THE ROLE OF TRADE UNIONS IN
HEALTH CARE SERVICES IN THE
KWAZULU-NATAL PROVINCE
OF
SOUTH AFRICA

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DECLARATION

I, the undersigned, hereby declare that the work contained in this dissertation is my own original work and has not been previously in its entirety or in part been submitted at any other university.

Signature: _____

Date:_____

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DEDICATION

This work is dedicated to my father, Peter Xaba, and my son Tshego, who have been called to eternal peace. Their love and sacrifices provided me with the vital resource for self-fulfillment.

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ABSTRACT

This research attempts to highlight the role of trade unions in health care services. Some nurse directors do not see unions as partners in bringing about desired human resource management policies; instead they are seen as opponents. Union members are confused, because they are perceived as rebellious and thus prefer to suffer in silence so as to prove their loyalty to the employer. In the midst of this suffering the union is blamed for being ineffective.

These perceptions have a direct impact on patient care and might be responsible for inadequate worker forums in health care services. The researcher's awareness of ill consequences of such perceptions motivated her to undertake this study basing it on the following objectives:

- Examination of the worker forums which enabled the researcher to establish the extent to which this mechanism is effective in the promotion of the union- management relationship;

- Determination of the attitudes of nurses towards these unions enabled the researcher to make some recommendations as to how to improve and maintain worker-union relationship and

- Identification of the strategies used by the unions to develop their members is a yardstick against which the researcher measured the extent to which the unions meet the challenge of continuos update of their members to cater for the ever-changing health care needs.

The study was done in two hospitals in the province of KwaZulu-Natal. A descriptive survey was conducted. The total sample comprised 102 nursing personnel. Chi-square method of analyzing data was used. The research confirms that trade unions can play a vital role in reducing and managing the impact of HIV/AIDS in the workplace.

It was also observed in this research that the attitude of nurses towards unions is influenced by the effectiveness of unions in problem solving. Furthermore, this research revealed that merging together of hospital-based unions (DENOSA, HOSPERSA and NEHAWU) to form one industrial union would reduce inter-union rivalry thus improving industrial planning. The survey also revealed that there is an urgent need to recognize collective agreements between management and union leaders in the health sector.

GLOSSARY OF ABBREVIATIONS

SANA	South African Nursing Association
DENOSA	Democratic Nursing Organization of South Africa
NEHAWU	National and Education Allied Workers Union
HOSPERSA	Hospital Personnel Trade Union of South Africa
COSATU	Congress of South African Unions
NACTU	National Council of Trade Unions
ANC	African National Congress
SACP	South African Communist Party
LONASA	League of Nursing Organizations of Southern Africa
CONSA	Concerned Nurses of South Africa
DASAN	Democratic Association of South African Nurses
PAC	Pan- Africanist Congress
CODESA	National Central Forum Conference for a Democratic South Africa
NMC	National Manpower Commission
NEF	National Economic Forum

NEDLAC	National Economic, Development and Labour Council
TNC	Transitional Nurses Committee
LRA	Labour Relations Act
MAWU	Metal and Allied Workers Union
NUTA	National Union of Tanganyika Workers
NUMSA	National Union of Metalworkers of South Africa
NPFF	Nurses Planning for the Future
NRTUC	Northern Rhodesia Trades Union Congress
UNIP	United National Independence Party
UDF	United Democratic Front
UTUC	United Trades Union Congress
ZCTU	Zambia Trade Union Congress
ANTUF	All Nigeria trade Union Federation
TUCN	Trade Union Congress of Nigeria
TUCSA	Trade Union of South Africa
TAWU	Transport and Allied Workers' Union
SACTU	South African Congress of Trade Unions
UTP	Urban Training Project
IULC	Independent United Labour Congress
ULC	United Labour Congress
JAC	Joint Action Committee

UCCLO	United Committee of Central Labour Organisation
NGO	Non- Governmental Organisations
SANC	South African Nursing Council
SAMC	South African Medical Council

CHAPTER ONE

1.0 BACKGROUND OF THE PROBLEM

1.1 INTRODUCTION

Nurses are professional people and because of this, they are concerned with professional issues such as quality of care rendered to clients or patients, maintenance of high standards of the nursing profession, nursing education, research, etc. However, according to Chaska (1983:121), they are also concerned with non-professional issues of interest (to blue collar employees) such as salaries and working conditions, hence they also form trade unions.

In South Africa – during the Apartheid Era – nurses had the South African Nursing Association (SANA) as a professional body that was established to safeguard the interests of all nurses. However, nurses had been trapped in frustration because industrial relation systems in hospitals were seen to be underdeveloped by most nurses (Gwagwa, 1995:79).

The apartheid legislation (e.g. Industrial Conciliation Acts, 1924 to 1956, Liberalisation and the attempt at containment, 1979 to 1988) did not provide for unions in the health care sector. This prevented nurses from airing their grievances – including challenging SANA. Although the situation appeared to be normal, Ngwenya (1993:18) maintains that beneath the calm surface a number of contradictory trends were in motion that would lead to successive waves of strikes.

The post-apartheid era led to a new burst of professional associations and unions, such as Democratic Nursing Organisation of South Africa (DENOSA), National and Education Allied Workers Union (NEHAWU) and Hospital Personnel Trade Union of South Africa (HOSPERSA).

This research seeks to look at the trend of unions in health care services since their establishment to date, by asking the following questions:

- Have the organisations been able to normalise the situation in the workplace?
- Are they catering for the needs of the members?
- What is their impact on the health care delivery?

1.2   OVERVIEW OF TRADE UNIONS IN SOUTH AFRICA

1.2.1   Apartheid Era (1924 – 1993)

South Africa was divided into different worlds of Black and White for so long that it was hard to envisage a new country in which there is genuine integration. The whole system created a legacy of distrust and hatred. The damage done is as enormous to Blacks as it is to Whites.

1.2.1.1   **Apartheid can be viewed in four distinct characteristics, namely:**

- The hierarchical ordering of the whole social, economic and political structure of South African society on the basis of statutory defined race,
- The involvement of systematic political and economic discrimination against all Blacks,
- The involvement of segregation of the races, politically, economically and socially, including health care and education, and
- Legalisation and institutionalisation of this hierarchical, discriminatory and segregated system (Blemenfeld, 1987:26).

1.2.2   Evolution Of Unions

The following discussion shows the evolution of the South African Labour Movement during the apartheid era (1924 – 1993).

1.2.2.1   The formal exclusion of Africans from industrial relations (1924 – 1979)

South Africa's industrial relations were first formalized in 1924, with the passage of the Industrial Conciliation Act. This Act, and the 1956 Industrial Conciliation Act, allowed certain groups of employees to form and join unions that could be registered with the authorities and granted official recognition status, provided certain conditions were satisfied (Van der Merwe, 1994). After registration, unions and employers could apply from the Minister of Labour to have

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an industrial council established for the purpose of collective bargaining in their industry (Moll, 1996). Although participation in these councils was voluntary, the Minister of Labour automatically extended agreements negotiated to non-signitory parties in the same industry. Workers were allowed to strike on condition that they had gone through lengthy and bureaucratic, disputes resolution procedure (Moll, 1996).

The collective bargaining rights provided by the 1924 Act were only available to White workers in the nonagricultural, private sector. On the other hand, African men were allowed to form and join their own unions. They had no right to register them, strike, or participate in the industrial councils. African women lost their status as employees under the 1953 Native Labour (Settlement of Disputes) Act. Africans could join mixed-race unions, but they were denied the right to register following the passage of the 1956 Industrial Conciliation Act (Van der Merwe, 1996).

The Industrial Conciliation Act of 1956 clearly stated that no further mixed trade unions, providing for both White and Coloured membership would be registered. If more than half of the White or of the Coloured members of an existing mixed union, in the industry and area for which it was registered, wished to break away and establish a separate union along racial lines, they could apply for registration. If granted, the terms of registration of the original union might have been altered to confine it, too, to one racial group (Ngwenya, 1993:13). Most trade unions became very concerned about the possible threat to the collective bargaining system posed

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by the division of unions into splinter groups, the interest of which might differ. Representatives of 61 unions met and decided to form a central coordinating body known as the Trade Union Council of South Africa (TUCSA)(South African Labour Bulletin, Vol. 3. No. 9, Nov. 1977).

TUCSA's national executive committee had to maintain liaison with Black trade unions. The TUCSA unions directly or indirectly supported the government's attempt to split the trade union movement on a racial basis. TUCSA's primary purpose was to encourage the Blacks to join their organization to preserve the White worker's privileged position, and to control and dominate the ever-growing Black trade union movement, thus fulfilling an important state political role (Lewis J, 1978).

For TUCSA to achieve the already mentioned objective, it yielded to the state's new labour strategy which resulted in a number of registered unions, together with some Black unions, forming the South African Congress of Trade Unions (SACTU). This was a non-racial federation, which sought to break the racial differentiation created in the new labour legislation. It organized all workers on an equal basis irrespective of their race and eligibility under the Industrial Conciliation Act.Allied with the African National Congress, SACTU entered into the Congress Alliance in 1955 and participated in the nationalist campaigns of the period.

SACTU's political orientation developed at the expense of the independence of the labour movement, often leading it to ignore shop floor organizations around specific worker's

demands. By mid-1961, the Congress reached its peak, it had 46 affiliated unions with 53,323 individual members (498 Whites, 12,384 Coloured, 1650 Indians, and 38,791 Blacks). Sound organizational training was provided for Black trade union officials (Mullholand, 1988 : 109). SACTU struggled for social and economic improvement, but could not succeed. They joined hands with ANC to organize demonstrations to press for changes to remedy grievances caused, e.g., by the pass laws and the Group Area Act. It organized a number of strikes of Black and Coloured workers (Simons, 1955:67).

Scores of them were detained under the security laws at various times. By early 1964 more than 50% of the prominent members had been served with banning orders which made it impossible for them to continue trade union activities (Ngwenya, 1993:17). Few of the older unions discontinued their affiliation because SACTU was no longer fulfilling its role as a coordinating body. Lacking leadership and apprehensive of further government action, more recently established unions went out of existence. By 1967, SACTU existed in name only (Stares, 1977:87). The harsh repression on those unions who forged non-racialism and black union activists initiated a long period of quiescence.

Between 1962 and 1968 only 2000 Black workers annually were reported as going on strike. In 1969 Black workers in mines stopped working in protest over wages, but the strike was watered down by the conventional method of mass retrenchment of the largely migrant work force. The unionization of the Black labour force, opposed with varying

degrees of hostilities by the government and employers alike, had declined to a historically low level (Webster, 1978:32).

In 1970 there were widespread shortages of skilled labourers leading to a much larger proportion of Black workers moving to semi-skilled positions. Further job fragmentation, new technology and the introduction of a variety of industrial training schemes accelerated the employment of black operatives. Again, the White unionists felt threatened and lured the Black workers into their unions, on condition that they accept restrictions that bolstered White interests. In exchange, the white unionists promised to use their negotiating rights and experience to win better conditions for Black workers (Davies, 1984:144). In line with that idea, the state decided to introduce stiffer labour control measures that would affect the Black worker's participation in the open labour market to protect white workers.

Former officials of TUCSA, African Affairs section with the help of churches, established the Urban Training Project in 1970 and disseminated information on workers rights. That would further help Black workers win the limited rights they had in labour, but were often denied. The main vehicles, through which workers were reached, were the churches. They would invite U.T.P. officials to address workers during services and distributed its literature (Research Report No. 68, South African Institute of Race Relations, and 1983:67).

There were numerous disputes, strikes and lockouts that had occurred, but because there was no proper record keeping, statistics are not available to indicate their impact.

The only major dispute statutory machinery available at the time was the "anti-strike" provision (Mullholland, 1969:129).

The seventies is well known in South Africa as the rise of the "Black Conscious Movement." At this point workers acted as if they had nothing to lose. In 1971 about 13 000-contract workers struck at the Namibian diamond mines to protest low pay and harsh conditions. This was the biggest Black worker action in over a decade. Although it did not lead to a long lasting organization, it sounded a siren and reminded many employers that their workers might not remain docile forever (Davies, 1984:157).

Again this was well illustrated by PUTCO dispute, where bus drivers stopped working and demanded a R60 a week wage increase more than double their starting rate. Many employers rely on PUTCO to ferry their Black workers to and from work and drivers' strikes were bound to affect scores of businesses. This one strike stranded 120 000 commuters and forced many employers to take note of Black worker action for the first time in years. The company threatened to fire the drivers and the next day 300 was arrested. This threat broke the strike and the drivers were back at work by the following day (South African Labour Bulletin 1976, Vol.10, No. 2 16).

Trained workers could not be easily ignored and replaced, PUTCO had to raise the drivers' pay and the charges against them were dropped. The strike was also the first in the 1970s to give birth to a union. The drivers in collaboration with U.T.P. formed the Transport and Allied Workers'Union

(TAWU) Today PUTCO drivers remain TAWU's strongest source of support (South African Labour Bulletin 1979, Vol.5, 3).

The increase in industrial strife was at the highest level in 1979.This was a period during which Blacks had been allowed to join trade unions. There was chaos from all directions in the industrial relations arena. The situation became unruly and thus chaotic when white workers pushed to preserve the rights to join trade unions for themselves only. The situation looked more like a platform of anarchy. At this time, the most pressing question was whether the government should ignore this industrial unrest which had such widespread economic repercussions (Callinicos, 1977:56).

Non of the Black union movements before 1970s endured because none could turn worker support into a permanent source of power. In each union generation, workers surrendered their power either to charismatic leaders, the law, registered TUCSA unions or non-workers, who sought to lead resistance to apartheid.

There were numerous apartheid laws, which created a racially divided labour market, characterised by:

- Job reservation system for Whites in the private sector;
- Preferential hiring of Afrikaners in the public sector;
- Segregated and unequal education system (Lundahl, 1989).

The industrial council machinery permitted the establishment of the closed shop, allowing employers to hire only union members, thus excluding Africans. In addition, they colluded in setting low wages for African workers (Moll, 1993). As a result, the wages of Africans remained low whilst those of Whites rose tremendously in the formal, non-agricultural sector. The average wages for Africans remained a third of the average wages for Whites in the early 1990s (Corker & Bayoumi, 1992).

1.2.2.2 Liberalisation and attempt at containment (1979 – 1988)

This period was characterised by massive strikes originating in Durban in early 1973. About 2000 workers at the Coronation Brick and Tile Works went on strike following their employers refusal to pay a minimum wage of R30.00 per week (Friedman, 1987:38). Workers in nearby factories supported the move as a result it spread rapidly across Durban. The enormous size of strikes (100 000 workers) made arrests and dismissal impractical. The impossibility of coercive measures in suppressing Durban strikes culminated in a new legislative strategy aimed at co-opting African Workers. The 1973 Bantu Labour Regulation Amendment Act focused particularly on the improvement of each individual employer's communication network with its employees. Africans were thus provided with rights to participate in Liaison Committees, but still without full bargaining rights. The works committees consisted exclusively of workers.

Works committees' functions were to communicate the employee's demands to the employers and represent the employees in any eventual negotiation with the employers.

Liaison Committees' function was exclusive, consultative, and the managers power was further increased because it was stipulated that management selects the committee's chairman (Laws Affecting Race Relations 1974 – 1976, 261).

The agreements between the Works Committee and the employer had no legal sanction, consequently, agreements would not be enforced. Moreover, a court verdict in 1976 deprived Works Committees of the right to take part in a trial. This meant that each worker had to conduct his or her case individually. The government banned a number of individuals involved in attempts to revive union organisation. Attempts were constantly being made to keep Black workers organisations outside the system, to fragment them in order to prevent them from building up a class organisation that could threaten the prevailing order (The Institute for Industrial Education 1976, 79).

The fact that the government was against the Black workers having any form of labour rights in 1977 was endorsed by the banning of moderate trade union leaders (Davies Robert, 1984:88). There might be two reasons why the government was against the Black solidarity. Firstly, employers believed that the trade unions would be used in a revolutionary movement that would lead to nationalisation of private property, thus depriving the existing owners of their basis for existence. Secondly, the employers believed that trade unions would be used to bring about economic improvements and political reforms within the framework of the capitalist market system. This indicated that the employers were fully dependent on the state's repressive apparatus and they represented a political distribution of

power, which ensured them a very cheap labour force (Sullivan, 1981:67). Because of the above experiences, there was a relatively fragile but expansive union infrastructure among the previously unorganised workers. Factors favouring the continuance of the new union were to be strengthened by the political turbulence beginning in 1976 with the SOWETO uprising (Bozzoli, 1979:26).

The state responded by serving restriction orders to those who were involved in the independent union effort in 1977. However, the state was forced by the events of 1976 to introduce major changes to the system of industrial relations and the occupational status of urban Blacks. This again led to the appointment of a Commission of Professor Nic Wiehahn, a well-known advocate of liberalisation in labour policy (South African Labour Review, Working Paper No.8, July 1977. The Wiehahn Commission was formed in order to evaluate the then existing labour law legislation, and if necessary recommend changes (Ngwenya, 1993:36).

This Commission recommended that industrial relations be de-racialised by extending full collective bargaining rights to Africans and that industrial conflict be referred to a new industrial court. The government heeded the Commission's advice by passing the 1979 Labour Relations Act. This Act afforded African rights to join and form registered unions, bargaining collectively, participate in industrial councils, and strikes. It also passed the 1979 Industrial Conciliation Amendment Act, which created an Industrial Court for adjudicating disputes (Nel & Van Rooyen, 1991).

At first, many independent unions were hesitant to register with the authorities and participate in the industrial councils, fearing that they would be easily be coopted by employers or restricted by the state (South African Labour Bulletin, 1981; Jouvelis, 1983). After considerable deliberations and consultation, most independent unions eventually chose to register. The rapidly expanding Metal and Allied Workers Union (MAWU) decided to join the metal industry's industrial council in early 1984, a move which persuaded several other unions to seek registration. The large National Union of Metalworkers of South Africa (NUMSA) was established as the principal union on the National Industrial Council for the Iron, Steel, Engineering and Metallurgical Industry (Tourien, 1989:76).

One other reason why unions were reluctant to participate in the formal industrial relations system was the fact that their rights were ill-defined in the new legislation. The new Industrial Court tried to relieve that tension in its adjudication of disputes concerning all "unfair labour practices." Most of its landmark decisions generally favoured workers and prompted unions to register (Wood, *et. al.,* 1998). For an example, the Court curtailed management's right to retrench having not consulted workers in the United African and Motor & Allied Workers Union versus Fodens (Industrial Law Journal, 1983:212).

However, the situation was fluid because the Court extended worker's rights in some cases only to revoke them later in others. For example, the Witwatersrand Local division of the Court ruled that management's common law right to dismiss striking workers was not inhibited by the 1979 Labour Relations Act (South African Law Reports, 1987:272). As a

result unions resorted to strikes whenever their grievances were not resolved. Disputes were typically referred to the industrial Court after a strike had already occurred. In such circumstances, the court was limited to reaffirming agreements reached prior to any hearing (Cheadle, 1993). From the above discussion, one can deduce that the Wiehahn Reforms failed to dampen industrial unrest. Consequently, the unions forged through with the philosophy of political unionism, emphasising the common interests of workers and community groups and the advantages of co-ordinated, mass action in pressuring major political, social, and economic changes (Lambert and Webster, 1988).

The labour movement did not associate itself with the national liberation movement until August 1984,when the South African Defense Force invaded the townships to quell a major rent boycott. The Congress of South African Students (COSAS) asked the unions for help in responding to the invasion (Lambert *et.al.,* 1988). The community, student organisations and unions organised a two-day, stay-away in November 1984,involving 800,000 workers and 400, 000 students across the Transvaal (Webster, 1988:189).

The unions formed a strong political base by forming two new federations. Unions committed to representing a racially inclusive membership founded the Congress of South African Trade Unions (COSATU) in 1985 and those committed to representing an exclusively African membership formed another federation in 1986, called the National Council of Trade Unions (NACTU) in 1987 (Van der Merwe 1994). In 1986 COSATU met with African National Congress (ANC) and South African

Communist Party (SACP) officials to integrate resistance strategies. In 1987 the United Democratic Front (UDF) was banned and COSATU inherited the leadership of the national liberation movement (Wood *et al.,* 1998).

1.2.2.3 The rise of Black Unionism (1988 – 1989)

Wiehahn reforms to co-opt the independent unions and to reduce strike levels prompted the apartheid government to reassert its authority through repressive measures, e.g. a state of emergency in June 1986 and 65 police attacks on trade unionists and their premises. It must be noted that those terror tactics did not deter union members. Instead major industrial unrest continued in 1987, with a massive three-week miners' strike over wages.

The state clearly made an error by passing the 1988 Labour Relations Amendment Act to repeal or restrict key trade union rights (Baskin, 1991). The new law gave the right to appeal decisions from the relatively pro-union Industrial Court to a more conservative Labour appeal Court new division of the Supreme Court. Furthermore "unfair labour practices" included previously acceptable conduct. For example, strikes over dismissals, were cited as "unfair labour practices" and thereby declared illegal (Community Research Information Centre, 1989). Sympathy strikes and secondary stoppages were also illegal and unregistered trade unions were forced to hold strike ballots before staging a strike (Wood *et. al.,* 1998).

Although the amendments brought about the temporary decline in strike activity, a massive unrest resumed in July 1989 through a National Defiance campaign of demonstrations, worker summits, stay-aways, wild cat strikes, overtime bans to protest against all unjust and discriminatory laws (Baskin, 1991). The entire labour system became unruly. That situation led to both trade and financial sanctions, including fall in the price of gold. Some Banks recalled their South African loans, forcing South Africa to declare a moratorium on debt repayment (Adam & Moodley, 1993). South Africa was thus declared a high-risk country (Wood & Harcourt: 1998). The South African State could have responded to this situation by intensifying repressive measures, but many Whites in the government bureaucracy felt that more repression would have deepened the economic crisis by provoking further industrial unrest. (Adam & Moodley, 1993).

In 1985 the like-minded English speaking business community also insisted on reforms. They sent a business delegation, headed by the Anglo-American Chief Executive Gavin Relly, to Zambia to negotiate with the ANC about the likely nature and form of a post- apartheid society (Mann, 1988).

1.2.3   The Post-apartheid Era (1989 to 1995)

The economic turbulence in South Africa persuaded many Whites to press for reforms for the country to regain the international support. In order to restore the international confidence, the South African government had to reform apartheid and share power with the ANC. The De Klerk's government had no option, but to diffuse the defiance campaign (Ngwenya: 1993, 47). In 1990

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Mandela was released and the African National Congress (ANC), the South African Communist Party (SACP) and the Pan African Congress (PAC) were legalised.

In 1991 the National Central Forum Conference for a Democratic South Africa (CODESA) was established which involved the main political parties. The primary focus was the writing of the interim constitution and preparing for the country's first democratic elections in April 1994 (Wood and Harcourt: 1998). 1994 marked a change in the political tide in South Africa as the first democratic government was elected, which was largely ANC governed.

A series of forums followed like; National Manpower Commission (NMC), National Economic Forum (NEF). The ANC government combined both forums to form the National Economic, Development and Labour Council (NEDLAC).

After extensive negotiations and consultation the parties reached a consensus on the provisions of the Bill that subsequently became the Labour Relations Act 66 in September 1995. As don Holdt (1995) puts it "The new Labour Relations Act is one of the world's most progressive pieces of labour legislation in terms of its protections for striking workers, organisational rights to unions, and promotion of centralised bargaining."

1.2.4. Historical Development of Trade Unions in Nursing

1.2.4.1. The apartheid era South African Nurses Association (SANA)

Nurses were not different from other industrial workers. They endured apartheid policies as well. Initially Provincial and Medical Council and later the South African Medical Council (SAMC) controlled the training, curriculum, examination, discipline and registration of nurses. In 1914-Dr John Tremble, who was the editor of "The South African Nursing Record." persuaded nurses to organize themselves. That was so successful that the South African Trained Nurses' Association (SATNA) came into being at the end of 1914. In 1944 as a result of the "Trade union crisis", the Nursing Act (No. 45 of 1944) led to the establishment of South African Nursing Council (SANC), which replaced SAMC in controlling the standards and training of the nursing profession. The South African Nurses Association (SANA) replaced SATNA and membership was compulsory. The sub-professional nursing categories were necessarily associate members (Mellish, 1984:100).

It must be noted here that SANA was formed in response to the possible "threat" of the nursing profession becoming unionized. The motive behind the already mentioned disparity was that the senior nursing personnel who found the Association also dominated the leadership thereto. The associate members did not enjoy the full status and benefits of being associate members. They could not cast their votes at meetings and they were naturally inadequately represented. Moreover, Black nurses were paid lower

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salaries as compared to their White counterparts, despite equal training. Although the curriculum was the same, clinical facilities for Black nurses were inadequate and they did not enjoy other benefits of being members of the Association i.e. they had no access to study grants, the nurses old age and holiday homes. Yet, these were paid out of nurses' subscriptions (Nursing Kaleidoscope, 1989).

By 1957,the nursing profession was effectively segregated as the Nursing Act no. 69 of 1957, Section 49 clearly proclaimed that "non-white" members could in no way control white members of the Association. Over and above that, even orders could not be given by a Black registered nurse to White nurse of lower category, except in an emergency. Another hidden agenda of the aforementioned Act was to separate the homeland nurses into their own Associations. This was strongly opposed by members of SANA on the basis of a fear that Black nurses might form Associations on trade union lines and thus fall prey of the "communist agitators." The following quote assets to that:

> Entirely separate Associations for Europeans and Non-Europeans are not advocated, as this would, it is feared, inevitably lead to the organization of non-European Association on trade union lines under the control of the communist agitators (Critical Health, No.24, October 1988, p.11 as quoted by Myburgh (1990:106).

In 1980, the Public and Own Affairs policy of the apartheid government penetrated the nursing profession and led to the exclusion of nurses practising in the homelands and self-governing states from membership of SANA. This meant that nurses in the homelands were to form their own professional

Associations and Nursing Councils. Nursing in some self governing states such as Transkei, Bophutatswana, Venda and Ciskei, continued to be controlled by the South African Nursing Council (SANC) although they had to form their own professional Associations e.g. the Transkei Nurses Association. Nurses in KwaZulu resisted to be cast out for a while. However, they eventually gave in. They formed KwaZulu Nurses Organisation (KNO) which was non-statutory, but remained members of the South African Nursing Council.

Nursing and politics have traditionally been perceived to be incompatible (Kedijang, 1989). Searle (1986) contends and identifies communism as one of the political crimes against which nurses may be convicted and removed from the register or rolls. The already mentioned description of the disciplinary control of the South African Nursing Council, prompted the struggle against divide and rule policy. This was initially subtle and only surfaced in 1993 when the Concerned Nurses of South Africa (CONSA) organized the National Conference. The Conference took place from the 12th to the 14th February 1993 and the theme was "South African Nurses facing new challenges." In the same month nurses from homelands and SANA formed an adhoc committee whose primary function was to facilitate the re-unification of nurses in this country. The committee was called 'Nurses planning for the Future' (NPFF).

1.2.4.2. The Post Apartheid Era

The Birth of Democratic Nursing Organization of South Africa (DENOSA).

This committee (NPFF) convened the first ever National Convention Workshop of nurses in South Africa. The gathering took place in Johannesburg in January 1994. The main aim of the convention was to restructure and unify the nursing profession. The key resolutions taken at the convention were to:

- Form a nursing organization with professional and union wings and
- Have people properly represented at the South African Nursing Council.

There had to be a temporary management structure to monitor, plan and direct activities during the transition period. An interim committee was then formed on that basis. The Transitional National Committee (TNC) was entrusted with tasks of constitutional, financial, marketing, human resources, educational, regulatory, labour relations, negotiations and constitution changes.

After extensive consultations with nurses countrywide a draft was prepared. It made provisions for three models of the proposed organization and one model was to be chosen by popular vote. The proposed name of the organization was "Democratic Nursing Organization of South Africa" (DENOSA). The final draft (the 3rd) of the constitution was finally produced in December 1994 and the constitution was adopted on 28th January 1995. The name and model two (with labour union section and non-labour union section) were adopted, and through DENOSA, nurses have a mandate among others, to bargain collectively and freely for their

rights, which is a remarkable development in the nursing history of South Africa (Kunene, 1995:25).

In April 1995 the TNC handed over its reports to DENOSA and ceased to exist (Mzolo, 2002:13). However, it must be clarified that although this organization has a union wing, nursing services are essential services in both the public and private sector, thus entrenching the right to compulsory arbitration (DENOSA: 1997).

It is interesting to note that it is affiliated to COSATU for both power and international recognition. COSATU has infiltrated the political arena in that it has formed the tripartite alliance with the ANC and SACP. This status empowers COSATU to have a direct influence in economic and social policies (Wood, Harcourt: 1998,74).

Moreover, COSATU maintains that it led the negotiations that brought about the current Labour Relations Act (LRA), which does not allow strikes by nurses, police and other workers defined by the public sector bargaining council as performing essential service (Mzolo, 2001:44). Therefore, it can be seen from this historical description that the Apartheid system had a direct effect on the nursing profession, by fragmenting it considerably. However, nurse leaders should be commended for having taken it through the difficult early times to where it is today.

1.2.5 The Statement of the Problem

As already mentioned, nurse leaders were sceptical about the trade unions infiltrating the profession. This dates as far back as 1944, but surprisingly there is still a trace of that mentality in some, if not most of the health care services. As a nurse manager and educator, the researcher has noticed that nurse directors do not see unions as partners in bringing about desired human resource management policies. Instead they are seen as opponents. Union members are confused, because they are perceived as rebellious and thus prefer to suffer in silence so as to prove their loyalty to the employer.

In the midst of this suffering the union is blamed for being ineffective. These perceptions have a direct impact on patient care and might be responsible for inadequate worker forums in health care services. The researcher's awareness of ill consequences of such perceptions has motivated her to undertake this study and to identify possible solutions to this problem.

1.2.6 Objectives of the Study

The central objectives of this study were to:

- Examine the existing worker forums available in health care services;
- Determine the attitude of nurses towards these unions;
- Identify strategies used by unions in resolving labour issues within the sector and in the development of its members; and

- Determine the effectiveness of union – management relationship.

1.2.7   Significance of the Study

According to the Labour Relations Act 66 of 1995, nursing is a discipline that provides essential services for the society. This service is highly dependent on union influences and ethical Code of Conduct (Adams, 1999:24).

Examination of the worker forums would enable the researcher to establish the extent to which this mechanism is effective in the promotion of the union-management relationship. If there are sound worker forums in health care services, problems would be identified and solved on time, thus preventing industrial action and establishing a climate conducive to quality patient care.

The effectiveness of unions in health care services would promote job satisfaction and improve staff morale (Bruder, 1999:36). The knowledge of the attitudes of nurses towards unions would enable the researcher to make some recommendations as to how to improve and maintain worker-union relationship.

Nursing as a dynamic profession is characterised by the continuous information update – to cater for the ever-changing health care needs. The identification of the strategies used by the unions to develop their members is of major significance in evaluating the extent to which the unions fulfil this obligation.

Therefore, it was envisaged that such a study could add some new knowledge to the staff development strategies.

1.2.8   Assumptions

The researcher assumed that:

- There are inadequate worker forums in health care services resulting in strained relations between the union and management and that
- There is malfunctioning of unions in health care services leading to job dissatisfaction.

1.2.9   Scheme of Work

This study is organised as follows:

CHAPTER ONE

This chapter deals with the orientation to the study and discusses the following:

- Overview of trade unions in South Africa;
- Historical development of SANA;
- Statement of the problem;
- Significance of the study;
- Objectives of the study;
- Assumptions of the study.
- Scheme of work

CHAPTER TWO

This chapter is concerned with Literature Review and the theoretical framework.

CHAPTER THREE

In this chapter the research methodology is discussed in detail. This includes sampling techniques and operational definitions of the various concepts used in this research.

CHAPTER FOUR

This chapter covers the organisational structures and functions of DENOSA, HOSPERSA and NEHAWU.

CHAPTER FIVE

This chapter covers data analysis and interpretation of the findings.

CHAPTER SIX

This chapter provides a summary, recommendations and the conclusion.

CHAPTER TWO

2.0 LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

This chapter focuses on theories of unionism. It was felt that these theories would enable the researcher to develop hypotheses based on the well-known speculative thoughts. The researcher would also cover what the literature says about what is expected of unions by the workers in general. It is envisaged that such information would serve as a yardstick against which the effectiveness of the union is measured. Lastly the researcher would also be in a position explain the theoretical framework on which the study is based. That too, would enrich the study by providing its scientific basis.

2.2 THEORIES OF TRADE UNIONISM

2.2.1 Mark Perlman – Analysis of Trade Unions

Perlman (Poole, 1981:7) had five interpretations of trade unionism, which were associated with a particular academic discipline or a social movement. Perlman perceived trade unions as moral institutions with a revolutionary tradition and a defensive or psychological reaction to industrialism. These were perceived with a business or welfare outlook, and political organisations displaying democracy and strategic changes in as far as the balance of power between the state, employers and the working

people are concerned. Each of the above mentioned perspective encapsulated five major social movements.

These are:

- Protestant Christian Socialist and the Roman Catholic Christian Social movements;
- The Marxian Social Movements;
- The environmental psychology discipline;
- The neo-classical economics discipline and
- The legal history or jurisprudentially history discipline.

This theory constitutes a valuable point of reference. Poole (1981:7) maintains that some theorists identified some problems, like the ethical and ideological origins of union character, are more diverse than is implied in the Perlman's classification. Moreover, theories on ethical and political issues are complex and intertwined and therefore not easy to compartmentalise.

2.2.2 Moral and Ethical Theories of Trade Unionism

In the 19th century the primary focus of trade unionism was the development of moral and ethical values in the wider culture characterised by an opposition to injustices and poverty. The essential character of British trade unions was a strong focus on independent ethical, idealist and religious factors and non-conformist. Christian Socialists emphasised on brotherhood of man and development of mutual obligations. Ludlow, Maurice and Kingsley (as quoted by Poole 1981:9) all called for moral responsibility, the support of trade unions, the encouragement of the producer supported co-operative movement, the full realisation

of the power and resources of the underprivileged. They also pursue the fostering of initiative, self-confidence, self-restraint, self-government and the capacity for democracy. Chesterton (1958), maintains that Christian, and Socialist collectivism both arise from compassion for the unfortunate and from the belief that evil in society emanates from incessant accumulation of riches and from interpersonal competition.

The 20th century marked a decline in the expression of religious belief, but the concern for justice within the labour movement never ended. Rawls (as quoted by Poole 1991:8) in his theory of justice maintains that the social and economic inequalities should be corrected and job opportunities made equal. A union is seen as a sword of justice, which generates loyalties and induces sacrifices among its own members. The absence of unionism symbolises its weakness.

Although Methodism played an important role in shaping the character of British trade unionism, it was strongly criticised by Thompson (1963), in his classic study (The Making of the English Working Class), who viewed it as some form of psychic exploitation, which encouraged subservience to the labourers. Again, other writers acknowledged its contribution and the impact it made in other ethical values in shaping early union character in Britain, but criticised it for its one-sided idealist view of world history.

2.2.3   The Revolutionary Tradition

Marx and Engels' 'optimistic' tradition viewed the whole system of industrial capitalism as a climate conducive to collective bargaining since workers are thrown together sharing a common

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problem. This unity in turn develops workers' class-consciousness and trains them in methods of struggle. The limited economic achievements of their unions leaves them with no other option, but to adopt political forms of action and challenge directly the whole structure of class domination. Marx further observed that although unions were effective centres of resistance against capitalism, they were not so effective as spearheads of a new economic and political system (Marx, Engels, 1974:267).

2.2.4 Unionism as a 'Psychological' or Defensive Action to the Early Conditions of Industrialism

This theory portrays another dimension of trade unions. Although trade unions display essential defensive or protective outlook amongst the membership, they also focus on the intellectual, who would frame their programs and shape their policies. Perlman (as quoted by Poole, 1981:14) identified three dominant factors in explaining trade unionism, that is:

- the resistance power of capitalism;
- the role of the intellectual who was always impressing upon the labour movement and
- the labour movement itself.

Perlman (1949), in his theory of the Labour Movement, summarises these factors as follows:

> Trade unionism, which is essentially pragmatic, struggles constantly, not only against the employers for an enlarged opportunity measured in income, security, and liberty in the shop and industry, but struggles also whether consciously

or unconsciously, actively or merely passively, against the intellectual who would frame its programs and shape its policies (Poole, 1981:14).

For Perlman, the economic attitudes of the manual groups were basically determined by a consciousness of scarcity of opportunity. Therefore, they were led to practise solidarity, to ration the economic opportunities amongst members and ensure control by the group over its members.

Fabian (as quoted by Perlman: 1949) reduced labour to a mere abstraction existing in his own and intellectual imagination and not in the emotional imagination of the manual workers himself. According to this theory trade unionists strive for job security for the individual and concrete freedom on the job.

2.2.5 Discussion on Trade Union

2.2.5.1 Clegg's thesis of pluralism

Clegg (1975) emphasised the significance of trade unions as oppositional institutions rather than being involved directly in decision-making and day-to-day management of the organisation itself.

He further analysed pluralism and drew the following conclusions:

- that it emerged in reaction to criticism of the political doctrine of sovereignty;
- that it was based on compromise and concession;

- that it encompassed a body of rules which ensure freedom of operation of interest-groups and a control on the abuse of power;
- that there was a moral imperative;
- that there was no equality of power between bargaining partners and
- adequate material base for all parties to accomplish some gains, and certain control on the power of the state invention.

Clegg attempted to fuse pluralism with Marxism when analysing industrial relations. This included the focus upon conflict and stability, the acknowledgement of the inevitability of conflict in industrial relations and finally the integration and institutionalisation of collective bargaining. The most remarkable and enduring contribution of Clegg's theory about trade unions is "trade unionism under collective bargaining" rather than the theory of pluralism (Poole, 1981:73-75).

2.2.5.2 The radical pluralism of Fox

Fox (1969) emphasised the significance of pluralism in providing an underpinning for individual liberty and for freedom of association and expression. He also stressed change in the underlying economic and social structure as unavoidable for the substantive objectives of pluralism to be achieved. However, Fox (1969) identified a familiar distinction between "Unitary" and pluralist conception of industrial enterprise, that is:

- One source of legitimate authority and

- Accommodating the possibility of diverse interest groups.

Fox (1969), unlike other pluralists, does not see collective bargaining by employees as a strategy to achieve the balance of power between the propertied and those without property. In fact, he views such disparities in power as a root of management – union conflict. In an attempt to clarify Fox's theory the following three principal sets of explanatory variables will be briefly explained:

i) *Structural movements in modern industrial societies*

Here, Fox deployed Durkheimian and Marxian categories of analysis:

- to diagnose immense disparities in power between management and union;
- to identify economic and technical changes which facilitate union recognition thus yielding a gradual transition of managerial ideologies from unitary to pluralistic approaches.

ii) *Subjective "predisposition" and institutional factors*

Fox acknowledged that economic and technical movements on their own could not effect such changes, but a matching transition in institutions and ideology was a prerequisite. He further noticed the profound contribution made by social action categories in interpreting changes in orientations about work relationships. The process of institutionalisation

within trade unions could be regarded as of fundamental significance in explaining why the members did not pass from a pluralist view to more radical conceptions. Fox also observed that new recruits into unions were socialised into ideas of what to expect from their work and their life.

iii)   The distribution of power

Fox observed that the very imbalance of power prevented shifts in a radical direction. Hence, he perceived the power of owners as responsible for creating and maintaining social attitudes and values favourable to that acceptance.

2.2.5.2   *Salamon's analysis of Industrial Relations*

This model regards conflict, as the core of industrial relations, that is, industrial relations' primary focus is a process of connecting such conflict into regulation. If conflict were not part of day-to-day interaction between the employer and the employee, regulation would be simple, automatic and imposed. Barbash and Margerison, as quoted by Salamon (1988:10) maintain that conflict, latent or manifest, is the essence of industrial relations. Fox concurs with other authors and perceives the sources of conflict as being a clash of values and conflict of interests. The latent conflict can arise from either the micro level of the organisation or the macro level of the society.

The transformation of latent conflict into manifest conflict way takes different shapes like:

- low employee morale, high labour turnover, absenteeism to mention, but a few;
- in a constitutional form through the grievance procedure and collective bargaining and
- through industrial action.

The expression of conflict may be regarded as legitimate and functional in identifying the differences in interests thus resolving them. In the extreme, conflict is pathological or dysfunctional when it destabilises and destroys the social structure (Barbash as quoted by Salamon 1998:11). For conflict to be functional, the conflict of interest has to be reconciled to maintain stability and equilibrium within the social structure.

Collective bargaining is there to counterbalance the power of the employer. Flanders (1968) perceived the process of negotiation as a diplomatic use of coercive power, collective bargaining as a pressure group activity and collective agreement as compromise settlements of power conflicts.

Industrial relations exist as a result of collective bargaining and use of joint processes. However, it can be argued that it ignores the collective intent and unilateral rules imposed by management. In addition there must be power, which resides in the hands of the employees for the situation to be recognised as part of industrial relations. Furthermore, the regulatory output is seen to be rules. The whole process emphasises the fundamental consensus between the parties and a well-established mechanism of resolving their differences and the

need for both sides to abide by the outcomes of that mechanism.

2.2.6 Industrial Relation System

2.2.6.1 Dunlop's systems approach

Dunlop (1958) perceives industrial relations as a subsystem overlapping the economic and political subsystems with four interrelated elements, that is, actors, contexts, ideology and rules.

- actors–employer and employees including their representatives;
- contexts–influences and constraints in decision-making, character of the organisation;
- ideology – beliefs and nature of the system and
- rules - the regulations governing the organisation.

Dunlop's systems approach was criticised and the following were identified as being the main weaknesses:

- the role of a common ideology integrating the system suggests that the industrial relations system is and should be naturally stable and orderly;
- it emphasises roles rather than people;
- it does not reflect the real nature of the wider society and
- it is not clear whether the location of the contexts was part of the system or an external constraint.

i)   Control of the Labour Process

The core of the labour process approach maintains that the social contract that the workers enter into with the employer suggests that they are means of producing value and the unique characteristics of labour as a commodity.

There are four elements emanating from this core:

- the labour and capital relationship is essentially exploitative in nature as the value of work accrues to capital;

- the 'logic of accumulation' calls for the capital focus more on the production process and cut down on costs of production;

- continual development of the production processes emphasises on both general and specific structures of control and

- the resultant labour and capital relationship include systematic attempts by capital to gain co-operation and consent from workers so that ultimately they share temporary common objectives and comply with the greater power of capitalists.

The above elements portray management exploitation and degradation of labour. Sisson perceived the significance of this approach as being the recognition of policies, processes and procedures as instruments of management control.

ii)   *Human resource management*

This term is used as a more modern term for personnel or industrial relations management. It is imperative to understand it as it displays a strategic, integrated and highly distinctive managerial approach to the management of people. It is perceived to be more concerned with management practices like planning, monitoring and control rather than problemsolving and mediation. It seeks to provide a coherent and distinctive set of propositions about management approach thus yielding positive organisational outcomes (Guest as cited by Salamon, 1998:19).

The term human resource management has been critically analysed by other writers to the extent of suggesting a new concept 'human resource manipulation.' This is because of its unilateral approach to management. Some personnel practices like staff appraisal, performance-related pay, and individual contracts are all seen as management by stress. In the light of the fore-gone discussion, it is clear that human resource management strategies provide evidence of modern management, exploitation of labour required by control of the labour process approach and questions the collective regulation basis of traditional industrial relations.

2.3　TRADE UNIONS AND THEIR DEVELOPMENT IN AFRICA

In this section a brief overview of the development of trade unions in three African countries (Nigeria, Zambia and Tanzania) will be given. The researcher selected the above countries because the trend seems to be the same with the rest of Africa. For instance, in most instances, countries have not succeeded in their aim of postcolonial development and industrialisation. This is characterised by shortcomings of trade unions in Africa, the fact that the concept of the worker is still emerging and the consistent aim of keeping the earning levels of workers low. The rationale is to ensure that the products of Africa remain competitive on world markets. However, the opposite has happened because Africa has grown more dependent on foreign aid for its survival, whilst exports are still largely raw materials at progressively lower real prices (Twala: 1999:62).

The researcher has also looked at the trade unions in Southern Africa so as to have a global picture of their present status.

2.3.1　The Experience in Tanzania

This country had no form of institutionalised industrial relations until 1947. Like in other African countries there were strikes in 1939 and 1947, which spread beyond the original workplace and workers, resulting in severe disruption. In 1947, the authorities appointed a British unionist as a Labour Officer. This unionist was involved in the formation of a Dockworkers Union. The government in 1953 only accepted the unions. Three years later the unions established a federation. The trade union was discouraged from becoming involved in politics. Hence, there was

harmonious co-operation between political and trade union movements in the years before independence.

Following independence, trade unions split into two groups, i.e. those who were willing to be co-opted into the political structures and those who were reluctant to being co-opted into the political structure. The friction caused the attenuation of the trade union federation and strengthened the ability of the government to co-opt the trade union movement. In 1964, the government established a single trade union with extensive powers and was afflicted to the ruling party. The government had control over organised workers. It thus had the powers to appoint the leadership.

The organogram of the new union was that departments were set up which corresponded to the former unions, and divided into districts and regions. Plant level bargaining was consolidated into new districts, which "compressed" union activities and reduced the role of union activists. In 1977, a further co-optation took place leading to the establishment of a new trade union with the following objectives and functions:-

- interpretation of party policy to the workers;
- ensuring that party directives were complied with.
- protecting and defending party policy against those opposed to Ujamaa (that is, the notion of working together within the overall philosophy of Julius socialism according to Mwalimu Julius Nyerere);
- promoting workmanship, love of work and pride in vocation;
- promoting education and creativity;

- ensuring that workers are performing their duties and reaching their targets;

- ensuring that workers promote development of the nation in the framework that "a socialist nation is one of workers and peasants";

- developing self confidence among workers;

- cooperating with government in ensuring the provision of essential services to workers;

- protecting workers' rights and dignity by improving wages and conditions of employment and

- this was based on a totally unitarist concept of the relation between employees, employers and government. The failure of the Ujamaa framework in the later years is related to the failure recognize that there are valid differences between sections of society and that these differences are better managed than ignored. (Shane, 1989:33-35).

It is not easy for governments especially the so-called "Third World" to admit their faults. The Tanzanian government continued to have the Minister of Labour as General Secretary of National Union of Tanganyika Workers (NUTA). That experiment was short-lived, because the Minister of Labour was relieved of the post of General Secretary of NUTA and was succeeded by Alfred Tandau, until then Deputy General Secretary. After the publication of the controversial ILO sponsored Turner Report, which claimed limited wage increases to 5% per annum and only when there was evidence of increased productivity, a permanent labour tribunal was set up. This was to act as an arbitrator between NUTA and

employees and ensure compliance by both workers and employers with the wage policy. Later the tribunal was given the additional responsibility of deciding whether bonuses were justified in public enterprises claiming increased productivity.

In 1970 a Presidential Circular called for the launching of workers' committees and councils in factories that, along with TANU branches, were responsible for influencing events in the factories. The following year TANU called for an end to colonial working habits and leadership methods whereby one man gave orders and the rest just obeyed (Ananaba, 1979).

2.3.2 The Zambia Experience

From the outset, trade union development in Zambia was bedevilled by politics. Although there was always a relationship between unionism and politics, there were hardly any political strikes. The strikes that took place were industrial in nature. The strikes that were led by members of the urban association took place in 1935. They were mainly concerned with workers' resentment against starvation, wages, racial discrimination and deplorable conditions of work.

African trade unions and the nationalist movement started about the same time and almost every union member was also a member of the nationalist movement of the African National Congress (ANC). However, the leadership thereof was kept apart scrupulously. Lawrence Katilungu, President of Northern Rhodesian Mineworkers' Union, had a philosophy that "politics and trade unionism don't mix." Late in the fifties he abandoned this philosophy and joined the ANC. For a thorough understanding of

what happened and why, it is important to bear in mind the following facts:

- White settlers in Central African had been pressing for a federation of the two Rhodesias and Nyasaland, ostensibly in the interest of all inhabitants;

- Africans in Northern Rhodesia and Nyasaland were opposed to any suggestion of incorporating them in any political arrangement with Southern Rhodesia;

- In the late 50's, the Federation of African Societies had decided to change its name and character. The new name was the African National Congress led by Harry Nkumbula;

- In 1958, the Northern Rhodesia Trades Union Congress (NRTUC) underwent reorganisation and new officers were elected and

- To the embarrassment of the African population, and particularly his colleagues in the trade union movement, Lawrence Katilungu defied the decision and accepted an invitation to serve on the Monckton Commission appointed by the British Government.

There had been no formal organic link between the trade unions and the ANC. A meeting of the RTUC held at Ndola in May 1960 decided to support "a progressive political party." That Progressive Party was the United National Independence Party (UNIP), which had been formed by ANC dissidents. In 1961, NRTU and the RTUC merged and became the United Trades Union Congress (UTUC). The UTUC was dissolved by

an Act of Parliament, which created in its place the Zambia Congress of Trade Unions (ZCTU).

The ACTU was comprised of seventeen affiliated unions representing a total of 205,000 workers. Since independence the number of organised workers was nearly doubled, and the number of unions had fallen from twenty-seven to seventeen. The ZCTU and the Zambian Government appeared to be dissatisfied with the trade union structure. The ZCTU believed that:

- strength belongs to the unions and not the Congress;
- affiliated unions are autonomous with their own rules and
- that Congress cannot instruct unions nor can it control strikes without the co-operation of the unions concerned. The Ministry of Labour and Social Services was considering the same changes in the structure of the trade union movement in Zambia.

2.3.3 The Experience in Nigeria

Diejomoah (1969:170) maintains that it was the poor working conditions in the early colonial period, which stimulated the formation of trade unions in Nigeria. In the period following independence, there was no compulsion on employers to recognise a trade union. The ultimate responsibility and approval of collective agreements rests with a government body. Unions were small and "in house." As a result union leaders could earn more by becoming union entrepreneurs. The government would

establish a commission to set wages in the public service in response to political activities of the unions. The trade unions attempted to obtain equivalent improvements for their members in the private sector (Shane 1989:32).

1956 marked a turning point in Nigerian labour history, because this was when the trade union leaders decided not to affiliate the All Nigeria Trade Union Federation (ANTUF) to any international trade union organisation. The motion was unanimously adopted by the third annual conference of the ANTUF. Another motion in favour of affiliation to the ICFTU was defeated by one vote. At the first general council meeting following the conference, ANTUF General Secretary, Gogo Chu Nzeribe, a member of one of the Marxist groups in the country, interpreted the results of the motion on affiliation to the ICFTU as a decision in favour of affiliation to the WFTU. The stage was thus set for another split, which occurred in 1957. However, the unity was achieved again in 1959. That was short-lived because another Marxist, Samuel U Basey, lost the election to the post of General Secretary of the Trades Union Congress of Nigeria (TUCN) founded that year (Ananaba 1979:14).

Another split occurred in 1960, a few months before Nigeria attained independence. The dissidents in the Nigerian trade union movement claimed that the main cause of the split was the decision to affiliate the TUCN to the ICFTU. The truth, however, is that before the merger conference of 1959 both the ANTUF and the National Council of Trade Unions of Nigeria signed an agreement in which both sides agreed, among other things, agreed to accept the existing international affiliation of the NCTUN to the ICFTU. The split of 1960 was healed in 1962 but not until after a protracted

negotiation in which the special committee of the All Nigerian People's Conference played a leading role (Ananaba 1979:15).

Before the unity conference in May, the Trades Union Congress of the Nigeria (TUCN) and the die-hard ANTUF group which called itself Nigerian Trade Union Congress (NTUC) signed another agreement which provided, among other things, that both the TUCN and the NTUC are quite prepared to accept the verdict of the Nigerian workers on the issue of international affiliation. Towards this end both the TUCN and the NTUC agreed that there should be a joint unity conference of the two organisations at an accessible place for Nigerian trade union delegates to decide on the issue of international affiliation. The Ibadan Conference eventually became a conference of all registered trade unions willing to participate, and that modification of the merger agreement was made on NTUC insistence. There was a difference in opinions so much that NTUC leaders and their supporters retired to another venue in Ibadan, where they founded Independent United Labour Congress (IULC).

Within one year the IULC split into two and the following year into three groups. The IULC changed its name back to the NTUC. By the end of 1964 there were four national centres in the country: the United Labour Congress (ULC), the Nigerian Trade Union Congress, the Nigerian Workers Council and the Labour Unity Front. The unity promoters became a national centre and were recognised as such by the Ministry of Labour. By January 1976, Nigeria had a total of 983 registered trade unions representing a membership of about 800,000.

The definition of trade union was loose and broadbased, and covered organisations of wage earners, self-employed craftsman,

employers' organisations and even petty traders. At the end of 1972 there were 1,032 registered "trade unions" in the country of which 783 representing 665,615 members were genuine trade unions.

In spite of perennial divisions, the unions displayed some strength and unity, e.g. the Joint Action Committee (JAC) was set up in 1963 to prosecute claims for wage increases. In 1971, the four national centres formed the United Committee of Central Labour Organisations (UCCLO) which pressed the pay claim leading to a general wage increase for workers following the recommendations of a commission of enquiry headed by Chief Adebo, a former Nigerian representative at the United Nations. A new national centre, the Nigerian Labour Congress, was inaugurated in Ibadan on 28 February 1978. Hassan Sonmonu was elected president, and Aliya Musa Dangina was appointed General Secretary (Ananaba, 1979:16).

In 1975, about 28 million people were in gainful employment, whilst only one and a half million were employed in the modern industrialised sector of the economy (Diejomaoh, 1969:170).

2.3.4 Trade Unions in Southern Africa

The Southern African region has one of the highest inequalities in the world. Countries like South Africa, Namibia and Botswana are characterised by high per capita incomes, but they are riddled by widespread poverty. It therefore comes as no surprise that starvation, wages, poverty, inequality and high levels of unemployment are among the key issues that unions in the SADC region have to confront (Jauch, 1999).

The early trade union movement in the above countries can be traced to their liberation struggle for national independence whilst others like Swaziland, Malawi and Mozambique were actually established on the initiatives of governments.

2.3.5 New Roles After Independence

Many unions had to re-define their roles after independence. Today trade unions are the most organised sections of the civil society and the most outspoken critics of poor government policies. In Swaziland, Zimbabwe and Zambia, for example, there are serious conflicts between government and labour. Trade unions are not only concerned with industrialised workers, but also with the poor in general. The Zimbabwe Congress of Trade Unions (ZCTU) for example spearheads the campaign against corruption and mismanagement by the Mugabe administration. However, the majority union federations in South Africa (COSATU) and Namibia (NUNW) have retained close links with their ruling parties ANC and the South African People Organisation (SWAPO).

Unions in Zimbabwe, Zambia, Namibia, Mozambique and South Africa are building their research departments to strengthen their capacity to influence policies in favour of the disadvantaged majority. Despite democratisation, there are still some obstacles to free trade unionism in Southern Africa. In Botswana, for instance, the law does not allow union officials to be employed on a full-time basis. Strike actions are restricted and new unions are difficult to get registered. In Lesotho, public servants are not allowed to join unions, and workers in Namibia's Export Processing Zone (EPZ) are not allowed to strike. In Zimbabwe's EPZ, the country's labour laws do not apply to all.

2.3.6 Union Membership

The unionisation rate in Southern Africa ranges from about 14% of formal sector workers in Lesotho to about 60% in Zambia. The average union density in the formal sector stands at about 42% - higher than the unionisation rates in the UK, Italy, Germany, France, Japan and the USA. The above statistics have been affected by massive retrenchment because of mine closures, privatisation and structural adjustment programmes.

2.3.7 Union Influence

The power and influence of trade unions in Southern Africa cannot be measured by membership figures alone, but by the impact they have on the countries' economy and politics. For example, the national stay-aways in Zimbabwe was strongly supported such that the whole country came to a stand still. Subsequently, the Zimbabwean ZCTU played a central part in establishing an opposition party to challenge the Mugabe administration in the 2000 elections.

Union influence is sometimes hampered by the lack of trade unions unity at national level. Unions within countries operate as rivals, thus weakening workers bargaining power with the employers or governments.

In conclusion, trade unions in Southern Africa are more powerful than what they were ten years ago. Even those unions that are still close to their governments, they have achieved wage gain and have embarked on militant action to back their demands. (Jauch, Labour Resource and Research Institute).

2.4   EMPIRICAL STUDIES ON TRADE UNIONS

Studies on trade unions in health care services have been done worldwide. As mentioned earlier in this chapter, unions' focus is not only on workers economic interest, but also on social interests. The following are studies on trade unions.

2.4.1 The USA Trade Unions' Role in the Workplace Health Promotion

The study conducted in the USA on the role of trade unions in the health sector shows that co-operation between workers and their trade unions and professionals have been instrumental in improving legislation affecting workers' health. They further advocate defending and supporting workers, other less privileged groups and their trade unions in strengthening workplace health promotion. Whilst there is capitalist globalisation, unions represent a barricade in defence of workers' health and safety (Johansson & Partanen, 2002).

The above co-operation was strongly supported by a study conducted in California where Felton (1997) maintains that few attitudinal and behavioural principles will yield a meaningful liaison between the occupational physician and trade unions. He further affirms that the union representation on an occupational health committee will minimise the filing of health-related grievances. Authors like, Dworkin, Extejt and Demming (1980) recommend that union meetings be used as platforms of occupational health information and highlight goals of in-plant programs, thus familiarising workers, through their accustomed

channels, with the objectives of health care policies and procedures.

The United States of America's health care industry was brought under the jurisdiction of the National Labour Relations Act with the signing of PL 93-360 (Dworkin, Extejt & Demming; 1980:75). A survey on unionism in hospitals yielded the following results:

- the initial burst of union activity in hospitals following the passage of PL 93 – 360 has slowed considerably;
- church operated hospitals will continue to have a better chance of remaining union free;
- certain types of hospital employees will continue to be "union-prone", that is, nurses, guards and technical employees;
- hospitals in the south will continue to be harder to organise than their counterparts in the north and
- the most active unions will always have higher membership

2.4.2 The Japanese Trade Unions' Role in Family Planning

Japan is a step ahead of Africa and India in that it has succeeded in properly utilising trade unions to promote maternal and child health care, and family planning. This intervention dates as far back as 1963, when trade unions called for its members to use contraceptive methods such that a family size is limited to two children. To enhance awareness of population and family planning

problems, various activities are being organised in Hanoi and other parts of the country. A survey conducted by Tran Thi Hong (2002) revealed the effectiveness of trade unions in this regard. ("The rate of the third child is reducing," 2002).

2.4.3 The Indian Trade Unions' Expected Role on Mother-child Health Care

Today, it is not surprising that India is considering adopting the same approach as in Japan. India faces massive problems and the underlying cause being mainly population explosion. Research that focuses on improving and expanding NGO programmes was based on the following observations:

- the government almost always approaches non-governmental agencies for the implementation of a project and there is no co-operation at the planning stage;

- the government makes unilateral decisions and ignores people who have worked on issues concerning mother and child health for many years and

- despite very sophisticated equipment and infrastructure, the NGOs are not able to reach the multitudes (60 000 – 70 000) workers and employees. It is based on this background that Mukhopadhyay (2002) recommended that the NGOs should have a dialogue with non-governmental bodies such as trade unions for mother-child health care to be well known and promoted.

In another study of immunisation: knowledge, attitude and practice conducted in India, it was observed that the mass media was the main source of preventive health care-related knowledge and trade unions played no role in health education. It was strongly recommended that trade unions be utilised for easy access to the population as a whole, more so because industrial workers were discovered to be unaware of the preventive aspects of health care (Mukhopadhyay: 2002).

2.4.4 The Ghanaian Social Mobilisation Experience

A study on Ghana social mobilisation analysis observed that trade unions are one of the unused vehicles for promoting health communication and child health. Lack of information and training materials from the government were identified as obstacles in achieving this goal (Tweneboa-Kodua, Obeng-Quaidoo, and Abu: 2002). It was properly realised that the effective utilisation thereof would combat problems like population explosion thus improving maternal and childcare health.

2.4.5 The South African Private Health Care: Should the Unions Intervene?

A study conducted in private sectors titled "Private health care in South Africa: Should the Unions intervene?" yielded positive results in as far as delivery of health services is concerned. It is generally known that the depreciation of the Rand has led to the ever-escalating medical rates thus excluding the underprivileged to quality heath care. The study discovered that unions are obliged to meet the needs of their members by negotiating for the delivery, of an adequate and appropriate package of health care services at

affordable rates. This calls for the adaptation of the health maintenance organisation model that is used in USA called "Managed care" schemes. In this article authors argue the case for intervention in this process by trade unions so as to achieve the union-negotiated and union-controlled "managed care" schemes (Broomberg, *et.al.*, 2000). This would benefit all consumers of health and partially fulfil the national health goal "Health for all by 2000".

2.5 CONCLUSION

It is very fortunate that in South Africa the trade unions are now properly utilised. Though the government seemed to have adopted a negative stance towards the trade unions the opposite is gradually unfolding. The tripartite alliance of the government, the SACP and COSATU is effectively utilised in promoting maternal and child health care in South Africa, including the preventive measures against AIDS. A demonstrable case is that of, how aggressive COSATU was in persuading the government to issue nevirapine to pregnant women. The Ministry of Health has realised and appreciates the role of trade unions as vehicles for promoting health, as they are very influential to the masses of South Africa. South African industries are, therefore, encouraged to incorporate unions in occupational health so as to improve the quality of occupational health care. HIV/AIDS poses a threat to the sustainability of companies, primarily because of its impact on the workforce. It is thus an issue of concern to both management and unions. Dickinson and Fakier (2004) maintain that corporate sustainability reporting might assist in responding to HIV/AIDS in the workplace.

2.6 HYPOTHESES:

In the light of the foregone discussion the hypotheses for this research are as follows:

- that is a significant role that trade unions can play in improving the relationship between management and employees in health care services;

- that trade unions play a vital role in dispute resolution;

- that the attitude of nurses towards unions is likely to be influenced by the union effectiveness in problem-solving and that

- trade unions in the health sectors can be used in improving the health of individuals in our society.

CHAPTER THREE

3.0 ORGANISATIONAL STRUCTURES OF HOSPITAL – BASED UNIONS

3.1 INTRODUCTION

This chapter deals with organograms of the abovementioned unions or organisations. The rationale for analysing this chapter is to look into the functions of the various office bearers. Another reason is to analyse various structures, thus verifying their effectiveness in communicating with members.

The organisational structure of the health sector, like any other organisations are divided into four elements namely: specialisation, standardisation, co-ordination and authority (Booyens, 2001:126).

An organisational structure is necessary for the following reasons:

- people and resources must be allocated to tasks;
- responsibilities must be clarified through job descriptions and lines of authority;
- employees must know what is expected of them through the establishment of rules, regulations, performance standards and procedures and
- decision making becomes easier for managers because information is collected.

For effective organisational structure the following elements are required:

- clear lines of authority and accountability;
- efficient and effective performance of activities through a clear differentiation between tasks;
- different tasks should be co-ordinated and integrated effectively to achieve the organisational goals;
- decision-makers should receive the necessary information accurately and on time through an efficient communication system;
- the existence of the informal structure is recognised and utilised and
- the organisation is able to respond to the environment by means of the appropriate decentralisation (McFarland *et al.*, 1984:103).

3.2 THE DEMOCRATIC NURSING ORGANISATION OF SOUTH AFRICA (DENOSA)

3.2.1 What is DENOSA?

DENOSA is a voluntary organisation for South African nurses, which represents members in nursing and midwifery professions. It is professional and its union solidarity impacts beyond the borders of South Africa into the rest of the world.

3.2.2 DENOSA's Role?

- DENOSA protects, promotes, develops, empowers and supports nurses and midwives to benefit nursing and good health for all;

- DENOSA champions the rights of professionals and helps to ensure that members have acceptable working life and a balance between their career demands and social requirements;
- DENOSA protects its members against exploitation and
- DENOSA develops both its members and the profession.

3.2.3 The Aims of DENOSA

- To safeguard and promote the dignity, rights and socio-economic status of members and of the nursing profession;
- To achieve progress for nursing and midwifery in South Africa in the areas of socio-economic welfare, education, political influence, health service delivery, ethical thinking, and the safeguarding of the historical heritage of the profession;
- To represent the nursing and midwifery professions and to negotiate on behalf of nurses and midwives, accoutre at local, provincial, national and international levels;
- To uplift the health of the South African population through a network of quality nurses and midwives and effective health service systems and
- To participate in policy-making bodies affecting health at district, provincial, national and international levels.

3.2.4 DENOSA Membership

All nurses and midwives, who are eligible for registration or enrolment in terms of the Nursing Act, including students and pupils can join DENOSA.

Membership categories include:

- full members;
- associate members;
- international solidarity members and
- non-practising members.

The following is DENOSA's organogram:

DENOSA ORGANOGRAM

HEAD OFFICE
1 EXECUTIVE

Personal Secretary

Typist/Clerk

Editor Journals

Technical Editor Journals

Deputy Director Professional Matters

Deputy Director Industrial Relations

Secretary

Secretary

Manager Private Sector

Manager Public Sector

Nation

Manager Bookshop

Bookshop

Sales Assistant

Printer

Sorter/Printer

Manager Prof Institute

Officer Professional

Library Clerk

Manager Finance & Admin

HR Manager

Manager Corporate Communications

Secretary

Officer Internal

Officer External

Gen Assistant

Dept Clerk

Senior Computer Clerk
Senior Stop order
Senior bank clerk
Accounting clerk

Admin Clerk

Stop order
Computer
Pool typist
Filing
Messenger
Bank Section
Switchboard
Provisional officer
Subs clerk
Subs clerk
Reception
Deposit clerk

Cleaners/Gardener
Kitchen

60

3.2.5   Duties of office bearers, officials and workplace representatives

Workplace representatives and Representative Committees are required:

a. to identify needs, assist and advise members within the ambit of this Constitution and relevant labour law;

b. to give members in their workplace information on the Organisation, the professional and health services, and to give Provincial Boards information on the workplace;

c. to promote goodwill and effective service by fostering optimal personnel practice and human relations;

d. to promote the Organisation and to recruit members and encourage the involvement of members in activities of the Organisation;

e. to act as the link between the Provincial Boards and the members and

f. to meet professional development needs of members in their workplace.

In terms of section 14 (4) of the LRA, 1995, the workplace representatives shall:

- at the request of an employee in the workplace, assist and represent the employee in grievances and disciplinary proceedings;

- monitor the employer's compliance with any law regulating terms and conditions of employment;

- report any alleged contravention of any law regulating terms and conditions of employment to the employer, Organisation or any responsible authority or agency and
- perform any other functions as the National and/or Provincial Board may direct.

3.2.5.1 Provincial level

The Chairperson, Vice-Chairperson and Treasurer at provincial level shall fulfil the same functions as the Chairperson, Vice-Chairperson and Treasurer at national level within the powers of the Provincial Board.

3.2.5.1.1 *The Functions of the Provincial Boards*

The functions of the Provincial Boards shall be to:

1. consult and liase with workplace representatives, local, provincial and national bodies or individuals;
2. represent members of the profession locally and provincially;
3. organise provincial congresses at least twice in their term of office at which provincial policy is made, goals and priorities are set by the members and at which progress towards the achievement of goals is reviewed;
4. execute policy made by provincial and national congresses;
5. control and co-ordinate finances of the Organisation on provincial level, including the financing of workplace representative training;
6. disseminate information on nursing and health matters through meetings, media and publications;

7. co-ordinate activities and inputs of the Organisation on provincial level;

8. initiate any appropriate action to achieve the objectives of the Organisation;

9. promote participation of all members of all categories in the activities of the Organisation;

10. provide representation for members during disciplinary or legal proceedings and/or in the event of an unfair labour practice;

11. recruit members and market the Organisation and profession to nurses and the public in the province;

12. promote the personal and professional development of members;

13. identify and meet the needs of members on both local and provincial level;

14. establish and promote the functioning of local, subregional, regional or provincial groups, and their participation in the activities of the Organisation in consultation with the National Board;

15. ensure effective communication between members and elected bodies of the Organisation;

16. create and maintain special funds for the professional development of members and have total control of such funds, with accountability to members;

17. prevent or deal with intimidation of members;

18. promote the socio-economic welfare of the members;

19. establish and empower workplace representatives through regular training in all relevant areas of functioning and

20. establish standing committees to facilitate its work, which should include Provincial Board members and interested members from workplace committees and local groups.

3.2.5.1.2 *Functions of the National Board*

The functions of the National Board shall be to:

1. deal with national matters affecting nurses/accoucheurs and nursing/midwifery, and to represent the Organisation nationally and internationally;

2. execute policy made by the national congress of members;

3. control and co-ordinate the finances of the Organisation nationally, in consultation with Provincial Boards and supply duly audited financial statements annually. The financial year shall run from 1 January to 31 December of each year. The funds of the Organisation shall be applied to the payment of expenses, towards the attainment of the aims and objects of the Organisation as specified in Clause 4, to the powers specified in clauses 15, and for such other lawful purposes as may be decided upon;

4. act in an advisory capacity to national, provincial and local bodies;

5. keep the members and the Organisation informed of research findings and current information on nursing and health services, and to facilitate the implementation of research findings;

6. do the external marketing of the Organisation and the profession on a national and international level;

7. keep national and provincial records of members;

8. develop leadership and other relevant skills amongst members;

9. manage constitutional changes;

10. co-ordinate inputs and activities;

11. organise at least one (1) national congress of members in its term of office, at which a report is given on progress towards achieving goals;

12. attract and organise international nursing and health conferences;

13. facilitate the formation and functioning of unitary National Professional Societies;

14. do strategic planning for the National Board and the Organisation;

15. establish standard procedures for the regulation of labour relations, such as recognition agreements and grievance procedures;

16. control and administer national scholarships and bursaries;

17. publish, subsidise or support the publication of nursing journals, newspaper, and other publications agreed upon;

18. ensure that indemnity cover is available for members;

19. maintain professional standards at national level;

3.2.6 Analysis of the Organogram

Looking at the organisational structures the researcher realises that the three organisational structures are totally different. DENOSA's structure is a matrix type of organogram; i.e. it is a combination of functional and product structures. This structure makes better use of the available human resources and tends to adapt better to changes in the environment. The matrix organisation is characterised by flexibility and co-operation at all levels of the organisation. As it is a matrix organogram it meets all the requirements of an effective organisational structure. This means that, it provides clear authority-responsibility relationships between workers at all levels and it

requires less information transmission between managers and workers than do most complex organisations.

3.3 HEALTH AND OTHER SERVICE PERSONNEL TRADE UNION OF SOUTH AFRICA (HOSPERSA)

3.3.1 HOSPERSA – The Trade Union

Hospersa is a trade union that is an independent organisation of workers, run democratically by workers in the interest of workers. It looks after the interests of workers in the workplace, and seeks to equalise the power of employers and workers.

3.3.2 Aims of HOSPERSA

The aims of HOSPERSA are:

1. to regulate relations between members and their employers and to promote the interests of members in relation to employers;
2. to observe and act in accordance with the spirit and principle of democracy in all activities;
3. to build a strong and democratic organisation of workers at the workplace;
4. to build a strong and active shop steward council as the best guarantee of democratic worker participation in the tri-partite alliance of government, unions and employers;
5. to instil in workers a spirit of trade union unity and to work towards uniting all workers in the service industry;
6. to improve the wages and working conditions of all workers in the service industry;
7. to promote safe and healthy working conditions;

8. to promote or oppose any laws and administrative measures that affect the interests of members;

9. to render legal assistance to members in matters relating to their employment and institute legal proceedings for and on behalf of the union and/or its members;

10. to affiliate with, or confer, or enter into co-operative arrangements with any other trade union, trade union federation, or labour organisation, with the object of securing joining action on any matter;

11. to enter into collective bargaining forums for the purpose of negotiating and entering into collective agreements with employers;

12. to establish and administer funds for the benefit of members and their dependants and

13. to encourage the settlement of disputes through the conciliatory methods.

3.3.3 Membership

All workers in the service industry are employed in head office, institutions, occupations and industries of trades.

3.4 HOSPERSA'S VISION TO STAMP OUT AIDS

HOSPERSA's vision is to decrease the impact of HIV/AIDS in the workplace and communities around us.

3.4.1 Mission

To work, collaborate, strengthen and build on existing partnerships, for example; in the private and business sectors, Local and Provincial Governments, Communities, NGOs, CBOs and internationally; to address HIV/AIDS – related issues and to bring about sufficient behavioural changes. These changes would result in a decline in the incidence of the disease.

The following are HOSPERSA's standards mandating procedures:

HOSPERSA

STANDARD MANDATING PROCEDURES

MEMBERS AT BRANCH LEVEL

Approach

Branch Representatives or Shop Stewards with the issues Which are then discussed at a General Meeting.

Branch Representatives approaches the

Branch		Branch		Branch		Branch

Issues are discussed and popularised between the Branches of the Local. Co-ordinating and consolidating of mandate done by the Local Representative or Shopsteward

Provincial Shop Steward Committee

Popularises, co-ordinates and consolidates the mandate which has been presented to each Local by its respective Local Representative

Local		Local		Local		Local

Provincial Representatives present issues to the Provincial Secretary if a Provincial Chamber issue, or forwards mandate to National Representative if a national issue

National Collective Bargaining Department

National Collective Bargaining Committee popularises issue in the other provinces through the Provincial Secretary

Province	Province	Province	Province	Province	Province	Province	Province	Province

Provincial Offices popularise issues via Locals with the assistance of Provincial Secretary and Organisers

The National Collective Department collects and consolidates mandates

Public Service Collective Bargaining Chamber

Negotiation: Private Sector Organisations

3.4.2 Analysis of the Organogram

The researcher could not find the organogram of this organisation. All that was available to the members were Hospersa's standards mandating procedures. All steps are clearly stated. The researcher realised that the structure caters for all levels and seems very effective. However, it is recommended that this organisation develops an organogram and clearly states functions of each office bearer on the membership guide.

3.5 NATIONAL EDUCATION HEALTH AND ALLIED WORKERS UNION (NEHAWU)

3.5.1 Objectives

The aim and objectives of the union are:-

1. to recruit and unite workers into one single union in order to share their economic and social welfare;

2. to protect the job security of members to advance their employment prospects, and to serve their individual and collective interests;

3. to foster unity, co-operation and comradeship amongst all workers within the scope of the union and other industries and

4. to establish relationships with other trade unions, trade union federations and labour organisations for the benefit of members of the union.

3.5.2 Qualification for Membership

To be eligible for membership in the union, a person must be a worker covered by the scope of the constitution and

- must be associated with the union by virtue of the applicant's work, political position or historical connection;
- a worker who, but for the retirement would otherwise qualify for membership of the union (a retired member);
- must be a fit and proper person to be a member; and
- must not have been either rejected as a member or expelled from membership in the union, within the past 12 months.

No person may be rejected as a member of the union on any basis that constitutes unfair discrimination in terms of section 9 of the Constitution of the Republic of South Africa, 1996.

NEHAWU is affiliated to the Congress of South African Trade Unions (COSATU)

Principles of NEHAWU include:

- worker control;
- non-racialism;
- united action in the struggle for political rights and
- co-operation with other COSATU unions.

The following is NEHAWU's working procedure:

4.3.2 NEHAWU's WORKING PROCEDURE

CENTRAL EXECUTIVE COMMITTEE

The highest decision making body between meetings of the NC. It meets three times a year. The CEC is made up of National Office Bearers, plus the chairperson and secretary of each Region and each Branch. The CEC runs the affairs of the Union nationally, including the finances, campaigns, organising and education. It also fills vacancies amongst the National Office bears.

BRANCH EXECUTIVE COMMITTEE (BEC)

Between meetings of the shop stewards council, the branches are run by the BEC. The BEC consists of the Branch chair, vice chair, treasurer and secretary, plus the chairperson and secretary of each institution in the branch. The BEC meets once a month.

2.2 BRANCH SHOP STEWARDS

This is made up of all the shop stewards within a Branch, plus the Branch Office Bearers. The shop steward council run the affairs of the Branch. They elect the Branch Office Bearers. The shop steward councils meets once a month.

2.1 SHOP STEWARTS COMMITTEE

Is elected at each institution where there are at least 50 members. Consists of no less than 3 shop stewards. Meets once a week. The shop stewards committees attend to issues raised by members in the institutions and negotiate with management.

NATIONAL CONGRESS (NC)

This is the highest decision making body in the Union. It consists of the National Office Bearers, plus delegates from each region. Each region sends one delegate for every 500 members to the NC. The NC makes union policy and elects the National Office Bearers. It meets once every three years.

NATIONAL EXECUTIVE COMMITTEE (NEC)

This Committee carries out Union policy as laid down by the CEC and NC. The NEC consists of the National Office Bearers, plus the regional chairpersons and secretaries. It meets at least six times a year. It sees to the day to day running of the Union. It receives reports on the different departments and gives direction to these departments. It also decodes on the creation of posts within the Union and controls the finances.

REGIONAL EXECUTIVE COMMITTEE (REC)

Consists of the Regional Chair, vice chair, treasurer & secretary, plus the chairperson & secretary of each branch in the region. Meets monthly. Manages the affairs of the Region between Regional Congresses. Runs the finances of the region. Supervises the affairs of the branches.

REGIONAL CONGRESS (RC)

Implements decisions of the NC, CEC, and NEC, elects Regional Office Bearers. Meets every six months. It consists of the Regional Office Bearers, plus shop stewards from each institution in the region.

3.5.3   Analysis of the Working Procedure

With this organisation, the organogram could not be found. However, the Regional Office bearers could elaborate on the channels of communication and the chain of command. The researcher recommends that the organogram be designed and made available to the members as well. The above working document identifies all the structures and clearly indicates the functions of each one of them.

CHAPTER FOUR

4.0 RESEARCH METHODOLOGY

4.1 INTRODUCTION

This chapter discusses research the design and the method of investigation. The aim of this study is to present an exhaustive catalogue of the role of trade unions in health care services, i.e. the impact thereof in improving the industrial relations. In so many ways it seeks to establish the effectiveness of trade unions in fulfilling their mission, that of stabilising the disparities in power between the employer and the employees. In the context of this investigation, "trade unions" refer to COSATU, NEHAWU and HOSPERSA.

4.2 THE RESEARCH DESIGN

In this research we used both qualitative and quantitative research techniques to solicit the necessary information from the respondents. According to Brink (2001:109) a descriptive survey is directed towards ascertaining the characteristics of particular subjects, groups, institutions or situations and the frequency of a phenomenon's occurrence. Talbot (1995:230) argues that a descriptive survey can be used to ascertain determination if the groups are the same or different on specific variables. The researcher was able to determine the relationship that exists between the two groups (management and the unions).

The reason for using a descriptive survey was to ascertain if nurses have the same experiences with unions or not. This relationship has a bearing on the general characteristics of the organisation.

4.3 THE RESEARCH INSTRUMENT

A questionnaire divided into two sections was used. It had both closed and open-ended questions. The first section (Section A) is concerned with respondents' particulars, which include, among others, the relationship between the management and workers. Responses could therefore be related to gender, age group, and experience as a nurse, position and so forth.

Section B covered the existing workplace forums in Health Care Services, strategies used by Unions to develop their members, attitude of nurses towards unions and the effectiveness of Union-management relationship. This was included in order to determine the effectiveness of unions in staff development and handling labour related issues.

The questionnaire was chosen to serve the following purposes:

- to obtain demographic information for nurses or union members and

- to test and explore relationships and validate assumptions, which are:
  - inadequate in workplace forums such as in health care services, resulting in strained relations between the union and management and

- there is malfunctioning of unions in health care services leading to job dissatisfaction.

The aim of the questionnaire was also:

- to draw accurate information from a large group, like the nursing community
- to provide a standard form on which facts, comments and attitudes could be expressed. In this study all subjects were given one and the same questionnaire
- to provide for confidentiality or anonymity when dealing with sensitive topics; all subjects were asked not to write names.

4.4 POPULATION AND SAMPLE

The study focused on nurses currently employed in public hospitals in the KwaZulu-Natal Province. These include all registered nurses, staff nurses and enrolled nursing assistants; especially those involved in nurse management and workplace forums. To ensure a balanced representation the researcher obtained information from all categories of nurses as indicated above. According to Polit and Hungler (1993:174) a representative sample is characterised by the extent to which the sample behaves like or has characteristics similar to the population. In this case all nurses who belong to unions were chosen.

The stratified random sampling method was initially proposed as appropriate. Nursing categories were used as strata; this method was accordingly proposed at the offset. During the survey the researcher properly realised that stratified random sampling would yield inadequate results. As an alternative the researcher used

convenience or snowball/network sampling method. The reason that gave rise to this scenario was that some of the nurses from the lower categories (nursing assistants and enrolled staff nurses) were mostly unwilling to participate in the survey. Their refusal was attributed to the level of understanding of what research is all about and adverse experiences arising from the process of filling in forms in the past.

The most disqualifying reason was that not all nurses belong to the unions. Some of them once did, but later withdrew because of the annual fee that tends to escalate each year in spite of its ineffectiveness and lack of promptness in solving problems Talbot (1995:252) maintains that convenience sampling uses participants who meet the criteria of the study. In this case only nurses belonging to unions qualified to be the subjects. Because of the time constraints the researcher specifically used the snowball sampling where early sample members are asked to identify other people who met the criteria for the study. (Polit, *et al.*, 1993: 77).

The researcher targeted hospitals A and B by virtue of their being the regional hospitals in the province. Both hospitals consented to becoming part of the study. Only Black nurses participated because they form 90% of the constituency.

Institution	No of nurses	No of proposed respondents to be interviewed	No of respondents interviewed
Ngwelezane Hospital	449	70	56
Lower Umfolozi War Memorial Hospital	300	60	46
Total	749	130	102

The above table 3.1 shows that 102 respondents were interviewed in this research.

4.4.1 Geographical Location of Hospital A and B

Ngwelezane Hospital is situated approximately 8 kilometres South-west of Empangeni town in the township called Ngwelezane. Lower Umfolozi War Memorial Hospital is situated in Union Street and is approximately 800 metres Northeast of Empangeni Central Business District.

The described are both regional hospitals in District 28.

4.5   PILOT STUDY

The questionnaire was pre-tested on a sample consisting of registered nurses and enrolled nurses. This group was randomly selected. The aim of the pilot study data was to eliminate ambiguous or unclear questions, to eliminate confusing statements and instructions or rephrase where necessary.

The subjects were specifically requested to examine the format, style, language and clarity, and to identify irrelevant questions. Time taken by respondents ranged from 25 – 30 minutes.

The content solicited the type of information envisioned thus achieving the set objectives. Only three items had to be rephrased. All were found suitable, therefore none were discarded. Twenty-five subjects participated in the pilot study. These participants were excluded from the main study.

4.6 VALIDITY AND RELIABILITY

Validity refers to the degree to which an instrument measures what it is supposed to be measuring. Reliability, on the other hand, refers to the stability, consistency or dependability of a measuring tool (Polit *et al.,* 1995:354). Because of the remarks elicited from respondents during the trial run, the researcher had a greater confidence in its validity. The pre-testing of the instrument was therefore specifically aimed at ensuring that the questions would enable the researcher to meet the objectives of the study, that is to measure the effectiveness of unions in the health care services and the problems thereof. The subjects, thus endorsing its reliability confirmed this.

4.7 DATA COLLECTION

4.7.1 Ethical Consideration

Permission for the study was obtained from the individual hospitals selected for the study. The said hospitals were also provided with the proposal and a questionnaire to furnish them with the scope of the study. Both regional hospitals granted permission.

The questionnaire had a covering letter requesting permission, but verbal clarification also became necessary to ensure that subjects had adequate information regarding the study. There were instances where the researcher had to explain certain questions to facilitate comprehension considering that the questions included the lower category of the nursing personnel.

Respondents were also requested not to write their names or the names of their institutions. This was done to ensure anonymity and confidentiality. Furthermore, the coding of the returned questionnaires ensured that they depict the sum of both institutions as opposed to each institution.

4.7.8 Data Collection Procedure
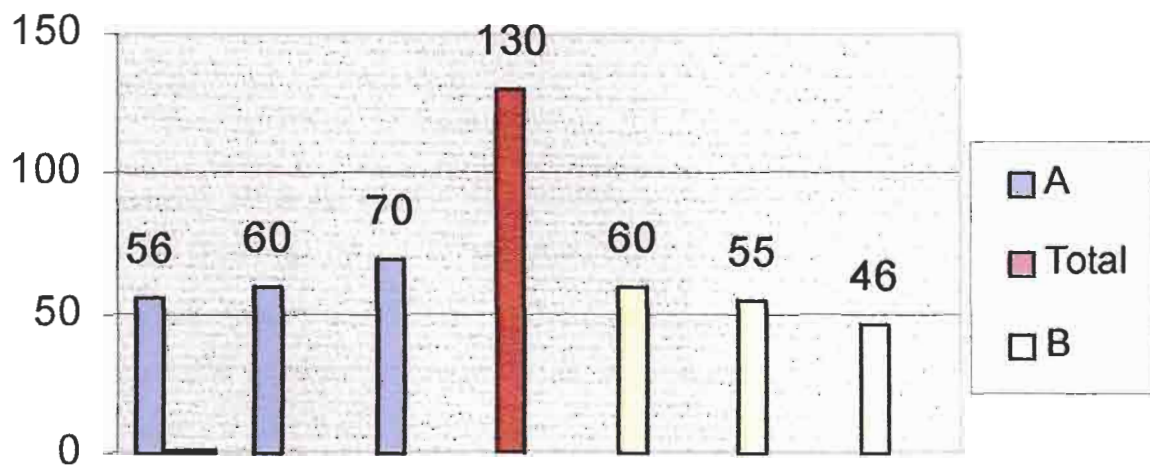
Figure 4.1   Return rate of distributed questionnaires

The researcher engaged the assistance of research assistants to distribute and collect the instrument. These research assistants only needed to be shown how to select a sample as they already had a background in research since they were all university graduates.

The snowball sampling method was used, i.e. all those who were available participated in the study. This was caused by the fact that not all nurses are union members.

The institutions surveyed are Hospitals A and B in Empangeni.

Accordingly 70 questionnaires were distributed in Hospital A and 60 at Hospital B. A registered 60 returns and B 55. Fifty-six of 60 were suitable for analysis and 46 of 55 as well. Both account for 85% and 91% of the originally targeted sample respectively. This is represented by the bar chart in Fig 3.1.

4.8 DEFINITION OF TERMS

4.8.1 Trade Union

A trade union is a cautious association of wage earners for the purpose of maintaining or improving the conditions of their working lives (Maree, 1984). Finnemore and van der Merwe (1994:69) argue that unions not only aim at improving conditions such as wages and other benefits at the workplace, but also defend the status quo and protect members from dismissal, retrenchment and even cuts in pay. In this research trade unions are regarded as moral institutions whose rudimentary aim is to stabilise the disparities in power that exist between the employer and the employee.

4.8.2 Public Health Service

The performance by institutions and individuals of both personal and community or public service activities that have as their goal, maintaining or restoring health (Stanhope & Lancaster, 1996:36). In terms of the Health Act of 1997 paragraph 58, page 31, the Minister of Health may establish public health establishments.

Health services in this study refer to the health establishments in the public service as described in this Act.

4.8.3 Nursing Personnel

This is the nursing staff responsible for the nursing role, which includes a primary care component that focuses on health maintenance, disease prevention and client counselling (Stanhope *et al.*, 1996:36). The researcher views nursing personnel as (registered nurses, enrolled auxiliary nurses and nursing assistants) registered and enrolled with the South African Nursing Council, which is an official regulatory body.

4.8.4 Nursing Management

It relates to performing the functions of planning, organising, staffing, leading (directing) and controlling (evaluating) the activities of a nursing enterprise or division of nursing departments and departmental sub units (Swansburg, 1990:5). In this study nursing management is that top division of the hospital that facilitates the execution of all generic processes by various units.

4.8.5 Collective Bargaining

This constitutes the process of institutionalised negotiation over wages and conditions of employment (Mckay, 1995:85). Collective bargaining, more than any other aspect of the labour relationship, demonstrates the dynamic nature of industrial relations. It is the process of negotiations between unions and employers, on wages and conditions of employment of workers. In a capitalist economy

where the country's wealth is controlled and owned by a small minority of exploiters, the employers always attempt to gain the maximum of work from workers for the minimum cost (Nehawu handbook, page 33) The researcher concurs with the above definition.

This chapter has described the research design and how the instrument was effected in the study. From the pilot study loophole were corrected and amplified in the final gathering of data. The next chapter presents data analysis interpretation of the findings.

CHAPTER FIVE

5.0 DATA ANALYSIS AND INTERPRETATION OF FINDINGS

5.1 INTRODUCTION

The data analysed in this research was obtained from two different regional hospitals in KwaZulu Natal Province, namely Ngwelezane Hospital, and Lower Umfolozi War Memorial Hospital. The questionnaire was the main instrument used in soliciting the necessary information. There are, however, instances where specific mention is made of a particular institution where specific variances occur.

The three unions we investigated in this research are DENOSA, HOSPERSA, and NEHAWU. In analysing the responses of the respondents it is apparent that minimal variances exist in the trends pertaining to the three unions/organisations. For this reason the unions are combined for the purpose of analysis and interpretation. However, where there is a marked difference of opinion in a particular union this will be highlighted.

Specific hospitals were identified by the researcher for their history of institutional unrest and on the basis of known industrial relations practices. The sample was chosen using snowball-sampling method. Details of the sample are provided for the purpose of establishing the underlying rationale to the responses provided in the questionnaire. The aforementioned details are

presented here as respondents' personal particulars. These particulars play a pivotal role in the interpretation of the findings.

Statistical data is quantitatively analysed whereas non-statistical data is qualitatively analysed. In some instances quantitative analysis is augmented by a qualitative explanation, particularly where intricacies occur especially with the combination of questionnaires depicting benefits from unions/organisations. The basic aim of these analyses is to explore the objectives of this study and its underlying assumptions.

5.2 SEX DISTRIBUTION OF RESPONDENTS
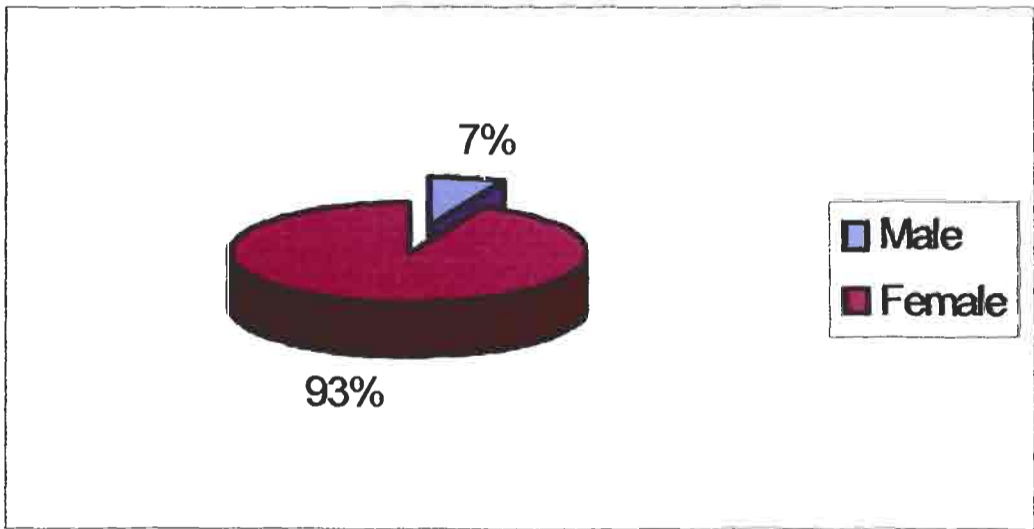
Figure 5.1: gender distribution

Of the 102 nurses who participated in the survey, only 7 were males. This confirms the generally accepted belief that nursing is a female - dominated profession. One must appreciate, however, that there has been a remarkable improvement since 1987 when

Gumbi (1987:198) found in a study conducted then, that only 3% of the population of registered nurses trained in KwaZulu-Natal were male (Gumbi, 1987:198).

The most recent statistics available from the South African Nursing Council indicate a particular improvement in gender distribution. The total number of registered nurses in South Africa as of March 2003, was 200 000 of which 30800 are males ry (SANC, 2003). Particular note must be made here that the majority of male nurses are in the psychiatric units/wards. One of the institutions researched runs a psychiatric unit. This item was included on the basis of different attitudes and approaches to emergent situations as influenced by gender.

5.3   Age Distribution of Respondents
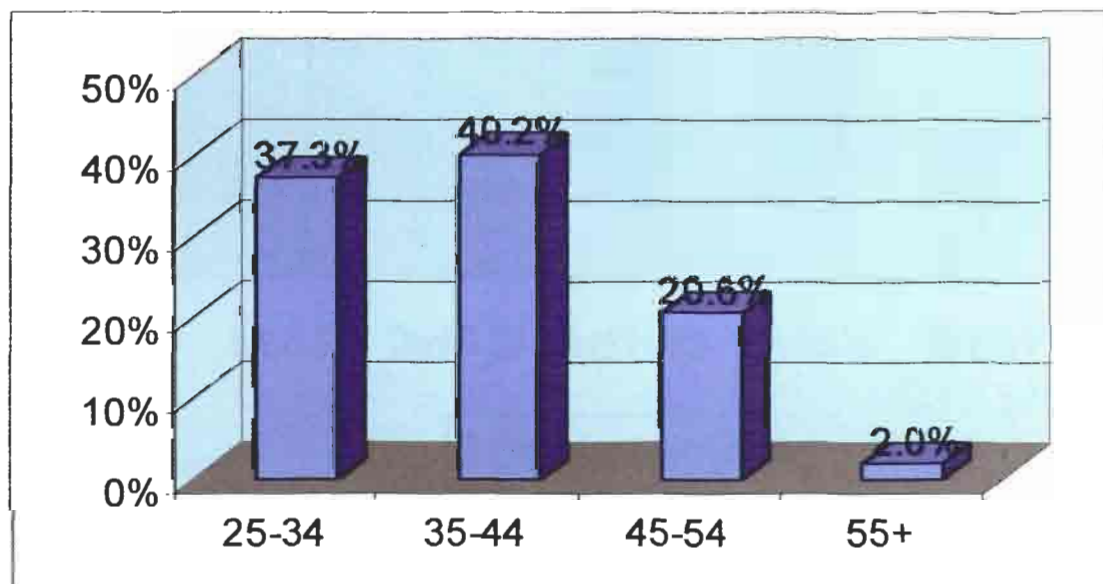
Figure 5.2: age group in years

This item is meant to establish how different age groups respond to various substantive issues as emergent in their work situation. The reason being that as time changes, so are the expectations of each individual. As individuals move towards their fifties and above, their interest in union activities decline. The reason we can attribute to this is that they are looking down the mountain and only counting their days to leave the organisation.

5.4　Length of Service Distribution
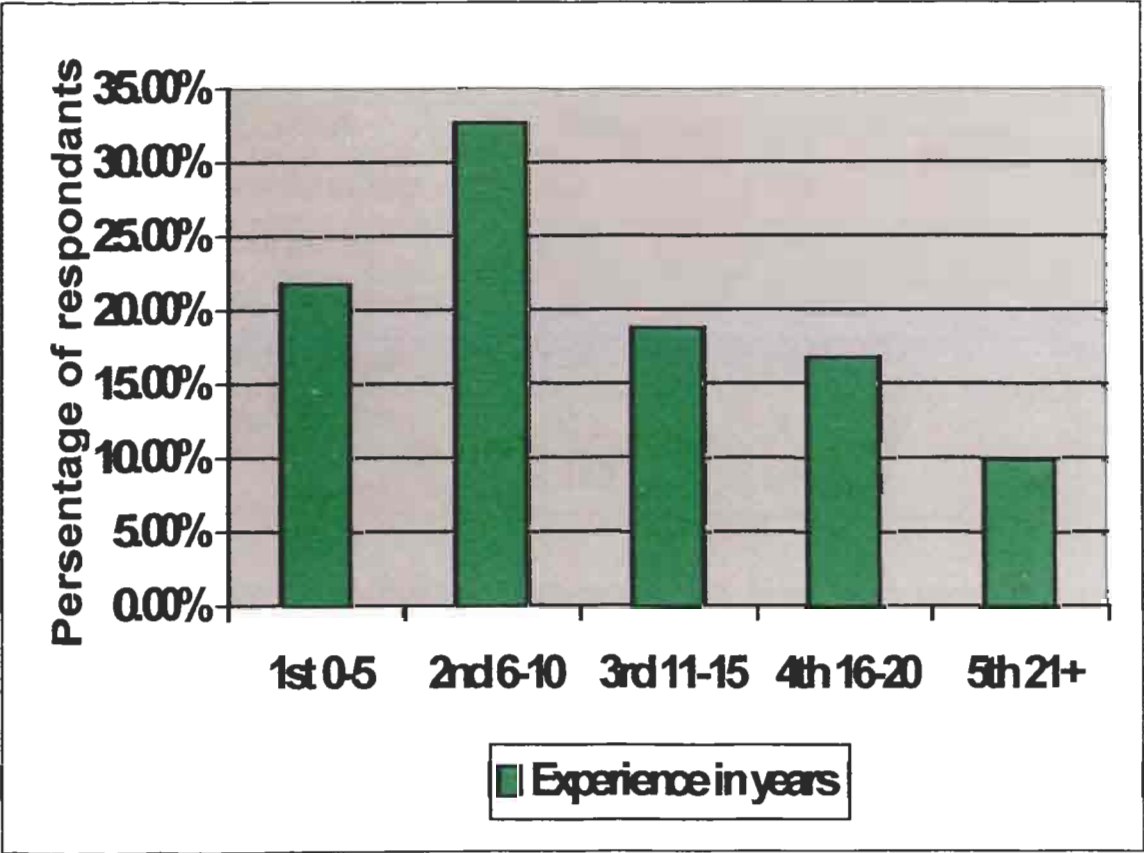
Figure 5.3: length of service.

This item was included for the purpose of comparing views of older nurses to those of the younger generation. The above table should be treated in relation to the item on age group distribution as they serve the same purpose. The general assumption based on behavioural scientific assertions that one-year-old newly qualified professional nurse is highly unlikely to respond to the same situation in certain manner as a 5-year-old chief professional nurse, or even another newly qualified professional nurse.

5.5 NURSING CLASSIFICATION

Table 5.1

Classification	Frequency	Valid percentage
Enrolled Auxiliary	2	2.0
Enrolled Nurse	35	34.7
Head of Department	36	35.6
Chief Prof. Nurse	26	25.7
Assistant Director	3	.0
Total	102	100

The nursing classification indicates the level at which a nurse operates; it also signifies stratification in terms of where each nurse fits in the hierarchy of the nursing profession. The significance of this item is that it indicates the levels at which nurses are classified, thus the balance of probability as to which classes are most likely unfairly treated. The study revealed that shop stewards are more sensitive in solving problems of senior personnel than they are in lower classes. Marx and Engels in their theory of social stratification, argued that where society is stratified

and inequalities exist conflict is inevitable, with the lower classes most affected (Marx and Engels, 1974:267).

5.6 PROFESSIONAL TITLE/POSITION

Table 5.2

Position	Frequency	Valid percentage
Assistant Director	3	2.9
Head of Department	36	35.4
Other	63	61.7
Total	102	100

Of the 102 respondents making up our sample, 39 accounting for 38.2% are in managerial positions; the rest are subordinates. The general expectation from people with so much administrative knowledge is that they are very well informed, and their ability to deal with abstracts is impeccable. They will be able to tell when their rights are infringed and are most likely to act upon this infringement if it is not resolved and rectified as soon as it has been noticed.

5.7 THE ROLE OF TRADE UNIONS IN IMPROVING THE RELATIONSHIP BETWEEN MANAGEMENT AND WORKERS.

5.7.1 Type of Hospital and Management Style

Ngwelezane hospital is a general hospital with a psychiatric wing. We discovered that the most dominating leadership style is authoritative. One would have expected that since this institution trains psychiatric nurses, they thus would have a high regard for

the psychic and emotional spheres of any given human being, more so their colleagues, but the opposite seems to be true.

Lower Umfolozi Memorial Hospital is a maternity hospital, the leadership style of that is mostly democratic in nature. Since this hospital promotes caring and nurturing on a daily basis, it comes as no surprise that it portrays participative management. Naturally the approach from the management would be more motherly with considerable guidance.

5.7.2   Nursing Classification

A general hospital has obviously more nurses from lower categories than is the case with a maternity hospital. The reason being that in a maternity hospital, they need qualified and competent nurse practitioners for pre-partum, intra-partum and post-partum care. The subjects indicated that shopstewards are more prompt in solving problems of senior personnel than they are with lower categories. This was more pronounced at Ngwelezane, as a result most of them ended up not participating in research.

Most of the registered nurses are in managerial positions. This again, might be one of the reasons why the relationship between the trade unions and the management is perceived to be positive. The following are the findings that are basically the same, and for this reason they are combined for the purpose of analysis and interpretation. The role of trade unions or not in improving the relationship between management and workers is stipulated in the postulation of the hypotheses given below.

5.8   THE ROLE OF TRADE UNIONS IN IMPROVING THE RELATIONSHIP BETWEEN MANAGEMENT AND WORKERS

Hypothesis 1

Ho: Trade unions do not play any significant role in improving the relationship between management and workers.

H1:   Trade unions play a significant role in improving the relationship between management and workers.

Table 5.3:   The role of trade unions in improving the relationship between the management and workers or not was given by respondents as outlined below:

The nature of response	Ngwelezane hospital	Lower Umfolozi memorial hospital	Total
Yes, trade unions play a significance role	50 (47.1)	30 (32.9)	80
No, trade unions do not play a significant role	10 (12.9)	12 (9.05)	22
Total	60	42	102

Observed x^2 = 2.03

Df = 1

Critical value at a level of significance of 0.05 = 0.455.

Since the x^2 is larger than the expected value (Critical value) we reject the Null hypothesis (Ho) and accept the alternative hypothesis (H1).

91

This confirms that trade unions play a significant role in improving the relationship between management and workers.

The contingency coefficient "C"=0,139.

This shows that there is a positive relationship between the trade union and management.40% (forty %) of respondents confirmed that management is predominantly authoritative thus making it difficult for nurses to relate to them. However, the majority of the respondents confirmed that it is important to be a union member for security reasons. Our inference from this analysis is that despite the hostility of the management towards nurses, the unions have a way of influencing decision making. Marx and Engels confirm the above finding as they maintain that trade unions are moral institutions or revolutionary organisations whose core responsibility is to stabilise the disparities in power existing between the workers, the state and the capitalists. This study does not agree with the analysis of Frederic W. Taylor 's submission on scientific management approach in understanding organisation. In the above study, we can still recall that Taylor(1964) was hostile to trade unions, and he did not see any rationale for the establishment of trade unions in organisation. According to his opinion, the role of trade unions was not negative to the economy as a whole, but it was against the real interests of the workers.

Taylor (1964) argues further that the workers, dealt with individually and not herded into the groups, would be better able to pursue their own individual ambitions. Collective bargaining was vastly inferior to his own plan of stimulating each workman's ambition by paying him according to his individual worth, and

without limiting him to the rate of work or pay of the average of his class. As a matter of fact, Taylor's attitude towards trade union was hostile.

However, my research finding is incompatible with that of Taylor, in that it confirms that trade unions play a vital role in improving the relationship between management and hospital workers. It was observed during this study that the process of collective bargaining and other negotiation process were made possible through the help of union leaders.

For the fact that in South Africa, hospital workers are not allowed to go on strike in terms of the Labour Relations Act 66 of 1995,the workers have to rely on trade unions to resolve their differences with management. On management side, the trade unions have to be used to communicate with the workers. Perlman (1958) perceived unions as political organisations displaying democracy and strategic changes in as far as the balance of power between the state, employers and the working class is concerned. One of the obligations of the unions is to strive for the balance of power between the workers and the employers. Therefore trade unions are to be seen fulfilling this obligation at all times.

5.9   THE ROLE OF TRADE UNIONS IN DISPUTE RESOLUTION

Hypothesis 2

H_0: Trade unions do not play any vital role in dispute resolution.

H_1: Trade unions play a vital role in dispute resolution.

Table 5.4: The role of trade unions in dispute resolution

Nature of response	Ngwelezane hospital	Lower Umfolozi memorial hospital	TOTAL
Yes, trade unions play a vital role	55(54.7)	38(38.2)	93
No, trade unions do not play a vital role	5(5.2)	4(3.7)	9
TOTAL	60	42	102

Observed x^2=10.39

Df   = 1

Critical value at a level of significance of 0.01=6.635.

Since the observed x^2 is larger than the critical level, the Null hypothesis (H$_0$) is rejected and the alternative hypothesis (H$_1$) is accepted.

This research confirmed that trade unions play a vital role in dispute resolution. It was observed in the course of this study that in the two hospitals, trade unions have helped in resolving disputes. Any dispute between the workers and management is first referred to trade union to be resolved through the process of mediation. When there is a deadlock, it is then referred to formal internal disciplinary hearing as part of the in-house procedures. If the dispute is unresolved at this stage, then it is referred to bargaining council or the Commission for Conciliation, Mediation and arbitration (CCMA) for conciliation. If there is a deadlock at this conciliation stage, then it is referred to arbitration where the

case is finally settled. But however, the case can be taken to the labour court on technical reasons if one of the parties is not satisfied with the findings of the arbitration process.

A summary of dispute resolution process at both Ngwelezane and Lower Umfolozi War Memorial hospitals is shown below in figure 5.4.

Dispute resolution process at both Ngwelezane and Lower Umfolozi War Memorial Hospitals.
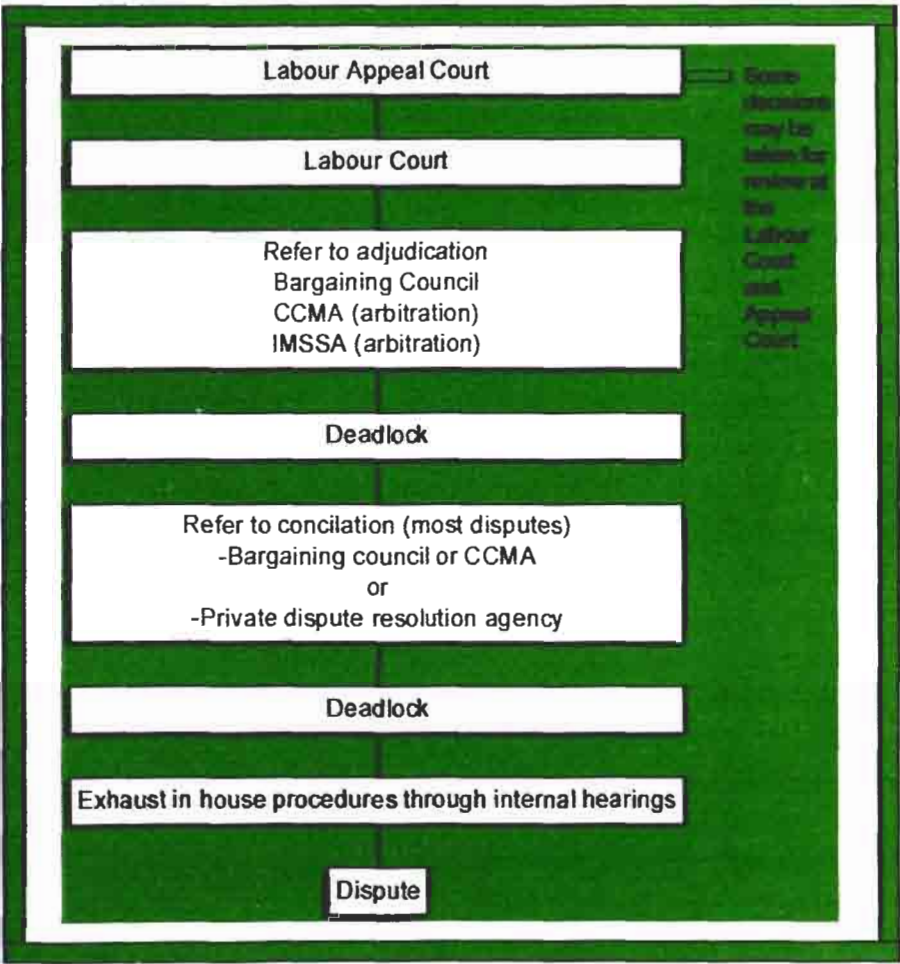
Figure 5.4: Dispute resolution process at both Ngwelezane and Lower Umfolozi War Memorial Hospitals

In this research, it was observed that most of the disputes between the workers and management are resolved through the process of internal hearing in the two hospitals. There was no single case that was referred to bargaining council during this research. Although in the past, the issues of wages and over time payments were the commonest disputes, the disputes were always resolved through the process of internal hearings with the help of trade union leaders. This again confirms that trade unions play a vital role in dispute resolution in the two hospitals. The trade union representatives or the shop stewards as they are often referred to in the two hospitals played important roles in the day-to-day functioning of the hospitals. For example, the shop stewards serve as a link between the trade union and the workers. The hospital management allowed the shop stewards more flexibility in their duties than other employees.

They are permitted to leave their posts at short notice if a union – related matter requires their immediate attention. The hospital management allows the shop stewards to form a committee to co – ordinate their activities in the hospital as well as to meet with management. The shop stewards played a key role in union - management relations. They are able to influence substantially the social climate of the hospital especially in handling individual grievances.

In addition to this, it was also observed that shop stewards take special care in the interests of the union's members in the workplace. They often provide assistance during internal disciplinary hearings. They ensure that the stipulations of agreements are observed and that all activities comply with safety regulations. For the most part they focus on proper interpretation

of these agreements and the individual collective rights of their members. They also advise members in all matters concerning their conditions of service, as well as benefits, for instance medical and unemployment insurance. They assist members who are completing and submitting claims.

In performing their role as office bearers of the trade union, they carry out their duties as members of a branch committee. They are responsible for the effective functioning of the branch and always report all matters concerning their members at the branch committee meetings. They are responsible for the recruitment of new members and act as their socialisation agents. They encourage members to attend trade union meetings and to participate in discussion. The shop stewards confirmed to me during my oral discussion with them that they also perform a liaison function. This includes the discussion of valid complaints with management and the discussion of the resolutions of management with their members. This research agrees with the findings of P. S. Nel analysis on shop stewards (1997) where he confirmed that shop stewards play the preliminary role of resolving disputes through mediation process. The findings of Finnemore (1996) also agree with our research findings in terms of the fundamental roles of the shop stewards.

Some of the shop stewards in both hospitals indicated to us that they are not very enthusiastic towards the performance of their roles because of the following reasons:-

- Some of the employees blame them if they lose a case;

- They often experience discrimination and prejudice from supervisors who perceive them as people embedded with crisis;

- They are seen as betrayers when they are promoted;

- They often become enemies of senior managers during the process of negotiation and

- Any time negotiation fails they become the scapegoats.

The above reasons are despite the fact that shop stewards have helped considerably in establishing cordial relationship between the workers and the management.

5.10   THE ATTITUDE OF NURSES TOWARDS UNIONS

Hypothesis 3

H_0:   The attitude of nurses towards unions is not influenced by the union effectiveness in problem solving.

H_1:   The attitude of nurses towards unions is influenced by the union effectiveness in problem solving.

Table 5.5: The attitude of nurses towards unions:

Nature of response	Ngwelezane hospital	Lower Umfolozi memorial hospital	TOTAL
Yes, the attitude is influenced by union effectiveness	58 (52.9)	32(37.05)	90
No, the attitude is not influenced by union effectiveness	2(7.05)	10(4.94)	12
Total	60	42	102

Observed x^2= 10.09

Df=1

Critical value at a level of significance of 0.02= 5.412.

Since the x^2 is larger than the critical value of 5.412, the alternative (H_1) is accepted and the Null hypothesis (H_0) is rejected.

This confirms that the attitude of nurses towards unions is influenced by the union effectiveness in problem solving.

From our analysis it was indicated that the union was prompt in solving some problems, but nurses from the lower categories expect more from them. The majority of respondents (90) found it significant to be a union member for security reasons. This confirms that nurses have a positive attitude towards the unions.

The nurses in both hospital made it clear to us that they strongly believe that their unions are capable of performing the functions

discussed below and it is for this reason that nurses are influenced in terms of their effectiveness in the implementation below. These functions are as follows:

- The unions have been effective in protecting their members' right to work, their jobs, and their interests at work;

- The unions have been very useful in negotiation of their remuneration, training programmes, pension medical aid scheme and other benefits;

- The provision of assistance in disciplinary hearings and grievances of their members have always been taken seriously;

- The unions have helped in the improvements of the physical working environment though involvement on occupational health and safety committees and

- The unions have helped in the monitoring of the enforcement of legislation in the workplace as well as agreements, which have been entered into with their employer.

5.11   THE ROLE OF TRADE UNIONS IN IMPROVING THE HEALTH OF INDIVIDUALS IN OUR SOCIETY

Hypothesis 4

H_0:   Trade unions in health care sectors cannot be used in improving the health of individuals in our society.

H_1:   Trade unions in health care service can be used in improving the health of individuals in our society.

Table 5.6:   The role of trade unions in improving the health of individuals in our society:

Nature of response	Ngwelezane hospital	Lower Umfolozi Memorial Hospital	TOTAL
Yes, trade unions can be used in improving health services	53(50.5)	33(35.4)	86
No, trade unions cannot be used in improving health services	7(9.41)	9(6.58)	16
TOTAL	60	42	102

Observed x^2 = 1,77.

Df   =1

Critical value at a level of significance of 0.05 =0.455.

Since the x^2 is larger than the expected value (critical value) we reject the Null hypothesis (H_0) and accept the alternative hypothesis (H_1).

This confirms that trade unions in health sectors can be used in improving the health of individuals in our society. Peculiar to this study, respondents have indicated a great concern about multitudes of people dying of HIV/AIDS; yet the unions have not been very helpful in improving or saving the situation. They do not even bother to give publicity to the effects of HIV/AIDS or take care of orphans that are left behind by the deceased who might have contributed to the union. They further maintain that the little the union can do is to join forces with the Ministry of Health and fight the battle. As indicated in our literature review, countries like Japan, have successfully utilised unions in health issues, as they believe that they form the vehicle to reach the masses and to establish public awareness among the nationals.

Japan has succeeded in promoting maternal and child health care, and family planning. This intervention dates as far back as 1963, when trade unions called for its members to use contraceptive methods such that family size is limited to two children. To enhance awareness of population and family problems, various activities are being organised in Hanoi and other parts of Japan. A survey conducted by Tran Thi Hong (2002) revealed the effectiveness of trade unions in this regard ("The rate of the third child is reducing." 2002).

In another study of immunisation: knowledge, attitude and practice conducted in India, it was observed that the mass media was the main source of preventive health care – related knowledge

and trade unions played no role in health education. It was strongly recommended that trade unions be utilised for easy access to the population as a whole, more so because industrial workers were discovered to be unaware of the preventive aspects of health care (Mukhopadhyay: 2002).

A study on Ghana social mobilisation analysis observed that trade unions are one of the unused vehicles for promoting health communication and child health. All what was found to be an obstacle was the lack of information and training materials from the government (Tweneboa – Kodua , Obeng – Quaidoo and Abu: 2002). Otherwise, the effective utilisation thereof will combat problems like population explosion thus improving maternal and childcare health.

A study conducted in the private sectors titled "Private health care in South Africa: Should the Unions intervene? " yielded positive results in as far as delivery of health services is concerned. It is generally known that the depreciation of the rand has led to the ever – escalating medical rates thus excluding the underprivileged to quality health care. The study discovered that unions are obliged to meet the needs of their members by negotiating the delivery of an adequate and appropriate package of health care services at affordable rates. This calls for the adaptation of the health maintenance organisation model that is used in USA called "Managed care schemes." In this article the authors argue the case for intervention in this process by trade unions so as to achieve the union–controlled "managed care schemes" (Broomberg, De Beer, Price: 2000). This will benefit all consumers of health and partially fulfil the national health goal "Health for all by 2000."

In South Africa HIV/AIDS is still a disease surrounded by ignorance, prejudice, discrimination and stigma. In the workplace unfair discrimination against people living with HIV /AIDS has been perpetuated through practices such as pre – employment HIV testing, dismissals for being HIV positive and the denial of employee benefits.

One of the most effective ways of reducing and managing the impact of HIV/AIDS in the workplace is through the implementation of an HIV/AIDS policy and programme. This would enable employers, trade unions and government to actively contribute towards local, national and international efforts to prevent and control HIV/AIDS.

Trade unions in the health sectors in South Africa are expected to help in the following perspectives:

- Eliminating unfair discrimination in the workplace based on HIV status;

- Promoting a non-discriminatory workplace in which people living with HIV or AIDS are able to be open about their status without fear of stigma or rejection;

- Promoting appropriate and effective ways of managing HIV in the workplace;

- Creating a balance between the rights and responsibilities of all parties and

- Giving effect to the regional obligations of the Republic as a member of the Southern African Development Community.

5.11.1 Promoting a Non-Discriminatory Work Environment

The unions should ensure that no persons with HIV or AIDS shall be unfairly discriminated against within the employment relationship or within any employment policies or practices, including the following:

- recruitment procedures, advertising and selection criteria;

- appointments and the appointment process, including job placement;

- job classification or grading;

- remuneration employment benefits and terms and conditions of employment;

- employee assistance programs;

- job assignments;

- the workplace and facilities;

- occupational health and safety;

- training and development;

- it is also expected of the unions to help in maintaining confidentiality in the following perspectives:

    - all persons with HIV or AIDS have the legal right to privacy. An employee is, therefore, not legally required to disclose his or her HIV status to their employer or to other employees;

    - where an employee chooses to voluntarily disclose his or her HIV status to the employer or to other employees, this information may not be disclosed to others;

    - mechanisms should be created to encourage openness, acceptance and support for those employees who voluntarily disclose their HIV status within the workplace.

Furthermore, in terms of compensation for occupationally acquired HIV, it is the responsibility of the union to make sure that an employee is compensated if he or she becomes infected with HIV as a result of an occupational accident, in terms of the Compensation for Occupational Injuries and Disease act.

Employers should take reasonable steps to assist employees with the application for benefits including:

- providing information to affected employees on the procedures that will need to be followed in order to qualify for a compensation claim and

- assisting with the collection of information that will assist with proving that the employees were occupationally exposed to HIV infected blood.

Occupational exposure should be dealt with in terms of the Compensation or Occupational Injuries and Disease Act.

5.11.2   Employee Benefits

- employees with HIV or AIDS may not be unfairly discriminated against in the allocation of employee benefits;

- employees who become ill with AIDS should be treated like any other employee with a comparable life threatening illness with regard to access to employee with a comparable life threatening illness with regard to access to employee benefits;

- information form benefit schemes on the medical status of an employee should be kept confidential and should not be used to unfairly discriminate;

- where an employer offers a medical scheme as part of the employee benefit package, it must ensure that this scheme does not unfairly discriminate, directly or indirectly, against any person on the basis of his or her HIV status.

5.11.3　Dismissal

- employees with HIV/AIDS may not be dismissed solely on the basis of their HIV/AIDS status;

- where an employee has become too ill to perform their current work, an employer is obliged to follow accepted guidelines regarding dismissal for incapacity before terminating an employee's services;

- the employer should ensure that as far as possible, the employee's right to confidentiality regarding his or her HIV status is maintained during any incapacity proceedings. An employee cannot be compelled to undergo an HIV test or to disclose his or her HIV status as part of such proceedings unless the Labor court authorises such a test.

5.11.4　Grievance Procedure

Unions should ensure that employers conform to the following grievance procedure:

- employers should ensure that the rights of employees with regard HIV/AIDS, and the remedies available to them in the event of a breach of such rights, become integrated into existing grievance procedures;

- employers should create an awareness and understanding of the grievance procedures and how employees can utilise them;

- employers should develop special measures to ensure the confidentiality of the complainant during such proceedings, including that such proceedings are held in private;

- in managing HIV/AIDS in the workplace, trade union should ensure that effective management of HIV/AIDS in the workplace requires an integrated strategy that includes, amongst others, the following elements:

  - an understanding and assessment of the impact of HIV/AIDS in the workplace and the

  - long and short term measures to deal with and reduce this impact;

  - an HIV/AIDS Policy for the workplace;

  - HIV/AIDS Programs, which would incorporate:

  - ongoing sustained prevention of the spread of HIV among employees and their communities;

  - management of employees with HIV so that they are able to work productively for as long as possible; and

  - strategies to deal with the direct and indirect costs of HIV/AIDS in the workplace.

5.11.5 Workplace HIV/AIDS Policy

In this research we suggest that trade unions should ensure that the following measures are adopted to minimise the effects of HIV/AIDS in the workplace:

- Every workplace should develop an HIV/AIDS policy, in order to ensure that employees affected by HIV/AIDS are not unfairly discriminated against in employment policies and practices. This policy should cover:

    - the organization's position on HIV/AIDS;

    - an outline of the HIV/AIDS programs;

    - details on employment policies (e.g. position regarding HIV testing, employee benefits, performance management and procedures to be followed to determine medical incapacity and dismissal);

    - express standards of behaviour expected of employers and employees and employees and appropriate measures to deal with deviation form these standards;

    - set out the means of communication within the organisation on HIV/AIDS issues;

    - details of implementation and co-ordination responsibilities and

- monitoring and evaluation mechanisms.

- All policies should be developed in consultation with key stakeholders within the workplace including trade unions, employee representatives, occupational health staff and the human resource department;

- The policy should reflect the nature and needs of the particular workplace.

- The policy development and implementation is a dynamic process, so that the workplace policy should be:

    - communicated to all concerned;

    - routinely reviewed in light of epidemiological and scientific information and

    - monitored for its successful implementation and evaluated for its effectiveness.

This analysis confirms that trade unions have a vital role to play in minimising the spread of HIV/AIDS and other diseases in a workplace environment.

CHAPTER SIX

6.0   CONCLUSION AND RECOMMENDATIONS

6.1   INTRODUCTION

This chapter summaries the findings of the survey and interpretation thereof. the phenomenal political changes that have taken place in South Africa during the past ten years have had a ripple effect on the health services of the country. Trade unionism, which had previously been active in many other spheres, entered the health sectors with great vengeance, leaving many services crippled.

6.2   APPROACHES

Different approaches to problem solving had to be found to ensure quality patient care on one hand, and job satisfaction on another hand. The researcher realised that the Hospital management is working hard towards maintaining good union management relationship. Nurses have historically been reluctant to participate in collective bargaining, to arrive at for better working conditions, or form and belong to labour unions. But autocratic leaders and bureaucratic structures that seem to reign in health care services have left them without any other option, except unionism.

6.3   TRADE UNIONS

This research revealed that trade unions play a significant role in improving the relationship between management and employees in health care services. More so because respondents confirmed that management is predominantly authoritative, but the unions have

a way of influencing the decision-making. However, employees still feel that they are somehow alienated from the decision-making processes of the organisation. The reasons being that those trade unions are not represented in all the committees.

The survey was able to ascertain that trade unions play a vital role in dispute resolution. The majority of respondents confirmed that it is important to be a union member for security reasons. It seems management would not respond adequately without pressure from some quarters.

The nurses in both hospitals where the study was conducted also made it clear that their unions are capable of performing their functions; *inter alia:*

- Protecting their member's right to work;
- Negotiating their remuneration;
- Assisting in disciplinary hearings;
- Forwarding their grievances to management and
- Enforcing legislation in the workplace.

Our inference from this analysis is that nurses have a positive attitude towards the unions but they still expect more from them. This was highlighted when the respondents indicated a great concern about multitudes of people dying of HIV/AIDS; yet the unions have not done much towards improving or saving the situation. The South African government has come out very strongly on this; on the "Code of Good Practice: key aspects of HIV/AIDS and employment" (Notice R1298 of December 2000).

The unions should do their homework and revisit their goals and objectives for them to maintain confidence on union members. Former President Nelson Mandela as cited at the launch of

DENOSA (5 December 1996) said: "DENOSA must become not just an interested party merely representing the interests of nurses, but an active agent of change. In doing so you will be aware of opportunities for improvements and of progress made in addressing concerns of nurses. You will know of problems and challenges facing the nursing community and the rest of the country. More importantly, you will be part of a team that will develop joint strategies to deal with the problems and challenges of building a better life ...we have great and realistic expectations..., and so does the rest of the country. You dare not let us down" The foregoing citation goes to all other trade unions/ organisations.

Looking at the organisational structures, the researcher realised that other trade unions (NEHAWU and HOSPERSA) seem to have no organograms. If they have by any chance, they are beyond reach. DENOSA's structure has a matrix type of organogram. This structure makes uses of the available human resources and tends to adapt better to changes in the environment. The researcher could not find HOSPERSA's organogram. All that was available to the members were the standards mandating procedures. It is, therefore, recommended that this organization develops an organogram and clearly states the functions of each office bearer on the membership guide. Again with NEHAWU, the Regional Office did not have any organogram. The Office bearers had to suck the channels of communication and the chain of command from their thumbs. This trade union is, therefore, urged to design an organogram and avail it to the members as well.

6.4   RESIDENT TRADE UNIONISTS

The research also revealed that those in public health care institutions do not even have resident trade unionist (Chairpersons' Offices). The survey indicates that there are few shopstewards. Should they leave the institution, they are never replaced. Top Office bearers do not come to the institutions to address/ update the members, unless there is a pressing problem. Again it was gathered that more often than not, trade unions resort to magazines that are published once a month. There is minimal direct contact of members and unions. Even though workshops and symposia are organized, it is next to impossible to attend, because of the shortage of staff and the expense involved. Trade unions are, therefore, urged to explore other strategies of staff development.

From the information gleaned from the survey, a trade union management model has been developed as part of the recommendations. Over and above the suggested model, other recommendations are made and discussed.
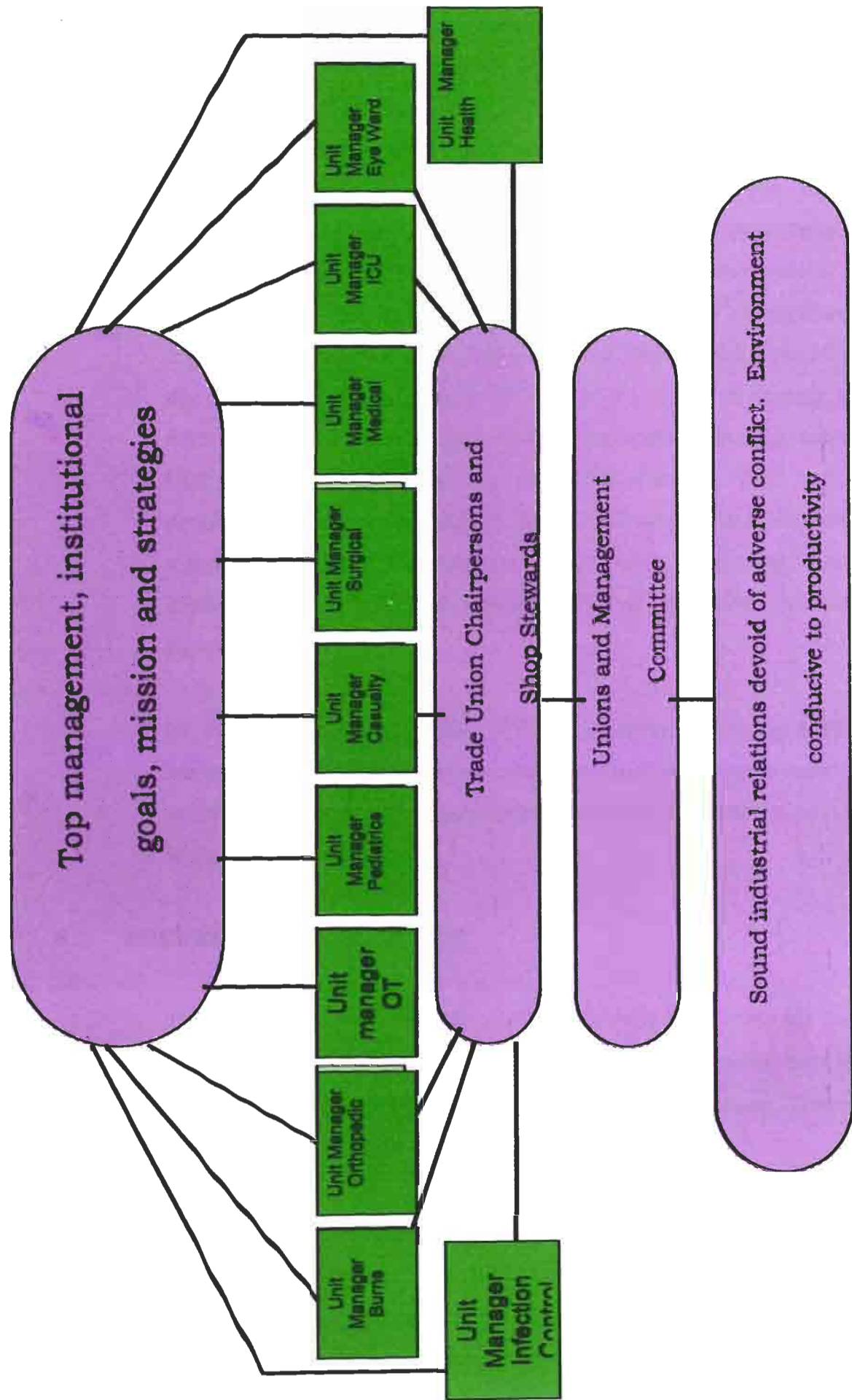
Figure 6.2 : Suggested Relationship Model

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Central to the proposed model is the notion that trade unions must be interwoven into the fabric of day-to-day workings of the institutions providing health care services. In terms of the diagram all units are important and therefore should have shopstewards. These shopstewards should report to chairpersons who are in contact with other members of the management team. There should be trade union management forums where issues affecting employees are discussed. Such meetings should be regular to curb conflicts within the organization. The unit managers should see shopstewards as colleagues to tackle problems affecting the unit. After all, both trade unions and management converge on one aim, that is, that of creating an environment that encourages productivity. Unit managers have the day-to-day dealings with subordinates and colleagues. They must, therefore, be put in constant touch with the practicalities of industrial relations as a function.

In suggesting this model, this researcher envisages that each hospital should be equipped with at least one trade unionist that would co-ordinate the industrial relations function in consultation with the stakeholders.

6.5   PREVENTION OF CONFLICT

The top management also needs to revisit their role in prevention of conflict. This may sound too minor to emphasize, but has been seen yielding adverse effects if not properly observed. The following are some of the aspects to be observed:

- Encourage mutual trust and respect among all personnel and prevent any form of mistrust;
- Value and acknowledge input of other people even if it does not mean that necessarily it will be implemented;

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- Encourage personnel to express their views, opinions and feelings;
- Issues leading to conflict should be resolved as soon as they arise and avoid postponing confrontation;
- Avoid taking issues or problems affecting personnel minor, each problem should be treated promptly and with caution;
- Avoid giving hasty responses to issues affecting personnel;
- Carefully selecting the most suitable leadership style at a given situation;
- Provide adequate resources for personnel to work with;
- Observe equitable staff distribution;
- Delegate tasks fairly amongst personnel with consideration of capabilities of personnel;
- Avoid smouldering genuine grievances;
- Guard against promotions that may be perceived as unfair by other members;
- Improve communication in the unit on all matters affecting personnel.;
- Investigate and assess possible sources of conflict, problems or grievance before the situation escalates;
- Deal with the root causes of the problems rather than their symptoms;
- Observe fairness in dealing with personnel requests and
- Act in a neutral manner whenever dealing with issues of conflict or personnel differences. Observe and apply consistency when applying discipline to personnel.

The researcher acknowledges that communication and leadership styles form the basis of management, and will therefore deal with these in details.

6.6 COMMUNICATION

More often than not it was indicated that the communication system is inadequate, in that it is mostly downward. Communication is meant to bring men together so that they may attain the ends of the organisation. That being the case means that it has to be reciprocal in nature. This seems a controvesial issue, but the ethics of communication as such are to lead men and women to some understanding and collaboration.

The following are the conditions of effective communication:

- The channels of communication should be definitely known.
    - o This is easily attained through the organogram.

- Objective authority requires a definite formal channel of communication to every member of the organization.
    - o This means that any person performing a role must be able to communicate and to be communicated with.

- The line of communication must be as direct or short as possible.
    - o Although a certain amount of "red tape" is necessary, it is good to make provisions for cases, even ordinary ones, where bureaucratic steps are short-circuited and the processes become accelerated. Some authors are of the view that the seriousness of an enterprise is in inverse ratio to the time spent in answering business correspondence and other kinds of business communication.

- The complete line of communication must be used, which would be postulated as follows:
  - No order should go over the heads of the intermediary levels.

- The competence of persons serving as communication centres, that is, officers, supervisory heads, must be adequate.
  - The role of officials or supervisors is not merely to transmit the message but mainly to explain and elaborate on it.

- The line of communication should not be interrupted during the time when the organization is to function.
  - When one is absent a second in command should take over.

- Every communication should be authenticated.
  - The communication should bare the signature or stamp of the corresponding authority.

- The persons for who it is meant must understand order.
  - It must be duly brought to the notice of the subject

6.6.1 Communication Patterns

Some form of participative management has proved to yield positive results in most industries. The most appropriate communication methods would be the following:

Figure: 6.2   : Types of communication

Type (I)   Type (v)
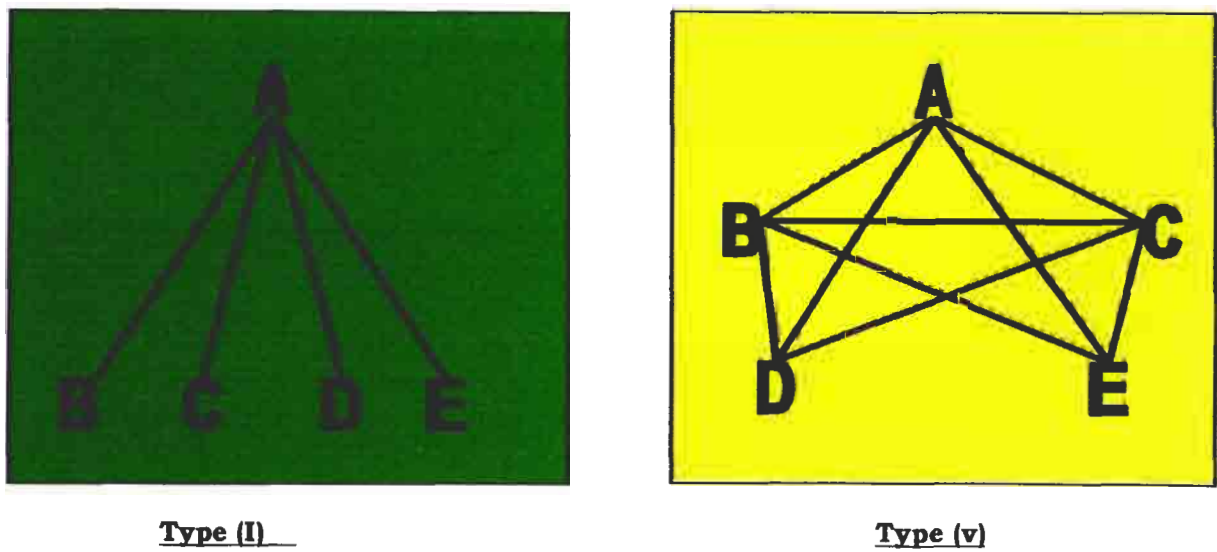
In type (I) all four members cannot communicate among themselves. Thus A becomes the central or coordinating point. Type (v) on the contrary, is the opposite of Type (I), every member of the group may communicate with every other member. This is the most democratic type, but when the group grows, the communication becomes too unwieldy for systematisation and control. It must be appreciated that there is no structure that has been found to be universally suitable. However, where there is a question of studying a problem and finding a solution, the combination of the two is ideal. The first stage can start off as (a star) Type (I), in which the coordinator briefs the meeting. The second stage may consist in a meeting of Type (v) in which full facilities are given to the members to communicate with each other while keeping the pertinent time and method. The purpose of this meeting is to integrate ideas from different people. Once this has been done, a committee is selected to synthesise the data, and to advance further if necessary. The third stage constitutes the final stage. This meeting follows the star structure in which the conclusions are placed before the members for discussion and comment. At the end of which one can say- "the most that could

be achieved has been achieved." The process is timeconsuming, but it pays off. This is some form of participative management, which has proven to yield positive results in most industries.

6.7 WORKPLACE FORUMS

It is recommended that these forums be given more capacity in terms of training in conflict resolution and to revisit their role like:

- promoting the interests of all employees in the workplace, whether or not they are union members;
- enhancing efficiency in the workplace;
- participating in joint decision-making about the issues affecting employees.

6.8 COLLECTIVE AGREEMENTS

There is a need to recognise collective agreements between management and union leaders in the health sector. The problems they both encounter seek, as far as possible, to preserve their interests, but adjust their views and positions in the joint effort to achieve an agreement (Anstey, 1991:92). Collective agreements have proven to be very powerful because they are in a better position to use integrative bargaining in which the industry concedes on some matters of importance to the union in return for union concessions on matters of strategic import to the firm (William & Kazanas, 1994:367).

6.9 INDUSTRIAL UNION

Finally, the researcher recommends that the three trade unions merge together into one central body (industrial union) for effectiveness. This would serve a dual purpose, that is, it would

save time and energy for the management and the trade unions. It is also envisaged that this move would have the following effects within the organisation:

- A series of meetings would be condensed to one fruitful meeting;
- Whatever is decided on the meeting, would apply across the board;
- Cohesiveness would be promoted within the organisation;
- There would be one organogram, thus clearly defining channels of communication to the members;
- Conflicts would be minimised in the shop floor and
- Trade unions that are basically for the health professionals would get a chance of inculcating professionalism to all workers.

Industrial unions are different to occupational unions as they organise workers in a particular industry, regardless of the specific occupation, craft, trade or level of skill (Bell, 1960). Occupational barriers are, therefore, removed, thus developing a common bond of interest between different categorise and levels of workers within the same industry. These unions comprise some of the largest and most powerful unions in the country, for example the National Union of Mineworkers (NUM). Industrial unions reduce inter-union rivalry and that leads to improved industrial planning. Union officials in turn gain particular expertise within an industry (Salamon, 1987).

REFERENCES

Ananaba, W. (1979): Trade union movement in Africa: Promise and Performance. London: Hurst & Company.

Adams, B, Shindul, & R.S. (1999): Trade Unions Nurses Hospital and Health. Newords. Feb 99, Vol. 73, Issue 2.

Adam H. & Moodley K. (1993): The Opening of the Apartheid Mind: Options for the New South Africa. Berkerly, California: University Of California Press.

Anstey, M. (1991): Worker participation: Concepts and issues. Kenwyn, Juta.

Baskin, J. (1991): Striking Back: A history of COSATU. Johannesburg: Ravan Press.

Bendix, S. (1996): Industrial Relationships in South Africa. Cape Town: Juta Company.

Blalock, H.M. Jr (1981): Social Statistics. McGraw –Hill: University of Washington.

Blemenfeld J. (1987): South Africa in crisis. Croom Helm for the Royal Institute of International Affairs, New York.

Booyens, S. W. (2001): Introduction to Health services Management. Juta

Bozzoli B. (1979): <u>Labour, Townships, and Protest</u>, Ravan Press, in association with Institute of African Studies. Witwatersrand university.

Brink, H. (2001): <u>Fundamentals of research methodology for Health care Professionals.</u> Kenwyn: Juta.

Broomberg, J., De Beer, C., Price, M.R. (2000): <u>Private Health Care in South Africa; Should the Unions intervene?</u> Review, Review, Tutorial: USA.

Broomberg, J., De Beer, C. Price, M.R. (2000): <u>The Private Health Sector in South Africa.... Current trends and future developments</u>: USA.

Bruder, P. (1999): <u>Trade Unions- Nurses United States, Labor Supply-Hospital Topics,</u> Spring 99, Vol. 77 Issue 2.

Callinicos R. (1977<u>) : Southern Africa after Soweto</u>, Plato press, London.

Carrell, M.R., Elbert, N.F., Hatfield, R.D., Grobbler, P.A., Marx M, Van der Schyk, S. (1998) <u>Human resource management in South Africa</u>, Prentice Hall: South Africa.

Chaska, N.L. (1983): <u>The nursing profession: A time to speak</u>, New York: McGraw Hill Company.

Cheadle, H. (1984): The Law and Retrenchment. <u>South African Labour Bulletin,</u> 10 (1): 25-33.

Chesterton, G.K. (1958): <u>Labour Union Theories in America</u>, Illinos, Row Peterson.

Clegg, E. (1960): <u>Race and Political partnership in the federation</u> <u>Rhodesia and Nyasaland</u>, London: Oxford University Press.

Clegg, H.A., Fox, A. & Thompson, A.F. (1964): <u>A history of British</u> <u>Trade Unions Since 1889.</u> Oxford University Press.

Corker, R. & Bayoumi T. (1991) Apartheid, Growth, and Income Distribution in South Africa: Past History and Future Prospects. IMF <u>Working Paper</u>: 1-19.

Community Research Information Centre (1989) "The Labour Relations Act: Death to Reasonable Labour Relations." <u>South African Labour</u> <u>Bulletin</u>, 14 (4): 37-61.

Davies, R. H. (1984) <u>Struggle for South Africa Reference Guide to</u> <u>movements, Organizations and Institutions.</u> Zed. Books, London.

Dickinson, D. & Fakier, A. The Global Reporting Initiative's HIV/AIDS Reporting Guidelines.<u>South African Labour Bulletin</u>, Vol. 23, (3), June 2004.

Diejomoah, V.P. & Sheffield, J.R. (1969) : <u>Non-formal Education in</u> <u>African development, New York</u>: African American Institute.

DENOSA Constitution-March 2001.

Dunlop, J.T. (1958): <u>Industrial Relations,</u> New York: Henry Holt.

Dunlop, J.T. (1993): <u>Industrial Relations Systems</u>, Bosten: Harvard Business School Press.

Dworkin J.B., Extejt M.M. & Sheree, R.D. (1980): Unionism in Hospitals, or What's happened since: Health care management review (Frederick, M.d., Aspen Systems Corp.) Vol./ Issue: 5(4) 5 : UNISA.

Fiorito, J. (2001): "Industrial Relations – United States, Management", Journal of Labor Research, Spring, 2001: Vol. 22.

Flanders, A. (1968): Trade unions, London, Hutchinson.

Finnemore, M. (1986): Introduction to industrial relations in South Africa, Johannesburg: Mc Graw –Hill.

Finnemore, M. (1992): Introduction to industrial Relations in South Africa, Johannesburg: Lexican

Fox, A. (1981): Industrial Relations: a social critique of pluralist ideology, in Barret, B Rhodes, E. and Beishon, J. Industrial Relations and the wider society, London: Collier MacMillan.

Friedman, S. (1987) Building Tomorrow Today: African Workers in Trade Unions, 1970-1984.Johannesburg, South Africa: Ravan.

Gumbi, R.V. (1987): The Community Health Nurse in Rural Health Services in KwaZulu-Natal, Unpublished Thesis, and D.Litt. et Phil: Pretoria, Unisa.

Gwagwa, T. & Webber, J. (1995): Striking nurses trapped in frustration, S.A. Labour Bulletin, December Vol. 19 No. 6.

Henson, D. (1978): Trade unionism and struggle for liberation in South Africa, Capital and Class, 6 (Autumn): 1-41.

Hong, T.T. (2002): The rate of third child is reducing, Magazine de l' office des personnes handicapees: Japan.

HOSPERSA Information Brochure.

Jauch, H. (1999): Trade unions in Southern Africa. Labour Resource and Research Institute.

Johansson, P. (2002): The USA trade unions' role in the work place health promotion: USA.

Kunene, P.J. (1995): Strikes by nursing personnel: A challenge for nurse managers in KwaZulu-Natal Province. Unpublished dissertation M Cur KwaDlangezwa.

Lambert, R. & Webster, E. (1988) The Re- emergence of Political Unionism in Contemporary South Africa? In Popular Struggles in South Africa, ed. William Cobbett and Robin Cohen, 20-41. London:James Currey.

Lundahl, M. (1989): "Apartheid: Cui Bono?" World Development 17, (6).

Mann, M. (1988): A Giant Stirs: South African Business in the Age of Reform.In State, Resistance and Change in South Africa, ed. Phillip Frankel, Noam Pines, and Mark Swilling, 52-86.

Maree, J. (1995) "The Changing Role and Perception of Members as Unions Grow: The Congress of South African Trade Unions." Paper presented at the 2nd International Conference on Emerging Union Structures.The Swedish Institute for Work Life Research, Stockholm, 11-14 June.

Mc Kay, V. & Allais, C. (1995): Social Theory, Isando: Lexicon Publishers.

Mc Farland, G. Leonard, H.S. & Morris, M.M. (1984): Nursing Leadership and Management: Contemporary Strategies, John Wiley and Sons: New York, Toronto.

Mellish, J.M. (1984) A Basic History of Nursing, Butterworths, Durban/Pretoria.

Marx, K. & Engels, F. (1974): On Society and social change, University of Chicago Press: Chicago.

Moll, P. (1993): Black South African Unions: Relative Wage Effects in International Perspective>Academy of Management Review, 13 (4): 111-125.

Mouton, J. & Marais, H.C. (1992): Basic Concepts in the Methodology of the Social Sciences, Human Science Research Council.: Pretoria.

Mukhopadhyay, A. (2002): Improving and expanding NGO programs, Health for the millions, Journal of the Indian Medical Association, June 1993, India.

Mukhopadhyay, S. (2002): Study of Immunization: Knowledge, Attitude and Practice, <u>Journal of the Indian Medical Association</u>, June 1991.

Mullholand R.B. (1988) <u>White Labour in South Africa</u>, University of Witwatersrand: Johannesburg.

Myburgh H.J. (1990) Unionism and collective bargaining in the nursing profession,<u>Unpublished dissertation</u> MBA University of Witwatersrand.

Mzolo, B. (2002): "New Challenges Confronted by the Working Class" <u>Nursing Update</u>,August2002,Vol.26,No3,page20-21.

Mzolo, B. (2002): "What Workers Want from Unions", <u>Nursing Update</u>, August 2002,Vol.26, No7, page 26-29.

NEHAWU-Basic shop steward training manual, September 1993.

NEHAWU- Foundations Course for shop stewards Course handbook, Vol. 5 Issue 2/2002.

Nel , P. (1997), <u>South African Industrial Relations</u> (3rd ed), Van Schaik: Pretoria.

Nel, P.S, & Van Rooyen, P.H. (1996): <u>South African Industrial relations theory and practice</u>, J.L. Van Schaik: Academia.

Ngwenya, N.T. (1993): <u>The response of South African's Industrial relations system to the rise of black unionism</u>, 1970-1991. Kingston, Ontario: Canada.

Pascual G., S.J. (1978): <u>Fundamentals of Industrial Sociology</u>, McGraw Hill publishing company: New Delhi.

Perlman, M. (ed.) (1958): <u>Labour Union Theories in America</u>: <u>Background and Development</u>, Illinois, Row Peterson.

Polit, D.F. & Hungler, B.P. (1993): <u>Nursing research principles and methods</u>, Lippincott: Philadelphia.

Poole, M. (1982): <u>Theories of Trade unionism</u>: <u>a sociology of industrial relations</u>, London,:Routledge and kegan Paul..

Reid, N.C. & Boore, R.P. (1987): <u>Research Method and statistics in Health Care</u>, Edwards Anorld: Great Britain.

Salamon, M. (1992/8): <u>Industrial Relations</u>: <u>Theory and practice</u>, Englewood Cliffs: Pentice Hall.

SANA (1989<u>) Nursing Kaleidoscope</u>: RSA, 1984-1987. Pretoria: SANA.

South African Labour Bulletin (1974): The Bantu Labour Regulation Act, <u>The South Africa Labour Bulletin</u>, 1 (1).

<u>South African Law Reports</u> (1987) Vol.3. Capetown, South Africa: Juta.

Stanhope, M. & Lancaster, J. (1996): <u>Community health Nursing</u>: <u>Promoting health of aggregate families and individuals</u>, St. Louis: Mosby.

Stares R. (1977): <u>Black Trade Unions in South Africa</u>: The
  <u>Responsibilities of British Companies</u>, Christian Concern for
  Southern Africa, London.

Sullivan L. (1981) <u>The Role of Multinational Corporations in South Africa</u>,
  SAIRR, Johannesburg.

Swansburg, R.C. (1990): <u>Management and Leadership for Nurse</u>
  <u>Managers</u>, Jones and Bartlett Publishers: Boston.

Talbot, L.A. (1995): <u>Principles and Practice of Nursing Research</u>, Mosby:
  New York.

Taylor, F.W. (1964): <u>Scientific Management</u>, Harper and Row (Ed).

The code of Good Practice: key aspects of HIV/AIDS and employment.

The constitution of the Republic of South Africa (Act No. 108 of 1996).

The Labour Relations Act 66 of 1995, (1996): Butterworths Publishers
  (Pty) Ltd: Durban.

Thompson, E.P. (1963): <u>The Making of the English Working Class</u>,
  London, Gollancz.

Torres, M. Ed. (1995): <u>Research and Social Policy: proposals for a future</u>
  <u>agenda</u>: Ottawa, International Development Research Center

Tourien, M. (1989) The struggle for Industrial Councils<u>. South African</u>
  <u>Labour Bulletin</u>, 14 (4): 76-86.

Treece, E.L. & Treece, J.W. Jr (1982): Elements of research in nursing, the C.V. Mosby Company: London.

Twala, M.A. (1999): The role of trade unions in industrial relations system in South African industry, A study of Mondi Kraft industry, Unpublished Thesis, University of Zululand.

Tweneboa-Kodua, A. Obeng-Quaidoo, I. & Abu, K. (2002): "Ghana Social mobilization analysis", Health Education Quarterly, Spring,Vol. 18 (1), page 125-134, United States.

Van der Merwe, A. (1994): Working together: Changes and Challenges for Relationships on the Shopfloor, South African Journal of Sociology, 35 (4).

Webster, E. (1978) Essays in Southern African Labour History,Ravan Press,Johannesburg.

William, J.R. & Kazanas, H.C. (1994): Planning and Managing Human Resources: Strategic Planning for personnel management, HRD Press Inc/Amherst Massachusetts.

Wood, G. & Harcourt, M. (1998): The rise of South African Trade Unions. Labor Studies Journal, Spring 98, Vol.23, Issue 1.

APPENDIX   A

LETTER TO HOSPITAL MANAGERS

University of
Zululand
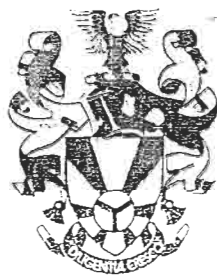
Tel: 035-902 6511

Fax: 035 902 6082

Department of Nursing Science

P.O. Box 10738
EMPANGENI
3880

The Secretary General
Department of Health
330 Longmarket Street
PIETERMARITZBURG
3200

Dear Sir

APPLICATION TO CONDUCT RESEARCH PROJECT

I hereby apply for permission to conduct a research project in the Kwa Zulu-Natal Hospitals (District 28 – Lower Umfolozi War Memorial Hospital and Ngwelezane Hospital).

I am doctoral student at the University of Zululand, Main Campus, Department of Nursing Science. The title of the research project is – **UNIONISM IN KWAZULU-NATAL HEALTH CARE SERVICES: A NURSING MANAGEMENT PERSPECTIVE.**

I will be happy to conduct this study in August to October 2002.

Enclosed please find a copy of a research proposal and a questionnaire.

Your permission to do this research will be highly appreciated.

Thanking you in anticipation.

Yours faithfully

THEMBISILE ELSIE MATSANE (MRS)

APPENDIX B

PERMISSION LETTER FROM

HOSPITAL MANAGERS

NGWELEZANA HOSPITAL

APPLICATION TO CARRY OUT RESEARCH

1. Personal details of researcher

   Name : THEMBISILE E. MATIANE Persal No. : OS30

   Address : INTERNAL BOX 322, UNIZUL.

   Employer : UNIVERSITY OF ZULULAND

2. Personal details of Official Supervising the Project

   Name : Dr T. P. MHLONGO ID/Persal No. N/A

   Rank : SENIOR LECTURER

   Address : UNIVERSITY OF ZULULAND

3. Details Regarding research if it is for study purposes

   a) Present course followed: DOCTORAL DEGREE (NURSING MANAGEMENT)

   b) Educational Authority : UNIVERSITY OF ZULULAND

4. Details of Research Project

   Title : UNIONISM IN KWA ZULU-NATAL HEALTH CARE SERVICES: A NURSING MANAGEMENT PERSPECTIVE

   Research Proposal attached: **YES / NO**: YES

   Estimated time period : **BEGIN**: OCT 2002 **END**: NOV 2002.

5. Facilities Required

   Specify: NOT APPLICABLE

NGWELEZANA HOSPITAL

RECOMMENDATION AND APPROVAL TO CARRY OUT RESEARCH

1. Personal Details of Researcher

   Name : THEMBISILE G. MATJANE Persal No. : CS30

   ID. NO. : 631031 0682 C3C

   Address: INTERNAL Box 323, UNIVERSITY OF Zululand

   Employer: UNIVERSITY OF Zululand

2. Recommendation by Study Leader / Research Committee Leader

   I undertake to ensure that a copy of research project will be supplied to Head of Institution.

   COMMENTS: Research proposal has been approved.

   Signed: _TPMhlongo_ Date: 25/10/02 Name: Dr TP Mhlongo

* 3. Recommendation by Nursing Management (Institutional)

   COMMENTS: (Supported) / Not Supported

   Signed: _____ Date: 13/11/02 Name: T.S. PEWA

4. PROJECT (APPROVED) / NOT APPROVED

   SIGNED: _____ DATE: 17/11/02
   ### SENIOR MEDICAL SUPERINTENDENT

6. I: .....THEMBISILE.......ELSIE.......MATSANE..... agree
undertake the above project in accordance with the requirements
mentioned in the application form. I agree to carry out the project
without incurring any expenses not budgeted for by the Department,
and to bear the full responsibility for the project. Should be necessary to
deviate from any procedure or to terminate the project I shall notify my
supervisor.

I undertake to obtain full consent from patients who are legally in a
position to give this.

I agree to submit all the results of the project to the Senior Medical
Superintendent: Ngwelezane Hospital.

I understand that the Department in granting permission for the
execution of the project places itself under no obligation and will not
necessarily grant permission for Publication.

SIGN: ......*Matsane*...... DATE: ...05/08/02......

SIGN OF SUPERVISOR: .....TMhlongo.....

APPENDIX C

QUESTIONNAIRE

QUESTIONNAIRE

SECTION "A" BIOGRAPHICAL DATA OF RESPONDENT

Tick the appropriate Column (X)

1. Age

Less than 25 years	1
25-34 years	2
35-44 years	3
45-54 years	4
55 and above	5

2. Sex

Male	1
Female	2

3. Experience as a nurse in years

0-5 years	1
6-10 years	2
10-15 years	3
16-20 years	4
20 and above	5

4. Category as a nurse

Enrolled Auxiliary	1
Enrolled Nurse	2
Professional Nurse	3
Chief Professional Nurse	4
Assistant Director	5

5. Professional tittle/position

Assistant Director	1
Head of Department	2
Other, specify	3

SECTION "B" CLOSED AND OPEN ENDED QUESTIONS

2. The existing worker forums in Health Care Services

2.1. Are there any structures in your institution which enable nurses to air their views regarding patient care?

Yes	1
No	2

2.2. Are there any structures in your institution where nurses could voice their feelings regarding their welfare and working conditions?

Yes	1
No	2

2.3. If the answer is yes to 2.2, do you have access to such structures?

Yes	1
No	2

2.4. How long does it take to channel a grievance to the top management?

1-5 days	1
1 week	2
2-3 weeks	3
More than one month	4

2.5. Do you get any response from the management?

Yes	1
No	2

2.6. If the answer is no to 2.5, in your opinion, why is there no response?

2.7. Are nurses allowed to strike?

Yes	1
No	2

2.8. If the answer is no to 27, in your opinion, why are they not allowed to strike.

----

3.   **Strategies used by unions to develop their members**

3.1.   Are you conversant with the grievance procedure?

Yes	1
No	2

3.2.   Are you familiar with the disciplinary procedure?

Yes	1
No	2

3.3.   Is your institution using the procedures stipulated in the Labour Relations Act 66 of 1995?

Yes	1
No	2

3.4.   Indicate by making a cross (x) in the appropriate box the degree to which your union/ professional organization participate in staff development.

Not at all	1
Minimal	2
Reasonably	3
Considerably	4
Great deal	5

3.5.   If the answered to 3.4 is between 2 and 5, state the reasons for participation.

Necessary for staff development	1
It's a union requirement	2
Other, specify	3

3.6.   If answer to 3.4 is not at all, state the reasons for not participating.

Overburdened with other union issues	1
Not responsibility of the union	2
Lack of confidence	3
Other, specify	4

3.7.   On overage how often to you receive updates from the union?

Once a month	1
Twice a month	2
Once a semester	3
Other, specify	4

3.8. Is this adequate? Motivate.

_____
_____
_____

3.9. Indicate a strategy mostly used by the union/ organization for staff development.

Workshops	1
Symposia	2
Tutorials	3
Magazines	4

3.10. Could trade unions be used in improving the health of individuals in our society?

| Yes | 1 |
| No | 2 |

4. Attitude of nurses towards unions

4.1. Are you a member of a Union or Professional association/ organization?

| Yes | 1 |
| No | 2 |

4.2. If your answer is yes to 4.1, why have you joined a union or Professional Association?

_____
_____
_____
_____

4.3. If your answer is no to 4.1, why have you opted for neutrality?

_____
_____
_____
_____

4.4. Do trade unions play a vital role in dispute resolution?

| Yes | 1 |
| No | 2 |

4.5.   How do you perceive relations that prevail between shop stewards and nurses?

Good	1
Warm	2
Receptive	3
Poor	4

4.6.   Do you think it is advisable to be a union member?

Yes	1
No	2

4.7.   Do you find it necessary to renew your membership every year?

Yes	1
No	2

4.8.   Does the effectiveness of the union in problem solving influence your attitude towards it?

Yes	1
No	2

5.   The effectiveness of union management relationship

5.1.   How do you perceive the relations that prevail between management and union?

Good	1
Warm	2
Receptive	3
Poor	4

5.2.   Choose only one management style that is mostly used by the manager at your institution.

Authoritative style	1
Democratic style	2
Laissez- faire style	3
Participative style	4
Situational style	5

5.3. Does the work environment in your section promote productivity?

Yes	1
No	2

5.4. How often does the management hold meetings with the union?

Once a week	1
Once a month	2
Other, specify	3

5.5. Do the management and the union hold negotiation sessions during the industrial action?

Yes	1
No	2

5.6. What mechanism could be used in the case of a deadlock where patients' lives are involved?

5.7. Do you experience any problems with the union?

Yes	1
No	2

5.8. What kind of problems do you experience and what do you think are the solutions for these problems?

Problems	Possible solutions

5.9 Would you maintain that there is a significant role which trade unions can play in improving the relationship between management and employees in health care services.

Yes	1
No	2

5.8. What kind of problems do you experience and what do you think are the solutions for these problems?

Problems	Possible solutions

5.9 Would you maintain that there is a significant role which trade unions can play in improving the relationship between management and employees in health care services.

Yes	1
No	2