South African Health Review 1999

Briefing Summary

Distribution of human resources

This briefing summary is based upon chapter 16 of the 1999 South African Health Review

Distribution of Human Resources

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Also available on the Internet
http://www.hst.org.za/sahr

Published by the Health Systems Trust and supported with a grant from
the Henry J. Kaiser Family Foundaton (USA)

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Designed and printed by The Press Gang, Durban Tel: (031) 3073240

Background

The 20th Century has seen the professionalisation of health occupations, the establishment of regulatory councils and professional associations, the founding of training schools for an increasingly diverse set of health professions, increasing numbers of professionals, the unionisation of workers and the advent of a very enlightened and legislated labour environment.

There is still however wasteful utilisation and inequitable composition, development and distribution of human resources in health.

There has been a growing emphasis on curative and high-tech health care, accompanied by hospital-based and doctor-centred services, creating a supply of health personnel not appropriately equipped for preventive and promotive care.

Racial segregation, fragmented services and separate facilities and the different homelands divided human resources and lead to differential and exclusive training and development.

Separate private and public sectors and the urban/rural divide worsened the disparities in the distribution of personnel in health, in favour of the private sector and urban areas.

Recent developments in labour relations also posed serious challenges to the bureaucratic and organisational culture of the public health sector.

Amalgamation of historically fragmented staff establishments

Since 1994 there has been a commitment to fundamental reform of the health system, including its human resources.

One of the most important challenges has been unifying the separate staff establishments from the former national, provincial, and homeland governments. Differing situations in the provinces means that transformation progressed in dissimilar ways and at different paces. In most provinces amalgamation and restructuring are not yet complete.

Another challenge stemming from the District Health System (DHS) is the need to integrate provincial and local authority staff into combined district health establishments. These have different:

- ❖ Legislation
- ❖ Service conditions
- ❖ Remuneration packages
- ❖ Management styles and organisational cultures.

The challenge is even more daunting when seen in the light of "lack of capacity" and "bankruptcy" in many local governments.

Transformation in the public sector is not only about amalgamation but also about:

- ❖ Reprioritisation of budgets and resources towards primary health care
- ❖ Down-sizing of sophisticated curative and tertiary care
- ❖ Decentralisation (mainly through the introduction of the DHS) and devolution of authority to regions as well as districts
- ❖ The establishment and staffing of new offices and posts, as well as the integration or abolition of existing establishments.

To deal with this many provincial departments have created separate sections or units for:

(a) Human Resource (HR) Planning and Development

(b) Human Resource management and Labour Relations.

These "transformations units" are mandated to monitor and facilitate human resource transformation in departments. This has also necessitated a shift in approach to human resource management:

Firstly, there has been a shift from an "administrative paradigm" to a "management paradigm."

Secondly, authority and autonomy is being handed over to large hospitals to determine their own policies.

Thirdly, shifts have occurred in "organisational and management cultures", intended to ensure that managers are more approachable.

Fourthly, there is now a greater "business orientation" in the management of the public service.

Although provincial departments are responsible for monitoring their own transformation, the inter-provincial Provincial Health Restructuring Committee plays an overarching role in facilitating and co-ordinating transformation.

Some common concerns arising from the process of transformation are about:

- Redeployment and absorption of personnel
- Service prioritisation exercises
- Job security
- A clamp down on promotion, and the threat of imminent retrenchment due to supernumerary staff.

There remains a need to develop a sense of one corporate identity in many provinces.

Affirmative action: redressing racial and gender disparities

Racial representivity

Table 1 reveals that in most provinces and in the national Department of Health, only Africans are considerably under-represented in the management structures when compared with the overall race composition of the population.

Table 1: **Race and gender representation in management positions (South Africa) in the public health sector, mid-1999 (excludes academic managerial positions)**

POPULATION: 42 209 490								
	AFRICAN		WHITE		COLOURED		INDIAN	
South Africa	Male	Female	Male	Female	Male	Female	Male	Female
Superintendent General	33.3%		33.3%		33.3%			
Deputy Director General	18.2%	27.3%	27.3%		9.1%		9.1%	9.1%
Chief Directors	25%	10.7%	39.3%	3.6%	3.6%	7.1%	7.1%	3.6%
Directors	22.1%	24.4%	29.8%	7.6%	3.8%	3.1%	6.1%	3.1%
Deputy Directors	11.5%	41.8%	10.3%	27.2%	1.5%	2.7%	1.9%	3.1%
Assistant Directors	4.2%	52.6%	1.5%	31.3%	0.3%	6.9%	0.7%	2.5%
Medical/Dental Superintendent	28.4%	7.6%	29.6%	14.0%	4.8%		9.6%	6.0%
TOTAL	12.2%	38.7%	11.9%	24.4%	1.9%	4.4%	3.2%	3.4%
Race Representivity	**50.9%**		**36.2%**		**6.3%**		**6.6%**	

Source: PERSAL data, mid-1999

Coloureds are only well represented in four provinces, viz. Free State, KwaZulu-Natal, Gauteng and the North West.

Indians and whites are without exception much better represented in management when compared with population as a whole:

- In Gauteng, whites make up only 20.1% of the total population of the province, but occupy 46.8% of management posts. On the other hand, Africans make up 75.8% of the people of Gauteng but only occupy 43.9% of management posts.
- Whites and Indians dominate Medical/Dental Superintendent positions, with whites who constitute only 11% of the population, occupying 43.6% of posts, and Indians, who constitute less than 3% of the population, occupying 15.6% of management posts.
- While less than 6% of South Africa's population consists of white males, they occupy 31.2% of all top and senior management positions (Director upwards). In contrast, African males make up 38.8% of the population while occupying only and 22% of management posts.

Gender representation

Prior to 1994 the top echelons of the national Department of Health were almost all male. By mid-1999, 37% of the senior and top positions in South Africa's public health service (provincial and national) were filled by women.

However, African women are over-represented in management positions in some provinces. In the Northern Province African females make up 54.3% of the total population, but they occupy 70.8% of managerial positions.

Women achieve their overall higher representation by occupying more middle and lower managerial positions in the nursing profession, which is dominated by women. Women however are very poorly represented as Medical/Dental Superintendents, accounting for only 27.6% of these positions.

In most provinces there are some staff categories where the racial and gender composition will not be easy to alter due to decades of selective recruitment. This is likely to be particularly so in the case of doctors, dentists and pharmacists.

There are both positive and negative views amongst HR officials with respect to the effect of affirmative action. In general, opinions tend to be positive.

In the Northern Cape for example, interviewees were convinced that "the ability to do the job became more important, rather than the race and gender", and that people "became less aggressive towards each other."

However, in the Eastern Cape, there still appears to be gross dissatisfaction with affirmative action, springing from the fact that whites are allegedly unprepared and unwilling to change.

Criticism has also been raised about:

- Window-dressing
- Discriminating against whites (especially white males)
- Unmeritorious appointments
- Loss of qualified and competent staff
- Lack of proper planning

Human resource shortages, disparities, remedies

In many instances, personnel shortages are more a result of maldistribution and mismanagement of human resources rather than actual or absolute numerical shortages.

Human resource inequity, shortages and disparities occur in terms of:

- Geographical spread
- Professional category
- Community location
- Socio-economic status.

Inequity in the distribution of health professionals

Inequitable distribution of human resources is an inter-provincial as well as an intra-provincial problem. Geographical inequity can be traced along the rural/urban divide and is accentuated by the existence of the private sector.

Table 2 shows that Gauteng has the largest percentage of the country's human resources:

- 41.7% of all dentists
- 48.9% of all psychologists.

The provinces with the lowest proportions of professionals in most categories are the Eastern Cape, North West, and particularly the Northern Province. Of all health professionals working in South Africa, the Northern Province has:

- 1.2% of all psychologists
- 2.1% of all physiotherapists
- 2.6% of all medical practitioners.

Table 2: Provincial distribution of selected health professionals (Public and Private Sectors), 1998

PROVINCE	EC	FS	GT	KZN	MP	NC	NP	NW	WC
Population size **% of total population**	6 469 754 *15.5%*	2 703 381 *6.5%*	7 543 404 *18.1%*	8 640 356 *20.7%*	2 875 024 *6.9%*	862 618 *2.1%*	5 060 162 *12.1%*	3 443 841 *8.3%*	4 061 866 *9.7%*
Medical practitioners	7.1%	5.5%	37.1%	17.1%	3.5%	1.3%	2.7%	3.1%	22.6%
Dentists	5.5%	3.9%	43.6%	12.9%	3.8%	1.3%	2.5%	3.4%	23.2%
Pharmacists◆	8.5%	4.8%	42.5%	15.2%	3.8%	1.1%	2.6%	4.6%	16.9%
Registered nurses*	12.8%	7.5%	29.3%	18.2%	4.1%	1.8%	6.1%	6.3%	13.8%
Physiotherapists	5.1%	5.8%	42.2%	12.2%	2.8%	1.3%	2.1%	2.5%	26.0%
Occupational therapists	4.1%	8.7%	39.2%	10.9%	4.0%	1.8%	2.5%	2.2%	26.6%
Dental therapists	3.9%	2.8%	39.8%	23.2%	8.8%	0.7%	12.3%	7.0%	1.4%
Psychologists	5.0%	4.7%	50.1%	11.0%	2.3%	0.8%	1.2%	2.7%	22.2%
Environmental health officers	8.9%	7.0%	24.2%	18.8%	6.6%	4.5%	7.2%	4.2%	18.8%

Note: Totals *do not* include registered personnel currently residing outside of South Africa

Sources: Health Professions Council of South Africa, 1998
◆ Technical Report to Chapter 10 of the South African Health Review, 1998
* South African Nursing Council, 1998

Maldistribution of professionals is worse in scattered "pockets" of shortages within regions and districts, with the most affected areas being:

- Deep-rural and remote districts with lack of general infrastructure (often coinciding with former homelands)
- Sparsely populated districts characterised by vast distances and/or poor road infrastructure
- Informal settlements in urban areas
- Various types of health establishments, particularly small rural hospitals and rural clinics.

Table 3: The public/private divide in South African health, mid-1999

DESCRIPTION	TOTAL	Public sector 1999	Private sector 1999
		Estimated dependants: 34 611 781 82%◆	Estimated dependants: 7 597 709 18%◆
General practitioners	19 729	*27.4%*	*72.6%**
Medical specialists	7 826	*24.8%*	*75.2%*
Dentists (including Specialists)	4 269	*7.4%*	*92.6%*
Pharmacists	4 410	*23.7%*	*76.3%*
Physiotherapists	3 406	*13.6%*	*86.4%*
Occupational therapists	1 986	*19.5%*	*80.5%*
Speech therapists & audiologists	1 388	*8.6%*	*91.4%*
Dental therapists	306	*39.5%*	*60.5%*
Psychologists	3 808	*5.8%*	*94.2%*

Sources: PERSAL data, 1999
* Board of Healthcare Funders of South Africa, 1999
◆ Chapter 13, South African Health Review, 1998

Table 3 shows clearly the disparity between private and public sector human resources. Only around 18% of the total population are dependent on the heavily staffed private sector and the rest of the population (82%) depend on services of only: 27.4% of all general practitioners; 24.8% of medical specialists; 7.4% of dentists; and 5.8% of psychologists.

Table 4: Comparison of distribution of selected health professionals between public and private sectors, 1998

PROVINCE	EC	FS	GT	KZN	MP	NC	NP	NW	WC	SA
% Provincial population dependant on Public Sector	*92%*	*82%*	*60%*	*87%*	*86%*	*79%*	*92%*	*86%*	*72%*	*81%*
Medical practitioners TOTAL	*7.1%*	*5.5%*	*37.1%*	*17.1%*	*3.5%*	*1.3%*	*2.7%*	*3.1%*	*22.6%*	*100%*
PUBLIC SECTOR	*3.0%*	*1.8%*	*7.9%*	*6.5%*	*1.0%*	*0.3%*	*1.7%*	*1.2%*	*4.2%*	*27.6%*
PRIVATE SECTOR	*4.1%*	*3.8%*	*29.1%*	*10.5%*	*2.5%*	*1.0%*	*1.0%*	*1.9%*	*18.4%*	*72.4%*
Dentists TOTAL	*5.5%*	*3.9%*	*43.6%*	*12.9%*	*3.8%*	*1.3%*	*2.5%*	*3.4%*	*23.2%*	*100%*
PUBLIC SECTOR	*0.8%*	*0.4%*	*3.0%*	*0.8%*	*0.5%*	*0.1%*	*0.4%*	*0.5%*	*1.3%*	*7.7%*
PRIVATE SECTOR	*4.7%*	*3.5%*	*40.6%*	*12.0%*	*3.3%*	*1.2%*	*2.1%*	*2.9%*	*21.9%*	*92.3%*
Pharmacists◆ TOTAL	*8.5%*	*4.8%*	*42.5%*	*15.2%*	*3.8%*	*1.1%*	*2.6%*	*4.6%*	*16.9%*	*100%*
PUBLIC SECTOR	*1.3%*	*0.7%*	*2.9%*	*2.9%*	*0.7%*	*0.2%*	*1.0%*	*0.6%*	*1.9%*	*12.2%*
PRIVATE SECTOR	7.2%	4.1%	39.6%	12.3%	3.2%	0.9%	1.6%	4.0%	14.9%	87.8%
All Nurses* TOTAL	*12.9%*	*7.0%*	*26.6%*	*19.2%*	*4.3%*	*2.0%*	*6.5%*	*6.9%*	*14.5%*	*100%*
PUBLIC SECTOR	*9.7%*	*4.1%*	*10.5%*	*13.3%*	*3.0%*	*0.9%*	*6.8%*	*4.2%*	*6.2%*	*58.9%*
PRIVATE SECTOR	*3.2%*	*3.0%*	*16.1%*	*5.9%*	*1.3%*	*1.1%*	*###*	*2.7%*	*8.3%*	*41.1%*

Notes: Totals *do not* include registered personnel currently residing outside of South Africa.
Please refer to the chapter text for explanation of some of the data in this table.

Sources: PERSAL personnel administration system 09/03/1999
Health Professions Council of South Africa, 1998
◆ Technical Report to Chapter 10 of the South African Health Review, 1998
* South African Nursing Council, 1998

Table 4 reveals the enormous inequities in access to health professionals in the public sector. The public health services of the Western Cape and Gauteng are better staffed than the other provinces and they both have higher concentrations of private practitioners as well.

- In Gauteng there are six times as many doctors for private health care users as there are for public sector users. There is one public sector doctor for every 2 073 public sector dependants. In the private sector there is 1 doctor for every 376 people with medical aid. In the Northern Province the ratios are much worse with one doctor for every 9 780 people in the public sector and in the private sector, one for every 1 477 users.
- The Northern Province and Northern Cape have one public sector pharmacist per 50 000 dependants, Gauteng one for every 15 000 and the Western Cape one for every 16 000.
- There is only one public sector dentist for every 291 000 people living in the Northern Province, for every 36 000 people in Gauteng, and for every 15 556 people in the Western Cape.
- 39.6% of the country's pharmacists are in the private sector in Gauteng. This constitutes four times the total number of public sector pharmacists in all the provinces combined.

Although the Western Cape, Gauteng and KwaZulu-Natal are comparatively well resourced with doctors, many of these doctors work either in the private sector or at tertiary level.

Since the private sector uses staff trained by the state, without any obligation to contribute to the training of new professionals, a number of policies have been introduced which discourage the expansion of private hospitals, phase out limited private practice and limit the overtime privileges of professionals in public employ.

Table 5 shows that for all professions excluding nursing, the number of registered professionals has increased faster than the population since 1994. It is also encouraging to note that the registration of dental therapists and psychologists increased more rapidly than any other profession between 1996 and 1998. However it must be noted that these increases are not necessarily benefiting the public sector since the private sector may be absorbing increasing numbers of personnel.

Table 5: Trends in registration of professionals in selected health professions; 1994-96 and 1996-98

DESCRIPTION *(SA population)*	1994 - 96 % increase 2.7%	1996 - 98 % increase 2.7%
Medical practitioners (including specialists)	7.3%	3.5%
Dentists (including specialists)	5.1%	3.6%
Pharmacists◆	-	3.1%
Physiotherapists	8.8%	5.6%
Occupational therapists	10.4%	5.4%
Dental therapists	31.1%	20.3%
Psychologists	12.3%	7.2%
Nurses (All categories)*	-	0.7%

Sources: Health Professions Council of South Africa, 1998
◆ Technical Report to Chapter 10 of the South African Health Review, 1998
* South African Nursing Council, 1996 & 1998

Strategies to cope with shortages, disparities and maldistribution

A number of strategies have been implemented to ensure adequate numbers of doctors in the public sector including:

- ❖ Employment of foreign doctors
- ❖ Introduction of community service
- ❖ Continuation of rural allowances for doctors.

Table 6 shows that in some provinces almost half of all public sector doctors are foreigners:

- ❖ 42.3% in Mpumalanga
- ❖ 43.1% in Northern Province
- ❖ 44.8% in Northern Cape
- ❖ 54.1% in North West.

Table 6: Numbers and proportions of foreign doctors by province 1998

DESCRIPTION	EC	FS	GT	KZN	MP	NC	NP	NW	WC	TOTAL
Total Foreign Doctors	179	64	468	248	123	39	205	178	103	1607
Total Doctors (% foreign)	1963 **(9.1)**	1528 **(4.2)**	10214 **(4.6)**	4699 **(5.3)**	966 **(12.7)**	371 **(10.5)**	750 **(27.3)**	846 **(21.0)**	6214 **(1.7)**	27551 **(5.8)**
Total Public Sector Doctors (% foreign)	820 **(21.8)**	491 **(13.0)**	2183 **(21.4)**	1800 **(13.8)**	281 **(43.8)**	87 **(44.8)**	476 **(43.1)**	329 **(54.1)**	1149 **(9.0)**	7616 **(21.1)**

Sources: National Department of Health, 1998
South African Medical Association – Health Advantage, 1999

Financial stringency allows rural allowances for doctors but not other health professionals. The New Public Service Regulations (effective 1 July 1999) may bring some flexibility by allowing provincial MEC's to create incentives for all professionals.

Conclusions

- The strong emphasis on curative, high-tech, hospital-based and doctor-centred care has lessened as a result of shifts in financial allocations, redirection of training priorities etc.
- There has been some progress in addressing racial imbalances of the public health workforce. However, whites and Indians are still over-represented.
- There is better equity in gender representation in the public sector management. However, African women do not yet enjoy an equitable share of senior managerial positions.
- Fragmented HR establishments have largely been integrated into new provincial ones. However, challenges remain in amalgamating different organisational cultures, mending divides, and down-sizing some establishments.

- Some progress has been made to lessen the urban/rural disparities in the distribution of professionals, especially doctors, in the public sector. Community service and foreign health professionals have improved doctor ratios in under-resourced areas. However, more needs to be done to deploy and keep health professionals in neglected areas.
- Little to nothing has been achieved in accessing private professionals to build and strengthen the public health sector. Public sector professionals continue to move to the private sector. There is a need for renewed debate on how to stem the flow of health professionals to the private sector.
- Firm foundations have been laid for the transformation of human resources. However, financial constraints and the protracted demands of the transformation process are sometimes creating adverse effects on staff, arousing discontent and causing resistance to change, all of which pose a threat to further progress.
- To solidify gains already made and to pave the way forward, more inter-provincial co-ordination and joint ventures on key matters pertaining to health professional development and management are needed.