills in human resource management.

### 2.2 Module Outline

The module consists of four units:

#### Unit 1 - Human Resource Management in Context

This unit places the topic in various contexts: within the broad scope of HRD; in the context of health sector reform; in a policy and in an organisational context.

#### Unit 2 - Being a Manager

Unit 2 examines various aspects of your role as a manager, emphasising management styles and strategies for self-management.

#### Unit 3 - Managing People I

This unit focuses on managing relationships with and between people. This includes the role of leadership, working in groups, motivating people and managing conflict.

#### Unit 4 - Managing People II

This unit introduces a range of practical components of Human Resource Management, including staff recruitment, skills development and supervision.

The Concluding Session brings the discussion back to the key challenges which we face in Human Resource Management today.

### 2.3 Module Readings

The School of Public Health provides students with a Reader of just over 400 pages, which contains the required readings for the module, but not the readings listed under Further Readings at the end of each session. SOPH pays for copyright for these Readers per student and therefore cannot offer the Reader as an OER.

## 2.4 Learning Outcomes

This module is intended to assist you in further developing the following skills and knowledge in Human Resources Management.

**By the end of this module you should be able to:**

- Understand the key components of Human Resource Management.
- Understand the role of HRD in the health sector.
- Understand the way in which policy impacts on Human Resource Management.
- Conduct an assessment of the HR situation in your organisation.
- Identify the different roles managers play in an organisation.
- Demonstrate an understanding of the causes and effects of stress.
- Diagnose leadership requirements in health sector transformation.
- Appreciate the advantages and disadvantages of group work.
- Assess and improve team performance.
- Understand and apply two of the key theories on staff motivation.
- Define and apply strategies to address conflict situations.
- Understand the concept and purpose of staffing norms.
- Prepare for and implement an interview process for new staff.
- Develop an induction programme for new staff members.
- Explain and apply the key concepts and mechanisms of the South African Skills Development Strategy.
- Design and implement training needs assessments and evaluations.
- Facilitate the development of mentorships in your organisation.
- Understand how a developmental approach to supervision differs from traditional approaches.
- Assess and revise performance management strategies.

Remember that these outcomes are taught through the sessions and assessed in the assignments. At the same time, the module provides opportunities to improve a number of your academic learning skills; these are integrated into the sessions.

## 2.5 Module Evaluation

We would appreciate your help in evaluation and improvement of the module. We have devised evaluation questionnaires which we would like you to fill in honestly, when you reach the end of the module. A link to the evaluation form is located on the webpage menu. This feedback will assist us in revising the module, planning future modules and providing students with appropriate support.

### 3.1 Information about Assessment

There are TWO compulsory assignments in the module.

There are numerous self assessment tasks built into the module; through these you can check your progress, and identify problem areas.

Formal assessment is in the form of TWO compulsory assignments.

The overall module result is calculated from the results of the two assignments, with Assignment 1 weighted at 40% and Assignment 2 at 60%

### 3.2 Module Assignments for *Human Resources Management for Health*

There are two assignments for this module.

**Assignment 1: Reflecting on the role of the manager (40 marks)  
(2 000 words)**

**Write a reflective essay of about 2 000 words on your role as a manager.**

In your essay, reflect on the role of a manager using the topics listed in (1) below. Your essay should also reflect a wide range of reading, as described in (2) below.

If you are a manager, use this assignment to reflect on your own role. If you are not a manager, reflect on the role of another manager you know well in her or his professional role.

1) The essay should cover the following topics:

- a. Your strengths and weaknesses as a manager.
- b. How you manage yourself.
- c. How you manage people.
- d. The role of being a leader – for your colleagues and within the organization.
- e. How the quality of management impacts on your organization's functioning.

Your essay should give a brief description of your work context, so that the reader can understand the described managerial role.

- 2) In writing the essay, you should make use of the literature covering these topics in the module. You should also find **at least three** additional readings which talk to any of these topics. Please ensure that you reference the literature consistently and correctly.

The Assessment Criteria for this assignment have been provided to guide you.

Assessment Criteria for Assignment 1	Marks
The essay reflects on the role of the manager with insight and understanding and draws on different aspects of the module.	14
Relevant literature has been consulted and used.	10
The literature is referenced consistently and correctly.	8
The essay is clearly structured and argued and shows no major language errors	8
TOTAL	40

Assignment 2: Staff Supervision (60 marks)  
(2 000 - 3 000 words)

1. Read the text *Family Planning Manager's Toolkit* (1998), *Supervising and supporting your staff* (<http://www.erc.msh.org>) attached as Appendix A – page 11a.
2. Describe your organisation's supervision system.
3. Discuss to what extent the principles and practices of good supervision described in the text, are followed in your own organisation.
4. Write a critique of your organisation's supervisory system. Use these considerations and any others to develop your argument – drawing on appropriate literature in the Reader, and **an additional three** relevant readings from different sources. Make sure that all literature is correctly referenced.
5. End with a set of appropriate and realistic recommendations you would like to make to your organisation to improve their supervisory system. If appropriate, present these suggestions in your organisation.

**NB!** In this assignment you will not be given marks for referencing. However, an assignment with serious and frequent referencing errors will not be passed.

The Assessment Criteria for this assignment have been provided to guide you.

<b>Assessment Criteria for Assignment 2</b>	<b>60 Marks</b>
Shows evidence that theory and information relevant to the topic have been read and understood.	15
Organisation's supervisory system is described and assessed with understanding and insight.	15
Literature (including additional readings) has been drawn on appropriately to develop the argument.	10
Recommendations are feasible with regard to actors, context and budgets.	10
The assignment is clearly structured and argued and shows no major language errors	10

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## APPENDIX A

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**READING:** Management Sciences for Health. (1998). Supervising and supporting your staff. *Family Planning Manager's Toolkit*. [Online], Available: <http://www.erc.msh.org/>

### **Supervising and Supporting Your Staff** **Excerpt from *The Family Planning Manager's Handbook* (1998)**

#### **Introduction**

**Guiding, supporting, and assisting your staff.** When you are trying to get things done through other people, you soon find that instructions, training sessions, lists of rules, and written procedures are not enough. These are all good methods for communicating what you want done and how you want it done. However, no matter how well these methods are applied, you will find that it is essential to have direct personal contact with your staff on a regular basis. Personal contact is essential for two reasons: first, to find out what is actually happening (in all aspects of the work, particularly those aspects that are never covered in service statistics), and; second, to renew the enthusiasm of the staff for the work they are doing. This personal contact is important both for the effective operation of the program and for staff morale and commitment. The purpose of supervision is to guide, support, and assist staff to perform well in carrying out their assigned tasks.

If you think of supervision as personal contact for these purposes, then you will recognize that staff at every level, from service delivery to administration, need supervision. Methods of supervision work for a whole range of organizational levels and functions.

Your main function as a supervisor is to help your staff to perform their jobs better by providing:

- Guidance and training
- Assistance with resources and logistics
- Support, encouragement, and advocacy for their rights
- Monitoring and evaluation

Your role as a supervisor should be that of a problem-solver who supports the employees, not a fault-finder who is always criticizing them. Your employees should be pleased to see you and not find reasons to be absent when you are coming.

**Functions of a supervisor.** Supervisors at every level and in all parts of an organization have a number of basic functions. These include:

- Setting individual [performance objectives](#) (the activities an employee should accomplish by a certain date) with the employees themselves so that they know what is expected of them.
- Managing any **performance problems** and conflicts that arise and motivating and encouraging employees to do their best work.
- Having **regular contact with staff members** through [supervisory sessions](#) to motivate and provide [feedback](#), solve problems, and provide guidance, assistance, and support.
- Designing a [supervisory system](#), including a supervisor's session plan with selected items to supervise during each session.
- Preparing a [supervisory schedule](#) of upcoming supervisory sessions which shows the date and time of each session and lists any content that can already be foreseen. This should be updated periodically.
- Conducting periodic [performance appraisals](#) to review an employee's past performance in order to make sure performance objectives are being met.

Although the situations in which supervisors work may vary, effective supervisors must perform all these basic functions.

**The style of supervision should fit the employee.** There are many different styles of supervision, but all supervision is made up of two basic components: giving direction and providing support. **Giving direction** involves one-way communication in which the supervisor tells the employee what to do and when, as well as where and how the tasks are accomplished. **Supervisors provide support** through their relationships with their employees. This implies more of a two-way communication in which supervisors encourage and guide staff, discuss any questions or difficulties, and enable them to carry out their jobs effectively.

A supervisor may instinctively be more inclined toward task-oriented or relationship-oriented supervision. However, every supervisor must also consider the type of supervision appropriate to each employee. Some employees work best independently, needing direction but little support. Other employees work better with a significant amount of support from their supervisor. In any case, a supervisor should always consult with employees before making judgements and decisions which affect the employee's work.

**Elements of supervision.** The foundation of supervision is the **supervisory session**, when the supervisor meets with one or more employees to review the work that has been done and to plan the work of the next few months. There are different types of supervisory sessions, each of which covers a different time frame and looks at the work to be accomplished in a different way. On-site, **day-to-day supervision** keeps track of what is being done and corrects any obvious problems as they occur. Supervisors also have **supervisory sessions** with staff working in the same location; these involve a longer-term review of the work and may look at the need for further training or the possibility of staff development activities. **Supervisory visits** to staff working in different locations look at work accomplished over a longer period. In addition to trying to resolve problems arising from day-to-day work, the visiting supervisor has a pre-determined list of activities to carry out.

An additional form of supervision is the **performance appraisal**, which occurs at regular periods and looks at whether the employee is achieving her or his performance objectives, how well she or he is carrying out the tasks, and what support the supervisor should provide. This is a more formal version of the review that takes place during the regular supervisory sessions and may be the basis for deciding whether the employee should receive a raise or promotion.

All supervisory sessions, whatever the circumstances, should:

- Reaffirm the mission of the organization - reminding staff of the organization's values, principles, and goals, and strengthening staff commitment to them;
- Make sure the staff have the interpersonal skills required to deliver high-quality family planning services;
- Check that the staff have the technical and intellectual skills necessary for the jobs they do and that they are properly trained;
- Deal with personal work-related issues of individual staff members.

A supervisory visit to staff working some distance away would also have to cover the following items:

- Checking and replenishing supplies;
- Bringing messages and items from headquarters and taking others back (the mailman function);
- Collecting record forms that need to go to headquarters.

### **Provide effective supervision**

- Share the program's overall goals and objectives with the employees as much as possible so they can participate intelligently in decisions.



- Respect your staff and their contributions. They may have insights that will lead to better decisions. Let them know that you rely on their self-discipline and commitment.
- Talk with your staff informally. This will help you learn their views and opinions without asking them directly. Listen to them. Even if you don't agree with their opinions, being familiar with them will help you to be a more effective supervisor.
- Identify the types of decisions or issues which the staff feel are important and in which they would like to be involved. Take their ideas, suggestions, and wishes into account whenever possible. Employees are more motivated to work hard on tasks they helped to decide on and plan.
- Do your best to make sure that all those employees that will be affected by a decision have a chance to make their views on it known to you.
- Encourage staff to make suggestions for the agenda of regular formal staff meetings. Put a sheet of paper on the notice board several days before the meeting so that anyone (including yourself) can write on it the subjects she or he would like to raise. When you conduct the meeting, try not to dominate it; encourage participation by the staff members.

## **Improving Staff Performance**

### ***Setting performance objectives***

As a supervisor, you should aim to have the staff working towards a set of performance objectives which they have helped to develop. Performance objectives, which are individualized targets written for each staff member, outline the tasks for which each staff member is responsible, as well as the deadlines for the completion of these tasks, when relevant. When each individual is working to meet performance objectives, the program itself is more likely to reach its targets and objectives on time.

Performance objectives should be developed in consultation with the staff member in question. Staff should be able to achieve their performance objectives through their own efforts. Do not set objectives over which they have little or no control. (For example, a nurse in a clinic has little control over how many people she or he sees).

Performance objectives should be:

- Specific, quantitative when possible, and qualitative when appropriate;
- Time-limited, stating when the activity is to occur or the date by which it must be completed;
- Clearly worded, so that there is no doubt whether the objective has been met.

Performance objectives will guide both the employee and the supervisor who will be providing the employee with support and help. The supervisor is thus making a commitment to the joint venture of getting the work done properly and on time. Performance objectives for both the employee and the supervisor are recorded during the supervisory meeting for review at the next meeting, when the results will also be recorded. These records will be useful for an objective review of the whole year's work at the time of the annual evaluation.

In many countries or organizations, the concept of performance objectives is unfamiliar, and it may take the staff time to be able to work comfortably with this system. You can begin by introducing the idea of periodic reviews of the employee's activities. Once the staff member is comfortable with this system, you can introduce some performance objectives for each of the employee's activities.

## Identifying Performance Problems

***Discovering the cause of performance problems*** Problems and conflicts are inevitable; no program will be completely trouble-free. One of the supervisor's responsibilities is to help resolve the problems that employees are encountering. However, it is not always obvious that problems exist, as employees may be unwilling to mention them to a supervisor. As the supervisor, you must make an extra effort to see whether problems exist.

Once it is evident that a program is not running as well as expected (for example, it is not meeting its objectives or there is tension among the staff members), the supervisor must determine the nature of the problem before any corrective steps can be taken. As a supervisor, you should begin by asking the following questions:

*Who is involved in the problem?*  
*What exactly is wrong?*  
*When did the problem start?*  
*Where exactly is the problem taking place?*  
*What is the cause of the problem?*  
*What resources will be needed to solve the problem?*

### ***Reasons for poor job performance***

In general, there are two kinds of problems a manager has to handle with staff: poor performance, which results when an employee does not or cannot perform the job properly, and personal problems, which often interfere with collaboration among employees or affect an employee's motivation. If you find that an employee is not working as effectively or productively as you had anticipated, find out why and correct the situation. Poor job performance may occur because an employee:

- Doesn't fully understand the duties of the position or how to carry out the assigned tasks;

- Is not properly trained for the position;
- Has a personality conflict with a colleague which is interfering with the work;
- Is bored by the work or lacks motivation;
- Feels she or he is not being properly or adequately supervised;
- Is unable to adjust to the local environment.

If, after collecting information on the current situation, the solution is not immediately obvious, begin trying different approaches to see if any of them improves the employee's performance. For example, if an employee has been working independently, try providing closer supervision and see whether the employee's performance improves. If an employee's job involves repetitious tasks, you might consider providing her or him with a new challenge.

## **Handling Job Performance Problems**

***Understanding the problem*** .To understand the job performance problems of one or more employees, you must look at a variety of factors, including the employee's employment history, training, transfers, performance, and qualifications. You may also wish to consider the employee's work interest, attitudes, and ambitions. Keep in mind that the employee's performance problem may not be due to an inability to do the work, but rather to personal problems, such as financial, family, or health problems.

### **Find out whether the employee has been adequately supervised.**

- Does the employee fully understand what is expected of her or him? How do you know?
- Has the employee received proper guidance when performing her or his work?
- Has good performance been recognized? When? How?
- Has the employee received constructive help to correct a bad job? When? What was the result?
- Has the employee had the opportunity to advance in her or his work? Has she or he had the opportunity to assume new responsibilities? What was the result?
- Has the employee been encouraged to improve? In what way? What did she or he do?
- Are the employee's work conditions satisfactory? What are they?

In answering these questions, the negative responses will indicate where improvements in supervision may be able to solve the problem.

**Determine the nature of the employee's problem.**

- Has the employee adequately carried out her or his duties?
- Does the employee have a negative attitude?
- Is the employee's work deficient?
- What would the situation be like if everything were running smoothly?  
What will prove that the problem has been solved?

If the poor work performance seems to be a result of the employee's not fully understanding her or his duties, as the supervisor you should immediately take the following steps:

***Helping the employee to improve job performance***

**Compare the employee's performance objectives and job description with her or his work performance.** Review any previous disciplinary action that may have been taken against this employee. Look at the nature of the problem and what the organization's rules and procedures are.

**Try to determine the reasons for this gap between objectives and results** before interviewing the employee by looking at:

- The employee's personal circumstances;
- The employee's relationship with other employees;
- Whether there have been any recent changes in the nature of the employee's work or in the staffing of the unit.

**Talk privately with the employee.** Go over the employee's performance objectives and instructions and:

- Find out how well the employee understands the work assignment;
- Ask the employee for her or his assessment of the situation;
- Determine the employee's attitude toward work;
- Determine whether the employee is capable (properly trained, physically and mentally able) to do the job;
- Ask the employee how she or he thinks the situation can be corrected and decide, together, what is needed to perform the job.

**Take measures to correct the problem:**

- Go over the tasks and instructions, making sure the employee understands what is expected of her or him.
- If additional training is called for, arrange for the employee to have the necessary training.  
(<http://erc.msh.org/mainpage.cfm?file=2.2.5b.htm&module=hr&language=English>)
- Give close supervision and help, making sure that the employee has all she or he needs to carry out the tasks and that the employee knows that she or he can call on the supervisor for help.
- Let the employee try to improve her or his performance and then check the work again.
- Congratulate the employee on the improved performance.
- Replace the employee if she or he isn't capable of doing the job; don't keep an unsatisfied employee if you can help it.

**Managing Conflict**

It is inevitable that there will be a certain amount of conflict in an organization. Often this conflict is a positive thing, as it can bring up new ideas or techniques, or problems that need to be resolved. A manager should learn to manage conflicts rather than suppress them and to address them as soon as they arise. When conflicts arise from differences in personal values and beliefs, they will probably never be resolved; they will have to be managed.

***Conflicts between employees***

Sometimes a problem that arises from a personality conflict between two or more employees will lead to disputes or will keep the employees from working together as they are supposed to. This ill feeling can infect other employees, so such conflicts must be addressed right away. As a supervisor, you may have to settle such a dispute between two workers. Proceed by taking the following steps:

- In order to find out what is the real cause of the quarrel, interview each of the people involved separately.
- Ask each person how she or he thinks the argument can be resolved and if she or he is willing to be reconciled.
- When there is a proposed solution, try to persuade all sides to accept the solution, to stop arguing, and to work together.

- If no agreement can be reached, tell the employees involved that they will have to agree to differ, that they should not argue about it any more, and that it must not impede their work in the future.

### ***Managing employee's personality conflicts***

Personality conflicts may be the most difficult kind of problem a supervisor has to deal with. They can be emotionally charged and generally don't go away of their own accord, as people's personalities are not likely to change. When faced with this situation, a supervisor needs to establish reasonable ground rules to minimize the conflict, such as the following:

- If one employee criticizes another, she or he must also supply suggestions for improving the situation.
- No one may make attacks of a personal nature on another person.
- Grievances must be brought up with the supervisor because complaining among the staff will not improve the situation.
- Personality clashed must not be allowed to hinder work.
- Employees will be rewarded for helping and cooperating with others, not for succeeding at the expense of others.

### ***Conflicts between the employee and the supervisor***

The problem may be a conflict between the employee and the supervisor. The employee may feel animosity toward the supervisor and react to this by not carrying out her or his assigned tasks or by doing them poorly. This is a difficult situation, and there is no guaranteed solution for it. The supervisor and the employee will need to sit down in a private meeting to air their grievances and problems. As the supervisor, you should then go over the grievances and outline which complaints you can do something about and which you cannot, what can be done, and whether these changes will make the situation satisfactory for the employee. If the complaints that have no solution are very irksome to the employee, she or he might wish to consider leaving the job.

In this meeting, you must be careful to remain non-judgmental, concentrating on finding a solution and not letting yourself respond angrily or in an accusing manner to the employee's grievances, as this will only make the employee defensive and angry and will make it much more difficult to work out a solution. Both of you should try to think rationally and not emotionally. As the supervisor, it is your responsibility to make sure the meeting stays calm and controlled.

## ***Maintaining a positive atmosphere***

Supervisors can maintain a helpful, cooperative, positive atmosphere by examining their own behavior toward their employees. Use the suggestions in Improving the Work Environment to identify ways to improve the work environment of those you supervise. A supervisor must avoid falling into bad habits which can negatively affect the work environment and the employees' job performance; employees who feel their supervisors are unjust, vindictive, or ineffectual will feel trapped in an unhappy position and may lose their motivation to work.

## **Improving Staff Motivation**

### ***How a supervisor can motivate a staff***

As a supervisor, you can be a powerful motivating force for your staff. You can help them to carry out their tasks responsibly and efficiently and can inspire them to strive for higher achievements, even if, as is generally the case among supervisors, you don't have the power to motivate through increased financial incentives. You can use a number of non-financial incentives, such as:

- Having senior staff voice their approval of good performance; Instilling in employees a belief in the value their work;
- Providing employees with opportunities to use their intelligence to solve problems;
- Offering employees opportunities to assume more responsibility and leadership;
- Providing opportunities for advancement and self-improvement.

## **Providing Effective Feedback**

### ***Principles of effective feedback***

Feedback means communicating to the staff your reaction regarding their work performance. Your feedback lets the employees know what they are doing well, where they need improvement, and how they can improve.

In order to make sure your feedback is effective, your comments should be:

- **Task-related.** Your comments should be related to the actual tasks carried out by the staff and should be based on your own observations of how these tasks are done.
- **Prompt.** Give feedback after your observations of employees' work and your conversations with them and in the presence of other staff members

who are involved. The longer the delay, the weaker the effect of the feedback.

- **Action-oriented.** Your comments should relate to improvements that employees can make through their own efforts.
- **Motivating.** Start with positive feedback, then progress to what needs improvement.
- **Constructive.** Discuss with the staff how they can improve their performance, taking care to emphasize that their work has value.

In reality, feedback takes place almost continuously during on-site supervision or during a supervisory visit.

### Example

#### Ineffective feedback from a supervisor to a CBD agent:

"I've been meaning to tell you, I don't like the way you handled the visit to Mrs. R's house last month. You spent too much time talking about unimportant things. This program is not an excuse to sit and chat with your neighbors! She said she'd been having headaches and you didn't ask her if she'd had them before. You obviously haven't remembered our training sessions very well. Are you too lazy to re-read the manual? Don't you remember what to do when a client complains of headaches? Go back and read the manual, and don't let me catch you making that mistake again!"

### Example

#### Effective feedback from a supervisor to a CBD agent:

"During the visit to Mrs. R's house today, you were very friendly and warm, and I see that you have established a good relationship with her. Your reminders to her about how to take the pill were clear and complete, and it is excellent that you remembered to repeat them, since she is a first-time user who just started last month. You listened well when she told you the problems she has been having with taking the pill.

"However, there are two things that you should do differently next time you see a client with these complaints. She is a new pill user, and it is important to reassure new pill users that their nausea will probably disappear by the second month. Her headaches could be due to many causes. Next time a pill user complains of headaches, ask her whether she had these headaches before she started taking the pill. Take her blood pressure.\* Also, keep track of who is complaining about headaches. If a woman has this complaint two months in a row, refer her to the health center. If her headache is severe and accompanied by nausea, refer her at once. "Later this afternoon, I'll review our policies for treatment of side effects of the pill with you, to refresh your memory."

*\* Not possible in some CBD programs.*



## **Building a Supervisory System**

### ***Developing a system to help you supervise***

As a supervisor, you are aware that much is demanded of you. You must guide, support, and assist your staff to do the best job they can. You must motivate them, manage any conflicts, resolve problems and emergencies, and do your best to meet your performance objectives and help your employees to meet theirs so that your program will meet its goals. How can you accomplish all this?

Every program or department needs a supervisory system, that is, a set of principles and rules to follow. A supervisory system guides supervisors appropriately in planning, directing, and controlling the performance of their employees. The system describes how the supervisors tasks will be carried out, whether through supervisory sessions with one or more employees or through written or telephone communication. It can include:

- A supervisory schedule
- A supervisory plan
- A system for performance appraisal

By allowing you, the supervisor, to schedule future supervisory sessions and plan the details of these sessions, such a system will help you to keep track of all the activities and employees for which you are responsible. You should hold supervisory sessions with all the employees that you supervise, whether they are working in the same location as you are or in another site to which you must travel to see them.

### ***Supervising people you see frequently***

If the staff you supervise are working in the same clinic or office as you, or if they work near enough that you see them almost every day, you will get regular feedback on the technical and interpersonal capabilities of your staff. Issues or problems, particularly any personal issues, can be dealt with as soon as they arise. You can vary the time you spend with individual members of your staff as their needs require and the work situation allows.

When supervising people you see frequently, some supervisory functions are performed easily, such as monitoring the volume and quality of the work which has been done, reaffirming the mission of the organization (by personal example), and being able to represent the organization and support the staff members on personal issues. Because you see these staff members every day, it may be more difficult to look at their training and staff development needs from a long-range perspective. To overcome this problem, the supervisor must set up regular meetings for longer-term reviews of the work and for discussing the guidance, assistance, and support that staff members should have.

### ***Supervising people you see occasionally***

If the staff you supervise are located at some distance from your office, then you will not see them very often. Supervising staff who work a distance away is different from supervising staff you see every day because these sessions are usually less frequent, longer, cover a longer time frame, have a sense of occasion, and are scheduled around constraints of geography, distance, and the availability of transportation. With these staff you have only a short time, perhaps a few hours each month or each quarter, to cover the basic areas of supervision which have been mentioned earlier. To make sure your visit has the greatest impact, you must think very carefully about what you are going to do and plan how you are going to do it.

The main challenges for the supervisor in any supervisory session are:

- To identify all the problems and issues to be addressed with staff members;
- To use the available time with staff members effectively.

### ***Managing a supervisor's many roles***

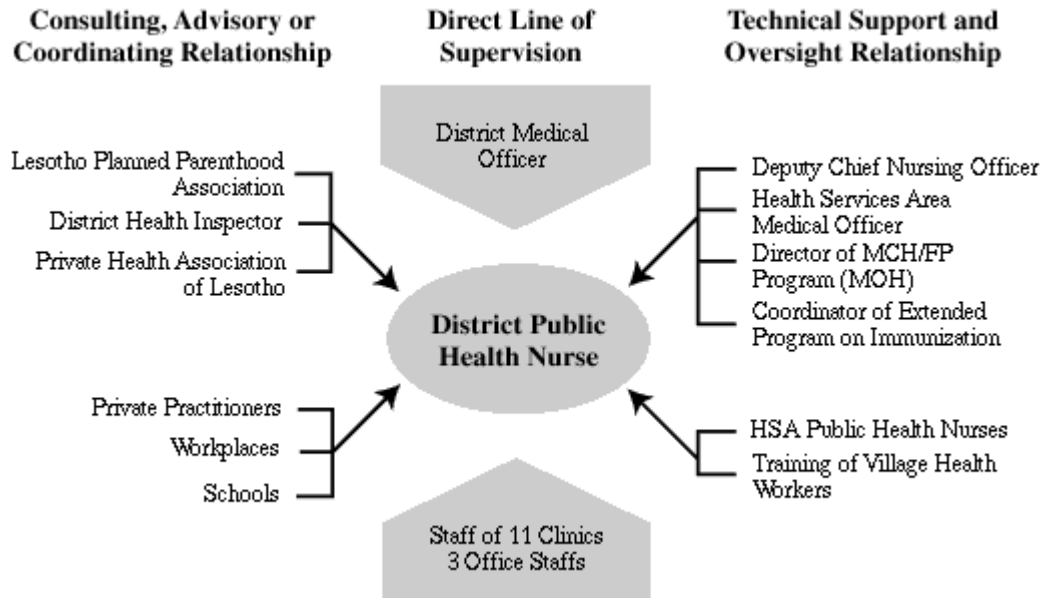
A supervisory system is especially necessary when the circumstances of a supervisor's job are complex. As a supervisor, you may have a number of employees to supervise in a variety of locations and in addition you may be responsible yourself to more than one supervisor. A supervisory system will help you to keep track of all the things you have to do so that no important tasks are neglected and so that tasks are accomplished within this allotted time.

## **Example from Lesotho**

### **The Complexities of Supervision**

The lines of supervision, like a chain of command, seem in theory to be very straightforward; one person is supervised by another with more responsibility, who is in turn supervised by someone else higher up in the organization. In fact, it is rarely that simple.

The diagram below illustrated the lines of supervision for a District Public Health Nurse who works for the Ministry of Health in Lesotho. She has not just one supervisor, but five. Her most direct supervisor is the District Medical Officer, but as shown in the right hand column, she is also responsible to the Deputy Chief Nursing Officer, the Health Services Area Medical Officer, the Director of the Department of Maternal and Child Health and Family Planning (Family Health Division of the MOH), and the Coordinator of the Extended Program on Immunization. Her real supervisor, the Senior Nursing Officer, who is informally responsible for transfers and promotions, isn't even shown in the official diagram.



The District Public Health Nurse's job is complex not only because of all the people who are supervising her, but also because of her many roles and the many people she supervises. The District Public Health Nurse acts as a trainer, supervisor, administrator, technical advisor, and consultant. She directly supervises eleven health clinics and her own office staff of three. She supports the training of 60 health workers in the Health Service area or district offices. She also consults and interacts with a number of other organizations and entities in Lesotho, as shown in the column on the left.

# Unit 1 - Introduction

## Human Resources Management in Context

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### Introduction

Welcome to the first unit of the module *Managing Human Resources for Health*.

Within the broad subject field of human resource development, human resource management is the most substantial area, as it involves all aspects of personnel management as well as issues of capacity, training, etc. In this unit we will introduce you to the scope and context of human resource management in the health sector.

### **This unit has four study sessions:**

- Study Session 1: Key Components of Human Resource Development.
- Study Session 2: Human Resources and Health Sector Reform.
- Study Session 3: Human Resource Management and the Policy Context.
- Study Session 4: The Role of HR Development and Management in your Organisation.

Session 1 will introduce you to the key components of HR Management in the wider context of human resource development.

Session 2 will place HR Management in the context of health sector reform, particularly in African countries.

Session 3 will continue to look at the context of HR Management, this time the context of policy and the important role of policy analysis.

Session 4 will summarise previous sessions and lead into future modules by discussing the role and function of HR Management within your organisation.

The first two sessions review the first two study sessions of the introductory module *Developing Human Resources for Health*. Students who have completed this module can skip over the sessions or, even better use them to do a bit of revision.

## LEARNING OUTCOMES FOR THIS UNIT:

**By the end of this unit you should be able to:**

- Demonstrate an understanding of the key components of human resource management.
- Demonstrate an understanding of the role of HR Development in the health sector.
- Discuss HR Development in the context of health sector reform.
- Demonstrate an understanding of the way in which policy impacts on human resource management.
- Demonstrate an ability to analyse the policy context in your organisation.
- Demonstrate an understanding of the role of HR Management within an organisation.
- Demonstrate an ability to assess the HR situation in your organisation.

# Unit 1 - Session 1

## Key Components of Human Resources Development

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### Introduction

In this session we introduce you to the scope of human resource development and how HR Management is situated within that scope. You will get an overview of the different components making up Human Resource Development, and will take first steps to reflect on the human resource situation within your organisation, a reflection that will be ongoing throughout this module.

### 1 LEARNING OUTCOMES OF THIS SESSION

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**By the end of this session you should be able to:**

- Demonstrate an understanding of the key components of Human Resource Management.

### 2 READINGS AND REFERENCES

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You will be referred to the following readings in the course of this session:

Publication Details	Page Nos In Reader
Mejia, A. (1978). Ch 2 - The health manpower process. In Hall, T.J. & Mejia A. (Eds). <i>Health Manpower Planning: Principles, Methods, Issues</i> . Geneva: WHO: 31-56.	4
Green, A. (1992). Ch. 13 - Planning human resources. In <i>An Introduction to Health Planning in Developing Countries</i> . Oxford: OUP: 291-315.	19

### 3 THE DIFFERENT COMPONENTS OF HUMAN RESOURCE DEVELOPMENT

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#### 3.1 Introduction

'Human resources' is the term used today to describe the key ingredient of any health system: the people running it - from the cleaner and the gardener, to the heart surgeon, the volunteer and the top administrator.

In the past other terms were used: 'health manpower', with its problematic gender connotation, 'health workforce', etc. Today, the term 'human resources' seem to have become widely accepted and that is why we will be using it throughout this module.

The term flags the fact that the people running the health system are indeed a resource that has to be developed and nurtured. In fact, they are the most crucial and the most expensive resource in the health system. Conventionally, between 65% and 80% of the entire health budget is spent on human resources, leaving a relatively small proportion for everything else: drugs, buildings, equipment, transport and other running costs.

Furthermore, human resources require the longest preparatory time of all health resources and cannot be improvised. The training of health human resources is subject to the rigidities of the health and education systems and yet, personnel, unlike other health resources, cannot be stored or discarded. They have to be available in the right numbers and type at the right time – no more and no less than is needed. This is the most important challenge of human resource planning and production, i.e. the education and training of health professionals.

Lastly, because their skills are subject to obsolescence, particularly in our times of rapidly developing technology and knowledge, human resource abilities and skills need to be updated and improved through continuous development, training and supervision – a major challenge for human resource production and management.

Strangely, what is often forgotten or neglected in health planning is the fact that this most crucial and most expensive of health resources consists of human beings,

#### Internet resources

Apart from a growing volume of printed publications on health human resources, there are now some fascinating websites with information on the topic. Visit one or all of the following three to whet your appetite:

- <http://www.Hrhtoolkit.forumone.com/>  
This tool kit, compiled by Prof. Thomas Hall for the WHO contains publications and tools for the entire spectrum of HRD for health.
- <http://www.moph.go.th/ops/hrdj/>  
An international academic journal focussing on HRD for health. Although this is an academic journal, its articles are firmly rooted in and based on HR practices with a commitment to improving health service delivery.
- <http://www.erc.msh.org/>  
The electronic resource centre of the US-based organisation *Management Sciences for Health* contains a wide range of tools in the area of human resource management. It is extremely accessible and user-friendly.

Many of the materials for this module have been drawn from the above sources. Detailed references are given in the text.

people with hopes, aspirations and feelings, and who live within families and communities. We will see in this unit that the neglect of the human aspect of human resource development has severe consequences for the system as a whole, and has contributed to the negative track record of Human Resource Development (HRD) within health sector transformation in the past decades.

Human Resource Development (or HRD for short) encompasses the planning for, development and management of human resources. Within the health system, these three components may each be controlled by a different authority, which makes co-ordination between their functions difficult. As a consequence formal mechanisms, such a Human Resource Planning or Development Unit may be necessary.

### **3.2 Human Resources Planning**

Human Resource Planning includes the estimation of staff numbers, categories, knowledge, competencies and attitudes of personnel required both in the immediate and long-term future; the allocation of resources to train and pay these staff; the communication of this information to trainers and managers. It also includes human resources policy, "where policy refers to statements made by relevant authorities intended to guide the allocation of resources and effort". (Moorman & Pick, undated: 10) HR Planning is essentially concerned with future and long term needs for personnel, and ensuring that these match future health service needs.

HR Planning is usually carried out at national and provincial levels. Some functions such as resource allocation and the determination of the requirements for specialist health services can probably most efficiently and equitably be done only at the central level of an organisation or system (Green, 1992). However, the more a service is decentralised, the more regional and district managers may be expected to do HR Planning.

HR Planning has two essential steps:

- estimations of supply (or what we have)
- estimations of requirements (or what we need).

These two steps should include both quantitative and qualitative assessments, and estimations of the skills required and the productivity of current and projected personnel. There are different methods of estimating supply and requirements, such as the needs-based and service-targets methods. Skills and productivity may be measured by methods such as training needs assessment, task analysis and job design, nursing workload study, performance evaluation, supervision.

### **3.3 Human Resources Training and Development**

Human Resource Training and Development includes all aspects of the education and training of health personnel (both basic and post-basic) to meet the requirements of the system. In the literature it is often called human resource



production, which is a slightly dehumanising term, which is actually meant to set it apart from the broad term of human resource development.

Institutions involved in the production of health personnel include nursing schools, paramedical training schools, medical, pharmacy and dentistry schools, universities and technikons. (Note that the levels of primary and secondary education in the society are important for the future supply of trainees.)

These institutions are commonly controlled by the Ministry of Education, if they fall within the public sector, or they are controlled by private organisations, both for-profit and not-for-profit. Typically, the higher the level of education of a category of health worker, the more it is regulated from outside the Ministry of Health - for example, by professional bodies. In South Africa, there have been important debates on the control and governance of education of health professionals, but so far nothing fundamental has changed.

### **3.4 Human Resource Management**

Human Resource Management (HRM) includes the employment, retention and replacement, support and development of staff. It plays a crucial role in determining the productivity, and therefore the coverage of the health services system. Anybody responsible for the management of people in an organisation is responsible in some way or another for HR Management. However, in larger, more complex organisation, a great deal of HR Management will be carried out by a specialised personnel department.

HRM functions may be divided into the following activities:

#### **Employment**

- job analysis
- job description
- recruitment and selection
- keeping personnel records and databases
- staff induction
- distribution of personnel

#### **Retention & Replacement**

- career structure
- promotion
- grievance and dismissal procedures
- working and living conditions
- reward system incentives

#### **Support**

- mentoring
- forms of supervision
- forms of communication and consultation

- employer-employee relations and collective representation

### **Development**

- individual performance review
- training

Most countries are now experiencing major changes in their health services due to economic and political pressures which have implications for personnel. Such changes therefore need to be considered carefully in the management of staff. Management of change is an important thread that runs through all HRM functions in the South African context typified by system-wide restructuring.

The policies and practice of HR Management consist, in part, of a series of techniques and procedures concerning, for example, recruitment and selection, job description and performance appraisal. The techniques are, however, not neutral but take on the social and political characteristics of their immediate environment. When the same technique is used in different social and political settings, then the political consequences of the technique will differ.

Techniques are also contested and are certainly not universally standardised. Different organisations are guided by quite different Human Resource Management policies and practices. In some aspects, private sector HR Management is much better developed than public sector health services, and in South Africa the health sector has been considered the least developed in terms of HR Management and labour relations.

Among the main problems in health services personnel management are the following:

- Personnel leaving the public service.
- Inability to attract new staff into the public service.
- Inappropriate use of personnel.
- Unproductive or demoralised staff.
- High levels of absenteeism and moonlighting (see also Green, 1992 and Moorman/Pick, undated)

These problems may be linked to a number of causative factors, among them a 'task orientated' approach to human resource management, or the quantitative rather than the human approach to planning and management. Personnel managers need to broaden their understanding of their jobs to include human communication and support skills. Another way of looking at this is that human resources management is not only carried out by managers, but is a two-way process of reaching agreement between employers and employees.

### **TASK 1: HRD COMPONENTS IN YOUR ORGANISATION**

The text above has given you a preliminary overview of the scope and components of Human Resource Development for Health. Based on this overview, reflect on the personnel functions fulfilled by your organisation. If you are not presently working in a health service, reflect on an organisation you worked for in the past. Draw a mindmap or organogram to show the different components and their relationship with one another.

What HRD roles are missing in the organisation? Are you aware of any problems that arise from that?

### **TASK 2: HRD THREATS AND CHALLENGES IN YOUR ORGANISATION**

The components discussed above make HR Development sound fairly technical. This is, of course not the case, because HR Development deals with people, their livelihoods, their emotions, etc.; and we find that health workers in most parts of the world, and certainly in Africa, work under increasing strain and difficult conditions. If you look at your organisation again, what are the greatest threats and challenges facing the workforce in your organisation and therefore the planning, development and management of human resources?

For example: Is HIV/AIDS decimating your workforce? Are people frustrated because posts are cut and working conditions deteriorating? Do they feel empowered, because the district health system has given decision-making powers to facilities? Do they feel positive, because not only doctors are appointed to management positions any more?

### **TASK 3: A SUMMARY OF MAIN TOPICS IN HR DEVELOPMENT**

One of the few seminal texts on health human resource development is a book published in 1978 by T. L. Hall & A. Mejia, *Health Manpower Planning: Principles, Methods, Issues*. Geneva: WHO: 31-56. (Reader page 4).

Despite its age and dated terminology, it still presents an excellent summary and discussion of the main topics in HR Development in the health sector, which is still valid. Chapter 2 describes “The health manpower process”. Pre-read it to get an overview of its contents and note that there is a summary at the end. Read this first, as it will make your reading easier. Then read the chapter, reflecting on the following questions:

- a) How do the different components of HR Development influence each other?
- b) Mejia states that HRD decisions are “as much or more influenced by political, cultural and ideological considerations as they are by supposedly rational factors such as cost-benefit or the availability of technology”. Do you agree with this statement? If so, can you think of examples from your own experience of political, cultural or ideological considerations influencing HR decision-making?
- c) Mejia talks about the multi-disciplinary nature of human resource issues. What does he mean?
- d) Mejia describes the functions and characteristics of the ideal HR unit. How does this description resonate with your own experience or knowledge of HR units at provincial or national level?
- e) One of the key arguments of the chapter is for the integration of human resource development. What are the advantages of an integrated approach to HRD? You can also list possible disadvantages.

### **FEEDBACK**

*(This feedback is quite detailed, talking you through the different sections of the chapter and pointing out key arguments. This is to assist you in getting into the discourse and language of HR Development in health. Not all readings will come with such detailed feedback. In some cases the introduction to the reading will provide enough guidance, so that feedback will be unnecessary):*

Hall and Mejia published their book in 1978, soon after the Alma Ata Declaration, which heralded the birth of the Primary Health Care Approach. They wanted to emphasise the need for strong HR systems and organisation within a new policy environment.

The chapter starts with a broad sketch of the environment within which what they call the health manpower process takes place. They stress that it is multi-faceted, and requires that those involved in HRD engage and come into contact with a wide variety of problems and disciplines.

In the second part they talk about how the HR system fits into the health system as a whole, and that both are influenced by a range of surrounding systems and agencies (political and educational systems; professional bodies, etc.).

Mejia then describes in detail the component parts of the "manpower process":

- Health manpower planning.
- Health manpower production.
- Health manpower management.

We would say today human resource planning, human resource production (or development and training) and human resource management.

They emphasise the fact that HR Planning serves the purpose of providing strong and implementable proposals for HR systems (i.e. the production and management of human resources), which are in line with the needs and health plans of the country (or unit of planning). As such HR Planning only serves a purpose as a tool in the HR process. They say, "planning is neither self-executing, nor self-fulfilling". (Mejia, 1978: 35)

"Manpower production", the training and development of human resources, relies on good inputs from planning, to make sure that the right people are trained, in the right numbers, with the right skills. The authors point out that most production is not under the direct control of the health system, because usually the education system is responsible for the implementation of training, a fact that is not always without tension.

The authors go on to show that "health manpower management" relies on good planning and production, but often the distinct existence of different units is a barrier to good management.

After having discussed the key ingredients of the HR process and its component parts, Mejia then turns to the organisational arrangements of HRD within Ministries of health in the section on The Health Manpower Unit.

They discuss in detail the functions and responsibilities of each component part of an HR unit. You do not have to go into the detail of all of this. The key argument they are making here, and an argument which has been repeated by HR experts ever since, is that all aspects of HR Development should be located in one unit to ensure integrated functioning - not the separation of HR functions in policy and planning, training and personnel administration departments.

You should have had a good look at the diagram at the end of the chapter (p. 54), which illustrates how the different HR Development components relate to each other.

## 4 FURTHER READINGS

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There are no further readings for this session. At present, there are very few good overview texts for HR Development in the health sector.

## 5 SESSION SUMMARY

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In this session we have introduced you to the scope of human resource development and how HR Management is situated within that scope. You have taken first steps to reflect on the human resource situation within your organisation, a reflection that will be ongoing throughout this module. You have also critically read one of the seminal texts in the field, the chapter by Hall & Mejia.

In the following session, we will place Human Resource Development and Management within a broader political and historical context, looking at the impact that health sector reform has on human resources - and vice versa.

# Unit 1 - Session 2

## Human Resources and Health Sector Reform

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### Introduction

Most countries throughout the world have been engaged in efforts to reform their health systems for the past few decades, with waves of reform initiatives following each other in quick succession. Whatever their specific objective, these reforms often focussed on changes in financing, organisations and structures, often to the neglect of the key resource – staff. Staff are fundamentally affected by and, in turn, fundamentally affect the success of any kind of reform of the health sector.

This study session will look at some of the main reform initiatives of the past 25 years, their effect on health human resources and vice versa. This will be a reading session, aimed at locating HR Development in a broader political and socio-economic context.

Each reading will come with a number of key questions, which will guide you through the text.

### 1 LEARNING OUTCOMES OF THIS SESSION

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**By the end of this session you should be able to:**

- Demonstrate an understanding of the role of HR Development in the health sector.
- Discuss HR Development in the context of health sector reform.

## 2 READINGS

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You will be referred to the following readings in the course of this session:

Publication Details	Page Nos In Reader
Sanders, D., Dovlo, D., Meeus, W. & Lehmann, U. (2003). Ch 8 -Public Health in Africa. In Beaglehole, R. <i>Global Public Health - A New Era</i> . Oxford: OUP: 135 - 155.	33
Kohlemainen-Aitken, R-L. (1997). Decentralisation of human resources: implications and impact. <i>Human Resource Development Journal</i> , 1(3): 1-29.	44

## 3 HRD AND HEALTH SECTOR REFORM

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In this session we start you of with a number of tasks straight away. The first is a reading exercise, followed by two tasks that will draw on the text.



### **TASK 1: THE HISTORICAL CONTEXT OF HEALTH SECTOR REFORM**

Read Sanders D. et al, (2002), Ch 8 - Public Health in Africa. In: Beaglehole, R. (ed.). *Global Public Health - A New Era*. Oxford: OUP: 135 -155. (Reader page 33). The chapter places human resource development and health sector reform in the context of socio-economic and political developments in public health on the African continent over the past few decades. It thus provides a broad historical and political context for the discussions that follow.

Consider the following questions and issues while reading the text:

- ☐ What have been the main challenges facing health ministries in post-colonial Africa?
- ☐ What distinguished the PHC approach fundamentally from other approaches to health care delivery?
- ☐ What would you consider the main human resource implications of the PHC approach?
- ☐ How have human resources for health been affected by the health sector reform initiatives of the past decade?
- ☐ The authors talk about the inability to develop appropriate capacity. What does this mean practically?
- ☐ Which HR strategies should be put in place to counter the crisis? Do you agree with the authors' suggestions?

You don't need to focus so much on the tables at the beginning of the text, except to understand that health status in Sub-Saharan Africa has begun to deteriorate again after a period of substantial gains. The article elaborates the various historical, political and global developments that have contributed to this situation, before it focuses on the key HR challenges in the present situation and possible future solutions.

In answering the above questions, think back to the module on *Health, Development and Primary Health Care* you did earlier in your studies. That module introduced the concept and implications of the PHC approach and its differences from other approaches.

### **TASK 2: MAJOR HEALTH REFORM INITIATIVES**

Draw a timeline showing major health reform initiatives in Africa since 1950. This should give you an overview of how policies have developed over the past 50 years or so.

### **TASK 3: THE ROLE OF COLONIALISM AND POST-COLONIALISM**

Spend about half an hour reflecting on how colonialism and post-colonialism have affected human resource structures in ways that impact on health systems to this day.

You can do this using a mindmap, writing a mini-essay, drawing a table or using any form of writing you are most comfortable with. Share your thoughts with at least one of your fellow students via e-mail or fax.

You don't only have to draw on the reading, but should base your reflection on your own experience and knowledge as well. Examples of issues you may reflect on may be: an unequal education system, the inequities between urban and rural areas, the structures and hierarchies of the health sector, professional cultures and hierarchies, and many others.

The above reading has placed health human resources in a broad historical and political context.

The second text in this session looks specifically at the impact of decentralisation on health human resources. As you learnt in previous modules (particularly *PHC II* and *Health Management II*), decentralisation has been one of the key features of health sector transformation initiatives over the past twenty years. Many authors would contend, however, that despite the undisputed centrality of human resources in the decentralisation process, there has been little consideration of how human resources are affected, and how, indeed, they can manage the results of decentralisation.

The article looks less at the external environment in which health sector reforms have taken place, and more at the internal dynamics, impact and implications. In this, it also provides a useful bridge to the following units, which will concentrate on planning and management issues with respect to health human resources.

The author of the article, Riitta-Liisa Kolehmainen-Aitken, has many years of experience with decentralisation processes, particularly in countries in the Pacific. This article was published in the *Human Resource Development Journal* in 1997.

#### **TASK 4: DECENTRALISATION AND HUMAN RESOURCES**

Please read Kohlemainen-Aitken, R-L. (1997). Decentralisation of human resources: implications and impact. *Human Resource Development Journal*, 1(3): 1-29. (Reader page 44).

You will see that the paper consists of two parts: Part One consists of the main article by Kolemmainen-Aitken, and Part Two includes a number of responses from international experts.

Read the article and the responses, making notes of the main points and your comments and questions, and then write your own response to the article, based on your professional experience.

## **4 FURTHER READINGS**

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- Martinez J. and Martineau T. (1998). Rethinking human resources: an agenda for the millenium. *Health Policy and Planning*, 13(4): 345-358.
- WHO. (2000). *The World Health Report 2000 – Health Systems: Improving Performance*. Geneva: WHO: 86 & 200.
- Abel-Smith. B. (1987). The world economic crisis. Part 2: Health manpower out of balance. *Health Policy and Planning*, 1: 309-16.
- Cassels, A. (1995). Health sector reform: key issues in less developed countries. *Journal of International Development*, 7(3): 329-347.

## **5 SESSION SUMMARY**

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This session looked at the international context of HRD within health sector reform. We will continue to look at context issues in this unit. The next session will focus on the policy environment of HR Management, helping us to understand how policy shapes what can and cannot be done in HR Management.

# Unit 1 - Session 3

## Human Resource Management and the Policy Context

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### Introduction

In the previous session we discussed the historical and broad political context of HR Management. In this session we will spend a bit more time looking at the policy context in some more detail. You will read two texts, which introduce an approach to analysing and understanding policy. We have introduced this session in a module on HR Management, because management is profoundly influenced and shaped by policy developments, and we think that it is of great benefit for a HR manager to have a good understanding of policy processes.

### 1 LEARNING OUTCOMES OF THIS SESSION

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**By the end of this session you should be able to:**

- Demonstrate an understanding of the way in which policy impacts on human resource management.
- Demonstrate an ability to analyse the policy context in your organisation.

## 2 READINGS

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You will be referred to the following readings in the course of this session:

Publication Details	Page Nos In Reader
Walt, G. & Gilson, L. (1994). Reforming the health sector in developing countries: the central role of policy analysis. <i>Health Policy and Planning</i> , 9(4): 353-370.	59
Walt, G. (1994). Ch 8 - Do those who implement decide? In <i>Health Policy: An Introduction to Process and Power</i> . Johannesburg and London: Wits University Press & ZED Books: 153-177.	77

## 3 POLICY AND HUMAN RESOURCE MANAGEMENT

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### TASK 1: THE CENTRAL ROLE OF POLICY ANALYSIS

Read Walt, G. & Gilson, L. (1994). Reforming the health sector in developing countries: the central role of policy analysis. *Health Policy and Planning*, 9(4): 353 - 370. (Reader page 59). The text is quite dense, but the authors provide a very good overview in their introduction.

Walt and Gilson argue that much health policy wrongly focuses attention only on the content of reform, and neglects the actors involved, the process followed and the context within which policy is developed.

To argue their point, they set the historical and political scene on pages 355 - 358. Much of what they present should be familiar to you from the readings in the previous session. You can use it to do a bit of revision and get a different perspective.

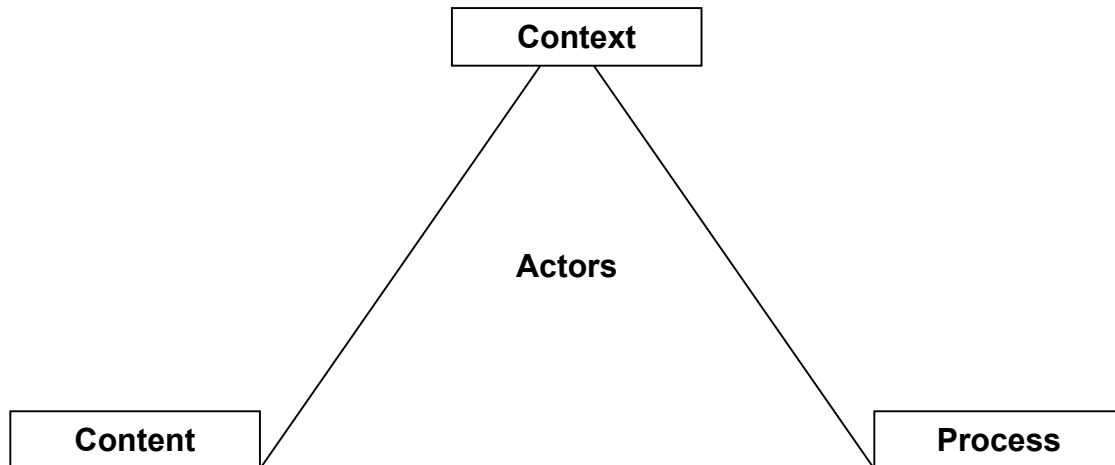
They then go on to define health policy analysis and how it is embedded in the disciplines of political economy and economics (pp 358 - 361). All of this is very interesting reading, but you do not have to understand every word of it. You can also skim rather than read in detail the following sections on context, actors and process, which evolve these concepts theoretically (up to page 364). The second-last section on Health policy analysis takes us back to the context of health sector reform and the multiple influences that shape such reform. It then goes on to show how different authors have developed approaches to try and understand how these process work and what their result are.

The last section of the text takes us back to the conceptual framework introduced at the beginning of the article, arguing that this approach to policy analysis allows us to better understand the implications of policies, and why they do or don't succeed.

Of particular interest in our context is the **triangle** the authors present on page 354, which they use as a conceptual framework to understand policy. This triangle can help us to better understand human resource policies and practices. It helps us to understand why certain decisions get taken, who takes them, and why they do or do not get implemented.

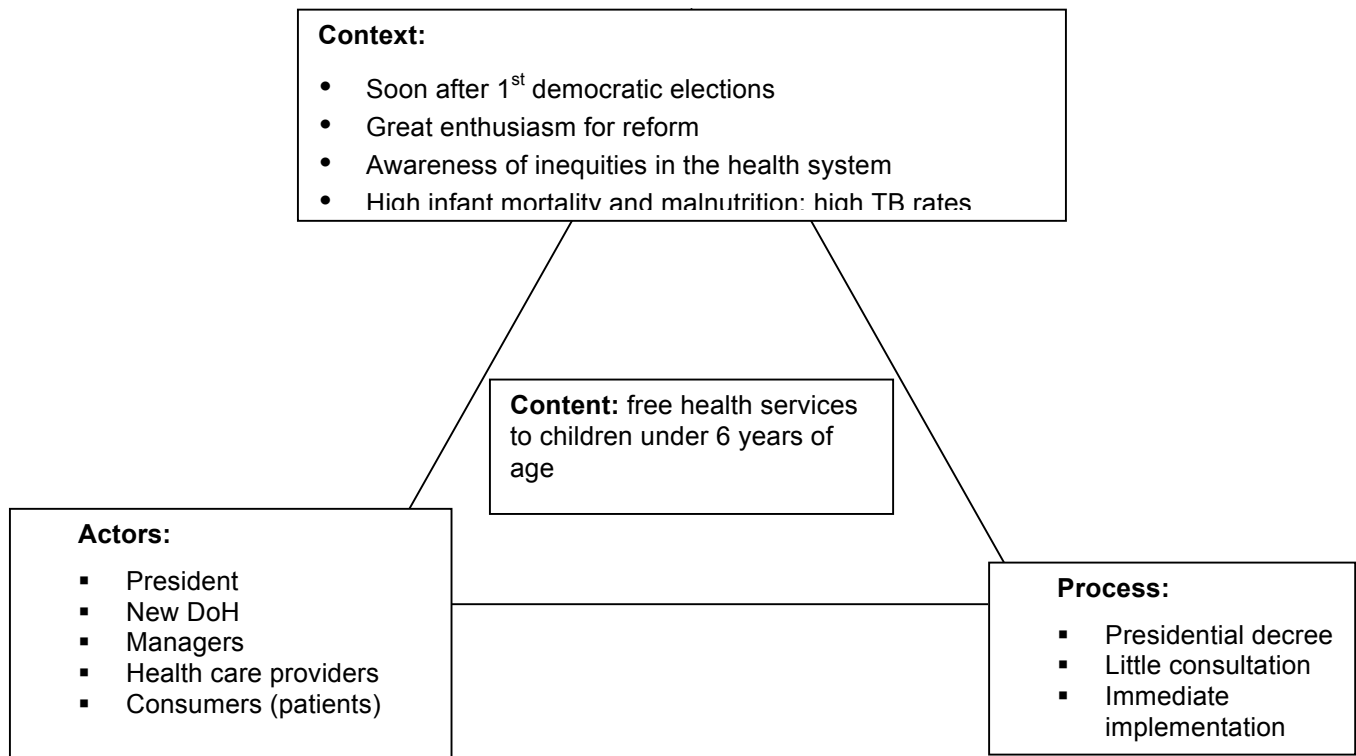
Let's look at the triangle in more detail. It consists of four components:

- the actors in the policy process in the middle;
- the context;
- the content and
- the process on each corner of the triangle.



According to Walt and Gilson, these four components make up and influence policy.

To illustrate this approach, below is an example of how the triangle can be used to better understand a policy, in this case the introduction of free health services to children in 1994.



This obviously is a very rough analysis. It tells us that:

- in 1994 the context was such that such a policy had a very favourable environment (soon after the election);
- that the policy did not need a lot of technical preparation (eg. provision of drug or special equipment) and could therefore be implemented quite easily;
- that there was a strong key actor (the President) who simply decreed the policy without extensive consultation, while it was left to health service staff to implement;
- that a large number of people benefited from the policy immediately, making it very popular and difficult to resist.

This analysis can be refined greatly by:

- looking in detail at different aspects of context (e.g. historical context, political context, epidemiological context, situational context); or
- by analysing the roles of each actor in detail, e.g. What was the position of each group? Who benefited the most? Who had the power to implement - or to resist implementation?

### 3.1 Why is policy analysis of use to a human resource manager?

Well, a frequent feature of managing human resources in our present context is handling of new policies, whether big (e.g. PMTCT) or small (e.g. new leave arrangements). These policies invariably affect staff, even, if they do not address staff directly. Yet, many policies don't get fully implemented, or are implemented but resented, or flounder between authorities. This has a profound effect on how staff can or cannot fulfil their function, whether they feel empowered or frustrated, whether morale is high or low. The above approach to policy analysis can help us understand why things are the way they are. It may not solve our problems, but it may tell us why we feel as if we are banging our head against a wall. Or why a policy, although difficult, has to be implemented at this point. And sometimes this understanding will assist us in making decisions for action.

As human resource managers, particularly, if we operate at facility, district or provincial level, we mostly deal with the implementation part of policy. The following text, which is a chapter from a book by Gill Walt on health policy, talks about the role of implementers in the policy process.

#### **TASK 2: IMPLEMENTING POLICY**

Read Walt, G. (1994). Ch 8 - Implementation: do those who implement decide? In *Health Policy: An Introduction to Process and Power*. Johannesburg and London: Wits University Press and ZED Books: 153 - 177. (Reader page 77).

Start with the conclusion on page 177, which summarises the chapter and arguments.

This is a fairly easy to read book and is highly recommended, if you want to know more about health policy. You should not encounter too many problems following Walt's argument. Focus particularly on the following:

- Part 1 on theoretical models repeats many of the points made in the previous article (Walt/Gilson), using a number of illustrations. Use this section to revise what you learnt earlier in this session about the different aspects of policy.
- Part 2, "Implementation in practice", focuses on the factors impacting on policy implementation. From page 159, Walt talks at length about who controls what in policy implementation, starting with the control of finances and budgets and then moving on to control of the legislative process. Think about how the control of finances and regulations impacts on policy implementation in your organisation. Can you be forced to implement problematic policies, because your budgets are controlled elsewhere?
- The last part, "A strategy for implementation", talks about the resources required for successful implementation, focusing also on HR requirements.



### **TASK 3: ANALYSING THE POLICY ENVIRONMENT IN YOUR ORGANISATION**

Based on what you have learnt in this session, develop a policy analysis triangle for a policy in your organisation. Choose either an HR policy (e.g. training policy, leave policy) or a policy that affects staff in your organisation directly (e.g. integration of services; introduction of abolition of user fees, etc.). Consider the four elements of the triangle:

- Content
- Context
- Process
- Actors

## **4 FURTHER READINGS**

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- Walt, G. (1994). *Health Policy: An Introduction to Process and Power*. Johannesburg and London: Wits University Press and ZED Books.
- Collins, C., Green, A. & Hunter, D. (1999). Health sector reform and the interpretation of policy context. *Health Policy*, 47: 69-83.

## **5 SESSION SUMMARY**

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In this session we introduced you to an approach to policy analysis, which will help you to better understand policy developments around you. We believe this understanding will greatly benefit you as a HR manager. We strongly agree with Gill Walt, who says at the end of second text you read:

"It [policy] is a complex, interactive process, in which implementers themselves may affect the way policy is executed, and are active in formulating change and innovation. However, experience suggests that in the real world there is all too often a major separation between policy formulation and implementation, with little focus on the realities of putting policy into practice." (Walt, 1994: 177)

# Unit 1 - Session 4

## The Role of HR Development and Management in Your Organisation

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### Introduction

This is the last session of this unit. After having spent time placing HR Management in a wider societal context, this session will bring the discussion back to your own organisation. We will look at what role HR Management can play in your organisation. In doing so, we will repeat aspects of previous discussions (which is useful revision), and we will lead into some of the issues and discussions which will follow in the units that follow.

This session is very largely based on an excerpt from one of the websites introduced at the beginning of this module, the Electronic Resource Centre run by the American organisation called Management Sciences for Health (MSH). MSH has vast amounts of experience with health management support and development in Africa, Asia and Latin America. It has developed numerous very useful tools, manuals and publications, which are available from the website, which can be found at <http://www.erc.msh.org/>

The following text and exercises have been taken from one of the publications of this website, called *The Manager*. We have shortened the text and edited it slightly to make it more readable. Please note that in this text the terms HRD and HR Management are often used interchangeably, although the text talks about HR Management. Please also note that this session is somewhat longer than others. This is because you do not have to refer to any texts in the reader. The reading is part of the session.

## 1 LEARNING OUTCOMES OF THIS SESSION

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**By the end of this session you should be able to:**

- Demonstrate an understanding of the role of HR Management within an organisation.
- Demonstrate an ability to do a rough assessment of the HR situation in your organisation.

## 2 READINGS

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No readings in this session! However, you will engage with the HR Management assessment tool, which is printed in the Reader.

## 3 THE ROLE OF HR DEVELOPMENT AND MANAGEMENT IN YOUR ORGANISATION

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At the organisational level HR Development (HRD) involves linking management and the development of human resources to an organisation's strategic plan, goals, and objectives. Establishing these links is an essential management strategy. It involves assessing the capacity of an organisation's human resources in six areas — *HRD capacity, HRD planning, personnel policy and practice, HRD data, performance management, and training*. These HRD areas are relevant in any organisation, regardless of its size, purpose, and degree of complexity, and whether it is public or private.

This session will help you begin the process of assessing your organisation's HRD system and determining how to improve it. We examine the expanding role of HRD in helping an organisation deliver on its mission and discuss factors related to performance management.

### 3.1 A quick look at your current HR Development system

HRD is perhaps the most misunderstood and poorly utilised management system in the health sector today. As a result, determining your organisation's current view of its human resources and how it should strengthen its systems can be a challenging

task. Whether you work at the national, regional, or local level, taking the following Human Resources Quiz for Managers will help you begin to think about some of the issues involved and begin the process of establishing an HRD system that improves productivity and helps you provide quality services that meet your clients' needs.

<b>TASK 1: HUMAN RESOURCES QUIZ FOR MANAGERS</b>			
<b>Question</b>	<b>Yes</b>	<b>No</b>	<b>Some-times</b>
1. Do employees understand how their work specifically contributes to the mission and goals of the organisation?			
2. Do employees view performance appraisals as an opportunity to learn about their skills and competencies and discuss future plans?			
3. Is the supervisor's role valued and supported by the organisation?			
4. Are job descriptions up-to-date and readily available to all employees?			
5. Are employees routinely considered for job vacancies and other opportunities for promotion?			
6. Do employees understand the organisation's policies on salaries and benefits and consider them fair and equitable?			
7. Does your organisation have a clear system for managing volunteers?			
8. Can your organisation engage in long-range planning, knowing it has or can develop the human resources required?			
9. Does your organisation have strategies to provide meaningful jobs?			
10. Does your organisation have a spirit of achievement and high performance?			
11. Do employees come to work on time and work productively for the full work day?			
12. Do managers spend less than 10% of their time dealing with grievances?			
13. Can your organisation take on new objectives or tasks with cooperation from everyone?			

If you answered "yes" or "sometimes" to the questions above, you are to be congratulated! If you found yourself checking off "no" to many of the questions above, it is time to re-think your approach to human resources and consider how to improve it.

### **3.2 Looking at human resource issues at the national level**

In many countries, the health-sector workforce is dissatisfied, underpaid, poorly motivated, and sceptical of decision makers' ability to solve the problems facing the

health sector. Yet, it is people—the managers and staff working in health—who are responsible for implementing the changes resulting from health-sector reform. A comprehensive HRD system is essential for ensuring an efficient and motivated workforce capable of contributing to the ultimate success of the reforms.

In an era of health-sector reform and shrinking budgets, providing quality health services requires leadership. Leaders and managers need to have:

- The capacity to accurately forecast human resource needs in order to deliver services to the public;
- A workforce whose training and education are consistent with client needs and with the management needs of their programs;
- The ability to assign staff to the geographic areas where they are needed;
- Positive relationships with union officials;
- A workforce amenable to change in the workplace.

These human resource concerns will drive national policy development regarding the training and education that your workforce needs in order to provide essential services to your client populations.

### 3.3 Considering the implications of health-sector reform

Countries throughout the world are seeking better ways to structure and finance their health services. If your country undertakes health-sector reform, you may be expected to participate in the reform process, while at the same time ensure that clients receive quality services. To accomplish this, you need to:

- Have committed and skilled staff, in sufficient numbers, and with the skills needed for their work;
- Be able to distribute staff equitably among geographical areas and organisations;
- Provide training and staff development opportunities that are consistent with your priorities and needs;
- Have sound human resource management systems and policies.

Your staff must also understand and support the goals of health-sector reform, appreciate the impending changes in health-service organisations and structures, and be ready to adapt and respond appropriately to these changes.

Human resources are the essential engine of health-sector reform. Without the support and participation of people, reforms are impossible to implement. But changes in organisational structures, levels of responsibility, and financing arrangements under reform can influence the motivation and productivity of staff. You may face both opportunities and challenges in developing, maintaining, and motivating a work force that will be effective both in implementing reforms and delivering services.

**Civil service reform.** One opportunity you might have under civil service reform, for example, is an increase in salaries for different types of jobs, which can

enhance your ability to attract and keep qualified staff. Civil service reform might also involve efforts to improve the human resource information system, which can provide you with better data on staff numbers, types, distribution, and costs. This can greatly strengthen your capacity to undertake human resource planning. Further, civil service reform sometimes involves transferring health workers from the national civil service to local health boards, which can give local health managers greater flexibility in deciding how many staff to hire and how much to pay them.

Civil service reform also brings challenges. Radical civil service reform, for example, can interrupt essential human resource management functions such as hiring, firing, and paying salaries and benefits. If your country is considering implementing radical civil service reform, you may need to clarify in advance how you will implement these functions to avoid confusion and a swift drop in staff morale. Further, if civil service reform includes an ambitious program to reduce the size of the workforce, you may have to be creative in determining ways to implement reforms and to deliver quality services with a limited number of staff.

### **Decentralisation: a tool of health-sector reform**

Decentralising the authority for financial and programmatic management of health services from central to local levels is intended to bring the planning and management of health services closer to the clients. It is also intended to make them more efficient. The magnitude of the human resource issues related to decentralisation depends on the form and type of decentralisation that your country has adopted. Transferring budgetary and staffing authority from a central to a municipal level, for example, has far greater implications than delegating limited powers to a provincial health office. A fully functional human resource system and good HRD planning can facilitate the transfer of power to lower levels by making it easier for you to restructure jobs, revise job descriptions, and carry out ongoing supervision and training of the people at lower levels who will assume new responsibilities.

## **3.4 Focusing on HRD at the organisational level**

Even as policy makers adjust policy and regulatory frameworks at the national level, there is much that managers of district health services, NGOs, public hospitals, or health centres can do to strengthen the HRD system. Furthermore, establishing a strong and comprehensive system has many benefits for managers at all levels in both public- and private-sector organisations. Such a system can help ensure that your staff deliver quality health services to their client communities. The following box summarises some of the many benefits—to both the organisation and the employee—of establishing a strong HRD system.

Benefits of Establishing a Strong HRD System	
To the Organisation	To the Employee
<ul style="list-style-type: none"> <li>Increases the organisation's capacity to achieve its goals</li> <li>Increases the level of employee performance</li> <li>Uses employee skills and knowledge efficiently</li> <li>Saves costs through the improved efficiency and productivity of workers</li> <li>Improves the organisation's ability to manage change</li> </ul>	<ul style="list-style-type: none"> <li>Improves equity between employee compensation and level of responsibility</li> <li>Helps employees understand how their work relates to the mission and values of the organisation</li> <li>Helps employees feel more highly motivated</li> <li>Increases employee job satisfaction</li> </ul>

When working to establish a strong HRD system in your organisation, there are several key issues you should consider. These include:

- Expanding the role of HRD in the organisation;
- Encouraging human resources leadership at the organisational level;
- Developing and maintaining a performance management system;
- Establishing a responsive supervisory system;
- Investing in training.

## 4 EXPANDING THE ROLE OF HRD

An essential part of your overall management strategy should be to consider how HRD can help your organisation fulfil its mission. Looking at HRD from this strategic perspective will help you focus on the relationship between human resources and your organisation's mission, strategies, and objectives.

Often, people view HRD as having a limited, administrative role focused on salaries, benefits, personnel policies and procedures, job descriptions, and training. While this administrative role is very important and an essential part of an HRD system, you should not limit the role of human resources to these activities. HRD should:

- Be a strategic partner in developing and attaining organisational goals and strategies;
- Act as an administrative expert in establishing and managing administrative policies, procedures, and structures;
- Represent and support employees;
- Be a change agent for the organisation.

**HRD as a strategic partner.** Senior managers in both the public and private sectors can use HRD strategically by working with human resource professionals to

establish systems and practices that align human resources with their organisation's goals and strategies. Human resources practices that could support strategic objectives might include:

- Creating new jobs;
- Revising job descriptions;
- Recruiting new personnel with different skills;
- Establishing clear transfer policies;
- Conducting orientation sessions and training for staff at all levels;
- Implementing leadership seminars for top managers;
- Training supervisors.

**HRD as an administrative expert.** Human resource development also involves managing the administrative infrastructure of an organisation so that it is more efficient. Administrative infrastructure tasks may include designing and establishing procedures for recruiting, hiring, work planning, and performance review. They could also include developing clear policies for job classification, compensation, disciplinary actions, and labour law compliance; and maintaining the human resources database.

**HRD representing and supporting employees.** Human resource development can also be an employee champion in the organisation by providing a mechanism for employees to express their needs and concerns, acting as an employee advocate, and developing and maximising staff skills and knowledge and commitment to the organisation. Ways in which HRD can fulfil its champion role include:

- Holding face-to-face meetings between human resource staff and individuals and groups of employees;
- Supporting the work planning and performance review process;
- Surveying employees;
- Talking informally to employees in the workplace;
- Bringing employees' concerns to senior management in a timely fashion;
- Taking corrective action with supervisors and employees as needed;
- Coaching or mentoring managers to help them to be more effective and sensitive leaders.

**HRD as a change agent.** Human resource development can play a key role in identifying and implementing processes for change and in preparing employees for change. Human resource activities that support change can include analysing competency, supporting reform processes, and redesigning systems to help an organisation meet new objectives, such as increasing organisational sustainability or reaching new target populations using existing staff.

Stress associated with change may be manifested at all levels in an organisation by lack of cooperation and a decline in performance. Steps that human resource professionals can take to minimise the negative impact of change on employees and, ultimately, on their organisations, include:



- Keeping all employees informed about the changes taking place and the anticipated benefits;
- Creating opportunities for staff to contribute ideas, help plan, ask questions, and discuss the impact of the changes;
- Being realistic about the expected benefits of the changes;
- Soliciting ideas from employees about how to prepare for changes;
- Encouraging team work and team spirit;
- Following through on agreed-upon actions.

## 5 ENCOURAGING HUMAN RESOURCE LEADERSHIP AT THE ORGANISATIONAL LEVEL

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Many organisations treat HRD in a piecemeal fashion. Human resource leaders link all components of human resources to create one, integrated HRD system. When an organisation's leaders create this type of integrated system, the effect on organisational performance can be profound. In supporting human resources by giving it a prominent and strategic role, you, as a manager and a leader, are also sending a message to all staff that the organisation will treat them fairly and will respect their contribution to its success.

The following table provides suggestions for how to take a leadership role in human resources in your organisation.

### **Taking a Leadership Role in Human Resources**

Every organisation or program needs leadership at the highest level to support human resources. To take a leadership role in HRD, you should:

- Create a positive climate for human resources;
- Create a management structure for human resources;
- Define what needs to be done;
- Forge new organisational arrangements that foster employee participation, team work, and growth;
- Ensure that human resource activities are integrated throughout the organisation;
- Involve staff at all levels and from all departments in HRD;
- Dedicate staff and budget to building human resource capacity within the organisation;
- Make learning an organisational priority;
- Provide a link between internal human resource management and external stakeholders;
- Influence health policy makers;
- Influence the curricula offered by pre-service training organisations;
- Forge new directions for HRD in the organisation.

We will discuss leadership in more detail in Unit 3.

## **6 DEVELOPING AND MAINTAINING A PERFORMANCE MANAGEMENT SYSTEM**

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One of the most important tasks for a human resource leader is to support the establishment of an organisation-wide performance management system that connects strategic and operational plans with performance measures for organisational units and for individuals. This system will help employees understand how their work contributes to the success of the organisation, which may help them feel more motivated and be more productive. When implemented in a systematic way, performance management has the potential to improve both group and individual performance and make organisations more successful. We will return to the issue of performance management later in the module.

## **7 ESTABLISHING A RESPONSIVE SUPERVISORY SYSTEM**

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The role of the supervisor in an effective human resource system is critical, as he or she provides the bridge between the organisation and the employee. The supervisor communicates the larger goals of the organisation to the employee, and, through the work planning process, guides the work of the employee to directly support these goals. The supervisor needs to be aware of gaps in job readiness, and to support the development of employee skills and capacity as needed. The supervisor must also be aware of problems in employee performance that cannot be solved through training or development activities and make decisions about how to address them in a positive and constructive manner.

Managers must allow supervisors adequate time to meet with and develop their supervisees in order for the supervisory process to be effective in meeting the needs of the staff and of the organisation. Further, the organisation must fully integrate the supervisory process with other HRD components, such as performance management and personnel policy. Supervision will be discussed in greater detail in unit 4.

## **8 INVESTING IN TRAINING**

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Throughout the world, health organisations devote a significant portion of their funds and staff time to training, with the goal of improving the effectiveness and efficiency of their staff and their programs. Often, however, they have designed and implemented this training without adequately diagnosing or planning for the needs of the organisation or the employee. As a result, it is not always clear whether the training has either solved individual performance problems or contributed to improving the organisation's performance overall. Further, many health

organisations are becoming reluctant to pay for expensive training until they see more tangible benefits to employees, the organisation, and the community.

When considering training, organisations and employees often have different objectives. Organisations want their investment in training to result in improved performance and to contribute directly to their ability to meet their objectives. Employees hope that training will further their career development and credentials.

With all training programs, you should first determine your training needs and integrate training planning into your overall HRD system. This will enable you to use training effectively to solve individual performance problems and contribute to improving your organisation's performance.

### **8.1 HRD staff development responsibility**

Making staff development a priority is an important component of a comprehensive HRD system. Posting job opportunities within the organisation and supporting internal candidates will send a signal that the current experience of your staff is valued. A well-managed program of training and staff development can broaden the skills and competencies of your staff and reap many pay-offs. Formal, organized training is only one vehicle for staff development. Other staff development strategies include:

- On-the-job learning through mentoring relationships;
- Cross-functional assignments;
- Membership in task forces and committees;
- Additional job assignments;
- Technical presentations and discussions at staff meetings.

These can all provide the challenge and opportunity needed for personal and professional growth as well as increase the knowledge that people have in common and expose them to new ways of thinking and doing.

## **9 ASSESSING THE HRD CAPACITY OF YOUR ORGANISATION**

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One of the most important things you can do to establish a strong, comprehensive HRD system is to gather the information that will help you plan for and implement the system. To do this, you need to determine your organisation's areas of strength and the areas that need strengthening. Once you have identified the areas that require strengthening, you should prioritize them and develop an HRD action plan to address them.

Your assessment should look at all the areas of your organisation's HRD system, including human resource capacity, human resource planning, personnel policies and practices, human resource data, the performance management system, and training. Carrying out a comprehensive HRD assessment will help you address your policy, planning, training, and management in an integrated way.

It is helpful to establish a team of staff from different departments and at different levels in your organisation to work together to:

- Do the assessment;
- Discuss the findings;
- Prioritise areas of need;
- Develop an action plan;
- Implement the plan;
- Generate wider support for ongoing HRD efforts in your organisation.

Working in a team will also help increase the appreciation of staff in all departments for the human resource concerns, priorities, and possible fears of staff at all levels.

### **9.1 Using the Human Resource Development assessment tool**

Organisations of any size or level of development can use the Human Resource Development Assessment Tool (the supplement to this issue) to assess the current status of their human resource system, identify areas they need to strengthen, and take action to improve these areas.

The tool is organized by HRD component in a matrix with four stages of development. Each stage describes the characteristics that are common to that stage of human resource development. These characteristics are also useful for developing a plan of action for your organisation to improve those HRD areas that need strengthening.

#### **TASK 2: THINK THROUGH THE HR MANAGEMENT ASSESSMENT TOOL**

The HRM assessment tool mentioned above is printed in your reader. At this early stage of the module, we want you to read through it, think through the categories, and possibly fill in some of it in pencil. We will come back to the assessment tool at the end of the module.

## 10 MAKING A COMMITMENT TO HUMAN RESOURCES

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Establishing HRD systems, policies, and procedures requires a long-term commitment by an organisation's managers and leaders. In particular, it requires a willingness to take the time to involve employees in developing and maintaining these systems and applying them consistently and fairly. A responsive, participatory system that is flexible enough to adapt to the changing needs of the organisation over time will help you be more effective at meeting the needs of both your client populations and your employees.

Managers and leaders should view themselves as human resource champions. They should take responsibility for creating links between the public and private sectors and with the different organisational actors who influence human resource decisions, such as unions, registration bodies, and universities.

Developing and maintaining a fair, equitable, and effective HRD system that provides opportunities for staff development, among other things, will motivate staff and increase their level of job satisfaction. This can result in improving the quality of services. It can also enhance your competitive advantage by increasing the efficiency of your human resources. HRD should be an important part of your long-term strategy to make your organisation more sustainable.

Ultimately, an HRD system is the responsibility of all staff—leaders, managers, service delivery, and administrative personnel. Human resource leaders create the organisational and management structure for HRD, and managers and staff at all levels implement the HRD system. A human resource partnership between senior managers, supervisors, human resource professionals, and staff is what makes an HRD system work.

## 11 UNIT SUMMARY

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This unit set the scene for the module. We discussed the role and function HR Management within its broad historical and political context, as well as its role within your organisation. In the following units we will first look at what it means to be an HR manager, before examining various aspects of managing people.

The World Health Organisation asked us recently to develop an HRD Advocacy Pack for them. It consists of a number of power point presentations, organised along the same lines as this module. Its aim is to give senior health executives a brief and concise overview of the role and functions of HRD. The slides of these power point presentations have been included in your reader as a summary of the material covered in the module and to allow you to easily revise material. The four presentations have been inserted at the end of each unit. Please read through Part One of the presentation to review Unit 1.

# Unit 2 - Introduction

## Being a Human Resources Manager

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In this unit we focus on the role of the manager - yourself - and what she or he does, before we move to the manager in relation to other people. The reason is simple: if you want to be a good HR manager, you have to be able to manage yourself and to focus and reflect critically on your own practice.

We will focus on the role of the manager in general, not specifically the role of an HR manager. There are two reasons for this. Firstly, what we discuss here, applies to any manager, irrespective of whether he or she specifically deals with HR issues. Secondly, as we have said before, virtually all managers also have an HR management function. Whether you are a facility or programme manager, or a manager at departmental level, you almost always have to manage people: sometimes only one or two, sometimes many hundreds.

### **The unit consists of three study sessions:**

- Study Session 1: What Managers Do.
- Study Session 2: Different Management Styles.
- Study Session 3: Managing Yourself.

Session 1 is a short, introductory session, in which the different roles that a manager can play in an organisation are introduced.

Session 2 introduces a number of different management styles that have emerged over time. You are asked to reflect on which approach you favour.

Session 3 looks at some practical aspects of managing yourself, from taking control and being disciplined to understanding the causes and effects of stress. It also includes as an approach to managing your time more effectively.

## Intended learning outcomes of Unit 2

**At the end of this unit you should be able to:**

- Identify the different roles a manager plays in an organisation.
- Reflect on your own job as a manager in terms of the identified roles.
- Outline the main characteristics of the approaches to management .
- Identify what each approach has contributed to management within your workplace.
- Identify which of these approaches you favour in your management practice.
- Reflect on your own strengths and weaknesses as a manager.
- Demonstrate an understanding of the causes and effects of stress.
- Apply Covey's time management matrix to your own schedule.

# Unit 2 - Session 1

## What Managers Do

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### Introduction

In this session we introduce you to the scope of Human Resource Development and how HR Management is situated within that scope. You will get an overview of the different components making up Human Resource Development, and take first steps to reflect on the human resource situation within your organisation, a reflection that will be ongoing throughout this module.

### 1 LEARNING OUTCOMES OF THIS SESSION

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**By the end of this session, you should be able to:**

- Identify the different roles a managers plays in an organisation
- Reflect on your own job as a manager in terms of the identified roles

### 2 READINGS

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In this session you will be referred to the following reading:

Publication Details	Page Nos In Reader
Cook, C.W. & Hunsaker, P.L. (2001). Ch 1 - Managing people and organisations. In <i>Management and Organisational Behaviour</i> . Boston: McGraw-Hill Irwin: 15-20.	113



### 3 WHAT MANAGERS DO

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The first reading in this session comes from a handbook on management and organisations. As such, it does not talk to the health sector specifically. Its examples are largely derived from big corporations in Europe, Japan and the United States. But in this case, the insights and information contained in it are useful and universally applicable.

#### TASK 1: THE ROLES OF THE MANAGER

Read Cook, C.W. & Hunsaker, P.L. (2001). Ch 1 - Managing people and organisations. In *Management and Organisational Behaviour*. Boston: McGraw-Hill Irwin: 15-20. (Reader page 113).

From page 15 - 17 of the original publication, the authors talk about two contradictory views of what management is. We will return to these views in more detail in the next session. Read these pages and complete the exercise on page 16 of the reading. However, you do not need to engage with this section in detail.

Pages 18 - 20 talk in detail about ten different roles of the manager. Read these three pages carefully. Can you see your own role reflected in them?

Fill in the table below: for each of the ten roles, think of an example of your own management practice, where you fulfill this role. Do not worry if you cannot find an example for each role. Not all managers play all roles at all times.

Management role	Example from your own practice
<b>1</b> <b>Figurehead</b>	
<b>2</b> <b>Leader</b>	
<b>3</b> <b>Liaison</b>	
<b>4</b> <b>Monitor</b>	
<b>5</b> <b>Disseminator</b>	
<b>6</b> <b>Spokesperson</b>	
<b>7</b> <b>Entrepreneur</b>	
<b>8</b> <b>Disturbance handler</b>	
<b>9</b> <b>Resource Allocator</b>	
<b>10</b> <b>Negotiator</b>	

### 3 FURTHER READINGS

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- Mintzberg, H. (Nov/Dec 1998). Covert leadership: notes on managing professionals. *Harvard Business Review*: 140-147.
- Pugh, D.S. & Hickson, D.J. (1989). *Writers on organisations*. London: Penguin Books.

### 4 SESSION SUMMARY

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In this session you read about the different roles that managers play in organisations, and reflected on your own practice in the light of these roles.

In the following session we will introduce a range of different management styles. In the final session of this unit, we will look at your own personal management style.

# Unit 2 - Session 2

## Different Management Styles

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### Introduction

The way in which managers manage people and organisations depends on a number of factors. The personality of a manager and the culture of the organisation play important roles. Equally, approaches to management have changed over time. So, there are a number of different management styles. While it is unnecessary for you to have detailed knowledge of the whole range of styles, a basic understanding of different styles will help you to reflect on your own style and maybe cause you to adapt it.

In this session we will introduce you to a number of different management approaches and ask you to reflect on the approaches that you favour.

### 1 LEARNING OUTCOMES OF THIS SESSION

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**By the end of this session, you should be able to:**

- Outline the main characteristics of selected approaches to management.
- Identify the influence of each approach on management within your workplace.
- Identify which of these approaches you favour in your management practice.

### 2 READINGS

---

In this session you will be referred to the following reading:

Publication Details	Page Nos In Reader
Management Education Scheme by Open Learning (MESOL). (2000). Session 4: Alternative views of	120

management. In <i>Managing in Health and Social Care</i> . Module 1: The Manager. Book 1. Milton Keynes: The Open University: 63-80.	
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### 3 DIFFERENT MANAGEMENT STYLES

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This session on management styles has been taken from a session in a distance learning course on *Managing In Health And Social Care* offered by the Open University in the United Kingdom. We simply could not have done it better, and we decided not to re-invent the wheel.

#### TASK 1: INTRODUCING DIFFERENT MANAGEMENT STYLES

Work through the following text: Management Education Scheme by Open Learning (MESOL). *Managing in Health and Social Care*. Module 1: The Manager. Book 1. Session 4: Alternative views of management. Milton Keynes: OU: 63-80. (Reader page 120).

Treat it as a session in your guide, although it is printed in the Reader and complete all the exercises.

### 4 FURTHER READINGS

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- Mintzberg, H. (Nov/Dec1998). Covert leadership: notes on managing professionals. *Harvard Business Review*: 140-147.
- Pugh, D.S. & Hickson, D.J. (1989). *Writers on Organisations*. London: Penguin Books.

### 5 SESSION SUMMARY

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In this session we have introduced you to different management styles, using a session from an Open University course on management. You will have seen that management styles have differed substantially over time, and that they differ depending on the history and culture of the organisation one works in and on different managers' personal preferences.

You probably have your own preference and style. This session should have helped you to reflect on whether your style is suited for you and the circumstances you work in, and possibly, whether there is room for adaptation and change.

In the next session, which is the last of Unit 2, we will focus on your own circumstances as a manager, and on managing yourself.

# Unit 2 - Session 3

## Managing Yourself

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### Introduction

Managing people starts "at home": if you want to manage other people well, you will only be able to do so, if you can manage yourself. This may seem obvious, but it is surprising, how often managers struggle to manage their own time, manage their own tasks, manage their own stress, etc., yet think they can manage other people's time, activities, conflict.

In this session we will consider a number of strategies to improve self-management, focussing in particular on being in control, managing stress and managing time. Clearly, self-management is much more multi-faceted and complex than is suggested here. Nevertheless, we felt that a focus on these crucial issues will be of benefit for a better understanding of HR management more generally. Also, other important aspects of self-management, such as interacting with and relating to others, will be an important component of units 2 and 3.

### 1 LEARNING OUTCOMES OF THIS SESSION

---

**By the end of this session, you should be able to:**

- Reflect on your own strengths and weaknesses as a manager.
- Demonstrate an understanding of the causes and effects of stress.
- Apply Covey's time management matrix to your own schedule.

## 2 READINGS

---

In this session you will be referred to the following readings:

Publication Details	Page Nos In Reader
Iles, V. (1997). Ch 6 - Really managing yourself. In <i>Really Managing Health Care</i> . Buckingham: OUP: 76-88.	138
Cook, C.W. & Hunsaker, P.L. (2001). Ch 16 - Self-Management at Work: Managing Careers and Stress. In <i>Management and Organisational Behaviour</i> . Boston: McGraw-Hill Irwin: 585-602.	146
Covey, S. (1989). Habit 3: Principles of Personal Management. In <i>The 7 Habits Of Highly Effective People</i> . London: Pocket Books: 146-168.	165

## 3 MANAGING YOURSELF

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To start this session, we would like you to spend a bit of time reflecting on your strengths and weaknesses as a manager as you perceive them.

### **TASK 1: REFLECT ON YOUR STRENGTHS AND WEAKNESS AS A MANAGER**

Draw a table with two columns titled *strengths* and *weaknesses*. Fill in the table noting your strengths as a manager and your weaknesses. See whether this session will help you gain new insights into any of your strengths or will address some of your weaknesses.

There is a famous American author by the name of Steven Covey, whose book *7 Habits Of Highly Effective People* has been a hit and bestseller ever since it was published in 1989. The book takes a holistic look at how people relate to themselves and to others - whether at home or at work, and it suggests the development of "habits" that will make us happier human beings, and more effective in our relationships with others. The value of the book lies in the fact that instead of providing ready-made recipes that never really work, it makes us look at what we do in new ways and it suggests a range of proactive and positive approaches to problem-solving.



Iles, in her book, *Really Managing Health Care*, draws on Covey in her chapter on "Really managing yourself".

### **TASK 2: EXERCISING CONTROL OVER OURSELVES**

Read Iles, V. (1997). Ch 6 - Really managing yourself. In *Really Managing Health Care*. Buckingham: OUP: 76- 88. (Reader page 138).

Iles suggests that in order to manage ourselves, we have to be able to exercise control over ourselves (before we exercise control over others) through discipline, mastering feelings and preparation.

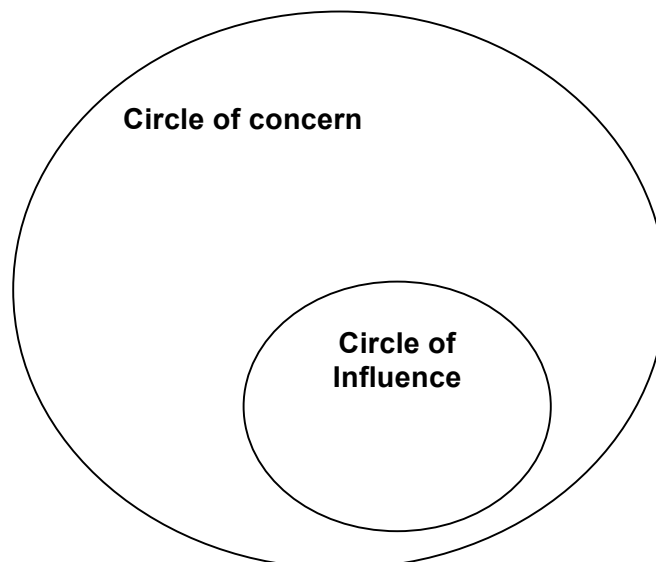
Consider how Iles' arguments and suggestions resonate with your own practices and experiences.

In the last section of the chapter on "Circumstances beyond our control", Iles talks about the need to focus our energy where it can make a difference.

She quotes the following prayer, which, she says, is used by Alcoholics Anonymous:

"Lord, grant me the courage to change the things I can change, the grace to accept those I cannot, and the wisdom to know the difference".

Covey makes the same point in a different way, by drawing two circles, the circle of concern and the circle of influence. The circle of concern contains issues, events and people you care about, while the circle of influence encompasses the issues, events and people you can have an impact on in some way.



Iles argues with Covey that "spending time and energy in our circle of concern where we can achieve nothing, is counterproductive. It diminishes our ability to work within our circle of influence, where we can and will have an impact". (Iles, 1997: 87)

### **TASK 3: YOUR CIRCLE OF INFLUENCE**

Consider whether you agree or disagree with Iles.

Then try and draw your own circles, taking into account that the exercise is meant to help you focus your attention on issues, events and people that you can influence and that you should therefore spend your time and energy on.

## **4 MANAGING STRESS**

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Being a manager almost invariable means that you work under pressure. That is not necessarily a bad thing. Many people feel that they are particularly productive under pressure, that they grow and render their best work. But when pressure gets too much, it becomes counter-productive. Then we talk of stress.

In the health services in South Africa (and in other African countries), management, and particularly Human Resource Management is almost synonymous with stress. Shrinking budgets, increasing workloads, brain drain and ongoing transformation lead to burnout, low productivity and stress. In addition, managers have to cope with the stress among staff members.

The following reading help us to understand what stress is and how it can be managed, so that, even if we cannot avoid it, at least we can manage it for ourselves and help our staff handle it better.

#### **TASK 4: MANAGING STRESS**

Read Cook, C.W. & Hunsaker, P.L. (2001). Ch 16 – Self-Management at Work: Managing careers and stress. In *Management and Organisational Behaviour*. Boston: McGraw-Hill Irwin: 585-602. (Reader page 146).

This is a fairly lengthy chapter, but it is broken into a number of sub-sections.

The first section explains what stress is, distinguishing between constructive and destructive stress and episodic versus chronic stress. It is the chronic or constant stress that makes people sick and has other negative effects.

The second section elaborates a long list of factors that cause stress, from personality traits to working conditions and environmental factors such as politics. You may or may not want to engage with this list in great detail. The important point the authors are making here is that stress can have many and multiple causes, originating in all spheres of our life. The list on pages 590-591 shows stressful events and how stressful (out of 100) they are considered. You may want to follow their invitation to put your own personal score next to some of the headings.

The third section talks to the serious physiological, psychological and behavioural consequences of stress, some of which may resonate with your own experiences. The last section on pages 599 - 602 makes suggestions as to how stress can be managed productively, elaborating a number of different strategies - some quite drastic, such as changing jobs, some less dramatic, such as organising relaxation and taking more exercise.

#### **TASK 5: STRESS IN YOUR LIFE**

Based on the above reading, think of two recent stressful events in your own life, whether personal or working life.

Try to categorise them:

- What kind of stress were you dealing with?
- What were its causes?
- What effects did it have on you?
- What did you do to deal with it?

Then consider whether you could have adopted another, more productive strategy to cope with these stressful events.

## **5 MANAGING TIME BETTER**

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In the last part of the session we will look at time management. Time management is one of the hardest aspects of self-management: there are always more demands

than can be fulfilled, more commitments than hours in the day, more crises than anybody can handle. The key is therefore to prioritise, to cut out that which can be done by others or does not have to be done at all. Covey has developed a time management matrix, which is useful as a tool to prioritise tasks and activities.

#### **TASK 6: PUTTING FIRST THINGS FIRST**

Read Covey, S. (1989). Habit 3: Put first things first: principles of personal management. *The 7 Habits Of Highly Effective People*. London: Pocket Books: 146 - 168. (Reader page 165).

On page 149ff, (i.e. and the following pages), Covey introduces a time management matrix consisting of four quadrants or squares, by which, he suggests, you can divide all your activities as a manager:

- Quadrant I: urgent and important
- Quadrant II: not urgent and important
- Quadrant III: not important and urgent
- Quadrant IV: not important and not urgent.

He furthermore gives examples of activities in all four quadrants.

Draw a quadrant like this for some of your own tasks and activities. Reflect carefully on the importance and urgency of each of the tasks. You may find that some tasks appear unimportant at first, but they are actually quite crucial (e.g. regular interaction with staff). However, there may be other tasks that look very important at first, but they actually fall in Quadrant III: *urgent, but not important*.

Covey's book does not only talk to managers, but talks to managers in particular. In this session we have looked at one of Covey's chapters in some detail. If you want to find out more, we recommend that you buy or borrow the book. It is easy to read and nice to have in the bookshelf - and it is reasonably affordable.

## **6 FURTHER READINGS**

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- Covey, S. (1989). *The 7 Habits Of Highly Effective People*. London: Pocket Books.

## **7 SESSION SUMMARY**

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In this session we have looked at a selection of aspects of self-management. Many of them have had to do with setting priorities and making choices, both inevitable tasks for a manager under pressure. The session will not solve all your problems of managing yourself. Hopefully, however, it will have given you a few ideas, helping

you to view your own management from a different perspective and trying out a few new techniques.

## **8 UNIT SUMMARY**

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In this unit you have looked at your role as a manager from many different perspectives. You will hopefully have gained some new insights into the complexity of people management (in this case yourself), which will assist you when dealing with your human resources.

The following two units have at their centre the management of people. The third unit will primarily deal with managing relations between people, while the fourth unit will consider issues of supporting people.

# Unit 3 - Introduction

## Managing People I

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In the previous two units we discussed the context of HR Management as well as your role as a manager. By now you are probably wondering whether we will ever get to discussing the management of people.

Well by now you will hopefully have a good understanding of how HR Management fits into and is shaped by the history, policies, politics and the context of an organisation. The reflection on your own role as a manager and the complexities of people management will furthermore hopefully help you to manage others with compassion and insight.

As we said before, HR Management in South Africa, and probably most of Africa, presently takes place in a very unstable environment. Health sector reform, public service transformation, brain drain and HIV/AIDS all lead to tremendous pressures on staff. Handling changes of structures and organisations, watching colleagues leave or die, and seeing users of services become more demanding and sicker creates tremendous challenges. While some may thrive on such challenges, others may feel overburdened and frustrated. Under such circumstances, burnout, stress and conflict become prominent features of the human resource scenario in an organisation, and central to the work of an HR manager.

In this unit, we will try to understand the causes, effects and possible solution to some of these challenges. Don't expect ready-made answers! There aren't any! The challenges at hand are enormously complex and not at all easy to solve. What you can expect is to better understand where the challenges come from and how we can begin to build organisations and relationships among people which allow us to handle complex situations.

As you know, we discussed stress in the previous unit. Before we discuss issues of teamwork, motivation and conflict, however, we will lead with a study session on leadership. More and more *experts* and role players in health management agree that particularly in times of change and uncertainty, leadership is a crucial ingredient to successful transformation and good HR Management.

So, this unit consists of four study sessions:

Study Session 1: The Role of Leadership.

Study Session 2: Working in Groups and Teams.

Study Session 3: Understanding Motivation.

Study Session 4: Managing Conflict.

In Session 1 we will reflect on what leadership is, what role it plays in the running of organisations and how leaders behave.

Session 2 will look at how groups and teams function, the differences between them, and how groups can be formed into teams.

In Session 3, we will discuss what motivation is, how it works and what can be done to improve it. Particularly in times of uncertainty at the workplace, when many staff members may become frustrated and morale may be low, motivation becomes a crucial part of the job of those who are responsible for others.

Session 4 will focus on conflict and conflict management: it includes the symptoms and causes of conflict, and how it can be managed in ways that are constructive for individuals and the organisation.

### Intended learning outcomes of Unit 3

**At the end of this unit you should be able to:**

- Identify leadership functions
- Diagnose leadership requirements in health sector transformation.
- Describe the stages of group development.
- Identify group roles.
- Debate the advantages and disadvantages of group work
- Assess and improve team performance.
- Apply two of the key theories on staff motivation to your organisational context.
- Design strategies which address motivation of staff members.
- Identify common symptoms of conflict in the workplace.
- Assess underlying causes of conflict.
- Define and apply strategies to address conflict situations.

# Unit 3 - Session 1

## The Role of Leadership

---

### Introduction

Leadership is a key concept in management, yet it is difficult to grasp what it really means and how it is exercised. In this session we will reflect on what leadership is, the role it plays in running organisations and how effective leaders should behave.

### 1 LEARNING OUTCOMES OF THIS SESSION

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**By the end of this session, you should be able to:**

- Identify leadership functions.
- Differentiate leadership and management.
- Diagnose leadership requirements in health sector transformation.

### 2 READINGS

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In this session you will be referred to the following reading:

Publication Details	Page Nos In Reader
Cook, C.W. & Hunsaker, P.L. (2001). Ch 14 - Leadership Practices. In <i>Management and Organisational Behaviour</i> . Boston: McGraw-Hill Irwin: 490-512.	177



### 3 THE ROLE OF LEADERSHIP

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"Leadership is doing the right things; management is doing things right."

This is a famous definition of leadership, which is used widely in teaching about leadership. It implies that leaders are the ones who decide what to do, while managers decide how to do things.

Leadership is a difficult concept to grasp, yet everybody agrees on its crucial importance. Let's start with a brainstorm.

#### **TASK 1: BRAINSTORM LEADERSHIP QUALITIES**

One of the most outstanding leaders of recent decades is Nelson Mandela. Another, very different leader has been the late Walter Sisulu.

In the table below, reflect on these two men's different leadership qualities. What made them outstanding leaders?

Leadership qualities	
Nelson Mandela	Walter Sisulu

Now look at the following list of functions of effective leadership:

- Conceptualising/understanding vision
- Projecting and communicating vision to others
- Initiating and guiding change
- Mobilising commitment and support for change
- Managing change - resolving conflicts and problems
- Building trust
- Building sustainability - developing others

- Confidence in one's vision and oneself.

Did you come up with some of the same leadership characteristics for Mandela and Sisulu? Looking at the verbs used in the above list (and maybe in yours), it is striking that most revolve around charting the way ahead and inspiring (rather than forcing) others to come with you.

Obviously, not all of us can be Mandelas and Sisulus, but, while they maybe larger-than-life leaders, there are other, more *normal-sized* leaders among and around us including youth leaders, church leaders, and leaders in our places of work. The latter are, of course, those that we are particularly interested in here.

#### **TASK 2: A LEADER YOU KNOW**

A key characteristic of a leader is that he or she influences other people in different ways.

Think of someone in your professional life who made a substantial difference in your life. Was he or she a leader? What characteristics of a leader did he/she have? What impact did the person have on your life?

Now that we have done a bit of brainstorming on what leadership is, let's have a look at what some of the management literature says on the topic.

### **TASK 3: READ ABOUT LEADERSHIP THEORIES**

Read excerpts from Cook, C.W. & Hunsaker, P.L. (2001). Ch 14 - Leadership Practices. In *Management and Organisational Behaviour*. Boston: McGraw-Hill Irwin: 490-512. (Reader page 177).

Cook and Hunsaker start by reflecting on the differences between managers and leaders, repeating some of the same factors we listed above, but elaborating on leadership traits and behaviours. Of particular importance is their distinction between task-oriented behaviour and relationship-oriented behaviour on page 495 of the text.

On pages 589 to 597, they introduce a number of leadership theories and models. We found the Situational Leadership Theory (pp 502 - 504) particularly useful. It suggests that leadership behaviour does not only depend on the leader, but also on the followers' ability and willingness to perform. It basically says that:

- where staff are able and willing to perform a task, little leadership is needed;
- where they are able, but unwilling, a lot of relationship-oriented leadership is required,
- whereas willingness and inability requires more task-oriented leadership.

Here are two possible examples from the health sector:

- The introduction of anti-retroviral treatment for AIDS patients may be a situation where task-oriented leadership is required: staff may be very keen to have such treatment available for their patients, but they may not have the technical knowledge to provide it. Leadership would focus on finding ways to access training and support.
- The withdrawal of certain drugs from the Essential Drugs List may be an example where relationship-oriented behaviour is required. It is easy to do, but staff may be unwilling to implement it. The leader's role in this case would be to argue, convince and cajole to win support.

Before we end this session, let's think about leadership and management in practice.

### **TASK 4: LEADERSHIP IN AIDS TREATMENT IMPLEMENTATION**

Let's assume that the national Department of Health decides on an HIV/AIDS treatment plan tomorrow. The plan has at its core the treatment of AIDS patients in primary care facilities throughout the country. Drug procurement and distribution has been ensured, so you don't have to worry about that.

You are the district manager of your health district. As such you are responsible for the staff at primary care facilities. What would be your leadership functions (as opposed to management functions) to ensure that the plan can be implemented?

Make a list and share it with your fellow students and/or your course convenor.

Please note that the functions may look different, depending on the situation of your district and your staff. For example, a rural district may have very different requirements from an urban district.

So, why do we say that leadership is particularly important during times of uncertainty and change?

We said that management is doing things right. It makes sure that the wheels keep turning. No organisation can do without management, because things would simply collapse.

Leadership takes people and organisations forward. It inspires people to try harder, to do new things, to take risks. This is of crucial importance in times, such as ours, when work overload, insecurity and never-ending cycles of transformation may make people resistant to change, or when a great number of new roles and new tasks may mean that people are unable to change. Under such circumstances, leaders will need to convince, build trust, find solutions to problems and develop sustainability. That is why leadership is important.

## 4 FURTHER READINGS

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- Covey, S. (1989). *The 7 Habits Of Highly Effective People*. Habit 3: Put first things first: principles of personal management. London: Pocket Books.
- Kotter, J. (1990). What leaders really do. *Harvard Business Review*, 68: 103 - 111.
- Hersey, P. & Blanchard, K.H. (1993). *Management Of Organisational Behaviour: Utilising Human Resources*. Upper Saddle River, NJ: Prentice Hall.

## 5 SESSION SUMMARY

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In this session, we discussed the importance and structure of leadership. We identified leaders and their functions and engaged with leadership theory. In the next session we will look at team work and the link between leadership and building teams.

# Unit 3 - Session 2

## Working in Groups and Teams

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### Introduction

Group work and team work are an indispensable part of health service delivery. Health workers are part of groups and teams all the time: whether they work in a hospital ward or a clinic, in an immunisation programme or a rehabilitation department. Groups can either strengthen the quality of health service delivery or weaken it, depending on how well the group functions. For health workers themselves groups are of vital importance: how well a group works can make all the difference between an unbearable work situation and a satisfying one.

In this session we will look at how groups and teams function, what the differences are between them, and how groups can be formed into teams.

### 1 LEARNING OUTCOMES OF THIS SESSION

---

**By the end of this session, you should be able to:**

- Describe the stages of group development.
- Understand the difference between groups and teams.
- Identify group roles.
- Debate the advantages and disadvantages of group work.
- Explain how to develop a group into a team.
- Assess and improve team performance.

## 2

## READINGS

In this session you will be referred to the following readings:

Publication Details	Page Nos In Reader
Bateman, A. (1990). <i>Teambuilding: Developing a Productive Team</i> : 1-9. [Online]. Available: <a href="http://www.ianr.unl.edu/pubs/misc/cc352.htm#eytd">www.ianr.unl.edu/pubs/misc/cc352.htm#eytd</a>	201
Blair, G. M. (n.d.). <i>Groups that Work</i> . : 1 - 9. [Online]. Available: <a href="http://www.see.ed.ac.uk/~gerard/Management/art0.html">www.see.ed.ac.uk/~gerard/Management/art0.html</a>	210

## 3 WORKING IN GROUPS AND TEAMS

What is a group? A group can be defined as a collection of people who, during the existence of the group, have regular contact and interact with each other because they share common interests or a common purpose. Would you agree with this definition?

Groups come in different shapes, sizes and levels of formality. One can distinguish between formal and informal groups. A formal group may be a commission, a working group or a departmental group. They are usually set up to perform a particular function within the organisation. The staff complement of a clinic or a ward may also be defined as a group.

Informal groups form more organically, as people are drawn together by a common interest or by the efforts of an individual. Examples of informal groups are: groups of friends, support groups, *the boys club*, an interest group.

Group membership may not always be voluntary, particularly in formal groups. You may be appointed to a commission, for example, because of your role in an organisation; or you are placed in the clinic and become a member of that group of staff, regardless of whether you want to be there or not.

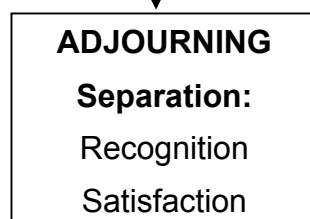
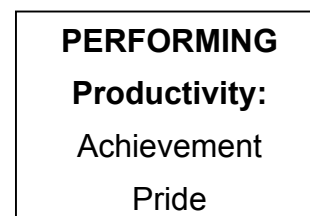
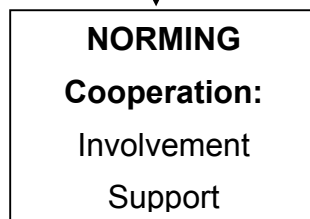
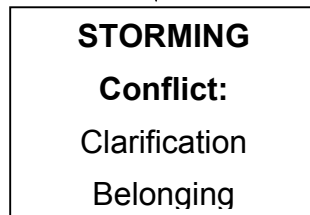
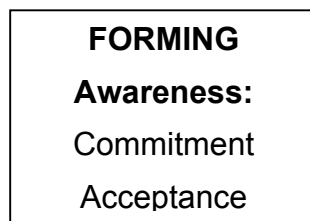
### TASK 1: IDENTIFY GROUPS YOU BELONG TO

Undoubtedly you, like all of us, belong to a number of different groups. Make a list of these groups. Distinguish between formal and informal groups, work groups and groups outside work.

Consider what role these groups play in your life. How do they help or hinder you in being a complete and active human being and a good professional? Are your experiences with groups positive or negative? We will come back to this question later on in this session.

There has been a large amount of research in the fields of management and industrial psychology, which deals with how groups develop and function. We won't go into the detail of this research and the theory it has generated. However, it is useful for an HR manager to be able to identify key stages and roles in group development in order to better understand what may be going on within a group of people for whom he or she is responsible.

The most accepted theory of group development distinguishes five stages in group development. The following is taken from Cook and Hunsaker. (2001: 343-344)



In a newly formed group, a lot of uncertainties exist about the group's purpose, structure and leadership. They don't have a strategy for addressing the group's task. As awareness increases, this stage of group development is completed when members accept themselves as a group and commit to group goals.

The next stage involves intra-group conflict about the clarification of roles and behavioural expectations. Disagreement is inevitable as members attempt to decide on task procedures, role assignments, ways of relating, and power allocations. Members have to work through conflict and hostility to get to a sense of acceptance and belonging, which is necessary for the next stage.

Cooperation is the theme of the norming stage, which involved the objectives of promoting open communication and increasing cohesion as members establish a common set of behavioural expectations. Members agree on structure that divides work tasks, provides leadership, and allocates other roles.

At this stage of development, group members work interdependently to solve problems and are committed to the group's mission. Productivity is at its peak. For permanent work groups, such as the staff of a clinic, this is hopefully the final and ongoing state of development.

The adjournment or separation phase occurs when temporary groups disband after they have accomplished their goal. Feelings about disbanding can range from sadness and depression at the loss of friendship to happiness about what has been achieved. The leader can facilitate positive closure by recognising and rewarding group performance.

## **TASK 2: REFLECTING ON GROUP DEVELOPMENT**

Do you recognise these stages from a group of which you are or were a member? Spend ten or fifteen minutes reflecting on the process of group development in one such group in terms of whether it fits this model.

Groups change over time and within groups, group members take on different functions and play different roles. Some of you may be familiar with a group



exercise which is used in workshops. Group members have to associate themselves or each other with different animals:

The lion who leads, the giraffe who observes from high above, the parrot who chatters and interferes, etc.

Group theory differentiates between three sets of roles: task roles, maintenance roles and personal roles which are detailed as follows:

Task roles	Maintenance roles	Personal roles
Initiating	Encouraging	Blocking
Giving information	Harmonising	Recognition seeking
Seeking information	Setting group standards	Dominating
Summarising	Gate keeping	Avoiding
Elaborating	Compromising	Seeking help
Consensus testing	Providing feedback	

Group members may play different roles at different times. But group members may also identify certain roles for themselves. You may well find a group member who is always the initiator, or another one who is always looking for compromise and harmony. As a manager or a group leader it is important that you recognise these roles, but also that you encourage people to leave their accustomed roles.

A good and easy-to-read overview article on groups is Blair, G. M. (n.d.). *Groups That Work* : 1-9. [Online]. Available: [www.see.ed.ac.uk/~gerard/Management/art0.html](http://www.see.ed.ac.uk/~gerard/Management/art0.html). (Reader page 210). It refers particularly to group development and group roles.

Groups are crucially important to completing tasks and to making organisations work. But groups don't only offer advantages. There are certain disadvantages to group problem solving.

The following is a comparative list of some of the advantages and disadvantages of problem solving in groups:

<b>Advantages groups have over individuals</b>	<b>Disadvantages groups have compared to individuals</b>
<ul style="list-style-type: none"> <li>• More knowledge and information. A group of people meeting together to solve a problem has more breadth and, quite often, more depth of experience and knowledge than any one individual.</li> <li>• Diversity of view points. A number of people with different experiences can generate more options and creative alternatives. They also bring a greater number of approaches to solving problems.</li> <li>• Increased understanding. By participating in the problem-solving process, group members have a better understanding of the decision and why it was made.</li> <li>• Increased acceptance. Group members are also more likely to accept a decision they understand. Also, a participative decision is often perceived as more legitimate than an autocratic decision by a single manager.</li> <li>• Better implementation. Participation in a decision creates a feeling of ownership of “our decision” versus one by some authority figure. People want to show that they are right and consequently will work hard to implement it themselves as well as encouraging others to do the same.</li> </ul>	<ul style="list-style-type: none"> <li>• Competing goals. Group members often have a prior commitment to other reference groups or have personal agendas that conflict. These differences can lead to disagreement about alternative solutions and destructive conflict.</li> <li>• Time consuming. People have to plan and coordinate group meetings and then wait for everyone to arrive. The processes of being understood, resolving interpersonal conflict, and irrelevant side conversations also detract from group problem-solving efficiency.</li> <li>• Domination by a few. A high status, personality, or just an assertive personality can cause certain members to dominate group discussion. If the dominating people do not have the best ideas and those who do keep silent, the quality of the group decision will suffer.</li> <li>• Ambiguous responsibility. Since no one individual is held responsible for a group's decision, there is often uncertainty about who is accountable for implementing decisions and who gets the credit or blame for outcomes.</li> </ul>

There are other phenomena that threaten groups. The literature talks, amongst others of *the groupthink phenomenon* and of *social loafing*.

*Groupthink* is defined as the state of affairs in a group when the desire or pressure to conform within the group is so strong that members either think alike or cannot appraise alternative options to a problem anymore. With this, the purpose of a group, to bring together diverse skills, experiences and approaches is eliminated.

*Social loafing* is a phenomenon most of us will know. It refers to group members who, protected by the group, will not make an effort to contribute. To have a social loafer in the group initially is irritating, but may not be much more. However, a dangerous dynamic can develop: if other group members reduce their input because they feel that others are not doing their “fair share”, (based on a subjective assessment), the productivity of the group may continuously decrease, eventually

rendering the group defunct. A manager has to guard against such developments, e.g. by requesting frequent feedback and frequently assessing outputs. Research seems to indicate that social loafing is less common when group members expect their outputs to be measured.

### 3.1 Teams

We have looked at groups in some detail. Now how are teams different? Quite often the terms are used interchangeably, and we would argue that the difference is not a fundamental one.

But there is one key difference: groups are a number of people thrown together to perform a task. Teams consist of a number of people who are carefully selected and welded together to work together. Cook and Hunsaker use sports teams as an illustration, which makes the difference very obvious. Bringing a bunch of soccer players together to play makes them a group of soccer players, but not a team. They will all know how to play soccer, but they may well not be very good at playing together. To become a team, they have to train together, they have to work out who is good at what, and who can best play in what position, they have to trust each other and have confidence in each others' ability. That is how a soccer team is built. The same principles apply for any other team, including work teams. One can assume that when groups have reached the fourth stage of their development (Performing), they will have welded into a team.

Team work and building teams has become a bit of a fashion, and team-building events are quite an industry. In preparing for this module, we did a very quick internet search to see what is available electronically. Using the Altavista Search Engine ([www.altavista.com](http://www.altavista.com)), we typed in *teamwork* as a keyword, and the computer threw up thousands of internet references within a few seconds, most of them concerned with the building of teams in companies.

One reading we found very useful is Alan Bateman's text on teambuilding. It is very clearly written and practice-oriented, offering a number of useful explanations and definitions. In particular, it highlights the inter-connectedness of working in teams, leadership (discussed in the previous session) and motivation (to be discussed in Session 3). What Bateman is saying is that teams can only work with good leadership and when people are motivated to work together. In addition, good motivation and leadership can have a very positive effect on teams.

#### **TASK 3: INGREDIENTS FOR GOOD TEAMBUILDING**

Read Bateman, A. (1990). *Teambuilding: Developing a Productive Team* : 1-9. [Online]. Available: <http://www.ianr.unl.edu/pubs/misc/cc352.htm#eytd> (Reader page 201).

This text summarises in simple and practical terms what it needs to build a good team. Use the exercise on pages 6-7 to complete Task 4 below.

## A note on team building techniques

There are dozens of techniques aimed at building and maintaining teams, but no one easy-to-use recipe. Working with people is complex and defies recipes. We believe two key factors will assist a human resource manager to successfully work with groups:

- a) To understand the needs, skills, aspirations and limitations of the people she works with, whether individually or in groups;
- b) To keep working at it. To know that individuals, groups and teams need to be continually nurtured, assessed and developed.

This is not to say that techniques and models are not useful. Absolutely not. If you want to know more about the area, by all means, explore it. But in a module such as this, which provides an overview over a range of topics in HR management, it is impossible to go into any particular techniques in any detail.

### **TASK 4: ANALYSE A GROUP OR TEAM YOU KNOW**

You have learnt a fair amount about group functions, roles and developmental stages. Apply these new insights to assess a group or team you are a member of or know well.

Go through all the above steps, including an assessment of the advantages and disadvantages, as they apply to your group.

## 4 FURTHER READINGS

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- Handy, C. (1993). *Understanding Organisations*. London: Penguin Books.
- Casey, D. (1985). When a team is not a team. *Personnel Management*, January: 3-7.
- Hackman, J. (Ed.) (1990). *Groups That Work and Those That Don't*. San Francisco: Jossey-Bass.

... as well as almost endless internet sources, if you feel like searching.

## 5 SESSION SUMMARY

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In this session we have looked at the ins and outs of group and team work, how they function and at their advantages and disadvantages. In the next session, we will look at the individual and the role of motivation in helping people work better and more productively as well as being more satisfied.

# Unit 3 - Session 3

## Understanding Motivation

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### Introduction

Motivating other people is considered by many the most crucial and the most difficult aspect of HR Management.

Particularly in times of uncertainty at the workplace, when morale may be low, motivation becomes a crucial part of the job of those who are responsible for others.

In this session we will do some work towards understanding what motivation is, how it works and what can be done to improve it.

Again, there are no simple recipes, but insight and understanding, combined with some ideas for what to do, will help you to get better at motivating people.

This session is largely based on a manual compiled by the World Health Organisation, *Training Manual on Management of Human Resources for Health*, 1993.

### 1 LEARNING OUTCOMES OF THIS SESSION

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**By the end of this session, you should be able to:**

- Explain why staff motivation is important in an organisational context.
- Apply two of the key theories on staff motivation to your organisational context.
- Design strategies which address the motivation of staff members.

## 2 READINGS

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In this session you will be referred to the following reading:

Publication Details	Page Nos In Reader
WHO. (1993). Annex 3: Motivation. In <i>Manual on Management of Human Resources for Health</i> . Geneva: WHO: 1-27.	219

## 3 UNDERSTANDING MOTIVATION

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It is not easy to motivate staff, nor can results be expected quickly. There are so many things that negatively impact on staff motivation, for example low salaries, high workloads, organisational uncertainty, difficult working conditions.

So, as a manager you might say, “Why talk about it at all? I cannot change any of the things that really matter, like salaries or workloads”. You would be right and wrong. You would be right, because you probably cannot change salaries or reduce workloads. You would also be wrong, because as both experience and research show, there are things you *can* do which make a difference to whether staff feel positive about their work and are prepared to work hard or not.

This session is about these *other things*, and how you, as a manager, can explore which factors are susceptible to change, and which not, within the realities of their organisation context.

### **TASK 1: WHAT IS MOTIVATION?**

Write down what you understand by motivation and then read the story which follows.

I am a housewife in Nokweni, a township in Cape Town. Three years ago the local clinic asked me whether I could occasionally help out in the clinic, when they were very busy. I jumped at the opportunity, because my children are grown up and my husband is working during the day, so I had some time. Also, I had had some training as a nurse 25 years ago, but I had to stop when I fell pregnant. And I have been always active in the community.

Initially I helped with sorting folders and making sure that patients knew where they had to go. I enjoyed the work, but what I enjoyed most was talking to the patients, particularly the mothers with small babies, when they were waiting to be seen. The mothers in the PMTCT programme (Prevention of mother to child transmission of HIV) soon trusted me and began to come to me with all sorts of questions that they

sometimes did not want to ask the nurses. Pretty soon the nurses and I had developed a system whereby I would pass questions on to them that had been directed to me, and they would let me talk to the mothers about some basics in hygiene and nutrition. Also, when a mother stopped coming to the clinic, I was asked to go to her house and see whether everything was alright. We soon had all mothers from the PMTCT programme regularly attending the clinic. In addition, word got around that the clinic was client-friendly, and more mothers, who had been referred, but never come to the clinic, started attending.

I was not paid for my work, but that did not matter. I loved my work. We were a great team, and the mothers let me know every day how much they appreciated having someone they could talk to. Also, the staff would make sure that there was always something to eat for me at the clinic, and sometimes I could take some tea or sugar home.

Then the old facility manager left the clinic and a new one was appointed. When she saw me talking to the mothers for the first time, she called me to her office and asked me why it was that I was talking to patients. I explained the arrangement to her. She said that this would have to stop immediately. She could not have an untrained non-professional interacting with patients. I was very welcome to sort folders and make tea, but I could not continue with the work I had done.

Well, I left the clinic soon afterwards. I was very disappointed that I could not continue with what was obviously useful work. Also, mothers continued to approach me and I had to send them away. It was simply too painful.

Now try **Task 2**.

### **TASK 2: ANALYSE MOTIVATION FACTORS**

Jot down the factors, which you think affected this woman's decisions described in the story:

**Motivating factors**

**De-motivating factors**

There are a number of factors which first motivated, then demotivated this housewife from Nokweni. None of them had to do with material rewards or incentives, but rather with her sense of fulfilment, of belonging to a team, of their success and achievement; the disincentive was in the end a keen sense of disempowerment.

Let's look at the theories which try to explain motivation. A lot of research has gone into the question of what motivation is. Two of the very well-known theories, Maslow's Hierarchy of Needs and Herzberg's theory of Satisfiers and Dissatisfiers, are introduced in this introductory reading on motivation from the WHO Manual (1993) which you should read now.

### **TASK 3: APPLY A THEORY**

Can you relate any of the motivating and demotivating factors you listed in the story above to Maslow's hierarchy of needs?

Herzberg coins the phrase “hygiene factors” (WHO, 1993: 10) to describe the potential sources of dissatisfaction and demotivation for staff. Identifying them is an important aspect of avoiding demotivation.

### **TASK 4: HYGIENE FACTORS IN YOUR ORGANISATION**

In many organisations, it is likely that certain actions or procedures create a negative impact on individual staff members.

Identify those actions or procedures at national or provincial and at local level which you feel have a negative impact on most staff in the service.

Order (or sequence) the list to show those you believe to be the most damaging down to those that are the least damaging.

From page 11 to 13, the WHO (1993) text elaborates why staff motivation is a particularly severe problem in the health services of developing countries, and it shows that lack of attention to staff needs leads to vastly different perceptions of what staff consider to be important (figure 5 on page 12). As you read these pages, reflect on how this applies to your organisation.



From page 13, the text then addresses what organisations can do to improve staff motivation and eventually even performance.

#### **TASK 5: MOTIVATION-ENHANCING MEASURE IN YOUR ORGANISATION**

- a) Given the list of hygiene factors you listed in Task 5, which of the practical options to enhance motivation (and performance) suggested in the text from page 13 onwards, would you consider the most crucial and the most implementable in your organisation?
- b) Identify one staff member in your organisation. Think about how the measures suggested in the text could be used to improve his or her job satisfaction and subsequently performance. Consider all the options presented on pages 14 to 18:
  - Pay
  - Security and structure
  - Providing companionship
  - Need for recognition and status
  - Self-fulfillment and personal growth.

## **4 FURTHER READINGS**

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- Handy, C. (1993). *Understanding Organisations*. London: Penguin Books.
- Maslow, A. H. (1970). *Motivation and Personality*. Harper and Row.
- Cook, C.W. & Hunsaker, P.L. (2001). *Management and Organisational Behaviour*. Boston: McGraw-Hill Irwin.

## **5 SESSION SUMMARY**

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After this session you should have a better sense of both the importance and the complexity of motivation. You have read about two of the key theories and begun to think about how strategies can be developed for staff in your organisation to improve job satisfaction.

In the next session, we will consider another crucial element of management: what to do when there is conflict, and what role a manager can play to resolve conflict.

# Unit 3 - Session 4

## Managing Conflict

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### Introduction

Conflict is an inevitable component of working in an organisation, specifically in times of uncertainty and change, but even in the routine life of an organisation. As a manager, you are and will be confronted with conflict among individuals and groups, and you will be called upon to resolve conflict situations. This is not always easy to do, and some people may be inclined to ignore conflict or sweep it under the carpet. However, if untreated, conflict may behave like an untreated abscess: it may grow and eventually burst, poisoning the environment around it.

In this session we will analyse the symptoms and causes of conflict at the workplace, and we will discuss strategies to address and resolve conflict between individuals and groups.

### 1 LEARNING OUTCOMES OF THIS SESSION

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**By the end of this session, you should be able to:**

- Identify common symptoms of conflict in the workplace.
- Assess underlying causes of conflict.
- Define and apply strategies to address conflict situations.

### 2 READINGS

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In this session you will be referred to the following readings:

Publication Details	PAGE No.s in Reader
Handy, C. (1993). Ch 10 - On politics and change. In <i>Understanding Organisations</i> . London: Penguin Books: 299-	246

312.	
Encina, G. B. (n.d.). <i>Conflict Management Skills</i> . 1-18. [Online]. Available: <a href="http://www.cnr.berkeley.edu/ucce50/ag.labor/7labor/13.htm">://www.cnr.berkeley.edu/ucce50/ag.labor/7labor/13.htm</a> .	255
<i>Conflict Management Strategies and Styles</i> . 1-3. [Online]. Available: <a href="http://home.snu.edu/~hculbert.fs/conflict.htm">http://home.snu.edu/~hculbert.fs/conflict.htm</a> .	273

### 3 MANAGING CONFLICT

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What is conflict?

"Conflict is disagreement between two or more parties - for example, individuals, groups, departments, organisations, countries - who perceive that they have incompatible concerns. Conflicts exist, whenever an action by one party is perceived as preventing or interfering with the goals, needs, or actions of another party." (Cook & Hunsaker, 2001: 374)

This definition talks in the broadest sense about the causes of conflict (disagreement), which we will have to explore further. But it does not say anything about the symptoms of conflict: how do we know that conflict exists?

Sometimes it may be quite overt, such as open arguments between two individuals. But sometimes conflict is much less obvious, yet may be very serious.

#### **TASK 1: READ ABOUT SYMPTOMS OF CONFLICT**

Read pages 299-300 of Handy, C. (1993). Ch 10 - On politics and change. In *Understanding Organisations*. London: Penguin Books. (Reader page 246).

Handy lists a number of obvious and not-so-obvious symptoms of conflict. Can you think of others? List a few.

Recognising the symptoms of conflict is a first step. It may then be necessary to decide whether, in fact, the identified conflict needs intervention because not all conflict is unhealthy. Many authors emphasise the fact that some conflict can be creative, spurring people on to try harder. Handy would argue that we then do not talk about conflict, but about competition, but others talk about constructive conflict.

#### **TASK 2: EXAMPLES OF CONSTRUCTIVE CONFLICT**

Can you think about disagreements/conflict/competition that are of benefit for an individual or an organisation?

You may have thought of a new staff member joining the organisation, who has lots of new ideas that are foreign to old staff. This may initially create conflict, as old and new ways of doing things may clash. But eventually the new ideas may be adapted and integrated into the organisation, helping everybody to improve performance.

Another example might be two people with strong views clashing on a particular issue, but the ensuing exchange actually benefits both of them in the long term.

Whether this is called conflict or competition, the situation may or may not need some outside facilitation, but will in the end be of benefit. But other disagreements will not be counter-productive to an organisation. So how do people behave in conflictual situations?

#### **TASK 3: THE TACTICS OF CONFLICT**

Continue to read Handy, C. (1993). Ch 10 - On politics and change. In *Understanding Organisations*. London: Penguin Books: 299-312. (Reader page 246). Focus on pages 306 - 308, where he talks about the tactics of conflict.

Do you recognise any of these tactics? Have you maybe ever used any of them - or been the victim of them?

Jot down a memory or two of encounters with such conflict tactics.

## **4 THE CAUSES OF CONFLICT**

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Now that we have identified how conflicts can manifest, let's look at what some of the causes of conflict may be.

#### **TASK 4: BRAINSTORM THE CAUSES OF CONFLICT**

To start with, brainstorm what causes conflict in your organisation - conflict between individuals and conflict between groups of people.

Cook and Hunsaker (2001: 377) have a long list of they call sources of conflict:

- Goal incompatibility
  - Mutually exclusive goals
  - Lack of resources
  - Different time orientations
- Structural design
  - Interdependence
  - Lack of substitutability
  - Power differentials
- Different role expectations
  - Role ambiguity
  - Role conflict
  - Uncertainty reduction
- Degenerative climate
  - 'Win-lose' attitudes
  - People with different values and expectations
  - Merged cultural differences
- Personal differences
  - Different values
  - Different preferred ways of behaving
  - Different views of the world.

Do you recognise any items from your brainstorm in this rather abstract list?

Handy elaborates many the concepts listed above in Chapter 10. He uses the term “role” instead of “territory”, suggesting that both terms can be used interchangeably.

### **TASK 5: READ A TEXT ON THE CAUSES OF CONFLICT**

Read pages 303 - 306 from Handy, Chapter 10 on the causes of conflict. Compare your brainstorm and Cook & Hunsaker's list to Handy's suggestions?

You will find that most conflict has its source in roles, objectives and tasks either not being clear or being in contradiction with each other. Alternatively you may have a genuine clash of values or views of the world.

## **5 HANDLING CONFLICT**

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Clearly the cause of a conflict has an impact on how one tries to resolve that conflict. Let us now turn from understanding conflict to handling conflict, finding solutions that are beneficial to both individuals and organisations.

Handy believes that there are two managerial strategies to handling conflict: either turn it into *fruitful competition* or control it. He elaborates both suggestion on pages 309 - 312.

Other writers go into much greater detail. Again, an internet search reveals hundreds and hundreds of readings, courses and videos in conflict management.

We extracted one very practical reading, which comes from the agricultural sector, and elaborates conflict management strategies in great detail.

### **TASK 6a: ABOUT CONFLICT HANDLING STRATEGIES**

Encina, G. B. (n.d.). *Conflict Management Skills*. 1-18. [Online]. Available: [www.cnr.berkeley.edu/ucce50/ag.labor/7labor/13.htm](http://www.cnr.berkeley.edu/ucce50/ag.labor/7labor/13.htm). (Reader page 255).

Encina bases his suggestions on two principles. The first one, "Seek first to understand, then to be understood", was introduced by Covey in *7 Habits of Highly Effective People*. The second one, getting people to focus on their needs, rather than their positions, comes from a book by Roger Fisher and William Ury (1999), *Getting to Yes*.

Based on these principles, Encina elaborates particularly the processes involved in mediation and arbitration, i.e. getting a third person involved in a conflict. This may well be your role as a manager, and we therefore thought the article would be particularly useful in this context.

### **Task 6b: APPLY YOUR KNOWLEDGE**

You may not be able to immediately apply Encina's suggestions in practice (unless you have a conflict situation on your hands at the moment). But you can revisit an old conflict and *replay* how it was or could have been handled, based on Encina's suggestions. Spend between 30 and 60 minutes on this task.

A last reading, also from the internet, summarises five conflict management techniques in very quick, easy to understand way on just over three pages.

**TASK 7: REVISION**

Read *Conflict Management Strategies and Styles*. [Online]. Available: <http://home.snu.edu/~hculbert.fs/conflict.htm> : 1 - 3. (Reader page 273).  
Use the reading to revise what you learnt in this session.

## 6 FURTHER READINGS

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- Covey, S. (1989). *7 Habits Of Highly Effective People*. London: Pocket Books.
- Fisher, R., Ury, W. & Patton, B. (1981). *Getting to Yes: Negotiating Agreement Without Giving In*. London: Penguin Books.

## 7 SESSION SUMMARY

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In this last session of Unit 3, we worked towards understanding and handling conflict situations, both of which are indispensable requirements for HR managers. If, in the past, you were reluctant to tackle conflict and rather tried to avoid it, you should feel more confident now to analyse what is going on in a conflict situation and to confront it. If you believed that confrontation is always the best strategy, you should have learnt that there are other strategies of convincing conflicting parties to settle their dispute.

## 8 UNIT SUMMARY

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You have come to the end of Unit 3. In this unit we have primarily discussed themes which elaborated how people communicate with each other and relate to each other. We started with the role and importance of leadership in an organisation, how it can make the difference between stagnation and low morale amongst staff and a dynamic organisation. We then discussed group processes and the pros and cons of group and team work in Session 2. In Session 3, we discussed the crucial role of motivation in getting people to perform well and do their best, and your role as a manager in getting your staff motivated. The last session focused on the times when things do not run smoothly and you as a manager are called on to deal with conflict among staff: you explored how to analyse it and what to do about it.

From this unit focusing on communication and interpersonal relations, we will now move into a unit that discusses some of the more practical aspects of managing people in an organisation: this includes recruiting and selecting people, the importance of training, support and supervision and the role of performance management. This unit follows, rather than precedes Unit 3, because the elements of communication and interpersonal relations should inform and underlie all activities discussed in Unit 4.



# Unit 4 - Introduction

## Managing People II

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Welcome to the last unit of this module! In this unit we will cover the content of what would make up many traditional courses on HR Management – namely the key components of HR Management which we introduced at the beginning of Unit 1: recruitment, utilisation and development of staff. Why, you may well ask, only now and only in one unit?

You will have noticed by now that the entire course has a very particular approach and perspective. We do not consider Public Health primarily a technical exercise; instead we have a strong orientation to health systems development. The same is true for our approach to Human Resource Development and Human Resource Management. Very often courses on HR Management are technical in orientation, concentrating primarily on personnel administration. The inherent assumption is that by getting all the technical details right, HR Management will work.

We have been quite open about the fact that we have a different perspective. We have spent a great deal of time discussing the contextual issues of HR Management because we firmly believe that if we do not understand and act upon those issues, our technical knowledge will not help us. We also believe that if we do not understand and act upon the fact that this field is about people and that people, as individuals and in groups, are complex and defy technical solutions, we will not improve HR Management. That is the reason why only one unit deals with recruitment, utilisation and development of staff.

Clearly, given the time and space constraints, we had to be very selective. In choosing the topics, we aimed to introduce you to new concepts or to give you a different perspective on knowledge you may already possess.

The unit consists of four study sessions:

- Study Session 1: Staff Recruitment and Induction.
- Study Session 2: Skills Development in the Health Sector.
- Study Session 3: Staff Supervision and Support.
- Study Session 4: Performance Management.

## Intended learning outcomes of Unit 4

**By the end of this unit you should be able to:**

- Explain the concept and purpose of staffing norms.
- Discuss the concept and purpose of job analysis.
- Prepare for and implement an interview process for new staff.
- Develop an induction programme for new staff members.
- Explain the key concepts and mechanisms of the South African Skills Development Strategy.
- Understand how the strategy affects your organisation.
- Design and implement a training needs assessment.
- Design and implement a training evaluation.
- Explain the concept of a mentor.
- Facilitate the development of mentorships in your organisation.
- Differentiate a developmental approach to supervision from traditional approaches.
- Consider the feasibility of a team-approach to supervision.
- Understand the components of performance management.
- Identify weaknesses in an appraisal system and suggest well-founded ideas for overcoming them.
- Conduct appraisal interviews.

# Unit 4 - Session 1

## Staff Recruitment and Induction

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### Introduction

In the first session of this unit we will discuss the processes involved in recruiting staff into your organisation and how to familiarise a new staff member with the organisation, its members and the tasks required of her or him.

The assumption which underpins this session is that there are aspects of staff recruitment which are centrally-controlled, such as the setting of staffing norms and job analysis, and which few of you are directly involved in. We will therefore touch on these topics for purposes of better understanding, but will not elaborate them. Instead, we will discuss interviewing and induction of staff in some more detail, based on the assumption that these are areas you as an HR manager are directly involved in.

This session is largely based on the WHO's 1993 *Training Manual on Managing Human Resources for Health* extracts of which are in your Reader.

### 1 LEARNING OUTCOMES OF THIS SESSION

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**By the end of this session, you should be able to:**

- Explain the concept and purpose of staffing norms.
- Discuss the concept and purpose of job analysis.
- Prepare for and implement an interview process for new staff.
- Develop an induction programme for new staff members.

## 2 READINGS

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You will be referred to the following readings in the course of this session:

Publication Details	Page Nos In Reader
WHO (1998). Annex 5 - Staff establishment and recruitment. <i>Training Manual on Managing Human Resources for Health</i> . Geneva: WHO: 1-7.	276
HST. Sample Job Description For Clinic Supervisors. In <i>HST Technical Report: Investigating The Role and Functions of Clinic Supervisors</i> . Durban: HST: 1-4.	283

## 3 STAFF RECRUITMENT AND INDUCTION

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Since the staff is the principal resource by which the health organisation functions, the greatest care and efficiency must be used in the process of recruiting people for employment.

Health systems are labour intensive and care must be taken not to employ more staff than is needed or can be afforded. All too often, health services do not have the necessary operational budgets, which results in a situation of a fully-staffed service and no funds to run it. Equally however, a situation must be avoided where new programmes or technologies are introduced, or services expanded, without required staff being available and trained.

Responding to these realities, this session is concerned with the systems and procedures by which necessary and affordable staff members are recruited, selected, inducted and deployed for defined work in the organisation.

The session deals with the following activities:

- Setting and controlling staff establishments, using norms and other methods;
- Job analysis and description;
- Selecting and recruiting staff;
- Induction and deployment of new staff.

### **TASK 1: REFLECT ON YOUR PERSONNEL FUNCTIONS**

Before you start reading for this session, spend 20 to 30 minutes reflecting on the recruitment functions fulfilled by you, or alternatively by the manager of your organisation. Which functions do you perform in your organisation and which functions are executed elsewhere, possibly more centrally?

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For our purposes, establishment control is the process which aims to regulate either the numbers of staff employed, or the cost of such staff, or both, to undertake the defined area of work.

A better understanding and control of the present labour force will permit reasonable extrapolation into the future. The distinction between staff establishment setting and human resource planning is blurred: the former is done in relatively small organisations that can draw on a pool of potential candidates already available on the market. Human Resource Planning, on the other hand, takes place at the macro level, e.g. in a ministry of health, especially when provision needs to be made for training new staff.

Establishment can be controlled in terms of either crude staff numbers or an overall limit that can be spent on the staff resource (in other words, the budget for staff costs which should not be exceeded).

The chosen method depends on current policies, some of which may be nationally promulgated. For example, governments may say that they wish to reduce the number of people employed in the “service” sector of the economy so that more effort can be devoted to the “productive” sector. Such a policy would imply the application of establishment control policies based on crude numbers.

Generally, where managers have been trained in the use of resources, a policy based on budgets is preferable. Such a policy can then be used flexibly by managers to employ the numbers and types of staff which they believe will allow them to do the necessary work as effectively as possible.

#### 4.1 Staffing norms

Staffing norms are a highly contentious issue, very much a case of “cannot live with them, cannot live without them”. Organisations and managers continuously call for staff norms to help them with their planning. But invariably, when norms are set, the same organisations and managers will complain that these norms are inappropriate, and do not reflect the complexity and context of their situation. And they will mostly be right: norms cannot reflect situational complexities. Norms have to generalise, that is their purpose. And yet, they are needed to make planning possible. Keep this inherent contradiction in mind when reading this section of staffing norms.

Most norms make explicit or implicit assumptions about the number of hours staff will work, the amount of leave they will take (sickness, holidays and special leave for training, etc), and the patterns of care which will be delivered. Particular groups of staff will be deemed to have a particular role to play in the delivery of health care.

There are different types of norms:

1. **The “ideal service” norm:** the staffing patterns envisaged in this type of indicator cannot be achieved for many years and no realistic target date can be set. When norms fall into this category, planners have to consider what intermediate targets should be aimed for by a known date. This allows the human resources structure

to evolve smoothly and types of staff appropriate to the eventual pattern are not recruited in advance of the pace of service development. Establishing ideal service norms may well be part of long-term HR Planning. For example, the HR planning section may say that ideally all clinics should have at least two clinical nurse practitioners (CNPs, sometimes call Primary Health Care Nurses). At present this is impossible, because there are not enough nurses trained to be CNPs. So, an intermediate target may be stated as: In five years, every clinic should have at least one CNP.

2. **The “policy” norms:** staffing levels are set at a particular level - or at x% above the present level - because agreed policy is to develop services within the area. These norms will usually have a target date, and progress towards them should be monitored. To stick with our CNP example: a policy norm may be to say that because primary care services in clinics are being expanded, in five years time an additional 30% of clinics should have CNPs.
3. **The “good practice” norm:** it is important to relate norms based on good practice to their date of origin. A norm may be good practice now, but will it be equally relevant in the future? Managers using this norm will need to build in an element for future improvement in the average staffing levels (upwards or downwards). In other words, they need to make provision for the fact that the basis for the norm may be changing.
4. **The “if-then” norm:** this type of norm is closely related to the good practice norm, but is usually built up by a more objective assessment of staffing requirements in relation to service provided and tends to be more complex. Many such norms are derived from management service studies. They are based on this type of calculation: **if** the workload is **x** and staff can handle **y** processes per day, **then** there should be **z** staff. Simplified example: **if** there are **50 immunisations and 50 DOTS treatments** a day and one nurse can handle **25 immunisations or 50 DOTS treatments** per day, then there should be **3 nurses**.

#### 4.2 Limits to the use of norms

In a service as complex as a health system it is unwise to take any specific staffing norm and apply it throughout. The following factors may significantly affect the relevance of any norm:

- i. The type of population served by the health system. Is it, for example, predominantly old, rural, well educated, etc?
- ii. The type of buildings in which the service is provided. Are they new, scattered, modified from some other purpose, etc?
- iii. The number and type of support staff available.
- iv. The source of the norm. Has it been adequately researched, or developed by a professional organisation aimed at its own growth?

Having cautioned against slavishly following norms, they can, when used appropriately, raise relevant questions about staff establishment levels. Norms do not provide complete answers; they should help the manager in asking questions about

health personnel levels. Major deviations from the norm should be questioned to determine the validity of the explanations.

As we said in the beginning, this part of the session is aimed more at helping you understand what norms are, and their pros and cons. It is not primarily aimed at helping you to apply them.

### **TASK 2: REFLECT ON ORGANISATIONAL NORMS**

Before we move on, spend a bit of time thinking about norms in relation to your organisation:

- Do you know what kinds of norms have been used to establish staffing in your organisation?
- Does your organisation have staffing norms?
- Which of the norms discussed above do you think would help you rectify staffing levels in your organisation?

## **5 STAFF SELECTION**

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Every time you select a person to join your organisation, you are not only potentially investing a great deal of money, you are also introducing a new member into the team. It is important, therefore, that the recruitment process be done as thoroughly and as methodically as possible.

The following are the main stages in the selection process:

- Analysing the need for the job;
- Describing the job;
- Drawing up the person specification;
- Assessing the candidates;
- Interviewing the candidates.

We will focus on the job description and the interview. The job analysis basically entails assessing whether the job in question is still required or whether it is still required in its present form.

### **5.1 Job description**

The purpose of the job description is to set out the purpose of the job, and its associated tasks described in terms of what outputs are required of the job and to what standard. It will also describe relationships with other jobs in the same department, as well as lines of accountability and reporting. A job description is a crucial prerequisite for any kind of performance assessment. An HR manager should

not only make sure that each member of staff has a job description, but also that they know and understand their job descriptions.

Typically, a job description should contain the following items:

- Name of the organisation
- Name of the department or section
- Job title
- Job grade
- Necessary qualifications
- Purpose of job
- Accountable to whom?
- Responsible for what?
- Other relationships within organogram of the organisation
- Main tasks of job and standard to be achieved
- Limits of discretion (e.g. budgetary responsibilities)
- Terms and conditions (e.g. salary, hours of work, leave, etc)

A sample job description for clinic supervisors is printed in your reader on page 283.

### **TASK 3: YOUR OWN JOB DESCRIPTION**

Spend about 40 minutes drawing up your own job description according to the suggested format. Does it correspond with your existing job description?

## **5.2 The selection interview**

Ideally, a selection interview should involve only the candidate and two or three people from the organisation to do the selection.

Good management practice would suggest that the immediate superior of the post to be filled should be involved, accompanied by a personnel specialist who can guide the manager in ensuring that all areas that should be covered in the interview are covered. He or she will also be the expert on the terms and conditions of service that govern the post. Often it is also a requirement to have a trade union representative present.

For some posts, it may be essential to have a much larger interviewing panel. In some organisations the composition of the panel is regulated. Therefore, the first decision to be taken is to select the interview panel. Your next step is to prepare for the interview.



#### **TASK 4: READ ABOUT THE INTERVIEW PROCESS**

Read WHO (1998). Annex 5 - Staff establishment and recruitment. *Training Manual on Managing Human Resources for Health*. Geneva: WHO: 1-7. (Reader page 276).  
Focus on the selection interview - sections 3 and 4.

Think about the last interview you were involved in, either as an interviewer or as an interviewee.

- How was the interview structured and how appropriate was this structure?
- How could the interview have been improved?

Interviewing is a complex process. You have a very limited time to find out as much as you can about the candidate and to get a good impression of him or her.

Getting the candidate to talk and listening carefully are therefore crucial principles for interviewing.

## **6 INDUCTION AND DEPLOYMENT**

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Once a person has been selected and has accepted the job, a manager will want to make sure that he/she is able to become “productive” as soon as possible, and that she or he will want to stay with your organisation. The newcomer needs to be oriented to the organisation, the team and the role. Joining a new organisation is stressful, and a good induction will go a long way to make the new staff member settle in fast. Unfortunately, induction is an aspect that is all too often neglected.

A good induction programme should include the following:

- a) Staff of the department or team should meet the new staff member.
- b) A staff member should be briefed to
  - Meet the newcomer.
  - Explain rules and standards of conduct.
  - Show the person the premises.
  - Explain how the new job fits in with others.
  - Describe the organisation as a whole and what it is trying to achieve.
  - Confirm that he or she knows about pay arrangements and conditions of service.
  - Be available to help and support her or him in the first few days and weeks.
- c) The new staff member should be familiarised with policies and other documents that will be relevant to his or her work.

As the manager, you need to spend time establishing an understanding of what you can expect from each other, how open you can be with each other, and how much independence is needed and allowed. You will need to agree on some initial

objectives for the new person, review progress regularly and develop and revise objectives, until you are confident that the new person has settled into the job. If the appointment is subject to confirmation after a probationary period, you will need to assess the person's performance at that point. At this stage your role may well intersect with the role of the supervisor (see Session 3 of this unit).

#### **TASK 5: YOUR ORGANISATION'S INDUCTION PROGRAMME**

Does your organisation have a functioning induction programme?

Based on what you have just read, rethink the induction programme in your organisation:

- Are you providing guidance and support for new staff members?
- Are new staff members systematically introduced to relevant documentation as well as to colleagues?
- What could be improved?

## **4 FURTHER READINGS**

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- Shipp, Peter (1998). *Workload Indicators of Staffing Needs (WISN): a Manual for Implementation*. Geneva: WHO.

## **5 SESSION SUMMARY**

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This session has been a bit a tough one, exploring fairly complex recruitment procedures, highlighting the controversial issues of staffing norms and providing some input on interviewing and induction processes.

In the next session we will discuss how to approach skills development in the organisation in ways that are beneficial to both the individual and the organisation.

# Unit 4 - Session 2

## Skills Development in the Health Sector

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### Introduction

The new South African health system requires a whole range of new skills and competencies for health workers. Few health workers have been trained adequately to deal with the challenges confronting them. Skills development is therefore a crucial aspect of HR Management. It covers training, but also other forms of development, such as mentoring and coaching. As an HR manager, you are likely to be responsible for the skills development of your staff, although you are, in all likelihood, not yourself conducting training.

In this session, we will focus on the training aspect of skills development. We will start by reminding ourselves about the dynamics of learning as adults. We will then introduce the South African Skills Development Strategy and some of its component parts.

In the second part of the session we will discuss how to conduct a training needs assessment and how to evaluate training.

### 1 LEARNING OUTCOMES OF THIS SESSION

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**By the end of this session, you should be able to:**

- Explain the key concepts and mechanisms of the South African Skills Development Strategy.
- Understand how the strategy affects your organisation.
- Design and implement a training needs assessment.
- Design and implement a training evaluation.

## 2 READINGS

In this session you will be referred to the following readings:

Publication Details	Page Nos In Reader
Powell, S. (1999). Ch 1 - Introduction & Ch 2 - Thinking and learning. In <i>Returning to Study</i> . Buckingham: OUP: 1-31.	287
SA Department of Labour (2001). Skills for productive citizenship for all. In <i>National Skills Development Strategy</i> . 1-4. [Online]. Available: <a href="http://www.vhutsila.org.za">http://www.vhutsila.org.za</a> .	304
SA Department of Labour (2001). The Skills Development Act, 1998, The Skills Development Levies Act. In <i>Understanding the Laws</i> . 1-10. [Online]. Available: <a href="http://www.vhutsila.org.za">http://www.vhutsila.org.za</a> .	308
SA Department of Labour (2001). <i>Learnerships</i> . 1-5. [Online]. Available: <a href="http://www.vhutsila.org.za">http://www.vhutsila.org.za</a> .	318
HWSETA. Excerpts from the HWSETA website. 7 pages. [Online]. Available: <a href="http://www.hwseta.org.za">http://www.hwseta.org.za</a> .	323
Management Sciences for Health. Training for effective performance. In <i>The Family Planning Manager's Handbook</i> : 1-15. [Online]. Available: <a href="http://www.erc.msh.org">http://www.erc.msh.org</a> .	330
WHO. ToolKit appendices: A*07 Illustrative training needs assessment form. In <i>Human Resources for Health: Toolkit for Planning, Training and Management</i> . [Online]. Available: <a href="http://rhtoolkit.forumone.com">http://rhtoolkit.forumone.com</a> .	345

## 3 SKILLS DEVELOPMENT IN THE HEALTH SECTOR

"Over the past five years the government has put in place a range of policies to transform the health system with the aim to improve efficiency as well as equity. With the policy framework largely in place, the challenge is now one of implementation.

Successful implementation, however, depends crucially on a sufficient supply of equitably distributed and competent personnel. Not only do personnel costs account for by far the largest percentage of recurrent expenditure in the health sector (around 65% in South Africa at the present moment), but human resources are the backbone of the health system. Furthermore, with the move towards decentralised health systems, many health workers, particularly at district level,

now require, in addition to clinical skills, substantial public health skills in planning, advocacy, programme design, programme implementation and monitoring and evaluation which are fundamental to the successful implementation of the Primary Health Care Approach (PHCA). These are skills in which few of the newly emerging generation of health personnel received training, resulting in a yawning gap between existing and required job competencies. Consequently, health personnel development assumes not only a priority place but is also a primary step in health systems development." (Sanders et. al, 2001)

The above quote summarises the importance of skills development in a context of health sector transformation. Additionally, management of the HIV/AIDS pandemic particularly requires a wide range of new skills (see also reading in Concluding Session).

So, while skills development is a crucial part of HR Management even under "normal" circumstances, in the present environment of rapid change it has become absolutely indispensable if health workers are to keep up with these changes. Inability to "keep up" and a feeling of not being well enough equipped to handle aspects of health services has been quoted by numerous health workers as one reason for low morale and even decisions to leave the service.

## 4 RETURNING TO STUDY

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The training aspect of skills development for which you as a manager will be responsible, falls within the ambit of adult education. Everybody for whom you will be organising training will be a more or less experienced professional or para-professional, just like you are in your studies with us at the moment. When organising training, it is important to be aware of the specific dynamics of working-adults becoming learners again.

### **TASK 1: REFLECT ON YOUR LEARNING EXPERIENCE**

You are presently a learner, so you have valuable insights into what it means to become a learner again, while having a full-time job, family responsibilities, etc.

Spend a bit of time reflecting on your situation, and what it may mean for your staff to be in a learning situation.

Obviously, not everybody will embark on a full Masters programme, but many elements remain the same, e.g.

- People learn against the background of their own life and work experience;
- People have to juggle work, family, community and study commitments;
- Studying is a time to step back from the frenzy of day-to-day commitments and to reflect and refresh.

## **TASK 2: HELPING YOU REMEMBER**

Read Powell, S. (1999). Ch 1 - Introduction and Ch 2 - Thinking and learning. In *Returning to Study*. Buckingham: OUP. (Reader page 287).

This is an easy-to-read text which talks about the same issues that you will have reflected on in Task 1 - and maybe a few others. You do not have to engage in the text in great detail, but it is a useful text for helping you think through some of the very real issues in returning to study.

## **5 THE SOUTH AFRICAN SKILLS DEVELOPMENT STRATEGY**

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This section may seem familiar to students of *Developing Human Resources for Health* module. It repeats the first part of Session 2 in Unit 3. Students who did this module can either skip the bit on the skills development strategy or go over it again.

One of the most devastating legacies of South African history in general and the Apartheid era in particular is the fact that it left behind an educational desert. Education for "black" people at all levels was for decades poorly resourced and often of very poor quality. This not only has disadvantaged the vast majority of the population, it also means that as a country, South Africa cannot keep up with skills- and knowledge- driven economies.

The new government made Human Resource Development a major priority. This has implications for school and university education, which are beyond our scope here, but it also has meant the development of a comprehensive strategy for workplace learning. This strategy has become known as the *Skills Development Strategy*. This strategy is a hugely complex framework of legislation, structures, procedures and funding.

We are not concerned with the detail here, but with the basic principles and mechanisms, because these inform any kind of training and development that will happen in South Africa over the next decades.

In the Reader, we have included a number of short overview papers published by the Department of Labour.

### **TASK 3: ANALYSE THE SKILLS DEVELOPMENT STRATEGY**

Please read these documents from the SA Department of Labour: *National Skills Development Strategy; Learnerships; Understanding the Laws* (pages 304, 308, 318 in the Reader) and consider their impact on training and development in the health sector:

- In which areas of skills development is the health sector facing its greatest challenges?
- Who in the health sector should be the main target audience for this strategy?
- Can you foresee problems in the implementation of the strategy? What might these be?
- What in your view are the opportunities and threats that this strategy creates?

Share your thoughts with fellow students. The strategy is fairly new. Some of us have some experience with implementation by now, while others are only just starting. We all need to learn from each other as we translate this policy into practice.

One of the new institutions that have been set up through the skills development strategy are the so-called Sector Education and Training Authorities, better known by their acronym, SETAs. There are SETAs for all major fields of work, e.g. education, information technology, chemical industry. And there is a SETA for the health and welfare sector, the HWSETA (Health & Welfare Sector Education and Training Authority). The reading, *Understanding the Laws* in Task 1, explains what SETAs are there for and what they do. In particular they are responsible for disbursing money from the Skills Development Levy (see same reading) based on a range of criteria, and ensuring the quality of education in their sector. They are also expected to help organisations and institutions to develop their workplace skills strategies and plans. This is what makes SETAs very important to HR managers.

### **TASK 4: READ ABOUT THE HWSETA**

Read excerpt from the website of the HWSETA (Reader page 323). It is rather sketchy, but it gives you an overview of who they are and what they do. It also provides some useful contact details.

## 6 MANAGING TRAINING

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The HR manager's role in training is primarily three-fold: she has to assess what training is needed by individuals and the organisation as a whole; she has to ensure that staff receive training that is relevant for their and the organisation's needs. And she has to assess the impact of training received. None of these are easy tasks. Assessing training needs and impact of training are not *hard sciences* with definite answers. But there are a number of things that can be done to make choice of training more relevant.

Training is often a knee-jerk reaction to all kinds of human resource problems, and inappropriate training will be expensive, wasteful and demotivating for staff. This is not to say that training per se is unnecessary. On the contrary! Unit 1 highlighted some of the problems arising from insufficient, but more importantly, inappropriate initial training and continuing education.

In this second part of this session we will provide you with a number of tools to conduct a training needs assessment (TNA) and to assess the impact of training.

### **TASK 5: HOW TO ASSESS NEED AND IMPACT**

Read and work through Management Sciences for Health. *The Family Planning Manager's Handbook: Training For Effective Performance*: 1-15. [Online]. Available: <http://erc.msh.org>, which you will find on page 330 of your Reader.

The text takes you through the processes of deciding whether training is needed, conducting a training needs assessment, and evaluating training. It introduces a number of tools and examples.

You may well spend two hours or more on this exercise. Take your time. It is a very useful, practice-oriented text. You may also decide to design and conduct a training needs assessment for your assignment.

### **TASK 6: DESIGN A TRAINING NEEDS ASSESSMENT (TNA)**

Design a training needs assessment questionnaire for either one particular job category or one small unit in your organisation. This could be a self-assessment questionnaire or a supervisor questionnaire.

The questionnaire may either ask questions about training needs in general, or focus on one specific aspect that you may consider important, e.g. HIV/AIDS counselling, drug management or specific programme implementation.

For feedback, look at the sample TNA questionnaire from the WHO Toolkit on page 345 in your Reader.



## 7 FURTHER READINGS AND REFERENCES

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- Abbatt, F. (1990), Personnel development and training. In Streefland, P. & Chabot, J. (Eds.). *Implementing Primary Health Care: Experiences since Alma Ata*. Amsterdam: Royal Tropical Institute.
- Sanders, D., Chopra, M. Lehmann, U. & Heywood, A. (2001). Meeting the challenge of health for all through Public Health education; some responses from the University of the Western Cape. *South African Medical Journal*, 91(10): 823-829.
- The ERC website ([erc.msh.org](http://erc.msh.org)) has a very bulky and very sophisticated training impact evaluation tool, if you are particularly interested in this area.

## 8 SESSION SUMMARY

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In this session we began to discuss skills development of staff, concentrating on training. In the next session we will focus on staff support and supervision, which we consider to also belong within the ambit of skills development.

# Unit 4 - Session 3

## Staff Supervision and Support

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### Introduction

Supervision and support of staff is one component along the continuum of staff development. If done correctly, it should have considerable overlap with skills development on the one side and performance management on the other.

This session has two parts. Part 1 will introduce mentoring as a staff development tool; Part 2 presents different approaches to supervision. In particular, we will discuss the role of the supervisor and the feasibility of a team approach to supervision.

### 1 LEARNING OUTCOMES OF THIS SESSION

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**By the end of this session, you should be able to:**

- Explain the concept of a mentor.
- Facilitate the development of mentorships in your organisation.
- Understand how a developmental approach to supervision differs from traditional approaches.
- Identify the key roles of a supervisor.
- Consider the feasibility of a team-approach to supervision.

### 2 READINGS

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In this session you will be referred to the following readings:

Publication Details	Page Nos In Reader
Ohio Women's Business Resource Network. (5/97). <i>Mentoring - What Goes Around, Comes Around</i> . Chicago, Illinois: Columbus, Ohio and Women's Business Development Center: 1-4. [Online]. Available: <a href="http://www.onlinewbc.gov/Docs/manage/mentoring.html">http://www.onlinewbc.gov/Docs/manage/mentoring.html</a>	349
McNamara, C. (n.d.). <i>Supervisors; Typical Experience of a First-Time Supervisor; Responsibilities of a Supervisor; Typical Roles of a Supervisor</i> : 1-5. [Online]. Available: <a href="http://www.managmenthelp.com">http://www.managmenthelp.com</a>	353
Management Sciences for Health (MSH). Improving Supervision: A Team Approach. <i>The Manager's Electronic Resource Center</i> , ERC: 1-20. [Online]. Available: <a href="http://www.erc.msh.org/html/">http://www.erc.msh.org/html/</a>	359
MSH. (1998). Supervisor Competency Self-Assessment Inventory. In <i>The Health and Family Planning Manager's Toolkit</i> : 1-6. [Online]. Available: <a href="http://www.erc.msh.org/html">http://www.erc.msh.org/html</a>	379

### 3 MENTORING

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Mentoring is a very old concept, the value of which has been rediscovered recently. A mentorship is a personal relationship between a more experienced and a less experienced person, with the aim to nurture the latter.

Mentoring is used in many different contexts, e.g. in youth groups (big brother-big sister) and in private companies, where young and promising staff are systematically groomed for leadership positions.

In the context of the health services mentoring can play an important role as part of staff induction (see Unit 4 - Session 1), but also to provide support in times of stress. The mentorship concept might then be adapted to peer mentoring.

Below are two excerpts from the internet which talk about what a mentor is and what the mentoring process might consist of.

# Mentor, Mentors and Mentoring

© Fred Nickols 2002

A few years ago my wife asked me to tell her what I know of mentors and mentoring. Here is what I told her.

## Mentor

Mentor is the name of the person to whom Odysseus (a.k.a. Ulysses) entrusted the care of his son, Telemachus, when he set out on those famous wanderings of his that we now call an "odyssey" and which took him, among other places, to the Trojan Wars. Mentor was Odysseus' wise and trusted counselor as well as tutor to Telemachus. Myth has it that the goddess Athena would assume Mentor's form for the purpose of giving counsel to Odysseus but, for many centuries now, the goddess has been unavailable for comment to confirm or disconfirm this rumor. At any rate, Mentor's name -- with a lower-case "m" -- has passed into our language as a shorthand term for wise and trusted counselor and teacher.

## Mentors

Until recently, in ordinary usage, the term mentor typically was used by the recipient of the counsel or teaching to refer to the person providing it. Thus, I might say that Ed Trapp was my mentor. Observers of such counseling and tutoring relationships have also been known to label certain people as mentors. Kierkegaard, for instance, has been called mentor to an entire movement. But, mentors, it seems, have not and do not characteristically refer to themselves as such.

This writer's own biases are such that he has always thought the term mentor was exemplified in a situation wherein an older, influential male took a younger, promising male "under his wing," so to speak, for the purpose of advancing the younger male's career. The older male was then a mentor to the younger one. And the younger male, of course, would be known to us as the protégé of the older man, just as Telemachus was Mentor's protégé (although it seems only fair to point out that the French language had not yet then evolved and so whatever term Mentor used to refer to Telemachus might or might not be known to us but it seems certain he did not use protégé).

## Mentoring

In recent years, especially in the management and human resources literature, mentor, which is a noun, has become a verb as well and -- with or without "ing" as an appendage -- now refers to the patterned behaviors or process whereby one person acts as mentor to another. And, in keeping with current mores and norms, gender seems irrelevant. (This usage, however, has yet to make its way into any dictionary to which this writer has access.) It will surprise some, but not others, to learn that there are consultants whose practices center on advising the rest of us regarding the mysteries of mentoring. (They are perhaps would-be or frustrated mentors themselves.)

In sum, what has been historically an informal, unofficial, voluntary, mutually-agreeable, and self-selected interaction between two people has become a program -- an institutionalized stratagem for trying to force what probably can only come about naturally -- and a staple, if not a commodity, in the bag of tricks toted from client to client by many a consultant.

Frankly, I'm not against formal mentoring programs, but I'm not for them either. I'll pick my own mentors, thank you, and I'll pick my own protégés too.

<http://home.att.net/~nickols/mentor.htm>

## **Mentoring**

Mentoring is a tool that organizations can use to nurture and grow their people. It can be an informal practice or a formal program. Protégés observe, question, and explore. Mentors demonstrate, explain and model. The following assumptions form the foundation for a solid mentoring program.

Deliberate learning is the cornerstone. The mentor's job is to promote intentional learning, which includes capacity building through methods such as instructing, coaching, providing experiences, modeling and advising.

Both failure and success are powerful teachers. Mentors, as leaders of a learning experience, certainly need to share their "how to do it so it comes out right" stories. They also need to share their experiences of failure, ie., "how I did it wrong". Both types of stories are powerful lessons that provide valuable opportunities for analyzing individual and organizational realities.

Leaders need to tell their stories. Personal scenarios, anecdotes and case examples, because they offer valuable, often unforgettable insight, must be shared. Mentors who can talk about themselves and their experiences establish a rapport that makes them "learning leaders."

Development matures over time. Mentoring -- when it works -- taps into continuous learning that is not an event, or even a string of discrete events. Rather, it is the synthesis of ongoing event, experiences, observation, studies, and thoughtful analyses.

Mentoring is a joint venture. Successful mentoring means sharing responsibility for learning. Regardless of the facilities, the subject matter, the timing, and all other variables. Successful mentoring begins with setting a contract for learning around which the mentor, the protégé, and their respective line managers are aligned.

<http://www.sonic.net/~mfreeman/mentor/mentsupp.htm>

### **TASK 1: CONSIDER YOUR EXPERIENCE WITH MENTORING**

After reading the two text excerpts, consider your own experience with mentoring:

- Have you ever been mentored?
- Have you ever been a mentor?
- If so, what were the positive and negative experiences with the relationship?
- Is there any form of formal or informal mentoring going on in your organisation?
- If yes, is it working? Could it be strengthened?
- If not, is there space to develop and mentoring programme?

We said above that a mentoring relationship is usually between an older or more experienced person and a younger or less experienced person.

If you followed events in South Africa in May 2003, you will have heard and read about the passing away of one of the big old men of the South African liberation struggle, Walter Sisulu. You will also have heard his closest comrade and friend, Nelson Mandela, talk about their relationship. Mandela has said many times in the past that Sisulu was his mentor, the man who took him under his wing when he first arrived in Johannesburg, and who initiated him into politics. Their relationship changed over the years, as Mandela grew in stature. Yet, Mandela continued to refer to Sisulu as his mentor. This mentorship clearly extended beyond the nurturing and grooming of a young leader into a very close working relationship and friendship that saw both men through exceptionally difficult times.

The following excerpt from May 2003 reflects this relationship.

#### **Remembering Walter Sisulu, Father of South Africa's Liberation**

Kate Tuttle

Nelson Mandela is now the only one left. Of the three-man partnership that forged the African National Congress into a revolutionary tool for liberating black South Africans - then transformed it into a ruling party of the continent's most successful democracy - Mandela now stands alone. Oliver Tambo, the professor and strategist, who held the ANC together during long years in exile, died in 1993.

And now Walter Sisulu, who brought Mandela in to the party in the 1940s and continued mentoring him during the next half century, has passed on to history. While his name will never be as famous as Mandela's, Sisulu's role in South Africa's liberation is hard to overstate. It was Sisulu who recruited Tambo and Mandela, whom he met in Johannesburg in 1941 when the younger man was a newcomer to the city, into the newly formed ANC Youth League. ...

Walter Sisulu, whose work with South Africa's Communist Party and Indian Congress

had helped convince him of the power of multiracial coalitions, was the man who helped Mandela and others cling to this ideal even as they endured decades of imprisonment on Robben Island. Called by one of his ANC colleagues "the organization's encyclopedia in prison", Sisulu was the man, both wise and humane, whom Mandela relied on above all others. To emerge from nearly 30 years in prison still committed to fairness and equality - still believing in the concept of justice - was a genius shared by both men. ...

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[www.africana.com](http://www.africana.com)

Obviously, a relationship such as this cannot be created through management intervention. However, what we can learn and take away for our purposes is that close work-oriented relationships between older and younger members of staff or between peers can nurture and support staff and help them grow, particularly in difficult times. It can be the HR manager's role to encourage and foster such relationships within the organisation.

#### **TASK 2: A PRACTICAL GUIDE TO MENTORING**

To end Part 1 of this session, work through Ohio Women's Business Resource Network. (5/97). *Mentoring - What Goes Around, Comes Around*. Chicago, Illinois: Columbus, Ohio and Women's Business Development Center: 1-4. [Online]. Available: <http://www.onlinewbc.gov/Docs/manage/mentoring.html> (Reader page 349), a very useful guide on mentoring. Consider its applicability for your organisation.

## **4 SUPERVISION**

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The following is extracted from <http://www.erc.msh.org>. When you are trying to get things done through other people, you soon find that instructions, training sessions, lists of rules and written procedures are not enough. These are all good methods for communicating what you want done and how you want it done. However, no matter how well these methods are applied, you will find that it is essential to have direct personal contact with your staff on a regular basis. Personal contact is essential for two reasons: first, to find out what is actually happening (in all aspects of the work, particularly those aspects that are never covered in service statistics), and; second, to renew the enthusiasm of the staff for the work they are doing. This personal contact is important both for the effective operation of the programme and for staff morale and commitment. The purpose of supervision is to guide, support and assist staff to perform well in carrying out their assigned tasks.

If you think of supervision as personal contact for these purposes, then you will recognize that staff at every level, from service delivery to administration, need

supervision. Methods of supervision work for a whole range of organizational levels and functions.

Your main function as a supervisor is to help your staff to perform their jobs better by providing:

- Guidance and training
- Assistance with resources and logistics
- Support, encouragement, and advocacy for their rights
- Monitoring and evaluation

Your role as a supervisor should be that of a problem-solver who supports the employees, not a fault-finder who is always criticizing them. Your employees should be pleased to see you and not find reasons to be absent when you are coming. You will no doubt see the overlap here with mentoring, which we discussed above and performance management, which will be the focus of the coming session.

#### 4.1 Functions of a supervisor

Supervisors at every level and in all parts of an organization have a number of basic functions. These include:

- Setting individual **performance objectives** (the activities an employee should accomplish by a certain date) with the employees themselves so that they know what is expected of them.
- Managing any **performance problems** and conflicts that arise and motivating and encouraging employees to do their best work.
- Having **regular contact with staff members** through **supervisory sessions** to motivate and provide **feedback**, solve problems and provide guidance, assistance, and support.
- Designing a **supervisory system**, including a supervisor's session plan with selected items to supervise during each session.
- Preparing a **supervisory schedule** of upcoming supervisory sessions which shows the date and time of each session and lists any content that can already be foreseen. This should be updated periodically.
- Conducting periodic **performance appraisals** to review an employee's past performance in order to make sure performance objectives are being met.

Although the situations in which supervisors work may vary, effective supervisors must perform all these basic functions.

#### 4.2 The style of supervision should fit the employee

There are many different styles of supervision, but all supervision is made up of two basic components: giving direction and providing support. **Giving**



**direction** involves one-way communication in which the supervisor tells the employee what to do and when, as well as where and how the tasks are to be accomplished.

**Supervisors provide support** through their relationships with their employees. This implies more of a two-way communication in which supervisors encourage and guide staff, discuss any questions or difficulties, and enable them to carry out their jobs effectively.

A supervisor may instinctively be more inclined toward task-oriented or relationship-oriented supervision. However, every supervisor must also consider the type of supervision appropriate to each employee. Some employees work best independently, needing direction but little support. Other employees work better with a significant amount of support from their supervisor. In any case, a supervisor should always consult with employees before making judgements and decisions which affect the employee's work.

### 4.3 Elements of supervision

The foundation of supervision is the **supervisory session**, when the supervisor meets with one or more employees to review the work that has been done and to plan the work of the next few months. There are different types of supervisory sessions, each of which covers a different time frame and looks at the work to be accomplished in a different way. On-site, **day-to-day supervision** keeps track of what is being done and corrects any obvious problems as they occur. Supervisors also have **supervisory sessions** with staff working in the same location; these involve a longer-term review of the work and may look at the need for further training or the possibility of staff development activities. **Supervisory visits** to staff working in different locations look at work accomplished over a longer period. In addition to trying to resolve problems arising from day-to-day work, the visiting supervisor has a pre-determined list of activities to carry out.

An additional form of supervision is the **performance appraisal**, which occurs at regular periods and looks at whether the employee is achieving her or his performance objectives, how well she or he is carrying out the tasks, and what support the supervisor should provide. This is a more formal version of the review that takes place during the regular supervisory sessions and may be the basis for deciding whether the employee should receive a raise or promotion.

All supervisory sessions, whatever the circumstances, should:

- Reaffirm the mission of the organization, reminding staff of the organization's values, principles, and goals and strengthening staff commitment to them;
- Make sure the staff have the interpersonal skills required to deliver high-quality services;
- Check that the staff have the technical and intellectual skills necessary for the jobs they do and that they are properly trained;

- Deal with personal work-related issues of individual staff members.

A supervisory visit to staff working some distance away would also have to cover the following items:

- Checking and replenishing supplies;
- Bringing messages and items from headquarters and taking others back (the mailman function);
- Collecting record forms that need to go to headquarters.

### **TASK 3: DIFFERENT VIEWS ON SUPERVISION**

After having read the above introduction to supervision from the Electronic Resource Centre, read the reading on supervision in the Reader (p. 353): Carter McNamara. (n.d.) *Supervisors; Typical Experience of a First-Time Supervisor; Responsibilities of a Supervisor; Typical Roles of a Supervisor*. 1-5. [Online].

This text comes from a website called [www.managementhelp.com](http://www.managementhelp.com), which offers lots of tips on management, directed mainly at private companies and non-profit organisations.

You will find that although the emphasis in the texts may differ, they both stress the role of supervisor as a person who provides guidance and support, not a person who hovers behind your shoulder and finds fault.

In light of the readings, critique your organisation's supervisory system and make recommendations to your organisation how to improve your system.

#### **4.4 Team supervision**

At all levels of the organization, supervisors in the health sector contribute to the delivery of high-quality health services to clients. They do this in two ways: through both individual and team supervision. For either supervisory approach, the role of the supervisor is to facilitate the work of individual employees or employee teams so they can effectively perform their job responsibilities.

Individual supervision involves supervising the performance of an individual employee on a one-to-one basis. It also involves periodic joint work planning and performance review meetings between the supervisor and the staff member. It can also involve day-to-day guidance, mentoring, and problem solving.

#### **TASK 4: READ ABOUT A TEAM APPROACH TO SUPERVISION**

Work through ERC: The Manager's Electronic Resource Center. *Improving Supervision: A Team Approach*: 1-20. [Online]. Available: <http://www.erc.msh.org> (Reader page 359). It will take you step-by-step through the rationale and the process of team supervision. You will find that there is some overlap with other readings above. That's fine. Either use this text to reinforce and revise some of what you learnt above, or just skim the sections that you do not need. You will see that the key difference between individual and team supervision lies in the fact that in the latter, the team is the point of reference, that the aim of the supervisory process is not to improve individual performance, but the performance of the whole team and therefore the quality of service delivery. The text speaks specifically about team supervision in a clinic context, but it could equally be used for other teams, such as the staff of a hospital ward, a transport department or the district headquarters.

In team supervision, supervisors build and support a clinic team whose members work together to analyse and solve problems on an ongoing basis. A team approach to supervision emphasizes individual performance only as it relates to the ability of the team to achieve common goals. By using a team approach to supervision and by placing an emphasis on team problem solving, supervisors can overcome many of the shortcomings of traditional supervision, which can focus more narrowly on vertical programmes or individual performance and may not be as supportive or facilitative.

And to end this session, yet another tool from the evidently very useful Electronic Resource Centre. They have developed a "Supervisor Competency Self-Assessment Inventory". It is meant to help you assess your skills as a supervisor, but it is also very useful as a general summary of skills requirements of a supervisor.

#### **TASK 5: FILL IN THE SELF-ASSESSMENT INVENTORY**

Read through and fill in the "Supervisor Competency Self-Assessment Inventory" from MSH. (1998). Supervisor Competency Self-Assessment Inventory. In *The Health and Family Planning Manager's Toolkit*: 1-6. [Online]. Available: <http://erc.msh.org/html/> This is a tool that you may also want to share with other supervisors in your organisation.

## **5 FURTHER READINGS**

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- Fisher, Roger and Bruce Patton. (1981). *Getting to Yes: Negotiating Agreement Without Giving In*. Boston, MA: Houghton Mifflin Company.

## 6 SESSION SUMMARY

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This was quite a lengthy session, discussing mentoring and developmental approaches to supervision. The key concern of the session focused around the need to foster mentoring and supervisory relationships that nurture and develop staff rather than inspect and find fault with them.

This theme will also be carried into the last session of the unit, which will discuss performance management.

# Unit 4 - Session 4

## Performance Management

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### Introduction

*Performance management is the last and very important aspect of staff development in your organisation.*

Some of you may be taken aback by this statement, because they have understood and experienced performance management to be a largely negative form of measuring and disciplining staff. Such a view is not without reason. Performance management and performance appraisal which has *gone wrong* can have exactly this effect, thus becoming an almost punitive measure within the organisation.

In this session, we will discuss what performance management should be and how it can be done so as to serve the developmental purposes of both the individual staff member and the organisation.

We will, however, not introduce any specific performance management system. Instead, we will discuss the principles underlying a good performance management system as well as some of its component parts. The reason for not introducing one specific system is that there simply are too many, and often organisations are quite possessive about their particular system. This session should enable you to interrogate and evaluate the system that is being used in your organisation, and to possibly make suggestions for alterations.

### 1 LEARNING OUTCOMES OF THIS SESSION

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**By the end of this session, you should be able to:**

- Discuss the components of performance management.
- Identify key action objectives and targets for members of your team.
- Provide constructive feedback.
- Identify weaknesses in an appraisal system and suggest well-founded ideas for overcoming them.
- Conduct appraisal interviews.

## 2 READINGS

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In this session you will be referred to the following reading:

Publication Details	Page Nos In Reader
Management Education Scheme by Open Learning (MESOL). (2000). Module 2: Managing people. Book 2. Session 2: Performance management. In <i>Managing in Health and Social Care</i> . Milton Keynes: OU: 25-50.	386

## 3 PERFORMANCE MANAGEMENT

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This session on performance management has been taken once again from a session in a distance learning course on *Managing in Health and Social Care* offered by the Open University in Britain. We could not have done it better, so decided not to re-invent the wheel.

### **TASK 1: INTRODUCING PERFORMANCE MANAGEMENT**

Work through the following text: Management Education Scheme by Open Learning (MESOL). *Managing in Health and Social Care*. Module 2: Managing people. Book 2. Session 2: Performance management. Milton Keynes: Open University: 25-50. (Reader page 386).

Treat it as a session in your guide, although it is printed in the Reader. Complete all exercises.

## 4 FURTHER READINGS

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- Edis, M. (1995). *Performance Management and Appraisal in the Health Services*. London: Kogan Page.
- Handy, C. (1993). *Understanding Organisations*. London: Penguin Books.

## 5 SESSION SUMMARY

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In this session, we have examined the idea of performance management and paid particular attention to the place of appraisal within it. Performance management is about ensuring that organisational and service objectives are achieved, that the best use is made of staff resources, and that staff are developed so that they can continually improve and respond to changing expectations of health and social care services. The emphasis should be on improving effectiveness and quality for the benefit of patients and service users.

## 6 UNIT SUMMARY

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You have come to the end of the last full unit in the module. In it we discussed some of the practical aspects of managing people: how to make sure that the right people are recruited into the organisation; how to make sure that they can develop to their full potential and be productive for the organisation through a wide array of skills development interventions; and how to use performance management as a development opportunity.

We said in the beginning that we would have to be selective about what we discuss in this unit, given the very wide range of possible topics under this heading. We chose the topics we considered most important for your practice as an HR manager. We hope you are satisfied with our choice. If not, we would be delighted to get feedback on what you think should be included in future.

You have one last session to go. In it we will try and tie together many of the strands of thought we have developed in the course of this module from a contextual as well as a practical point of view.

# Concluding Session -

## Key Challenges in Human Resource Management Today

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### Introduction

You have almost reached the end of the module *On Human Resource Management For Health*. Clearly, we have not exhausted the topic. Many topics were introduced, but could have been elaborated in much greater depth. Many topics could have been added, were it not for the lack of space and time. We had to make choices. We tried to aim for a mix of understanding the importance of HR Management in the context of developments in the health sector and of gaining some knowledge and skills that will help you in your day-to-day practice as a human resource manager.

The challenges facing HR managers in the health sector today are serious and seemingly endless: HIV/AIDS, brain drain, low morale, transformation fatigue, to name just a few examples. We have not spent much time discussing these challenges *per se*. This would probably warrant another full module. However, many of the topics covered in this module are influenced by or influence these challenges. For example, motivation plays a crucial role in lifting low morale. So does a good supervisory system. Thorough staff induction and development can go a long way to reducing role conflict.

Before we let you go, we want you to spend another two to three hours working with the HRM assessment tool we introduced in Unit 1 Session 4 (Task 2) and reflecting on the key challenges we face in human resources in South Africa specifically, but also in other African countries today. We recently wrote an overview article for the *South African Health Review*, which talks to these challenges. The article focuses on Human Resource Development in general, but you will see that most topics relate directly to HR Management.



## 1 LEARNING OUTCOMES OF THIS SESSION

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**By the end of this session you should be able to:**

- Conduct an HRD assessment of your organisation.
- Reflect on the key HR challenges facing your organisation and how they can be addressed.

## 2 READINGS

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You will be referred to the following readings in the course of this session:

Publication Details	Page Nos in Reader
Management Sciences for Health (1998). <i>HRD Assessment Instrument for NGOs and Public Sector Health Organisations</i> . MSH: 1-15.	91
Lehmann, U. & Sanders, D. (2003). Human Resource Development. In <i>South African Health Review 2002</i> . Durban: Health Systems Trust: 119-427.	412

### **TASK 1: REVISIT THE HRM ASSESSMENT TOOL**

We asked you to have a look at the HRM assessment tool on page 91 of the Reader at the beginning of the module. This tool aims to help you to assess the state of Human Resource Development in your organisation and to come up with possible solutions to problems.

Now, at the end of the module, we want you to go back to the tool and to work through it systematically, in the end making a summary assessment of HRD in your organisation, which you may want to present to colleagues.

## LAST TASK OF THE MODULE: REFLECTING ON KEY HR CHALLENGES

Read Lehmann, U. & Sanders D. (2003). Human Resource Development. In *South African Health Review 2002*. Durban: Health Systems Trust: 119-427. (Reader page 412).

This chapter provides an overview of recent developments and key challenges in the human resources in the health sector and develops an agenda for intervention. It concentrates on issues of:

- Legislation
- Capacity and skills
- Workloads
- Management and support
- HIV/AIDS

The chapter highlights problem areas, but also gives examples of good practice and encouraging initiatives, such as the use of Action Research for building capacity.

Do the topics raised in the chapter resonate with your own experiences and challenges? What are the commonalities? What are the differences?

What is your organisation doing to tackle these challenges?

This last reading and reflection concludes the module.

## 3 SESSION SUMMARY

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While many issues remain outstanding, we hope you leave the module feeling somewhat better equipped to Tackle Human Resource Management in your organisation.

We also hope that you found the module both enjoyable and challenging, providing some new ideas and maybe putting existing knowledge and skills in context. Please don't forget to give us your feedback on the module.

We thank you for choosing to do this module and wish you luck with the rest of your studies.

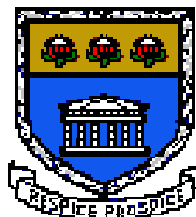


**Masters in Public Health**

# **Managing Human Resources for Health**

## **Readings**

**School of Public Health  
University of the Western Cape**



# Managing Human Resources for Health

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## List of readings

The School of Public Health provides students with a Reader of just over 400 pages, which contains these required readings for the module, SOPH pays for copyright for these Readings per student and therefore cannot offer the Reader as an OER.

Publication Details
<b>Bateman, A. (1990).</b> <i>Teambuilding: Developing a Productive Team</i> : 1-9. [Online]. Available: <a href="http://www.ianr.unl.edu/pubs/misc/cc352.htm#eytd//">www.ianr.unl.edu/pubs/misc/cc352.htm#eytd//</a>
<b>Blair, G. M. (n.d.).</b> <i>Groups That Work</i> : 1-9. [Online]. Available: <a href="http://www.see.ed.ac.uk/~gerard/Management/art0.html//">www.see.ed.ac.uk/~gerard/Management/art0.html//</a>
<b>Chen, L. et al. (2004).</b> Human Resources for Health: Overcoming the Crisis”, <i>The Lancet</i> (364): 1984-90.
<b>Conflict Management Strategies and Styles</b> : 1-3. [Online]. Available: <a href="http://home.snu.edu/~hculbert.fs/conflict.htm//">http://home.snu.edu/~hculbert.fs/conflict.htm//</a>
<b>Cook, C.W. &amp; Hunsaker, P.L. (2001).</b> Ch 1 - Managing people and organisations. <i>Management And Organisational Behaviour</i> . Boston: McGraw-Hill Irwin: 15-20.
<b>Cook, C.W. &amp; Hunsaker, P.L. (2001).</b> Ch 16 - Self-Management at Work: Managing Careers and Stress. In <i>Management and Organisational Behaviour</i> . Boston: McGraw-Hill Irwin: 585-602.
<b>Cook, C.W. &amp; Hunsaker, P.L. (2001).</b> Ch 14 - Leadership. <i>Management and Organisational Behaviour</i> . Boston: McGraw-Hill Irwin: 490-513.
<b>Covey, S. (1989).</b> Habit 3: Put first things first: principles of personal management. <i>The 7 Habits of Highly Effective People</i> . London: Pocket Books: 146-168.
<b>Encina, G. B. (n.d.).</b> <i>Conflict Management Skills</i> : 1-18. [Online]. Available: <a href="http://www.cnr.berkeley.edu/ucce50/ag.labor/7labor/13.htm//">www.cnr.berkeley.edu/ucce50/ag.labor/7labor/13.htm//</a>
<b>Green, A. (1992).</b> Ch 13 – Planning human resources. In <i>An Introduction to Health Planning in Developing Countries</i> . Oxford: OUP: 291-315.
<b>Handy, C. (1993).</b> Ch 10 – On politics and change. <i>Understanding Organizations</i> .

London: Penguin Books: 299-312.
Iles, V. (1997). Ch 6 – Really managing yourself. <i>Really Managing Health Care</i> . Buckingham: OUP: 76-88.
<b>HST. Sample Job Description For Clinic Supervisors.</b> In HST Technical Report: Investigating The Role and Functions of Clinic Supervisors: <i>Durban: HST: 1-4.</i>
<b>HWSETA.</b> Excerpts from the HWSETA website. 7 pages. [Online]. Available: <a href="http://www.hwseta.org.za/">www.hwseta.org.za/</a>
<b>Kohlemainen-Aitken, R-L.</b> (1997). Decentralisation of human resources: implications and impact. <i>Human Resource Development Journal</i> , 1(3): 1-29.
<b>Lehmann, U. &amp; Sanders, D.</b> (2003). Human Resource Development. In <i>South African Health Review 2002</i> . Durban: Health Systems Trust: 119-427.
<b>Management Sciences for Health.</b> (1998). <i>HRD Assessment Instrument for Ngos and Public Sector Health Organisations</i> . MSH: 1-15.
<b>Mejia, A.</b> (1978). Ch 2 – The health manpower process. In Hall, T.J. & Mejia A. (Eds). <i>Health Manpower Planning: Principles, Methods, Issues</i> . Geneva: WHO: 31-56.
<b>McNamara, C.</b> (n.d.) <i>Supervisors; Typical Experience of a First-Time Supervisor; Responsibilities of a Supervisor; Typical Roles of a Supervisor</i> . 1-5. [Online]. Available: <a href="http://www.managementhelp.com/">http://www.managementhelp.com/</a>
<b>Management Education Scheme by Open Learning (MESOL).</b> Module 1: The Manager. Book 1. Session 4: Alternative views of management. <i>Managing in Health and Social Care</i> . Milton Keynes: OU: 63-80.
<b>Management Education Scheme by Open Learning (MESOL).</b> (2000). Module 2: Managing people. Book 2. Session 2: Performance management. In <i>Managing in Health and Social Care</i> . Milton Keynes: OU: 25-50.
<b>Management Sciences for Health (MSH).</b> Training for Effective Performance. In <i>The Family Planning Manager's Handbook</i> . 1-15. [Online]. Available: <a href="http://erc.msh.org/">http://erc.msh.org/</a>
<b>Management Sciences for Health (MSH).</b> (1998). Supervisor Competency Self-Assessment Inventory. <i>The Health and Family Planning Manager's Toolkit</i> . ERC: 1-6. [Online]. Available: <a href="http://erc.msh.org/">http://erc.msh.org/</a>
<b>Management Sciences for Health (MSH).</b> (1998). Supervising and Supporting Your Staff. <i>The Family Planning Manager's Handbook</i> , ERC: 1-12. [Online]. Available: <a href="http://www.erc.msh.org/">http://www.erc.msh.org/</a>
<b>Management Sciences for Health (MSH).</b> Improving Supervision: A Team Approach. <i>The Manager's Electronic Resource Center</i> , ERC: 1-20. [Online]. Available:

<a href="http://www.erc.msh.org//">http://www.erc.msh.org//</a>
<b>Ohio Women's Business Resource Network.</b> (5/97). <i>Mentoring - What Goes Around, Comes Around</i> . Chicago, Illinois: Columbus, Ohio and Women's Business Development Center: 1-4. [Online]. Available: <a href="http://www.onlinewbc.gov/Docs/manage/mentoring/html//">http://www.onlinewbc.gov/Docs/manage/mentoring/html//</a>
<b>Powell, S.</b> (1999). Ch 1 - Introduction and Ch 2 - Thinking and learning. <i>Returning to Study</i> . Buckingham: OUP: 1-31.
<b>SA Department of Labour.</b> (2001). Skills for productive citizenship for all. In <i>National Skills Development Strategy</i> . 1-4. [Online]. Available: <a href="http://www.vhutsila.org.za//">www.vhutsila.org.za//</a>
<b>SA Department of Labour.</b> (2001). The Skills Development Act, 1998, The Skills Development Levies Act. In <i>Understanding the Laws</i> . 1-10. [Online]. Available: <a href="http://www.vhutsila.org.za//">www.vhutsila.org.za//</a>
<b>SA Department of Labour.</b> (2001). <i>Learnerships</i> . 1-5. [Online]. Available: <a href="http://www.vhutsila.org.za//">www.vhutsila.org.za//</a>
<b>Sanders, D., Dovlo, D., Meeus, W. &amp; Lehmann, U.</b> (2003). Public health in Africa. In: Beaglehole, R. <i>Global Public Health - A New Era</i> . Oxford: OUP: 135-155.
<b>Walt, G. &amp; Gilson, L.</b> (1994). Reforming the health sector in developing countries: the central role of policy analysis. <i>Health Policy and Planning</i> , 9(4): 353-370.
<b>Walt, G.</b> (1994). Ch 8 - Do those who implement decide? <i>Health Policy: An Introduction To Process And Power</i> . Johannesburg and London: Wits University Press and ZED Books: 153-177.
<b>WHO</b> (1993). Annex 3: Motivation. <i>Manual on Management of Human Resources for Health</i> . Geneva: WHO: 1-27.
<b>WHO.</b> (1998). Annex 5 - Staff establishment and recruitment. In <i>Training Manual on Managing Human Resources for Health</i> . WHO: Geneva: 1-7.
<b>WHO/Afro.</b> (2001). Part I. <i>HRD Advocacy Pack</i> . Compiled by SOPH, UWC: 1-6
<b>WHO.</b> A*07 Illustrative training needs assessment form. In <i>Toolkit for Planning, Training and Management</i> . 1-4. [Online]. Available: <a href="http://hrhtoolkit.forumone.com//">http://hrhtoolkit.forumone.com//</a>



**MANAGING HUMAN RESOURCES FOR HEALTH - EVALUATION QUESTIONS**  
**SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF THE WESTERN CAPE**

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**Please give us some feedback on this module. Thank you.**

1. In general, how do you feel about the module?
2. Did any aspects of the module challenge you to think more deeply about human resource management?
3. Are there any sections of the module which could be better explained? Be as specific as possible.
4. Were there any sections or sessions that you felt were unnecessary?
5. Were there any topics that you felt should have been included in the module?
6. Are there any improvements you could suggest to the assignment?
7. Are there any interesting readings which you feel should be added to the module?
8. Do you have any intention to use or adapt any part of the module?

Date:

Place:

Do you play a role in the field of Public Health? If so what?

Your name: [optional]:

Please paste your response into an email to: Ms L Alexander, SOPH, UWC

lalexander@uwc.ac.za







