

We must confront the Kafka-esque nightmare where the citizen meets the state

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MUCH political analysis concerns the "grand questions" of the state – the constitution, the national institutions and the behaviour of elites. But there is another level of governmental reality – the day-to-day behaviour of ordinary officials at the grassroots level where the state meets the citizen.

It is at this level where the dysfunctions of the government make themselves felt most painfully and poignantly. And, in South Africa, we know far too little about how our government works at this level.

In 1964, the French political analyst, Michel Crozier, published his seminal book, *The Bureaucratic Phenomenon*. It was remarkable for its analysis of the "paralysing structures and virtually irresistible mechanisms" of modern state and private bureaucracies.

He examined the dynamics between subordinates and supervisors, the battles for discretion and room to manoeuvre, the use of information within organisations as a power resource, the bargains and compromises, the power of experts and the mechanisms used by front-line officials to limit that power.

Managing these oppressive dysfunctions leads to a "conflictual equilibrium", and organisational cultural norms develop to help officials to negotiate the daily reality of power struggles at the workplace.

Bureaucratic vicious circles develop – for example, ritualistic impersonal bureaucratic rules evolve because they alleviate the tensions created by subordination and control; but, at the same time, they perpetuate the very tensions which bring them into being.

To understand these phenomena, one needs – in Crozier's words – a

theory of bureaucratic dysfunctions. Such analyses have, thus far, been lacking in South Africa. This is partly because a major focus has been on generating new policies and creating new institutions, and partly because the discipline of public administration has failed to come to grips with the minutiae of bureaucratic dysfunction.

In this vacuum, the analysis of public hospitals in the *2007 State of the Nation* (HSRC Press) becomes exceptionally useful. As trade union advisers, Karl van Holdt and Mike Murphy spent five years in Chris Hani Baragwanath hospital, and they then extended their analysis to seven other hospitals in North-West Province and Gauteng. Their findings make startling reading.

Van Holdt and Murphy show how the centralist model of health management is fundamentally flawed, because it concentrates power in the provincial department of health instead of the hospital administration. This has led to highly-stressed public hospitals due to staff shortages, unmanageable workloads and management failures. These problems are not due to administrative disintegration; rather, they are due to systemic dysfunctions.

Because power is centralised within bureaucratic departments, it prevents hospital managers from addressing day-to-day problems, or from working out proper strategies to address these. Provincial head offices fail to respond to proposals, fail to make decisions, make decisions that are disruptive and impose failure on hospitals, and devise strategies that are meaningless to hard-pressed managers.

Furthermore, hospital management takes place in administrative silos – there is no integration

between clinical staff, nurses, support staff (cleaners, clerks, porters), and pharmacists. What should be managed as an integrated operational unit is managed in a fragmented fashion with no clear accountabilities. All actors are disempowered and experience high levels of conflict, failure and demoralisation. Hospitals are run by permanent crisis management.

Hospital staff suffer extreme stress, frustration and exhaustion, and leave the public service in droves. Ultimately, patients are the primary losers – but no one knows how bad it is, because there are no coherent information collection systems. This kind of systemic management failure creates a Kafka-esque state – a system which confronts the citizen as inscrutable, confusing, impenetrable and heartless – a far cry from the Batho Pele to which South Africa ostensibly subscribes.

Such dysfunctions do not only take place in hospitals. The *2007 State of the Nation* points to similar situations in prisons (Julia Sloth-Nielsen) and local government (Doreen Atkinson). But much more analysis is needed of the point where the citizen meets the state, and where the front-line official has to negotiate the everyday bureaucratic contradictions that characterise the workplace.

The dream of a transparent, responsive state depends on our ability to analyse the current bureaucratic vicious cycles, and to redesign administrative systems in which the citizen is king.

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