

**THE INFLUENCE OF HUMAN RESOURCE DEVELOPMENT CHALLENGES ON PUBLIC
HEALTH SERVICE DELIVERY IN MANGAUNG**

by

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DECLARATION

“I, ‘Mankopane Ts’osane, declare that the thesis that I hereby submit for the Degree Masters in Public Administration at the University of the Free State is my independent work and that I have not previously submitted it for a qualification at another institution of higher education.”

Matsosane

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Date

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Foremost to God be the glory for sustaining me on this journey to complete this Master's study.

I dedicate this thesis to my late father, Mokoalabala David Leboea Ts'osane and my mother 'Matebatso Mpolokeng Alicia Ts'osane who inspired me with their love for education and who taught me the lessons of life. No words will ever be able to express the gratitude and appreciation that I have for every sacrifice they made for me.

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Purpose – It is a constitutional mandate that all three spheres of government should provide quality services to citizens of South Africa. There has been an increasing demand from the public for quality health service delivery as shown in the high number of public protests against poor health service delivery. It, therefore, appears as if the National, the Pelonomi Regional, and the Universitas Academic Hospitals have been overwhelmed by having a financial shortfall that had a direct influence on the development of administrative staff, whose development was neglected. The study aims to determine the human resource development (HRD) challenges that the administrative staff of the National, Pelonomi Regional and the Universitas Academic Hospitals face in its mandate to provide efficient, effective and economical service delivery. Quality health services can only be provided if there are equipped public servants who can perform their job well. Public servants' ability depends on the extent to which they are developed through HRD.

Research design, approach, and method - The study employed a qualitative research design. Focus group discussions and semi-structured interviews were used as qualitative research instruments. Focus group discussions were conducted with seventy-one (71) administrative staff and semi-structured interviews consisted of six (6) staff responsible for the management of HRD.

Findings – The paper concludes that the FSDoH is still faced with the problem of a skills audit and insufficient budget allocations. Therefore, there is a dire need by the FSDoH to acquire skilled HRD professionals or to upgrade their skills and knowledge to meet the requirements of the now changing Public Sector. Hence, to realize the need and value of HRD, FSDoH needs to see the importance of continuous education and training towards the development of administrative staff. The more reason and need to employ effective public servants to provide quality health service delivery and accomplish the department's goals.

Practical implications – FSDoH officials, as well as other stakeholders such as politicians, have an important role to play in understanding the value of HRD in public health service delivery. Therefore, a serious internal organizational HRD framework is required that will enhance the staff's ability to perform and deliver quality health services to the citizens.

Contribution – This thesis should be of significance to each administrative staff member to promote the use of HRD as a tool to improve service delivery in the FSDoH. It is also hoped that this will encourage scholars to investigate the relevance of HRD in service delivery within the public health institutions.

Key terms: Human Resource Development, Human Resource Management, Service delivery, Department of Health, Administrative staff

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ACRONYMS

ASgiSA	- Accelerated and Shared Growth Initiative for South Africa
AU	- The African Union
CD	- Career Development
CIP	- Compulsory Induction Programme
DPSA	- Department of Public Service and Administration
HR	- Human Resource
FSDoH	- The Free State Department of Health
FSPA	- The Free State Provincial Administration
FSTDI	- Free State Training and Development Institute
HEIs	- Higher Education Institutions
HRD	- Human Resource Development
HRM	- Human Resource Management
HPCSA	- Health Professional Council of South Africa
HSREC	- The Health Sciences Research Ethics Committee
IDP	- Integrated Development Planning
NEPAD	- The New Partnership for Africa's Development
NSG	- National School of Government
OD	- Organizational Development
PALAMA	- Public Administration Leadership and Management Academy
PGDP	- Provincial Growth and Development Plan
PSC	- Public Service Commission
PSETA	- Public Service Sector Education and Training Authority
PSTI	- Public Service Training Institute
SAMDI	- The South African Management Development Institute
SAQA	- South African Qualifications authority
SADoE	- South African Department of Employment
SETA	- Sector Education and Training Authority
T & D	- Training and Development
TVET	- Technical and Vocational Education and Training
UNESCO	- United Nations Education, Scientific and Cultural Organisation
USA	- United States of America
WHO	- World Health Organisation

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CHAPTER 1: INTRODUCTION AND BACKGROUND

1.0 INTRODUCTION

Human Resource Development (HRD) is a tool implemented in every organization across the world to empower employees. Garavan and Dooley, (2012:488) view HRD as having a role in helping organizations achieve societal, environmental, and economic goals. The United Nations (2011:17) states that a skilled, educated, capable, productive, and flexible workforce, as the foundation for countries to achieve sustainable economic development and social progress, is critical to productivity and economic growth. This could be achieved through an improved human resources corps that rely on HRD as a tool to accomplish the fore-mentioned.

Human resources (HR) is probably the most important asset of any organization. The effective management of HR directly influences and or contributes to the success of an organization. It is therefore that HRD is used as a tool to enhance the skills, knowledge, and abilities of human resources. Fourie and Poggenpoel (2017:170), indicated that there is a growing expectation that the South African Public Sector will in future focus on social, environmental, and economic goals in addition to ensuring service delivery, support the importance of HRD as a tool. There has never been a doubt that HRD as a tool for improved service delivery is of utmost necessity for the South African Public Sector; however, HRD challenges on service delivery are nowadays impossible to ignore.

The discipline HR is an umbrella term used for two equally important concepts. The generic definition of the word 'concept' according to the Oxford English Dictionary is "An idea or invention to help sell or publicize a commodity" (Oxford English Dictionary, 2020: online). The first concept, called Human Resource Management (HRM) also referred to as personnel management by Van der Westhuizen (2016:4), covers the whole spectrum of recruitment, selection, appointment, job analysis, job evaluation and performance management (Vermeeren, 2014:207). Holistically, HRM incorporates the dimensions related to employment relationships and the dynamics that flow from the theory and practice taken to be that part of management. Thus, HRM involves decisions, principles, strategies, operations, practices, functions, activities, methods, processes, and procedures related to the daily management of public servants (Van der Westhuizen, 2016:4).

Human Resource Development (HRD) is the second concept within the discipline of HR. It is defined as a process, "the process of developing or being developed" (Oxford English Dictionary, 2020: online), which develops human capabilities through Organization Development (OD) as well as personnel training for improving public servants' work

performance (Smith, 2014:2). HRD's focus is on improving the skills and competencies of the public servants in the job to better their work performance.

Mashete (2010:16) differentiates the concepts HRM and HRD on the following grounds. HRM, as well as HRD, is understood as subsets of the entire management processes of an organization. The scope of HRM according to Van der Westhuizen (2016:4) is broader and covers more functions than that of HRD, which covers fewer functions and therefore is narrower in scope. The other difference between the two concepts is that HRM endeavors to manage and develop the human resources of the Public Sector in its entirety on a longer-term basis (2-3 years or longer). Whereas HRD focuses on those learning experiences which are organized for a specific shorter period (1-5 days or up to 6 months) to bring about the desired behavioral changes (Swanson and Holton III, 2001:6). Finally, HRM takes care of all the individual needs and tries to satisfy these needs so that the employees are motivated to contribute their best to achieve organizational goals. HRD, on the other hand, focuses mainly on the training and development of individuals. Despite the differences, these two concepts also have similarities in that they both aim to improve the working performance of public servants and ultimately that of the organization.

The concepts of HRM and HRD are well captured and explained in the South African Public Sector. According to the White Paper on Transforming Service Delivery (1995/2005); the Republic of South Africa, 1997 (Notice 1227 of 1995); Section 195(1) (b) of the Constitution of the Republic of South Africa (henceforth Constitution); and the **Public Finance Management Act, 1999** (Act No. 1 of 1999), rendering of public services should be efficient (doing things the right way). It should also be effective (doing the right things) and economical (at the lowest cost possible) (supported by Ferreira (2015) cited in van der Westhuizen, 2016:5). Ile, Eresia-Eke, and Allen-Ile (2019:77) define efficiency as a measure of how well resources were utilized in pursuit of the results and this could only be achieved through capable human resources (public servants). The authors define effectiveness as a measure of the extent to which intended results have been realized.

According to the **Public Service Act, 1994** (Act No. 103 of 1994), the public service in South Africa comprises all individuals employed by the thirty-one national departments as well as the nine provincial administrations and which are funded by the exchequer. The South African Public Service defined in section 197 of the Constitution and it states that within public administration there is a Public Sector for the Republic, which must function, and be structured, in terms of national legislation, and which must loyally execute the lawful policies of the government of the day. Section 8 of the **Public Service Act, 1994** (Act No. 103 of 1994),

additionally, states that the public service is composed of people who are either employed permanently or temporarily within the national departments or provincial administrations of government. These departments are directly responsible for rendering services to communities using its resources.

The Free State Provincial Administration (FSPA) as part of the Public Sector is therefore responsible for service delivery within the province. The respective eleven Public Sector departments within the FSPA are: the office of the premier, agriculture and rural development, cooperative governance, traditional affairs and human settlements, education, economic, small business development, tourism and environmental affairs, health, police, roads and transport, provincial treasury, public works and infrastructure, social development as well as sport, arts, culture, and recreation.

Against this introduction, this study will start with a background and reason for the study. The study includes the problem statement as well as the aim and objectives of the study. The remainder of chapter one will further address the significance of the research, a chapter outline as well as a demarcation of the key concepts.

1.1 BACKGROUND AND REASON FOR THE STUDY

Before 1994, the South African Public Sector was racialized in which 95.5% of the top 3,239 civil servants were white, and only 0.6% black African and it was mainly male-dominated (Franks, 2015:48). The Public Sector employed mainly white employees and to a lesser extent, other racial groups (African, Coloured, and Indians). For instance, it was before 1994 that men were favorably considered for training and could easily step into a management position as compared to women occupying lower positions (Simpson, 2015:350; Ledwaba, 2016:2). Franks (2015:55) noted that the staff establishment of the Public Sector made a drastic turn since the year 1991 towards transforming its human resources.

At that time, the South African Public Sector was faced with the challenge of implementing a flurry of HRD policies and acts that addressed human resource development challenges within the Public Sector. The National Qualifications Framework (NQF) and legislation, i.e. (i) The **South African Qualifications Authority Act, 1995** (Act No. 58 of 1995), (ii) The **Skills Development Act, 1998** (Act No. 97 of 1998), and (iii) The **Skills Development Levies Act, 1999** (Act No. 9 of 1999) promoted good practice in skills development. In adherence to the **SAQA Act, 1995** (Act No. 58 of 1995), the Public Sector is responsible for facilitating public servants' training which provides skills development. The **Skills Development Act, 1998** (Act No. 97 of 1998) states that all National and Provincial Departments (Public Service) must raise

skills levels in the workplace. The **Skills Development Levies Act, 1999** (Act No. 9 of 1999) promoted specifies that money for training and development be paid from the 1% skills levy, which is allocated annually as 1% of the total compensation budget of each respective department. The Act further governs the National Skills Authority and Fund, the skills development levy-grant scheme, the Sector Education Training Authorities (SETA's), labor centers, and the Skills Development Planning Unit (**Skills Development Levies Act, 1998** (Act No. 9 of 1999)).

The Public Service Sector Education and Training Authority (PSETA) is responsible for the training and skills development of public servants within the respective Public Sector departments. The Sector Education and Training Authority (SETA) is responsible for facilitating the skills development initiatives in the health sector. The latter is specifically responsible for implementation and identifying priorities for skills development. The White Paper on Human Resource Management in the Public Sector also emphasizes that it is imperative to enhance the human resource of the public service.

It was evident that timeworn discriminatory policies and acts had to be amended to enhance the skills, knowledge, and abilities of public servants. Hence, since 1994, there was a turnaround in the practices of HRD whereby jobs were no longer reserved for men but since then both men and women had equal career and training opportunities. At present, the establishment of the South African Public Sector consists of more than 1.6 million public servants spread across all spheres of government (Ubisi, 2017:7). Public servants have access to choose their occupation or profession, whilst there is a steady upward trend of women occupying top management positions. Today we can safely say that the public servants (both men and women) can participate in training and career development practices in the Public Sector.

In the National sphere, HRD within the Public Sector before 1994 was mainly centralized managed by the Public Service Training Institute (PSTI). The PSTI focused largely on junior and mid-level officials and it was for this reason criticized for its focus on proficiency training rather than on capacity building (Lues, 2016:13). The PSTI supported training and education within the Public Sector and its staff, academics, and consultants presented its training courses.

In 1996, the PSTI was replaced with The South African Management Development Institute (SAMDI) as an independent institute under the Public Service Commission (PSC). The SAMDI aimed to centralize Public Sector norms and standards but training needed to be further

decentralized (South African Management Development Institute, 2002:256). SAMDI provided practical, client-driven, organizational development interventions that led to improved performance and service delivery in the Public Sector (South African Management Development Institute, 2002:256). However, according to McLennan and Orkin (2009:7), SAMDI had trouble to adhere to its mandate due to internal leadership and unresolved staffing challenges. As a result, SAMDI was reconstituted as the Public Administration Leadership and Management Academy (PALAMA) in August 2008, following a Cabinet decision taken in 2006.

The **Public Service Act, 1994** (Act No. 103 of 1994), established PALAMA as a Schedule 1 Department, as amended by the **Public Service Act, 1999** (Act No. 5 of 1999). The mandate of PALAMA was to specifically, improve the quality and extend the influence of the development of human resource capacity and this was done through specialized education and training (Mokgoro, 2013). However, according to PALAMA Annual Report (2012/2013:9), PALAMA aimed to ensure that there was effective delivery of training as well as human expertise in building management with practical skills and common standards for a professional Public Sector. PALAMA was forced to initiate collaborations and partnerships with many service providers including Higher Education institutions as well as consultants. However, it was soon realized that major challenges remained to fulfill the mandate of contributing significantly to the development of a high-performing Public Sector (Lues, 2016:16). The reason is partly that the current workforce environment in the Public Sector was less coordinated in its approach to public service training and development than under the SAMDI (Lues in Van der Westhuizen, 2016:319).

These challenges brought about the establishment of the National School of Government (NSG) in 2013, replacing the mandate of PALAMA. NSG's responsibilities include the development of programs for public servants as well as learning within the Public Sector. However, to pave a way for a future that will play a role in helping Public Sector achieve societal, environmental, and economic goals, NSG drives to develop professionalism in the Public Sector. Culture and ethos of service will be imbued throughout the Public Sector, meeting the expectations of stakeholders and communities, and based on policy commitments of government. The NSG currently is still the institution that is providing training to public servants (South African Government, 2016).

At the provincial sphere (around 1996), the SAMDI aimed to centralize Public Sector norms and standards but allowed training to be further decentralized to the respective provinces. In the Free State province, HRD was mainly vested in the former Training Sub-directorate, which reported directly to the office of the Director-General (Free State's Regional Steering

Committee, 2010:22). This situation had to be transformed. With the appointment of the first Premier of the Free State Mr. Patrick Lekota, the emphasis was on the implementation of HRD. The training sub directorates were removed so that training and development can happen. Ten years of democracy moved the Free State Provincial Government to establish the Free State Training and Development Institute (FSTDI). Falling under the auspices of the Office of the Premier, the establishment of the institute was premised on the need to develop the skills base of public servants in the Province. The FSTDI's core mandate is to facilitate and coordinate the building of transverse capacity in the respective departments and also to ensure effective and efficient provision of transverse human resource training and development services (Sookdin, 2009:1).

At present, the FSDoH is the largest of the 11 departments in the Free State province (Free State Government, 2017: online). The Province has four health districts (i.e. Lejweleputswa, Fezile Dabi, Thabo Mofutsanyana, and Xhariep Districts) and 1 Mangaung metropolitan health area (consisting of the National-, Pelonomi Regional-, specialized Psychiatric-, and Universitas Academic hospitals) (Figure 1.1). According to the **National Health Act, 2003** (Act No. 61 of 2003), a district hospital must provide services that include in-patient, ambulatory health services as well as emergency health services and where practical, provide training for health care service providers. The **National Health Act, 2003** (Act No. 61 of 2003), additionally states that the district hospitals are categorized into small district hospitals (with no less than 50 beds and no more than 150 beds). It is, again categorized with medium size hospitals (with more than 150 beds and no more than 300 beds). Lastly, it is categorized with large district hospitals (with no less than 300 beds and no more than 600 beds). On the other hand, regional hospitals must, on a 24-hour basis provide health services in the fields of internal medicine, pediatrics and gynecology, and general surgery. Regional hospitals receive referrals from several district hospitals, have between 200 and 800 beds, and receive outreach and support from tertiary hospitals. The **National Health Act, 2003** (Act No. 61 of 2003) further elaborates that tertiary hospitals provide specialist level services provided by regional hospitals and receive referrals from regional hospitals not limited to provincial boundaries. Tertiary hospitals have between 400 and 800 beds and may provide training for health care service providers (**National Health Act, 2003** (Act No. 61 of 2003)).

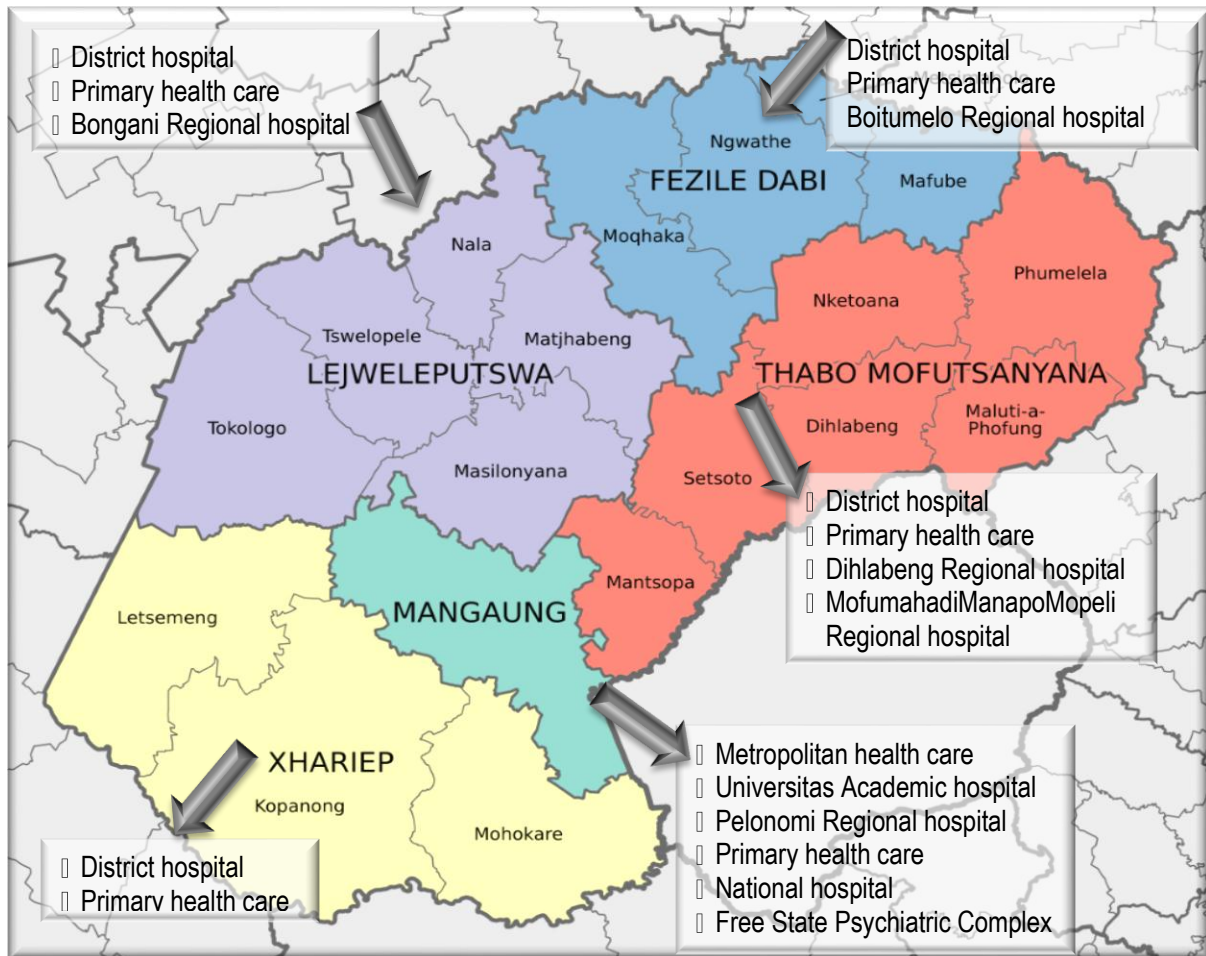


Figure 1.1: Demarcation of the FSDoH

Primary Health Care is provided within the four health districts and the metro through 211 fixed clinics, 10 Community Health Centres, and numerous mobile clinics. The hospital services which include primary, secondary and tertiary care facilities, are rendered through 24 district hospitals, 4 regional hospitals (Boitumelo, Bongani, Dihlabeng and Mofumahadi Manapo Mopeli hospitals), 1 specialised Psychiatric hospital (Free State Psychiatric Complex, Bloemfontein), 1 Provincial Tertiary hospital (Universitas Academic Hospital, Bloemfontein) and 1 regional hospital (Pelonomi hospital, Bloemfontein) (Figure 1.1), (The Free State Department of Health 2018:28). The FSDoH department has approximately 17 781-health workers within the Free State Province both on a contract, a permanent and temporary basis (Free State Department of Health, 2018:116). Health workers refer to administrative staff (*“the act or process of providing or administering something”*), specialists (*“a doctor who deals with health problems that relate to a specific area of medicine”*); medical practitioners(*“a person who is skilled in the science of medicine: a doctor”*); professional nurses (*“a registered nurse who is qualified through advanced training to assume some of the duties and responsibilities*

formerly assumed only by a physician) and pharmacists (*“a health-care professional licensed to engage in pharmacy or / a person who prepares drugs according to a doctor's prescription”*) (Merriam-Webster Online Dictionary, 2020:online). Administrative staff providing a staff function is defined by Van der Westhuizen, (2016:40) as an agency established to ensure the effective administration of government functions.

Within the Free State Department of Health (FSDoH), the Mangaung Metropolitan health area consisting of the National, Pelonomi Regional, and Universitas hospitals, which is the focus of this study, administers the functions of primary and secondary health care services in the Free State Province. The FSDoH's vision is captured in this responsibility, which emphasizes increasing life expectancy through health system effectiveness, driving system change, and ensuring sustainable quality services (Free State Department of Health, 2017:20). In order for the FSDoH to achieve its vision, it aims to recruit the most efficient public servants to develop and maintain delivery standards. Finally, the FSDoH is also committed to providing equal opportunities for all staff and seek to hire, retain, and promote skilled and competent public servants.

The FSDoH, but more so the National, the Pelonomi Regional, the specialized Psychiatric, and the Universitas Academic Hospitals have recently received much attention relating to poor service delivery. Media headings such as: *“Conditions in #FSHealth at Pelonomi Hospital exposed on social media”*, *“#FSHealth: Video surfaces of Pelonomi staff members' alleged 'callous attitude’”* (Free State Dumela News: 2019:online); *“Water crisis at National Hospital”*, *“Fire causes damage at National Hospital in Bloemfontein”* (Courant Newspaper, 2017); *“No Arrests After Patient Raped At Free State Psychiatric Hospital”*, *“Woman in labor refused treatment at 2 Free State hospitals”*, (News24, 2018: online) and *“Crisis looms at Bloemfontein academic hospital’* (Timeslive, 2019: online); (Free State Dumela News, 2017:online) was amongst publications which confirmed that the Mangaung Metropolitan health area struggles to render efficient, effective and economical services to the communities. According to the latest report by the Office of Health Standards Compliance (OHSC) (2016:35), out of 10 academic hospitals” in the country, “Universitas hospital” has fallen to the last place. In previous years, Universitas Academic hospital had a 90% compliance rate but according to the latest findings of the OHSC (2016:35), it has a compliance rate of only 62%. This state of affairs increased complaints, adverse events, and litigations (captured in the Public Service Commission Report (2015) as a serious concern).

The Pelonomi Regional hospital's vision is to increase life expectancy through the provisioning of sustainable quality tertiary services (Pelonomi Hospital, 2018:3). Pelonomi is a specialist

hospital also providing training of health professionals. Access to the hospital is mostly by referral from other institutions, although there is a casualty unit providing a need for acute emergencies. The staff compilation consists of administrative staff, medical officers, medical specialists, dentists, professional nurses, staff nurses, nursing assistants, pharmacists, allied health professionals, executive management, radiographer, and technical support (Pelonomi Hospital, 2018:3). Orthopedic surgery, psychiatry, anesthetics, diagnostic radiology, trauma, and emergency services are the health specialties provided by the regional hospitals (**The National Health Act, 2003** (Act No. 61 of 2003)).

Universitas Academic hospital's vision is to render quality Level III and IV Hospital Services to the Free State Community and to the specific designated cross-border geographic areas that are accessible, affordable and equitable within a given financial framework and to support education/training and development of health care professionals and research (Universitas Academic Hospital Strategic Plan, 2009:2). Their staff compilation includes health workers administrative staff, specialists, medical practitioners, professional nurses, and pharmacists. A tertiary hospital provides intensive care services under the supervision of a specialist or specialist intensivist (**The National Health Act, 2003** (Act No. 61 of 2003)). Universities Academic Hospital provides some care too, for example, Urology and Neurosurgery patients.

The National hospital receives referrals from local clinics, private doctors, correctional services, SA Police, Southern Free State towns, and open, regulated, and controlled frontiers. The National hospital provides a comprehensive health care service, which includes maternity, HIV, AIDS and TB-related treatment, care, and support services. Their staff compilation includes administrative staff, specialists, medical practitioners, professional nurses, and pharmacists. National hospital renders a package of services to 500 000 population in the catchment area which is constantly growing (Department of Health, 2015:13).

According to South African Doctors (2015: online), the Free State Psychiatric Complex is a specialized psychiatric hospital that provides assessments and referrals, rehabilitation programs, and therapy for people with mental health issues. Free State Psychiatric Complex consists of 877 approved beds and provides services to the Free State province and parts of the Northern Cape. The Free State Psychiatric Complex caters to in and outpatient services for adults and children of the Free State Province. The institution is also responsible for outreach services into the Free State community for Mental Health Care services. The institution proximally sees 495 Adult outpatients and 430 Child and Adolescent outpatients per month (South African Doctors, 2015: online).

The activities of the National, the Pelonomi Regional and the Universitas Academic Hospitals are closely linked in that Pelonomi is supported by the Universitas Academic hospital when they do not have enough available resources to assist the society hence why regional hospitals receive outreach and support from tertiary hospitals. The National hospital again gets support from the Pelonomi hospital in that it receives outreach and support from general specialists based at regional hospitals. These hospitals further serve as a referral center for the outside province as according to the Universitas Academic Hospital Strategic Plan (2009:13). Universitas Academic Hospital provides a substantial part of Tertiary services to the Northern Cape population of 822 727 and even hospitals in neighboring countries such as Lesotho.

While on the other side, it should also be noted that the Eastern Cape bordering regions also make use of the local facilities referring to Pelonomi. The estimated number of cases is unknown, but the bordering district has 270,000 population (Pelonomi Hospital, 2017:21). These three hospitals provide a training platform for medical practitioners, medical students, interns and registrars within the Free State region. It is further noted that the Pelonomi regional hospital only provides training for medical interns, registrars and medical practitioners. The training of the administrative staff that provides administrative assistance to the health workers, as well as the society, is not attended to by these hospitals. The FSTDI and the skills development unit within the FSDoH are responsible for the training of all administrative staff in the FSDoH. Against these communal activities, for this study, the Free State Psychiatric Complex will not be included as a case study.

The 2016 FSDoH Annual Performance Plan notes that the lack of health workers is affecting negatively on the quality of services provided (Free State Department of Health, 2016). This is again emphasized in the 2017/2018 APP. It is estimated that the average vacancy rate for administrative staff is 23.9% (FSDoH, 2018:117) and decreased to 22.5% in 2017/2018. The Annual Performance Plan on vacancies in the FSDoH raised several questions regarding the impact of HRD as well as the HRD challenges on service delivery. In 2014, Hasan (2014:18) already, reported on the increase in “public servants leaving” the FSDoH.

1.2 RESEARCH PROBLEM

Against this background, it appears as if the National, the Pelonomi Regional and the Universitas Academic Hospitals has been overwhelmed by a lack of implementing basic management processes (including improvement in the planning, budgeting, clinical data collection, and quality measurement) (Public Service Commission, 2015:27). This situation resulted in the FSDoHs finances being taken over by the provincial treasury due to a severe

financial crisis that had a direct impact on efficient, effective and economical service delivery to communities since 2014. The department has been under increasing pressure to stay within its annual budget allocation without reducing the quality of health services rendered. In order to keep rendering services, the shifting of funds between various programs and economic items became the order of the day (2015/2016 Free State health annual report, 2016:134). The 2016 FSDoH Annual Performance Plan indicates a shortfall of R700-million in 2014 for the whole province. Within the Mangaung metropolitan health area, the financial situation did not differ. The Pelonomi regional - and National hospitals respectively, showed a massive decline in service delivery due to their financial situations (Free State Oversight Report, 2017: online).

Having a financial shortfall had a direct influence on the development of administrative staff, whose development, according to the Public Service Commission (2015:10), was neglected. It appears as if budget allocations are often shifted to the training of specialists, medical practitioners, professional nurses, and pharmacists, rather than that of administrative staff (salary levels 7 and 8). It is further noted that basic job descriptions (*defining the nature of the job content, the environment, and the conditions of employment*) and job specifications (*stipulate the minimum expectable characteristics a jobholder must poses to perform the job*) (Van der Westhuizen and Wessels, 2013:336), is not updated and in some cases even do not exist (Public Service Commission, 2015:10). Not having a clear job description and specification, will initially lead to the appointment of unskilled staff, they will not be trained in the area of their capability and will therefore not be in the position to deliver effective, efficient and services at the lowest cost possible. Other obvious human resource development challenges faced by the National, the Pelonomi Regional and the Universitas Academic Hospitals include, amongst others, that training expenditures are not properly monitored; there is little attention given to the link between training and performance, HRD policies are rarely honored and implemented.

The organizational structures themselves present a challenge in the sense that even though they differ from organization to organization, the HRD units are usually placed very low on the hierarchical structure of each department. According to DPSA (2006:19), in most organizational strategic conversations, HRD units are not given priority in many organizations. Furthermore, these units are mostly understaffed in general, their financing and processes are still very much uneven, and the framework of responsibilities in HRD is still very diverse, generally unclear and incoherent. Such shortcomings impact in a rather negative manner on the development of human resources in providing health service delivery.

1.3 AIM OF THE STUDY

The study aimed to determine the HRD challenges that the administrative staff of the National, Pelonomi Regional, and the Universitas Academic Hospitals face in its mandate to provide efficient, effective, and economical service delivery.

1.3.1 Research objectives of the study

Based on the set research questions and aim, the study has the following objectives:

- To conduct an international literature review on HRD challenges more so in the public health sector. This will be addressed in chapter two.
- To provide an overview of a South African literature review on HRD challenges in the public health sector. This will be addressed in chapter three.
- To determine the HRD challenges that the administrative staff of the National, the Pelonomi Regional, and the Universitas Academic Hospitals faces in its mandate to provide quality service delivery. Data gathering will be done using a qualitative approach. The research design and methodology applied, will be discussed in chapter four.
- To interpret the qualitative responses from the administrative staff as well as the staff responsible for the management of HRD. This will be addressed in chapter five.
- Making recommendations towards addressing HRD challenges that the administrative staff of the National, Pelonomi Regional- and Universitas Academic hospitals faces in its mandate to provide efficient, effective, and economical service delivery. This will be addressed in chapter six.

1.3.2 Research questions

The following four research questions are posed.

Table 1.1: Research questions

Research questions	The research tool used to answer this question:
1. What are typical international HRD challenges concerning staff working in the public health sector?	1. An international literature review on HRD challenges, more so in the public health sector. This will be addressed in chapter 2 two.
2. What are typically South African HRD challenges facing staff working in the public health sector?	2. A South African literature review on HRD challenges in the public health sector. This will be addressed in chapter three.
3. What are the HRD challenges that administrative staff in the National, Pelonomi Regional, and the Universitas Academic Hospitals respectively face in its mandate to provide quality service delivery?	3. Focus group discussions and semi-structured interviews.
4. What would be the recommendations towards addressing the HRD challenges?	4. Focus group discussions and semi-structured interviews.

1.4 RESEARCH METHODOLOGY

For this study, a qualitative research design with a case study approach was used to investigate the influence of HRD challenges in public health service delivery in Mangaung. The study focused on the three hospitals, Pelonomi, National and Universitas Academic as well as within the Provincial Department of Public Health. The study aimed to determine the HRD challenges that the administrative staff of the National, Pelonomi Regional, and the Universitas Academic Hospitals face in its mandate to provide efficient, effective, and economical service delivery.

Two methods of data collection were used; focus group discussion and semi-structured interviews. The information collected via the mentioned methodology was supported by a comprehensive literature review incorporating national and international books, thesis, dissertations, journals, acts, and various sources of legislation, research reports, internal governmental documents, newspapers, and magazine articles. Non-probability sampling was used for the selection of respondents. In this study, the sample was made up of administrative

staff in the mentioned three hospitals. A sample of 20 respondents from each hospital was drawn. Two focus group discussions were respectively conducted at Pelonomi regional, National, and Universitas academic hospitals. As a second method of data collection method, semi-structured interviews were conducted with six staff members responsible for the management of HRD in the mentioned hospitals as well as within the Provincial Department of Public Administration and Management. The data were analyzed in two steps of generating meaningful units from the data and classifying these units. These units were utilized to provide answers to the set research questions, which would then facilitate the researcher to meet the set objectives.

1.5 SIGNIFICANCE OF THE RESEARCH

The significance of this study lies on three levels. The first contribution will assist the Free State provincial government in providing an HRD framework for administrative staff in the FSDoH. It will outline the role of the NSG (to provide education, training and development programs in the Public Sector) as well as that of the FSTDI (to facilitate and coordinate the building of transverse capacity in the respective departments within the province and ensure effective provision of transverse human resource training and development).

The second significance will be to assist the National and the Pelonomi Regional hospitals. Due to the enormous lack of resources (human, equipment, technology issues, etc) these two hospitals face daily challenges in rendering services. Recent incidents such as the strike undertaken by the staff due to unsatisfactory treatment by the management as well as the attack made to one of the staff members by the community member at the Pelonomi hospital (News24, 2019; Volksblad, 2019) are evidence of this. Universitas hospital hosts two skills development officers, however, despite having those; they battle to equip their administrative staff on how best they can deliver quality service delivery to the communities. Finally, the outcomes of this study will be of significance to each administrative staff member in that the study will promote the use of HRD as a tool to improve service delivery in the FSDoH.

1.6 CHAPTER OUTLINE

This study comprises out of six chapters which are outlined below.

Chapter one presents the introduction, background, and problem of the study discussed and references made to the methodology used in obtaining information. The problem statement and the subsequent research questions are provided and the ethical consideration to the study presented.

Chapter two will shed light on an international literature review on HRD challenges more so in public health. It will address the research question: What are typical international HRD challenges with regards to staff working in the Public Sector.

Chapter three will focus on providing an overview of a South African literature review on HRD challenges in the public health sector. In **chapter four** the research design, methods, population, and sample, measuring instruments, the rationale for using such instruments, and their validity and reliability will be motivated.

Chapter five will provides an overview of the responses of the data gathering and present the results of the study. The results are related to the theoretical rationale and review of the relevant literature as well as the qualitative responses from the respondents.

Recommendations towards addressing the HRD challenge and the rendering of efficient, effective and economical service delivery will be addressed in **chapter six**.

1.7 KEY CONCEPTS

It is imperative to define and clarify the following terms used in the study:

Human Resource Development (HRD)

Smith (2014:2) defines HRD as a process, which develops human capabilities through organization development (OD) as well as personnel training for improving public servants' work performance. HRD's focus is on improving the skills and competencies of the public servants in the job to better their work performance.

Human Resource Management (HRM)

It covers the whole spectrum of recruitment, selection, appointment, job analysis, job evaluation and performance management (Vermeeren, 2014:207). Holistically, HRM incorporates the dimensions related to employment relationships and the dynamics that flow from the theory and practice taken to be that part of management. Thus, HRM involves decisions, principles, strategies, operations, practices, functions, activities, methods, processes and procedures related to the daily management of public servants (Van der Westhuizen, 2016:4).

Public Service

The Public Service is defined here either as a term usually used to mean services provided by the government to its citizens, directly or by financing the private provision of services. The term is associated with a social consensus usually expressed through democratic elections that certain services should be available to all who live in a country (Shah, 2005:63). According to the South African Constitution (1996, Section 197), there is a public service within public administration that has to function and be structured in terms of national legislation and which has to loyally execute and implement the laws of the South African government. The Public Service as explained by Venter and Landsberg (2011:83) refers to individuals employed in the national departments and provincial administrations only and therefore exclude the third sphere of government, i.e. the local government.

Public Sector

The South African Public Sector includes all public service institutions, i.e. national institutes, parastatal institutions of the state, public corporations, nine provincial administrations, and 266 local municipalities (Picard and Mogale, 2015). One of the core aims of the Public Sector according to Madimutsa (2016:25) is to serve the public interest. This means to provide the best possible service delivery at the least cost with the allocation of scarce resources for individuals and/or communities.

1.8 CONCLUSION

This chapter has introduced the problem statement of the study. The chapter discussed the rationale for research questions. The chapter advanced the research objectives and definitions of terminology in the context within which are used in the study.

CHAPTER 2: LITERATURE REVIEW

2.0 INTRODUCTION

The aim of chapter two is to conduct an international literature review on HRD challenges more so in the public health sector. This chapter will cover three sections. The first will demarcate HRD as a discipline and will commence with defining HRD from different scholarly perspectives. The focus will mainly fall on the USA and European research as the two distinctive schools of HRD. The three fundamental component areas of HRD namely (i) training and development; (ii) organizational development and (iii) career development will be introduced. These components are of importance as they contribute to a successful implementation of the HRD process. The first section concludes with discussing the four processes of HRD practices that are; (i) needs assessment, (ii) designing, (iii) implementation, and (v) evaluation.

The second section deals with relevant theories applied in HRD, which are (i) psychological theory, (ii) economic theory, and (iii) systems theory. The third section focuses on international literature with specific reference to HRD challenges experienced within the Public health sector. Although several challenges could be identified, this study focus on seven challenges, that is; (i) managers and HRD practitioners; (ii) aligning HRD to strategic priorities; (iii) allocating sufficient financial resources; (iv) accepting modern technological changes and developments; (v) creating positive working environment; (vi) motivation and retention; and (vii) learning society.

2.1 DEMARCATING HUMAN RESOURCES DEVELOPMENT AS A DISCIPLINE

The origins of HRD are widely argued among researchers and across geographic and cultural boundaries. Jacobs (2017:13) suggested that HRD to have started in the United States of America (USA) during the beginning of the Industrial Revolution in 1800. It was during the 18th century that economies shifted from agriculture to manufacturing both in Europe and in the USA. The shift occurred due to better working conditions and increased productivity within the manufacturing industry. This era, therefore, welcomed investors who came up with strategies of increasing production at any cost (De Simone and Werner, 2012:6). Nevertheless, Haslinda (2009) argues that the roots of HRD emerged in 1913 when Ford motor started training its workers in mass production of cars in the assembly line. De Simone and Werner (2012:5), again, have a different perspective in that according to them HRD can be traced to apprenticeship training programs working alongside education. This perspective by De Simone and Werner is strengthened by Sarfin (2017: online) who believed that the ancient

Greeks and Babylonians created the apprenticeship system. An apprenticeship system was mainly created to provide training to entry-level employees in a particular trade that included household hand made goods such as furniture, clothing, and shoes at that time. During the Industrial Revolution (1800s period), intensive training became a necessity for all employees who were working in factories but did not have all the required knowledge and skills to be able to work effectively to increase production.

The 19th century saw even greater changes affecting the HRD field. There was a tremendous influx of workers to the manufacturing industry (Nasreen and Rao, 2015). Furthermore, during the 1990s, efforts by different researchers have been made to strengthen the role of HRD within organizations (De Simone and Werner, 2012:8). That is how HRD links to and supports the goals and objectives of the organization. This era therefore ultimately paved a way for organizations to develop new management practices to accommodate HRD (Sarfin, 2017: online). During the 1930s, for example, role-playing was introduced within employees and the whole organization. Challenges concerning training during the 1930s – 1940s were that workers were only trained to produce warships, machinery, and other military equipment and ornaments. In this era, it was all about showing the need and benefits of HRD thereof by employees and the whole organization.

Len Nadler (1970) in the American Society formally introduced the application of the concept HRD during the 1960s and 1970s for the Training and Development Conference. It was during this time that most of the professional trainers realized that their role extended beyond the classroom (Nasreen and Rao, 2015). Therefore, there was a need during this period, 1960/1970s to move toward employee involvement in many organizations, and that required trainers to have certain skills such as coaching and counseling employees (De Simone and Werner, 2012:5). Sarfin (2017: online) added that during those periods managers and researchers realized that each employee has special needs that are different from others hence the need for personal attention. Hence, there was a need for interpersonal skills such as coaching, group process facilitation, and problem-solving through Training and Development (Sarfin, 2017: online). Technology boomed in the 1980s and saw an enhancement in employee performance, productivity, and skills development.

During the last decades of the 20th century, the main aim was to focus on bringing organizational and individual employees closer together (Sarfin, 2017: online). In order for this union to happen, organizations had to divide work into units, the division of labor, to make it more meaningful. Therefore, the responsibility for optimizing employee skills was vested in human resources professionals. Human resource professionals are provided with a task to

create a more valuable, skilled workforce. This trend has prevailed into the 21st century, with human resource departments emphasizing skill development and training of employees (Sarfin, 2017: online). Training in the 21st century has shifted from the primarily Socratic based instructional delivery method (a moral education on how one ought to live) to Webinars (an educational presentation is made available online, usually as either a video or audio), and e-learning (the use of electronic technologies to access educational information to equip oneself) (Erasmus, Loedolff, Mda and Nel, 2013:25). While training methods have progressed immensely over the past 2000 years, it can be concluded from the reviewed literature that training helps organizations to equip employees with the necessary skills. This shows that currently most of the organizations are more focused on enhancing employees' skills by providing sufficient training through the process, systems, and activities of HRD.

2.2 DEFINING HUMAN RESOURCE DEVELOPMENT

In chapter one, the discipline HR was depicted as an umbrella term used for HRM as well as HRD and is understood as subsets of the entire management processes of an organization. It appears that the definition of HRD varies from one country to another. Therefore, HRD as a focus of this study needs to be defined from different scholarly perspectives.

Several authors define HRD as a process (Nadler, 1970; McLean, 2004; Swanson and Holton, 2009). According to the Oxford English Dictionary (2020: online), a process as a noun refers to "a series of things that happen and have a particular result". The Oxford English Dictionary (2020: online) defines HRD as the framework for helping employees to develop their personal and organizational skills, knowledge, and abilities.

The purpose of HRD as a process is, to increase the possibility of job performance and personal growth organized by an organization. Mehlape (2017:56) defines the purpose of developing human expertise through the organization and individual training and development as a means of improving performance. Singh (2012) defines HRD as a process by which the people of various groups are helped to get new knowledge continuously and make them self-reliant. Smith (2014:2) defines HRD as a process, which develops human capabilities through organization development (OD) as well as personnel training for improving public servants' work performance. Thus, the purpose of HRD is to improve the performance of staff; to ensure that individuals, teams, and organizations can perform as desired (Meyer, 2016:2 and McGraw, 2014) and to equip employees to be able to contribute to organizational performance.

HRD's focus on improving the skills and competencies of staff required several authors to include a time frame in this process. Mehlape (2017:52) for example, states that HRD, as a series of organized activities, needs to be conducted within a specified period. According to Werner (2014:128), HRD is conceptualized as any process or activity either short or over the long term (also supported by Harris (2015:35). Al-Sayyed (2012:113-123) talk about HRD as a process running in the first instance or over the long-term; Singh (2011) and De Simone and Werner (2012:4) mention meeting current and future job demands.

The authors also indicate which aspect(s) of an employee needs to be developed. According to Kgati (2016:25), HRD is conceptualized as any process to develop employees' work-based knowledge, expertise, productivity, and satisfaction. Singh (2012) and De Simone and Werner (2012:4) noted that HRD provides its members with the opportunity to learn necessary skills and therefore believed that HRD has the potential to develop adults' work-based knowledge, expertise, productivity, and satisfaction. This can be done either for personal or group/team gain or the benefit of an organization, community, nation, or, ultimately the whole of humanity.

Within the mentioned definitions, a few authors further include a method as a vehicle for HRD: i.e. Meyer (2016:2) defined HRD as all processes, systems, methods, procedures, and programs an organization employs to develop its human resources. Singh (2012) and De Simone and Werner (2012:4) similarly talked about systematic and planned activities.

Nadler (1970) defined HRD as a series of organized activities to produce a behavioral change to increase the possibility of job performance and personal growth organized by an organization. HRD considered as an activity and as a process, which plays a crucial and noteworthy role in identifying the hidden potential of the workforce employed in the organization as important and beneficial individually and within an organization. Thus, the definitions assume that HRD can be seen as an activity within an organization that assists employees to acquire new and improved learning skills. Furthermore, McGraw (2014) has noted that HRD has to encompass the different aspects of organizational practice with the focus on individual and organizational learning that would result in the improvement of organizational performance.

Two distinct schools of HRD, which are the United States of America (USA) and the European schools of HRD provided a prominent study that helped to expand the understanding of HRD. In the USA HRD is defined mostly focusing on the learning and the developmental aspect. While in the European research the focus on ensuring the alignment of the HRD process with

the organizational strategy. Therefore, the European school focuses on HRD, on the potential of individual employees, and their role in the achievement of the organizational objective.

Several authors indicate explanations of HRD as suggested by the two distinct schools of HRD. The USA school largely defines HRD in terms of learning. Thus, an emphasis was placed on the developmental aspect of HRD. While the European school's main focus appears to be on linking HRD to strategy. According to Garavan (2014:4), the European school favors a contingency approach to HRD. In addition to that, it also emphasizes the heterogeneity of learners and recognizing individual differences that exist among employees affecting the delivery of HRD solutions to end-users. The European school according to Garavan (2014:4) also adopts a more social constructionist approach to HRD. This means that HRD seeks to understand the intimate relationship between employees and the organization. Typical of the social constructionist view of the European school is Akuoko and Baffoe (2012:53) who argued that HR specialists have talked HRD into existence. Most likely, HRD existence is indeed the case, given the acknowledged lack of depth of empirical evidence on some conceptual aspects of HRD, Kgati (2016:30), and the existence of HRD as an intangible construct (Garavan, 2014:4). However, Watkins and Marsick (2013:38) are critical of the approaches used to define the field of HRD arguing that they are informed by a behaviouristic view of practice and a reductionist bias.

The development of HRD within both schools, USA and European, can be explained by reference to a range of important societal effects such as the focus on environmental impact. In the USA, for example, the focus is developmental whereas in the European case it is strategic (Garavan, 2014:5). What this implies is that in the USA, HRD is followed using detailed steps that need to be considered in order to implement an effective HRD. This directly has an influence on the approach of HRD, which is called Managerialism approach in the USA (Garavan, 2014:5). The Managerialism approach implies that for HRD to take place, the organization has to rely on the use of HR managers in administering the activity of HRD. Whereas the Interpretative Holistic approach in Europe implies that, an explanatory discussion addressing the whole HRD is made in running HRD. The latter implies that in Europe, HRD seeks to explore how employees make sense of their major organization experience. The USA will, therefore, put emphasis on the learning processes and its impact on the management, whilst having an organizational orientation or focus. On the other hand, the European school puts an emphasis on the individual perspective, which will put more emphasis on skills acquisitions and individual orientation (Garavan, 2014:5).

HRD in the South African Public Sector is concerned with the function of developing public servants within the organisation. The Public Sector is more regulated because of the size of the public service and consequently, there is more red tape involved. As the biggest employer in the country (1, 2 million full time employees in 2018/2019) (StatsSA, 2019:4), the role of the South African Public Sector in developing, motivating, and retaining its employees is critical to the effectiveness of the state. Since the Public Sector, is dependent on its employees' skills, competencies, commitment and attributes to successfully achieve its service delivery mandate (Vermeulen, 2015:483).

Today, technologies are transforming and expanding many economies in the same way that earlier industrial and technological revolutions changed the course of history. Over the past decade, there has been a growing recognition of the place of knowledge and technology in the field of HRD. As the world has entered the Fourth Industrial Revolution, it is going to be a game-changer for the Public Sector on how they offer services to the public. In addition to that, how the Public Sector exploit new capabilities that can enhance public service, internal processes, and employee training that will empower them with the relevant skills and knowledge required in the new era (Lues, 2016).

E-Government will be the key tool to improve government services, the effectiveness of public policies and programs and HRD. The world is connected today through technology and South Africa is part of the global eco-system (Scholl, 2010). E-Government is defined as the application of information technology to government processes to improve services to constituents, and how it organises itself on administration, regulations, communication and integrated processes within (Chang, 2013:85). That will require the organisation to make the information accessible, and constant skills development training will be required.

Concisely, it thus deducted from defining HRD, that it promotes a sense of belonging to the employee through its different components. HRD also establishes a platform for teamwork within an organization and ensures personal professional development. HRD is the integrated use of training and development, organizational development and career development used to improve individual, group and departmental effectiveness in either a short or a long-term period.

2.3 COMPONENTS OF HRD

Against this background of defining HRD, this study will subside with the following definition: HRD is a process incorporating activities that develop employee abilities for improving public servants' performance (Smith, 2014:2). To this end, there are three fundamental component

areas of HRD, which deem important to take note of in this study. The three components are: (i) training and development and will be discussed in section 2.3.1, (ii) organizational development and will be discussed in section 2.3.2; and career development, which will be discussed in section 2.3.3. All three components contribute directly to the successful implementation of HRD according to Singh (2017:120).

2.3.1 Training and Development (T&D)

According to Van der Westhuizen (2016:78), training involves providing the employees with the knowledge and skills needed for a particular current job or task. According to the Oxford English Dictionary (2020: online), development is defined as a specified state of growth or advancement.

Training can be conducted either internally within an organization and/or externally. Internal training is conducted using on-the-job demonstrations. Most often, the training and development unit within the organization conducts internal training. External training refers to training that takes place away from the normal place of work and is often conducted by external consultants, such as universities and colleges to develop depth expertise (Van der Westhuizen, 2016:211). Whether conducted internal or external, Nassazi (2013:55) noted that training is regarded as a systematic and planned process to change the knowledge, skills, and behavior of employees in such a way that organizational objectives are achieved. Therefore, for training to be successful, it needs to improve the job performance of employees in an organization.

Nel, Werner, Du Plessis, Ngalo, Poisat, Sono, Van Hoek, and Botha (2014) presents training as an activity that helps the organization to meet its human resources requirements and increase the marketability of its workers. It could be deducted that organizational performance and productivity is largely, achieved through effective training of the employees. Mampane and Ababio (2010:176-177) also view training as an important tool for the development of human resources in an organization. This implies that the development of the knowledge and skills of employees can be done through training.

Training is normally offered when current work standards are not maintained, and when the situation can be ascribed to a lack of knowledge and/or skills and/or poor activities among individual employees or groups in an organization (Nel, *et al.*, 2014). Training can also be introduced in an organization when new systems such as technology are introduced within an organization. This may be due to the reasons that new skills are needed or would be needed to meet new changes that might occur in an organization (Van der Westhuizen 2016:212).

According to Nassazi (2013:56), the concept of development has to do with the development of the human skill to do the job rather than the development of the human being in totality. Similarly, Al-Mustapha (2017:19) defined development as the aspect that concentrates on knowledge and skills acquisition by the employees of the organization to take up a new position and to deal with challenges that they meet with the organization. While Aswegen (2017:108) defines development as more about providing on-going learning opportunities so that employees can improve over a longer period and learn skills other than those required in their current job. Van der Westhuizen (2016:212) defines development as preparing employees for future work responsibilities, increasing capacities and helps them to perform their current job. Employee's development focuses on providing opportunities for employees to be able to learn in their work situation (Nel *et al.*, 2014). Thus, in the era of the Fourth Industrial Revolution, where the growth of individuals has become imperative to enhance good performance, the concept of development has become each public servant's responsibility and not only that of the organisation's management and other different stakeholders.

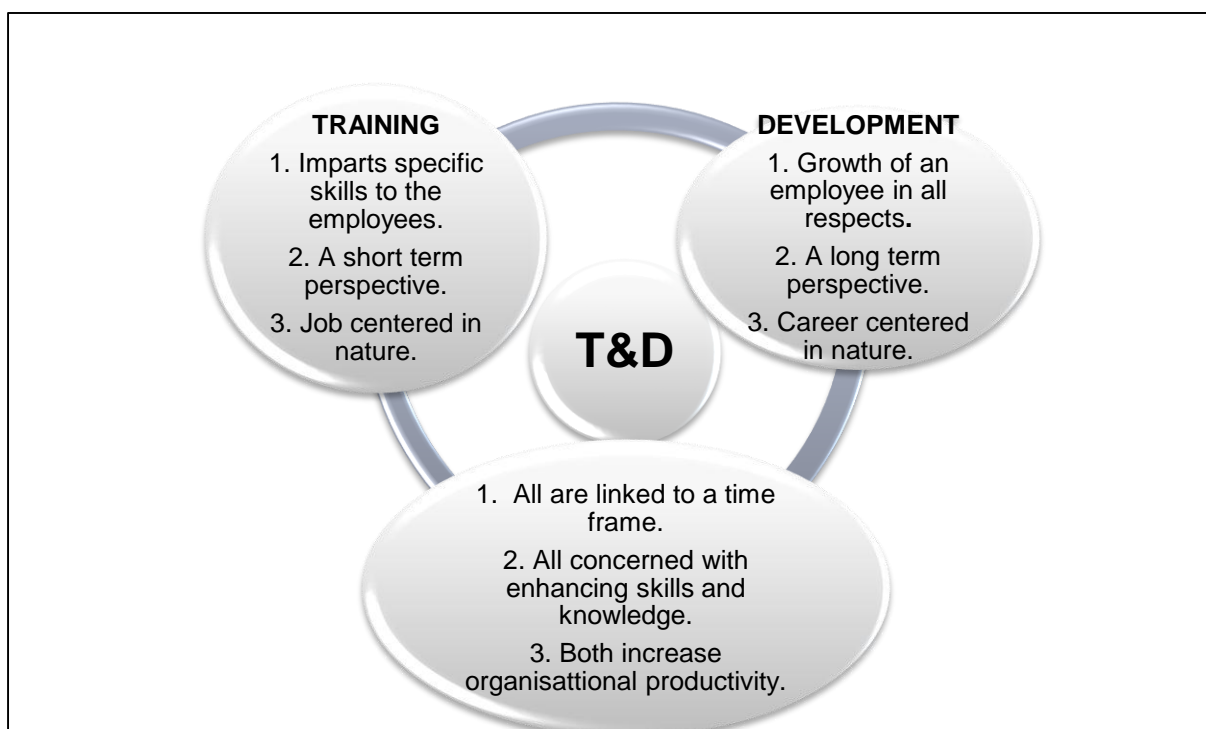


Figure 2.1: Components of T&D (Adopted from Singh, 2017:120)

It is important that training and development be seen as imperative to assist the organization to achieve its goals. Singh (2017:120) proposed components of T&D, which are linked by three activities shown in Figure 2.1 above. The first activity shows that T&D are linked by

time frame. The T&D activities often designed to fill the gap between the employees' knowledge and skill and demands of the current job as indicated in Figure 2.1 (Abdullah, 2014; Amare, 2014). According to Kum, Cowden, and Karodia (2014:73), T&D is a systematic process for developing employees' job knowledge and skills for improving performance (Kum et al., 2014:73) with relation to a specific position within the organization (Khan and Mahmood, 2012). Again, T&D ensures that individuals participate in increasing organizational productivity, which affects the quality of service and products (Figure 2.1).

Furthermore, figure 2.1 indicate that T&D improve the competencies of employees for their current positions and even for future roles and responsibilities. The focus of T&D is also to ensure, identify and develop the key competencies that enable individuals to perform current and future jobs (Nosizo, 2016:31). Again, T&D focuses on individuals and how they connect with the organization, (Swanson and Holton, 2009). In figure 2.1, both T&D involves enhancing specific skills and knowledge that are required to improve organisational productivity within a stipulated time frame (being long term or short term). While Nosizo (2016:32) noted that, the development is broad that means an on-going set of training activities that intend to take someone up to another threshold of performance level within the organization.

Most organizations invest a significant amount of money on T&D, as they are aware that it plays a major role in employee's performance and productivity, figure 2.1 (Amare, 2014). This significant amount invested in employees is expected to bring an improved performance that would result in an increased turnover of the organization. Therefore, a personnel T&D is an aspect that organizations focus on in order to achieve the competency levels of the workers and increase their adaptability to changing organizational demands. T&D is also necessary as a means of raising performance standards. Therefore, T&D is one area that is important to both the employee and the organization as it provides the necessary skills to the employee and those skills could improve the performance of the worker as shown in figure 2.1. The improved performance of the worker could effectively improve productivity and hence increase services.

2.3.2 Organisational Development (OD)

Organisational Development (OD) is defined as procedures that an organization adapts to improve its overall effectiveness (Van der Westhuizen 2016:167). Such a procedure incorporates many staff members in several individual activities designed by the organization intended to improve organizational performance. According to Srivastava (2019:8), OD involves a process of planning and implementing changes in the strategy, structure, and/or

processes of an organization, a department or workgroup, or an individual role or job to identify and solve organizational problems. Bloomberg (2017) also presented OD as the organizational problem-solving strategy and renewal processes to be more effective in the implementation of HRD. This result in collaboration of management of organizational culture, organizational leaders and different groups of employees, to establish a systemic change that would improve productivity and achieve employee satisfaction (Broom, 2011).

OD focuses entirely on organizational performance more so to ensure inter and intra-unit relationships and to assist groups to initiate and manage change (Lee, 2019:4). The purpose of OD is to ensure that, the Public Sector department can self-renew. This self-renewal refers to the ability to conduct introspection and uncover the problems, shortcomings, and weaknesses then directing necessary resources to solve the problems. These weaknesses often result in HRD challenges or can be solved by redirecting human resources. Thus, the organization needs to be able to confront new and ever-changing challenges and circumstances that come its way. According to Parumasur (2015:413), OD is not effective unless all the staff of the entire organization is involved.

As a component, OD must be seen as having a positive impact on HRD because it improves organizational effectiveness. The reason been is concerned with solving an organization's problems and achieving its goals. According to Lee (2019:4), OD is a manager's long-term effort supervised and assisted by top managers, to improve an organization's vision, learning, and problem-solving processes. As outlined by Singh (2012), this can be done through ongoing, collaborative management of organization culture to enhance the effectiveness of an organization and the well-being of the employees.

2.3.3 Career development (CD)

Career development (CD) as a third component of HRD is aimed at ensuring and aligning individual career planning and departmental career management processes, to align the individual's needs with the needs of a department (Cloete, 2016:88). Zhang (2015:35) has presented the CD as an on-going process, which has to involve planning actions directed toward employee skills development related to their work. They further noted that development within the career-sphere to mean personal growth, continuous skills acquisition, and application. Therefore, the CD should be recognized as an outcome of the planning of skills acquisition of an employee intended to bring in to play the specific individual in the collaborative process of organizational success (Van der Westhuizen, 2016:168).

Sambavasima and Kebede (2013) argued that HRD could not properly function within the organizations if it does not provide the individual employee's opportunities for career advancement. Therefore, CD as a component is intended to integrate both the career planning and development. Hence, proper implementation of CD develops the career of individuals, which would result in the career growth of the participating employees (Abdulahi, 2014 and 2009). Hence, successful planning is closely linked to career planning and development (Van der Westhuizen, 2016:41). Grobler and Warnich (2016:714) noted different activities, which play a critical role in the CD process of an individual. Such activities are (i) the provisioning of career self-management training workshops, (ii) mentoring, (iii) coaching, and (iv) career counseling. The latter was found to have had a positive effect on both individual employees and the company as a whole. Therefore, career development is noted as a necessary and significant aspect of HRD.

Janke (2015:11) noted that CD focuses on the alignment of individual subjective career aspects and the more objective career aspects of the organization to achieve the best fit between individual and organizational needs as well as personal characteristics and career roles. It focuses on the analysis that leads to the identification of an individual's values, interests, and competencies required for the development of skills for future jobs. Career development encompasses career planning and career management (De Simone and Werner Simone, 2012:12). The organization is responsible for career management while the employee is responsible for career planning. Career planning is the process by which employees set up career objectives, develop activities that will help achieve them, and career management is the specific human resource activities like training and development, performance appraisals, and job placement. These two processes combine to make up the organizational career development process.

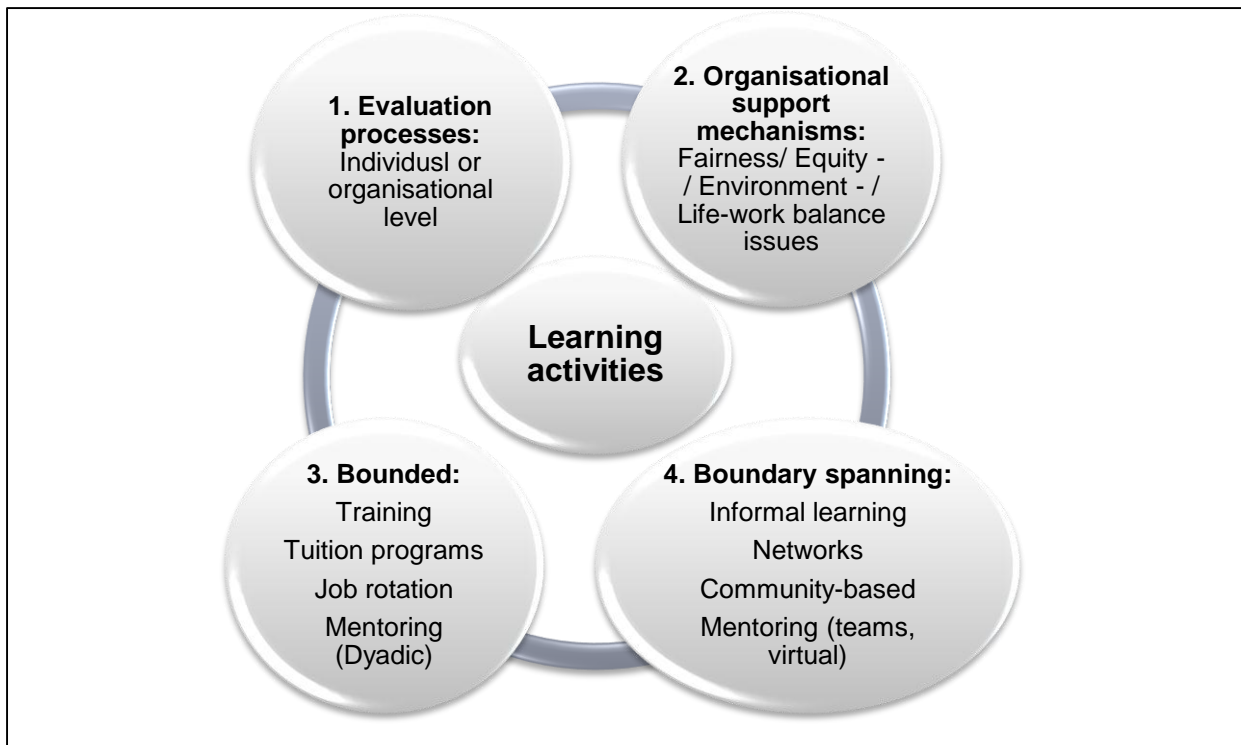


Figure 2.2: A Strategic Human Resource Development Framework for Career Development (Janke, 2015)

Janke (2015:12) has noted that any strategic HRD framework is expected to make a positive difference in employees' careers. The author proposed a strategic HRD framework, which is centred on four learning activities shown in Figure 2.2 above. The first activity includes the evaluation processes of individual workers and organizational performance levels. This is achieved by dealing with organizational support mechanisms, which is the second learning activity deals with fairness, and equity, environmental issues, and life-work balance (Figure 2.2). The aspect of fairness and/or equity issues within HRD is distinguished as taking a clear position about workplace justice and career-development opportunities fairly for all employees in organizations. Similarly, the work environment has a variety of factors that influence career development. These factors would include reward structures, organizational climate, leadership, and job design. Hence, an effective HRD has to take into account the environment that facilitates organizational success to have a career development.

2.4 THE PROCESS OF HUMAN RESOURCE DEVELOPMENT

De Simone and Werner (2012:10) argue that HRD interventions must be designed using a four-step process, that is: (i) needs assessment; (ii) designing objectives; (iii) implementation of the HRD program; and (iv) evaluation and follow-up. A process is defined by Merriam-Webster (2020: online) as steps taken to achieve a particular outcome or goal. Gold, Holden,

Steward, Iles, and Beardwell (2013) noted the importance of looking at HRD as a collective process, which involves not only people but also a specific set of activities. Gibb (2011:70) emphasizes that this collective process needs to be systematically planned, never be fragmented nor done in an ad hoc manner. Figure 2.3 portrays the HRD process in four planned activities (i) assessment; (ii) design (iii) implementation and (iv) evaluation (De Simone and Werner, 2011:10). The four-step HRD process within a typical organization further addresses how organizations need to assist employees to advance their personal and organizational skills, their abilities, and the use of knowledge. Figure 2.3 shows the significance of looking at HRD as a collective process, with clearly demarcated activities. The four activities will briefly be discussed.

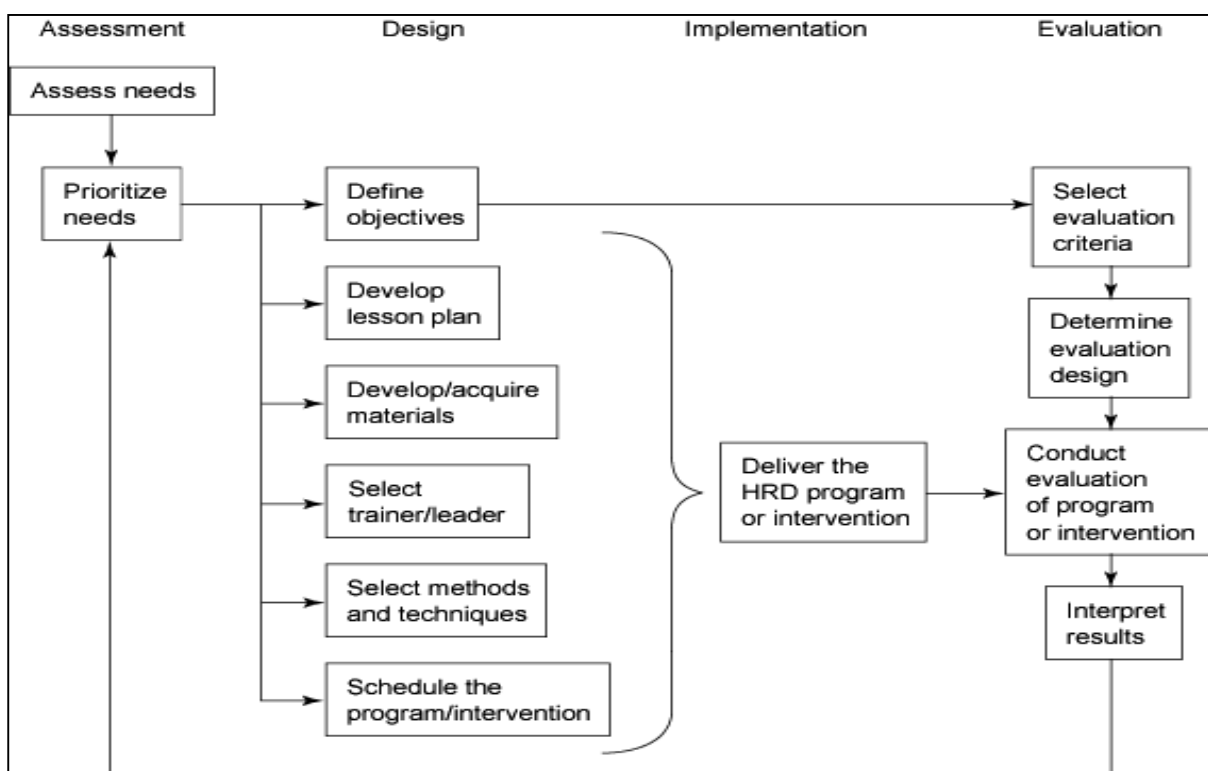


Figure 2.3: The four-step HRD process within a typical organization (De Simone and Werner , 2012:26)

2.4.1 Needs assessment

In Figure 2.3 (column one), Werner and De Simone (2012:26) placed the focus of the HRD process within the organization on conducting an assessment of the HRD needs of each staff member, thus analysing present and future workforce needs to determine gaps or surpluses according to Van der Westhuizen, (2016:166). Although the assessment of needs most often is conducted when the performance of an organization as well as the staff members do not

meet the set objectives, developing and implementing workforce strategies is vital towards the success of what Van der Westhuizen (2016:167) call the workforce planning process.

According to Werner and De Simone (2012:27), this assessment encompasses a holistic approach towards assessing the organization, its macro and micro-environments, the respective job tasks as well as the individual employee performance. The focus here is placed on the type of training and development required by each individual with the sole purpose to enhance performance (Grobler and Warnich, 2016). Werner and De Simone (2012:26) indicate that the results of this assessment should now be prioritized (Figure 2.3; column one).

Based on this information, the HRD department is in the position to identify (i) the needs of each staff member; (ii) the kind of interventions that needs to be included, and (iii) if there are enough financial resources available. The views of top management on the strategic direction of the institution as well as the corporate focus over the planning period are key in this. According to Van der Westhuizen (2016:167), workforce information arrived at in this step of workforce planning gives an understanding of the current situation and what needs to change to meet strategic requirements in the future.

2.4.2 Designing HRD program

The second step in HRD process according to Werner and De Simone (2012:26) is for the organization to design the HRD program in column two of Figure 2.3. Designing of the HRD program is conducted mostly after completing HRD assessment. This will assist with translating all the problems into specific objectives and goals for an HRD program. Therefore, in this step, the organization has to design specific HRD objectives that would close the identified gap to ensure the skills acquired by the employees and meeting the organizational goals. There are six steps indicated as seen in Figure 2.3. Firstly, HRD goals and objectives are specified and given a period in which the objectives should be completed, thus defining HRD objectives. This is followed by developing an HRD lesson plan which focuses on specifying needs and the HRD program that will be used. The third step, acquire materials, focus on the availability of resources, and secure respondents as well as trainers for the HRD program. Selecting an appropriate method and techniques to be used to facilitate the HRD program is the fourth step. The last step that follows under designing as indicated in figure 2.3 is interventions and/or schedules that the program will utilize.

2.4.3 Implementation

The third step in the HRD process according to Werner and De Simone (2012:26) is the implementation of the HRD program. The two steps, design, and needs assessment are a

preparation for the actual implementation of the HRD program. This step mostly focuses on the involvement of staff members who will take part in the HRD program. Thus, according to De Simone and Werner, (2011:166), this step encompasses the implementation of the HRD program that was designed, thus the actual program takes off.

Therefore, at this step, the implementation of HRD program takes place using the selected methods, trainers as well as the techniques/interventions. Van der Westhuizen, (2016:168) emphasize that all stakeholders were involved in the process they will have a shared understanding of the plan and its rationale, which will facilitate buy-in. As this is an institution-wide initiative involving a wide variety of people, from senior management to HR professionals, stakeholders should be clear as to their responsibilities in ensuring that the outcomes of the planning process are successfully implemented.

2.4.4 Evaluation

The last column of Figure 2.3 presents the fourth step of the HRD process which is the evaluation of the HRD program. This step looks at whether the HRD program that was implemented has accomplished the set objectives. According to Kumpikaite and Sakalas (2011:48) evaluation has to be used to identify the strengths and weaknesses of the HRD program within the organization to determine the cost-benefit ratio of HRD programs. Oxford English Dictionary (2020: online) define Cost-benefit ratio as the overall value for money of a program/project. The evaluation consists of four steps as indicated in Figure 2.3. The first step looks at determining evaluation criteria that looks at the efficiency and effectiveness of the HRD program. The second step deals with determining the evaluation design which focus on the major aspects of the program. Lastly, it is to determine if the set HRD program was appropriate for the chosen individuals and their specific positions and finally establish a database by interpreting the results to assist management in making decisions. Van der Westhuizen (2016:168) believed that by reviewing the workforce plan, the institution can be able to assess what is working, why and how well and to make the necessary adjustments to ensure success. Doing so will ensure that the plan and related strategies are continuously aligned with the institution's purpose, goals/objectives, and strategy and that they address new workforce and institutional issues and developments. Therefore, all the steps in the process are important as they ensure the success of the whole HRD program as the HRD process is costly (Grobler and Warnich, 2016).

The next section will look into the theoretical framework of HRD which shall focus on three theories which are; (i) psychological theory; (ii) economic theory; and (iii) systems theory. The

three theories are seen as relevant to this study based on the impact they have on the HRD management and the organization as a whole.

2.5 THEORETICAL FRAMEWORK OF HRD

The Oxford English Dictionary (2020: online) defines the word theory as a system of ideas intended to explain something, especially one based on general principles independent of the thing to be explained. Thus, it describes what is supposed to happen or be possible. The concept theory is derived from the Greek word "*theoria*". It means looking or viewing things in a particular approach. The word is defined as an assumption or a collection of ideas used to explain something, grounded on some values that are independent of the thing being explained (Anfara and Mertz, 2015:2). According to Swanson and Chermack (2013:14), a theory is formulated to explain, predict, and understanding phenomena, thus anticipating a definite outcome.

A framework is defined as a basic structure underlying a system, concept, or text (Oxford English Dictionary, 2020: online). Combining the two words theory and framework, a theoretical framework is therefore conceptualized as a structure that holds or supports, for example, a research study (Maxwell, 2013:36). A theoretical framework will always have to reflect the stance that is adopted by the researcher in his or her study (Grant, 2015:13) or it can position the research on the topic being studied.

Due to the interdisciplinary nature of HRD, there has been little agreement as to the primary theories that form the basis for the field. Weinberger (2006) in an article titled: "*Commonly held theories of HRD*" focus on the learning theory, systems theory, performance improvement, and economic theory. The central argument of the article: "*Human resource development and its underlying theory*" by Swanson (2010:260) are that HRD must continue to mature as a discipline and that the integration of selected psychological, economic, and systems theories serves as the unique theoretical foundation of HRD. Ju (2019) in an article titled: "The roles of the psychology, systems and economic theories in human resource development" aimed to identify the core theories related to adult and professional education, organizational development and strategic HRD. Ju (2019) discusses the psychology theories (including the adult learning theories, and that gestalt-psychology, behavioural psychology, and cognitive psychology); Systems theory (explained in relation to organization development) and the Economic theory (focusing on human capital theory). Three contributing core theoretical frameworks, namely psychological theory, systems theory, and economic theory will be explained for the purpose of this study. The reason being that, (i) the psychological theory recognises people; (ii) the Economic theory acknowledges the importance of meeting

organizational goals and objectives by making use of available resources in an effective and efficient manner (Swanson and Holton, 2009:104), and (iii) the Systems theory is a set of procedures or principles according to which something is done. These three theoretical frameworks are illustrated in Figure 2.4.

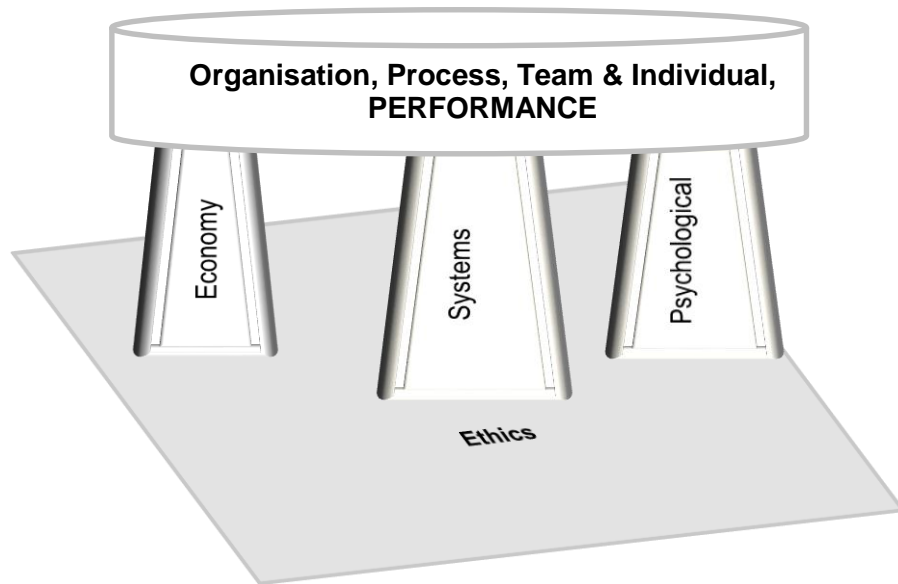


Figure 2.4: Theoretical framework of HRD (Schmidtke, 2016:56).

The three theoretical frameworks of HRD are composed to outline HRD as a discipline. It is noted that Schmidtke (2016:56) believes that ethics plays a significant role in shaping theoretical frameworks. In Figure 2.4, all three theories are articulated to ethical principles. Ethics, according to the Oxford English Dictionary (2020: online) are moral principles that govern a person's behavior or conducting of an activity. Schmidtke (2016:56) further acknowledged the importance of organizations to identify and commit to the basic beliefs around ethics. Hence, all organizational systems are human-made entities that always rely on human expertise and input for effective implementation of organizational objectives and goals.

Human expertise can be developed through generic HRD processes in understanding the short and long-term benefits of their participation. This means that organizations should have HRD professionals who will be a supporting system of individuals, groups, work processes, and the organization as a whole. The researcher deemed it more appropriate to use the theoretical frameworks for this study. The reason being they involve human behavior, more so the public servants on how they can be influenced by their surrounding environment to provide economical, effective, and efficient service delivery to the communities.

2.5.1 Psychological theory

Ju (2019) discusses the psychology theories, including the adult learning theories, and of gestalt-psychology, behavioural psychology, and cognitive psychology. The psychological theory focuses on the employees' behavior at work. According to Deb (2010), this theory focuses on the employees as an individual, as a group and as they operate within the whole organization. Hence, every organization for it to be competitive has to maintain a well-organized working environment, which integrates employee skills and talents. Therefore, the psychological theory is concerned with putting its focus on individual employee's mental behavior.

The psychological theory revolves around the determinants of human behavior as well as human mental processes. Thus, HRD takes place within the psychological framework whereby it consists of the subject of learning, human motivation, information processing, and group dynamics (Kgati, 2016:23). HRD develops individuals through reasoning skills, people's perceptions, and expertise of an individual's contribution through the psychological framework on improving productivity. Therefore, for this study, the psychological theory will be imperative at looking at how employees operate as groups and individuals in delivering quality public health services and the impact thereof of their behavior. Thus, as organizations develop their strategic plan, it is imperative to include skills and knowledge to be achieved by employees to better their performance.

2.5.2 Economic theory

Ju (2019) discusses the economic theory which focuses on the human capital theory. The economic theory discuss how scarce resources can optimally be utilized and how these scarce resources can be allocated. According to Swanson and Holton (2009:55), economic theory is based on the HRD assumption of direct analysis, action, and measurement of economic outcomes. Within HRD, there are different resources necessary for employee development such as money, raw materials and time. HRD will then select the best way to utilize all these resources. Therefore, those involved in organizational decision making such as HR professionals are supposed to make choices (short-term and long-term) based on organisational needs. This demonstrates that HRD has to provide and justify its use of organisational resources just like any other department.

HRD activates individuals and groups in short-term and long-term value by developing knowledge and expertise within the Public Sector. According to Ulrich (2009:4), enhancement of training, education, and development help individuals to become competent in delivering the organization's financial or strategic goals. Therefore, it is imperative that suitable

employees are selected and support is given by organizations to develop, motivate, and mold the right people to practice good customer relations, thus provide economical (goods at the least cost), effective and efficient public services. In this way, it becomes difficult for individuals to leave the organization for another job, and similarly for the organization to retrench skilled labor force. Hence, HRD adds value to creating a sustainable long-term economic performance.

2.5.3 Systems theory

Ju (2019) discusses the systems theory (explained in relation to organization development) as a set of interrelated components. Thus, a change in one component will have an impact on the other component. Systems theory provides an interdisciplinary framework to describe and understand how elements of complex systems interact in concert and produce outcomes (Yawson, 2012:56). The systems theory relates to how the system, in this case, HRD, within the organization assists in interacting with communities. Systems theory takes into account the diverse interactions of environments, organizations, processes, groups, and individual variables operating within and outside organizations at any given time (Torraco, 2015:147). Thus, regarding HRD, it looks at both the internal as well as the external environment on the functioning of the system being developed. Deb (2010) further noted that the term “system” recognizes each function as a whole and being part of the bigger part. Thus, HRD functions such as administrative function is important as a single system theory involving different disciplines of the organization and studies the relationships between the organizational inputs, processes, outputs, and feedback.

Systems theory focuses on the arrangement of and relations between the parts, which connect them into a whole (Dong, 2016:15). According to Torraco (2015:147), systems theory focuses on different organizations of systems and questions about their functions and outputs. It also distinguishes systems both from their environment and from structures that are not systems. Similarly, systems theory also acknowledges complexity as an attribute of reality and focuses on synergy and the combined analysis and synthesis. Dong (2016:15) indicated that systems theory considers organizations as systems with relative boundaries, which make exchanges with the environment and must adapt to environmental changes to survive. They are open systems that interrelate directly with the environment through inputs and outputs. Thus, systems theory provides a relationship on how different elements of organizations internally and externally interact and have an impact on the HRD outcomes.

In the context of HRD, the systems theory has been a key aspect of perspective scholars' debates on the theoretical foundations of HRD. Hence, Torraco (2015:147) warns that without

systems theory in HRD, there is a risk of overlooking the importance of human resource and organizational processes which could be neglected. Dong (2016:16) proposed systems theory as a unifying theory for furthering public servant understands of HRD as well as interrelated components influencing HRD. Therefore, systems theory is the most useful and effective theory to solve problems facing the implementation of HRD (Torraco, 2015:147).

The third section within chapter two will focus on international literature with specific reference to HRD challenges experienced within the Public Health Sector. Although several challenges could be identified, this study will focus on seven challenges that will be explained.

2.6 INTERNATIONAL CHALLENGES FOR HRD

This section looks into the international challenges for HRD. Although many challenges can be discussed in this section, the researcher chose to discuss only seven challenges as they were most relevant to this study.

2.6.1 Qualified practitioners and lack of management support

One of the challenges facing organizations today is the lack of qualified HRD practitioners (Kgati, 2016:17). HRD practitioners are responsible for the development of staff as well as the attainment of the necessary skills (Kgati, 2016:17). Hence, the lack of qualified HRD practitioners has an impact on the organization as a whole as well as on the development of individuals and HRD systems. This leads to organizations not being able to develop required HRD activities such as skills development and this negatively affects the implementation of the process of HRD. Amare (2014) has alluded that most organizations are struggling to attract and retain qualified HRD practitioners and this poses a greater challenge on HRD practices. This lack of qualified HRD practitioners could be a result of the poor quality of management within the organizations. This has become a matter of increasingly vital concern to society as organisations fail to meet people's expectations of delivering quality services.

2.6.2 Aligning HRD objectives to Strategic priorities

Most organizations within the private and Public Sectors are faced with the difficulty of aligning HRD objectives to the strategic priorities of the organisation (Gilson, 2017:104). Narain and Ofrin (2016:124) are of the opinion that the problem lies within the lack of communication, analysis capabilities, leadership qualities, and relationship building skills from HRD practitioners. Lack of communication refers to their inability to comprehend what needs to be done by employees. Lack of communication often means that employees do not have a firm grasp on what they are supposed to be doing which can cause low productivity, deadlines missed, and quality services not provided. Analysis capabilities are relevant for assessing the level of skills and knowledge needed within the organisation. HRD practitioners often lack

leadership qualities such as accountability and humility as they often merely inspire staff. Although these practitioners need to build relationships, they lack leadership qualities. Thus, this makes it difficult to align HRD objectives to the strategic priorities of the organization. Amare (2014) is certain that HRD practitioners should put attention on aligning HRD objectives to strategic priorities of the organisation. Hence aligning the development of an organisation to the strategic objectives is deemed to be important and can work to the success of an organisation.

Within this challenge, aligning HRD to strategic priorities, most public health institutions fail to involve the private sector and other important stakeholders in the preparation of their policies and plans (WHO, 2011:12). As such, there seems to be a large gap between good public health policies and the implementation of different HRD objectives.

2.6.3 Allocating sufficient financial resources

According to Habib (2012), lack of funds is a challenge facing most organizations and that delays the operative HRD programs. Grobler and Warnich (2016) both added that a lack of funds for HRD programs have a huge impact on providing quality services due to lack of skills by employees. Grobler and Warnich (2016) indicated that HRD activities should be seen as an investment that requires financial resources to be successful. For most organizations, it seems as though financial resources are limited to only the preparation of HRD objectives and not as such the implementation of HRD. This is because the achievement of HRD activities is minimal. Due to low budgetary allocations to the health service (WHO, 2015), HRD processes are mostly not carried out by the public health sectors.

The public health sector is faced with a challenge of lack of improvement in the working of financial systems and controls (Bloomberg, 2017: online). Thus, there seems to be no decentralization of authority for financial management and disciplinary decisions to the hospital level. This means that hospital managers lack accountability and are demotivated to implement decisions that can improve the operation of their facilities and that of funds. Hence, there is a lack of HRD implementation and some of the basic management processes like improvement in the planning, budgeting, and evaluation within the public health sector. Andries (2017:55) further indicated that there is poor access to health services and lack of quality health services because of the ineffective redistribution of funds and utilization of existing funds in public health sectors.

2.6.4 Accepting modern technological changes and developments

A challenge exists for organizations to accept new technological changes and developments. Technology within organisations brings along with it a new style of life that affects the skills, attitudes of employees as well as the HRD process. The impact of technological changes today raises serious challenges towards HRD in terms of adjustment within organizations. The technological developments require an organization to keep up to date with the current technological changes such as new software. These changes the way employees do certain tasks, their performance, as well as the quality of services, delivered. For instance, using application software to apply for a leave rather than applying manually to the HR department. Some employees could resist this type of software that is brought by technology (Habib, 2012). Because of a technology-driven workforce and virtual organizations, training will also no longer take place in the comfort of their workplace. Therefore, not having modern technology can be seen as a challenge while also not accepting the need change towards the use of technology when it is available is also a challenge (Amare, 2014).

Unfortunately, the adoption of technology in the public health sector is still a challenge. Narain and Ofrin (2016:126) indicated that the most concern is based on investing in the use of modern technology which comes at a high initial cost compared to basic health needs and other competing priorities. This means that rapid developments and penetration of technology causes a digital divide between “haves” and “have not’s”, which causes major disparities amongst the societies and along the social gradient.

2.6.5 Creating a positive working environment

The lack of essential materials such as stationery as well as the poor quality of infrastructure in a working environment such as dilapidated buildings often poses a challenge for HRD. The reason is that essential infrastructure is deemed necessary for day to day running of the public health. The working environment conditions of each Public Sector department thus play a significant role in an employee’s productivity as well as job satisfaction. Habib (2012) recognized that this working environment should be as efficient and effective as possible-for quality services to be rendered.

The public health sector is faced with the provision of insufficient functional equipment and resources. This negatively impacts the working environment, demotivates staff to provide services to the best of their abilities and also does not promote the facilitation of learning. The importance of the working conditions of staff was captured in the study by Pillay (2009:7). The study confirmed that employees in the South African private healthcare sector were more satisfied with their salary, workload, working environment, and resource availability than their

colleagues in public healthcare facilities. Sarode and Shirsath (2014:2736) alluded that an unfavourable working environment negatively affects employees physiologically, emotionally, cognitively, and behaviourally which then leads to poor organizational productivity.

2.6.6 Motivation and retention

The migration, resignation and/or transferrals of administrative health personnel is deemed as one of the international challenges of HRD. According to Amare (2014), the main reason is due to a lack of motivation by administrative staff to stay in their current jobs. Although administrative staff migrates to other countries, rules and regulations that exist poses a challenge to HR practitioners. HR practitioners may have a limited talent pool from which to hire, making it challenging to recruit skilled people. Therefore, HRD practitioners are forced to select unskilled staff and that serves as a demotivation.

Another challenge is the use of temporary workers. Temporary workers refer to those workers working for a limited time based on the needs of the employing organization (Oxford English Dictionary, 2020: online). Talent management, which is concerned with efforts of institutions to recruit, develop, and retain the right employees, across occupations and hierarchical levels, to ensure sustainable institutional performance now and in the future (Van der Westhuizen, 2016:122). Also, engagement and retention, which relates to action planning, may include tools and programs such as incentive and recognition programs that can be implemented to reward and motivate individuals.

This trend is also visible in the South African Public Sector, especially post 1994. Since 1996, approximately 460 Cuban doctors have been deployed in rural areas in the Free State province to provide public healthcare (Bloomberg, 2017: online). This comes after an outcry by concerned civil society groups about the impact the lack of doctors poses to public healthcare service in SA (Maphumulo and Bhengu, 2019: 4). However, the need and demand for training and development of administrative staff pose a threat in rural areas due to financial implications. Therefore, lack of supervision increases a sense of isolation, which could undermine any retention efforts. Demographic variables such as age, education, work experience, and health status can be identified as some factors that influence retention in the workplace.

2.6.7 Learning society

Interlinked to the concept of lifelong learning are two related and equally important concepts namely the learning society and the learning organisation. The learning society is a philosophy advocated by the United Nations Education, Scientific and Cultural Organisation (UNESCO),

which views education and learning as the key to a nation's development that should take place everywhere and not just in formal education institutions such as schools and universities (UNESCO, 2011). In the culture of the learning society, no one should be excluded from learning. In a learning society, it is also accepted that everyone learns differently, and therefore different types and forms of teaching and learning should be available (Irina, 2018: 2). In the culture of the learning society, its main aim is towards specific outcomes that societies consider important for their improvement (Jarvis, 2017:343). It is also accepted that everyone learns differently and therefore promotes the development of skills through the provision of suitable resources. The learning society is linked to the tenet of globalization and innovation. It is the base from which lifelong learning can take place; the two concepts, a learning society, and lifelong learning support each other and are interlinked.

Public servants need to continuously upgrade and update their skills, knowledge, and competencies, to engage in lifelong learning activities. The more advanced the public servants become, and the more Public Sector keeps on equipping them with the new and improved advanced technology, the better services that will be delivered to the citizens. Advanced technological innovation and communication, has led to a positive impact that improves the HRD. This means that the fast transfer of technologies in the globalized world could change the nature of work and the skills required in almost every occupation especially administrative staff (UNESCO, 2011).

2.7 CONCLUDING REMARKS

This chapter presented an international literature review on HRD challenges more so in the public health sector. The chapter went further to present the different aspects of HRD and its processes. Theories supporting the implementation of HRD outlined. The last section of the chapter reviewed the current challenges of HRD using completed dissertations, theses, and publications. The literature reviewed from these sources generally identified challenges of HRD in organizations globally.

CHAPTER 3: HUMAN RESOURCE DEVELOPMENT CHALLENGES WITHIN THE SOUTH AFRICAN PUBLIC SECTOR ENVIRONMENT

3.0 INTRODUCTION

This chapter is directed towards achieving objective three of this study i.e. focuses on providing an overview of a South African literature review on HRD challenges in the public health sector. This chapter will cover four sections. The first section will demarcate Human Resource Development in the South African Public Sector. The second section will focus on the specific challenges facing HRD in South African Public Sector.

The third section of the chapter focuses on the legislative framework supporting HRD in the Public Sector. The fourth section focuses on structures responsible for supporting HRD in the South African Public Sector. Although several structures could be identified, this study will only focus on five structures, namely; (i) Sector Education and Training Authorities; (ii) The HRD Council of South Africa; (iii) The National School of Government; (iv) Higher Education Institutions; and (v) Further Education and Training colleges.

3.1 HRD IN THE SOUTH AFRICAN PUBLIC SECTOR

Isobel White, an industrial psychologist, was one of the first South Africans to write on HRM in the private sector. Towards the end of 1940, White published extensively on HRM and drew attention to the need for HR managers in large factories. However, her papers also addressed employee training (Koch, Gerber, and De Klerk, 2018). In the mid-sixties, the academic, JJN Cloete argued personnel administration served as a key to studying Public Administration. He too included training and development in his publications (Van der Westhuizen, 2016:48). C Thornhill, who classified the activities of the HR function into (1) personnel provision (2) support functions and (3) training and development – the latter include the induction, orientation, and development of staff (Hondegheem, 2018:229–242) later revised and updated Cloete's work.

Training within the Public Sector before 1994 was mainly centralized managed by the Public Service Training Institute (PSTI). This meant that each Public Sector department was responsible for facilitating its own training. The budget allocations for training and development were used mainly for the upliftment of the white male within the Public Sector. It is important to note that T&D in this Apartheid-era also benefited mostly the white males dominating the higher structures ((Koch, Gerber, and De Klerk, 2018).

After the end of apartheid, the South African public health service has been under enormous challenges to redress the inherent inequalities regarding HRD within the health sector. That encounter resulted in a large-scale restructuring of health services in South Africa after 1994. The majority of African citizens, according to Knight and Maharaj (2009:7-18), were largely restricted to using public services provided by segregated racial homeland authorities, including health services. Whites, on the other hand, had access to better quality services, and their higher-income groups had access to health insurance and therefore, private health care services.

After becoming a democracy in 1996, the Public Sector realized the importance of transformation in all aspects of its operations. The government major task was to turn around the employment conditions from that of the apartheid to a more democratic that would serve the citizens. The majority of the South African Public Sector workforce had no skills (Sheoraj, 2007).

To fast track transformation in the Public Sector after 1994, severance packages were provided voluntarily (Lues in van der Westhuizen, 2016:318). The interest shown in this proposal was to a large extent done by white males with extensive work experience. The result was that the Public Sector, in a short time after 1994 had an HR staff component of inexperienced black men and women in posts that previously were mostly dominated by white males. It was therefore not surprising that there was an impact on the quality of services delivered. Around the same time, the PSTI was replaced with the South African Management Development Institute (SAMDI) in 1996 as an independent institute under the PSC. SAMDI aimed to centralize Public Sector norms and standards but training needed to be further decentralized (South African Management and Development Institute, 2002:256). This decentralization meant to provide a democratic and accountable government for local communities. The result was not satisfactory and therefore HRD within the South African Public Sector saw the establishment of a new institute PALAMA, following a cabinet decision taken in 2006 (Mthembu, 2017:15).

Against the noticeable failures of the SAMDI with its decentralized approach, PALAMA wanted to improve the quality of the development of human resource capacity in building management with practical skills and common standards for a professional Public Sector was forced to initiate collaborations and partnerships with many service providers including Higher Education institutions as well as consultants. Thus, each Public Sector Department was expected to coordinate its training for its public servants. The result was not feasible as there was still less coordination in training amongst government departments and, once again, HRD

within the South African Public Sector saw the establishment of a National School of Government (NSG) in 2013. The National School of Government's mandate in the 21st century is clear. It needs to focus on the provision of education, training, and development programs in the Public Sector such as the Compulsory Induction Programme (CIP) for public servants as well as learning within the Public Sector. Further, the NSG is at present contemplating the introduction of formal higher education qualifications on SAQA levels (Mthembu, 2017:15). The NSG currently is still the institution that is providing training to public servants (South African Government, 2016).

South Africa Department of Health (2006) has presented its definition of human resources development (HRD), "as applied to human resources for health (HRH), includes the planning, production, and management of health personnel". Department of Public Service and Administration South Africa (DPSA) (2016: online) has noted human resources development (HRD) as a necessary aspect for South Africa to attain its developmental agenda and should be dealt with as a matter of urgency. DPSA has noted that South Africa could only attain the required economic level if the Public Sector and private sectors come together to develop and improve the HRD.

3.2 LEGISLATIVE AND POLICY FRAMEWORK FOR HRD IN THE PUBLIC SECTOR

Under Section 7(3) (b) of the **Public Service Act, 1994** (Act No. 103 of 1994), an HR specialist and/or manager is responsible for the efficient management and administration of public institutions, including the effective utilization and training of staff (Table 3.1). This was the first of many directives to support the importance of HRD in the Public Sector. The 1995 White Paper on the Transformation of the Public Service (WPTPS) was established to serve as a guide in the introduction and implementation of new policies and legislation aimed at transforming the South African Public Sector (Table 3.1). The main purpose was to ensure that public servants meet the increase in service delivery requests. The WPTPS is the drive to introduce the modernization of HRD to a performance-based and equitable undertaking. The DPSA based on the consequences and response to the views expressed in the WPTPS introduced two key policy documents in addressing the issue of HRD in the Public Sector. Those policy documents are the White Paper on Public Service Training and Education (WPPSTE), released in July 1997, as well as the White Paper on Human Resource Management in the Public Service (WPHRMPS) which was introduced in December of the same year (Republic of South Africa, 2016: online).

In 1995, the **South African Qualification Act, 1995** (Act No. 58 of 1995) introduces new institutions, programs, and funding policies designed to increase and invest in personal skills

development of each learner and the social and economic development of the nation at large (Table 3.1). The **South African Qualification Act (SAQA), 1995** (Act No. 58 of 1995) plays a vital role in providing objectives of measuring training outcomes, ensuring quality, and linking it to an appropriate educational level. The SAQA created a single, unified system of education and training qualifications and also provided for the development and implementation of a new framework for education and training in South Africa. To ensure that qualifications are of high quality, the Act enabled the accreditation of SETAs as Education and Training Quality Assurance bodies (ETQAs).

However, it needs to be remembered that all HRD directives are and should be derived from the Constitution, the supreme law in South Africa (Table 3.1). Section 195 (h) of the Constitution stipulates that public service must cultivate a culture of good human resource management and career development practices that maximize human potential (RSA, 1996:14). The Constitution legitimises the need for quality education and training, HRD, and Human Development for all South Africa's citizens (RSA, 1996:14). As a result, HRD is critically important on South African Public Sector's developmental agenda to improve the quality of life for all its citizens. In Chapter 10, section 195 (1) of the Constitution, the South African Public Sector is required to promote efficient, effective, and economical use of resources.

As mentioned, the DPSA introduced two key policy documents in addressing the issue of HRD in the Public Sector. The first document was the 1997 White Paper on Public Service Training and Education (WPPSTE) that provides a national policy framework within the Public Sector to improve public service performance and productivity (Table 3.1). The WPPSTE attempts to benchmark the provision of such education and training against international trends, competency-based education and training models as well as with the South African Qualifications Authority (SAQA). The aim of WPPSTE is thereby to ensure that: "public service education and training would be capable of promoting access by all personnel to meaningful training and education opportunities and capable of facilitating the development of effective career paths for all public servants amongst others (Department of Public Service and Administration, 1997a:24).

The second document was the 1997 White Paper on Human Resource Management in the Public Service (Table 3.1). To deliver quality education and training programs, WPHRMPS set forth a policy framework to enhance the human resource of the public service. Chapter 5 of the WPHRMPS further stipulates that opportunity to public servants should be given to those who are in dire need of skills development and the expertise needed by the public service.

However, the WPHRMPS further explains that departments should take responsibility for facilitating their own training and development. The reason for this was that departments and/or supervisors are the ones to identify training and development needs. Thus, supervisors and management can support employees' development endeavors.

The **Skills Development Act, 1998** (Act No. 97 of 1998) (SDA) is one of the core pieces of legislation on which the HRD strategy in South Africa is grounded. It deals with the establishment of learnerships and the financing of skills development through a levy grant, while providing for and regulating employment services administered by the Department of Labour. In addition to that, Phalane (2014:20) interpreted that this legislation if used effectively it can improve public servant's competencies, develop tailor-made training programs in which they could generate a pool of skills essential for the success of the Public Sector.

Based on SDA, the Public Sector department is compelled to draw up workplace skills plans and those plans should be submitted to an appropriate Sector Education and Training Authority (SETA) and the National Skills Authority (Kaufman, 2016:394). The Act also aims to foresee that public servants use their organisation as an active learning environment. It, therefore, improves organizational productivity as well as social service delivery by providing public servants with prospects for obtaining new skills and knowledge. The purpose of SDA was to raise skills levels in the workplace by requiring companies to invest one (1) percent of payroll on workplace training. So far, this Act has been a success in terms of increasing investment in training that South African companies spent.

Despite several initiatives to support HRD in the Public Sector, skills Development seems to have trouble to adhere to its mandate. One of the contributing factors to this is the unresolved funding model and accountability challenges to meet its purpose. It was therefore imperative to implement the **Skills Development Levies Act, 1999** (Act No. 9 of 1999), (SDLA) which enforced funding of the national skills development strategy. Therefore, the SDLA prescribes that a certain amount of money must be deducted from the salaries of employees so that it can be used for training and education in the workplace (South African Government, 2018: online).

Amongst all the mentioned documents to improve HRD in the Public Sector, HRD Strategy of South Africa (HRDSSA) was implemented in 2001 (South African Government, 2017: online) (Table 3.1). The purpose of the HRDSSA was to identify and implement a set of actions that will create sufficient leverage for the full scope of HRD inputs and activities to promote outcomes that favor the country's development priorities. In the same year, the 2001 Public

Service Regulations came into place, contemplating that there must be an on-going and equitable access to training available to all public servants. Any form of learning and training provided must establish growth for career development at the same time promoting work performance. Furthermore, based on section B4 of the 2001 Public Service Regulations, the heads of the department are vested with the responsibility to ensure that adequate financial resources are available for implementing HRD initiatives. Paragraph B9 further indicates that supervisors in line with the HR department should determine training needs that have an impact on the importance of career planning. Hence, public servant's training needs should coincide with those of the department (South African Government, 2017: online). The 2001 Public Service regulations were amended in 2016.

In 2005 the HRDSSA was then revised in whereby the government established a Joint Initiative for Priority Skills Acquisition (JIPSA) led by the then Deputy President (Table 3.1). JIPSA was formed as an interim response to identifying solutions to skills shortages in critical areas. It mainly focussed on identifying solutions to major skills shortages constraining South Africa's ability to meet the economic growth objectives. In 2008, two significant documents were promulgated. **The Skills Development Amendment Act, 2008** (Act No. 37 of 2008) which will look at best ways to provide for Skills Development Institutes (Table 3.1). Skills development in the workplace is governed by the SDA, 1998 (Act No. 97 of 1998) (RSA, 1998d). The result of this amendment was that every employer to appoint a Skills Development Facilitator (SDF) for managing HRD in every institution (South African Government, 2018: online).

The other significant document was the proclamation of **the National Qualification Framework Act, 2008** (Act No. 67 of 2008). This Act is entrusted to be a mechanism to reach the following goals: an education policy that will link education and training to the corporation's strategic objectives; establishing sound career development that corrects the current match between worker skills and actual work being performed (Lues, 2016). These objectives place education and training at the heart of social and organizational transformation, which are directed towards achieving equity, and training. Thus, coordination of education and training in a single system encourages lifelong learning. According to RSA (2008), this national education framework allows HR managers/specialist to become more flexible, efficient, and accessible. It is its mandate to improve the existing education and development processes in South Africa and therefore, it serves a purpose to integrate HRD systems. Table 3.1 provides a summary of legislation and policy frameworks that govern HRD in the SA Public Sector.

Table 3.1: A summary of the legislative and policy

framework for HRD in the South African Public Sector

1994	Public Service Act, 1994 (Act No. 103 of 1994) The responsibilities for HR managers for the efficient management and administration of public institutions, including the effective utilization and training of staff.	
1995	South African Qualification Act, 1995 (Act No. 58 of 1995) Providing objectives of measuring training outcomes, ensuring quality, and linking it to an appropriate educational level.	White Paper on the Transformation of the Public Service The development of an optimal fit between the needs of the employee, the job, the organization, and the environment.
1996	The Constitution of the RSA Creating a platform to maximize human potential.	
1996	The White Paper on Public Service Training and Education Develop a professional public official.	White Paper on HRM in the Public Service A dual responsibility of HR specialists and other public managers.
1998	The Skills Development Act, 1998 (Act No. 97 of 1998) The establishment of learnerships and financing of skills development.	
1999	The Skills Development Levies Act, 1999 (Act No. 9 of 1999) Securing a financial injection in HRD.	
2000	Public Service Sector Education and Training Authority Responsible for identifying priorities for skills development and administering the levy system.	
2001	HRD strategy Institutionalization of HRD planning and implementation.	
2005	Revised HRDSSA 2010-2030 Solutions to skills shortages in critical areas.	
2008	Skills Development Amendment Act, 2008 (Act No. 37 of 2008) The appointment of a Skills Development Facilitator.	The National Qualification Framework Act, 2008 (Act No. 67 of 2008) On worker skills and actual work being performed.
2009	HRD Strategy for the Public Service, 2010-2030 To identify and implement HRD inputs and activities to favor development priorities.	
2010	Revised HRDSSA 2010-2030 On structural activities essential for effective implementation.	HRD Strategic Framework-Vision 2015 Address the development and supply of human capital in the South African economy.
2011	2030 National Development Plan Providing development goals, education, training, and innovation.	
2013	National School of Government To establishing a capable, professional, and responsible public service by providing training programs for public officials in four main streams: leadership, management, administration, and induction.	

2016

2016 Public Service Regulations

Recruitment of human resources and meeting the training needs of persons historically disadvantaged.

In 2010, the HRDSSA 2010-2030 was revised to outline numerous objectives, a twenty-year vision, a five-year medium-term commitment, and a one-year operational plan (RSA, 2015:30). HRDSSA 2010-2030 is an outcome of good practice gained from the implementation of the first HRDSA of 2001 and JIPSA incorporated. Monitoring and evaluation, coordination, and key structural activities essential for effective implementation are identified in the strategy. The HRDSSA is designed to provide a national “road map” and thus does not replace the on-going work of relevant government departments, organized business, organized labor, or organized communities (RSA, 2015:30). Therefore, national strategies such as the Occupational Learning System which includes: SETAs, the Further Education and Training (FET) sector the HRDS (steered by the DPSA), and the Technology and Innovation System of the Public Sector (steered by the Department of Science and Technology) will make use of most of the implementation of the HRDSSA’s strategic priorities (RSA, 2009:31-32). The HRD Council is responsible for overseeing the implementation of HRDSSA.

In 2014, the Minister in the Presidency for Planning, Monitoring, and Evaluation announced the government’s comprehensive framework for implementing 2030 National Development Plan (NDP) over the next five years (Table 3.1). Of the 14 priority outcomes that cover the focus areas identified in the NDP, two priorities; (i) an efficient, effective and development-oriented public service, and (ii) a skilled and capable workforce to support an inclusive growth path looks at specifically the development of skilled, professional and accountable public servants. Thus, these two priorities support HRD in that Public Sector should be equipped with a skilled workforce through the assistance of the training.

As part of meeting the societal and economic needs, the HRDSF-vision 2015 aims to address the development and supply of human capital in the South African economy (Table 3.1). Vision 2015 further focuses on four pillars of the framework which are: (i) capacity development; (ii) organizational support initiatives; (iii) governance and institutional development initiative; and (iv) economic growth and development initiatives (Mthembu, 2017:12). However, Mukwevho (2015) argued that there is lack of understanding of the mandate of HRD in the Public Sector and that it is unlikely that HRD initiatives will succeed without professionalism and capacity building of HRD practitioners.

The HRDSF- vision 2015 is based on four principles. The first principle, capacity development initiatives, focuses on building human capital for high performance and service delivery. It identifies eight areas including strengthening systems for workplace learning, fostering HEI and FETC partnerships, and e-learning for the Public Sector as some of the interventions designed to set the foundation for a new era of capacity development. As well as whereby learning environments are created for people to undertake the responsibility for developing themselves. Organizational support is the second principle mentioned in the 2015 HRDSF-vision. This support recognizes the importance and integration of HRD systems through formal organizational support. It consists of eight areas of strategic intervention which could provide a platform to further strengthen and support a transformed HRD function. The third principle, the governance, and institutional development initiatives focus on the coordination and concerted effort in understanding shared responsibilities at all levels of the Public Sector. This principle embodies seven areas of strategic intervention including managing HRD policy and planning frameworks and guidelines. The fourth principle, initiatives to support the government's economic growth and development initiatives which focus on a development agenda that seeks to promote the general welfare. This principle expresses six strategic initiatives that include promoting Accelerated and Shared Growth Initiative for South Africa (ASgiSA), Provincial Growth and Development Plan (PGDP), Integrated Development Planning (IDP), and integrating The New Partnership for Africa's Development (NEPAD), The African Union (AU), regional and global programs for capacity development.

3.3 STRUCTURES RESPONSIBLE FOR SUPPORTING HRD IN THE SOUTH AFRICAN PUBLIC SECTOR

The government established national structures that are responsible for developing and expanding the skills base. Apart from legislative directives to sustain HRD within the Public Sector, the South African government has further established structures to support HRD in the South African Public Sector. The improvement of skills, knowledge, and competencies within the three spheres of government have been realized to be the key to economic growth (Mthembu, 2017:10).

The South African Public Sector collaborates with different stakeholders to enhance the economy of the country. Stakeholders such as government, business, training, and education institutions (such as Technical and Vocational Education and Training (TVET) colleges, Higher Education Institutions (HEIs) and other private service providers), SETAs, as well as civil society and labour. The effort of HR practitioners to raise the numbers for skilled people in the Public Sector that can contribute to the economy requires on-going coordination, planning, and implementation of skills HRD initiatives between stakeholders. Even though these

stakeholders may have different mandates, they have found that the development of human resource capacity is a common interest that will lead to the socio-economic growth of the communities they serve. This section of the study will discuss the role of these different structures in the supporting of human resources within the Public Sector.

3.3.1 Sector Education and Training Authorities (SETAs)

The Sectorial Education and Training Authorities (SETAs) cover every industry and occupation in the country, amounting to 25 SETAs established by the ministry of labor in the year 2000. SETAs authorities are responsible for facilitating the implementation of skills development initiatives in their specific sectors. The primary aim is to ensure that all the economic sectors in the country develop the skills that are needed in the market and that formulation to drive the achievement of the National Skills Development Strategy goals. The Public Service Sector Education and Training Authority (PSETA) aims to develop the learning programs that address specific sectoral needs. PSETA also improves the facilitation of learning by providing support to government departments by effectively handling all queries relating to learning program procedures.

3.3.2 The HRD Council of South Africa

The HRDC is aimed at creating an environment that is coordinated, integrated, and enabling for the improvement of HRD and skills development for the people of South Africa (HRDC of South Africa Annual Report 2014/2015, 2016:1). The HRD Council (HRDC) is an institution that was created by the government to advise on the best way of implementing the National HRD strategy of the country. Thus, it deals with the equality of training and career paths within the Public Sector. In principle, the HRDC ensures that all HRD programs, interventions, projects, strategies, and policies are optimized and reorganized to ensure support to the overall objectives of the government. The HRDC also has aimed to increase the HRD needed for the successful transformation of the economy to a knowledge economy and developing institutional synergies that encourage a culture of lifelong learning and training at the individual, organizational and national levels. It must identify the human resource obstructions and recommend solutions (HRDC of South Africa Annual Report 2014/2015, 2016:3).

HRDC's primary aim is to ensure that there is adequate development of public servants. It also aims at ensuring that there is adequate production of researchers, partnerships in research and development, and stronger industry-educational institutions (HRDC of South Africa Annual Report 2013/2014, 2015:3). Lastly, the Council must promote worker education across the board. The HRDC, therefore, can be considered as the protector of developing the

nation's most important resource, which is the people, from early childhood development to the apex of educational endeavors.

3.3.3 The National School of Government

The National School of Government's (NSG) is currently an institution that provides training to the public servants. Its primary aim is to play an important role in providing the learning and development of public servants to enhance their skills and knowledge. NSG's responsibilities include the development of programs for public servants as well as learning within the Public Sector that drives to develop professionalism in the public service (South African Government, 2016). NSG address the current public service skills issues. Hence, NSG creates an effective and efficient public service through providing relevant training and development programs to the members of the Public Sector. As to deliver value-adding and more relevant HRD-related interventions, NSG offers a variety of programs that are aimed at skills development. Some of those programs include amongst others human resource management and development that looks at how Public Sector can develop skills of public servants.

3.3.4 Higher Education Institutions (HEIs)

Higher Education Institutions (HEIs) make up South Africa's highest level of formal education. The formal system comprises institutions like universities, universities of technology and technical colleges. Higher education is essential for the national development agenda of South Africa. The HEIs are responsible for producing high skills level for the economy; theirs is an important role because they produce managers, scientists, and graduates that are innovative and capable of introducing and managing change (South African Government, 2016).

The NDP envisions that by the year 2030, South Africa must have HEIs that can make meaningful contributions to the high-level development of human resource potential and increase competitiveness through a shift to a more knowledge-intensive economy. However, according to HRDC (2014:23), South Africa is faced with the problem of having an inadequate academic workforce in terms of numbers, requisite skills, and qualifications. Noting that South Africa is faced with skills gaps and an aging workforce (Tshilongamulenzhe and Coetzee, 2013:17), the HRDC (2014:23) further observes that nearly half of the professors and a fifth of academic community will soon retire before 2026, leaving the country with a gap and a problem of replacing them.

3.3.5 Further Education and Training colleges (FETs)

The **Further Education and Training Act, 1998** (Act No. 98 of 1998) gave birth to a new landscape for the Further Education and Training colleges (FETs) (RSA, 1998). According to

the Department of Education (2001), the FET Act brought about a transformation vision that brought about a new organization of the FETs. The Act led to the merging of the then Technical and Vocational Education and Training colleges, as they were called, into 50 new public FET colleges. The FET Act of 1998 laid the legal framework and gave guidance to the establishment of these new FET colleges in the period 1998 to 2006 (Akoojee, 2008:297).

FET colleges are institutions known for their flexibility in terms of the programs they offer and their forms of delivery. According to Akoojee (2008:297), these public FET colleges are at the center of the nation's commitment to skills development agenda; they are the main component of the skills agenda. FETs are not only expected to deliver the type of skills that meet the country's economic development needs, but they also have to expand their access to include the previously excluded people to reflect the new democratic order (Akoojee, 2008:297). A target was set that they had to expand enrolment by more than a million learners by 2015, which was driven by the need for inclusion as much as it was on development. In 2020, the future of FET colleges is set to enroll 1 238 000 learners in fifty (50) registered and accredited public colleges that operate around 364 campuses spread across South Africa (RSA, 2020: online).

3.3.6 Department of Public Service and Administration (DPSA)

The White Paper on the Transformation of the Public Service, 1995 outlines the broad policy framework for transforming public service. Therefore, the main objective of the DPSA was to drive the transformation process. DPSA foresee the process implemented a policy on HRD through the White Paper on Public Service Training and Education in 1997 (Van Dijk, 2017:55). This means that DPSA realized the importance of HRD to departmental development. Hence, DPSA places HRD and training as the most important functions that play a role in the government to equip employees to better quality services. Thus, to have a transformed Public Sector, DPSA promotes an ethical public service through programs, systems, frameworks and structures that detect and prevent and combat corruption as well as share the best practices.

3.3.7 Public Service Commission (PSC)

The Public Service Commission (PSC), focus on investigating, monitoring, and evaluation of the Public Sector administration. PSC derives its mandate from sections 195 and 196 of the Constitution, 1996. Therefore, it is a commission that promotes democratic principles and values of the Public Sector. These values and principles are enshrined in the Constitution. It also entails the evaluation of achievements of government programs or lack thereof. The PSC is an independent institution, which is responsible for promoting high standards of professional

ethics of more than one million government employees (Mkhabela 2019: online). The PSC also looks at efficient and effective use of state resources, impartiality, fairness, equity, and the absence of bias in providing services, transparency, and representativity. Furthermore, the PSC is eligible to take remedial actions against public servants who do not abide by the values enshrined in the constitution.

The following section deals with challenges that the National Department of Health is faced with concerning implementing their HRD plans. Some of these include the lack of budgets, inconstant and low involvement of senior management, and tensions over which training to prioritize. Section three will discuss these challenges and others in depth.

3.4 SPECIFIC CHALLENGES FACING HRD IN SOUTH AFRICAN PUBLIC HEALTH SERVICE

Although HRD in the South African Public Sector faces general as well as unique challenges, this section would like to focus on specific challenges that face HRD in South African public health.

3.4.1 Implementation of HRD

The South African Public Sector faces challenges not only in the creation of HRD strategies but also in implementation. Vinesh (2014:213) concurs by stating that putting in place strategies for motivating and encouraging employees to commit to the aspirations and ideal of the organization poses a major challenge in most organizations, including how to turn these aspirations and ideals into improved performances and productivity in the organization's human resources. Nosipho (2016:63), added that there is a good HRD strategy in place for proper health services but the main problem has always been no and/or lack of support by management to implement HRD.

3.4.2 Financial Resource challenge

The tough economic conditions, high unemployment rate, and the technical recession experienced in South Africa since 2014 exacerbated the financial challenges faced by DoH (Gauteng Health, 2018: online). The National Department of Health yearly is awarded a budget of more than two billion. In 2020 the health budget amounts to R230 billion from R1.95 trillion of the public purse (Treasury SA, 2020: online). This budget is then down cascaded to the respective provincial health departments, district hospitals, and clinics. Since 2009 there has been an increase in demand for high-quality health service delivery and also an increase in budget allocation. The health sector has received no less than R1-trillion over the past decade, growing from an annual budget of R86 billion in 2009 to just over R250 billion in 2018 (Stats

SA 2018: online). According to Treasury SA (2020: online) budget for health usually increases by 7.5% but in 2020 there has only been a five (5) percent increase.

The National Department of Health is vested with the responsibility for health care for the 58, 8 million citizens of South Africa. However, less money is allocated to the training of public health workers more so the administrative staff due to reasons such as maladministration and fraud (Gauteng Health, 2018: online). About R3.3 billion allocated to human resource capacitation grant in the National Department of Health for three years (Treasury SA, 2020: online). The purpose of this allocation is solely meant for training of medical practitioners, medical internships, medical students, and community service posts. Thus, this allocation neglects the training of administrative staff. Therefore, most of the population depends on the public health system, which is struggling to meet demand hence one of the problems in this study is a lack of funding for public hospitals.

3.4.3 Appointments and vacancies

The appointment of unskilled administrative staff remains a substantial human resource crisis, especially at community and primary levels in the public health sector, with poor availability of health personnel in disadvantaged areas, further reducing access. One of the reasons highlighted by Kruger (2016:7) was the problem of inappropriately skilled managers in charge of district health services and hospitals. According to Rakabe (2018: online), the institutional and organizational machinations of public health care are weak in the exercise of delegations, accountability, and setting out connections of responsibilities in the delivery chain.

Moreover, provincial health departments have been generally reluctant to delegate managerial, procurement, and financial healthcare facilities. It is estimated that the average vacancy rate for administrative staff is 22.5% (DoH Annual Report, 2018:132) and increased to 23.9% in 2018. The Annual Performance Plan on vacancies in the DoH raised several questions regarding the impact of HRD as well as the HRD challenges on service delivery. It is therefore important for the researcher to acknowledge that the field of health care management poses distinctive challenges for managers to ensure the integration of modern business management practices with clinical and health care knowledge. This is supported by the Public Service Commission (2019) that showed that a lack of management support is amongst the challenges faced by the HRD practitioners. As many departments have indicated that due to the lack of support of line managers, HRD units found it difficult to implement practices effectively.

3.4.4 Technology skills

The use and adaptation of the now changing world in terms of technology pose a challenge within the National Department of Health. According to Mehlape (2017:109), the fast-evolving techniques and technologies used not only for training but also for providing quality services brings changes to the entire Public Sector. Thus, they are moving at a very high pace as in the case of technological development, the new technologies are replacing the older ones quickly. However, for generation X and Y to meet the requirements of the new generation, it is then required of administrative staff to then upgrade their skills and knowledge. As technologies are evolving every day, Lauby (2011) believe that administrative staff is starting to realize that the fast-paced, ever-changing digital world has an impact on their jobs and workplaces. There is also a dire need for “tech-savvy managers and employees”, (Price Waterhouse Coopers, 2019) especially in the Health profession and amidst the COVID-19 (corona virus) pandemic.

3.4.5 Administrative Knowledge or Information dissemination

It appears as if a lack of knowledge by the administrative staff is a major challenge facing HRD in the South African Public Sector. Enhancement of knowledge is a big challenge for HRD administrative staff, as they have to understand the different philosophies demonstrated at different places in the world (Mehlape, 2017:109). The administrative staff is required to become highly skilled as to guarantee that their practice meets the changing needs of organizations since they are primarily responsible for employee development (Johnston, 2012:37).

3.5 CONCLUDING REMARKS

This chapter presented the issues around HRD in South Africa with a special focus on the health sector. Different challenges facing the public health care area based on HRD were discussed. An overview of the legislative framework, policies, and strategies supporting HRD and lastly, the structures responsible for HRD in the South African Public Sector were discussed in this chapter.

CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY

4.0 INTRODUCTION

The aim of chapter four is to explain the research design, methods, population, and sample, measuring instruments, the rationale for using such instruments and their validity and reliability will be motivated. This chapter will cover six sections.

The first section will start by introducing the research design. In the second section, the methodology used in this study will be discussed. The Population and sample size are discussed under section three for FSDoH and the provincial departments. Following this section, the responses from the administrative staff and staff responsible for the management of HRD will be interpreted in section four. Subsequently, section five explains how the reliability and validity of the data collection instruments were assured. Section six deals with the ethical aspects employed in the study. Lastly, section seven ends with the conclusion of this chapter.

4.1 RESEARCH DESIGN

Blaikie (2010:37) defines research design as the plan, structure, and strategy of investigation conceived to obtain answers to research questions and to control variance. Maree and Pietersen, (2016:78) described a research design as the researcher's choice made on the process to be followed when collecting information, or data, and analysis of the data to provide answers to the research questions that have been set. Etikan, Musa, and Alkassim (2016:3) also define a research design as the specific step-by-step plan intended to be followed by the researcher, as a way of meeting the research objectives. Research design can be qualitative, quantitative, or mixed. In this study, the researcher will use a qualitative research design. Thus, a research design lays a firm foundation for the research and as such influence the reliability of the results. The research design is a framework, a guide, or a master plan used for the planning, analysis, and implementation of a study (Dutta, 2013:10; Patidar. 2013:24).

One can distinguish between qualitative, quantitative, or both (mixed method) research design. To have a clear perspective to attempt a reconstruction of facts according to the respondents' perspective, the study used the qualitative research design. The choice of the qualitative research design is based on the following: (i) narrative research; (ii) phenomenology; (iii) grounded theory; (iv) ethnographies and (v) case study.

Maree (2016:364) writes that research design is a plan or blueprint of how a researcher intends to conduct the research. The research design also focuses on the end product and answers the question: what kind of study is being planned and what kind of results is aimed at? Its starting point is the research problem. Therefore, a qualitative research design with a case study approach was used to investigate the influence of HRD in public health service delivery in Mangaung.

4.1.1 Qualitative research design

Creswell and Creswell (2018:4) define qualitative research as a method of exploring and having a clear understanding of the meaning individuals or groups ascribe to a social or human

process. Thomas (2017:7) support the idea by explaining that qualitative research emphasize the experiences of human behavior. The selected research design allows the researcher to gather appropriate and “rich” information by way of focus groups and semi-structured interviews. Respondents will have the opportunity to express their perspectives on the HRD challenges in their respective hospitals. Therefore, the researcher will be able to explore the experience of the public servants about the services they render to the public/communities.

Qualitative research begins with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning individuals or groups ascribe to social and human problems (Creswell, 2014:27). According to Badenhorst (2016:92), qualitative research relies on data in the form of words and researchers depend on the description to express data. For Creswell and Badenhorst (2016), the goal of the research is well defined to describe and understand rather than to explain and predict human behavior. The emphasis, therefore, is on methods such as conducting interviews, the administering of questionnaires, as well as the use of documents that place the primary aim on an in-depth description and understanding of actions and events.

Creswell and Creswell (2018:180) observed that qualitative research is characterized by taking place in a natural setting. Often, the qualitative researcher is obliged to go to the research site, for example, home or office of the respondent to conduct the research. In this study, the offices of the above-acknowledged hospitals and provincial departments are considered the natural setting as well as the comfort of their working area. The reason is that the Mangaung Department of Health use these offices to render health services to society. It is also characterized by making use of multiple sources of data, thus describing a phenomenon with words, interviews, observations, documents, and audio-visual.

Lums (2016:5) states that using qualitative research can be advantageous as this approach is flexible. This means that the researcher has the power to direct the research in a particular direction as it seems fit. The other advantage is that it is rich, in-depth detail is possible (for example, respondents can elaborate on what they mean) and perceptions of respondents themselves can be considered (the human factor).

Based on the above advantages and characteristics, qualitative research is the most suitable for the attainment of a rich understanding of the administrative health workers and staff members responsible for the management of HRD’s responsibilities and finding out their opinions on HRD in the study areas. In addition, qualitative research allows the researcher to explore and highlight the HRD challenges confronting the public servants. There are also

disadvantages to conducting qualitative research according to Etikan, Musa, and Alkassim (2016:4) and Lums (2016:5). According to Etikan et al., (2016:4) this approach, qualitative research is very laborious and time-consuming, involving the researcher full-time for at least a matter of months. Lums (2016:5) is of the view that qualitative research is faced with the challenge of recruiting the right people to participate in the interview process and that poses many difficulties. This research design can be time-consuming as well as expensive in terms of paying salaries of field workers, who normally helps researchers with the transaction. However, in this study, none of the fore mentioned variables play a role.

4.2 RESEARCH METHODOLOGY

Rajasekar, Philominathan, and Chinnathambi (2013:5) define research methodology as a systematic science of studying how research is to be carried out and knowledge is gained. It suggests the suitable methods for the chosen problem as well as the efficiency and accuracy of the methods. Research methodology can be categorized into three methods: (a) quantitative; (b) qualitative; and (c) mixed methods. In this study, the researcher used a qualitative method. Two methods of data collection were used; focus group discussion and semi-structured interviews.

4.2.1 Focus group discussion

Focus group discussions are frequently used as a qualitative approach to gain an in-depth understanding of social issues. According to Nyumba, Wilson, Derrick, and Mukherjee (2017:20) focus group discussion aim to obtain data from a purposely-selected group of individuals rather than from a statistically representative sample of a broader population. Thus, in this study, focus group discussions were used to obtain important information from a selected sample rather than to generalize the findings from a larger population. During focus group discussions, the researcher involved conducting the focus group as well as making an audio recording of the respondents whilst discussing and later transcribed the discussion verbatim.

4.2.2 Semi-structured interviews

Semi-structured interviews typically consist of a dialogue between a researcher and respondent and according to De Jonckhoreere and Vaughn (2018:1); a semi-structured method is guided by a flexible interview protocol and supplemented by follow-up questions, probes, and comments. The method also allows the researcher to collect open-ended data, to explore respondents' thoughts, feelings, and beliefs about a particular topic. For this study, semi-structured interviews were essential in gaining a comprehensive understanding and different views relating to HRD and service delivery within hospitals. The same protocol used for data

collection in focus group discussion was also adopted in this method (the researcher involved conducting the focus group as well as making an audio recording of the respondents whilst discussing and later transcribed the discussion verbatim).

4.2.3 Data collection

Open-ended questions were used to prompt responses to address the four research questions (1. What are typical international HRD challenges concerning staff working in the public health sector; 2. What are typically South African HRD challenges facing staff working in the public health sector; 3. What are the HRD challenges that administrative staff in the National, the Pelonomi Regional and the Universitas Academic Hospitals respectively face in its mandate to provide quality service delivery; and 4. What would be the recommendations towards addressing the HRD challenges?). All the discussions with the respondents were conducted in English as a method of communication. The respective interview schedules were divided into three sections (section A covering Biographic information; section B focusing on the training received so far by the administrative staff; section C HRD challenges facing administrative staff in the FSDoH). Eleven questions were formulated to address the four research questions (Attachments J and K).

4.3 POPULATION AND SAMPLE SIZE

A population group means a group to be studied and according to Brynard, Hanekom, and Brynard (2014:57), the population does not refer to the population of a state or country but to that of objects, subjects, events, phenomena, activities or cases that the researcher wishes to research to establish new knowledge. Sampling from a specific population group is used to simplify the research, as it is impossible to study the whole population group due to time constraints and cost. Brynard (2014:56) define sampling as a method that is used to select an aggregate group of elements representing the larger population. Maree and Pietersen (2016:192) confirms this view by indicating that it is impossible to include the entire population in a study due to the two main restrictions being time and cost. Hence, larger samples represent the population better than smaller samples and their findings will be more precise.

Non-probability sampling was used for the selection of respondents. The larger population of this study included all the administrative staff in each of the respective three hospitals. However, it would be impossible to study the whole population group hence the sampling of a smaller number. Maree and Pietersen (2016:80) are in support of using the sampling of a smaller sample size. The sample of this study comprised seventy-one (71) respondents consisting of twenty-eight (28) Pelonomi Regional, twenty-two (22) National, and twenty-one (21) Universitas Academic, respondents respectively from all the three hospitals (Table 4.1).

The other six respondents are the staff members directly responsible for the management of HRD (Director FSTDI, Deputy Director NSG, Director FSDoH, CEO Pelonomi, CEO National, and Assistant Director Universitas) (Table 4.1).

Table 4.1: Population, sample size, and data collection plan

		METHOD OF DATA COLLECTION			DATA CAPTURING	
		Qualitative research design		Literature	<ul style="list-style-type: none"> · National & international · Theses & dissertations · Journals · Acts & Frameworks · Regulations · News · Magazines · official papers presented at workshops and conferences 	
Non-probability sampling	Focus group discussions		Population P = 43 N = 40 U = 59	Sample P = 20 N = 20 U = 20	Responses P = 28 N = 22 U = 21 N = 71	Audio recording and verbatim transcriptions
	Semi-structured interviews		<ol style="list-style-type: none"> 1. Director FSTDI 2. Deputy Director NSG 3. Director HRD Bophelo House 4. CEO Pelonomi hospital 5. CEO National hospital 6. Assistant Director Universitas hospital <p style="text-align: right;">N=6</p>			Audio recording and verbatim transcriptions
		N=77 (71 +6)				

P = Pelonomi regional hospital / N = National hospital / U = Universitas academic hospitals

According to Vosloo (2014:328) as study, population is the aggregation of elements from which the sample is selected. It is also defined by Gay, Mills, and Airasio (2011:45) as the main group in which the researcher intends to extract a small number of respondents to take part in data collection. Therefore, the population in a research study represents a bigger group, which poses the characteristics that the researcher is focusing on. Thus, the study conducted in three hospitals (Pelonomi Regional, National, and Universitas Academic Hospitals) in the Mangaung Metropolitan health area and provincial departments (i.e. FSTDI, NSG and FSDoH (Bophelo House)).

4.4 DATA INTERPRETATION

According to Cohen, Manion, and Morrison (2011), qualitative data analysis involves organizing, accounting for and making sense of the data in terms of the respondents'

definitions of the situation, noting patterns, themes, categories, and regularities. Glesne (2011:184) is of the same view in that data analysis comprises organizing what the researcher has seen, heard, and read so that what he/she has learned and experienced can be of significance. Glesne (2011:185) further states that there is no single way of analyzing and presenting the data; however, that it must fit the purpose. Creswell and Creswell (2018:190) likewise indicated that data analysis in qualitative studies is that which involves making sense out of text and image data. Thus, according to Creswell and Clark (2007:6) data analysis in qualitative research such as words, images or text typically follows the path of aggregating the words or images into categories of information and presenting the diversity of ideas gathered during data collection.

There are different qualitative analytic methods that a researcher could choose from when conducting a study such as thematic content analysis. Thematic analysis is a qualitative analytic method for identifying and reporting patterns (themes) within data (Braun and Clarke, 2006). Creswell and Creswell (2018:192) emphasize that analysis in qualitative research consists of exploring the data, writing down ideas, and thinking about the organization of the data in text segments or themes. It has further alluded that a theme captures something important about the data regarding the research question and represents some level of patterned response or meaning within the data set.

In terms of focus group interviews, Harding (2019:657) is of the view that focus groups generate large amounts of data that need to be organized. Yin (2014:145) suggests that focus group interview interpretation need categorizing to eliminate unnecessary and irrelevant information, and to address the objectives of the study. Therefore, to minimize the potential bias in analyzing and interpreting focus groups data, the analysis should be systematic, sequential, verifiable, and continuous as suggested by Krueger and Casey (2013:14).

There are numerous approaches to the focus group research data analysis; according to Sekaran and Bougie (2013:4) framework analysis provide some clear steps, which can help researchers to manage large amounts of qualitative data more easily. According to Sekaran and Bougie (2013:4), there should be a continuum of analysis, ranging from the accumulation of raw data to making descriptive statements about that data, interpreting the data, and making conclusions and recommendations. Therefore, the researcher facilitates the discussion and makes observational notes during the focus interview process. Thereafter, descriptive statements are made and rearranged under various thematic contexts that are interpreted to form conclusions and recommendations. A researcher followed six steps when doing qualitative data analysis as indicated in Table 4.2.

Table 4.2 Qualitative data-analysis techniques

Steps	Data-analysis technique	Description of the technique
1	Organizing and preparation of data	· Focus-group interviews, semi-structured interviews, and reflective journal material will be transcribed.
2	Reading the data	· Obtaining a general sense of the information gathered by reading and rereading through the responses. Further entries could be made in the journal.
3	Initial data-analysis process.	· Coding the aforementioned transcribed material.
4	Identify the themes and subthemes	· Combining codes into themes and subthemes.
5	Discussion of themes	· Interpretation of responses.
6	Interpretation of the data	· Integrate the research findings by drawing on the theoretical framework of the study

(Adopted from: Maree and Pietersen, 2016: 372; Creswell and Creswell, 2018:193-195)

4.5 RELIABILITY AND VALIDITY IN QUALITATIVE RESEARCH

All acceptable research has to be both reliable and valid, thus they ensure the integrity of the study findings. For this reason, this section focuses on showing how the study assured the reliability and validity of the qualitative data collection instruments. According to Creswell and Creswell (2018:199), validity relates to how the researcher checks for the accuracy of the findings by employing certain procedures. Therefore, the validity of instruments is important because the data that are extracted from it and the findings that emerge from such data are influenced by the quality of the instruments (Zohrabi, 2013:258). Reliability meanwhile, relates to the technique employed to indicate the researcher's approach is consistent across different researchers and among different projects (Gibb, 2011). Hence, the examination of trustworthiness is imperative to ensure reliability in qualitative research.

An argument made by Terre Blanche, Durrheim and Painter (2013:166) is that researchers who use qualitative methods seek a deeper truth. They aim to study things in their natural setting, attempting to make sense of, or interpret phenomena in terms of the meanings people bring to them and they use "a holistic perspective which preserves the complexities of human behavior". Terre Blanche and Durrheim (2012:597) on the other hand consider that a good qualitative study can help understand a situation that would otherwise be enigmatic or confusing. This relates to good quality research when reliability is a concept to evaluate quality in a qualitative study to describe while a quality concept in the qualitative study has the purpose of generating understanding.

The researcher clearly understands that credibility starts with the researcher being credible. This includes proper documentation in terms of qualifications, experiences, perspectives, and assumptions related to the practice of HRD in public hospitals. According to Nxumalo (2015:76), qualitative research essentially is an interpretive process. For this study, the researcher relies on the three approaches to validity in qualitative research, as explained by Harding (2019:35-36), namely, validation as investigation, as communication, and as action.

According to Quinlan (2011:307), qualitative researchers are concerned with the credibility, honesty, and truthfulness of their research. Again, reliability in research relates to the dependability of the research, to the degree to which the research can be repeated while obtaining consistent results. They focus on establishing the soundness, the dependability of their research (Quinlan, 2011:307). Therefore, in this study, the researcher is entitled to the dependability as well as the credibility of this study. The reason is that the researcher is mindful of factors in conducting the research project where respondents are selected based on their knowledge and experience of HRD within the Mangaung metropolitan health area.

4.6 ETHICAL CONSIDERATIONS

In this study, ethical issues related to conducting research ethically by protecting the respondents through informed consent and ensuring the confidentiality and anonymity of the respondents. According to Van der Westhuizen (2016:45), ethics relate to norms or standards of behavior that guide moral choices about people's behavior and relationships with others. When conducting the research ethically, the researcher ensured that the study was done without falsifying information, facts, stealing other people's work without acknowledging (plagiarism), and ensuring that there is accuracy in the reporting of findings.

Ethics are generally considered to deal with beliefs regarding what is morally good or bad, right or wrong, proper or improper (Opie, 2004:25; Van Niekerk, 2009:119; Denhardt and Denhardt, 2015:133-135). According to Fox and Bayat (2013:148), ethics is defined as "conforming to the standards of conduct of a given profession or group". The central ethical demands in research in human, as Graziano and Raulin (2010:142) posit, are that respondents should have reasonable knowledge about the study in which they participate must be protected from harm, should be able to give informed consent, and should be free to refuse or withdraw at any time. In social science research, the researcher must be aware of the general agreements shared by researchers about what is proper and improper in the conduct of scientific inquiry. According to Kruger (2016:223) and Maitetso (2015:34), most ethical issues in research fall into four categories namely: (i) protection from harm; (ii) informed

consent; (iii) right to privacy; and (iv) honesty with professional colleagues. The four categories, which are adhered to in this study, are further explained in the following paragraphs.

4.6.1 Protection from harm

It is of significance that research respondents should not be exposed to undue physical or psychological harm. The risks involved in participating in a study should not be noticeably greater than the normal day-to-day risk (Maiketso, 2015:34). Hence, during this study, it is guaranteed by the researcher that the respondents are not exposed to any form of stress, awkwardness, or loss of self-esteem. Therefore, in order to achieve this objective, it is the responsibility of the researcher to make use of crime-free environments like the use of hospital offices as well as the FSDoH (Bophelo House) offices of the selected respondents involved.

4.6.2 Rights to privacy

Responses from the respondents through interviews and focus group discussion remain anonymous and comments are not attributed to information identified by respondents. There is no way that the researcher will have individual responses been linked to them as persons or their respective hospitals. In other words, the respondents' right to privacy is respected. Privacy is equally an ethical requirement for conducting a qualitative study. In addition to that, respondents were given insurance that the audio recordings will only be used to transcribe and analyse data.

4.6.3 Honesty with professional colleagues

The third category of ethical consideration is that of sincerity or honesty with professional colleagues. It is relevant to this study because the researcher has to explain the concept of plagiarism. Plagiarism entails using materials from other writers without fully acknowledging them needs to be clarified and addressed. Therefore, as to achieve this objective, the researcher needed to use the in-text citation method. An in-text citation is whereby the name of the author (s) and year of publication is linked to every new idea that is originally not from the researcher. Hence, a list of references provided at the end of the study.

4.6.4 Informed consent

According to Kruger (2016:105), researchers should uphold the right of research respondents to be fully informed about all aspects of a research project that might influence their decision to participate. Therefore, the researcher makes sure that all respondents are given full information on all aspects of the research and the processes that will occur. Moreover, it is important to inform the respondents about the aim of this study as well as the relationship of

the researcher with them. Issues related to informed consent in this study included, first, providing the FSDoH, respectively the three hospitals, provincial departments, and the respondents with a letter from the University of the Free State confirming the intended study (Annexure M). This letter outlined the purpose and significance of the study as well as the respective respondents required for participation. Furthermore, the letter was used to obtain permission from the proposed sample to participate in the study. Additionally, the respondents had to sign an informed consent form that outlined the purpose of the study, the time required for their participation, the researcher's contact details, and topics that are likely to be covered during the discussions in the semi-structured interviews and focus group discussions.

At the University of the Free State (UFS), all of the faculties use an online ethics review management system, Research Information Management System (RIMS) to manage the application and review process. In order to adhere to the ethical requirements, the researcher made a presentation of the research proposal to the Public Administration and Management Department Research Committee. After evaluation, decisions were made that the supervisor could present the proposal for approval to the Research Committee of the Faculty of Economic and Management Sciences (EMS) at the UFS. In this study, the challenge in gaining ethics approval in the faculty of EMS was related to the nature of the department of health's ethical process in which the EMS ethics committee is not familiar. Therefore, the EMS research committee diverted the application to the faculty of Health Sciences.

The researcher experienced extensive delays and challenges to reapply on the templates that were prescribed by the Health Sciences Research Ethics Committee (HSREC) through RIMS. The original proposal indicated that focus group discussions would be conducted in negotiation with respondents and therefore cease if operational requirements dictate. This, therefore, became a problem with HSREC as based on their requirement, anything that has to do with the Department of Health starts first with the approval from HSREC then to the provincial department of health before respondents. Staff availability, research questions, and workloads were raised as a concern, thus modifications were needed. Some of the modifications were to include a revised budget, revise data collection information for focus groups, and to include the study's period. In response to these concerns, detailed modifications were made and reapplied again on the system.

Additional concerns were raised by the HSREC about the information provided on consent forms as well as interview questions. This required another explanations and support arguments when reapplying for the approval. After guidance from the committee, emails, and telephone correspondence, modifications were provincially accepted pending clarification on

logistical arrangements. Approval was finally granted after approximately ten (10) months of repeated modifications required by HSREC (Annexure M).

The ethical clearance that was granted by the HSREC was then used to apply for ethics approval from the FSDoH. Due to the time constraints and challenges on the FSDOH online system, and channels that the application has to go through (provincial research committee), the researcher was faced with six (6) months delay in obtaining approval but eventually, permission was granted by the FSDOH (Annexure L).

After approval from the FSDoH, the researcher had to seek permission to conduct the study from all the three hospitals, Pelonomi, National, and Universitas. Thus, after constant deliberations and negotiations with the hospitals, approval was given to conduct the study. Each respondent completed an informed consent form upon the start of the data collection (Annexures A, B, C, D, E, F, G, H, and I).

4.7 CONCLUDING REMARKS

This chapter dealt with the research methodology and design employed for this qualitative study. It also included information on the data collection process as well as data analyses that include identifying themes from the answers of the participating respondents. The reliability and trustworthiness of instruments were explicated. The validity and reliability of instruments were outlined. Lastly, ethical considerations involving qualitative research were raised and addressed because they constituted an important part of the study.

CHAPTER 5: DATA INTERPRETATION AND RESEARCH FINDINGS

5.0 INTRODUCTION

This chapter aimed to interpret the qualitative responses from the administrative staff as well as the staff responsible for the management of HRD. This chapter will cover six sections.

The first section will demarcate the biographic information of the respondents. The second section focus on the training received so far by the administrative staff. HRD challenges facing the administrative staff in the FSDoH will be covered in section three. The fourth section deals with recommendations in addressing HRD challenges. Section five will focus on interpretation of the main responses from the administrative staff as well as the staff responsible for the management of HRD. Lastly, section six deals with findings from the study.

5.1 SECTION A: BIOGRAPHIC INFORMATION

Section A of the focus group discussion and semi-structured interviews focused on the biographic data of the respondents at the three hospitals, Pelonomi Regional, National, and Universitas Academic hospitals and staff responsible for the management of HRD. Section A consisted of seven questions posed during the focus group discussions as well as to the six interview respondents (Attachments J and K). The purpose of this section was to document respondent s' gender, workplace, age, the highest level of education, salary level, the position occupied at present, and years of experience in the current position held.

The population (N) comprised of administrative staff (i.e. Pelonomi Regional, National, and Universitas Academic hospitals) and staff responsible for the management of HRD. The projected sample amounted to sixty-six respondents (Table 4.1).

Table 5.1: Mangaung public health responses

Respondents	Projected (n=66)	Responses (n=77)	Response rate %
Administrative staff	60	71	85%
Management of HRD	6	6	100%

Of the projected sixty-six Mangaung public health staff, seventy-one participated in the focus group discussions and six in the semi-structured interviews (Table 5.1, column 3). During the focus group discussions, Pelonomi Regional hospital consisted of 57 percent (n=16) males and 43 percent (n=12) females. The National hospital had a staff compliment of 41 percent (n=9) males and 59 percent (n=13) females whereas at the Universitas Academic hospital it

was 19 percent (n=4) males and 81 percent (n=17) females. When it comes to the semi-structured interviews, the gender ratio was that of 50 percent (n=3) males and 50 percent (n=3) females. It was noted that apart from Pelonomi Regional hospital, females occupy more administrative posts in the FSDoH (Table 5.2). For this study, this deduction does not have a significant impact on the outcome of this study.

Table 5.2: Mangaung public health responses

Hospitals	Male	Female	Staff compliment 2019
Pelonomi Regional hospital	16	12	28
National hospital	9	13	22
Universitas Academic hospital	4	17	21
			n= 71

As to understand age dynamics within the hospitals, the age distribution of the respondents was grouped into four categories: 18-29 years; 30-39 years; 40-49 years; and 50 years and older (Attachment J). Based on the focus group discussions, Pelonomi Regional hospital two staff members were between 18-29 years, ten were between the ages of 30-39 years, 13 between the ages of 40-49 years, and three who were 50 years and older respectively. At the National hospital, one staff member was between 18-29 years of age; eights were between 30-39 years; another eight between 40-49 years; and five who were 50 years and older. Whereas at the Universitas Academic Hospital, five staff members were between the ages of 30-39 years, ten were between the ages of 40-49 years, and six were 50 years and older (Table 5.3).

Table 5.3: Age demarcation

Hospitals	18-29	30-39	40-49	50<	n=71
Pelonomi Regional hospital	2	10	13	3	28
National hospital	1	8	8	5	22
Universitas Academic hospital	-	5	10	6	21

The age distribution of the respondents during the semi-structured interviews was one in the age category between 30-39 years; three between the ages of 40-49 years, and two between 50 years and older (Attachment J). It appears that the majority of the respondents are grouped in the 30 – 49 categories (columns three and four table 5.3).

The highest level of education of the respondents during focus group discussion was grouped into eight categories: Matric/Grade 12 (NQF4); Certificate/Advance Certificate (NQF 5); National Diploma (NQF 6); B.Tech/Bachelor’s Degree (NQF 7); Postgraduate Diploma/Honours Degree (NQF 8); Master’s Degree (NQF 9); Doctoral Degree (NQF 10); and other (Attachment J). Pelonomi Regional hospital consisted of three respondents who were in the possession of an NQF 4 qualification; five had NQF 5; 15 had NQF 6, and five had NQF 7. At the National hospital, five respondents had NQF 4; five had NQF 5; six had NQF 6, and four had NQF 7. Whereas at the Universitas Academic hospital, nine respondents had NQF 4; two had NQF 5; six had NQF 6, and four had NQF 7 (Table 5.4).

Table 5.4: Demarcation of the education level

HOSPITALS	NQF	NGF	NQF	NQF	NQF	NQF	NQF
	4	5	6	7	8	9	10
Pelonomi Regional hospital n=28	3	5	15	5	-	-	-
National hospital n=20	5	5	6	4	-	-	-
Universitas Academic hospital n=21	9	2	6	4	-	-	-
Semi-structured interviews n=6	-	-	-	-	1	3	2

The highest level of education of the respondents during semi-structured interviews (Attachment K) was one in possession of NQF 8; three had NQF 9, and two had NQF 10. Therefore, it can be deduced that based on the highest level of education in focus group discussions and semi-structured interviews the majority of the administrative staff, as well as those staff responsible for HRD, are in possession of qualifications that support their duties and responsibilities.

Concerning the respective salary level within the hospitals during the focus group discussion (Attachment J), Pelonomi Regional hospital consisted of 19 respondents who were below salary level 6, and nine who were either on salary levels 7 or 8. At the National hospital, fourteen respondents were below salary level 6, whilst eight were either on salary levels 7 or 8. At the Universitas Academic Hospital, seven respondents were below salary level 6, and 14 were on salary levels either 7 or 8. In terms of semi-structured interviews (Attachment K), one respondent indicated that he/she was on salary levels 9/10 and five were on salary level higher than 10. In this study, these responses do not have a significant impact on the outcome of this study.

Table 5.5: Demarcation of the salary levels

Hospitals	6 >	Levels 7 & 8	Levels 9 & 10	10 <
Pelonomi Regional hospital n=28	19	9	-	-
National hospital n=22	14	8	-	-
Universitas Academic hospital n=21	7	14	-	-
Semi-structured interviews n=6	-	-	1	5

The position occupied at present of the respondents during focus group discussion was grouped into five categories: administration clerk; personnel officer; administration officer; senior personnel officer and other (Attachment J). At the Pelonomi Regional hospital, nine respondents who were in administration clerk position; seven in personnel officer position; six in administration officer position; two were in senior personnel position; and four were in other position. At the National hospital, the majority of the respondents (n=13) held administration clerk positions; whereas two occupied respectively the personnel officer-; administration officer and senior personnel positions; and three respondents indicated that they were in other positions. At the Universitas Academic hospital, 10 respondents occupied a position as senior personnel followed by eight personnel officers, two administration clerks and one administration officer (Figure 5.1) In terms of semi-structured interviews (Attachment K), two respondents showed that they occupied Chief Executive positions; two were Directors one was in the Deputy Director position, and one was in the Assistant Director position. For this study, this deduction does not have a significant impact on the outcomes of this study.

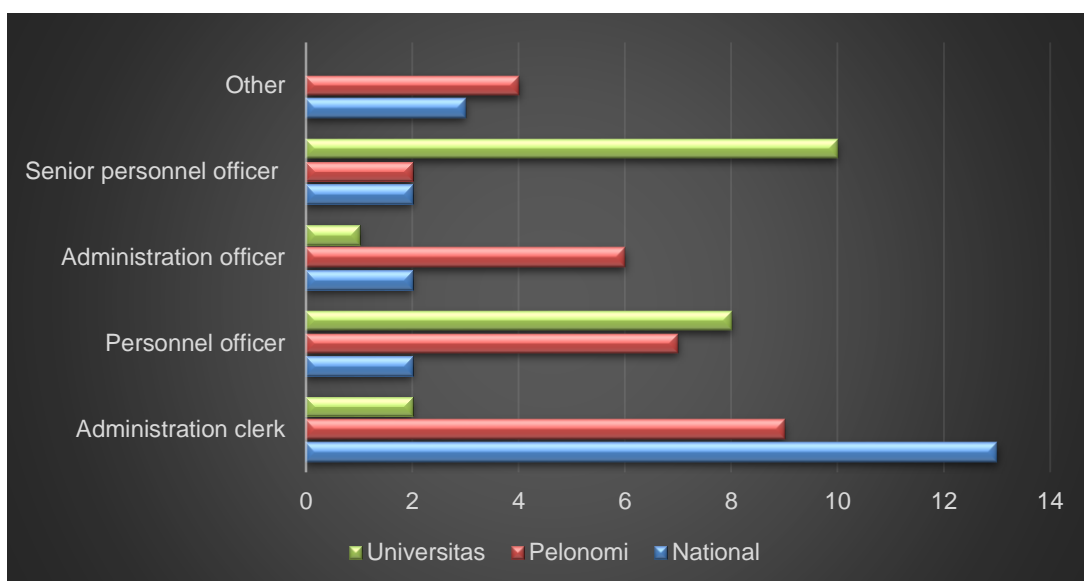


Figure 5.1: Demarcation of the position occupied at present

Responses from the focus group discussion (Attachment J) indicated that six respondents from the Pelonomi Regional were in their positions for five years and less; five were in their positions between 6-10 years, whilst 17 had more than 10 years. At National hospital, four staff was between five years and less; seven were between 6-10 years, and 11 had more than 10 years. Whereas at the Universitas hospital it was, only two had five years and less; four were between 6-10 years, and 15 had more than 10 years (Figure 5.2).

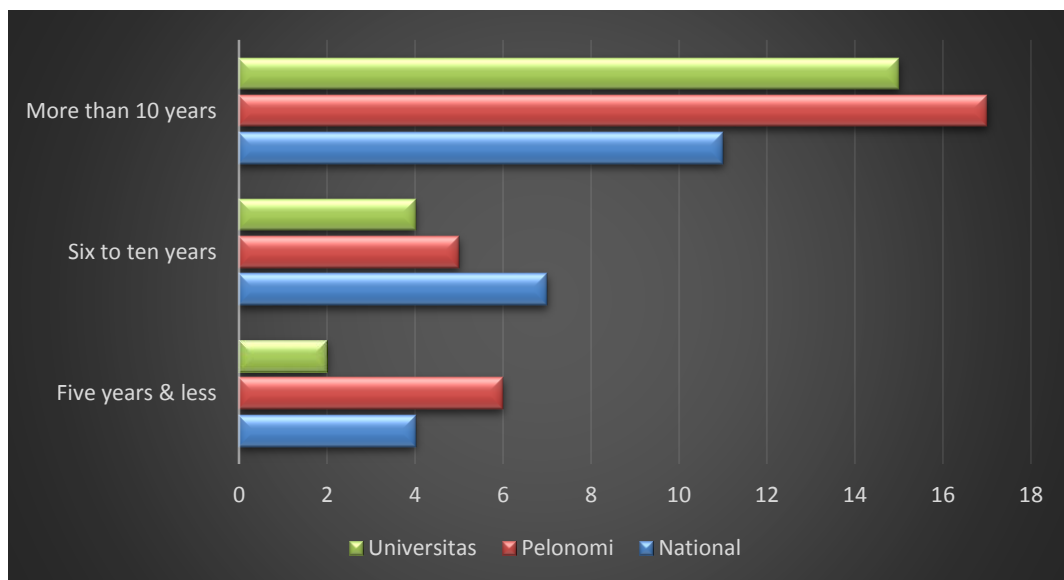


Figure 5.2: Demarcation of years occupied in the current position

Years in the current position of the respondents during the semi-structured interviews (Attachment K) were one was five years and less; as well as between 6-10 years. Four had more than 10 years. Therefore, it can be deduced that, based on the years in the current position, there is a little number of respondents in Pelonomi Regional, National hospital, and Universitas Academic hospitals who have five years and less in their current position. Interestingly, in both the respondents in focus group discussions and semi-structured interviews the majority of those had more than 10 years in their current position (Figure 5.2). Due to the high level of unemployment in South Africa, people tend to occupy a position for as long as they can even though they are not happy in that institution or position.

The participation and representation of respondents was diverse (e.g. supply chain, skills development, human resource, finance, etc.) within the respective hospitals. However, some public officials did not participate in the focus group discussion due (i) to the amount of work at the time, (ii) official commitments already made, and (iii) the negative stance they have towards the skills development and human resource division. For those who did participate, it

appeared that the central reason was the opportunity to share their concerns on the skills development and human resource division as well as the management of the hospital.

5.2 SECTION B: FOCUSING ON THE TRAINING RECEIVED SO FAR BY THE ADMINISTRATIVE STAFF

In section B of the focus group discussion, three questions were posed focussing on the training that the respondents have received from the FSDoH, i.e. the content, quality, and service provider. The researcher offered a short introduction explaining what training and development is all about, thus, before asking what kind of training have they received from the FSDoH to enhance their skills knowledge and attitudes (Attachment J).

5.2.1 Training received from the FSDoH

Question was posed amongst the focus group discussion respondent (Attachment J); about the training received so far from the FSDoH. Only a few respondents indicated that training received, was that of the induction or introduction to the Public Sector which and was facilitated by the FSTDI. It seems that this induction or introduction training is mostly aimed at introducing new recruited public servants, which in most cases are the interns who are recruited by that particular office, (FSTDI). It was mentioned that the content of this training focussed on the general information about administrative matters with different systems (such as recordkeeping, payroll information, etc.), used within the Public Sector. Although most of the respondents were not sure of the number of times this training was conducted, they agreed that the induction or introduction training offered is relevant. It also deals with information on the different disciplinary procedures and benefits that are available to the employee. It was also mentioned that the newly recruited employees receive Compulsory Induction Programme (CIP) training that is facilitated by the NSG. However, because it takes quite some time before this training can be completed, appointees are often already familiar with functioning of the particular department. Thus, it appears as if this situation raises a concern and that *“there is no need for CIP because it is not done in the early days of starting a job within the government”* (sic).

Training on the Personnel and Salary Administration System, (PERSAL) was also mentioned, however, it was mentioned that PERSAL training is only attended by the designated few within the human resource division. The main reason for this selected nomination is that not everyone has access to working on PERSAL - only those who are responsible within the human resource unit. In addition, the system deals with confidential information of staff like salaries, appointments, promotions, total human resource administration, etc. It appears as if PERSAL training takes place once a year.

Another training mentioned was that of the Logistical Information System (Logis) training. Logis training is specialised and therefore offered by Supply Chain staff by the Free State Department of Treasury. Training offered on the Basic Accounting System (BAS) is also offered, however only provided to senior staff members or management officials who have access to financial transactions within their unit. *“BAS training is sensitive as it deals with finances, so most of the time it is provided by the Department of the treasury”* (sic). Although BAS training is seen as useful to all administrative staff to help the department see the flow of money in terms of the expenses and spending within the department, the BAS system is an old system that the Free State Department of Health is still using. However, it was acknowledged that an Integrated Financial Management System (IFMS) has been introduced through training. It appears from the respondents that the IFMS system is not yet used frequently as they have not yet migrated to the new system and again BAS is much simpler than IFMS. Training on the IFMS is targeted at all the managers who deal with finances such as the chief financial officer, financial middle managers, and supply chain managers.

Relating to training for interns, respondents mentioned that there is currently a lack of internship programs running within the respective hospital. It appears as if most of the interns are based at the provincial head office, Bophelo House.

In terms of credit-bearing short courses, the majority of the respondents mentioned that credit-bearing short courses are normally attended by senior staff unless if there is no *“certificate of some sort, then a junior staff will be asked to attend on behalf”* (sic). A question was asked as to whether the respondents have received any kind of mentorship or learnership from the department. The respondent indicated that there is neither mentorship nor learnerships currently offered within their respective units.

The other training is the in house training whereby the focus was based on the policies, regulations, and Acts. Most of the respondents agreed that most in house piece of training are irrelevant and a waste of time. The reason as explained by respondents is the use of one of their colleagues to provide training. Another reason is that some of the policies and Acts, respondents are normally told to download the documents and read on their own time. Therefore, there is no need to attend such pieces of training.

Furthermore, some of the respondents indicated that as far as they can recall, for them they have not received any training for the past six years and more. Some respondents who indicated that even for this current financial year, 2019 there has never been any training conducted whatsoever from the skills development unit or the provincial department supported

it. This is contradicting the fact that at the beginning of each year each staff member has to complete skills development forms, to state what kind of training the staff need.

5.2.2 The link between training and skills development programs provided by the department and job descriptions and specifications

Question nine of the focus group discussion (Attachment J) was posed to investigate if the training that is provided could be viewed in line with the job descriptions and specifications of the staff members. The respondent stated that induction training or introduction to the government only provides a holistic idea of what to expect within the Public Sector. It is mainly treated as a foundation base of what is to be expected, the rules and regulations governing the Public Sector. It was further mentioned that induction training offered is very relevant in the sense that it shows the new employees the structure of the organization to ensure that every employee, first, understands where they fit in terms of their roles and responsibilities. Induction training also shows the functions, goals, and objectives of the Public Sector so that at least one has a clear understanding of what is expected of them. Therefore, one can say that the training helps in disseminating information and knowledge of the hospital to enable one to be productive within a very short space of time.

It was mentioned that for PERSAL and BAS training, the course content is definitely in line with the job descriptions as they are only meant for specific people (in finance department only). In addition to that, if one works in the finance department, they must receive training on new government systems related to finances. However, another respondent added, "*PERSAL is normally rated based on the efficiency and outcomes of quarterly reports*" (sic). Furthermore, the most important job descriptions for personnel officers require the knowledge and skills to use PERSAL transactions on the system. Computer literacy is taken to be a job specification for most individuals working on the PERSAL system. Respondents also mentioned that Logis training, which is offered by the Department of Treasury, is relevant and following respondents in the supply chain unit's job descriptions and specifications. They stated that they believed this to be so because all the training that is delivered is based on what they work on every day like procurement and tender processes to be adhered to.

Nevertheless, CIP training does highlight on the job description and specifications. CIP mainly targets new Public Sector employees. Its main aim is to ensure that all public servants are oriented to the Public Sector and their respective job responsibilities as prescribed in their job descriptions. However, CIP is not always conducted before an employee could start with their job within the Public Sector but rather when already working. This poses a challenge to other staff who already adapted to the working environment and the timing is the problem.

According to the other respondent, the in house training is the repetition of what has already been facilitated before such as during the induction or introduction program. In addition to that, some of the pieces of training are taking place for the sake of compiling a report not looking at what the staff needs. It was further noted that some of the staff do not attend most of the in house training because they are a waste of time and are irrelevant to their day-to-day job responsibilities.

Question eight of the semi-structured interview (Annexure K) also discussed the link between training and development to the job descriptions and specifications. The respondent indicated that currently NSG offers vocational capacity development and the special development program. Some of the subject areas consist of the leadership program offered to the public servants. So in terms of the role played by the NSG, the focus is more on generic content that is needed for Public Sector to function effectively. The NSG has four focus areas, which are; (i) induction; (ii) management; (iii) leadership; and (iv) administration. It appears, according to the respondent, that there is a wide range of selection to choose from amongst the administrative staff. Any public servant whether from the leadership development, senior management, supply chain management, and public financial management right through to the customer care or front office staff are eligible to take part in one of those focus areas. The NSG looks at the interaction and the link of the legislative and regulatory framework such as the PFMA of the Public Sector within departments. Therefore, these focus areas' content can indeed be applied to a specific position within the Public Sector.

FSTDI provides public administration courses based on different education levels as well as inducting interns into the Public Sector departments. It focuses on providing the knowledge and skills to the public servants within the Free State Province, which will assist in service delivery and facilitation of economic development. At present, the FSTDI is *“co-ordinating a small fraction of the skills development programs within the Free State Province”* (sic). This implies that FSTDI currently is focusing on placing graduates within Public Sector departments to gain work experience. The reason for that is mainly that the province currently does not have an integrated skills development model for the whole province. FSTDI offers several programs that are credit bearing like the National Certificate: Public Administration that consists of 157 credits and is an NQF Level 3. *“Thus our programs are basically focusing on those job descriptions and specifications”* (sic). There are also National Skills and ad-hoc projects component, which supports the implementation of learnerships and internship projects and other politically driven/identified initiatives and works closely with the Department of Labour.

Finally, it was mentioned that most of the training done focuses on medical practitioners, under specific themes such as HIV, TB, cancer and other related medical training that should be provided to them, medical practitioners, not the administrative staff who are basically “*hanging in the middle*” (sic). Again, the administrative staff are only trained for a particular task at that moment when it is needed and relevant to the job at hand.

5.2.3 The quality (content) of the training offered by the respective service providers

Question ten of the focus group discussion (Annexure J) asked to what extent the Department of Health rates the quality of the training offered by the service providers (i.e. compiles with the required standards of learning and assessment services set forward by the DoE). Six response categories were put forward i.e. training Facilitated by the (i) NSG; (ii) FSTDI; (iii) the Free State Health Department (in-house); (iv) the Skills Development Unit within the FSDoH; (v) Other training providers and (vi) Other (Attachment J).

(a) The quality of the training offered by the service providers (i.e. compiles with the required standards of learning and assessment services set forward by the NSG.

According to the focus group respondents, the quality of the training offered by NSG as the service provider complies with the required standards of learning and assessment services set forward by the DoE. However, according to the respondents, CIP training seems ineffective and a waste of money. The reason for this was the timeframe allocated for that particular training and in some cases; the training does not take place. Respondents further indicated that for CIP training to be effective, it should take place alongside the duties of the hospital not treated in silos. Therefore, most respondents showed to be uncertain whether CIP training complies with the required standards of learning as set by the DoE.

Question nine (semi-structured interviews, Attachment K) posed a question relating to the extent to which the staff responsible for the management of HRD rate the quality of the training offered by the service providers. A respondent indicated that the NSG has the Monitoring and Evaluation Unit that looks at the effectiveness of all programs offered. That particular unit is responsible for evaluating 100% of the programs offered by NSG. It looks at the effectiveness as well as the commitment of public servants to take part and complete any programs. Therefore, all the programs offered by the NSG have to comply with the standard set forward by the DoE.

(b) The quality of the training offered by the service providers (i.e. complies with the required standards of learning and assessment services set forward by the FSTDI).

A respondent from the focus group discussion (Annexure J) indicated that the training received from the FSTDI complies with the required standards of learning and assessment services set forward by the DoE to a certain extent. The reason is that the information received was an “eye-opener” especially if one has never worked within a government. It further appears that for some respondents the content of the training offered by FSTDI is not all relevant, as it did not meet their expectations. Some of the responses included amongst others; *“I am not familiar with who the service providers are”*; *“No idea regarding who FSTDI and NSG are”*; and *“I am new in the department so I have no idea about any service providers”* (sic). Most of the respondents indicated that during the tenure within the hospitals, neither NSG nor FSTDI has conducted any training. Some of the respondents indicated that training provided by FSTDI was relevant then, five years back but not at the current time.

Question nine (semi-structured interviews, Attachment K) posed a question relating to the extent to which the staff responsible for the management of HRD rate the quality of the training offered by the service providers. A respondent indicated that FSTDI serves as a coordinating body for skills development within the Free State Province. Thus, all traversal and/or generic training from all departments, local municipalities, and other capacity-building institutes and education resource centres are centralized and coordinated through the FSTDI. One of the challenges faced by FSTDI currently is to perform some of its administrative functions. This is shown by the current problem of the issue of backlog of certificates for the past five years or so. Apart from those challenges, FSTDI is guided by the standards of learning and assessment as regulated by the DoE.

(c) The quality of the training offered by the service providers (i.e. complies with the required standards of learning and assessment services set forward by the DoE) the (iii) the Free State Health Department (in-house); and (iv) the Skills Development Unit within the FSDoH.

According to the focus group discussions (Annexure J), in-house training is considered a waste of resources and time. Respondents indicated that it is experienced as *“simply a waste of time”* to attend in-house training. One of the reasons was that people known to them (their colleagues) or the Skills Development Unit within the hospital without any outsourcing facilitates most of those training more often. Hence, the reason administrative staff tends to develop attitudes towards in-house training. Another respondent added that most in-house

training does not add any value to the development of the staff such as getting a salary increase, a promotion, an accredited course such as NQF level 4 certificate. Therefore, most of the administrative staff do not attend in-house training that does not improve any of the staff's skills.

- (d) The quality of the training offered by the service providers (i.e. complies with the required standards of learning and assessment services set forward by other training providers.**

Some semi-structured respondents (Annexure K) were not certain if the administrative staff is given such a task to rate service providers. However, it can thus be noted that the skills office normally determines the areas that require special attention so one could say that they are the better office to rate the outcomes of a given training.

5.3 SECTION C: HRD CHALLENGES FACING THE ADMINISTRATIVE STAFF IN THE FSDoH

In section C, Annexure J (focus group discussions) and semi-structured interviews, annexure K, the aim was to determine HRD challenges that the administrative staff of the National, the Pelonomi Regional, and the Universitas Academic Hospitals faces in its mandate to provide quality service delivery. The department has been under increasing pressure to stay within its annual budget allocation without reducing the quality of health services rendered. It appears as if budget allocations are often shifted to the training of specialists, medical practitioners, professional nurses, and pharmacists, rather than that of administrative staff. Furthermore, basic job descriptions and job specifications are no longer adhered to as administrative staff performs more than one task. Other challenges faced by the National, the Pelonomi Regional, and the Universitas Academic Hospitals appear to be, amongst others, that training expenditures are not properly monitored, thus poses a serious challenge in HRD implementation. It was further mentioned that there is little attention given to the link between training and performance and consequently, the content of HRD policies is rarely adhered to and implemented. Several responses were received and will now be discussed under the following headings.

5.3.1 Inadequate financial resources

Inadequate financial resources also found to be one of the HRD challenges facing the administrative staff at the FSDoH. According to the focus group discussions, the issue of budget allocation, cost, and the availability of funds are seen as a challenge when it comes to administrative staff. The budget cut to the annual budget of the three respective hospitals

since 2014 has resulted in management neglecting HRD implementation for administrative staff as compared to that of doctors and nurses. It appears as if there is no transparency and openness in how the HRD programs are financed to develop the knowledge and skills of administrative staff. It also appears as some of the money allocated for HRD is not properly used for its purpose but rather diverted to other use such as funding medical practitioner's training programs. In addition, it was revealed that the three respective hospitals are faced with the culture of non-payment of charges for some basic public health services.

5.3.2 Service provider and trained personnel

The shortage of trained personnel and HR practitioners within the FSDoH more so the skills development unit was posed as an HRD challenge during the focus group discussion (Annexure J). It was mentioned that one or only two people in each of the three respective hospitals only manage the skills development unit. According to the respondent, the skills development unit has only limited resources (e.g. money, trainers, etc.) and the capacity to provide training programs hence it relies on the provincial department and outsourcing training services.

During a semi-structured interview (Annexure K), the respondent indicated that one of the most challenges facing hospitals especially in the Free State is that there is no skills development faculty or unit for the whole province. FSDoH consist of only two trainers employed on a full-time basis at the provincial department. However, hospitals consist of skills development units that only have a maximum of two public officers working and are not trainers.

Moreover, the respondent further explained that service providers have to be brought in or staff is sent to attend training courses outside the workplace (Annexure J, focus group discussion). This, in turn, adds to the costs of training, therefore more often the staff are told there is no enough budget for training (Annexure K, semi-structured interviews). One of the respondents (semi-structured interviews, Annexure K) also alluded to the issue that outsourcing trainers and training services pose challenges in the sense that most of the trainers cannot meet the special needs of the employees.

Some of the respondents indicated that in house training provided do not enhance the skills and knowledge that administrative staff needs to advance with their career (the focus group discussion, Annexure J). The reason for this is that the content of the training is not relevant to administrative staff's day-to-day responsibilities within hospitals. Furthermore, there is lack of motivation and/or lack of achievements such as certificates, therefore administrative staff

find no reason whatsoever in attending training organized by neither the skills development unit nor HR unit. The other respondent explained that if the training conducted is facilitated by one of the colleagues known, there is also no point in attending such training. The respondent explained that the allocation of training contrary to what could develop the employees for the right positions or right career path.

The issue of ethics and soft skills poses a challenge according to a respondent during a semi-structured interview (Annexure K). Majority of the administrative staff within hospitals are not provided with clear job descriptions and specifications, therefore tend to neglect some of the responsibilities. Hospital staff has an attitude towards a society and this has an impact on the quality of service delivery. Hence, ethics is one of the programs offered by NSG to assist public servants with what is considered right and wrong by the Public Sector and the society. The other challenge facing most of the hospitals is the issue of Batho Pele principles that now seems as not working at all or not adhered to anymore and lacks the consistency to apply those.

There is a challenge in terms of the learning materials that need to be reviewed. Most of the learning materials used for training are out-dated and irrelevant. There is also a challenge of some of the facilitators who lack public service knowledge and working experience. These facilitators more often make use of the available material provided by either the consultant or the skills development unit, which mostly is irrelevant or out-dated. This, therefore, demotivates staff to attend training as induction for facilitators and review of assessment tools is not done, thus staff is already aware of the content to be covered. Hospitals are faced with the challenge of not doing collaborative work with other government structures and stakeholders in terms of preparation of assessment documents and the kind of training suitable for enhancing the skills and knowledge of administrative staff.

5.3.3 Management

It appears as if managers within the hospitals do not take employee training and development as a priority. The respondent during a focus group discussion (Annexure J) further explained that this is due to inappropriately skilled managers in charge who fail to put the staff needs first. One of the respondents added that training and career development is not taken as a priority due to the lack of engagement between management and staff regarding personal development plans. Another respondent added that there is a lack of communication between lower, middle, and top management (salary level 5-11). There is also no interaction between the top managers and lower-level staff, which concerns the personal development of administrative staff at the lower level. Thus, lack of interaction mostly happens due to the

tensions over which training to prioritize, *“every financial year we are requested to complete skills development forms that ask about the kind of pieces of training we want, but still no training takes place every year”* (sic).

Respondents from focus group discussion (Annexure J) also raised the problem of some senior personnel failing to release their employees for training. The reasons provided most of the time by senior personnel are; (i) that training consumes time; and (ii) employees will have huge workloads backlog when they return from their respective training. Moreover, respondents indicated that there are inadequate monitoring and evaluation to identify employee weaknesses. This challenge is mostly because of the lack of support from the top management for HRD implementation.

Another respondent (focus group discussion, Annexure J) explained that the development plans are hardly implemented and career management neglected. In addition, the culture of learning is not encouraged as well as mentoring and coaching not explored. Another respondent indicated the issue of available vacancies, which are not filled due to the unavailability of funds. There is also an issue of succession planning which is not being used to retain and maintain skills.

One of the respondents also added that administrative staff is faced with tons of workloads. The respondent further alluded that, the workload is mostly taking place because there are no new appointments made, people resigning, and people going on leave for quite a long time like maternity leave. The reasons provided for having a lot of work were favouritism, insufficient opportunities for career advancement and conflict, and/or attitude between staff members amongst others.

5.3.4 Technology

Technology and innovation systems were posed as challenges faced by the administrative staff during the focus group discussion (Annexure J). The majority of the respondents felt that there is still fear by the Public Sector to invest in modern technology. For instance, the human resource division of Health in FSDoH still make use of a manual leave application system whereby one has to complete a leave form and submit it to the human resource unit to where it will be captured into the system.

There is also a challenge of lack or no office telephones (landlines) in their offices and have to make use of their cell phones. This poses a huge challenge as administrative staff is not

reimbursed (refunded/paid) their airtime by the hospital for using their cell phones and airtime for work-related issues.

The other challenge raised during focus group discussion was the issue of lack of office stationery and office equipment like a printer. “What happens when you have to make copies?” The respondent stated, *“We have to save the documents in a hard drive and go to other offices for printing, thus if they have a printing paper and a toner”* (sic).

5.3.5 Legislative framework

There is a lack of knowledge regarding legislative directives governing public servants (semi-structured interviews Annexure K and focus group discussions Annexure J). Some of the respondents further explained that they are not familiar with the HRD legislative especially with the Skills Development Levies Act, 1999 (Act No 9 of 1999). Most of the respondents indicated that they are not familiar with the South African Qualifications Authority Act, 1995 (Act No 58 of 1995), National Qualification Framework (67 of 2008), and the White Paper on Public Service Training and Education 1997. Most of the respondents were not certain about the content of the policies and Acts. Responses included amongst others; *“I am not familiar with the Acts”, “No idea regarding those policies”, “I still have to learn those policies”, “Have never had access to some of those policies” and “There have never been an orientation on policies and Acts”* (sic).

5.4 SECTION D: RECOMMENDATIONS TOWARDS ADDRESSING HRD CHALLENGES

Question twelve of the (focus group discussion, Attachment J), and question eleven (semi-structured interviews, Attachment K) asked the respondents to make recommendations to address HRD challenges facing their department.

It was well debated that FSDoH needs to invest in conducting a valid skills audit amongst all administrative staff in all three hospitals. It was emphasized that there is an urgent need to *“strategically restructure and reposition the hospitals to a position that will render quality services”* (sic), therefore the suggestion of conducting a skills audit. It was mentioned that hospital management and FSDoH should start to engage with different stakeholders (such as FETs, Universities, consultants, and TVET colleges) on the best way to assist with training and development of administrative staff in their respective roles.

5.5 INTERPRETATION OF THE MAIN RESPONSES FROM THE ADMINISTRATIVE STAFF AS WELL AS THE STAFF RESPONSIBLE FOR THE MANAGEMENT OF HRD

Section 5.5 presents a critical analysis of the case of the Mangaung public health area for the responses and with considerations of the conceptual and theoretical frameworks (Annexure J and Annexure K). Respondents in all three hospitals (Pelonomi Regional, National, and Universitas Academic hospitals) appeared to have a lack of training and development opportunities. Therefore, lack of training has an impact on the quality of public health services delivered. This lack of training and development is exacerbated by the sentiment shared amongst the administrative staff and staff responsible for the management of HRD, which partially reflects the definition of training and development as per the conceptual framework in section 2.4. Training and development were defined as ways to improve current employees' capabilities to perform their responsibilities at the utmost best to increase their performance and productivity (Khan and Mahmood 2012; Amare 2014; and Gobler and Warnich 2016).

Although some administrative staff consider training as important for advancing their careers, there is lack of training provided to the administrative staff. For the current year, 2019, there seemed to be a lack of and/or no on-going training given to the administrative staff. This appears to be influenced by the internal organizational context, which does not seem to be optimal for enhancing the use of training from different service providers such as NSG and FSTDI. According to the South African Government (2016) (section 3.4), NSG provides a variety of programs to the public officials which are aimed at skills development.

In the case of the Mangaung public health area demonstrated that only, a selected few received training which is in line with their job description and specifications. Van der Westhuizen (2016:4) defined Job description (nature of the job) and specifications (minimum acceptable skills that one should have to perform a task) in section 1.3. In this case, Zhang (2015:35) and Janke (2015:11) in section 2.4 affirm that a new set of skills related to job specifications and descriptions are needed by individual staff members to perform their tasks. Even so, in this case, the level of training provided especially by skills development unit does not have any impact on enhancing the skills related to different administrative staff tasks within the hospitals.

The case of the Mangaung public health area shows that administrative staff does not have powers in the choice, contribution, or control in the training provided by the service providers. This is because of the lack of support system given to the staff from neither the management nor the provincial health department. However, this does not seem to be consistent with the

view of Schmidtke (2016:56) in section 2. Thus, organizations should have HRD professionals who will be a supporting system of individuals and groups. Besides, administrative staff highlighted the fundamental importance of receiving appropriate training, which can be able to prepare them for career opportunities, advancement, and promotions. The **South African Qualifications Act, 1995** (Act No. 58 of 1995), supports this in section 3.3 in that it plays a role in providing objectives of measuring training outcomes provided by registered and qualified service providers that link to the appropriate educational level. Thus, the absence of highly qualified and appropriate service providers could deter the quality of services and customer relations.

Annexure K (semi-structured interviews) presents a critical analysis of the case of the Mangaung public health area regarding the responses and with considerations of the conceptual and theoretical frameworks. In this case, it was illustrated that HRD does not support administrative staff to learn the necessary skills. This inconsistency appears to be because of FSDoH experiences resource constraints. The theoretical framework (section 3) highlighted the solicitation of resources as essential for lessening the demand for public resources. Hence, lack of funds is associated with fraud and corruption, maladministration, lack of skilled personnel, and mismanagement of funds.

It was evident that although administrative staff and staff responsible for the management of HRD might not always share a common understanding in HRD, they share commonalities concerning HRD challenges that administrative staff is faced with. These commonalities include shortage of staff, lack of infrastructure and/or resources, workload, and skills development unit capabilities. In this regard, the theoretical framework (section 3.4.4) confirms that South Africa is faced with skills gap and aging workforce (Tshilongamulenzhe and Coetzee, 2013:17). In addition, also by 2026 most people will retire, leaving the country with a gap and a problem of replacing them (HRDC, 2014:23) (also supported by Gauteng Health, 2018: online; Nosizo, 2016:63; Kruger, 2016:7; Mehlaphe, 2017:109; and Public Service Commission, 2011).

In the theoretical framework (section 3.4), it was reasoned that there needs to be on-going coordination, planning, and implementation of HRD by different stakeholders to enhance skills among public servants, more so administrative staff. In the theoretical framework (section 3.4), these reasons concerning improving HRD in the public health sector are affirmed by Mkhabela, (2019), Van Dijk, (2017:55), and South African Government (2016). Apart from the mentioned reasons, there is lack of organizational activities within the public health sector that could be attributed to poor service delivery. In addition, the administrative staff does not have

confidence in the department and the management. This case, therefore, points out that management should start to include HRD as part of its long and short-term part of the planning process (supported by Werner, 2014:128).

5.6 FINDINGS

The following findings were made:

5.6.1 Section A: Biographic results

From the findings, the majority of the respondents during focus group discussion (Annexure J) had NQF 6, the National diploma as their highest level of education. This means that the education level for administrative staff is very low. It seems as if management does not have an interest in the contribution of education and training of the administrative staff.

5.6.2 Section B: focusing on the training received so far by the administrative staff

Findings from this study revealed that the majority of the respondents during focus group discussion (Annexure J) did not receive any form of training which relates to their job description for the past two years. However, this response contradicts other responses in which a small portion of administrative staff agreed to have received a form of training related to their task (section 5.2). This training assisted the administrative staff to be able to provide effective public health services and that the skills acquired can be transferred back to their work situations. It was also found out that, there has not been any form of HRD process for the past years apart from compiling skills development forms each year that the respondents have been through. Thus, the status and priority given to HRD are still low. This was shown in section 5.3 whereby respondents indicated that management does not take into consideration the development of their employees.

The study found that using internal colleagues to facilitate training and outsourcing training for HRD programs presents problems within the hospitals. It also came to light that most of the public servants have developed an attitude towards a training facilitated by a person they are familiar with such as a colleague and also if that particular training does not have a certificate of some sort. There seems to be a challenge by hospitals in finding locally based service providers and this leads to requesting services from far. Therefore, this increases costs, as there need to be many logistical arrangements. Most credit-bearing courses have to be outsourced. This places a strain on the budget, in that courses offered by the service providers used such as tertiary institutions, consultants and others are expensive.

5.6.3 Section C: HRD challenges facing the administrative staff in the FSDoH

It is evident that the budget for HRD is never a priority in the FSDoH. The respondents showed that there is no form of career development or training is minimal due to the unavailability of funds from the FSDoH. The priority seems to be given only to the medical practitioners, not the administrative staff when it comes to skills development allocation of funds for public servants within these three respective hospitals.

It seems as if the hospitals do not keep up with the new developments in technological, economic, political, legislative, and social fields' practices. This led to a lack of development of administrative staff. This was indicated by the use of manual application of leaves, lack of equipment like printers, computers, and office telephones. It was also clear that the majority of the administrative staff lack the understanding of most policies and acts supporting HRD such as the **Skills Development Levies Act, 1999** (Act no. 9 of 1999). It was because most of the staff interprets policies differently due to a lack of legislative framework training or information provided.

The study also found that there was a lack of management support. Respondents alluded that management does not regard HRD as a priority within hospitals. This is a concern because if the public health hospital is dominated by a lack of skilled public servants, that poses a challenge in the quality of public health service delivery to society. It was also found that managers sometimes fail to release administrative staff for training due to reasons such as the amount of work and regulated working hours.

Other findings included challenges in terms of community protests by dissatisfied residents for a cry of poor health service delivery. Other protests are made by the public servants due to the dissatisfaction by the top management, lack of equipment, corruption, and the challenges of safety and security within hospitals. There is also no form of coaching and mentoring by the senior personnel and that there are currently no bursaries and learnerships in place in those hospitals. The study also found that there exist problems of internships within these hospitals whereby interns are mostly based in the provincial office not in hospitals whereby administrative staff is faced with a huge workload. Therefore, these challenges play a role in the demotivation of public servants in performing their duties at their utmost best.

5.7 CONCLUDING REMARKS

This chapter dealt with data interpretation and research findings. It included biographic information of respondents. It also outlined the training received by the administrative staff as well as the HRD challenges facing the administrative staff in the FSDoH. Recommendations towards addressing HRD challenges and the interpretations of the main responses from the

administrative staff and staff responsible for the management of HRD were outlined. Lastly, the findings of the study were discussed.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.0 INTRODUCTION

Chapter six addresses the last objective i.e.: making recommendations towards addressing HRD challenges that the administrative staff at the National, Pelonomi Regional, and Universitas Academic hospitals face in its mandate to provide efficient, effective, and economical service delivery. Two sections are covered in this chapter. The first section dealt with an overview of chapters and research objectives. The second section provided recommendations for the study.

6.1 OVERVIEW OF CHAPTERS AND RESEARCH OBJECTIVES

In chapter one, the researcher introduced the problem statement i.e. The Pelonomi regional, Universitas Academic, and National hospitals respectively showed a massive decline in service delivery due to their financial shortfall which had a direct influence on the development of administrative staff. It appears as if budget allocations are often shifted to the training of specialists, medical practitioners, professional nurses, and pharmacists, rather than that of administrative staff (salary levels 7 and 8). Against this background, four research questions were posed: 1. what are typical international HRD challenges concerning staff working in the public health sector? 2. What are typically South African HRD challenges facing staff working in the public health sector? 3. What are the HRD challenges that administrative staff in the National, Pelonomi Regional, and the Universitas Academic Hospitals respectively face in its mandate to provide quality service delivery? 4. What would be the recommendations towards addressing the HRD challenges? The aim of the study as well as the objectives was stated. Chapter one concluded with a breakdown of the key concepts relevant to this study.

Chapter two of the study addressed the objective one - the typical international HRD challenges concerning staff working in the public health sector. Chapter two first started by defining HRD according to the different scholarly perspectives. This was followed by discussing components of HRD, which are training and development, organizational development, and career development. Chapter two further discussed the process of HRD and how to design an HRD program. Theories that support the implementation of HRD such as systems, psychological and economic theories were also discussed. Chapter two concluded with international challenges for HRD. Therefore, it can be deduced that chapter two answered the research question (section 1.3.2); what are typical international HRD challenges concerning staff working in the public health sector?

Chapter three of the study dealt with objective two, which provided an overview of a South African literature review on HRD challenges in the public health sector. Chapter three discussed HRD in the South African Public Sector. The chapter also discussed the framework guiding the development and training of human resources in the South African Public Sector. It provided more details regarding structures responsible for supporting HRD in the South African Public Sector. Lastly, chapter three looked at the specific challenges facing HRD in South African Public Health Services specifically administrative staff. The posed research question, what are the South African HRD challenges facing staff working in the public health sector (section 1.3.2), was articulated in this chapter.

Chapter four of the study outlined the research design and methodology employed in this study. It detailed the method in which the researcher went about gathering the data and the tools that were used to get the data as well as the method employed to transform the collected data into the resultant information. Therefore, the qualitative method was deemed most appropriate for this study, through the focus group discussions and semi-structured interviews. Lastly, chapter four looked at the ethical considerations employed in this study.

In chapter five, the responses from the administrative staff as well as the staff responsible for the management of HRD were presented and interpreted. This chapter was divided into six sections. The first section dealt with the biographic information of administrative staff from the three hospitals (Pelonomi Regional, National, and Universitas Academic hospitals) and staff responsible for the management of HRD. The second section focused on the training received so far by the administrative staff. HRD challenges' facing the administrative staff in the FSDoH was covered in section three. The fourth section dealt with recommendations for addressing HRD challenges. Section five focused on the interpretation of the main responses from the administrative staff as well as the staff responsible for the management of HRD. Lastly, section six dealt with findings from the study. What are the HRD challenges that administrative staff in the National, the Pelonomi Regional, and the Universitas Academic Hospitals respectively face in its mandate to provide quality service delivery was a research question asked (section 1.3.2) and it was covered in chapter five.

Chapter six, which is the final chapter of the study addressed objective five, i.e. making recommendations towards addressing HRD challenges that the administrative staff at the National, Pelonomi Regional, and Universitas Academic hospitals face in its mandate to provide efficient, effective, and economical service delivery. The study aimed to highlight the findings made in the course of the study and offer possible recommendations or solutions to

HRD as per the posed research question (section 1.3.2); what would be the recommendations towards addressing the HRD challenges?

6.2 RECOMMENDATIONS

In this section, recommendations will be given towards addressing HRD challenges that the administrative staff of the National, Pelonomi Regional- and Universitas Academic hospitals faces in its mandate to provide efficient, effective, and economical service delivery. After having studied the influence of HRD challenges on public health service delivery in Mangaung, the researcher proposes eight recommendations:

Recommendation one: focussing on a validated skills audit.

As being, stated FSDoH's vision is reliant of skilled and competent public servants to develop and maintain delivery standards. FSDoH's vision is captured in this responsibility, which emphasizes increasing life expectancy through health system effectiveness, driving system change, and ensuring sustainable quality services (FSDoH, 2017:20). For FSDoH to achieve its vision, it aims to recruit the most efficient public servants to develop and maintain delivery standards. Finally, FSDoH is also committed to providing equal opportunities for all staff and seek to hire, retain, and promote skilled and competent public servants.

There is a dire need for "tech-savvy managers and employees", (Price Waterhouse Coopers, 2019) especially in the Health profession and amidst the COVID 19 pandemic. In other words, at administration level of the DoH, officials are needed who can use innovative thinking, to apply the systems and tools that best fit the needs of the client. According to Price Waterhouse Coopers (2019), it is only then that a department can rally maximise the productivity benefits of technology. Against this reality, the FSDoH would benefit greatly in conducting a skills audit amongst the administrative staff within the three respective hospitals (Pelonomi Regional, National, and Universitas Academic hospitals). The results of a valid skills audit will not only enable the FSDoH to account for the correct number of administrative vacancies that exist but (i) become aware of the skills gaps that exist amongst administrative staff; and (ii) identify and plan HRD interventions to address skills gaps.

Recommendation two: investing in establishing a learning culture.

It is recommended that FSDoH need to see the importance of continuous education and training towards the development of administrative staff. The FSDoH have to initiate HRD as an investment to be measured against the provision of quality public health service delivery to the citizens. Shifting the focus and making a deliberate effort to support HRD by the management echelon, will establish and support the culture of lifelong learning by the staff.

The FSDoH management role becomes vital to the service delivery of Administrative staff. Creating a learning society where no one should be excluded from learning (van der Westhuizen, 2016:213); where different types and forms of teaching and learning approaches should be available (Irina, 2018: 2); and service delivery towards the specific outcomes that societies consider important (Jarvis, 2017:343) is of the utmost importance.

Thus, in today's organizations where the development of individuals has become imperative to enhance good performance, the concept of development has become every employee's business and not that one for managers and professionals (Jarvis, 2017:343).

Recommendation three: realign the HRD objectives to the strategic priorities.

The FSDoH needs to align its HRD objectives to the strategic priorities (supported by Narain and Ofrin, 2016:124, section 2.6.2) especially amidst the COVID 19 pandemic. The FSDoH has to know where they envisage the department to go towards, and how to get there so that the role of HRD will be clearly defined. This will assist the department to align HRD objectives to the strategic priorities as per each hospital plan. Administrative staff must participate in strategic planning processes within their respective hospitals. Gilson (2017:104) (section 2.6.2) supports this where it was indicated that most organizations within the private and Public Sectors are faced with the difficulty of aligning HRD objectives to the strategic priorities of the organisation. Narain and Ofrin (2016:124) further alluded that the problem lies within the lack of communication, analysis capabilities, leadership qualities, and relationship building skills from HRD practitioners.

Recommendation four: be realistic in the annual HRD budget.

The FSDoH needs to set forward a realistic HRD budget and hold to the allocation. The annual budget allocation towards HRD of administrative staff needs to be honoured. The annual budget allocation for HRD is too often shifted to other ad hoc priorities (section 1.2). The one percent skills levy, which FSDoH receives for training purposes also, needs to be used for this purpose.

Recommendation five: ensure quality HRD interventions.

The FSDoH should invest in using service providers that provide credit-bearing courses to the administrative staff. Accredited service providers such as tertiary institutions and consultants should offer training and development programs that address HRD objectives and strategic priorities of the FSDoH. Hospitals are faced with the challenge of not doing collaborative work with other government structures and stakeholders in terms of the preparation of assessment documents and the content of the training administrative staff should receive (section 3.4 and

5.3). It is therefore recommended that FSDoH engages in deliberately planned partnerships with different stakeholders such as tertiary institutions and consultants to assist with structuring and implementation of training (Lues in Van der Westhuizen, 2016:168). Thus, it needs to ensure the quality of HRD interventions. Services should be provided economically and efficiently to provide citizens with the principle of the best value for money (Batho Pele Handbook – A Service Delivery Improvement Guide). Communities should be informed about what level and quality of service they will receive so that they know what to expect.

Recommendation six: strengthen internal communication.

The Batho Pele Gateway is implemented through the Batho Pele principles. It is an initiative to encourage public servants to be service orientated, to strive for excellence in service delivery, and to commit to continuous service delivery improvement. To improve the understanding and benefits of HRD by the hospital's management, internal communications need to be strengthened. Internal communication refers to the constant contact of employees within the organisation. Lack of communication often means that employees do not have a firm grasp on what they are supposed to be doing which can cause low productivity, deadlines missed, and quality services not provided (section 2.6.2). It is therefore; recommended that there should be regular and positive contact by the management, human resource unit, different stakeholders as well as the skills development unit.

Recommendation seven: keep up with administrative technological developments.

It is recommended that the FSDoH should keep up with the current technological administrative developments. It is observed that technology is developing at fast speed and promises to improve the rendering of services. However, technology is only as good as the managers who identify its opportunities, the technologists who deliver it and the people who work with it every day. Besides, we have key challenges that affect the ability to up skill the population for the digital future (Price Waterhouse Coopers, 2019). According to the Government Gazette: National E-government Strategy and Roadmap (2017), e-government includes the following:

- Government-to-government programmes (G2G): These are concerned with the interaction between different levels of government and collaboration with government agencies;
- Government-to-citizen programmes (G2C). These involve an interaction between government and citizens;

- Government-to-employees programmes (C2G). These refer to the relationship between government and its employees. As a result of this relationship, it is believed that employees will connect and share knowledge; and
- Government-to-business programmes (G2B). These are related to government supporting business opportunities (Department of Telecommunications and Postal Services, 2017).

This could assist in minimizing the amount of work, change of attitude, and improved performance by the administrative staff as well as the quality of public health services delivered. According to Mehlape (2017:109), the fast-evolving techniques and technologies used not only for training but also for providing quality services brings changes to the entire Public Sector (section 3). Thus, they are moving at a very high pace as in the case of technological development, that the new technologies are replacing the older ones quickly. Due to the high initial costs of modern technology, it is recommended that FSDoH should start investing in smaller technologies such as improving their software (e.g. PERSAL). This will help the department to minimize in a lot of paperwork by the staff such as login their leaves on the system not manually. It can also make use of their ICT unit to update their current systems and that could assist in saving costs.

Recommendation eight: invest in financial management training.

Financial management training needs to be offered to administrative staff. Financial management knowledge and skills acquired will assist to curb corruption activities (section 5.3). Due to the mismanagement of funds within hospitals, it is imperative to provide financial management training. It is therefore, recommended that to combat criminal activities, financial management, ethics, corruption, and supply chain management, training should be facilitated as units for management in one training course. NSG, which deals with training public servants, and the Department of the treasury that deals with financial courses and systems for a selected group of public servants such as supply chain management should reconsider to include administrative staff.

6.3 LIMITATIONS OF THE RESEARCH

The study was limited to Pelonomi Regional, National, and Universitas Academic hospitals. The generalization of research findings to other public hospitals within the Free State set can therefore, not be permitted.

6.4 CONCLUDING REMARKS

This chapter outlined an overview of the research objectives and conclusions to chapters. In addition, chapter six further provided recommendations towards addressing HRD challenges that the administrative staff of the National, Pelonomi Regional- and Universitas Academic hospitals faces in its mandate to provide efficient, effective, and economical service delivery. Lastly, it outlines avenues and limitations to the study.

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Informed consent form

Administrative staff

National Hospital

Participate in a semi-structured interview for the M.Admin study titled “The influence of human resource development challenges on public health service delivery in Mangaung”

My name is Mankopane Amelia Ts’osane, an M.Admin student in the Department of Public Administration and Management at the University of the Free State. I am requesting your participation in a research study that seeks to “determine the Human Resource Development challenges that the administrative staff of the National, the Pelonomi Regional and the Universitas Academic Hospitals face in its mandate to provide efficient, effective and economical service delivery”. This form serves to (i) provide a synopsis of the information regarding the research and (ii) to request permission for your signature, should you choose to participate in this research.

SECTION A: SYNOPSIS OF THE INFORMATION REGARDING THE RESEARCH

In this section, information is provided regarding this master’s research and your participation in it.

The purpose of the research: Training for medical interns, registrars and medical practitioners within the Health Care often get prevalence over the training of the administrative staff. Although administrative staff renders an important staff function to health workers as well as the society, they are often not seen as priority with regard to human resource development, especially when financial challenges are experienced. The aim of this Master’s study is therefore to determine the HRD challenges that the administrative staff within the Health Care faces in an attempt to make recommendations towards providing efficient, effective and economical service delivery.

The method to be employed: This study intends to adopt a qualitative research approach. Data will be collected through focus group discussions that will be conducted with administrative staff members respectively from Pelonomi regional, National and Universitas

academic hospitals. A second method of data collection, semi structured interviews will be conducted with staff members responsible for the management of HRD in the mentioned hospitals as well as the provincial department.

The contribution of the study: The study will assist the Free State provincial government in providing a HRD framework for administrative staff in the Free State Department of Health. It will outline the role of the Free State Training and Development Institute and the National School of Government respectively. The Free State Department of Health can implement recommendations towards addressing HRD challenges that the administrative staff of the National-, Pelonomi Regional- and Universitas Academic hospitals face in its mandate to provide efficient, effective and economical service delivery. The study will promote the use of HRD as a tool to improve service delivery in the FSDoH.

Ethical approval: The study was approved by the research committee in the Faculty of Economic and Management Sciences at the University of the Free State. The study is in the process of being vetted by the Health Sciences Research Ethics Committee of the University of the Free State.

The potential benefits of taking part in this study: The benefits will not be for individual respondents only, but also for the FSDoH as a whole and the respective hospitals. The benefit might be cost saving in the near future to better services within the public health care in Mangaung.

The potential risks of taking part in this study: There is a possibility that you might share personal viewpoints during semi-structured interview or that you might feel uneasy discussing some topics. You do not have to answer any questions or participate in discussions with which you do not feel comfortable. Hence, you may choose to withdraw from participating in the semi-structured interview anytime.

Confidentiality: Your confidentiality will be protected and you will remain anonymous during the reporting of the findings of the research. Nothing you share during the focus group discussion will be attributed to you by name. A voice recorder will be used to record the responses and this voice recording will be used strictly to transcribe the data into a manuscript for the purpose of analyzing the data. The voice recordings will be destroyed upon completion of the study but will be safeguarded into a computer which will be encrypted during the study period. The researcher will make every effort to ensure that respondents will not be connected to the information shared during the focus groups.

Remuneration: There is no material or financial benefit for individual respondents in this study.

Sharing findings: A final copy of the research report will be submitted to the University of the Free State. The research findings will be used for the purposes of this master's study only and will be shared broadly through publication in peer-reviewed journals and presentation at conferences so that interested parties may learn from them and use them in future research.

SECTION B: REQUEST PERMISSION FOR YOUR SIGNATURE, SHOULD YOU CHOOSE TO PARTICIPATE IN THIS RESEARCH

As part of this study I wish to collect information from people like you who are a critical role player in the administration of health care services to the communities. If you agree to take part in this study, I will ask you to participate in a group discussion, in which you draw on your experiences and knowledge concerning issues related to my study. This should take approximately 90 minutes.

- I have read and understood the information about this study, as explained in Section A.
- I understand that this study is designed to gather data regarding the influence of human resource development challenges on public health service delivery in Mangaung.
- I volunteer to participate in this master's research which is conducted by Miss Mankopane Ts'osane, who is a registered master's student at the University of the Free State.
- I understand that I will not be paid for my participation in this study and that after signing the consent form, I may choose to terminate my participation at any time during the research.
- I understand that if I withdraw from the study prior to data collection being completed, my contributions or data will be returned to me or destroyed and will be excluded from the study
- My participation involves taking part in a focus group discussion facilitated by the researcher, Miss Mankopane Ts'osane. The focus group discussion will last approximately 90 minutes. A voice recorder will be used to record the focus group discussion, and this voice recording will be transcribed for the purpose of analyzing the data. Should I prefer not to be recorded, I will not be able to participate in the study.

- I understand that my participation in this study is anonymous and that the researcher will not identify me by name during any reports arising from information obtained from this focus group.
- I have read the information in Sections A and B, or it has been read to me.
- I understand that explanations provided to me in Sections A and B, and I have not in any way been coerced to participate in this research.
- I have been given the opportunity to ask questions about research, and all my questions were answered to my satisfaction.
- I voluntarily consent to participate in this study and have been given a copy of this consent form.

Contact details of the researcher:

This study is conducted by Miss Mankopane Ts’osane, a master’s student at the University of the Free State, who can be reached at the following addresses/numbers, should you have any questions:

University of the Free State

Faculty of Economic and Management Sciences

Department Public Administration and Management Email: TsoaneMA@ufs.ac.za

Cell: 0794356317

Respondent : name and surname

Respondent : signature

Date

I declare that I have explained the information given in this document to _____ [name of the respondent]. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English. (If applicable: An interpreter was at hand to assist.)

Researcher: name and surname

Researcher: signature

Date

Attachment B: Consent Form Focus group discussion Pelonomi Regional Hospital

Informed consent form

Administrative staff

Pelonomi Regional Hospital

Participate in a Focus group discussion for the M.Admin study titled “The influence of human resource development challenges on public health service delivery in Mangaung”

My name is Mankopane Amelia Ts’osane, an M.Admin student in the Department of Public Administration and Management at the University of the Free State. I am requesting your participation in a research study which seeks to “determine the Human Resource Development challenges that the administrative staff of the National, the Pelonomi Regional and the Universitas Academic Hospitals face in its mandate to provide efficient, effective and economical service delivery”. This form serves to (i) provide a synopsis of the information regarding the research and (ii) to request permission for your signature, should you choose to participate in this research.

SECTION A: SYNOPSIS OF THE INFORMATION REGARDING THE RESEARCH

In this section, information is provided regarding this master’s research and your participation in it.

The purpose of the research: Training for medical interns, registrars and medical practitioners within the Health Care often get prevalence over the training of the administrative staff. Although administrative staff renders an important staff function to health workers as well as the society, they are often not seen as priority with regard to human resource development, especially when financial challenges are experienced. The aim of this Master’s study is therefore to determine the HRD challenges that the administrative staff within the Health Care faces in an attempt to make recommendations towards providing efficient, effective and economical service delivery.

The method to be employed: This study intends to adopt a qualitative research approach. Data will be collected through focus group discussions that will be conducted with administrative staff members respectively from Pelonomi regional, National and Universitas academic hospitals. A second method of data collection, semi structured interviews will be

conducted with staff members responsible for the management of HRD in the mentioned hospitals as well as the provincial department.

The contribution of the study: The study will assist the Free State provincial government in providing a HRD framework for administrative staff in the Free State Department of Health. It will outline the role of the Free State Training and Development Institute and the National School of Government respectively. The Free State Department of Health can implement recommendations towards addressing HRD challenges that the administrative staff of the National-, Pelonomi Regional- and Universitas Academic hospitals face in its mandate to provide efficient, effective and economical service delivery. The study will promote the use of HRD as a tool to improve service delivery in the FSDoH.

Ethical approval: The study is in the process of being vetted by the Health Sciences Research Ethics Committee of the University of the Free State.

The potential benefits of taking part in this study: The benefits will not be for individual respondents only, but also for the FSDoH as a whole and the respective hospitals. The outcomes of this study will be of significance to each administrative staff member in that the study will promote the use of HRD as a tool to improve service delivery in the FSDoH.

The potential risks of taking part in this study: There is a possibility that you might share personal viewpoints during focus group discussions or that you might feel uneasy discussing some topics. You do not have to answer any questions or participate in discussions with which you do not feel comfortable. Hence, you may choose to withdraw from participating in the focus group discussion anytime.

Confidentiality: Your confidentiality will be protected and you will remain anonymous during the reporting of the findings of the research. Nothing you share during the focus group discussion will be attributed to you by name. A voice recorder will be used to record the responses and this voice recording will be used strictly to transcribe the data into a manuscript for the purpose of analyzing the data. The voice recordings will be destroyed upon completion of the study but will be safeguarded into a computer which will be encrypted during the study period. The researcher will make every effort to ensure that respondents will not be connected to the information shared during the focus groups.

Remuneration: There is no material or financial benefit for individual respondents in this study.

Sharing findings: A final copy of the research report will be submitted to the University of the Free State. The research findings will be used for the purposes of this master's study only and will be shared broadly through publication in peer-reviewed journals and presentation at conferences so that interested parties may learn from them and use them in future research.

SECTION B: REQUEST PERMISSION FOR YOUR SIGNATURE, SHOULD YOU CHOOSE TO PARTICIPATE IN THIS RESEARCH

As part of this study I wish to collect information from people like you who are a critical role player in the administration of health care services to the communities. If you agree to take part in this study, I will ask you to participate in a group discussion, in which you draw on your experiences and knowledge concerning issues related to my study. This should take approximately 90 minutes.

- I have read and understood the information about this study, as explained in Section A.
- I understand that this study is designed to gather data regarding the influence of human resource development challenges on public health service delivery in Mangaung.
- I volunteer to participate in this master's research which is conducted by Miss Mankopane Ts'osane, who is a registered master's student at the University of the Free State.
- I understand that I will not be paid for my participation in this study and that after signing the consent form, I may choose to terminate my participation at any time during the research.
- I understand that if I withdraw from the study prior to data collection being completed, my contributions or data will be returned to me or destroyed and will be excluded from the study
- My participation involves taking part in a focus group discussion facilitated by the researcher, Miss Mankopane Ts'osane. The focus group discussion will last approximately 90 minutes. A voice recorder will be used to record the focus group discussion, and this voice recording will be transcribed for the purpose of analyzing the data. Should I prefer not to be recorded, I will not be able to participate in the study.
- I understand that my participation in this study is anonymous and that the researcher will not identify me by name during any reports arising from information obtained from this focus group.
- I have read the information in Sections A and B, or it has been read to me.

- I understand that explanations provided to me in Sections A and B, and I have not in any way been coerced to participate in this research.
- I have been given the opportunity to ask questions about research, and all my questions were answered to my satisfaction.
- I voluntarily consent to participate in this study and have been given a copy of this consent form.

Contact details of the researcher:

This study is conducted by Miss Mankopane Ts'osane, a master's student at the University of the Free State, who can be reached at the following addresses/numbers, should you have any questions:

University of the Free State

Faculty of Economic and Management Sciences

Department Public Administration and Management Email: TsoaneMA@ufs.ac.za

Cell: 0794356317

Respondent : name and surname

Respondent : signature

Date

I declare that I have explained the information given in this document to _____ [name of the respondent]. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English. (If applicable: An interpreter was at hand to assist.)

Researcher: name and surname

Researcher: signature

Date

Date 2019

Informed consent form

Administrative staff

Universitas Academic Hospital

Participate in an individual interview for the M.Admin study titled “The influence of human resource development challenges on public health service delivery in Mangaung”

My name is Mankopane Amelia Ts’osane, an M.Admin student in the Department of Public Administration and Management at the University of the Free State. I am requesting your participation in a research study which seeks to “determine the HRD challenges that the administrative staff of the National, the Pelonomi Regional and the Universitas Academic Hospitals faces in its mandate to provide efficient, effective and economical service delivery”. This form serves to (i) provide a synopsis of the information regarding the research and (ii) to request permission for your signature, should you choose to participate in this research.

SECTION A: SYNOPSIS OF THE INFORMATION REGARDING THE RESEARCH

In this section, information is provided regarding this master’s research and your participation in it.

The purpose of the research: Training for medical interns, registrars and medical practitioners within the Health Care often get prevalence over the training of the administrative staff. Although administrative staff renders an important staff function to health workers as well as the society, they are often not seen as priority with regard to human resource development, especially when financial challenges are experienced. The aim of this Master’s study is therefore to determine the HRD challenges that the administrative staff of the National, the Pelonomi Regional and the Universitas Academic Hospitals faces in an attempt to make recommendations towards providing efficient, effective and economical service delivery.

The method to be employed: This study intends to adopt a qualitative research approach. Data will be collected through conducting semi-structured interviews among the management

of human resource development, to first establish information regarding human resource development within the department as well as day-to-day responsibilities of respondents towards the research topic. A second method of data collection, focus group discussions with administrative staff will be conducted to determine the HRD challenges that hampers efficient, effective and economical service delivery.

The contribution of the study: The study will assist Free State provincial government in providing a HRD framework for administrative staff in the FSDoH. It will outline the role of the FSTDI and the NSG respectively. The Free State Department of Health can implement recommendations towards addressing HRD challenges that the administrative staff of the National-, Pelonomi Regional- and Universitas Academic hospitals faces in its mandate to provide efficient, effective and economical service delivery. The study will promote the use of HRD as a tool to improve service delivery in the FSDoH.

Ethical approval: The study was approved by the research committee in the Faculty of Economic and Management Sciences at the University of the Free State. The study is in the process of being vetted by the Ethics Committee of the University of the Free State.

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The potential risks of taking part in this study: There is a possibility that you might share personal viewpoints during discussions or that you might feel uneasy discussing some topics. You do not have to answer any questions or participate in discussions with which you do not feel comfortable. Hence, you may choose to withdraw from participating in the focus group discussion anytime.

Confidentiality: Your confidentiality will be protected and you will remain anonymous during the reporting of the findings of the research. Nothing you share during the focus group discussion will be attributed to you by name. A voice recorder will be used to record the responses and this voice recording will be used strictly to transcribe the data into a manuscript for the purpose of analyzing the data. The voice recordings will be destroyed upon completion of the study but will be safeguarded into a computer which will be encrypted during the study period. The researcher will make every effort to ensure that respondents will not be connected to the information shared during the focus groups.

Remuneration: There is no material or financial benefit for individual respondents in this study.

Sharing findings: A final copy of the research report will be submitted to the University of the Free State. The research findings will be used for the purposes of this master's study only and will be shared broadly through publication in peer-reviewed journals and presentation at conferences so that interested parties may learn from them and use them in future research.

SECTION B. REQUEST PERMISSION FOR YOUR SIGNATURE, SHOULD YOU CHOOSE TO PARTICIPATE IN THIS RESEARCH

As part of this study I wish to collect information from people like you who are a critical role player in the administration of health care services to the communities. If you agree to take part in this study, I will ask you to participate in a group discussion, in which you draw on your experiences and knowledge concerning issues related to my study. This should take approximately 90 minutes.

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- I understand that I will not be paid for my participation in this study and that after signing the consent form, I may choose to terminate my participation at any time during the research.
- I understand that if I withdraw from the study prior to data collection being completed, my contributions or data will be returned to me or destroyed and will be excluded from the study
- My participation involves taking part in a focus group discussion facilitated by the researcher, Miss Mankopane Ts'osane. The focus group discussion will last approximately 90 minutes. A voice recorder will be used to record the focus group discussion, and this voice recording will be transcribed for the purpose of analyzing the data. Should I prefer not to be recorded, I will not be able to participate in the study.
- I understand that my participation in this study is anonymous and that the researcher will not identify me by name during any reports arising from information obtained from this focus group.
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- I understand that explanations provided to me in Sections A and B, and I have not in any way been coerced to participate in this research.
- I have been given the opportunity to ask questions about research, and all my questions were answered to my satisfaction.
- I voluntarily consent to participate in this study and have been given a copy of this consent form.

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This study is conducted by Miss Mankopane Ts’osane, a master’s student at the University of the Free State, who can be reached at the following addresses/numbers, should you have any questions:

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Faculty of Economic and Management Sciences

Department Public Administration and Management Email: TsoaneMA@ufs.ac.za

Cell: 0794356317

Respondent : name and surname

Respondent : signature

Date

I declare that I have explained the information given in this document to _____ [name of the respondent]. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English. (If applicable: An interpreter was at hand to assist.)

Researcher: name and surname

Researcher: signature

Date

Date 2019

Informed consent form

Management of HRD (CEO / Director / Deputy Director/ Assistant Director)

Universitas Academic Hospital

Participate in an individual interview for the M.Admin study titled “The influence of human resource development challenges on public health service delivery in Mangaung”

My name is Mankopane Amelia Ts’osane, an M.Admin student in the Department of Public Administration and Management at the University of the Free State. I am requesting your participation in a research study which seeks to “determine the HRD challenges that the administrative staff of the National, the Pelonomi Regional and the Universitas Academic Hospitals faces in its mandate to provide efficient, effective and economical service delivery”. This form serves to (i) provide a synopsis of the information regarding the research and (ii) to request permission for your signature, should you choose to participate in this research.

SECTION A: SYNOPSIS OF THE INFORMATION REGARDING THE RESEARCH

In this section, information is provided regarding this master’s research and your participation in it.

The purpose of the research: Training for medical interns, registrars and medical practitioners within the Health Care often get prevalence over the training of the administrative staff. Although administrative staff renders an important staff function to health workers as well as the society, they are often not seen as priority with regard to human resource development, especially when financial challenges are experienced. The aim of this Master’s study is therefore to determine the HRD challenges that the administrative staff of the National, the Pelonomi Regional and the Universitas Academic Hospitals faces in an attempt to make recommendations towards providing efficient, effective and economical service delivery.

The method to be employed: This study intends to adopt a qualitative research approach. Data will be collected through conducting semi-structured interviews among the management

of human resource development, to first establish information regarding human resource development within the department as well as day-to-day responsibilities of respondents towards the research topic. A second method of data collection, focus group discussions with administrative staff will be conducted to determine the HRD challenges that hampers efficient, effective and economical service delivery.

The contribution of the study: The study will assist Free State provincial government in providing a HRD framework for administrative staff in the FSDoH. It will outline the role of the FSTDI and the NSG respectively. The Free State Department of Health can implement recommendations towards addressing HRD challenges that the administrative staff of the National-, Pelonomi Regional- and Universitas Academic hospitals faces in its mandate to provide efficient, effective and economical service delivery. The study will promote the use of HRD as a tool to improve service delivery in the FSDoH.

Ethical approval: The study was approved by the research committee in the Faculty of Economic and Management Sciences at the University of the Free State. The study is in the process of being vetted by the Ethics Committee of the University of the Free State.

The potential benefits of taking part in this study: The benefits will not be for individual respondents only, but also for the FSDoH as a whole and the respective hospitals. The benefit might be cost saving in the near future to better services within the public health care in Mangaung.

The potential risks of taking part in this study: There is a possibility that you might share personal viewpoints during discussions or that you might feel uneasy discussing some topics. You do not have to answer any questions or participate in discussions with which you do not feel comfortable. Hence, you may choose to withdraw from participating in the semi-structured interview anytime.

Confidentiality: Your confidentiality will be protected and you will remain anonymous during the reporting of the findings of the research. Nothing you share during the interview will be attributed to you by name. A voice recorder will be used to record the responses and this voice recording will be used strictly to transcribe the data into a manuscript for the purpose of analyzing the data. The voice recordings will be destroyed upon completion of the study but will be safeguarded into a computer which will be encrypted during the study period. The researcher will make every effort to ensure that respondents will not be connected to the information shared during the interview.

Remuneration: There is no material or financial benefit for individual respondents in this study.

Sharing findings: A final copy of the research report will be submitted to the University of the Free State. The research findings will be used for the purposes of this master's study only and will be shared broadly through publication in peer-reviewed journals and presentation at conferences so that interested parties may learn from them and use them in future research.

SECTION B. REQUEST PERMISSION FOR YOUR SIGNATURE, SHOULD YOU CHOOSE TO PARTICIPATE IN THIS RESEARCH

As part of this study I wish to collect information from people like you who are a critical role player in the administration of health care services to the communities. If you agree to take part in this study, I will ask you to participate in a semi-structured interview, in which you draw on your experiences and knowledge concerning issues related to my study. This should take approximately 45 minutes.

- I have read and understood the information about this study, as explained in Section A.
- I understand that this study is designed to gather data regarding the influence of human resource development challenges on public health service delivery in Mangaung.
- I volunteer to participate in this master's research which is conducted by Miss Mankopane Ts'osane, who is a registered master's student at the University of the Free State.
- I understand that I will not be paid for my participation in this study and that after signing the consent form, I may choose to terminate my participation at any time during the research.
- I understand that if I withdraw from the study prior to data collection being completed, my contributions or data will be returned to me or destroyed and will be excluded from the study
- My participation involves taking part in a semi-structured interview discussion facilitated by the researcher, Miss Mankopane Ts'osane. The interview will last approximately 45 minutes. A voice recorder will be used to record the discussion, and this voice recording will be transcribed for the purpose of analyzing the data. Should I prefer not to be recorded, I will not be able to participate in the study.
- I understand that my participation in this study is anonymous and that the researcher will not identify me by name during any reports arising from information obtained from this interview.
- I have read the information in Sections A and B, or it has been read to me.

- I understand that explanations provided to me in Sections A and B, and I have not in any way been coerced to participate in this research.
- I have been given the opportunity to ask questions about research, and all my questions were answered to my satisfaction.
- I voluntarily consent to participate in this study and have been given a copy of this consent form.

Contact details of the researcher:

This study is conducted by Miss Mankopane Ts’osane, a master’s student at the University of the Free State, who can be reached at the following addresses/numbers, should you have any questions:

University of the Free State
 Faculty of Economic and Management Sciences
 Department of Public Administration and Management
 Email: TsoaneMA@ufs.ac.za
 Cell: 0794356317

Respondent : name and surname

Respondent : signature

Date

I declare that I have explained the information given in this document to _____ [name of the respondent]. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English. (If applicable: An interpreter was at hand to assist.)

Researcher: name and surname

Researcher: signature

Date

Attachment E: Consent form Semi-structured interview Pelonomi Regional Hospital

Date 2019

Informed consent form

Management of HRD (CEO / Director / Deputy Director/ Assistant Director)

Pelonomi Regional Hospital

Participate in an individual interview for the M.Admin study titled “The influence of human resource development challenges on public health service delivery in Mangaung”

My name is Mankopane Amelia Ts’osane, an M.Admin student in the Department of Public Administration and Management at the University of the Free State. I am requesting your participation in a research study which seeks to “determine the HRD challenges that the administrative staff of the National, the Pelonomi Regional and the Universitas Academic Hospitals faces in its mandate to provide efficient, effective and economical service delivery”. This form serves to (i) provide a synopsis of the information regarding the research and (ii) to request permission for your signature, should you choose to participate in this research.

SECTION A: SYNOPSIS OF THE INFORMATION REGARDING THE RESEARCH

In this section, information is provided regarding this master’s research and your participation in it.

The purpose of the research: Training for medical interns, registrars and medical practitioners within the Health Care often get prevalence over the training of the administrative staff. Although administrative staff renders an important staff function to health workers as well as the society, they are often not seen as priority with regard to human resource development, especially when financial challenges are experienced. The aim of this Master’s study is therefore to determine the HRD challenges that the administrative staff of the National, the Pelonomi Regional and the Universitas Academic Hospitals faces in an attempt to make recommendations towards providing efficient, effective and economical service delivery.

The method to be employed: This study intends to adopt a qualitative research approach. Data will be collected through conducting semi-structured interviews among the management of human resource development, to first establish information regarding human resource development within the department as well as day-to-day responsibilities of respondents towards the research topic. A second method of data collection, focus group discussions with administrative staff will be conducted to determine the HRD challenges that hampers efficient, effective and economical service delivery.

The contribution of the study: The study will assist Free State provincial government in providing a HRD framework for administrative staff in the FSDoH. It will outline the role of the FSTDI and the NSG respectively. The Free State Department of Health can implement recommendations towards addressing HRD challenges that the administrative staff of the National-, Pelonomi Regional- and Universitas Academic hospitals faces in its mandate to provide efficient, effective and economical service delivery. The study will promote the use of HRD as a tool to improve service delivery in the FSDoH.

Ethical approval: The study was approved by the research committee in the Faculty of Economic and Management Sciences at the University of the Free State. The study is in the process of being vetted by the Ethics Committee of the University of the Free State.

The potential benefits of taking part in this study: The benefits will not be for individual respondents only, but also for the FSDoH as a whole and the respective hospitals. The benefit might be cost saving in the near future to better services within the public health care in Mangaung.

The potential risks of taking part in this study: There is a possibility that you might share personal viewpoints during discussions or that you might feel uneasy discussing some topics. You do not have to answer any questions or participate in discussions with which you do not feel comfortable. Hence, you may choose to withdraw from participating in the semi-structured interview anytime.

Confidentiality: Your confidentiality will be protected and you will remain anonymous during the reporting of the findings of the research. Nothing you share during the interview will be attributed to you by name. A voice recorder will be used to record the responses and this voice recording will be used strictly to transcribe the data into a manuscript for the purpose of analyzing the data. The voice recordings will be destroyed upon completion of the study but will be safeguarded into a computer which will be encrypted during the study period. The researcher will make every effort to ensure that respondents will not be connected to the information shared during the interview.

Remuneration: There is no material or financial benefit for individual respondents in this study.

Sharing findings: A final copy of the research report will be submitted to the University of the Free State. The research findings will be used for the purposes of this master's study only and

will be shared broadly through publication in peer-reviewed journals and presentation at conferences so that interested parties may learn from them and use them in future research.

SECTION B. REQUEST PERMISSION FOR YOUR SIGNATURE, SHOULD YOU CHOOSE TO PARTICIPATE IN THIS RESEARCH

As part of this study I wish to collect information from people like you who are a critical role player in the administration of health care services to the communities. If you agree to take part in this study, I will ask you to participate in a semi-structured interview, in which you draw on your experiences and knowledge concerning issues related to my study. This should take approximately 45 minutes.

- I have read and understood the information about this study, as explained in Section A.
- I understand that this study is designed to gather data regarding the influence of human resource development challenges on public health service delivery in Mangaung.
- I volunteer to participate in this master's research which is conducted by Miss Mankopane Ts'osane, who is a registered master's student at the University of the Free State.
- I understand that I will not be paid for my participation in this study and that after signing the consent form, I may choose to terminate my participation at any time during the research.
- I understand that if I withdraw from the study prior to data collection being completed, my contributions or data will be returned to me or destroyed and will be excluded from the study
- My participation involves taking part in a semi-structured interview discussion facilitated by the researcher, Miss Mankopane Ts'osane. The interview will last approximately 45 minutes. A voice recorder will be used to record the discussion, and this voice recording will be transcribed for the purpose of analyzing the data. Should I prefer not to be recorded, I will not be able to participate in the study.
- I understand that my participation in this study is anonymous and that the researcher will not identify me by name during any reports arising from information obtained from this interview.
- I have read the information in Sections A and B, or it has been read to me.
- I understand that explanations provided to me in Sections A and B, and I have not in any way been coerced to participate in this research.
- I have been given the opportunity to ask questions about research, and all my questions were answered to my satisfaction.
- I voluntarily consent to participate in this study and have been given a copy of this consent form.

Contact details of the researcher:

This study is conducted by Miss Mankopane Ts’osane, a master’s student at the University of the Free State, who can be reached at the following addresses/numbers, should you have any questions:

University of the Free State

Faculty of Economic and Management Sciences

Department Public Administration and Management Email: TsoaneMA@ufs.ac.za

Cell: 0794356317

Respondent : name and surname

Respondent : signature

Date

I declare that I have explained the information given in this document to _____ [name of the respondent]. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English. (If applicable: An interpreter was at hand to assist.)

Researcher: name and surname

Researcher: signature

Date

Attachment F: Consent Semi-structured interview National Hospital

Date 2019

Informed consent form

Management of HRD (CEO / Director / Deputy Director/ Assistant Director)

National Hospital

Participate in an individual interview for the M.Admin study titled “The influence of human resource development challenges on public health service delivery in Mangaung”

My name is Mankopane Amelia Ts'osane, an M.Admin student in the Department of Public Administration and Management at the University of the Free State. I am requesting your participation in a research study which seeks to “determine the HRD challenges that the administrative staff of the National, the Pelonomi Regional and the Universitas Academic Hospitals faces in its mandate to provide efficient, effective and economical service delivery”. This form serves to (i) provide a synopsis of the information regarding the research and (ii) to request permission for your signature, should you choose to participate in this research.

SECTION A: SYNOPSIS OF THE INFORMATION REGARDING THE RESEARCH

In this section, information is provided regarding this master's research and your participation in it.

The purpose of the research: Training for medical interns, registrars and medical practitioners within the Health Care often get prevalence over the training of the administrative staff. Although administrative staff renders an important staff function to health workers as well as the society, they are often not seen as priority with regard to human resource development, especially when financial challenges are experienced. The aim of this Master's study is therefore to determine the HRD challenges that the administrative staff of the National, the Pelonomi Regional and the Universitas Academic Hospitals faces in an attempt to make recommendations towards providing efficient, effective and economical service delivery.

The method to be employed: This study intends to adopt a qualitative research approach. Data will be collected through conducting semi-structured interviews among the management of human resource development, to first establish information regarding human resource development within the department as well as day-to-day responsibilities of respondents towards the research topic. A second method of data collection, focus group discussions with administrative staff will be conducted to determine the HRD challenges that hampers efficient, effective and economical service delivery.

The contribution of the study: The study will assist Free State provincial government in providing a HRD framework for administrative staff in the FSDoH. It will outline the role of the FSTDI and the NSG respectively. The Free State Department of Health can implement recommendations towards addressing HRD challenges that the administrative staff of the National-, Pelonomi Regional- and Universitas Academic hospitals faces in its mandate to provide efficient, effective and economical service delivery. The study will promote the use of HRD as a tool to improve service delivery in the FSDoH.

Ethical approval: The study was approved by the research committee in the Faculty of Economic and Management Sciences at the University of the Free State. The study is in the process of being vetted by the Ethics Committee of the University of the Free State.

The potential benefits of taking part in this study: The benefits will not be for individual respondents only, but also for the FSDoH as a whole and the respective hospitals. The benefit might be cost saving in the near future to better services within the public health care in Mangaung.

The potential risks of taking part in this study: There is a possibility that you might share personal viewpoints during discussions or that you might feel uneasy discussing some topics. You do not have to answer any questions or participate in discussions with which you do not feel comfortable. Hence, you may choose to withdraw from participating in the semi-structured interview anytime.

Confidentiality: Your confidentiality will be protected and you will remain anonymous during the reporting of the findings of the research. Nothing you share during the interview will be attributed to you by name. A voice recorder will be used to record the responses and this voice recording will be used strictly to transcribe the data into a manuscript for the purpose of analyzing the data. The voice recordings will be destroyed upon completion of the study but will be safeguarded into a computer which will be encrypted during the study period. The researcher will make every effort to ensure that respondents will not be connected to the information shared during the interview.

Remuneration: There is no material or financial benefit for individual respondents in this study.

Sharing findings: A final copy of the research report will be submitted to the University of the Free State. The research findings will be used for the purposes of this master's study only and will be shared broadly through publication in peer-reviewed journals and presentation at conferences so that interested parties may learn from them and use them in future research.

SECTION B. REQUEST PERMISSION FOR YOUR SIGNATURE, SHOULD YOU CHOOSE TO PARTICIPATE IN THIS RESEARCH

As part of this study I wish to collect information from people like you who are a critical role player in the administration of health care services to the communities. If you agree to take part in this study, I will ask you to participate in a semi-structured interview, in which you draw

on your experiences and knowledge concerning issues related to my study. This should take approximately 45 minutes.

- I have read and understood the information about this study, as explained in Section A.
- I understand that this study is designed to gather data regarding the influence of human resource development challenges on public health service delivery in Mangaung.
- I volunteer to participate in this master's research which is conducted by Miss Mankopane Ts'osane, who is a registered master's student at the University of the Free State.
- I understand that I will not be paid for my participation in this study and that after signing the consent form, I may choose to terminate my participation at any time during the research.
- I understand that if I withdraw from the study prior to data collection being completed, my contributions or data will be returned to me or destroyed and will be excluded from the study
- My participation involves taking part in a semi-structured interview discussion facilitated by the researcher, Miss Mankopane Ts'osane. The interview will last approximately 45 minutes. A voice recorder will be used to record the discussion, and this voice recording will be transcribed for the purpose of analyzing the data. Should I prefer not to be recorded, I will not be able to participate in the study.
- I understand that my participation in this study is anonymous and that the researcher will not identify me by name during any reports arising from information obtained from this interview.
- I have read the information in Sections A and B, or it has been read to me.
- I understand that explanations provided to me in Sections A and B, and I have not in any way been coerced to participate in this research.
- I have been given the opportunity to ask questions about research, and all my questions were answered to my satisfaction.
- I voluntarily consent to participate in this study and have been given a copy of this consent form.

Contact details of the researcher:

This study is conducted by Miss Mankopane Ts'osane, a master's student at the University of the Free State, who can be reached at the following addresses/numbers, should you have any questions:

University of the Free State
Faculty of Economic and Management Sciences
Department Public Administration and Management Email: TsoaneMA@ufs.ac.za
Cell: 0794356317

Respondent : name and surname

Respondent : signature

Date

I declare that I have explained the information given in this document to _____ [name of the respondent]. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English. (If applicable: An interpreter was at hand to assist.)

Researcher: name and surname

Researcher: signature

Date

Attachment G: Consent Semi-structured interview NSG

Date 2019

Informed consent form

Management of HRD (CEO / Director / Deputy Director/ Assistant Director)

NSG

Participate in an individual interview for the M.Admin study titled “The influence of human resource development challenges on public health service delivery in Mangaung”

My name is Mankopane Amelia Ts’osane, an M.Admin student in the Department of Public Administration and Management at the University of the Free State. I am requesting your participation in a research study which seeks to “determine the HRD challenges that the administrative staff of the National, the Pelonomi Regional and the Universitas Academic

Hospitals faces in its mandate to provide efficient, effective and economical service delivery”. This form serves to (i) provide a synopsis of the information regarding the research and (ii) to request permission for your signature, should you choose to participate in this research.

SECTION A: SYNOPSIS OF THE INFORMATION REGARDING THE RESEARCH

In this section, information is provided regarding this master’s research and your participation in it.

The purpose of the research: Training for medical interns, registrars and medical practitioners within the Health Care often get prevalence over the training of the administrative staff. Although administrative staff renders an important staff function to health workers as well as the society, they are often not seen as priority with regard to human resource development, especially when financial challenges are experienced. The aim of this Master’s study is therefore to determine the HRD challenges that the administrative staff of the National, the Pelonomi Regional and the Universitas Academic Hospitals faces in an attempt to make recommendations towards providing efficient, effective and economical service delivery.

The method to be employed: This study intends to adopt a qualitative research approach. Data will be collected through conducting semi-structured interviews among the management of human resource development, to first establish information regarding human resource development within the department as well as day-to-day responsibilities of respondents towards the research topic. A second method of data collection, focus group discussions with administrative staff will be conducted to determine the HRD challenges that hampers efficient, effective and economical service delivery.

The contribution of the study: The study will assist Free State provincial government in providing a HRD framework for administrative staff in the FSDoH. It will outline the role of the FSTDI and the NSG respectively. The Free State Department of Health can implement recommendations towards addressing HRD challenges that the administrative staff of the National-, Pelonomi Regional- and Universitas Academic hospitals faces in its mandate to provide efficient, effective and economical service delivery. The study will promote the use of HRD as a tool to improve service delivery in the FSDoH.

Ethical approval: The study was approved by the research committee in the Faculty of Economic and Management Sciences at the University of the Free State. The study is in the process of being vetted by the Ethics Committee of the University of the Free State.

The potential benefits of taking part in this study: The benefits will not be for individual respondents only, but also for the FSDoH as a whole and the respective hospitals. The benefit might be cost saving in the near future to better services within the public health care in Mangaung.

The potential risks of taking part in this study: There is a possibility that you might share personal viewpoints during discussions or that you might feel uneasy discussing some topics. You do not have to answer any questions or participate in discussions with which you do not feel comfortable. Hence, you may choose to withdraw from participating in the semi-structured interview anytime.

Confidentiality: Your confidentiality will be protected and you will remain anonymous during the reporting of the findings of the research. Nothing you share during the interview will be attributed to you by name. A voice recorder will be used to record the responses and this voice recording will be used strictly to transcribe the data into a manuscript for the purpose of analyzing the data. The voice recordings will be destroyed upon completion of the study but will be safeguarded into a computer which will be encrypted during the study period. The researcher will make every effort to ensure that respondents will not be connected to the information shared during the interview.

Remuneration: There is no material or financial benefit for individual respondents in this study.

Sharing findings: A final copy of the research report will be submitted to the University of the Free State. The research findings will be used for the purposes of this master's study only and will be shared broadly through publication in peer-reviewed journals and presentation at conferences so that interested parties may learn from them and use them in future research.

SECTION B. REQUEST PERMISSION FOR YOUR SIGNATURE, SHOULD YOU CHOOSE TO PARTICIPATE IN THIS RESEARCH

As part of this study I wish to collect information from people like you who are a critical role player in the administration of health care services to the communities. If you agree to take part in this study, I will ask you to participate in a semi-structured interview, in which you draw on your experiences and knowledge concerning issues related to my study. This should take approximately 45 minutes.

- I have read and understood the information about this study, as explained in Section A.

- I understand that this study is designed to gather data regarding the influence of human resource development challenges on public health service delivery in Mangaung.
- I volunteer to participate in this master's research which is conducted by Miss Mankopane Ts'osane, who is a registered master's student at the University of the Free State.
- I understand that I will not be paid for my participation in this study and that after signing the consent form, I may choose to terminate my participation at any time during the research.
- I understand that if I withdraw from the study prior to data collection being completed, my contributions or data will be returned to me or destroyed and will be excluded from the study
- My participation involves taking part in a semi-structured interview discussion facilitated by the researcher, Miss Mankopane Ts'osane. The interview will last approximately 45 minutes. A voice recorder will be used to record the discussion, and this voice recording will be transcribed for the purpose of analyzing the data. Should I prefer not to be recorded, I will not be able to participate in the study.
- I understand that my participation in this study is anonymous and that the researcher will not identify me by name during any reports arising from information obtained from this interview.
- I have read the information in Sections A and B, or it has been read to me.
- I understand that explanations provided to me in Sections A and B, and I have not in any way been coerced to participate in this research.
- I have been given the opportunity to ask questions about research, and all my questions were answered to my satisfaction.
- I voluntarily consent to participate in this study and have been given a copy of this consent form.

Contact details of the researcher:

This study is conducted by Miss Mankopane Ts'osane, a master's student at the University of the Free State, who can be reached at the following addresses/numbers, should you have any questions:

University of the Free State

Faculty of Economic and Management Sciences

Department Public Administration and Management Email: TsoaneMA@ufs.ac.za

Cell: 0794356317

Respondent : name and surname

Respondent : signature

Date

I declare that I have explained the information given in this document to _____ [name of the respondent]. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English. (If applicable: An interpreter was at hand to assist.)

Researcher: name and surname

Researcher: signature

Date

Attachment H: Consent Semi-structured interview FSTDI

Date 2018

Informed consent form

Management of HRD (CEO / Director / Deputy Director/ Assistant Director)

FSTDI

Participate in a semi-structured interview for the M.Admin study titled “The influence of human resource development challenges on public health service delivery in Mangaung”

My name is Mankopane Amelia Ts’osane, an M.Admin student in the Department of Public Administration and Management at the University of the Free State. I am requesting your participation in a research study which seeks to “determine the Human Resource Development challenges that the administrative staff of the National, the Pelonomi Regional and the Universitas Academic Hospitals face in its mandate to provide efficient, effective and economical service delivery”. This form serves to (i) provide a synopsis of the information

regarding the research and (ii) to request permission for your signature, should you choose to participate in this research.

SECTION A: SYNOPSIS OF THE INFORMATION REGARDING THE RESEARCH

In this section, information is provided regarding this master's research and your participation in it.

The purpose of the research: Training for medical interns, registrars and medical practitioners within the Health Care often get prevalence over the training of the administrative staff. Although administrative staff renders an important staff function to health workers as well as the society, they are often not seen as priority with regard to human resource development, especially when financial challenges are experienced. The aim of this Master's study is therefore to determine the HRD challenges that the administrative staff within the Health Care faces in an attempt to make recommendations towards providing efficient, effective and economical service delivery.

The method to be employed: This study intends to adopt a qualitative research approach. Data will be collected through focus group discussions that will be conducted with administrative staff members respectively from Pelonomi regional, National and Universitas academic hospitals. A second method of data collection, semi structured interviews will be conducted with staff members responsible for the management of HRD in the mentioned hospitals as well as the provincial department.

The contribution of the study: The study will assist the Free State provincial government in providing a HRD framework for administrative staff in the Free State Department of Health. It will outline the role of the Free State Training and Development Institute and the National School of Government respectively. The Free State Department of Health can implement recommendations towards addressing HRD challenges that the administrative staff of the National-, Pelonomi Regional- and Universitas Academic hospitals face in its mandate to provide efficient, effective and economical service delivery. The study will promote the use of HRD as a tool to improve service delivery in the FSDoH.

Ethical approval: The study was approved by the research committee in the Faculty of Economic and Management Sciences at the University of the Free State. The study is in the process of being vetted by the Health Sciences Research Ethics Committee of the University of the Free State.

The potential benefits of taking part in this study: The benefits will not be for individual respondents only, but also for the FSDoH as a whole and the respective hospitals. The outcomes of this study will be of significance to each administrative staff member in that the study will promote the use of HRD as a tool to improve service delivery in the FSDoH.

The potential risks of taking part in this study: There is a possibility that you might share personal viewpoints during semi-structured interview or that you might feel uneasy discussing some topics. You do not have to answer any questions or participate in discussions with which you do not feel comfortable. Hence, you may choose to withdraw from participating in the semi-structured interview anytime.

Confidentiality: Your confidentiality will be protected and you will remain anonymous during the reporting of the findings of the research. Nothing you share during the interview will be attributed to you by name. A voice recorder will be used to record the responses and this voice recording will be used strictly to transcribe the data into a manuscript for the purpose of analyzing the data. The voice recordings will be destroyed upon completion of the study but will be safeguarded into a computer which will be encrypted during the study period. The researcher will make every effort to ensure that respondents will not be connected to the information shared during the interview.

Remuneration: There is no material or financial benefit for individual respondents in this study.

Sharing findings: A final copy of the research report will be submitted to the University of the Free State. The research findings will be used for the purposes of this master's study only and will be shared broadly through publication in peer-reviewed journals and presentation at conferences so that interested parties may learn from them and use them in future research.

SECTION B: REQUEST PERMISSION FOR YOUR SIGNATURE, SHOULD YOU CHOOSE TO PARTICIPATE IN THIS RESEARCH

As part of this study I wish to collect information from people like you who are a critical role player in the administration of health care services to the communities. If you agree to take part in this study, I will ask you to participate in a semi-structured interview, in which you draw on your experiences and knowledge concerning issues related to my study. This should take approximately 45 minutes.

- I have read and understood the information about this study, as explained in Section A.

- I understand that this study is designed to gather data regarding the influence of human resource development challenges on public health service delivery in Mangaung.
- I volunteer to participate in this master's research which is conducted by Miss Mankopane Ts'osane, who is a registered master's student at the University of the Free State.
- I understand that I will not be paid for my participation in this study and that after signing the consent form, I may choose to terminate my participation at any time during the research.
- I understand that if I withdraw from the study prior to data collection being completed, my contributions or data will be returned to me or destroyed and will be excluded from the study
- My participation involves taking part in a semi-structured interview discussion facilitated by the researcher, Miss Mankopane Ts'osane. The interview will last approximately 45 minutes. A voice recorder will be used to record the discussion, and this voice recording will be transcribed for the purpose of analyzing the data. Should I prefer not to be recorded, I will not be able to participate in the study.
- I understand that my participation in this study is anonymous and that the researcher will not identify me by name during any reports arising from information obtained from this interview.
- I have read the information in Sections A and B, or it has been read to me.
- I understand that explanations provided to me in Sections A and B, and I have not in any way been coerced to participate in this research.
- I have been given the opportunity to ask questions about research, and all my questions were answered to my satisfaction.
- I voluntarily consent to participate in this study and have been given a copy of this consent form.

Contact details of the researcher:

This study is conducted by Miss Mankopane Ts'osane, a master's student at the University of the Free State, who can be reached at the following addresses/numbers, should you have any questions:

University of the Free State

Faculty of Economic and Management Sciences

Department Public Administration and Management Email: TsoaneMA@ufs.ac.za

Cell: 0794356317

Respondent : name and surname

Respondent : signature

Date

I declare that I have explained the information given in this document to _____ [name of the respondent]. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English. (If applicable: An interpreter was at hand to assist.)

Researcher: signature

Date

Attachment I: Consent Semi-structured interview FSDoH

Date 2019

Informed consent form

Management of HRD (CEO / Director / Deputy Director/ Assistant Director)

FSDoH (Bophelo house)

Participate in a semi-structured interview for the M.Admin study titled “The influence of human resource development challenges on public health service delivery in Mangaung”

My name is Mankopane Amelia Ts’osane, an M.Admin student in the Department of Public Administration and Management at the University of the Free State. I am requesting your participation in a research study which seeks to “determine the Human Resource Development challenges that the administrative staff of the National, the Pelonomi Regional and the Universitas Academic Hospitals face in its mandate to provide efficient, effective and economical service delivery”. This form serves to (i) provide a synopsis of the information regarding the research and (ii) to request permission for your signature, should you choose to participate in this research.

SECTION A: SYNOPSIS OF THE INFORMATION REGARDING THE RESEARCH

In this section, information is provided regarding this master’s research and your participation in it.

The purpose of the research: Training for medical interns, registrars and medical practitioners within the Health Care often get prevalence over the training of the administrative staff. Although administrative staff renders an important staff function to health workers as well as the society, they are often not seen as priority with regard to human resource development, especially when financial challenges are experienced. The aim of this Master's study is therefore to determine the HRD challenges that the administrative staff within the Health Care faces in an attempt to make recommendations towards providing efficient, effective and economical service delivery.

The method to be employed: This study intends to adopt a qualitative research approach. Data will be collected through focus group discussions that will be conducted with administrative staff members respectively from Pelonomi regional, National and Universitas academic hospitals. A second method of data collection, semi structured interviews will be conducted with staff members responsible for the management of HRD in the mentioned hospitals as well as the provincial department.

The contribution of the study: The study will assist the Free State provincial government in providing a HRD framework for administrative staff in the Free State Department of Health. It will outline the role of the Free State Training and Development Institute and the National School of Government respectively. The Free State Department of Health can implement recommendations towards addressing HRD challenges that the administrative staff of the National-, Pelonomi Regional- and Universitas Academic hospitals face in its mandate to provide efficient, effective and economical service delivery. The study will promote the use of HRD as a tool to improve service delivery in the FSDoH.

Ethical approval: The study was approved by the research committee in the Faculty of Economic and Management Sciences at the University of the Free State. The study is in the process of being vetted by the Health Sciences Research Ethics Committee of the University of the Free State.

The potential benefits of taking part in this study: The benefits will not be for individual respondents only, but also for the FSDoH as a whole and the respective hospitals. The outcomes of this study will be of significance to each administrative staff member in that the study will promote the use of HRD as a tool to improve service delivery in the FSDoH.

The potential risks of taking part in this study: There is a possibility that you might share personal viewpoints during semi-structured interview or that you might feel uneasy discussing

some topics. You do not have to answer any questions or participate in discussions with which you do not feel comfortable. Hence, you may choose to withdraw from participating in the semi-structured interview anytime.

Confidentiality: Your confidentiality will be protected and you will remain anonymous during the reporting of the findings of the research. Nothing you share during the interview will be attributed to you by name. A voice recorder will be used to record the responses and this voice recording will be used strictly to transcribe the data into a manuscript for the purpose of analyzing the data. The voice recordings will be destroyed upon completion of the study but will be safeguarded into a computer which will be encrypted during the study period. The researcher will make every effort to ensure that respondents will not be connected to the information shared during the interview.

Remuneration: There is no material or financial benefit for individual respondents in this study.

Sharing findings: A final copy of the research report will be submitted to the University of the Free State. The research findings will be used for the purposes of this master's study only and will be shared broadly through publication in peer-reviewed journals and presentation at conferences so that interested parties may learn from them and use them in future research.

SECTION B: REQUEST PERMISSION FOR YOUR SIGNATURE, SHOULD YOU CHOOSE TO PARTICIPATE IN THIS RESEARCH

As part of this study I wish to collect information from people like you who are a critical role player in the administration of health care services to the communities. If you agree to take part in this study, I will ask you to participate in a semi-structured interview, in which you draw on your experiences and knowledge concerning issues related to my study. This should take approximately 45 minutes.

- I have read and understood the information about this study, as explained in Section A.
- I understand that this study is designed to gather data regarding the influence of human resource development challenges on public health service delivery in Mangaung.
- I volunteer to participate in this master's research which is conducted by Miss Mankopane Ts'osane, who is a registered master's student at the University of the Free State.
- I understand that I will not be paid for my participation in this study and that after signing the consent form, I may choose to terminate my participation at any time during the research.

- I understand that if I withdraw from the study prior to data collection being completed, my contributions or data will be returned to me or destroyed and will be excluded from the study
- My participation involves taking part in a semi-structured interview discussion facilitated by the researcher, Miss Mankopane Ts'osane. The interview will last approximately 45 minutes. A voice recorder will be used to record the discussion, and this voice recording will be transcribed for the purpose of analyzing the data. Should I prefer not to be recorded, I will not be able to participate in the study.
- I understand that my participation in this study is anonymous and that the researcher will not identify me by name during any reports arising from information obtained from this interview.
- I have read the information in Sections A and B, or it has been read to me.
- I understand that explanations provided to me in Sections A and B, and I have not in any way been coerced to participate in this research.
- I have been given the opportunity to ask questions about research, and all my questions were answered to my satisfaction.
- I voluntarily consent to participate in this study and have been given a copy of this consent form.

Contact details of the researcher:

This study is conducted by Miss Mankopane Ts'osane, a master's student at the University of the Free State, who can be reached at the following addresses/numbers, should you have any questions:

University of the Free State

Faculty of Economic and Management Sciences

Department Public Administration and Management Email: TsoaneMA@ufs.ac.za

Cell: 0794356317

_____ **Respondent : name and surname**

_____ **Respondent : signature**

_____ **Date**

I declare that I have explained the information given in this document to _____ [name of the respondent]. He/she was encouraged and given ample

time to ask me any questions. This conversation was conducted in English. (If applicable: An interpreter was at hand to assist.)

Researcher: name and surname

Researcher: signature

Date

**INTERVIEW SCHEDULE:
Administrative staff of the Department of Health in Mangaung**

SECTION A: BIOGRAPHIC INFORMATION

1.	Gender ratio:	Male		
		Female		
<i>Observation:</i>				
2.	Workplace:	National hospital		
		Pelonomi Regional hospital		
		Universitas Academic hospital		
<i>Observation:</i>				
3.	Age:	18-29		
		30-39		
		40-49		
		50 and older		
<i>Observation:</i>				
4.	Highest level of education:	Matric/Grade 12 (NQF 4)		
		Certificate or Advance Certificate (NQF 5)		
		National Diploma (NQF 6)		
		BTech/Bachelor's Degree (NQF 7)		
		Postgraduate Diploma/Honours Degree (NQF 8)		
		Master's Degree (NQF 9)		
		Doctoral degree (NQF 10)		
		Other (please specify)		
<i>Observation:</i>				

5.	Salary level:	Below level 6		
		Levels 7 and 8		
		Levels 9 and 10		
		Level 11 and higher		
<i>Observation:</i>				
6.	Position occupied at present:	Administration Clerk		
		Personnel Officer		
		Administration Officer		
		Senior Personnel Officer		
		Other:		
<i>Observation:</i>				
7.	Years in your current position:	Five years and less		
		6-10 years		
		More than 10 years		
<i>Observation:</i>				

SECTION B: FOCUSING ON THE TRAINING RECEIVED SO FAR BY THE ADMINISTRATIVE STAFF.

In the following section the focus will be on the training that you have received from the FSDoH, i.e. the content, quality and service provider

Explanation: The training and development (T&D) activities are often designed to fill the gap between the employees' knowledge and skill and demands of current job. The focus of training and development (T&D) is to ensure, identify and develop the key competencies that enable individuals to perform current and future jobs. Furthermore, T&D focuses on individuals and how they connect with the organization. In this situation, training involves someone with specific skills working with employees to transfer the skills that are required to improve in their employment positions. Organizations can provide training internally and externally. This internal training could be on-the-job within the organization premises with the employee attending presentations or demonstrations. While the external training which could be done by different training companies, universities and colleges which have expertise in the identified area.

8. What kind of training have you received from the FSDoH in order to enhance your skills knowledge and attitudes?

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8.2			
8.3			
8.4			
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8.6			
8.7			
8.8			

Observation:

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9. To what extent is training and skills development programs provided by your department in line with your job descriptions and specifications?

9.1			
9.2			

9.3			
9.4			
9.5			
9.6			
9.7			
9.8		Other:	
<i>Observation:</i> <ul style="list-style-type: none"> • • • • • • 			

10.	To what extent does the Department of Health rate the quality of the training offered by the service providers (i.e. compiles with the required standards of learning and assessment services set forward by the DoE)?		
10.1	Facilitated by the National School of Government		
10.2	Facilitated by the Free State Training and Development Institute		
10.3	Facilitated by the Free State Health Department (in-house)		
10.4	Facilitated by the Skills Development Unit within the FSDoH		
10.5	Facilitated by other training providers		
10.6		Other:	
<i>Observation:</i> <ul style="list-style-type: none"> • • • • • • 			

SECTION C: HRD CHALLENGES FACING THE ADMINISTRATIVE STAFF IN THE FSDoH

In the following section the focus will be to determine the HRD challenges that the administrative staff of the National, the Pelonomi Regional and the Universitas Academic Hospitals faces in its mandate to provide quality service delivery.

Explanation: The department has been under increasing pressure to stay within their annual budget allocation without reducing the quality of health services rendered. It appears as if budget allocations are often shifted to the training of specialists, medical practitioners, professional nurses and pharmacists, rather than that of administrative staff. It is further noted that basic job descriptions and job specification. Other challenges faced by the National, the Pelonomi Regional and the Universitas Academic Hospitals appears to be, amongst other, that training expenditures are not properly monitored; there is little attention given to the link between training and performance, HRD policies are rarely honoured and implemented.

11.	What are the HRD challenges facing your hospital regarding service delivery?		
11.1			
11.2			
11.3			
11.4			
11.5			
11.6			
11.7			
11.8			
11.9			
11.10			
11.11		Other:	

Observation:

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SECTION D: RECOMMENDATIONS TOWARDS ADDRESSING HRD CHALLENGES

Making recommendations towards addressing HRD challenges that the administrative staff of the National-, Pelonomi Regional- and Universitas Academic hospitals faces in its mandate to provide efficient, effective and economical service delivery.

Administrative staff providing a staff function is defined by Van der Westhuizen, (2016:7) as an agency established to ensure the effective administration of government functions.

Explanation: Addressing HRD challenges on public health service delivery in Mangaung through, for example administrative staff could result in FSDoH authorities being able to improve their service delivery pronouncements as well as their health service delivery to citizens. To achieve such public health service delivery improvements, your viewpoint as to how FSDoH can improve the use of HRD during service delivery is deemed essential.

12.	What could be done by the FSDoH and other stakeholders to address HRD challenges facing your department?	
12.1		
12.2		
12.3		
12.4		
12.5		Other

Observation:

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-

Attachment K: Interview Schedule semi-structured interview

**INTERVIEW SCHEDULE: Staff members responsible for the management of HRD
(CEO / Director / Deputy Director/ Assistant Director)**

SECTION A: BIOGRAPHIC INFORMATION

1.	Gender ratio:	Male		
		Female		
<i>Observation:</i>				
2.	Workplace:	National hospital		
		Pelonomi Regional hospital		
		Universitas Academic hospital		
		Free State Training and Development Institute		
		National School of Government		
		Free State Department of Health (Bophelo house)		
<i>Observation:</i>				
3.	Age:	18-29		
		30-39		
		40-49		
		50 and older		
<i>Observation:</i>				
4.	Highest level of education:	Matric/Grade 12 (NQF 4)		
		Certificate or Advance Certificate (NQF 5)		
		National Diploma (NQF 6)		
		BTech/Bachelor's Degree (NQF 7)		
		Postgraduate Diploma/Honours Degree (NQF 8)		
		Master's Degree (NQF 9)		

		Doctoral degree (NQF 10)		
		Other (please specify)		
<i>Observation:</i>				
5.	Salary level:	Below level 6		
		Levels 7 and 8		
		Levels 9 and 10		
		Level 11 and higher		
<i>Observation:</i>				
6.	Position occupied at present:	CEO		
		Director		
		Deputy Director		
		Assistant Director		
		Other:		
<i>Observation:</i>				
7.	Year in your current position:	Five years and less		
		6-10 years		
		More than 10 years		
<i>Observation:</i>				

SECTION B: FOCUSING ON THE TRAINING GIVEN SO FAR TO THE ADMINISTRATIVE STAFF.

In the following section the focus will be on the training that have been provided by the FSDoH, i.e. the content, quality and service provider

Explanation: The training and development activities are often designed to fill the gap between the employees' knowledge and skill and demands of current job. The focus of training and development (T&D) is to ensure, identify and develop the key competencies that enable individuals to perform current and future jobs. Furthermore, T&D focuses on individuals and how they connect with the organization. In this situation, training involves someone with specific skills working with employees to transfer the skills that are required to improve in their employment positions. Organizations can provide training internally and externally. This internal training could be on-the-job within the organization premises with the employee attending presentations or demonstrations. While the external training which could be done by different training companies, universities and colleges which have expertise in the identified area.

8.	To what extent is training and skills development programs provided by your department in line with job descriptions and specifications?		
8.1			
8.2			
8.3			
8.4			
8.5			
8.6			
8.7			
8.8		Other:	

Observation:

-
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-
-
-
-

9.	To what extent does the Department of Health rate the quality of the training offered by the service providers (i.e. compiles with the required standards of learning and assessment services set forward by the DoE)?
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9.1	Facilitated by the National School of Government		
9.2	Facilitated by the Free State Training and Development Institute		
9.3	Facilitated by the Free State Health Department (in-house)		
9.4	Skills Development Unit within the FSDoH		
9.5	Facilitated by other training providers		
9.6	Other:		
<i>Observation:</i> <ul style="list-style-type: none"> • • • • • 			

SECTION C: HRD CHALLENGES FACING THE ADMINISTRATIVE STAFF IN THE FSDoH

In the following section the focus will be to determine the HRD challenges that the administrative staff of the National, the Pelonomi Regional and the Universitas Academic Hospitals faces in its mandate to provide quality service delivery.

Explanation: The department has been under increasing pressure to stay within their annual budget allocation without reducing the quality of health services rendered. It appears as if budget allocations are often shifted to the training of specialists, medical practitioners, professional nurses and pharmacists, rather than that of administrative staff. It is further noted that basic job descriptions and job specification. Other challenges faced by the National, the Pelonomi Regional and the Universitas Academic Hospitals appears to be, amongst other, that training expenditures are not properly monitored; there is little attention given to the link between training and performance, HRD policies are rarely honoured and implemented.

10.	What are the HRD challenges facing hospitals regarding service delivery?		
10.1			
10.2			
10.3			
10.4			
10.5			
10.6			
10.7			
10.8			
10.9			

10.10	Other:		
<i>Observation:</i> <ul style="list-style-type: none"> • • • • • • 			

SECTION D: RECOMMENDATIONS TOWARDS ADDRESSING HRD CHALLENGES

Making recommendations towards addressing HRD challenges that the administrative staff of the National-, Pelonomi Regional- and Universitas Academic hospitals faces in its mandate to provide efficient, effective and economical service delivery.

Administrative staff providing a staff function is defined by Van der Westhuizen, (2016:7) as an agency established to ensure the effective administration of government functions.

Explanation: Addressing HRD challenges on public health service delivery in Mangaung through, for example administrative staff could result in FSDoH authorities being able to improve their service delivery pronouncements as well as their health service delivery to citizens. To achieve such public health service delivery improvements, your viewpoint as to how FSDoH can improve the use of HRD during service delivery is deemed essential.

11.	What could be done by the FSDoH and other stakeholders to address HRD challenges facing your department?		
11.1			
11.2			
11.3			
11.4			
11.5		Other	

<i>Observation:</i> <ul style="list-style-type: none"> • • • • • 			
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Attachment L: Letter of approval from the FSDoH



11 February 2019

Miss M Tsosane
Dept. of Public Administration and Management
UFS

Dear Miss M Tsosane

Subject: THE INFLUENCE OF HUMAN RESOURCE DEVELOPMENT CHALLENGES ON PUBLIC HEALTH SERVICE DELIVERY IN MANGAUNG

- Please ensure that you read the whole document. Permission is hereby granted for the above – mentioned research on the following conditions:
- Participation in the study must be voluntary.
- A written consent by each participant must be obtained.
- Serious Adverse events to be reported to the Free State department of health and/or termination of the study.
- Ascertain that your data collection exercise neither interferes with the day to day running of Universities/Poloseni National Hospital and Free State Provincial Offices nor the performance of duties by the respondents or health care workers.
- Confidentiality of information will be ensured and please do not obtain information regarding the identity of the participants.
- **Research results and a complete report should be made available to the Free State Department of Health on completion of the study (a hard copy plus a soft copy).**
- Progress report must be presented not later than one year after approval of the project to the Ethics Committee of The University of Free State and to Free State Department of Health.
- Any amendments, extension or other modifications to the protocol or investigators must be submitted to the Ethics Committee of The University of Free State and to Free State Department of Health.
- **Conditions stated in your Ethical Approval letter should be adhered to and a final copy of the Ethics Clearance Certificate should be submitted to itackon@fshealth.gov.za / sehelars@fshealth.gov.za before you commence with the study**
- No financial liability will be placed on the Free State Department of Health
- **Please discuss your study with the institution manager/CEOs on commencement for logistical arrangements (See page 2 for contact details of Institution Manager/CEO)**
- Department of Health to be fully indemnified from any harm that participants and staff experiences in the study
- Researchers will be required to enter in to a formal agreement with the Free State department of health regarding and formalizing the research relationship (document will follow)
- You are encouraged to present your study findings/results at the Free State Provincial health research day

Thank you and the above in order
Kind regards

Dr D Motau
HEAD: HEALTH
Date: 12/02/19



Health Sciences Research Ethics Committee

25-Feb-2019

Dear Miss Mankopane Tsosane

Ethics Clearance: **THE INFLUENCE OF HUMAN RESOURCE DEVELOPMENT CHALLENGES ON PUBLIC HEALTH SERVICE DELIVERY IN MANGAUNG**

Principal Investigator: Miss Mankopane Tsosane

Department: Public Administration and Management Department (Bloemfontein Campus)

APPLICATION APPROVED

Please ensure that you read the whole document

With reference to your application for ethical clearance with the Faculty of Health Sciences, I am pleased to inform you on behalf of the Health Sciences Research Ethics Committee that you have been granted ethical clearance for your project.

Your ethical clearance number, to be used in all correspondence is: **UFS-HSD2018/1474/2603**

The ethical clearance number is valid for research conducted for one year from issuance. Should you require more time to complete this research, please apply for an extension.

We request that any changes that may take place during the course of your research project be submitted to the HSREC for approval to ensure we are kept up to date with your progress and any ethical implications that may arise. This includes any serious adverse events and/or termination of the study.

A progress report should be submitted within one year of approval, and annually for long term studies. A final report should be submitted at the completion of the study.

The HSREC functions in compliance with, but not limited to, the following documents and guidelines: The SA National Health Act. No. 61 of 2003; Ethics in Health Research: Principles, Structures and Processes (2015); SA GCP(2006); Declaration of Helsinki; The Belmont Report; The US Office of Human Research Protections 45 CFR 461 (for non-exempt research with human participants conducted or supported by the US Department of Health and Human Services- (HHS), 21 CFR 50, 21 CFR 56; CIOMS; ICH-GCP-E6 Sections 1-4; The International Conference on Harmonization and Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH Tripartite), Guidelines of the SA Medicines Control Council as well as Laws and Regulations with regard to the Control of Medicines, Constitution of the HSREC of the Faculty of Health Sciences.

For any questions or concerns, please feel free to contact HSREC Administration: 051-4017794/5 or email EthicsFHS@ufs.ac.za.

Thank you for submitting this proposal for ethical clearance and we wish you every success with your research.

Yours Sincerely

Dr. SM Le Grange
Chair : Health Sciences Research Ethics Committee

Health Sciences Research Ethics Committee
Office of the Dean: Health Sciences
T: +27 (0)51 401 7795/7794 | E: ethicsfhs@ufs.ac.za
IRB 0006240; REC 230408-011; IORG0005187, FWA00012784
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28 Feb 2020

TO WHOM IT MAY CONCERN

This letter serves to confirm that Mankopane Amelia Tsosane's thesis titled: "the influence of human resource development challenges on public health service delivery in mangaung" has been proofread and checked for grammatical errors. We have made the corrections to the best of our abilities.

If you need any further information please do not hesitate to contact us.

Regards

A small, handwritten signature in black ink, appearing to be the initials 'DJ'.

Attachment O: Plagiarism report

Amelia

ORIGINALITY REPORT

22%	21%	6%	%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	hdl.handle.net Internet Source	3%
2	scholar.ufs.ac.za:8080 Internet Source	2%
3	dspace.nwu.ac.za Internet Source	2%
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7	repository.nwu.ac.za Internet Source	1%
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