

HEALTH CARE/Karl von Holdt and Mike Murphy

Failing health of public hospitals

BUSINESS DAY (Final)
Wednesday, 6 December 2006, p. 11

MOST of the doctors and nurses interviewed in eight South African public hospitals believe staff shortages and management failures compromise patient care. While professionals are reluctant to acknowledge that this entails avoidable patient deaths, clinicians at one hospital were more forthright: "Everything is done in a rush, and staff are left exhausted. The result is a low quality of care and ... mortality that could have been avoided."

A nurse in a second hospital commented: "We do not give quality patient care. Now I am alone in the ward, it means I am unable to prevent certain things happening. The result is complications, wound sepsis, longer hospital stays." This is one among many similar comments from nurses in these hospitals.

It seems clear, on the basis of the eight hospitals studied, that many patients at public hospitals in SA are receiving low-quality health care. Why is this the case? There are three main problems: staff shortages, a dysfunctional relationship between hospitals and provincial health departments, and dysfunctional internal management structures.

All the public hospitals we investigated suffer from acute shortages of staff, particularly nurses and other professionals such as pharmacists and radiographers. Nurses consistently complain of stress, exhaustion and low morale as a result of the heavy workload they have to bear: "We always have to rush: we wash, we medicate, we move on. We cannot have tea, we cannot eat. The pressure leads to absenteeism, as nurses we become demotivated and no longer have empathy. It affects the patients."

The closure of nursing colleges by government in the mid-1990s is the primary cause of the shortage of skilled nurses. The dramatic reduction in training has not only reduced the supply of skilled nurses, but has also reduced the number of trainee

nurses in the wards, so increasing the workload of the trained nurses.

But government has also made other policy decisions that have exacerbated the nursing shortage. It appears that health department authorities, under pressure from the

fiscal austerity programme of the later 1990s, significantly reduced the posts for support workers like cleaners, porters, clerks and messengers.

However, the essential role that support staff play in most hospital activities means that this is a false saving, impacting adversely on the utilisation of scarce and expensive professionals such as nurses. For example, the shortage of nursing auxiliaries means that professional nurses have to do more routine tasks; the shortage of porters and messengers means nurses have to collect medicines from the pharmacy or move patients through the hospital; and the shortage of cleaners means that nurses have to clean wards instead of looking after patients. In the wards, managers have to cope with a daily crisis as staff shortages mean shuffling staff from ward to

ward, or calling in agency staff, to ensure that at least a bare minimum of service can be rendered. This prevents them from devoting attention to the proper management of health care and resources.

Hospital managers are disempowered and frustrated by the centralised control that departmental officials exert over their everyday activities. Provincial head offices micromanage the hospitals and hedge the hospital managers about with endless regulations and tedious procedures. Hospital managers have little control over budgets, procurement, discipline, staffing levels and staff structures.

Head office officials have very little understanding of the operational complexities of running bigger hospitals, or of the problems faced by health workers in the wards. Head offices frequently make decisions



that disrupt or impose failure on hospitals, or worse yet, simply fail to make decisions. The result is that hospital managers cannot be regarded as accountable for health-care failures in the hospitals, as they lack the necessary powers to change things.

Indeed, disempowerment and lack of accountability is rife within the health department bureaucracies, both in head offices and in hospitals. Within hospitals the key problem is dysfunctional management structures. Management is split up into segregated silos according to functions: nurses are managed by matrons and nursing managers, doctors are managed by senior doctors and clinical managers, and support workers are all managed within their own structures. The result is that there is no locus of accountability for the operations of a

specific unit of the hospital, a ward, say, or a clinical department.

In the ward the senior nurse is ostensibly accountable for the running of the ward, but in reality she

has little control over support staff or doctors. The same applies to a clinical department such as a surgical department: while the clinical head manages the doctors, the nurses, clerks, cleaners and porters are managed by separate supervisors, each in their own silo. This fragmented management structure results in a pervasive disempowerment, frustration and lack of responsibility.

Public hospitals are in a state of decline. All three problems identified here need to be addressed in a comprehensive fashion if decline is to be averted. The National Labour and Economic Development Institute (Naledi) has recommended: the reopening of nursing colleges; significantly increased employment of support workers so professionals, especially nurses, can concentrate on their core tasks; devolving full operational accountability for hospitals to hospital management, leaving head offices to concentrate on strategy, audits and monitoring; and replacing the fragmented silo structures in hospitals with integrated and account-

able management structures.

The cabinet accepted these proposals in January this year. Some of them, such as the devolution of management authority, are actually longstanding government policy but have never been implemented. It remains to be seen whether this changes as a result of the cabinet decision.

Critically important, however, will be the allocation of realistic budgets, especially for the employment of additional staff. Finance Minister Trevor Manuel's revenue overruns and frequent complaints that government is unable to spend its money seem to provide an ideal opportunity.

■ *Von Holdt and Murphy are researchers at Naledi and co-contributors to the recently published State of the Nation: South Africa 2007 (HSRC Press). This is an edited version of their chapter. Naledi has been contracted by the Gauteng health department to assist with the implementation of a transformation strategy at Chris Hani Baragwanath Hospital.*

