

Employees' perceptions of the implementation of affirmative action in the health sector in the Standerton District in South Africa

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Abstract

Since the inception of a fully democratic government in South Africa in 1994, government and trade unions have been placing increasing pressure on government departments and public institutions to introduce steps to correct racial discrimination through the implementation of affirmative action (AA). This study, which was carried out in the Standerton Health District, assesses employees' perceptions of and attitudes towards the implementation of AA. A quantitative design was used. Data was gathered from a total population of 360 employees by means of a questionnaire. The study revealed the following major themes:

- Respondents feel that if AA were effectively implemented, there would be an increase in productivity.
- There is strong support for the implementation of AA appointments.
- The implementation of AA will fail if the goals of AA are not properly and effectively communicated to all employees.

Background

Several government institutions have already implemented affirmative action and non-discriminatory policies. The aims of these policies are to address and rectify the disparities in employment within the labour market that arose as a result of apartheid and other discriminatory laws and practices. The Employment Equity Act 55 of 1998 has certain clearly stated intentions; the first of these is to promote equal opportunity and fair treatment in employment by eliminating unfair discrimination, and the second to implement affirmative action measures to redress the disadvantages in employment experienced by designated groups (black people, women and people with disabilities) in order to ensure their equitable representation in all occupational categories (South Africa, 1998).

The Standerton Health District, which is where the researcher works, comprises Standerton Hospital, Standerton Clinic, Balfour Clinic, Siyathemba Clinic and five mobile clinics, and is situated in the Eastern Highveld of Mpumalanga. There is a staff complement of 360. It is abundantly clear that the Standerton Health District is still characterised by racial inequities at the managerial and supervisory levels.

Disparities in employment, supervisory levels and occupational promotions have created pronounced disadvantages for black people, women and people with disabilities. Redressing these disparities, in essence, needs the commitment of management as well as the entire workforce through the promotion of equality and the correction of imbalances in employment opportunities as required by the Constitution. It is crucial that the implementation of employment equity cor-

rect the effects of discrimination, and the workforce must therefore be more representative.

Terminology

Equal opportunity

Equal opportunity refers to the provision of exactly the same opportunities with regard to employment practices to all people. This means in essence that any post that is available must be open to all people. Human, Bluen and Davies (1999:7) state that the following main principles should guide the definition and implementation of affirmative action:

- It is a means of creating equal employment opportunities.
- There should be a sense of proportionality to the qualified labour pool.
- Affirmative action should not be interpreted in terms of rigid quotas.

Affirmative action

The Employment Equity Act 55 of 1998 defines affirmative action as measures designed to ensure that suitably qualified people from designated groups have equal employment opportunities and are equitably represented in all occupational categories and at all levels. Adams (1993:82) sees affirmative action as a means to an end, defining it as a temporary measure designed to facilitate the process of creating equal employment opportunities by eradicating racism and sexism

at various levels of organisational life.

Affirmative action is an effort to develop a systematic approach to opening the doors of education and employment to qualified individuals who happen to be members of groups that have experienced long-standing and persistent discrimination (Gracia, 1997:4).

Affirmative action was first implemented in America, where it appears to have achieved some of its main objectives. According to Thomas (1996:108), more than half of the US workforce now consists of minorities, immigrants and women. South Africa could learn from the American experience of continued redress of past imbalances.

A history of affirmative action

Wingrove (1993:5) states that "affirmative action" is an American term first introduced by President Kennedy in 1961, but only legislated for the first time in the United States by President LB Johnson in 1965. Its origins lie in the Universal Declaration of Human Rights formulated in the 1940s by the International Labour Organization, which states that everyone is entitled to pursue his/her material well-being and spiritual development irrespective of his/her race, colour, sex or any other status. At present in South Africa, affirmative action is an anti-discrimination measure reinforced by legislation, namely the Employment Equity Act 55 of 1998.

In South Africa the apartheid model created a mindset in which black employees were legally and informally prohibited from advancing to the skilled or managerial level in a "white" organisation situated in a "white" group area (De Beer, 1998:9). Racial discrimination was one of the defining features of apartheid and was entrenched in a range of statutory provisions for many years. In the area of employment, the most visible legislative measures designed to afford racial privilege were incorporated in the policy of reserving jobs for certain groups of people (Adams, 1993:6). According to Adams (1993:6), Afrikaners used their vote and formed whatever alliances were necessary to gain power. Once in power, they passed legislation such as the Industrial Conciliation Act of 1924 as affirmative action to ensure positions for whites as opposed to using cheaper black labour.

According to Kahlenberg (1996:6), the legacy of discrimination has caused a concentration of blacks in lower-level positions for the following reasons:

- Black people were disproportionately poor. This has been a legacy of unequal opportunity, which has been created by skills imbalances in the past.
- White people stereotyped black people as poor and as either criminals and vagrants or as people to whom orders should be given, not from whom orders should be taken. Wingrove (1993:123) indicates that organisations have appointed blacks to positions where they have the least influence or decision-making power, or else they appear to have been appointed to senior positions, but decisions are taken without their involvement.

Problems associated with affirmative action

Despite the positive intentions of AA programmes, AA is often not implemented well in South African organisations. Several factors have a negative impact on the success of the AA implementation process:

- Lack of empowerment of AA candidates on the job
- Lack of adequate training and development of AA candidates
- Head hunting of external AA candidates
- Poor management skills of AA candidates
- Resistance from white employees towards AA candidates
- Demotivation of white employees

McWhirter (1996:133) states that affirmative preference has in reality too often been some form of corrupt decision-making in which someone's personal friend got the job or promotion. As a result, an incompetent person from a designated group could find success through corruption, whereas a competent person might fail. All people from designated groups then suffered from the stigma created by affirmative preference. It is essential that when affirmative preference is implemented, efforts be made to implement AA effectively.

Impact of affirmative action on productivity

In most instances, the lowering of standards is used as an excuse for not implementing AA. It is presumed that black employees lack ability, and that affirmative action recruits will deliver work of poor quality in comparison with white employees. Those who use this argument have tended to assume that in the past, standards were the only criteria used in South Africa to determine who got a particular job. Job reservation ensured that black people were legally barred from undertaking a wide range of work simply because of the colour of their skin, and regardless of whether or not they had the skills to undertake the job.

Aims and objectives of the study

If management is transformed and the designated groups fill senior positions in the District, the credibility of the health facilities may improve. It is therefore crucial to obtain the perceptions of the employees about this situation; hence the aim of the study, which was to ascertain the attitudes and perceptions of employees regarding the implementation of affirmative action in the Standerton Health District, and to ascertain employees' previous experiences with regard to AA. This extended to the following information:

- Acceptance or resistance experienced by employees in terms of the implementation of AA
- The availability of and access to policies and procedures guiding the implementation of AA

Research procedures

A quantitative survey design was used. According to Bless and Higson-Smith (1995:43) and McMillan and Schumacher (1994:42), a quantitative survey design is a methodology that collects information from a wide range of cases, and is generally used in eliciting people's reactions, perceptions, beliefs and attitudes. This design was thought appropriate for the Standerton Health District because of the large range of respondents it could cover, resulting in generalisable findings.

Population and sampling

The population frame to participate in this study consisted of 360 Standerton Health District employees. The sample frame for the survey equalled the entire staff complement, i.e. $N = \text{universe} = 360$ employees. Prior to the actual visit by the researcher, the Principal Personnel Officer of the District was contacted and asked for a printout of all employees for the eight facilities for the purpose of sampling.

The instrument

A new instrument was developed for this study, the rationale being that no similar instrument in the area of AA in health was available for reuse. The development of the questionnaire was based on the key aspects of AA, the Employment Equity Act and the Skills Development Act. The questionnaire collected the following main types of information:

- Respondents' biographical details in order to establish respondents profile
- Likert scale-type questions (30 items) that elicited respondents' perceptions, opinions, beliefs and attitudes regarding AA (Huysamen, 1994:126)

Validation of the instrument

For the purpose of instrument validation and checks on reliability, the questionnaires were issued to two other independent researchers for review and then piloted amongst six employees (Mouton, 1996:103). This process allowed for the identification of difficulty in questions, accuracy and appropriateness of the instrument, i.e. the length, ambiguity and bias of the questions. Item analysis of the Likert scale, which is an examination of the extent to which the composite index relates to its individual items, was done and items yielded positive external validity (Babbie, 1995:G3).

Data collection and capturing

The questionnaire was self-administered. The researcher visited the Standerton Health District and distributed the questionnaires amongst respondents, a method considered to be most appropriate in achieving the highest response rate (Bless & Higson-Smith, 1995:107). During data collection, a total of eight facilities (i.e. the hospital, clinics and district office) were visited and the District Manager was requested to inform employees that they would be receiving questionnaires and to urge them to complete them.

Findings

Respondent profile

A total of 246 participated in the survey, i.e. completed the questionnaire and returned it. This constituted a response rate of 68%, with a theoretical margin of error of 2,04, and a standard deviation (SD) of 1,96 at a 95% confidence interval level. Of the participants, 84,4% were female and 15,6% male. Their age groupings were as follows: 16,3% were in the age group 21–30 years, 35,4% were in the age group 31–40 years, 32,1% in the age group 41–50 years, 15,4% in the age group 51–60 years and 8% were 61 years old and above ($N=246$).

The population was divided as follows in terms of designation: 14,8% were administrative staff, 51,8% nursing staff, 2% medics, 2,9% paramedics and 9,8% support staff ($N=246$). One assumption of AA policy is that for its implementation to be fully successful, employees appointed to or earmarked for AA positions should be competent and highly skilled/qualified. For this reason the academic qualifications of the staff members were ascertained, and it was found that 24,0% had matriculated, 20,6% had achieved a qualification between sub A and standard 7 and 6,6% held degrees.

Table 1 : Educational qualifications by racial group ($N=242$)

EDUCATIONAL QUALIFICATIONS	RACE				
	African (N) %	Coloured (N) %	Asian (N) %	White (N) %	Total (N) %
No formal education	6 (2,5)	-	-	-	6 (2,5)
Sub A to Std 7	49 (20,2)	-	-	1 (0,4)	50 (20,6)
Std 8	30 (12,4)	-	-	2 (0,8)	32 (13,2)
Std 10	38 (15,7)	-	-	20 (8,3)	58 (24,0)
Certificate (no matric)	5 (2,1)	-	-	1 (0,4)	6 (2,5)
Post-matric certificate	21 (8,7)	1 (0,4)	-	3 (1,2)	25 (10,3)
Diploma	24 (9,9)	-	1 (0,4)	15 (6,2)	40 (16,5)
Degree	7 (2,9)	-	1 (0,4)	8 (3,3)	16 (6,6)
Postgraduate	4 (1,7)	-	-	3 (1,2)	7 (2,9)
Other	2 (0,8)	-	-	-	2 (0,8)
Total	186 (76,9)	1 (0,4)	2 (0,8)	53 (21,9)	242 (100,0)

From table 1 above, it is evident that the educational qualifications of the majority of Africans in the Standerton Health District range from no qualifications at all to lower-level qualifications. Opportunities for staff training and development should therefore be created for this group in order to equip them for AA appointments without sacrificing standards.

Table 2: Management levels by racial group (N=233)

MANAGEMENT LEVELS	RACE				
	African (N) %	Coloured (N) %	Asian (N) %	White (N) %	Total (N) %
Top management	4 (1,7)	-	-	6 (2,6)	10 (4,3)
Middle management	33 (14,2)	-	2 (0,9)	18 (7,7)	53 (22,7)
Lower management	58 (24,9)	1 (0,4)	-	16 (6,9)	75 (32,2)
Non-management	83 (35,6)	-	-	12 (5,2)	95 (40,8)
Total	178 (76,4)	1 (0,4)	2 (0,9)	52 (22,3)	233 (100,0)

whites' opportunities of occupying higher positions, which could lead to fear and demotivation among this group. Affirmative action is associated on one hand

with a drop in productivity (item 4), and on the other, with a lowering of standards (item3) (Innes, 1993:13). The study revealed the view that if affirmative action were implemented properly, work standards would not drop. Only 5,4% of whites believe that work standards would

Management levels by racial group (N=233)

Table 2 reveals that the majority of Africans occupy lower and non-management levels. However, 13 respondents did not indicate their portfolios. The need for affirmative action, coupled with training and staff development, which was illustrated in table 1, is again apparent from table 2.

Perceptions of affirmative action

Table 3 presents the responses to the 30 statements relating to AA that were presented in a three-point Likert-type scale.

Perception of affirmative action (N=246)

Employees' perceptions and attitudes regarding the implementation of affirmative action at the Standerton Health District are summarised and discussed in various themes. Theme discussions are based on extracts of table 3 with referencing made to item numbers.

Resistance of whites

The majority of the respondents have the following opinions about whites' resistance to affirmative action:

- There is fear that affirmative action could reduce

drop. Whites, however, constitute a small fraction of the sample (21%).

- There is a belief that racist attitudes by white managers are enough to slow down the implementation of affirmative action because these managers are threatened by AA (items 12 and 18).
- White employees are less supportive of affirmative action employees than they are of white employees. Their perception is that the chances of whites getting higher posts will be reduced (items 26 and 5).

Management practices

Managers should become more participative in their managerial styles to foster the implementation of affirmative action. In this regard, employees suggest a more consultative approach to facilitate the implementation of AA in the workplace. There is also considerable agreement that affirmative action will definitely fail if management does not communicate the goals of affirmative action to all people involved in the process (items 19, 20 and 27).

Labour relations

The following opinions about labour relations are widely expressed:

If affirmative action were to be properly implemented, there would be a decrease in complaints of discrimination in the work situation and unfair labour practices, and labourers, the

majority of whom are black, would be less aggrieved with management practices than is currently the case (items 14, 15, 23 and 24). It therefore appears that AA could have a positive impact on labour relations in the district.

Motivation

Judged by responses in items 1 and 27, it appears that affirmative action has a major influence on employee motivation:

Black employees would be motivated to work harder if they were given the chance to occupy higher positions, since many have not been afforded opportunities for advancement. Once

Table 3: Perception of affirmative action

	<i>Disagree</i>	<i>Unsure</i>	<i>Agree</i>
1. If black employees are given a chance to occupy higher position, they would be motivated to work harder	21.8	14.8	63.4
2. Educational disadvantages have resulted in black employees being less capable than white counterpart in the work situation	14.6	12.1	73.3
3. With affirmative action, work standards will not drop	23.1	19.0	57.9
4. If affirmative action is implemented properly, there will be an increase in productivity	11.6	12.0	76.9
5. Affirmative action will reduce the chances of whites getting higher posts	27.1	15.0	57.9
6. Affirmative action will result in black employees not improving their skills level	56.4	13.3	30.3
7. If opportunities are opened up for black employees, white employees will be motivated to improve their skills level	22.4	19.1	58.5
8. Black employees are supportive of affirmative action appointments	5.4	12.9	81.7
9. Affirmative action may result in employment of people who are not qualified for their posts	38.1	10.1	
10. With the proper implementation of affirmative action, work standards will improve	8.8	9.2	82.0
11. Affirmative action appointees are not afforded proper training to perform in their posts	19.7	30.3	50.0
12. Racist attitudes among white managers slow down the implementation of affirmative action	19.7	20.1	60.3
13. A greater number of women, blacks and people with disabilities should be given the opportunity to fill senior positions in the district	12.9	13.8	73.3
14. Affirmative action will lead to a decrease in complaints of discrimination in the work situation	13.4	18.0	68.6
15. Affirmative action will lead to a decrease in unfair labour practices	14.2	19.7	66.1
16. When black employees are placed in senior posts, they are not given authority by management to make decisions	26.3	22.9	50.8
17. Whites are not resistant to affirmative action	29.3	29.3	41.4
18. Whites are threatened by affirmative action	19.6	20.4	60.0

19. Affirmative action will result in managers having to become more participative in their management styles	3.3	20.4	76.3
20. Affirmative action will fail if management does not communicate the goals of affirmative action	2.9	10.0	87.0
21. There are many barriers to affirmative action in the Standerton District	17.6	33.5	49.0
22. Affirmative action appointees are often appointed irrespective of their capabilities	17.9	29.6	52.5
23. If black employees are promoted to higher posts, labour will be more satisfied with management	16.7	25.0	58.3
24. If black employees are promoted to senior positions, labour unrest will decrease	25.8	27.5	46.7
25. Affirmative action will fail if management does not all employees in the process	5.0	9.2	85.8
26. White employees are less supportive of affirmative action employees than they are of white employees	13.8	26.4	59.8
27. If all race groups are given an opportunity to work together, there would be more co-operation in the workplace	5.4	5.8	88.8
28. With affirmative action, management will improve their recruitment and selection practices	12.5	15.0	72.5
29. The implementation of affirmative action will motivate affirmative action employees to improve their performance	14.5	12.0	73.4
30. With affirmative action, management will improve	12.5	15.0	72.5

given a chance, however, they would be motivated to work harder to prove their capabilities.

There would be more co-operation in the work situation if all race groups were given opportunities to work together and this could motivate the affirmative action employees to improve their performance. This would signal the end of ineffective token appointments.

Training and development

There are different perceptions as to whether educational disadvantages have made blacks less capable than whites. A significant 56% of black respondents are of the opinion that educational advantages have caused a barrier in terms of the capabilities of the two race groups. There is a high degree of agreement, also supported by Wingrove (1993:123), that when black employees are placed in senior positions, they are not given authority by management to make decisions on their own. Blacks are appointed to positions where they have the least influence or decision-making power, i.e. their post has "a grand-sounding title, but it is stripped of all its decision-making powers" (Innes, 1993:15). Some of the opinions concerning training and development in the district are as follows:

- Educational disadvantages have resulted in black employees being less capable than their white counterparts in the work situation.
- If opportunities were opened up for black employees, white employees would be more motivated to improve their skills level.
- Affirmative action may result in the employment of people who are not qualified for their posts. It is therefore essential to train and develop employees with capabilities with a view to preparing them to fill affirmative action posts as supported by the Employment Equity Act and Skills Development Act.
- Affirmative action appointees are often appointed irrespective of their capabilities, resulting in appointments of people who are not qualified for the post and possible token appointments.

Recommendations

The study has elicited a number of challenges and possible recommendations, which are discussed below:

Discriminatory practices

To eliminate discriminatory practices, the researchers recommend that programmes on non-discriminatory practices and familiarisation with policies in the Standerton Health District be held. These programmes could include workshops and sessions on diversity management and intercultural communication.

To design and develop an appropriate recruitment strategy for the Standerton Health District to satisfy the requirements of achieving representativeness in line with the Employment Equity Act, the district office should keep statistics of personnel from all the facilities under its jurisdiction in terms of race, gender and disability.

Policies and procedures

For AA to be implemented effectively, it is important that internal policies be formulated in order to provide guidance and clarification.

- Policies and procedures should be clear in guiding the implementation of affirmative action in order to avoid misunderstanding of the principles. Where procedures are not well defined and communicated, they should be redesigned in order to aid effective implementation.
- The implementation of affirmative action is to the advantage and benefit of the department and its community. It should not be based on fear or tokenism and should therefore not compromise service delivery.

Communication and consultation

Regular meetings between management and subordinates can enable each party to express their fears and suspicions and invite solutions. This might not only help with the communication of suppressed feelings, but also assist in changing racial

stereotypes and building better relationships between different racial groups. It is furthermore essential that senior management filter down the District's mission statements to lessen the gap in communication and observe whether these statements are complied with in such a way that they do not lose their meaning.

Training and development

Based on the perceptions regarding training and human resource development, diversity sensitisation programmes should be conducted with a view to stimulating acceptance of affirmative action as a whole.

To overcome the resistance of whites to the implementation of affirmative action, specific training programmes need to be developed. For instance, sensitisation programmes, which identify substantive and perceptual grounds behind this resistance, and focus groups aimed at areas of resistance, would be considered appropriate interventions.

The proper implementation of affirmative action in order to enhance productivity and increase work standards revolves around the issue of training and developing affirmative action candidates. This should be preceded by proper recruitment and selection practices based on capabilities to avoid tokenism.

Conclusion

This study was carried out to assess employees' perceptions of and attitudes towards the implementation of AA in the Standerton Health District. Respondents feel that if AA were implemented effectively, labour relations would improve, thus creating an environment conducive to increased productivity. While there is support for the implementation of AA, certain programmes such as effective communication and training and development should be key features of the overall AA strategy if its implementation is to succeed. Assessing the perceptions of employees regarding the implementation of affirmative action is essential to identifying problem areas and to developing appropriate action plans to improve the situation.

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