AN EVALUATION OF THE EMPLOYMENT EQUITY ACT AT UTHUNGULU DISTRICT HOSPITALS FOR PEOPLE WITH DISABILITIES

BY

NONHLANHLA ALICE KOENANE

A Dissertation submitted in accordance with the requirements for the degree of Masters in Administration in the Faculty of Commerce, Administration and Law at

University of Zululand

2017

AN EVALUATION OF EMPLOYMENT EQUITY ACT AT UTHUNGULU DISTRICT HOSPITALS FOR PEOPLE WITH DISABILITIES

BY

NONHLANHLA ALICE KOENANE

Submitted in Partial Fulfilment of the Requirements for the Degree

Of

MASTER OF ADMINISTRATION

In the

Faculty of Commerce, Administration and Law in the Department of Industrial Psychology

UNIVERSITY OF ZULULAND

2017

Supervisor: Prof. E. Contogiannis   Co-Supervisor: Mrs. V. Mntambo

…………………………………………….   …………………………………………….

Date…………………………………….   Date………………………………………

DECLARATION

I, Nonhlanhla Alice Koenane, declare that An Evaluation of Employment Equity Act at uThungulu District Hospitals for People with Disabilities is my own original work and that all the sources I have used have been indicated and acknowledged by means of complete references. This work has never been submitted by to any institution of higher learning for academic purposes.

………………………………………….   ………………………………………………

SIGNATURE   DATE

NONHLANHLA ALICE KOENANE

DEDICATION

I wish to thank the Almighty God for the gift of life I have received out of His Mercy and generosity. With love and gratitude, I dedicate this work to all who have shared their lives with me thereby making my life rich and meaningful in the academic world. This gratitude is specially directed to my parents Sizakele and the late Pacificus "Somnandi" Malinga through whose love I came to being and am sustained. Mah, you are a super woman, my source of inspiration with a very special space in heart; no one will ever take the place of you.

I acknowledge my gratitude to my husband, Mojalefa Koenane for pressurising me to finish this work. Joe, your generous support in every way possible during the period of study will always be remembered. Your words of encouragement and belief in me have raised me up to more than I can be.

My gratitude is also extended my brothers and sisters for being there during the hour of need. Guys, I believe that is what family is for. My special gratitude goes to my youngest brother ma'Sifiso for his words of encouragement. Zindela let us keep on walking; the academic road is long, lonely and challenging.

I dedicate this study to all my children (biological and academic), nephews and nieces. You all touch my life in a very special way.

I also dedicate this study to my God given family, Mpume and Sbu Gwala who are a support structure I am proud of all the time. Ngithi kini ukwanda kwaliwa umthakathi. Nime njalo nje mndeni waka Mphephethwa bantwana baka Joyisa!

ACKNOWLEDGEMENTS

Table of Content

List of Table

Abstract

Equality is a constitutional provision which grants some people with disabilities opportunities of employment. The law that effects the constitutional provision is the Employment Equity Act (1998) where affirmative action measures are prescribed and to be implemented by designated employers. Many years have passed since the promulgation of the equity legislation in South Africa it is therefore justifiable to evaluate its implementation practices. In line with the central argument, the aim of this study was to evaluate the implementation of Employment Equity Act at UThungulu District Hospitals for people with disabilities. Findings revealed that the implementation of Employment Equity Act in public hospitals is self-contradictory; that is, hospitals are thriving to obtain and retain health professionals with the skills that will assist in combatting diseases whereas people with disabilities are characterised by the low levels of literacy. The implementation of the Occupation Specific Dispensation (OSD) in the public health system is an indication of the nature of skills that are a priority in public hospitals. In line with the transformation agenda, positions that do not require high levels of literacy such as cleaning, security, catering and laundry were outsourced thus decreasing opportunities of people with disabilities to be employed. On the other side of the continuum, penalties imposed by the National Department of Labour for failing to submit Employment Equity Plan against the set quota in the public service confirms that the equity legislation was not contextualised in the South African setting during its formulation phase. Budgetary constraints were reported to be one of the contributing factors for the lack of implementing the equity legislation. However, presence of misappropriation of funds and corruption were reported to be some of the major causes of lack of policy implementation in the public service. The results revealed that district hospitals are not ready to socially and economically integrate people with disabilities based on lack of official accommodation, outsourcing of jobs where people with disabilities can be gainfully employed, lack funds to transform the physical environment and the conflicting priorities of the health sector that seeks to prioritise the employment of health professionals with scarce skills in order to combat diseases.

Key words: *People with disabilities, employment equity, affirmative action, stigma, discrimination, attitudes, justice, deontology, public health, reasonable accommodation*

LIST OF ACRONYMS

AIDS	ACQUIRED IMMUNODEFICIENCY SYNDROMME
ANC	AFRICAN NATIONAL CONGRESS
BCEA	BASIC CONDITIONS OF EMPLOYMENT ACT
CEE	COMMISSION FOR EMPLOYMENT EQUITY
DPSA	DEPARTMENT OF PUBLIC SERVICE AND ADMINISTRATION
EEA	EMPLOYMENT EQUITY ACT
DoH	DEPARTMENT OF HEALTH
EE	EMPLOYMENT EQUITY
HIV	HUMAN IMMUNODEFICIENCY VIRUS
INDS	INTEGRATED NATIONAL DISABILITY STRATEGY
KZN	KWAZULU-NATAL
KZNDoH	KWAZULU-NATAL DEPARTMENT OF HEALTH
ILO	INTERNATIONAL LABOUR ORGANISATION
LRA	LABOUR RELATIONS ACT
MDGs	MILLENIUM DEVELOPMENT GOALS
NDP	NATIONAL DEVELOPMENT PLAN
NDoH	NATIONAL DEPARTMENT OF HEALTH
NDoL	NATIONAL DEPARTMENT OF LABOUR
OSD	OCCUPATIONAL SPECIFIC DISPENSATION
OSDP	OFFICE ON THE STATUS OF DISABLED PERSONS
PEPUDA	PROMOTION OF EQUALITY AND PREVENTION OF UNFAIR DISCRIMINATION ACT
PFMA	PUBLIC FINANCE MANAGEMENT ACT
PMG	PARLIAMENTARY MONITORING GROUP
PSC	PUBLIC SERVICE COMMISSION
SDA	SKILLS DEVELOPMENT ACT
SSA	STATISTICS SOUTH AFRICA

UK	UNITED KINGDOM
UN	UNITED NATIONS
USA	UNITED STATES OF AMERICA
WHO	WORLD HEALTH ORGANISATION

BACKGROUND TO AND MOTIVATION FOR THE STUDY

1.1   Introduction

Disability is a reality in society due to the fact that human beings have equal chances of becoming disabled. Justification of the said statement is based on the possible causes of disabilities such as civil wars, natural disasters, poor access to health care as well as malnutrition (World Health Organization [WHO], 2011; Currie, 2013). It can therefore be stated that some people are born with disabilities while others acquire them during their life time. High disability rates are prevalent in developing countries as highlighted by Brune & Wilson (2013) who assert that socio-political factors such as civil wars and poverty are some of the major causes of disabilities. HIV/AIDS is reported to be one of the infections with the potential to cross the barrier of the placenta thus infecting an unborn child. However, HIV/AIDS is taken care of in the Millenium Development Goals (MDGs) as well as in the Vision 2030 where access to early childhood development (that is, under five years) is emphasised (Nwonwu, 2008; Erasmus, Loedolff, Mda & Nel, 2013). Nonetheless, the main focus of this study revolves around those who are currently living with disabilities and whose inclusion in the workplaces has been prioritised at an international level by the United Nations (UN) as well as the International Labour Organisation (ILO).

As part of the transformation agenda, governments have a duty to formulate laws that promote employment opportunities for people with disabilities to enhance their social and economic inclusion. However, Thornton and Lunt (1994) ask a controversial question when they want to know if employment for people with disabilities is a social obligation or an individual responsibility. Nonetheless, this study is motivated by the international call which originates from the Universal Declaration of the Rights of People living with Disabilities by the UN in the writtings of Harrison (2009). The UN Declaration seeks to create a new perception of disability within the parameters of a social model, as against the past perception of disability as a medical condition.

From a historical perspective, people with disabilities were marginalised with minimal opportunities of accessing education and employment (Bernard, Whitley & Kite, 2006). As

part of transformation, the UN has declared human rights to be a universal concern thus creating an environment where human dignity and respect are enjoyed by people with disabilities as well (Majola & Dhupath, 2016). The UN declaration has contributed to the promulgation of laws that emphasise the inclusion of people with disabilities in the workplaces, internationally (McIntyre & Arb, 2010; Marumoagae, 2012). This study is South Africa based; it therefore acknowledges the response of South Africa to the declaration of human rights with various pieces of legislation that originate from the Constitution (Act 108 of 1996) as the supreme law of the land (Majola & Dhunpath, 2016).

The full participation of people with disabilities in the new South Africa is one of the rights they must enjoy in the social environment and in the employment sector. The Employment Equity Act (EEA No. 55 of 1998) and the affirmative action act as a blue print for integrating them in workplaces across all sectors of the economy. It is necessary to state that the EEA (No. 55 of 1998) is a controversial act given the fact that it prohibits unfair discrimination while it accepts discrimination which is rendered to be fair (Van Niekerk, 2008; Ned & Lorenzo, 2016). However, the EEA (No.55 of 1998) does not promote the employment of all people with disabilities as it introduces the "suitably qualified" concept in as far as employment practices are concerned. It can therefore be stated that the EEA (No. 55 of 1998) does not provide complete solution for all people with disabilities in the new South Africa.

The reasoning behind perceiving the EEA (No. 55 of 1998) as a controversial law is based on the fact that the Constitution of the Republic of South Africa (No. 108 of 1996) is the highest law of the land that cannot be contradicted by any junior legislation (Guthrie & Sait, 2001; Garner, 2012). Based on the presence of the equality clause in the Constitution and the condemnation of discrimination, the EEA (No. 55 of 1998) is a piece of surbordinate legislation that supports discrimination on the grounds of fairness. Having stated that fair discrimination in the EEA (No. 55 of 1998) seeks to address matters related to compensatory justice, a more detailed discussion of compensatory justice is provided in Chapter 2 of this study. Moreover, Sing (2012) asserts that within the context of advancing the constitutional rights of some people with disabilities, certain laws (supporting the eradication of discrimination in employment practices) have been promulgated such as the Labour Relations Act (LRA of 1995), the Basic Conditions of Employment Act (BCEA of 1997), the

Skills Development Act (SDA of 1998), the Integrated National Disability Strategy (INDS of 1999), and Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA of 2000). The mentioned Acts serve as instruments for achieving equal treatment for all human beings (including people with disabilities) and the restoration of their dignity in and outside the workplace (Erasmus, Loedolff, Mda & Nel, 2013).

The LRA (1995) seeks to eradicate all forms of unfair discrimination at work. It looks at discrimination generally, with no provision for specific actions by the aggressor. At the other end of the continuum, BCEA (1997) specifies discriminatory practices which are not acceptable, for example, marginalising people on the grounds of age, race, gender, sexual orientation and disability status (Venter & Levy, 2014). Prior to the promulgation of the EEA (No. 55 of 1998), a White Paper on INDS (1997) had come into being with the intention of facilitating the integration of disability matters into the government development agenda (Ababio & Mahlangu, 2010; South African Government News Agency, 2014). The main vision of INDS is "*a society for all, one in which people with disabilities are actively involved in the process of transformation*." At the other end, the INDS White Paper seeks to develop a management system for coordinating disability plans, implementation and monitoring in order to be able to come out with possible solutions for the anticipated problems regarding the transformation agenda in the implementation phase. Nonetheless, the effectiveness of the mentioned laws depends on how they are internalised by non-disabled people.

As much as EEA (No.55 of 1998) is designed to benefit people belonging to designated groups, Venter and Levy (2014) assert that perceptions about the EEA (No. 55 of 1998) depend on who benefits from it and who does not. It is perceived as reversed discrimination by those who are not benefitting. In spite of perceptions of the general public towards the implementation of the EEA (No. 55 of 1998) for people with disabilities, designated employers have a duty to comply with the equity legislation. Moreover, the NDoL requires designated employers to submit their employment equity (EE) plans on an annual basis (Popper, 2011). Failure to submit the EE plan is punishable, therefore submission is not voluntary. A brief discussion of designated employers is provided in the next paragraph.

1.2 Designated employers

The EEA (No. 55 of 1998) describes designated employers as organisations that employ fifty or more people. Government departments fall under this definition because government is one of the major employers in South Africa (Venter & Levy, 2009). The definition of designated employers therefore justifies conducting this study in public hospitals where the government is the employer. Apart from being an employer, the government is a policy maker for the policies that are applicable across all sectors of the economy in South Africa.

The Parliamentary Monitoring Group (PMG, 2013) reveals that the Department of Public Service and Administration (DPSA) is a pioneer of disability-related matters in the public service. Moreover, DPSA has amalgamated the disability sector into the Department of Women, Children and People with Disabilities. Nonetheless, DPSA is of the opinion that the Ministry did not have enough authority to hold others accountable for the failure of implementing the equity legislation. Evaluating the implementation of the EEA (No. 55 of 1998) for people with disabilities in public hospitals is justifiable because the mentioned anti-discriminatory laws have set the standards and criteria against which the level of success can be measured. Moreover, the Minister concerned is expected to play a role in ensuring that there is effective implementation of legislation in the department he or she leads. It goes without saying that political will plays a crucial role in the policy process.

1.3 Disabilty and statistics

Measuring the success or limitations of the equity legislation with regards to the advancement of employing people with disabilities depends on the availability of accurate and reliable statistics. However, Tshabalala-Msimang (2009) reports that different surveys conducted in South Africa (for example, the 2001 Census Report and the Community Survey conducted by Statistics South Africa in 2009) provide incompatible reports. Tshabalala-Msimang (2009) goes on to state that non-disclosure of disability contributes to inaccurate disability statistics. Because of the stigma that disability carries, some people with disabilities find it difficult to disclose their status if it is not visible to the naked eye. Existence of the relationship between stigma and lack of disclosure is confirmed by PMG (2015) thus making it difficult to only work with the available statistics of people with disabilities based on voluntary disclosure. Nevertheless, those who have voluntereed to disclose their disabilities are an indication of the existence of people with disabilities who

must be socially and economicaly integrated. Moreover, the UN has reported that disability is a global phenomenon whereby governments are to promulgate and implement laws that promote their inclusion.

1.3.1 Global disability statistics

According to the UN (2003) there were 500 million people living with disabilities worldwide. The ILO (2008) reported the presence of 650 million people with disabilities in the world. It can therefore be stated that global statistics of people with disabilities increased by 150 million within a period of five years. Out of the mentioned global estimates, 450 million people with disabilities live in the developing countries. This therefore includes South Africa based on the fact that it has been rated by the United Nations Human Development Index (HDI) as a developing country (Majola & Dhunpath, 2016).

Another area of concern regarding international disability statistics is the disclosure of 1 billion people to be living with disabilities internationally (WHO, 2011). The mentioned global statistics were confirmed by the World Bank in 2015. It can therefore be stated that there is no accuracy or reliability in the statistical reports of 2011 and in 2015 because within a period of four years statistics cannot remain constant if the mentioned causes of disabilities are taken into consideration. The lack of reliable information pertaining to people with disabilities continues to be a barrier towards their integration socially and economically. Nonetheless, the afore-mentioned statistics confirm the existence of people with disabilities world wide.

1.3.2 Disability statistics in South Africa

Out of the 48 million people in South Africa, the Community Survey (2009) revealed an estimate of 3 900 000 to be living with disabilities. The Census Report (2011) announced an estimated population of 50 million with 2 870 130 fell under the definition of people with disabilities (Statistics South Africa [SSA], 2011). It has been reported that global statistics lack accuracy and reliability, and the same situation is found in South Africa. It is noted that the 2009 Survey revealed more people with disabilities than those estimated in 2011. Therefore, the statistical reports are not reliable based on the fact that population growth occurred between the reported periods. Moreover, South Africa mantains the status of being a developing country where disability prevalence has not been reported by any research conducted to be declining.

The Census Report (2011) revealed that KwaZulu-Natal (KZN) is the province where the highest prevalence of disability in South Africa is found compared to other provinces. KZN is the province where this study was undertaken with the intention of evaluating the implementation of EEA (No. 55 of 1998) at district level with a specific reference to people with disabilities. Because the research design of this study is evaluative, it seeks to establish whether the intended results have been produced, following the promulgation of the EEA. However, PMG (2013) maintains that many years have passed since the promulgation of the EEA (No. 55 of 1998), without implementation. Moreover, Palime's research findings (n.d.) disclosed that between 2009 and 2010 disability grants sustained the lives of 1 306 771 people with disabilities. In other words, if South Africa has 2 870 130 people with disabilities, the majority continue to be dependents of government grants.

The national government formulated criteria of employing people with disabilities by the establishment of a 2% quota but the Public Service Commission (PSC, 2008) and PMG (2013) assert that public service has not managed to meet the set targets. People with disabilities continue to be excluded from mainstream society because institutions fail to plan and implement disability related programmes (Guthrie & Sait, 2001; Harrison, 2009). Having opted to conduct this study in the public service at a health district level, hospitals were chosen as institutions where the implementation of the equity legislation for people with disabilities would be evaluated. At the other end of the continuum, hospitals exist to serve specific functions in line with restoring health and the prevention of ailments which are a threat to humankind (Krahn, Walker & Correa-De-Araujo, 2015). There is therefore a necessity to provide an explanation which is specifically directed to understanding the Department of Health and its stance on matters related to the advancement of people with disabilities in the province of KwaZulu-Natal.

1.4 Current status of the KZNDoH

Like all the departments that exist to serve a specific purpose (in line with strategic priorities), the DoH is not exempted. In support of the provincial vision which seeks to achieve an optimum state of health for all who live in KZN, recruitment, training and development, and retention practices are justifiable if they seek to realise the strategic objectives of the department. Harrison (2009) reports that the South African health system

is prioritising recruitment of health professionals with scarce skills in order to realise the stratetic priorities of the department of health. Additionally, it has to adhere to the international standards provided by the UN, ILO and WHO even though Harrison (2009) recommends that such standards must be used with caution. The WHO further acknowledges a gap in the provision of both nurses and doctors as they fall below the required threshold of 230 per 100 000. The implication of this is the inability to achieve the MDGs and the Vision 2030 for South Africa in partial fulfillment of the National Development Plan (NDP). Therefore, recruitment of people with scarce skills is deemed pertinent in order to be responsive to the health needs of KZN residents (Taylor, 2011).

Based on the need to prioritise the employment of people with scarce skills, there are slim chances of advancing the employment of people with disabilities who are overrepresented in the less educated and unskilled population. Their past institutionalisation contributed to their lack of education since very few of them went to school. In summary, it can be stated that the majority of people with disabilities continue to be a vulnerable group in spite of the presence of the anti-discriminatory laws that promote their inclusion in the employment sector. Ali, Schur & Blanck (2010) are supported by Islam (2015) in stating that the continued exclusion of people with disabilities in the labour market is related to their lack of formal education as former welfare dependants.

Apart from prioritising the employment of people with critical skills, the public health system introduced the Occupation Specific Dispensation (OSD) in order to revise salary structures for specific professionals for attraction and retention purposes (Mabasa, 2010). The implementation of the EEA (No. 55 of 1998) co-exists with the implementation of the OSD; a combination which demands the availability of more financial resources in addition to the political will of the Minister concerned and management commitment at a hospital level. However, financial constraint is a continuous trend in the public service thus making it a challenge to advance the employment of people with disabilities together with the recruitment and retaining of people with scarce skills.

Having laid out the background of the hospitals and their priorities, it is therefore justifiable to evaluate the implementation of the equity legislation for people with disabilities whose inclusion in the workplace is one of the national government's priorities. Nonetheless, the

onus to implement the EEA (No. 55 of 1998) rests with managers who are involved in strategic planning for the realisation of the short and the long term policy goals.

The conditions created by the EEA strain the performance of management team in hospitals as they strive to deliver according to the strategic priorities of the Department of Health (DoH) while adhering to the demands of the EEA (No. 55 of 1998) and the National Department of Labour (NDoL). It can therefore be stated that the implementation of the equity legislation is characterised by complexities that challenge the abilities of top management in the public service. Having mentioned the importance of implementing OSD and the EEA (No. 55 of 1998), the researcher utilised the theories related to fairness and human dignity as standards against which actions of management were measured (in this study). Additionally, the management team has a duty to implement government policy and the White Paper on affirmative action serves as a blue print of implementing EE initiatives in government departments. The section below provides the background of the mentioned White Paper.

1.5 White Paper on affirmative action

In South Africa, the EEA (No. 55 of 1998) is supposed to be implemented through affirmative action measures. Affirmative action stipulates the procedures to be followed to advance the employment of people belonging to designated groups where people with disabilities are included (Sing, 2012). The White Paper on Affirmative Action in the Public Service (1998) specifies the duties of various individuals such as Ministers, Directors Generals, Line Managers, Human Resource Executives, Heads of Finance and Provisioning as well as all those who are involved in the implementation of the EEA (No. 55 of 1998). As much as the duties of people holding strategic positions in government departments are transcribed in the White Paper, this study, as an evaluative form of research, intended to discover if the various stakeholders have played their roles or not in the quest to advance the employment of people with disabilities. Having mentioned the duties of the stakeholders, there is therefore a need to highlight some of the interventions that support the implementation of affirmative action at the national level; they are discussed in the following section.

1.5.1 National response to affirmative action

Having identified people who have power to transform the public institutions to be responsive to the needs of people with disabilities, the Presidency has formulated the Office of Women, Children and People with Disabilities as well as the portfolio of a Minister who deals with monitoring and evaluation of public policy (Xingwana, 2014). The mentioned interventions are in compliance with the handbook on reasonable accommodation of people with disabilities which was developed by DPSA (Fraser-Moleketi, 2007). The handbook serves as a tool that enables designated employers to create an environment which caters for the needs of people with disabilities. These are some of the responses that indicate the current government's determination to include people with disabilities in the economic sector. However, the PSC (2005) conducted an assessment in government departments and disclosed that some of the challenges in policy implementation include lack of clear definition of disability, lack of employment equity plans, budgetary constraints and the lack of a working relationship with the organisations that represent people with disabilities. As a result, the government's committment to employ 2% (quota) of people with disabilities by the Year 2005 was not attained thus shifting it to 2010 (Sing, 2012). Moreover, it was also postponed in 2010, meaning more research needs to be conducted in the public service in order to identify the real causes of failing to reach the set target regarding the employment of people with disabilities. A brief discussion of quota system and the possible penalties for non compliance with the set quota are provided in the next section.

1.6 Quota system and penalties

The above section highlighted the years and the desired percentage of people with disabilities who were to be integrated in the public service, even though the success rate is low. Adhering to the prescriptions of the EEA (No. 55 of 1998) has become an issue of concern across all sectors of the economy because the NDoL imposes penalties for non-compliance (Rossouw & Van Vuuren, 2010). Several years have passed since the promulgation of the EEA (No. 55 of 1998), but its implementation is still in its infancy in most government departments in spite of the presence of the afore-mentioned structures that support the inclusion of people with disabilities in the economic sector (Buga, 2006; PSC, 2005 & PSC, 2007-2008; Xingwana, 2014).

Tinarelli (2009) confirms the lack of reaching numerical targets in the public service, basing his analogy on the lack of resources as well as poor monitoring and evaluation practices in government. The Commission for Employment Equity (CEE, 2012-2013) Report concurs with the above-mentioned statements. Lack of monitoring and evaluation is an issue of concern because there is a Ministry that deals with monitoring and evaluation of public policy in the Presidency. It can therefore be stated that such a Ministry is not effective or efficient in discharging its functions as expected. Having laid out the background as a motivation behind this work, the following section provides the how" and "why" part as fundamental aspects in research.

1.7 Aims of the study

In the light of the central argument outlined above, the main objective of this study was to evaluate the implementation of the EEA (No. 55 of 1998) in the Uthungulu Health District in order to discover the success and challenges in their endeavour to implement the equity legislation for people with disabilities. The reasoning behind the central argument is based on the fact that Al Tarawneh (2016) asserts that although access to job opportunities is a right backed by laws for people with disabilities, there is a gap between the law and its implementation. Moreover, the aim of the study was to understand why policy implementation usually fails in the public service in spite of the available procedures in place.

1.7.1 Objectives of the study

The objectives of this study were as follows:

- To examine the options available for South Africa regarding the integration of people with disabilities in government departments.

- To establish if the western orientation towards the integration of people with disabilities has been contextualised to fit in a developing country.

1.7.2 Problem statement

In line with the implementation of the EEA (1998), Buga (2006), PSC (2008) and CEE Annual Report (2007-2008) state that the way change is manifesting itself in the equity legislation in the public service, is slow. Moreover, the CEE (2008) identified some problems surrounding

the implementation of the equity legislation and state that they originate from the manner in which disability is defined and the way the Act is to be implemented. Disabilities carry stigma, as a result, perception of disability by those who are not disabled is an attitudinal barrier which contributes to the non-socialisation of people with disabilities (Ross & Deverell, 2010). Majola and Dhunpath (2016) state that disability-related legislation has been around for two decades focusing on the implementation of national disability policies without ensuring that workplaces have formulated their own policies.

Nonetheless, promoting equity in employment and providing a workplace that is free from discrimination is one of the current government's goals in South Africa. CWhat has been stated by Buga (2006), Sing (2012) and Xingwana (2014) the development of disability policies in the public service is reported to be still in its infancy. Moreover, attitudes, the presence of draft policies, and budgetary constraints continue to be a challenge, hence no meaningful implementation of the EEA has taken place in the public service (Gida & Ortlepp, 2007; Tinarelli, 2009 & Xingwana, 2014). Lack of policy implementation is confirmed by PSC (2008) and Tinarelli (2009) as they exposed that public institutions are not yet ready to accommodate people with disabilities by their under-representation in the public service.

Another area of concern has been exposed by Xingwana (2014), who reports that lack of disability knowledge exists among some civil servants who are charged with the responsibility to implement the EEA. Lack of knowledge and ignorance are a threat to policy implementation, meaning it will remain on paper thus failing its rightful beneficiaries, such as people with disabilities. Moreover, PMG (2013) reported that the Minister in the Department of Women, Children and People with Disabilities did not have enough authority to hold others accountable for failure to meet the set targets. Job creation in South Africa continues to marginalise people with disabilities in the sense that jobs created have sustained the lives of Social Workers and Occupational Therapists who assist with rehabilitating people with disabilities, hence people with disabilities remain unemployed (Palime, [n.d.]). It can therefore be stated that the employment equity initiatives and policies in place have not yet improved the employment prospects of people with disabilities (Pitso & Magubane, 2014).

1.7.3 Research questions

As it has been mentioned in this study that the implementation of the equity legislation is slow in the public service, this study seeked to answer the following questions:

- What is the current status of the implementation of the Employment Equity Act (No. 55 of 1998) in UThungulu Health District?
- Which tools are in place to support the implementation of Employment Equity Act (No. 55 of 1998)?
- How can key concepts such as equity, affirmative action and fairness be applied?
- What are the current barriers to the success of implementing the Employment Equity Act (No. 55 of 1998) in Uthungulu District?
- How do employees perceive organisational employment equity practices?
- How do employees perceive people with disabilities?

1.7.4 Research Methodology

The research tradition utilised in this study follows a qualitative, descriptive design even though some parts of the research adopted a quantitative method. In short, both qualitative and quantitative approaches were utilised to collect and analyse data. Descriptive statistics and thematic content analysis were used as appropriate tools rendering useful information.

1.7.5 Data collection methods

Structured questionnaires comprising of open-ended and closed questions were distributed. Utilising Kumar's (2005) description of questionnaires, closed ended questionnaires were given to respondents where they were asked to select an answer from a list of fixed responses. Onother set of questions were open ended whereby each respondent was asked to provide his or her own answer to the question and space was provided for respondents to elaborate further on any additional information that is useful. The advantage of utilizing a questionnaire is its cost-effectiveness whereby it is less expensive and it offers greater degree of anonymity (Urquhart, 2013). Structured interviews were used as data collection instruments with some of the research participants in top and middle management positions.

1.7.6 Sampling procedure

Uthungulu Health District has eight hospitals, of which two are classified as regional hospitals while the remaining six are classified by the National Health Act (of 2012) as district hospitals. This Act categorises hospitals nationally in terms of being tertiary, regional or district. Mbongolwane and Nkandla Hospitals were selected for the purpose of this study as they share the same characteristics as district hospitals, according to the definition given by the National Health Act (2012). A quota judgemental sample was utilised for top and middle management employees in the Health District (Uthungulu). People in management positions (top and middle management) were interviewed. In addition, a survey was conducted among employees occupying non-managerial positions within the selected District hospitals. Stratified random sampling was utilised because it is convenient and economical (Kumar, 2005).

1.7.7 Data analysis techniques

Data was analysed using the following techniques:

- Descriprive statistics using frequencies to present data and tabular format for consistency within the study.
- Thematic content analysis which uses empathetic understanding to draw out themes from a given body of material (TerreBlanche & Durrheim, 2006; Creswell, 2014). In other words, the researcher reviewed all the data, made sense of it and organised it into categories or themes that cut across all the data provided.

1.7.8 Ethical considerations

According to Urquhart (2013), it is important for the researcher not to treat the subjects as means to the ends but as means to themselves. In other words, research respondents must be treated with respect during the research process. For ethical reasons, permission was requested from the District Manager to conduct research in the selected hospitals within the district. To ensure confidentiality, names of participants were not required. Participants were informed about the purpose of this study and their right to withdraw their data at any time. They were also informed as to how the data will be used and how it will be published in line with the writings of Israel (2015). Moreover, an ethics clearance was granted by the University of the Zululand.

1.7.9 Value of the study

This study adds to the on-going research at national and provincial government levels. Moreover, it will help to identify major barriers that lead to the slow pace of implementing the EEA in the public service, for people with disabilities. It will also benefit the public institutions that share the same characteristics as uThungulu Health District and are finding it difficult to advance the employment of people with disabilities. It is hoped that a paradigm shift will occur because the implementation of the EEA is focusing on people with disabilities whereas previous studies have focused on race and gender. Therefore, the EEA for people with disabilities is an area that is rarely researched.

Having explained the how'' and what'' questions, the section that follows provides a summarised version of the sequence that was followed in writing the chapters in this work.

1.8 Chapter Outline

Chapters in this study follow the sequence mentioned below:

Chapter 1: Scope of the research: This chapter provides a background to the study and general information related to the implementation challenges and disability statistics.

CHAPTER 2: Theoretical framework and literature review: This chapter provides the historical experiences of people with disabilities, an explanation of the ethical theories underpinning this study and a deep literature review so as to gain insight into the relevance of the literature to the research topic.

CHAPTER 3: Research Methodology and data collection: This chapter focuses on the research methodology employed to collect research data. It also elaborates on the criteria used to collect data, and the design of the questionnaires and interview questions.

CHAPTER 4: Data analysis and interpretation of results: Specific emphasis is put on the findings from the questionnaires and interviews.

CHAPTER 5: Discusssion of the research findings: This chapter provides a more detailed discussion of the research findings. Themes identified are broadly analysed.

CHAPTER 6: Recommendations and conclusions: This chapter summarises the research findings. Moreover, recommendations clarify the research problems and provide some answers to the research topic and questions.

1.9 Conclusion

This chapter has provided the background and motivation for the need to evaluate the implementation of the equity legislation in the public service for people with disabilities. Global and South African statistics of people with disabilities are provided even though it was discovered that they lack reliability and validity thus making it difficult identify the real statistics of people with disabilities internationally and in South Africa. It was also revealed that in spite of the various pieces of legislation that promote the inclusion of people with disabilities, implementation has not yet happened in the public service but professionals such as Social Workers and Occupational Therapists are the ones whose careers have been sustained while they rehabilitate people with disabilities.

The next chapter is provides the theoretical framework underpinning this study. Literature is also reviewed. Additionally, the chapter gives the historical background of the gross violation of the rights of people with disabilities in other countries. Some barriers that hinder the implementation of the equity legislation in government departments are highlighted.

CHAPTER TWO

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.1. Introduction

South Africa promulgated laws with the intention of adhering to the international standards prescribed by the UN Convention on the Rights of Persons with Disabilities (of 2006) and the ILO Convention (of 2008) in the quest to advance the employment of people with disabilities (Dupper, Garbers, Landman, Christianson, Basson & Strydom, 2012). Voluntarily, South Africa has committed itself to socially and economically integrating people with disabilities with the promulgation of the EEA (Murray, 2008) even though Maja, Mann, Sing, Steyn & Naidoo, (2008); Ali, Schur & Blanck, (2010), and PMG (2013) report that implementation remains a challenge. However, South Africa is not the only country that is experiencing challenges with the advancement of employing people with disabilities. For example, countries such as Jordan, Canada, the United Kingdom (the UK) and United States of America (USA) are facing a similar challenge where people with disabilities are classified as discouraged job seekers' (Harkin, 2012). However, laws in Jordan pose a unique challenge as they lack logic and a coherent pattern, which is not the case in the UK, Canada and the USA (Al Tarawner, 2016). In support of the opening statement in this paragraph, it can be stated that social and economic integration of people with disabilities proves to be a challenge in most countries, including the developed countries.

Research conducted by Ali, Schur & Blanck (2010) exposed the relationship that exists between disability and poverty. This assertion justifies the reasoning of the mentioned authors when they state that the lack of employment opportunities and resources increase disability prevalence, because disability leads to poverty, poverty leads to disability. In other words, there is interdependency between disability and poverty. Hotchkiss (2003) and Al Tarawneh (2016) reveal that employment levels of people with disabilities are affected by demand and supply of labour in the market. Some employer organisations have a tendency of perceiving people with disabilities as a human capital risk, thus decreasing their employability (Meyer, Roodt & Robbins, 2011). Against the background of demand and supply of labour, it can be stated that the employment of people with disabilities continues

to be a mission unaccomplished in the public health system where recruitment of people possessing critical skills is a priority.

Based on the afore-mentioned statements, people with disabilities are economically disadvantaged. As they are over-represented in the non-skilled population, the demand for a highly skilled workforce is inevitable in the 21st Century where organisations are striving to obtain or maintain competitive advantage (Sing, 2012). Public service is not exempted from employing people who have the potential to render quality services in the quest of achieving service excellence as one of the principles in the transformation era. Chances of employing people with disabilities continue to be slim in the presence of affirmative action and the EEA as tools to be utilised for their integration in the workplace.

In spite of the government's endeavour to employ people with disabilities, PMG (2012) reports declining figures of people with disabilities in government departments in KwaZulu-Natal. KwaZulu-Natal is the province that was reported by the national OSDP (2003) and the Census Report of 2011 to have high disability prevalence when compared with other provinces in South Africa. Against this background, the DPSA (2015) embarked on research to identify the underlying causes that led to the outward movement of people with disabilities in the public service. The Year 2015 is important in this evaluative research because it represented the anticipated period of reaching a 2% target in the public service. However, it is reported to be the year where most people with disabilities were quiting employment in KwaZulu-Natal (PMG, 2015).

PMG (2013) asserts that shorcomings in the advancement of employing people with disabilities in the public service includes the delegation of the function to other departments. Moreover, instruments that measure South Africa's progress in dealing with people with disabilities are not effective and the rural areas are not reached. The population under study in this research is rural based; the findings will therefore reveal the state of affairs at UThungulu District hospitals regarding the employment of people with disabilities in order to consolidate the statement made by PMG or to reject it.

Having highlighted some of the statements that indicate the unreadiness of government departments to employ people with disabilities, their past exclusion continues to be a barrier between them and the employment opportunities. It is imperative to look at people

with disabilities from a historical perspective so as to understand why their social integration and their inclusion in the workplace is deemed pertinent, internationally. It is also necessary to state that there is a lot of on-going research pertaining to the EEA (No. 55 of 1998) and the affirmative action nationally where most studies have focused on race and gender thus paying little attention to people with disabilities (Esterhuizen, 2008; Mekwa, 2012; Al Tarawneh, 2016).

2.1.1 People with disabilities from a historical perspective

2.1.1.1 Pre-19th Century era

Disabilities are reported to be as old as humankind. The history of disability discrimination is reported to be a phenomenon that existed prior to the 19th Century (WHO, 2011). Interpretation of disability varied from country to country as it was perceived by some as a supernatural intervention while others understood it as punishment from the ancestors. It is stated by Majola & Dhunpath (2016) that after World War II, those who acquired disabilities (as soldiers) were given vocational training to equip them with skills necessary for entering the job market in countries such as Germany, France, Japan and Italy. Moreover, quotas were introduced and sheltered employment was offered to those who acquired disabilities during the World War era. It can therefore be stated that not all people with disabilities were isolated, they worked despite their impairments.

Grobler, Surrette, Carrel, Elbert and Hatfield (2011) report that the general participation of people with disabilities dropped during the rise of industrialisation. Standardisation of work was a result of the development of Taylorism as a School of Thought (in the 1920s to the 1940s). This school of thought emphasised effectiveness and efficiency whereby time required for completing a task as well as the resources needed were identified. The intention was to have a standard of measuring the required performance. It can therefore be stated that the birth of industrialisation marked the beginning of an era that led to the marginalisation of people with disabilities based on the prioritisation of efficiency and effectiveness inside the workplace. Not just in the period of industrialisation too, people with disabilities have experienced gross violation of their rights as human beings. The following section confirms this statement and justfies the relevance of the international conventions that promote social and economic inclusion of people with disabilities in the workplace, in the 21st Century.

2.1.1.2 Violation of human rights era

Majola and Dhunpath (2016) state that the rights of people with disabilities were grossly violated in Europe until the end of the World War II (in 1945); a period which marked the beginning of genocide and ethnic cleansing to remove people with disabilities from society. These are some of the crimes against humanity people with disabilities experienced in Germany and in Holland (Intellectual Disability Rights Committee [IDRC], 2009). Additionally, some people with disabilities in institutions and hospitals were sterilised in order to limit the chances of giving birth to a disabled child. Sterilisation ended in 1939 and euthanasia became the practice which resulted in the deaths of 200 000 people with disabilities (Macali, 2006). The following definition of euthanasia has been extracted from the writtings of Davis (2004) and Koenane (2011) where they conceive euthanasia as the *intentional killing by an act or omission of a person whose life is felt by themselves or by others to be not worth living*. Euthanasia was a standard practice and legal in Germany while it was decriminalised in Holland in order to remove from the social environment all those who lived with disabilities (Garner, 2012).

Warren, in Heyns (1994), suggests that during the early stages of development, destroying an unborn child is permissible if the infant will be born into a society which cannot afford to take care of it. Warren therefore justifies the practice of euthanasia in Germany as they did not want people with disabilities in the population. However, Germany did not provide the reasons for removing people with disabilities in society. It was also not revealed if the country could not afford taking care of them or not. It can theferore be stated that warren was speculating. Nonetheless, the mentioned assertion raises some concerns in as far as human rights are concerned. It is within this context that human rights have been declared as a universal concern, especially the right to life (Angeles, 2005). In other words, there is no life which is not worth living.

A life not worth living exists in the writings of Socrates where he specifically states that *an unexamined life is not worth living* (Koenane, 2011*).* The mentioned statement grants an individual an opportunity to evaluate his or her own life in order to make a decision about it. Decisions about the lives of people with disabilities were not made by the disabled people

themselves but by others. Nonetheless, the declaration of human rights as a universal concern stands as a corrective measure that promotes social and economic integration of people with disabilities because they have a right to live a quality life. South Africa has responded to the international call for integrating people with disabilities at work with the promulgation of the legislative framework which is discussed in the next section.

2.2 Legislative framework in South Africa

The South African Constitution is the highest law of the land; all other laws are therefore surbodinate to it. In Chapter 1 it was stated that the EEA (No.55 of 1998) does not operate in isolation because Acts such as LRA, PEPUDA, INDS, BCEA and SDA were developed as tools to fight inequalities (NDoL, 2008). Additionally, Ababio and Mahlangu (2010) state that DPSA developed the Job Access Strategic Framework for 2006-2010 with an intention to plan and to create an inclusive society with the intention of planning and creating an inclusive society and removing barriers in the social environment. The desired outcome is to ensure that public service enables people with disabilities to participate when structural and attitudinal limitations have been removed.

The promulgation of the afore-mentioned laws makes it possible for organisations to accommodate people with disabilities in government departments, provided that they meet the minimum requirements of the job (Grobler, Surrette, Carrell, Elbert & Hatfield, 2011). However, the decision to incorporate them into the workplace depends on the ability of the top management to buy the idea and to see people with disabilities as people who are differently abled. Top management's choice or will manifest themselves in strategic human resource planning where recruitment and selection of candidates depend on skills, experiences as well as the strategic priorities of each district hospital (Nel, Werner, Poisant, Sono, Du Plessis, Ngalo, Van Hoek & Botha, 2011). In other words, through their recruitment practices, hospitals are searching for candidates who possess skills that are relevant to the realisation of the Department of Health's vision which seeks to achieve an optimum state of health for all people living in KwaZulu-Natal. The next section elaborates on human resorce planning because it is one of the crucial processes with the potential to integrate or isolate people with disabilities in the strategic human resource planning meetings.

2.2.1 Law and human resource planning

Al Tarawneh (2016) emphasises the importance of human resource planning regarding the incoporation of people with disabilities into strategic strategic talent management practices inside the workplace. However, taking into consideration the characteristics of a job is of strategic importance. This therefore requires the adjustment of the work environment to match the capabilities of a disabled person. In line with the mentioned requirements, Ned and Lorenzo (2016) state that the majority of people of working age with disabilities experience higher unemployment rates than those who are not disabled.

Human resource planning leaves managers in a dilemma because each choice they make has consequences. They may choose to recruit and select people with disabilities or professionals with scarce skills. However failing to have people with disabilities in employment or in an employment equity plan is punishable by the NDoL (Bendix, 2010). Because having people with disabilities as part of the workforce or not is a choice, Kaye, Jans and Jones (2011) state that some managers choose not to appoint some people with disabilities based on the assumption that they cannot perform essential job functions. It is based on the afore-mentioned assumption that Gxotshiwe (2016) brings on board with what he refers to as the 'language of ableism.' He conceives language of ableism as *the "practices and attitudes in society that devalue and limit the potential of people with disabilities*." The mentioned author's assertion is based on the fact that people with disabilities are not treated as people who posess the pride of wanting to be self-reliant based on the conception of disability by the non disabled population. In summary, it can be stated that choosing not to employ people with disabilities reveals the attitudes that decision makers have towards people with disabilities.

In spite of the afore-mentioned statements, managers in hospitals in uThungulu Health District have a duty to advance the employment of people with disabilities regardless of their perceptions about them. Moreover, the White Paper on Affirmative Action (1996) prescribes the duties of people in management to make a workplace a true reflection of the South African population. The employment of people with disabilities is one of the strategies for promoting a diverse workforce in South Africa. The White Paper contributes to the dilemmas managers face regarding the conflicting laws and the strategic priorities of their departments where managers have to make a choice. Moreover, managers must be

highly ethical as they make choices. In other words, they must not use powers vested in them to intentionally disadvantage those who will be affected by the decisions made. Because of the nature of choices managers are faced with, some ethical theories were selected to underpin this study because they are normative thus prescribing what managers ought or ought not to do. The section below provides a brief explanation of the theories underpinning this study which are Justice and Deontology.

2.3 Theoretical framework

2.3.1 Justice Theory

2.3.1.1 An overview of justice concept

Bealey (2000) states that the concept of justice is a many-sided one; it manifests itself in two categories such as social justice and procedural justice. Social justice is concerned with a just or an equitable society where certain criteria are applied to obtain such a society. The concept of justice does not have a universal definition because various philosophers (such as Aristotle, Locke, Marx, Nozick and Rawls) have different perceptions of the concept (Younkins, 2000; Vincent, 2012). Nonetheless, a common ground is reached by the afore-mentioned philosophers in their perceptions of justice within the context of fairness (Buchholz & Rosenthal, 1998). It is the author's contention that theories of justice have different connotations. In other words, justice means different things to different people, depending on the viewer's positions in society. It is necessary to state that there are people who criticise it because they do not benefit from its application, while it is appreciated by those who are benefitting (Dweba, 2012). In South Africa, there is no common meaning of the justice concept except that the EEA is a tool formulated by the post-apartheid government in order to implement compensatory justice to those who were previously disadvantaged (Grobler, at.al, 2011).

Based on the identification of different conceptions of justice by different authors, it is necessary to state how each author conceives of justice. For example, Nozick's theory focuses on the entitlements where he states that people are entitled to their holdings as long as they have acquired them fairly (Shaw, 2004). In other words, what people have acquired must not involve the violation of other people's rights. Justice in Karl Marx's conception means economic equality, that is, members of society should receive the same

amount of compensation regardless of the occupation, skill or work ethic (Sellards, 2010). Marx proposes social justice in order to remedy the exploitation of workers by capitalists. It is noted that Marx's conception of justice is limited to those in employment while remaining silent about those who are not employed. Marx's conception of justice is therefore not applicable in this study where unemployed people with disabilities are the focus area. The adopted definition of justice in the context of this study is the one provided by Rawls because he is a proponent of compensatory justice. There is a relationship between employment equity and compensatory justice. The next section elaborates on compensatory justice as it is aligned with the EEA whose implementation is evaluated in this study.

2.3.1.2 Compensatory justice

Buchholz and Rosenthal (1998) as well as Vincent (2012) assert that compensatory justice is a formal principle which states that similar cases must be treated alike; meaning, equals ought to be treated equally and unequals unequally. The principle states that whatever the particulars under consideration, if persons are equal in those respects they should be treated alike (Shaw, 2004). People belonging to designated groups are similar in all respects as they fall under the definition of the designated groups in South Africa. Compensatory justice involves compensating people for any harm or loss they have suffered (Grobler et. al, 2014). In the South African context, compensatory justice manifests itself in the utilisation of preferential treatment and affirmative action programmes with an intention to remedy the past injustices in talent management practices with special reference to people belonging to a designated group. Moreover, compensatory justice is implemented in conjunction with the introduction of numerical targets to be reached in the public service.

Nel, Kirsten, Swanepoel, Erasmus & Poisat (2010) as well as Grobler (et. al, 2014) describe the EEA (No. 55 of 1998) as an example of the application of justice theory in the form of compensatory justice. The promulgation of the EEA (No. 55 of 1998) is eradicating inequalities whereby affirmative action is a tool utilised to give preferential treatment to the previously disadvantaged people in South Africa. People with disabilities are amongst the beneficiaries of EEA and affirmative action. It can therefore be stated that the implementation of the EEA (No. 55 of 1998) includes procedural justice based on the prescriptions provided by the EEA (No. 55 of 1998) because affirmative action is a procedure

to be followed in the implementation of the EEA. Penalties imposed by the NDoL for non compliance are an indication of retributive justice whereby penalty is imposed for non-compliance (Grobler, et. al, 2011).

It is therefore justifiable to opt for justice theory as it supports all the necessities for the application of equity principle based on the fact that the theory covers the procedure to be followed, explains who is entitled to benefit and the penalties to be imposed for non-compliance. Apart from covering the procedure and penalties, justice theory seeks justice for all as it does not focus on the majority. Therefore, people with disabilities are a minority whose rights are protected in the justice theory unlike utilitarianism which is a theory that seeks to maximise pleasure for a greater number of people (Erasmus, et.al, 2013). However, it should be noted that each definition of justice has its strengths and limitations. The next section highlights some limitations of the justice theory in the writings of Rawls.

2.3.1.3. Shortcomings of Rawls Theory of Justice

Some of the shortcomings of Rawls justice theory relates to his underestimation of fairness because it is not a proper standard against which justice can be measured because the world is inherently unfair and unjust (Younkins, 2000). Moreover, nature does not produce a state of equality since some are smarter and more talented than others. Therefore, the theory fails to acknowledge that talent does not share common characteristics (Ficker, 2014). Criticism of Rawls theory of justice is based on the fact that it focuses on the goods to be distributed among people in various positions in society but ignores which individuals have which goods and how they gained possession of them. In other words, Rawls justice theory conflicts with Nozick's theory where the latter author suggests that what people are entitled to receive must have been acquired without violating the rights of others. Preferential treatment in the form of affirmative action violates the rights of the non-affirmative action beneficiaries within the context of fair discrimination. The rights of employers to base their human resource planning initiatives on merit have been violated by the promulgation of equity legislation which calls for the reasonable accommodation of people with disabilities (Fraser-Moleketi, 2007). The following section elaborates on Deontology as a second theory underpinning this study.

2.3.2 Deontology Theory

Deontology is a duty-based theory which focuses on the intentions of the doer while performing his or her duties (Ally, Bentley, Kretzschmar, Olivier & Van Den Berg, 2010). This theory stresses the importance of an individual's duty towards others and it supports the notion of justice theory while it acknowledges the existence of human rights (Grobler, et.al, 2011). They continue to state that Deontology prescribes consistency, universality, respect and autonomy of individuals where people are not treated as means to an end but as ends in themselves. Application of this theory is justifiable in this study because, policy implementation is one of the managerial duties. As managers perform their duties, fairness is desired and this justifies the co-existence of Deontology and Justice as theories underpinning this study. Moreover, the EEA (No. 55 of 1998) and affirmative action are explained by Grobler, et al, (2011) as practical examples of compensatory justice which must be guided by the fairness principle.

Managers, as decision makers are expected to make informed choices to implement policy which tends to advance the employment of people with disabilities. Prioritising the employment of people belonging to designated groups co-exists with the attainment of the strategic objectives of the organisations they lead. Universality, a characteristic of deontology theory, suggests that if management practices can be universalised, their actions can be deemed ethical. In other words, managers must not change the decisions they have made if they also become affected by them as individuals. Managers must be consistent while they acknowledge the rights of autonomous individuals in the current workforce and prospective employees such as people with disabilities whose advancement in employment is a national government priority. Using people as means to an end is a possibility as it has been stated that some managers hire people with disabilities in order to avoid penalties and not because they see a potential in them. Deontology theory rejects this practice under the spotlight as to what reasons motivate their choice of employing people with disabilities.

2.3.2.1. Management and moral choices

It is the duty of managers as moral agents within the district health system to implement the EEA (No. 55 of 1998) in favour of people with disabilities (Connolly, Cox-White, Keller & Leever, 2009). Prioritising the employment of people with disabilities amongst other

members of the designated groups and those who would have been appointed or promoted based on merit, compels management teams to make moral choices. The necessity of making choices has been highlighted by Human (2001) when he states that making a choice is possible but what is impossible is not to choose. Therefore, choosing to advance the employment of people with disabilities or not, does not free managers of their moral obligation as decision makers.

Inaction has its own outcomes or implications. It has been stated that failing to submit an employment equity plan to the NDoL and the consistent failure to implement equity initiatives is punishable in fulfillment of retributive justice (Bendix, 2010; Ensor, 2013; Grobler, et.al, 2011). Against the background of this study, application of the afore-mentioned ethical theories is fundamental in viewing management's actions as well as choices they have made towards accomplishing their institutional goals in line with the vision of the national and provincial departments of health as well as advancing the employment of people with disabilities.

People with disabilities are not a homogenous group, their advancement and inclusion in the workplace is made possible by a number of strategies (Mekwa, 2012). That is why DPSA has called for their reasonable accommodation in order to reduce the impact of disability on the individual's capacity to fulfil the essential functions of a job (Fraser-Moleketi, 2007; Dupper, Garbers, Landman, Christianson, Basson & Strydom, 2012). The section below elaborates on how reasonable accommodation can be applied in order to eradicate inequalities and discrimination inside the workplace, in order to create opportunities for people with disabilities to participate in the labour market.

2.3.3 Reasonable accommodation in S.A.

According to Fraser-Moleketi (2007), reasonable accommodation refers to the creation of an enabling environment where barriers are removed. The concept therefore calls for the transformation of physical space with an intention to socially and economically integrate people with disabilities. The intention is to remove barriers that emanate from the stigma disability carries. Maja, et.al (2011) and PMG (2013) report that the design of the physical environment, attitudes of the non-disabled people towards disability and the lack of experience coupled by low levels of education contribute to the non-employment of people

with disabilities. Because of the stigma, some people with disabilities do not disclose their disability status. Failure to disclose does not help either the employer or the person with a disability to effectively implement specific reasonable accommodation measures (Tshabalala-Msimang, 2009; PMG, 2013). For employers to be able to fulfill their duty of reasonable accommodation, people with disabilities have a duty to disclose their status, for mutual benefit.

Nevertheless, in spite of the availability of the Handbook on reasonable accommodation and the laws that advocate the inclusion of people with disabilities in the workplace, there are still challenges in the implementation of employment equity in the public service (Buga, 2006; CEE Report, 2012-2013). Therefore, the prescribed reasonable accommodation strategies remain on paper like other policies in the public service that never reach the implementation phase (Harkin, 2012). Having mentioned some of the barriers that hinder the reasonable accommodation of people with disabilities, the next section explains some of the challenges posed by the lack of a clear definition of disability.

2.3.3.1. Disability definition challenge

People with disabilities are not a homogeneous group. Initiatives aimed at their reasonable have created some challenges that originate from the lack of proper definition of disability. People whose disabilities are congenital compete with those who acquired disabilities during their life time (PMG, 2013). In other words, the definition of disability continues to disadvantage them because it fails to categorise them accordingly so that employers can make informed choices. The challenge posed by the current definition of disability is based on its generalisation even though people with disabilities are a diverse group, with diverse needs that demand diverse reasonable accommodation strategies. Nonetheless, the Handbook on the reasonable accommodation of people with disabilities recommends strategies that can be applied in order to accommodate people with mental, hearing, visual and physical disabilities. Regardless of the presence of the Handbook, some workplaces are not yet transformed as desired. The next section elaborates on some identified limitations pertaining to reasonabley accommodating people with disabilities in the workplace.

2.3.4 Challenges of reasonable accommodation

2.3.4.1 Financial resources and institutional priorities

Financial resources have been reported to be one of the major barriers between policy formulation and its implementation in the public service (Buga, 2006). As many government departments exist to serve the public, services rendered by public hospitals require financial resources that are limited. Financial resources force managers to weigh the benefits of utilising the limited financial resources to reasonably accommodate people with disabilities against the recruitment and retention of health professionals with scarce skills as well as the procurement of medicines and equipment (Mabasa, 2010). Like all the public hospitals, district hospitals are burdened by diseases ranging from HIV, and TB, to pneumonia and the growing numbers of people with lifestyle conditions such as diabetes, obesity, cancer, gout and alcoholism (Seekoe et. al, 2016). These health conditions together with the reasonable accommodation of people with disabilities frustrate those responsible for drawing up and implementing budgets.

Coping with large numbers of people on ARV and TB treatment (while some have more than one medical condition), is a financial strain at the hospital level. However, in order to realise the Department of Health's vision, a greater amount of hospital budget must be spent on realising an optimum state of health for the majority of people within the district. However, the International Monetary Fund reports that a greater percentage of public budget funds the salaries of the public servants thus leaving a small portion to assist the government in rendering quality services. Nonetheless, the choice of using justice theory is based on its strength including the minorities (Grobler et al, 2011).

To cater for the needs of the relatively few people with disabilities against caring for the sick majority in the district is one of the dilemmas managers face because they have to make choices which are guided by the fairness principle. Nonetheless, some of the challenges pertaining to choices management make inside the workplace are related to poor planning regarding implementing equity initiatives (Xingwana, 2014). In spite of the mentioned challenges related to reasonably accommodating people with disabilities, departments have a duty to adhere to the national call of implementing the EEA (No. 55 of 1998). The following section elaborates on the EEA (No. 55 of 1998) and its history and provides

examples of countries utilising the equity legislation while highlighting some success stories and challenges each country has experienced.

2.4 The Employment Equity Act

South Africa is not the only country that has enacted legislation to eradicate discrimination and inequalities. For example, the USA enacted the Americans with Disabilities Act (ADA) in 1990 (amended in 2008) and its amendment defines disability as an impairment that substantially limits one or more life activities (Sing, 2012). Japan and the United Kingdom (the UK) have developed non discriminatory laws as their response to the UN Human Rights Declaration. In the UK, the equity legislation prescribes the adjustment of work facilities and makes provision for modified equipment to avoid barriers posed by the physical environment. In South Africa, the promulgation of the EEA (No. 55 of 1998) prescribes how to eradicate the past inequalities that originate from the apartheid policies.

It is necessary to state that the EEA (No. 55 of 1998) in South Africa is modelled largely on the Canadian Constitution (Chapter 23 of 1982). However, as much as there are designated groups in South Africa, Canada has a minority group known as the aboriginal people (Giddens, 1994). They share the same experience that black South Africans had during the apartheid era. As much as it is a good intention to borrow equity initiatives from countries such as Canada (to benchmark), implementation in South Africa is challenged by the country's low level of development, a status conferred by the United Nations Human Development Index where South Africa is rated as a developing country (Buga, 2006). The following section explains some shortcomings of the EEA in South Africa.

2.4.1. Shortcomings of Employment Equity Act

Looking at the EEA (No. 55 of 1998) from a fairness perspective, a limitation is noted by Du Plessis (2012), as he perceives the Act to be one-sided. In other words, its aim is to advance the employment of people with disabilities where designated employers are expected to develop annual plans of how they are going to advance their employment (Joseph, 2006). In the employment relations context, it is necessary to take into consideration the needs of the employer as well. It has been stated by Venter and Levy (2012) that in the employment relationship context, government comes in as a regulator (if it is otside the public service). Nonetheless, the nature of the relationship that exists between the government and its

employees is primary because the government is the employer. This justifies the evaluation of policy implementation in the public service.

However, as much as government institutions are service providers, the citizens of South Africa are looking forward to receiving quality services (Robbins, 2003). Such services demand the appointment of people with specific competences for the public institutions to be effective and efficient (Jordan & Gray, 2011). It can therefore be concluded that equity initiatives will therefore succeed if training and development of the employment equity beneficiaries is prioritised sothat they make it possible for the government to be responsive to the needs of the South African population (Motumi, 2006). To employ people with disabilities, the government set itself numerical goals which are discussed in the next paragraph. Moreover, a brief history of the quota system is also provided and some countries that practise it.

2.4.2 An overview of the quota system

Bronkhost (2004) defines a quota as a certain percentage of the entire population in a given country. As the term quota'' suggests, the aim is to ensure that people are proportionally represented in employment. Therefore, quotas can be explained as that particular number or percentage of the members of designated groups that must be appointed or promoted, regardless of the number of qualified candidates available for the jobs in question (Bendix, 2010). The quota system seeks to do justice to the minorities who are more likely to have their rights infringed if the majority principle is a blue-print. The quota system is therefore a tool for ensuring that all members in a given society are taken into consideration with an intention to acknowledge diversity.

It has been reported by Sing (2012) that the government of South Africa hoped to have achieved the employment of 2% of people with disabilities by the year 2005. However, the target was not met in 2005 therefore postponed for 2010 and further postponed for 2015 because of under achievement (CEE Report, 2012-2013). To fast track the employment of people with disabilities, the government has set numerical targets or quotas to be achieved annually by all sectors of the economy including public service. The findings of this study will assist the researcher to answer the research questions regarding the implementation of the

EEA. It is necessary to look at other countries which have implemented equity legislation such as Canada and United Kingdom, for South Africa to benchmark against.

2.4.3 The Quota system in the UK

The Tomlison Report reveals that in the UK quota percentage was set on the basis of limited information about people with disabilities in the labour force (Fe Feu, 2009). In the UK, the quota applied only to the private sector for employers of twenty or more people. Such employers were required to employ at least three percent of people registered with disabilities (Anderson, 2006). In other words, people with disabilities were obliged to register with disability organisations as a condition of employment. Government departments were not bound to implement the quota but chose to accept that responsibility. This indicates a gap between the policy maker and the implementation stage because, government as a policy maker, and a major employer in the public service, must implement policy. In the UK, the law was made to be implemented by the private sector, not the public sector. This is not the same in South Africa where laws made by the government are applicable across all sectors of the economy (Rautenbach & Malherbe, 2003).

Employers in the UK were not allowed by law, to recruit people who were not registered with the Disability Organisation (Finn, 1994). Moreover, employment of person not registered with the Disability Organisation was punishable (Duff, 2000). In spite of the availability of quota system in UK, there were no guarantees that it was going to work, that is why the next section elaborates on some of the reasons that led to the failure of the quota system.

2.4.3.1 Failures of quota system in the UK

(i) Penalties

According to Finn (1994), the quota scheme was not successful in promoting the employment of people with disabilities. Berthoud, Lakey & McKay, (1993) suggest that the then quota scheme could only penalise an employer found to have employed a non-disabled worker when the numerical targets had not been met as yet. Moreover, any employer who did not have the required proportion of people with disabilities in the workforce was subject to an undisclosed amount of penalty (Barkhauser, 1992). To

conclude, it can be stated that employers in the UK did not hire people with disabilities because it was the right thing to do, but because they were avoiding penalties (Ally et. al, 2010).

(ii) Timing
Another failure of the quota system in the UK has been associated with the introduction a quota system in the post-war era, that is, the time of high demand of labour (Joseph, 2006). Therefore, a quota system might actually have been unnecessary at a time of full employment (Finn, 1994). Having elaborated on the quota systems in the UK and its failures, the next section elaborates on how Canada implements numerical targets with the intention of advancing the employment of people with disabilities.

2.5 The Quota system in Canada

Canada does not have a quota system to promote employment of people with disabilities; but the Canadian Employment Equity framework is utilised as a tool to enhance equity in the workplace (Rice & Prince, 2000; Rautenbach & Malherbe, 2003). Numerical goals in Canada have been introduced in the form of affirmative action, not quotas (England, 2003). The Roeher Institute (2002) noted that Canadian equity legislation obliges both private and public organisations to comply with laws, similar situation to the one which applies in South Africa. Comparing Canada and the UK in terms of advancing the employment of people with disabilities, a difference is noted whereby the UK government's laws were meant for the private sector only while Canadian and South African laws are inclusive, that is, applicable across all sectors of the economy. Having elaborated on quota system in the UK and Canada, the section that follows looks at quota system in the South African context.

2.6 The Quota system in South Africa
A unique situation exists in South Africa in terms of implementing a quota system (Buga, 2006). It has been stated that Canada has no quota system but utilises affirmative action measures with an intention to benefit a group that is unfavourably positioned compared to the rest of the population (Bernard, Whitkey & Kite, 2006). As much as there are noted similarities between South Africa and Canada regarding advancing the employment of the previously disadvantaged groups, the point of departure is based on the tools used. Canada

utilises affirmative action measures while South Africa focuses on quotas. Nonetheless, South Africa quotas are attained through affirmative action measures.

Swanepoel et al, (2009) perceive employment equity differently as they are of the opinion that the Act does not seek quotas but rather enables individual employers to develop their own employment equity plans. However, a counter-argument has been offered by Motumi (2006) as he raises the point that quotas in South Africa are regarded as critical in the implementation of affirmative action because, one cannot measure the success of affirmative action if results are not tangible. In other words, quotas allow management to develop their own plans which mandate their human resource planning to be a true reflection of the South African population, including people with disabilities.

2.6.1 Criticism of affirmative action

In spite of the above-mentioned different ideas, quota system and affirmative action measures are criticised by those who are not beneficiaries especially the employer organisations who perceive affirmative action as reverse discrimination (Oosthuizen & Naidoo, 2010; Mekwa, 2012). Another limitation has been noted by people who critique affirmative action, namely that placing people who have been previously disadvantaged in managerial positions without receiving the necessary training and development, hampers organisational competitiveness (Bronkhorst, 2004; Grobler et.al, 2011; Dweba, 2012). Having laid the background about the quota system in South Africa and its criticism by some researchers and employer organisations, discussion on penalties imposed for the non compliance with affirmative action measures and the quota system is highlighted below.

2.6.2 Penalties imposed in South Africa, the UK and Canada

It is important to mention that penalties imposed are for different reasons in spite of certain similarities for non-compliance with the advancement of people with disabilities. A comparative analysis of the UK and South Africa reveals that in the UK, employers in the private sector were coerced through legislation to employ people with disabilities. In South Africa, athe Act is applicable across all sectors of the economy (Venter & Levy, 2012). In the UK, punishment included imprisonment for non-compliance with the laws and the employment of disabled people who were not registered with the Disability Organisation.

In South Africa it has been reported that an undisclosed airline company has been penalised by the NDoL an amount of R900 000 for the constant failure to submit the employment equity plan (South African Institute of Race Relations [SAIRR], 2013). Such penalties are harsh on the employer's side and high enough to put many organisations out of business. The business has the potential to relocate thus increasing unemployment statistics which are already high. The presence of punishment leads to an assumption which states that some employers advance the employment of people to avoid penalties. Based on the said assumption, people with disabilities are used as means to ends by organisations which employ them. This practice will continue to marginalise them inside the workplace. That is why they must be fully embraced by other employees and management through adequate facilitation of diversity management programmes.

2.6.2.1 Inefficiency in the public service

In order to report on the compliance with the equity legislation in the public service, a survey was conducted at a provincial level where the departments of Health, Social Development, Labour and Treasury were chosen as samples (Herman, 2010). Results of this survey revealed that those provincial departments failed to submit their annual plans in 2005, including the National Department of Health. However, no penalty was imposed. Inconsistency is observed where government departments were not penalised while a sanction was imposed on a private sector employer who did not submit the EE plan. Since the Provincial Department of Labour was also among the departments which did not submit their plans, it is unjust if the National Department of Labour fails to impose a sanction on its provincial department. This statement proves that NDoL cannot be the judge and the prosecutor on matters that include the department itself. Against the background of Deontology theory, decision-making must be characterised by consistency with the potential of being universalised. In other words, NDoL must be consistent in imposing punishment, across all sectors of the economy.

The belief behind Justice Theory is that people value fair treatment which causes them to be motivated to behave in a particular manner (Spector, 2008). The Behaviourist Psychologists such as Skinner, Pavlov and Watson believe that punishment or a reward contributes to a certain behaviour which will be displayed by individuals after being exposed to a certain phenomenon (Erasmus, Loedolff, Mda & Nel, 2011). They therefore justify the reaction of a

penalised organisation whereby the punishment is conceived as a negative stimulus (Guerro, Anderson & Afifi, 2007). Punishment is always associated with negative reinforcement and it does not motivate those punished to change their behaviour because their actions seek to avoid penalty. Therefore, imposing penalty for failing to adhere to the equity legislation is not contributing positively to the lives of people with disabilities if their inclusion in the workplace is solely based on achieving ends. In other words, means do not justify the ends in the given scenario.

However, for the province to submit its employment equity plan nationally, it depends on accurate submissions from the district hospitals via the office of the District Manager. Therefore, failure to submit employment equity plans can sometimes be associated with the lack of commitment from managers or their attitudes towards the inclusion of people with disabilities in the workplace. Their inclusion through the effective utilisation of the quota system remains a challenge in the public service, as it has been stated by Xingwana (2014). Nonetheless, advancing the employment of people with disabilities is supported by the EEA (No. 55 of 1998) which prescribes affirmative action as a procedure to follow. The next paragraph describes affirmative action and its arelevance to this study as well as its origins.

2.7 Affirmative action

The South African National DoL (2009) conceives affirmative action as a policy seeking to achieve equity in the workplace by promoting equal opportunities and fair treatment in employment where unfair discrimination is eliminated. South Africa is not the only country that applies affirmative action measures in employment; the USA is the country where affirmative action originated (Harkin, 2012). However, a difference is noted with regard to the beneficiaries of the affirmative action in South Africa and those in the USA. People who were discriminated against in the USA were the minorities whereas; the majority (blacks) who suffered discrimination in South Africa. Cameroon (n.d.) states that the beneficiaries of affirmative action in South Africa are blacks, women and people with disabilities who are described as people belonging to designated groups in the EEA.

Affirmative action according to Rossouw and Van Vuuren (2010) is deemed as a mechanism through which the government seeks to close the gap between past discriminatory laws and desired future just practices in the workplace. As stated at the beginning of this chapter that

some ethical theories underpin this study, it is necessary to state that through the announcement of affirmative action, justice theory becomes relevant because compensation justice allows those who were previously marginalised to gain entry into the job market (Erasmus, et.al, 2011).

Affirmative action in the EEA creates designated employers and people belonging to designated groups. Designated employers must create opportunities for the integration of people belonging to designated groups, such as people with disabilities (Buga, 2006; Venter & Ley, 2010). Designated employers are defined by Nel, Kirsten, Swanepoel, Erasmus & Poisat (2010) as any employer who employs fifty or more people. Government departments fall under the mentioned definition of designated employers. That is why conducting this study in the public service is justifiable. All designated employers have an obligation to implement EEA (No. 55 of 1998) through the effective utilisation of affirmative action measures to advance employment of people with disabilities (Bendix, 2010). It has been stated by Rossouw and Van Vuuren (2010) and Dweba (2012) that affirmative action and employment equity form part of national debates especially by those who see affirmative action as reverse apartheid.

For hospitals to succeed with the implementation of affirmative action, an employment equity plan must be in place. The generalised discussion that follows is about managers and affirmative action, meaning it might or might not be the case in the district hospitals where this study is conducted.

2.7.1 Employment equity plan

An employment equity plan is described as a strategic document through which managers check organisational strengths, weaknesses, opportunities and threats (Bendix, 2010). A realistic plan cannot be developed unless realistic targets are established also taking cognisance of the strengths and weaknesses of the organisation itself. For designated employers to be able to implement affirmative action, the EEA (Act No. 55 of 1998) states that such an employer must prepare an employment equity plan to be utilised as a tool to achieve reasonable progress towards employment equity (Nel, Werner, Poisat, Sono, du Plessis & Ngalo, 2011). Moreover, the plan must state annual objectives to be attained, affirmative action measures to be implemented as this help clarify issues related to

candidates who are better qualified for the job as well as the application of reasonable accommodation as another alternative for managers in the workplace (Grobler et. al, 2010).

For the effective and efficient implementation of the plan, cognisance should also be taken of the financial position of the organisation and its future plans (Venter & Levy, 2009). Financial constraints are reported to be one of the limitations in the public service, thus contributing to some the failures of policy implementation (Bendix, 2010). Hospitals within the district of Uthungulu may be experiencing budgetary constraints like some other public institutions in South Africa. That is why this study intended to find out whether hospitals within Uthungulu district are experiencing the same budgetary limitations or not. In support of the mentioned assumptions, Buga (2006) states that policy initiatives of the government are not backed by funding, thus contributing to failure during implementation.

From a legislative framework perspective, Gattoo (in Maja, Mann, Sing, Steyn & Naidoo, 2011) states that South Africa has made some effort in advancing the employment of people with disabilities as members of the designated groups without developing legislation that addresses issues of people with disabilities as a heterogenous group. Another limitation noted by the previously mentioned author, is the autonomy of an individual employer organisation to use its discretion to make the effort of implementing the equity legislation. Since the transformation of the public service with a special focus on rendering quality health care to all in South Africa, recruitment and selection of people with disabilities remain on the equity plan at a hospital level given the fact that applicants with disabilities do not respond to job advertisement due to the lack adequate level of education required by the employing organisation. Lack of experience and skills of the majority of people with disabilities is one of the barriers to their employment.

Other supporting interventions for affirmative action to be implemented or not will be discussed below, such as the appointment of an EE Manager, the formulation of an EE Committee and clarifying workplace procedures. However, these interventions depend on the availability of funds, and positive attitudes towards people with disabilities as well as commitment on the management side to be effective in the workplace. Because budgeting, diversity management and commitment are some of the management duties necessary for

the implementation of affirmative action measures, the section below expatiates on managerial duties.

2.7.1.1 Managerial duties

Managers are expected to plan, organise, control and lead inside the organisation. From an ethical perspective, the government has a moral duty to lead by example in policy implementation, as do people in management. For management in district hospitals to successfully implement affirmative action, Nel et al, (2010) state that planning is of strategic importance and a proper tool for achieving the desired outcomes. Actions of managers can therefore be viewed against the background of deontology theory because it calls for people in managerial positions to have good intentions while they are performing their duties. According to the mentioned theory, actions are only justified if one is performing his or her duties and has good intentions. Therefore, for managers as moral agents and in their quest to implement affirmative action in hospitals, their intentions must be good. For employment equity and affirmative action to be effectively implemented, it is the duty of management to formulate the employment equity plan which will be actualised through the fair recruitment and selection practices of the organisation. It is also necessary to understand managers as decision makers and some of the underlying causes of some failures in the public service as discussed in the next section.

2.7.1.2. Managerial shortfalls

In as far as the prescription of the affirmative action is concerned managers must make and implement decisions because decisions are intentions to act; and are taken to solve specific problems inside the workplace (Human, 2001). In spite of good intentions and the availability of well researched policies that exist in the public sector, lack of implementation is noted because of the inability of managers to translate plans into actions (Buga, 2006; Rossouw & van Vuuren, 2010). Human (2001) highlights some of the underlying causes of lack of implementation capacity as he reveals different types of managers in the public service. In other words, it can be stated that capacity to operationalise is lacking in most public managers given the fact that many of the policies they have implemented were put into operation years back by their predecessors. Some managers are likely to lack capacity because they do not have management experience or management degrees; some have degrees with no practical management experience; some are either beneficiaries of

affirmative action or political appointees. In summary, these are some of the contributing factors to the failure of policy in its implementation phase, in the public service.

2.7.1.3 Appointment of Employment Equity Manager

Management in the public health system has a duty appoint an EE Manager who is charged with the responsibility to develop the employment equity plan in consultation with other stakeholders in the workplace such as management and trade unions and the employment equity committee (Swanepoel, at al, 2009). Therefore, the new amendment in the EEA makes it difficult for organisations not to appoint EE Managers. Nonetheless, prioritisation of obtaining and retaing people with critical skills in the public health system has contributed to the freezing of administrative positions in order to cope with the limited budgets. People with disabilities are unlikely to be represented among those who posess scarce skills because of their low levels of literacy. A brief description of the EE committee as one of the stakeholders in the EE implementation is highlighted in the next section.

2.7.1.4 Employment equity committee

The 21st Century organisations promote effective utilisation of teams in accomplishing goals (Erasmus, Loedolff, Mda & Nel, 2011). The EE Manager needs a team to work with where he or she becomes a leader. However, the committee members are expected to be skilled; that is why an organisation's funds must be utilised to train and develop committee members in order to equip them with necessary skills in employment equity proceedings. This suggests that setting up compliance to employment equity is an expensive exercise against the background of budgetary constraints in the public service. It can therefore be stated that complying with the employment equity plan would require additional budgetary allocations for many organisations. However, it is not known whether hospitals within the district in this present study have successfully made appointments, given the budgetary constraints in the public service, in general.

2.7.1.5 Workplace procedures

The reasoning behind utilising the ethical theoretical framework in this study is based on the necessity of fairness while managers are performing their duties such as the advancement of employing people with disabilities. The justice theory indicates that procedural fairness plays a central role in employment relations (Nel, Kirsten, Swanepoel, Erasmus & Poisat, 2010). Therefore, there is a necessity for an organisation's internal procedures to be

available to resolve any dispute about interpretation or implementation of the plan since affirmative action will eventually lead to a diverse workplace which is a new development in South Africa, given our country's past separate development laws (Dweba, 2012). If organisations have appointed an EE Manager whose scope of performance includes formulation and implementation of an employment equity plan, reported failure to implement the plan may cease to exist (Venter & Levy, 2012).

 However, workplace procedures pertaining to the implementation of the employment equity plan may not always be a solution because the whole management team must have included the employment of people with disabilities in their strategic planning. Strategic priorities at an organisational level will differ; hence the department of health has prioritised the employment of people with critical skills such as doctors, pharmacists, occupational therapists, (to mention a few) because of their quest to align themselves with the vision of the provincial health department which seeks to achieve an optimum state of health for all people in KwaZulu-Natal (Mtshali, 2002).

2.7.1.6 Appointment of people with critical skills
Because organisations exist for certain purposes, without a vision they are likey to end in an undesirable destiny (Erasmus, Loedolff, Mda & Nel, 2011). This also applies to public hospitals that are currently experiencing shortages of critical skills thus making it difficult for the department to work on realising its vision. To achieve an optimum status of health for all KZN dwellers, the department of health has joined the struggle of fighting diseases. Therefore, the employment of doctors, pharmacists, radiographers, social workers, medical technologists and nurses is a priority in order to save lives (KwaZulu-Natal Department of Health [KZHDoH], 2010). This confirms the previous assertion which stated that the EEA has secured employment of certain individuals who are caring for people with disabilities rather than advancing employment opportunities for some people with disabilities. Given their history, people with disabilities are characterised by low levels of literacy and some have never gone to school; therefore, prioritising employment of people with scarce skills is further disadvantaging them. This study will therefore reveal if there are people with disabilities who possess critical skills at uThungulu health district or not.

People who posess critical skills are not a homogenous group and, in their employment, they join a diverse workforce. Workforce diversity has become a new trend in the new South Africa and it must be managed. At a managerial level, diversity management programmes must be in place; therefore, management is compelled to include diversity management in their strategic planning agenda so that employees can value unity in diversity (Thomas, 2003; Mekwa, 2012). As much as valuing each other will enhance human dignity, if diversity is not properly managed within organisations, service delivery in the public service will be hampered (Wrench, 2001).

2.8 Employment Equity Act and Management

Inside the organisation, management functions include planning, organising, leading and controlling (Robbins, 2003). Planning involves the process of defining goals, establishing strategies for achieving those goals and developing plans to integrate and coordinate activities. Controlling is a management function which assists the organisation to create evaluation strategies so as to see if things are going as planned or not. In terms of implementing EEA (No. 55 of 1998) managers are charged with such a responsibility because planning, organising, leading and controlling are managerial functions (Buga, 2006; Mekwa, 2012).

It has also been noted that some managers tend to see equity in narrow terms as they have focused on attracting black (often males) professionals at the upper level of the organisation (Wilson, 2003, Mekwa, 2012). In this regard it should be noted that the Act does not contain prescriptive measures but rather encourages organisations to develop targets appropriate to their conditions. This can be seen against the background of the vision of the provincial department of health (which was mentioned earlier) and the justification on the managements' side to advance the employment of people with critical skills in order to save lives. The challenge management faces is to choose between employing people with disabilities for the numerical targets against the employment of people who possess skills to realise the vision of the department of health. Managements' reasoning behind choosing to employ people with critical skills is justifiable if interpreted within the context of consequentialism or a utilitarian theory, a theory that focuses on maximising pleasure for

the greatest number of people. In other words, it states that if the consequences of an action are benefitting many people, the action is justified.

The majority who will benefit are sick people who must be attended to by health professionals who possess relevant critical skills. However, people with disabilities are a minority whose rights must not be compromised; that is why the EEA (No. 55 of 1998) and affirmative action are utilised as instruments of advancing their employment even though they are a minority. To assist managers to employ people with disabilities, a book on the Reasonable Accommodation of people with disabilities has been published. Moreover, hospital budgets have been decentralised, that is, management has direct control of funds which makes it easy for them to accommodate people with disabilities; if they see it as a priority. The following section will therefore elaborate on hospital budgets whose effective utilisation with managements' attitudes towards the employment of people with disabilities, could benefit people with disabilities.

2.8.1 Legal power to utilise funds

Achieving employment equity in public hospitals is a possibility. Therefore, it is important to mention that managers have been granted powers to manipulate institutional budgets, using the procedure known as virement of funds; a legal right given to them as accounting officers. This right is stipulated in the Public Finance Management Act (PFMA, 1999 as amended) as correct and justifiable if and only if accounting officers are able to provide sound reasons why funds were moved from their original budget votes. Virement of funds in PFMA (1999) is defined as a situation whereby managers have power to move required funds from an original budget vote and utilise it for another purpose, for example, if an amount that was budgeted for is not a priority at that point in time (Mhone & Edigheji, 2003). In other words, virement of funds makes it possible for managers to reasonably accommodate people with disabilities through structural adjustments that may not have been budgeted for, if the will is there.

Based on the afore-mentioned facts, management cannot give budgetary constraints as a reason why advancement of people with disabilities is omitted in their planning because they have full control over their institutional budgets (Erasmus & Kotze, 2007). In the light of the arguments provided in the background, lack of policy implementation may therefore be

associated with the absence of people with disabilities in the list of strategic priorities of the organisation. The section below elaborates on strategic planning and its importance in effective implementation of the EEA (No. 55 of 1998) for people with disabilities.

2.9 Strategic Planning and the Employment Equity Act

Kemp (2000) conceives of strategic planning as a group of activities where all heads of departments are involved in issues that will result in organisational development, change and innovation. Proper strategic planning will assist management to be able to implement EEA (No. 55 of 1998). Therefore, strategic planning is of vital importance because its end-results are the strategic priorities of the organisation whose implementation must be led by management. However, strategic planning is not always attractive to some managers because it has to deal with change while there will be some resistance by those who are going to be affected by it (Robbins, 2003). For example, some white South Africans feel that affirmative action and the EEA (No. 55 of 1998) are limiting their career development opportunities (Oosthuizen & Naidoo, 2010). The following section highlights some of challenges that hinder the success of strategic planning inside the organisation such as financial bearing, and extra work for managers, as well as the role played by attitudes.

2.9.1 Financial bearing

Different managers will have different views and attitudes towards the advancement of employing people with disabilities. As much as funds can be a barrier between policy formulation and implementation, the situation will differ from institution to the other. Some managers have complained that accommodating people with disabilities in their strategic priorities places undue pressure on them in the making of a justifiable choice. Based on their limited resources, managers face dilemmas given the demands in the public health system where hospitals are to make choices between buying proper equipment and medication that will benefit many patients within the district hospitals and structural adjustments to accommodate the relatively few people with disabilities (Xingwana, 2014). However, some managers lack commitment as observed by Daniel (2000) who states that some of them spend too little time on ensuring that resources are available for the implementation of strategic priorities such as reasonably accommodating people with disabilities and conducting diversity awareness training with an intention to change negative attitudes

towards people with disabilities inside and outside the workplace (as prescribed by PEPUDA, 2000).

2.9.2 Extra work

The schedule for managers is tight which makes itextremely difficult to accommodate extra work unbearable to have extra work, if there are no financial incentives. Nonetheless, Kemp (2000) states that some managers become loaded with extra work for which they do not have resources and this is because too much emphasis is put on planning, not on implementation. Managers often complain that strategic planning places organisations under pressure regarding their limited resources, especially the financial resource. Their reasoning is based on the belief that as reasonable accommodation for people with disabilities calls for structural and attitudinal changes as well as diversity management, will take place during working hours (Erasmus, Loedolff, Mda & Nel, 2011)). Nonetheless, the creation of an EE Manager position as an amendment to the EEA (No. 55 of 1998) is meant to take away what managers perceive as someone additional to the rightful manager who has to oversee that the employment equity plan is in place and there is a budget for the equity initiatives.

Based on the assumption which states that public institutions are characterised by financial constraints, it must be noted that the EE Manager may face similar challenges. However, strategies such as the application of opportunity costs allow decision makers to act accordingly while responding to organisational needs. According to Parkin, Powell and Mathews (2008), opportunity costs of something are the highest valued alternatives which are given up to get what is more important. Public institutions can follow suit, but that will only be possible if managers are willing to sacrifice certain projects and prioritise the employment of people with disabilities. As an addition to the issues of extra work and financial constraints, the section below discusses the role of attitudes as they inform behaviour of individuals (Robbins, 2003).

2.9.3 Attitudes

The social environment has not yet accepted people with disabilities as being differently abled. Negative attitudes are an indication that other people's attitudes towards those with disabilities have not yet changed. Attitudes displayed by people without disabilities indicate that organisations are not yet ready to incorporate them into the labour market. This assertion is supported by Wilson (2003) and Sing (2012) who state that, for most people with disabilities, their actual impairment is the least of their problems because a great deal of their frustration and pain results from the attitudes and reactions of other people towards disability, which ranges from denial and rejection to over-compensation. Nonetheless, the afore-mentioned realities in public institutions can be reversed if management and employees can change their mindset within the social environment, which in turn, will inform their attitudes thus prioritising employment of people with disabilities (O'Hagan, 2003). The availability of diversity management programmes may be of assistance to some people who may begin to see people with disabilities as people who are differently abled. However, diversity management interventions cannot be guaranteed to make the difference in the minds of those without disabilities.

Based on the above facts, the public health system's commitment to incorporate people with disabilities as part of the workforce may sometimes not be seen as a strategic priority if compared to the availability of medicines, equipment and reliable transport for patients (Orr & Goldman, 2001). Demand for medication has been increased by poor health status among residents in rural areas, places that are poverty stricken as well the high prevalence of Tuberculosis (TB) and HIV (Koenane, 2011). Nonetheless, proper planning and application of opportunity costs allows managers to be fair in terms of allocating limited institutional resources.

In spite of having direct control over the hospital budget, the legal rights to exercise the virement of funds, as well as effective utilisation of the opportunity costs, institutions have not yet delivered as expected pertaining to employment equity initiatives (Mayende-Sibiya, 2009). The section that follows looks at equity matters in the DoH, where this study was conducted because, so far, equity legislation and its challenges have been generalized in the public service, with more emphasis being put on gender and racial matters.

2.10. The Department of Health and the Employment Equity Act

The Minister of Health in countries like South Africa is responsible for a number of functions such as policy formulation, budget planning, service delivery and regulation, to mention a few (Shaw, 2004). Therefore, the National Health System appoints managers at district level, who are given renewable contracts upon satisfactory performance (Natrass, 2004). Job security is one of the reasons why employees generally join trade unions so as to protect them in case outsourcing or retrenchments are introduced by management. Employees at management level have a right to belong to a union but because of the conflict of interests, they have been deprived of their constitutional right to freedom of association because they are expected to act on behalf of the employer (Nel, Kirsten, Swanepoel, Erasmus & Poisat, 2010). Because of the nature of their contracts, they receive large salaries and benefits to compensate for the reduced job security (Kotze & Steenkamp, 2009). They further state that performance of managers within the health system is not challenged by the necessity to be efficient and to strive for quality but are stuck between efficiency and accountability. It is therefore necessary to identify different strategies that might be employed to strengthen the accountability, performance and responsibility of managers within the districts.

Priorities must always be budgeted for in public hospitals, but the NDoH does not concur with the statement. Ndebele (2012) states that among departments that have displayed poor financial management skills, hospitals were also listed. It is the author's contention that failure to budget for strategic priorities such as advancing the employment of people with disabilities is an indication of lack of management's commitment. The reasoning behind this assumption may be associated with the financial bearing as it has been highlighted that financial resources are not enough to cover the costs hospitals are facing. Planning to incoporate people with disabilities in the workforce may be perceived as an extra task for a manager which is not supported by any incentive. Lack of proper planning has been reported thus putting people with disabilities on hold because hospitals within the district of Uthungulu are one of the few major sources of employment. Poor planning strategies were raised by the Standing Committee on Public Accounts (2007), as the DoH was alleged to have submitted its proposal for funding late, exacerbated by reports not being submitted on time.

Pillay (2008) sees the lack of proper planning as a gap in the public health system where managers are to respond to the demands of transformation with strategies that can be equated to those of private businesses, institutions that are highly resourced with an intention to retain a competitive advantage. Nevertheless, the actions of managers can be understood if interpreted within the context of the writtings of Human (2001) who states that some managers are qualified yet inexperienced, some have neither degrees nor experience, some are affirmative action appointees, while some may be cadres who are deployed to lead certain institutions.

The statements above are supported by Manuel (2013) who stated that as South Africa is preparing for Vision 2030, cadre deployment has impacted negatively on the public service. Based on the negative impact of cadre deployment, Manuel and the National Planning Committee recommended that the appointment of public officials be based on merit (ENCA News, 2013).   In spite of the recommendations of the National Planning Committee and Manuel in 2013, the administration following the May 2014 national elections has not made the difference because it was the period characterised by a number of corruption related investigations by the former Public Protector in South Africa. Since cadre deployment has become a national concern and is a major contributing factor to maladministration in South Africa, the section below elaborates on cadre deployment as one of the barriers to policy implementation.

2.10.1. Cadre deployment

Cadres can be defined as people who are appointed to certain strategic positions based on their political affiliation. Their appointment is not based on merit, it is therefore the author's contention that their performance standards are deemed to be below the expected and accepted levels. Moreover, cadre deployment is a cancer that destroys and compromises the legitimate expectations the public have as well as the trust they have put in the ruling party. Having mentioned cadre deployment as a practice under the leadership of the current government (ANC), and its co-existence with the EEA (No. 55 of 1998) and affirmative action, it can be speculated that some managers within hospitals may lack relevant knowledge pertaining to financial management and accounting practices as prescribed in the PFMA (1999). The assertion is confirmed by Human (2001) and Manuel (2013) where

the states that some managers do not have relevant qualifications while those with qualifications do not have managerial experience.

Based on the premises mentioned above, a conclusion that speculates that the lack of accounting and financial management knowledge exists in the management of public hospitals is justifiable. The researcher's speculation has been confirmed by the Committee on Public Accounts which highlighted the presence of inadequate monitoring of finances in the provinces. Lack of proper planning has been noted as one of the limitations because the Provincial DoH were summoned to give reasons as to why they were unable to submit their business plans on time as well as their inability to submit periodic reports (PMG, 2007). In spite of this, the national government has not yet taken corrective measures against the provincial departments of Health for their non-submission of their EE Plans. Since maladministration includes corruption, the following section provides some insights as far as corruption in the public service is concerned.

2.10.2 Corruption
The presence of corruption cannot be denied, based on the fact that an Ethics Committee exists nationally to guide the behaviour of public servants. Ethical conduct of public servants is enshrined in Chapter 10 of the South African Constitution (No. 108 of 1996) where it states that public administration must be guided by high ethical conduct. Provisions for combatting corruption are in place such as whistleblowing. However, the scourge of corruption in government departments forms a large part of the news coverage in South Africa. Based on these assertions as well as the reported failure of the NDoH to enforce accountability provincially, Sidimba (2012) believes that the level of corruption in the public service is high. Corruption manifests itself in the reported mismanagement of funds, thus creating a gap between the policy making process and its implementation. Moreover, Sidimba (2012) states that corruption undermines the government's effort to deliver quality services to the electorate.

Nomvalo (2012) in his capacity as the Auditor-General states that one of the key challenges faced in the fight against corruption are low reporting rates. Nomvalo's assertion indicates an ineffective usage of whisle-blowing in the fight against corruption in South Africa; this includes hospitals where this study is conducted. However, whistle blowers are not

protected and suffer from victimisation after whistle blowing. That is why this strategy of combatting corruption is perceived by the researcher to be a useless exercise based on the fact that potential whistle blowers have become scared of being the victims of the good cause they stand for and have chosen to remain silent. In the absence of whistle blowers, corruption finds a fertile soil to breed.

Odero (2016) perceives corruption as a global phenomenon which appears to be at a higher level in Africa than in the developed countries. He continues to state that political power is often seen as an easy route to becoming wealthy and the government ensures that corruption goes unpunished. The former Public Protector (Madonsela)'s Report in 2016 revealed that South Africa is run by a corrupt government following the release of the state capture report (Hans, 2016). This assertion is supported by Pityana (2016) who reports that the ruling party in South Africa claims to be against corruption and yet at every moment its members seem to be falling over every each other to steal from the poor. Corruption is therefore the cancer that diminishes the opportunities of the unemployed to enter the job market, including people with disabilities who depend on the presence of a transformed physical setting of any potential employer organisation.

The New Age Newspaper (2014) reported that KZN has the highest number of corrupt officials in the country. At a provincial level (KZN), corruption allegations against the Head of Department of Health together with the suspension of the Chief Financial Officer and the Supply Chain Manager were reported in the Polity Newspaper by Nkwanyana (an Inkatha Freedom Party member) in 2015. Additionally, the Standing Committee on Public Accounts (Scopa, 2015) reported that problems in the KZN Health department have become the norm where an irregular expenditure of R679m existed. Moreover, failure of the heads of departments to do their jobs characterises the provincial health department as a failing department. Stolley (2015) also reports on the allegations of fraud, corruption and other malpractices that were submitted by Scopa implicating one of the hospitals within the district of uThungulu (The hospital and the case number are known by the researcher). Based on these statements, it can be asserted that reasonable accommodation of people with disabilities is a possibility in the public service (in the absence of corruption) if funds were to be directed according to the strategic priorities of the public hospitals in their mission to advance the employment of people with disabilities.

2.10.3 Shortage of skills

Apart from corruption, Mbanjwa (2012) suggests that hiring of unskilled financial staff and cadre deployment is amongst the reasons that lead to the mismanagement of funds in government departments. However, Mbanjwa's assertion is not supported by the Auditor-General in South Africa (Ntombembe, n.d.), who perceives the appointment of cadres as accounting for only 20% of problems in the public sector. The remaining 80% is due to the shortage of skills as there is nobody to appoint because the government cannot afford to retain skilled human resources due to the fact that more attractive opportunities exist in the private sector (Du Plessis, 2012). Contrary to the Auditor-General's assertion, Swanepoel et. al, (2009) blame the presence of the affirmative action that unfairly discriminates young white South Africans, who had nothing to do with the past apartheid regime's practices, but who are currently excluded from competing in the fields of their qualifications. As a result of the whites' exclusion, South Africa loses white qualified South Africans to other countries such as Australia, the UK and Europe.

Therefore, implementing affirmative action programmes in the DoH poses a number of chalenges if compared to what it is intended to achieve. This assertion is supported by the South African Institute of Race Relations (SAIRR, 2013) when it states that the country's white population is declining. The decline is exacerbated by the emigration of young white South Africans from the country and it has been predicted that by the Year 2161 white South Africans will become extinct if the current decline continues (Du Plessis, 2012). Their emigration is related to their marginalisation in terms of affirmative action as South African organisations use the race card to advance those who were previously disadvantaged as well as people with disabilities.

The above sections have highlighted some challenges that are administrative in nature as they negatively impact on the proper planning needed to implement EEA (No. 55 of 1998) and affirmative action measures successfully in hospitals within the district. For example, the EEA (No. 55 of 1998) has been viewed from different backgrounds such as the role of managers, the importance of strategic planning as well as the relevance of the Act in the DoH. Some limitations have been noted, although the elements of corruption and mismanagement of funds are amongst the main challenges in the public health system (Kotze & Steenkamp, 2009). Having elaborated on corruption as the greatest threat to

policy implementation and development, the section that follows focuses on the reported trends organisations face while recruiting people with disabilities.

2.11 Trends in recruiting people with disabilities

The purpose of this study is to evaluate the implementation of the EEA (No. 55 of 1998) within the uThungulu Health District. Therefore, this section reports some general trends which are likely to be encountered by management in their endeavour to recruit, appoint and retain people with disabilities. These trends may be some of the reasons that hamper policy implementation in the public service as well as powers management have, even though lack of effective utilisation of their legitimate power will also be highlighted.

2.11.1 Policy implementation limitations

(a) Budgetary constraints

As much as there are a number of limitations that hinder policy implementation in the public service, unavailability of funds has been reported by some managers to be a major challenges (Buga, 2006; Xingwana, 2014). Apart from budgetary constraints, the PSC Report (2005) revealed that lack of commitment and ignorance of public servants charged with the responsibility to implement policy are contributing factors to lack of policy implementation. Nonetheless, budgetary constraints cannot justify lack of implementing employment equity measures in district hospitals because, by virtue of being managers in public institutions, they have power to apply the virement of funds, which is authorised under PFMA (of 1999, as amended). As noted in an earlier section, virement of funds refers to a legitimate movement of funds away from the original budget vote to be utilised for official purposes, provided that accounting process will not be overlooked (PFMA, 1999). Section 43 of PFMA (1999) approves the virement of funds as a legitimate function of accounting officers. Managers in their capacity as accounting officers are obliged to account for every financial transaction that has taken place in the institutional budget. Based on what has been said, financial constraints cannot be used as an excuse for the non-employment of people with disabilities or their reasonable accommodation.

(b) Lack of commitment

Commitment can be generally explained as a psychological process which is voluntary and intangible (Robbins, 2003). It makes it possible for organisations to achieve extra ordinary results through the effective utilisation of ordinary human resources such as people with disabilities who must be committed to the organisation (Alexander, 2006).

Managers can show their commitment in different ways, such as sacrificing other projects within their Medium Term Expenditure Framework [MTEF] budget to fast track the employment of people with disabilities, by virtue of powers vested in them (National Treasury, 2009). Lack of commitment on the management's side deprives people with disabilities of opportunities to be active participants in the labour market (Buga, 2006). Therefore, if managers lack commitment, reaching the numerical targets is not going to be realised soon and people with disabilities will not be part of the workforce as prescribed by the EEA. There is therefore a need for public managers to change their attitudes towards people with disabilities (Amos, Ristow, Noel & Pearse, 2011).

The duration of the mentioned lack of commitment and unchanged attitudes of the decision makers cannot be predicted based on the fact that attitudes form an intrinsic part of personality (Dalf, 2011). Therefore, they influence an individual's response to people, objects and situations. Because attitudes inform people's behaviour, there is no guarantee that laws passed by the government have power to change them. In other words, perceptions people have regarding people with disabilities cannot be changed by laws. Nonetheless, there is a need to change their attitudes so as to be able to recognise people with disabilities as one of the value-adding assets with an ability to take the organisation to the next level of sophistication, thus making it possible for the organisation to achieve service excellence (Ballreich, 2008). It is therefore necessary for organisations to believe in employing people with disabilities. The faith organisations have in non-disabled employees can be transferred to people with disabilities because, they too have a potential. The section below provides a brief explanation of attitudes and the role they play in informing behaviour and the choices made by decision makers.

(c) Attitudes

Swain, Finkelstein, French and Oliver (1994) state that attitudes have manifested themselves with the marginalisation of people with disabilities by the non-disabled community members. Seeing people with disabilities as lesser human beings motivated the UN to declare human dignity as a universal concern (Old Mutual South Africa, 2003). Nonetheless, people's attitudes portray the reality and perceptions others have towards people with disabilities. Having mentioned the presence of lack of commitment on the decision-maker's side, disparities in employment do exist in South Africa. This assertion is confirmed by the reported on-going postponement of reaching numerical tagets in government departments. Consequences of attitudes towards people with disabilities can be associated with their reported departure from the public service, especially in KZN, a province where this study is focusing. Some managers have chosen to prioritise their equality initiatives by focusing on race and gender equity, thus paying no attention to the employment of people with disabilities (Bendix, 2010). In spite of the role played by attitudes and lack of commitment by some managers, the literature does not say much about the low levels of literacy amongst people with disabilities which may contribute to their unemployment specifically at Uthungulu Health District, where this study is conducted.

Against the background regarding attitudes and lack of commitment, EEA (No. 55 of 1998) demands the attainment of numerical targets where people with disabilities are part of the workforce. That is why statistics of people with disabilities were provided in Chapter 1, because it is imperative to evaluate how many of them are in employment versus their total numbers in South Africa. Nonetheless, disability carries stigma and it becomes difficult to have some people with disabilities to reveal their disability status for their fear of being marginalised (Tshabalala-Msimang, 2009). Therefore, the section below elaborates on disability in South Africa and the possible contribution of stigma to inaccurate statistics of people with disabilities in the country.

(d) Disability and stigma

Accurate statistics of people with disabilities in South Africa are not known because estimates are used. May (2000) report that older people are more affected than the youth. The lack of accurate figures can be associated with the stigma disability carries, in the sense that stigma contributes to people to give incorrect information pertaining to their

disabilities (Tshabalala-Msimang, 2009). Because people with disabilities are social beings like other human beings, fear of disclosing disability may be associated with their protection of their sense of belonging and the fear of rejection. Because of the stigma that surrounds disability, in the past, people with disabilities in South Africa had no social contact as they resided in institutions and were perceived as dependents of charitable assistance or grants from the government (Old Mutual South Africa, 2003). However, the Integrated national Disability Strategy (INDS) seeks to ensure that people with disabilities are enabled to develop optimally and should not be removed from their families (May, 2000). This underlines the relevance of looking at people with disabilities as social beings like all other human beings, whose lives can be improved if certain limitations or barriers are removed to reasonably accommodate them. Their inclusion in the workplace will partially fulfil a better life for all strategy in South Africa which is discussed below.

(e). Better life for all

The economic policies of the country as well as the MDGs share a common objective of reducing poverty and unemployment (Nwonwu, 2008). Among the poor and unemployed people in South Africa are people with disabilities whose lives must be transformed through effective implementation of Acts such as the EEA (No. 55 of 1998) and its supporting pieces of legislation. Their inclusion in the workplace will also be realising the aim of the government of a *better life for all* to a certain extent, if some people with disabilities become economically independent. However, it has been reported that the public health system has rather created opportunities for professionals such as Social Workers and Occupational Therapists who are charged with the responsibility of rehabilitating people with disabilities (Shaw, 2004). Therefore, the advancement of employing people with disabilities has been placed on hold. A better life for all cannot be accessed by all disabled South Africans due to the fact that definition of disability is a general one, thus portraying people with disabilities as a homogenous group. Generalisation of disabilities and its impact is discussed in the next section.

(f) Generalisation of disabilities

According to the Canadian Department of Justice (2000), to treat people with disabilities equally results in their continued discrimination and oppression as it ignores their differences and the need for their reasonable accommodation. Some were born with

disabilities while others may have acquired disabilities during their life time through illness or injury (Bronkhorst, 2004). Some of those who have acquired disabilities may have worked before which is not the case with some of those whose disabilities are congenital (Anderson, 2006). If they are perceived as a homogenous group, those who were born with disabilities will continue to face exclusion because most of them did not have access to education. The EEA (No. 55 of 1998) is a relativle new piece of legislation, therefore people with disabilities whose employment is enforced by the NDoL and evaluated in this study are the ones who were born in the old South Africa; the era of their marginalisation, institutionalisation and dependency on grants from the government. This generation of people with disabilities is characterised by low levels of literacy and this makes it difficult for employers to appoint them as it has been stated that public health in South Africa has prioritised the recruitment and selection of people who possess critical or scarce skills to achieve its objectives. Therefore, political office bearers have an obligation to revisit the definition so that it becomes clear that people with disabilities are not a homogeneous group.

2.12. Conclusion

A clear definition of people with disabilities is provided in the EEA (No. 55 of 1998) in South Africa but fails to distinguish between those who acquired disabilities from those whose disabilities are congenital. The existence of policies and procedures for the effective implementation of the EEA are in place even though it has been established that policy implementation remains a challenge.

As much as the implementation of EEA for people with disabilities is the application of justice theory, fairness on the prospective employee's side is unfair on the employer's side because appointing people under the protection of affirmative action deprives people who whose appointment would have been based on merit (Dupper, et.al, 2012). The quality of services rendered by the public health system can be compromised by the appointment of people who are only there to assist the organisation to comply with the national set numerical targets.

Understanding the implementation of the equity legislation and affirmative action from an employer's side is critical (Nel et.al, 2010). Apart from compromising quality, implementation of the EEA has financial implications for the public hospitals which operate

within a limited budget. The financial implications of reasonable accommodation originate from the need for structural changes such as erecting lifts, providing electric doors for wheelchair users and providing special lights and Braille for those with visual impairments (Gathiram, 2008). If one reasons as a utilitarian with the belief that actions are justifiable if the end results benefit many people, the utilisation of funds will be justifiable if the employer develops skills of the current workforce so as to be technology compliant, or orders medication for the patients so as to minimise opportunities for patients to develop resistance, especially those receiving chronic medication such as ARVs and TB treatment. Nonetheless, choosing justice theory to underpin this study is based on its inclusive approach where the minorities are considered. It can therefore be concluded that employment of people with disabilities is not voluntary on the employer's side as there are sanctions imposed for failing to meet the numerical targets set by the NDoL.

CHAPTER THREE

RESEARCH METHODOLOGY AND INSTRUMENTS

3.1 Introduction

The previous chapter reviewed literature, highlighted theories underpinning this study and provided details of legislation which promotes the integration of people with disabilities into the labour market. Treatment of people with disabilities historically was discussed, as it contributed to the development of laws that promote human dignity, thus creating a need for human rights to be viewed from a universal perspective. Some of the challenges regarding the implementation of the EEA (No. 55 of 1998) in the public service were discussed. This study is classified as an 'evaluative research' because, through its processes, it seeks to determine whether the enactment and implementation of the EEA (No. 55 of 1998) has produced the intended results. The justification for classifying this study as evaluative research is found in the actual research topic which seeks to evaluate implementation of the EEA (No. 55 of 1998) in uThungulu District hospitals, for people with disabilities. To evaluate whether the intervention has been implemented or not, data must be collected to measure the success rate. This chapter seeks to elaborate on the research methodology whereby it will be stated how data was collected and interpreted in order to report on the progress made as well as challenges faced by hospitals in the rural areas of the district in the implementation of the EEA (No. 55 of 1998).

To collect and analyse data, the researcher used a qualitative descriptive design even though some parts of the study adopted a quantitative method. In other words, both qualitative and quantitative approaches were used to collect and analyse data (Terre Blanche & Durrhheim, 2006). Descriptive statistics and thematic content analysis were used as appropriate tools for rendering useful information.

3.2 Area of study

This study was conducted in South Africa, in the uThungulu Health District within the jurisdiction of KwaZulu-Natal province. The district is situated about 150km north of Durban, in the province of KwaZulu-Natal. The population within the district is estimated to be around 970 000. UThungulu Health District, has two regional hospitals as well as six district

hospitals (KZNDoH, 2012).This study was conducted in the district hospitals, which are defined by the National Health Act (2012) as hospitals that accommodate between 150 and 300 in patients and receive support from regional hospitals. District hospitals selected for this study were Nkandla and Mbongolwane based on their current characterstics (that is, they are classified under district hospitals).

3.3. Population

According to Cresswell (2012), the research population is referred to as the target population, which is the set of elements that the research focuses upon and to which results obtained by testing the sample should be generalised. Uthungulu Health District consists of eight hospitals, three of them situated in urban parts of the district (namely Ngwelezane, Lower Umfolozi War Memorial [LUWM] and Eshowe). The remaining five are situated in areas that are mostly rural. In this study the sample was drawn from the hospitals which are mostly rural, which are Mbongolwane and Nkandla, with 1000 employees in employment in both hospitals.

3.4. Data collection method

There are two types of data, namely, primary and secondary (Kumar, 2005). Examples of primary sources are observations, interviews and questionnaires (De Vos, Strydom, Fouche & Delport, 2005). This study adopted a primary data collection approach because interviews as well as questionnaires were utilised to collect data from primary sources. For the purpose of this study, self-administered questionnaires were used for the following reasons:

- To gather the required data from the selected respondents
- To meet the researcher's informational objective.

Each questionnaire had sections asking for demographical data, knowledge of equity legislation, implementation of the EEA (No. 55 of 1998), the steps involved in implementation, as well as attitudes towards people with disabilities. Self administered structured questionnaires were handed out to participants. Moreover, participants were urged to return questionnaires on or before the given date that appeared on the covering letter. Kumar (2005) states that a questionnaire may be formulated using a closed-ended or open-ended format to suit the data collection inquiry of the researcher. This study used

both closed and open ended questions to collect data from the respondents as primary sources.

According to Mouton and Babbie (2001), in a closed-ended question, the respondent is asked to select an answer from a list provided and they have a fixed response. However, in an open-ended question, each respondent is asked to provide his or her response in the space provided. This allows participants to elaborate on any additional information which is deemed pertinent and complies with the qualitative nature of the study. Advantages of questionnaires are cost-effectiveness as well as the greater anonymity of the respondents (Kumar, 2005). However, questionnaires bear some disadvantages such as low response rate, spontaneous responses not catered for, lack of opportunity to clarify issues, and the fact that a response cannot be supplemented with other information as is the case in interviews (De Vos, et al, 2006).

In addition to the survey, top and middle management members from each selected district hospital were interviewed. An interview is a commonly used method of collecting qualitative data from respondents thus allowing person to person interaction (Barbie & Mouton, 2008). The type of interviews used in this study were structured whereby the researcher asked a predetermined set of questions, using the same wording and order of questions as specified in the interview schedule. However, research instruments for data collection have both advantages as well as disadvantages (De Vos, et al, 2006).

Some of the advantages of conducting interviews include the ability (on the researcher's side) to explain questions, and an opportunity to observe the non verbal cues. Interviews are also regarded as useful instruments for collecting in depth information (Kumar, 2005). Moreover, interviews allow for the discovery of the new aspects of the research inquiry by investigating in detail the explanations given by respondents, which is not the case with questionnaires (Nemalili, 2006). On the other hand, reported disadvantages of conducting interviews reveal that it is time consuming and expensive, researcher may be biased, and the quality of data depends upon the quality of inquiry and the interviewer's experience in conducting interviews (Kumar, 2005).

3.5. Sampling

Sampling is a process of selecting a few from a bigger group to become the basis for estimating or predicting the prevalence of an unknown piece of information, situation or outcome regarding the bigger group (Kumar, 2005). He continues to state that as much as the advantage of sampling is time saving, there is a disadvantage as well in the sense that the researcher does not find out the information about the population's characteristics of interest to him or her, because you only estimate or predict them. The major aim in selecting a sample is to achieve maximum precision in your estimates within a given sample size and to avoid bias in the selection of the sample (Dweba, 2012).

According to De Vos et al, (2005), in qualitative research the issue of sampling has little significance as the main aim is to explore or describe the diversity in a situation, phenomenon or issue. That is, qualitative research does not make an attempt to either quantify or determine the extent of diversity. For the purpose of this study non-probability sampling (that is, a quota judgemental sample) was used. The reasoning behind choosing non-probability sampling is based on the fact that it illustrates some features that are of interest for a particular study. That is why the sample comprised people who were deemed to be useful by the researcher in answering the research questions and fulfilling the research objectives.

From the population of 1000, a sample of 100 participants was selected and this is considered to be representative. Four (4) top management members from both district hospitals were interviewed. Forteen (14) Middle level managers were also interviewed, in Nursing, Paramedics and Patient Administration unit. Two (2) representatives of major trade unions (Nehawu & PSA) within the district hospitals were also interviewed. A survey was also conducted which comprised 80 administrative and support personnel who were selected from Transport, Supply Chain Management, Payments, Patient Admissions, Security, Laundry, Revenue, Maintanance and Catering services. Stratified random sampling was used as it is convenient and economical (Kumar, 2005).

The reasons why the above-mentioned employees were preferred are the following:

- Top Management is directly involved in implementation of the EEA at hospital level in line with provincial and national directives.

- Middle managers are involved in the implementation of the EEA in the departments they lead.

- Administrative employees were selected based on their operational and administrative aspects of the EEA and skills development facilitation.

- Trade unions were considered as employee representatives and an important stakeholder in the employment relationship with statutory powers to negotiate with the management and to play a role in decision-making.

3.6. Sampling procedure

The objective of a sampling procedure is to ensure that the sample is a representative of the population so as to avoid bias or negative influence on the findings. A quota judgemental sampling procedure was used to collect sample for the interviews and survey. According to Kumar (2005), purposive sample or judgemental sampling utilises the judgement of the researcher as to who can provide the best information to achieve the objectives of the study. Creswell (2012) also states that in a purposive sample, the researcher specifies characteristics of the population of interest and identifies individuals who match those characteristics. Therefore, selection is based on the researcher's judgement and the availability of resources.

Within the district (uThungulu), there are five hospitals based in rural areas, that is, Catherine Booth, Kwa-Magwaza, Nkandla, Mbongolwane and Khombe. Out of five, Nkandla and Mbongolwane were selected. Conducting research in a deep rural area added value to the study in terms of getting a picture of the current state of affairs in the disadvantaged areas of the district where masses of people live, including people with disabilities. Moreover, public institutions such as hospitals, schools and the South African Police Services are the only sources of employment. That is why this study was conducted in hospitals because they are a source of employment or a potential employer for some people with disabilities.

3.7. Data analysis techniques

Data analysis is the process of bringing order, structure and meaning to the mass of collected data to produce findings (De Vos et al, 2005). It is also a practice in which raw data is ordered and organised sothat useful information can be extracted from it (Kumar, 2011). The purpose of data analysis is to interprete and draw conclusions from the mass of data collected.

Data was analysed using the following technique:

- Descriptive statistics using frequencies to present data and a tabular format for consistency within the study
- Thematic content analysis, which uses empathetic understanding to draw out themes from the given material (TerreBlanche and Durrheim, 2006, Creswell, 2014).

3.8. Ethical considerations

Having obtained ethical clearance from the University of Zululand's Ethics Committee, permission was requested from the District Manager and Chief Executive Officers to conduct research within the institutions they lead. To ensure confidentiality, names of participants were not required in order to protect those who participated in the study. Participants were informed about the purpose of the study and written information pertaining to confidentiality was given to them so that they were aware of the nature of confidentiality in research (Israel, 2015). The covering letter stating the research topic and supervisor were attached to the front page of every questionnaire.

3.9. Conclusion

In this chapter, the research methodology was discussed. The research design, area of study, population, sampling methods, data analysis techniques as well as research instruments chosen to collect data were mentioned. The next chapter presents the results of data collected in search for answers for the central argument which is based on evaluating the implementation of the EEA (No. 55 of 1998) in the UThungulu Health District.

CHAPTER 4

DATA ANALYSIS

4.1 Introduction

The previous chapter highlighted the methodology undertaken to collect data from respondents. It was also mentioned that some respondents participated in the survey in the form of questionnaires while some were selected for interviews. Having collected data, for it to be meaningful and assist in answering the research questions, it must be analysed. Moreover, the previous chapter informed the reader that data presentation is in tabular format while its analysis follows descriptive statistics and thematic content analysis. However, based on the qualitative research paradigm underpinning this study there is greater emphasis on thematic content analysis.

The first part of this chapter analyses data based on the questionnaires for the survey and the second part reflects on the interviews in which 20 Managers participated. It is necessary to state that the sequence followed in this chapter (data analysis) begins with the demographics data, knowledge of employment equity, EEA (No. 55 of 1998) implementation, attitudes and perceptions on the EEA (no. 55 of 1998) and people with disabilities as well as the barriers to EEA (No. 55 of 1998) implementation. The afore-mentioned headings will therefore be used to explain information that is analysed in the tables below.

Out of 80 questionnaires that were issued, 68 were returned. Therefore, data analysis will is based on the 68 questionnaires that were returned.

4.2. Data presentation and analysis

Biographical data is presented below in the form of gender, age, race, position, literacy levels and the number of years in employment.

Table 4.2. 1 Distribution according to gender

Gender	Respondents	Percentage
Males	31	46%
Females	37	54%
Total	68	100%

The above figure reflects that all the research respondents managed to disclose their gender. The table indicates that 54% of the respondents were females while 46% of the respondents were males. Nationally, there are more females than males (Statistics South Africa [SSS], 2011) where women contribute 51% of the entire population in South Africa. Therefore, the participation of more female respondents than males is justifiable.

Table 4.2. 2 Distribution according to upbringing

Childhood	Respondents	Percentage
Rural	31	46%
Semi-urban/township	18	26%
Urban	12	18%
Moved about	7	10%
Total	68	100%

Data in the table indicates that the majority of the respondents in the study (46%) grew up in a rural area. The second higher category shows that 26% of the respondents came from a township, a place whose infrastructure is more developed than the rural area. Moreover, a township is more likely to be diversified given the fact that the rural dwellers move to the urban area for job opportunities and then reside in a township. However, 18% of the respondents came from an urban area, a place which was not accessible to the black South Africans during the apartheid era. Having black people as residents in urban areas (surbubs) is an outcome of transformation where people have rights to have property in cities, if they can afford it. 10% of the respondents reported that their upbringing was not fixed in a single setting (rural, semi urban or township and urban area) but they had moved around. They

were more likely to offer a number of diversified responses given the fact that they have been exposed to different settings that require different coping mechanisms in life.

Table 4.2. 3 Distribution according to upbringing

Age group	Respondent	Pecentage
19 – 29	4	6%
30 -39	11	16%
40 – 49	17	25%
50 -59	29	43%
60 and above	7	10%
Total	68	100%

Table 4.2. 4 Distribution according to race

Race	Respondents	Percentage
Black	56	82%
Coloured	02	3%
Indian or Asian	06	9%
White	05	7%
Total	68	100%

A breakdown of responses according to race shows the highest number of respondents (82%) were Blacks, followed by Indians or Asians (9%), then Whites (7%) and the lowest percentage was Coloureds at 3%. The presented data portray an image of a diversified workforce in UThungulu District hospitals which is a requirement according to the EEA (1998). Because Blacks are a majority in South Africa, their appearance as the highest number of the respondents is justifiable even though there is a concern about the low percentages of other races in the district hospitals.

Table 4.2. 5 Distribution according to positions held by respondents

Positions	Responses	Percentage
Paramedic	2	3%
Social worker	2	3%
Student nurse	6	9%
Admin clerk	30	44%
Medical doctor	2	3%
Registered nurse	19	28%
Occupational therapist	2	3%
Undisclosed	3	4%
Lay Councilor	1	1%
Information Officer	1	1%
Total	68	100%

The majority of the respondents (44%) were employees performing administrative duties. The next category at 28% was made up of professional nurses. Nurses and administrative staff are the major role players inside the hospital even though nurses play a line function since patient care falls under the jurisdiction of the nursing profession. Doctors carry out a line function and their low percentage indicates their scarcity in the district hospitals. Other employee categories (provided above) complement adminsistrative staff and the clinicians in a hospital setting.

Table 4.2. 6 Distribution according to literacy levels

Literacy level	Responses	Percentage
Honours Degree	4	6%
Bachelors Degree	10	15%
Diploma	31	45%
Matric (Grade 12)	22	32%
Standard 8	1	2%
Total	68	100%

Minimum scores pertaining to the literacy levels ranged between standard eight (Grade 10) at 2% and an honours degree at 6%. Respondents with diplomas are a majority (45% of the respondents) followed by those with degrees at 15%. The percentage of respondents who are matriculants is high (32%) compared to others. This is an area of concern based on the fact that administrative staff are strategic partners in realising hospital objectives and is therefore expected to have post-matric studies for the rendering of quality services.

Table 4.2. 7 Distribution according to the number of years in employment

Years of service	Responses	Percentage
<20 years	17	25%
10 -19	35	51%
4 – 9	11	16%
3 or fewer	5	8%
Total	68	100%

The majority of the respondents (51%) and the second largest percentage of the respondents (25%) served during the apartheid era as well so they are in a better position to impart relevant information regarding employment equity as an intervention brought by the post apartheid government. However, 8% of the respondents have three years or less in the public service and this indicates that they joined the public health system after the enactment of the EEA (No. 55 of 1998). It can therefore be assumed that the majority of the respondents have sufficient years of experience, and are in a position to provide a fair opinion in as far as the implementation of the EEA (No. 55 of 1998) is concerned.

Table 4.2. 8 Transport used (to and from work)

Mode of transport	Respondents	Percentage
Taxi	12	17%
Bus	8	12%
Venture	7	10%
Local vans	12	18%

Walk	29	43%
Total	68	100%

Various modes of transport were chosen by respondents as the means of reaching the workplace. The majority of the respondents (43%) walk while the remaining 57% of the respondents are commuters. In as far as people with disabilities are concerned like the wheelchair users, the above-mentioned modes of transport do not cater for the needs of wheelchair users. That is why the majority of wheelchair users embarked on a march in Pretoria (in October 2015) showing their dissatisfaction in the way public transport is constructed. Because October is transport month in South Africa, the march was more of a plea for the design of public transport that will not marginalise people with disabilities. Therefore, the challenge experienced by people with physical disabilities in developed and urban areas is less of a challenge than in rural areas where there is scarcity of public transport.

Table 4.2. 9 Challenges pertaining to the mode of transport selected above

Response	Respondent	Percentage
It is not easy since my path goes through a sugar cane field	15	22%
Venture takes more than normal, there is no space for the wheelchair	12	18%
One bus we have is always overloaded, not easy for a wheelchair user	8	12%
There is hardly transport in rural areas, so the taxi takes overload living no space for the wheelchair itself. Taxi has no boot since it is	22	32%

occupied by radio speakers		
No response	11	16%
Total	68	100%

Out of 68 questionnaires returned, 11 respondents (16%) did not respond to this particular question. 22% of the respondents reported to passing through sugar cane when they go to work thus making it impossible for a wheelchair user to undertake the same route. 18% of the respondents perceive the design of a Venture to be limiting given the limited space it has inside. 12% of the respondents reported the availability of a single bus which is mostly overloaded. 32% of the respondents identified a challenge in the construction of a taxi whose boot is mostly occupied by speakers of the driver's sound system (that is, a radio). The mentioned challenges are a limitation towards reasonably accommodating people with disabilities in the social environment.

Table 4.2. 10 Waiting times for transport

Waiting time	Respondent	Percentage
I simply walk	29	43%
30 minutes for the bus	6	9%
I wake up early because my home is far from the bus route	2	3%
One hour for the taxi	12	18%
10 minutes for the Venture	7	10%
10 to 15 minutes for the van	12	17%
Total	68	100%

The majority of the respondents (43%) report that they walk to the workplace. However, modes of transport mentioned such as local vans, Ventures, taxis and buses have variable waiting times, with Venture being available within a period of ten minutes. Based on the researcher's experience of the design of the public transport, it is not ideal transport to be

used by people with disabilities, especially wheelchair users and those with visual Impairments who depend on being assisted by guide dogs.

Table 4.2. 11 if you were seated next to a wheelchair user, how could you assist?

Nature of assistance	Respondent	Percentage
Cannot	12	17%
Not sure	20	29%
Never thought about it	17	25%
Can help if he or she asks	13	19%
No response	6	10%
Total	68	100%

Comparison between those who can assist and those who have never thought about it shows a huge difference. Therefore, awareness of disability matters seems to be an area which calls for more attention in order to have an open society where ignorance is eradicated.

Table 4.2. 12 Allocation of official (staff) accommodation

Category	Respondents	Percentage
Doctors and nurses	31	45%
People in management	8	12%
If you have a friend in HR	11	16%
Anyone who can pay rent	2	3%
Mostly paramedic staff	16	24%
Total	68	100%

The majority of the respondents (45%) assert that clinicians (doctors and nurses) are prioritised. Moreover, 24% of the respondents state that paramedic staff (that is people in laboratory, X-Ray and Pharmacy) resides in official accommodation. It is necessary to state that paramedic staff renders clinical services and they can be classified under the clinician category. It can be said that professionals who play a line function in as far as services rendered by hospitals is concerned are the ones prioritised regarding the allocation of official accommodation. Management teams also reside in official accommodation as, stated by 12% of the respondents. 3% of the respondents' state that anyone who can afford rent can be accommodated in the official residences while 16% of the respondents assert that accommodation is allocated to those who have friends in the Human Resources department. The latter percentage of respondents reveals the presence of unethical conduct where friendship becomes the criterion for allocating official accommodation.

Table 4.2. 13 Nature of workforce in your workplace

Nature	Respondents	Percentage
Blacks only	0	0
People with disabilities, Indians, Blacks, Whites	32	48%
PWD, Coloureds, Blacks, Indians and Whites	36	52%
Total	68	100%

Selection made by the respondents from different columns revealed the above-mentioned responses, statistically. To a certain extent, it can be mentioned that a paradigm shift is noted if the national demographics are observed within the health district. However, it is also noted that one of the district hospitals does not have coloured employees. Transformation to a certain extent is noted in a sense that national demographics are represented in spite of the hospitals being in rural areas.

Table 4.2. 14 Possible barriers to be faced by people with disabilities

Barrier	Respondents	Percentage
Movements are slow	6	9%
There are no lifts, higher floors are unaccessible	10	15%
Doors are not easily opened by wheelchair users	24	35%
Toilets are too high for wheelchair users	11	16%
They depend on others for help	17	25%
Total	68	100%

25% of the respondents reports that people with disabilities are not self supportive as they rely on others for help. 16% of the respondents identified a shortcoming in as far as toilets heights are concerned thus creating an access barrier to people with disabilities. 35% of the respondents reported the lack of sliding doors thus stating that the way doors open does not favour people with disabilities. 9% of the respondents reported slow movements to be a barrier as people with disabilities cannot make movements as easily as those who are not disabled. This response therefore supports the response which highlighted the dependence of people with disabilities on others for help.

Table 4.2. 15 Attitudes towards the Employment Equity Act in general

Attitude	Respondents	Percentage
Extremely positive	7	10%
Reasonably positive	33	48%
Reasonably negative	21	32%
Extremely negative	7	10%
Total	68	100%

10% of the respondents are extremely positive while another 10% of the respondents gave an extremely negative response. However, 48% of the respondents are reasonably positive while the remaining 32% of the respondents are reasonably negative. The responses provided reflect the mixed feelings employees have towards employment equity given the fact that some have benefitted while some conceive employment equity as a tool used to disadvantage them.

Table 4.2. 16 There has been adequate communication regarding Employment Equity initiatives

Position	Respondents	Percentage
Strongly agree	5	8%
Agree	34	50%
Disagree	22	32%
Strongly disagree	7	10%
Total	68	100%

Inspite of communication being a key factor to organisational success, only 8% of the respondents strongly assert that there has been adequate communication regarding employment equity initiatives. 50% of respondents agreed that there was adequate

communication regarding EEA initiatives in their workplaces. However, 32% of the respondents disagree stating that the intiatives were not adequately communicated. 10% of the respondents strongly disagree that there was any communication pertaining to the EEA initiatives in their workplaces.

Table 4.2. 17 Outcomes expected from employment equity have been communicated

Response	Respondents	Percentage
Specified in detail	0	0%
Outlined in general	33	48%
Poorly defined	23	34%
Not defined	7	10%
No response	5	8%
Total	68	100%

8% of the respondents did not respond to the question while 48% (being the majority of respondents) confirmed the presence of communication even though their interpretation varies. On the other side of the continuum, 34% of the respondents' assert that the outcomes of employment equity were poorly defined. Some perceive communication to have been generalised while some regard it as poorly defined. What is common is their acknowledgement of communication. 10% of the respondents stated that outcomes were not defined in their workplaces. It need not to be repeated that employment equity is a controversial piece of legislation and therefore respondents are more likely to respond according to their standing (on the receiving end) in as far as the equity legislation is concerned.

Table 4.2. 18 Employment Equity process is sufficiently consultative (seeks views and opinions from employees)

Response	Respondents	Percentage
Strongly agree	0	0%
Agree	33	48%
Disagree	28	41%
Strongly disagree	7	11%

Total	68	100%

None of the respondents strongly agreed with the question above while 48% of the respondents perceive the EE process to be consultative. 41% of the respondents do not perceive the process to be consultative, and therefore disagree. 11% of the respondents strongly disagree. This is an indication of the mixed feelings amongst the respondents where there is a small difference between those who agree and those who do not agree.

Table 4.2.19 The employment equity forum or committee is sufficiently representative (represents all employee categories)

Observation	Respondents	Percentage
Strongly agree	0	0%
Agree	11	16%
Disagree	44	66%
Strongly disagree	7	10%
No response	6	8%
Total	68	100%

8% of the respondents did not voice their opinions in as far as the employment equity committee or forum being representative of all employment categories. 0% of respondents strongly disagreed while a low percentage of respondents (16%) agreed. The majority of the respondents (66%) disagreed together with 10% of respondents who strongly disagreed. The total percentage of respondents who do not agree with the assertion is 76%. The large difference between those who agree and those who disagree exposes discrepancies that exist inside the workplace which may be contributing to a barrier towards the implementation of employment equity initiatives, for people with disabilities.

Table 4.2. 20 Extent to which Employment Equity initiatives address historical inequalities at your workplace

Observation	Respondents	Percentage
Great extent	0	0%
Reasonable extent	33	48%

Slight extent	24	36%
Very little/not at all	11	16%
Total	68	100%

16% of the respondents assert that very little or nothing has changed in the new South Africa, meaning the status quo remains. 36% of the respondents report to have observed some difference to a slight extent, which is not very different to "the very little" response given by 16% of the respondents. However, 48% of the respondents report that historical inequalities have been attended to, to a reasonable extent based on the fact that employees are now treated equally inside the workplace and while women now form part of the workforce which was not the case in the apartheid South Africa. 36% of the respondents reported that there is a slight change.

Table 4.2. 21 Extent to which the Employment Equity process promotes diversity at your workplace

Observation	Respondents	Percentage
Great extent	0	0%
Reasonable extent	33	48%
Slight extent	24	35%
Very little/not at all	11	17%
Total	68	100%

According to the observations of the respondents, 48% of them reveal that EE promotes workforce diversity to a reasonable extent, while 35% of the respondents conceive the EE process to be contributing to a diverse workforce to a slight extent. There is a concern displayed by 17% of the respondents who are of the opinion that very little or nothing has happened in as far as having a diverse workforce in the workplace is concerned. This assertion contradicts what was offered under the demographic data where there is not a single institution where a homogeneous workforce is displayed.

Table 4.2. 22 Employment Equity has been assigned a sufficiently high priority

Opinion	Respondents	Percentage
Strongly agree	0	0%
Agree	33	48%
Disagree	24	35%
Strongly disagree	11	17%
Total	68	100%

According to the Table above 48% of the respondents confirm the assertion while 52% (the majority) of the respondents, reject it. It can therefore be stated that according to the majority of the respondents, employment equity has not been assigned a sufficiently high priority in their workplaces. The reasoning behind the responses above cannot be stated because respondents did not motivate for their responses.

Table 4.2. 23 To what extent is management sincere or serious about implementing Employment Equity in your workplace

Extent	Respondents	Percentage
Great extent	0	0%
Reasonable extent	33	48%
Slight extent	24	35%
Very little/not at all	11	17%
Total	68	100%

The above responses confirm the information in Table 4.25 where the small majority of the respondents reject the idea of management's prioritising employment equity initiatives. The interpretation of the responses in Table above reveals that 48% of the respondents state that to a reasonable extent, management is sincere or serious about implementing employment equity. On the other side of the continuum, 35% of the respondents perceive seriousness of management to be, to a slight extent while the remaining 17% state that very little or nothing has been done by management regarding the implementation of employment equity initiatives in the workplaces.

Table 4.2. 24 Your feelings about the ability of your workplace to achieve its employment equity objectives

Feeling	Respondents	Percentage
Extremely optimistic	0	0%
Reasonably optimistic	41	60%
Reasonably perssimistic	13	19%
Extremely perssimistic	0	0%
No response	14	21%
Total	68	100%

21% of the respondents did not respond to the question while 19% were reasonably perssimistic with regard to their workplace's ability to achieve its employment equity objectives. The majority of the respondents at 60% are reasonably optimistic, thus seeing the potential in their organisation for achieving the employment equity objectives. Having faith in the organisation is a positive sign because it signals that employees see possibilities in their workplaces.

Table 4.2. 25 People I work with are committed to the employment equity process

Opinion	Respondents	Percentage
Strongly agree	0	0%
Agree	33	49%
Disagree	25	37%
Strongly disagree	0	0%
No comment	10	14%
Total	68	100%

The Table above indicates that 14% of the respondents did not attempt the question while 49% of the respondents agree that people they work with are committed to the employment equity process. 37% of the respondents disagree with the assertion. However, the majority of the respondents (49%) are optimistic while 37% seems to be persimistic in the assessment of their colleagues' readiness towards committing to the employment equity process.

Table 4.2. 26 Senior Management has appointed or advertised the Employment Equity Manager Position

Knowledge	Respondents	Percentage
Strongly agree	0	0%
Agree	0	0%
Disagree	7	10%
Strongly disagree	61	90%
Total	68	100%

90% of the respondents strongly disagree. The remaining 10% of the respondents disagree with the statement raised. This then becomes a challenge because an amendment in the EEA (of 1998) prescribes for the institutions to appoint or create the position of the afore-mentioned manager for the effective implementation of employment equity initiatives in order to facilitate the process.

Table 4.2. 27 Employment Equity is integrated with other strategic objectives

Observation	Respondents	Percentage
Strongly agree	0	0%
Agree	6	9%
Disagree	55	81%
Strongly disagree	7	10%
Total	68	100%

The majority of the respondents (81%) disagree; 10% of the respondents strongly disagree with the statement which sought to establish if Employment Equity is integrated with other strategic objectives of the organisation. A very low percentage of the respondents (9%) agree with the statement which was not confirmed by the majority of the respondents.

Table 4.2. 28 Your workplace seems to be employing more people with disabilities

Observation	Respondents	percentage
Strongly agree	0	0%
Agree	33	46%
Disagree	27	40%
Strongly disagree	8	14%
Total	68	100%

46% of the respondents agree that their workplaces are employing more people with disabilities. 40% of the respondents disagree while 14% of the respondents strongly disagree. The majority of responses revealed that their workplaces are not employing more people with disabilities, a view based on their observation.

Table 4.2. 29 Structural changes have been made to accommodate people with disabilities

Observation	Respondents	Percentage
Strongly agree	0	0%
Agree	25	37%
Disagree	33	46%
Strongly disagree	7	10%
No response	3	7%
Total	68	100%

Reasonable accommodation of people with disabilities is an expectation according to the EEA and the Handbook from the DPSA. 37% of the respondents confirm the existence of structural adjustments in their workplaces; 46% of the respondents disagree with the statement and 10% of the respondents strongly disagree. The remaining 7% of the

respondents did not attempt the question, thus making their observations not open to the researcher. Nonetheless, it is evident that the majority of respondents (46% as well as 10%) do not agree with the statement.

Table 4.2. 30 In your hospital, are you aware of any employee who is a Sign Language Practitioner?

Response	Respodents	Percentage
Yes	0	0%
No	68	100%
Total	68	100%

100% of the respondents confirm the unavailability of a Sign Language practitioner in their workplaces. Communication is vital to all employees for both official and unofficial purposes. People with hearing disability depend on Sign Language to communicate with others. This becomes an issue of concern based on the fact that hospitals are providers of public health for all, including people with hearing impairments.

4.3 Summary of the survey findings
Based on the fact that the survey was conducted to obtain the views of ordinary employees occupying non-managerial positions regarding the EEA and its implementation, while taking into consideration their invividual attitudes towards people with disabilities, the following assumptions can be reported:

- Design of public transport is not suitable for people with disabilities and attitudes of non-disabed people towards people with disabilities as commuters are not positive.
- Waiting times for public transport are long hence employees face a possibility of being charged with misconduct (late coming).
- Official accommodation is allocated to employees with scarce skills where people with disabilities are not likely to be found, based on their low levels of literacy.
- Reasonable accommodation is lacking as there are no lifts and sliding doors.

- Sign Language practitioners have not been appointed as yet, neither have the Employment Equity Managers.

- Outcomes of employment equity have been outlined in general according to the majority of the respondents while some indicate that they were poorly defined.

- Communication regarding employment equity initiatives provided ambiguous responses as the majority of the respondents stated that there was communication but there are those who disagree.

- The employment equity process is not consultative where all all employee categories are represented.

- Employment equity initiatives are not integrated with strategic objectives.

4.4 INTERVIEWS

Having conducted a survey for other employees, structured interview questions sought to obtain the views of employees occupying managerial positions regarding the employment of people with disabilities, as prescribed by the Employment Equity Act (No. 55 of 1998). The literature reviewed in Chapter 2 exposed conflicting choices managers in the public are facing, that is, appointing health officials who will assist hospitals to deliver quality services to the majority against the background of employing people with disabilities who are a minority and whose reasonable accommodation consumes a lot of budget which could be utilised to purchase medicines and equipment. In order to establish whether there has been a level of success, and the challenges experienced with implementation of the equity legislation, a set of structrured questions addressing a variety of aspects were formulated based on:

- Progress and challenges perceived towards the implementation of the Employment Equity Act (No. 55 of 1998).

- Management's responsibility with regard to driving the employment equity process.

- Level of communication and consultation with employees.

- Employment practices in place and challenges faced by management regarding the advancement of employing people with disabilities.

4.4.1 Interview Process

Having obtained permission from the District Manager, the researcher made some telephone calls to inform management members. Moreover, telephone calls sought to interact with top management in order to furnish them with the full background of the study and to arrange interviews with the targeted participants. Only 6 managers were interviewd face to face while the remaining 14 undertook interviews telephonically. A limitation of the telephonic interview is the lack of observation of the non verbal cues which assist the interviewer in isolating the elements of truth of the responses given. A number of efforts were made to secure face-to-face interviews with the 14 managers, but in vain. Nonetheless, their availability for telephonic interviews added value to the study.

4.4.2 BIOGRAPHICAL ANALYSIS OF THE RESULTS OF THE STRUCTURED INTERVIEW QUESTIONS

Table 4.4 1 Distribution of the sample according to race

Race	Response	Percentage
Blacks	13	65%
Whites	4	20%
Indians	3	15%
Total	20	100%

The majority of the respondents were blacks (65%) and this reflects the true picture of racial groups within the district. Moreover, it reflects the national demographics where blacks are a majority. There is a concern about the lack of Coloureds in employment at hospital level.

Table 4.4 2 Distribution of the sample according to gender

Gender	Response	Percentage
Male	9	45%
Female	11	55%
Other	0	0%
Total	20	100%

55% of the respondents were females and 45% were males. This ratio is understandable given the fact that the 2011 Census revealed that 51.3% of the population was female. Apart from Census Report, the majority of women in hospitals which were previously owned by the Roman Catholic Church are a result of few opportunities of employment that were granted to males.

Table 4.4 3 Distribution of the sample according to years of service

Years of service	Responses	Percentage
Above 20 years	2	10%
10 to 15	8	40%
10	4	20%
5	3	15%
3 years and less	3	15%
Total	20	100%

The table above provides a fair spread of years of service where 50% of the interviewees have been in the public service for a long time thus making a sound contribution to the study about the implementation of the EEA (No. 55 of 1998) in their workplaces.

Table 4.4 4 Distribution according to units

Units	Responses
Chief Executive Officers	1
Human Resource Managers	2
Nursing Administration	7
Patient Administration	5
Paramedics (Pharmacy)	1
Trade Union Respresentatives	4

The table above indicates that all employee categories were represented given the fact that the study sought to interview top management, line managers who come from nursing, patient administration and paramedics. It is also necessary to state that trade unions do not

form an additional category or unit within the hospital based on the fact that they are employees themselves. It is also noted that the majority of participants were from the nursing division, with the lowest percentage of being paramedics.

4.4.3. DATA ANALYSIS AND INTERPRETATION OF THE RESULTS OF THE STRUCTURED INTERVIEWS QUESTIONS.

Responses below represent responses from the interviewees regarding the structured interview questions.

4.4.3.1 Distribution according to the interview question: To what extent is the hospital's Employment Equity programme aligned to the strategic objectives?

The researcher's interest in asking this question was based on strategic planning as one of the duties of employees in management. Moreover, management team is held accountable for the implementation of government policies and other directives such as the Employment Equity Act (No. 55 of 1998). The management's responses are summarised below:

- 20% indicated that there is an alignment to the key strategies that promote the achievement of hospital objectives. Strategies mentioned include recruitment and selection, training and development as well as liasing with the Hospital Board members regarding positions advertised.

- 20% felt that the alignment of the Employment Equity Programmes with hospital objectives is at a minimal level since reasonable accommodation initiatives remain on paper thus failing to attract people belonging to designated groups especially People with Disabilities.

- 20% indicated that there is an improvement in realising the Employment Equity targets which is manifesting itself in the recruitment and appointment of males as student nurses which was not possible in the former Roman Catholic hospital. Another development mentioned is the appointment of women in Hospital Manager or Chief Executive Officer positions within the district.

- 40% indicated that there is no alignment since employment equity is only discussed as a legislative imperative.

Different views provided regarding the alignment of EE to strategic objectives indicate the complexity of the EEA (No. 55 of 1998). There is a concern based on the perceptions of the majority who assert that there is no alignment to the strategic objectives as yet but EE remains a legislative imperative.

4.4.3.2 Distribution according to the interview question: What is the impact of Employment Equity in the unit you are heading?

Employment equity remains a responsibility for line managers to be implemented; they are able to identify its impact in their units or departments. The researcher's interest was based on the geographical setting of the district as it has been stated that hospitals are situated in rural areas, places that are not attracting employees as urban areas attract the majority of the South African population. Responses are summarised below:

- 20% reported communication to be a challenge given a fact that Coloured, Indian and White South Africans serve in rural hospitals as student nurses. The level of literacy is low among patients while some of the student nurses are finding it difficult to communicate in IsiZulu. The challenge posed by staff shortages keeps on increasing as additional personnel are required to minimise the communication barrier.

- 10% revealed the presence of demotivated staff members who do not form part of employment equity beneficiaries. Negative perceptions have been created with no adequate diversity management programmes in place. Non EE beneficiaries have also been disadvantaged by not falling under the categories that have benefitted by the implementation of OSD.

- 30% indicated a concern about lowering job requirements in order to achieve Employment Equity initiatives which is contradicting the service standards that must be of quality (to be in line with the Batho Pele principles).

- 40% described the Employment Equity impact in their individual departments as an initiative that calls for more efforts to be made to achieve the desired outcomes. Moreover, interviewees revealed that much still needs to be done towards employing people with disabilities since hospitals are not yet ready to accommodate people with disabilities with their differences. When probed to expatiate on

differences, it was stated that disability manifests itself as an auditory or hearing, visual, physical and mental disability. Since they are not a homogenous group, their reasonable accommodation varies.

Based on the location of the district where most people are isiZulu speakers, a communication barrier is noted for non-isiZulu speakers and other races. Low morale of employees is noted especially among the non-beneficiaries of the EE legislation and OSD. Another concern is the lack of seeing disabled people as a diverse group whereby each group demands a different reasonable accommodation strategy. Lowered job requirements compromise service standards which are a right in fulfillment of the *Batho Pele* (that is, People First) principles.

4.4.3.3 Distribution according to the interview question: What is the current status of the implementation of the Employment Equity Act in your hospital?
The South African government has committed itself to the implementation of equity legislation in order to correct the past inequalities the citizens of this country experienced during the apartheid era.   Moreover, the government is an employer where policy implementation must take place. A summary of the esponses of management members is provided below:

- 40% reported that EE implementation is moving at a slow pace, for various reasons. One of the reasons mentioned is the failure to attract and retain non-Black health professionals since the district is located in an area which is mostly rural. Some believed that the introduction of Community Service doctors and pharmacists offers an unsustainable solution towards having a diverse workforce.

- 20% report the presence of negative attitudes that serve as a barrier towards the implementation of EE. However, they believe that peoples' attitudes towards serving rural hospitals will change and all races will live together in harmony, including the acceptance of people with disabilities. One area of concern mentioned revolves around some of the white Community Service doctors who show little concern for blacks. An example was mentioned where two white Community Service doctors demanded equipment the hospital did not have and thus refused to perform a

caeserian section on a woman who was experiencing labour pains. Consequences were fatal since both the mother and the child died.

- 30% see a paradigm shift since there is an increase in non-Black health professionals serving in rural hospitals. Additionally, more male nurses form part of the workforce, and are a majority in line management in spite of women being the majority in employment.

- 10% see no relevant change because the status quo remains in their hospitals, basing their argument on the past experiences of having a majority of white doctors and few Indians in employment. Moreover, People with Disabilities in employment were not appointed on the grounds of disability since they acquired it while they were employed.

In summary it can be stated that the responses above indicate mixed feelings, where the smallest percentage of employees are of the opinion that the status quo remains while the majority of the interviewees confirmed the existence of change, but at a slow pace.

4.4.3.4 Distribution according to the interview question: What are the barriers that hinder the full implementation of the Employment Equity Act?

The literature reviewed revealeds that the South African EEA is derived from the Canadian Constitution (where politics of development were raised as issue of concern). Some barriers towards the implementation of EEA from previous studies were highlighted in Chapter 2 of this study. It was within the afore-mentioned statements that the researcher was interested in knowing the possible barriers in the district hospitals. The responses below were provided by the interviewees:

- 10% of the middle management reported that top management lacked interest in the implementation of EE thus leaving things unattended to for a long time.

- 30% of the organised labour explained that their conception of what hinders full implementation of EE has nothing to do with lack of will on the top managements' side but is associated with the lack of knowledge among all stakeholders involved in the implementation phase. They also included the lack of political will based on the fact that Ministers are accountable for performance in the departments they lead.

- 20% blamed the unavailability of clear and detailed policies at an institutional level as well as the absence of a unit that deals with EE inside the hospital. Their concern is based on the over-emphasis of matters regarding quality assurance during the accreditation process, thus wishing that EE was given the same level of attention.

- 20% assert that people with disabilities do not apply for advertised positions even though job adverts encourage the applications from people with disabilities. Some believe that the advancement of employing people with disabilities coincides with the department's goal of prioritising the employment of health professionals who possess critical skills which are in line with the vision of the National Department of Health. Additionally, they blamed the outsourcing of some jobs which could have attracted people with disabilities such as cleaning and security guards.

- 20% revealed a lack of adequate resources since hospitals prioritise the eradication of poor health. Budget allocated is not adequate to cater for the reasonable accommodation of EE beneficiaries such as people with disabilities.

A summarised version of the barriers that hinder the implementation of the Employment Equity Act reveals lack of interest by top management, lack of knowledge among stakeholders charged with the responsibility to implement policy, lack of resources or inadequate budget, outsourcing of non clinical jobs, and conflicting hospial priorities. Outsourcing and the institutional priorities are an indication of the policy that was enacted without conducting research in order to identify the weaknesses and threats related to the implementation of the equity legislation.

4.4.3.5 Distribution according to the interview question: Can you identify some opportunities that the introduction of Employment equity has afforded your hospital?
Based on the common past of the hospitals (under the missionaries) and the presence of the EEA, the researcher's interest was based on establishing if there are identifiable opportunities that have been brought by the promulgation of the EEA. Responses regarding the opportunities as perceived by managers are stated below:

- 50% observe gender equity in employment practices since males are recruited in hospitals that previously focused on employing women when hospitals were owned by the Roman Catholic nuns.

- 30% perceive women empowerment as an opportunity since the majority of women occupy line manager positions as well as Hospital Manager positions. Few People with Disabilities have joined the economic sector in the endeavour of realising a 2% quota in the public service.

- 20% did not see the introduction of EE as an opportunity in line with compency-based attainment and retaintion of health professionals. They further stated that EE is a barrier towards rendering quality services and realising some of the priotities set in line with Vision 2013 such as ensuring that South Africa ranks in the top 10% of comparable countries in terms of human capital stock.

Mixed feelings are noted regarding the opportunities that are a result of the equity legislation. Positive feelings relate to the recruitment of males (gender equity) as opposed to the past practices during the missionaries' era. Additionally, women empowerment as noted where most CEOs are females. In contrast, a negative perception is noted where some of the interviewees raised a concern of compromised quality standards as an outcome of affirmative action.

4.3.7.6 Distribution according to the interview question: Has complying with the Employment Equity Act created any specific difficulties among employees?

Hospitals are to comply with the prescriptions of the EEA where the advancement of people belonging to designated groups is a government priority. Attitudes of employees towards the EEA vary since there are those who benefit while others do not benefit. Those who are not amongst the beneficiaries perceive EEA as reverse discrimination. Moreover, some employees who are non EEA beneficiaries did not benefit from the introduction of OSD. Therefore, the researcher wanted to know if there were any institutional difficulties regarding complying with the EEA where a double tragedy has been identified by the researcher. The responses of the management employees are highlighted below:

- 40% assert that promotion remains a concern especially to non-beneficiaries of the Employment Equity Act. Some Black males and some White South Africans are leaving the country for opportunities outside the country or in the private sector.

- 30% report that racial intolerance has been observed where minority groups feel that they are not fully integrated in rural hospitals. Speaking a language not

understood by the minority compromises the quality of health care since the majority of the patients speak IsiZulu. There is a possibility of misinterpretation of communication which will compromise public health services. An area of concern is the rising number of cases of the members of the public is suing hospitals for whatever they consider as negligence, which may have originated from communication breakdown.

- 20% report the presence of discouraged or demotivated employees who have resorted to under-performing thus compromising service excellence or quality.

- 10% assert that recruitment and appointment of EE targets consumes more time and hospital budget since reasonable accommodation for people with disabilities is expensive. Skills Development funds are also exhausted without benefitting the entire workforce as it is stated that people belonging to designated groups cannot be appointed following a competency-based approach. After their appointment, a longer period is spent on training while the tasks they are appointed to perform are carried out by staff members who are not compensated for that. Labour turnover and absenteeism have become the latest trend.

Vision 2030 is looking forward to balancing emigration and immigration even though data collected shows the opposite because South Africa experiences brain drain, robbing South Africa of professionals with critical skills. Racial intolerance is reported even though the Constitution acknowledges diversity amongst the population. Racial intolerance among South Africans defeats the purpose of having one nation as it manifests itself in ethnic tensions. Therefore, institutions are not yet ready to reap the fruits of unity in diversity. People with disabilities are likely to face a double tragedy, that is, disability carries a stigma which contributes to their social exclusion. Additionally, people with disabilities belong to racial groups; the groups that are characterised by intolerance. Communication continues to be a challenge inside the workplace because there are 11 official languages in South Africa. Language is also used for socialisation purposes where relationships are built thus increasing motivation and performance amongst employees. Lack of communication and socialisation contributes to low morale and labour turnover.

4.4.3.7 Distribution according to the interview question: The amendment of the Employment Equity Act calls for the appointment of an Employment Equity Manager; have you created a post or appointed someone in this hospital?

The general assumption pertaining to the lack of EEA implementation has been associated with the delegation of EE matters to a committee or a team at an institutional level without the resources and power to implement the Act. As a corrective measure, the EEA was amended to prescribe the appointment of an EE Manager at an institutional level; a person who is a member of the top management team. The researcher wanted to establish if there was any compliance with the amendment to the Act. Responses from the managers revealed the following:

- 100% agreed that neither the creation of a post nor the appointment of EE Manager has taken place. Top Management revealed that the size of the hospital and its status according to the Health Act does not allow the creation of such positions at a district hospital level.

Apart from the size of the hospital, district hospitals have experienced financial strain with the introduction of OSD. After the implementation of OSD, some administrative positions were frozen. The EE Manager occupies an administrative position and falls under the category of the frozen posts. This shows a lack of coherence between policy formulation and implementation. It is necessary for the organs of state to speak to each other for the realisation of national priorities which are implemented at an institutional level.

4.4.3.8 Distribution according to the interview question: Does your hospital have an Employment Equity Plan?

In order for institutions to successfully set their numerical targets, the EEA prescribes the availability of an EE Plan at an institutional level. Reasoning behind the demand for the EE Plan is based on realising the preamble of the Constitution where diversity is acknowledged. It is based on the Constitutional provision that South African workplaces must be a true reflection of the South African population. In order for hospitals to advance the employment of people to reflect the national demographics, they need an EE Plan. The researcher wanted to establish if there is an existing EE Plan in the hospitals under study. The responses of the interviewees follow below:

- 40% acknowledge the presence of the EE Plan even though they voiced serious challenges regarding its implementation. Some of the challenges mentioned include lack of capacity to develop an ideal EE plan taking into consideration provincial and district demographics. They further raised a concern over the population statistics, which are not reliable for compiling a demographic profile.

- 60% were not aware of the existing EE plan in the hospitals they serve. Reasons for not knowing included not sitting in top management meetings where strategic priorities are discussed. To a certain extent, they acknowledged knowing about the EE Plan and reporting to the National Department of Labour through the media, which encourages designated employers to submit in October.

The Employment Equity Plan is known by all interviewees even though their knowledge varies. However, the truth about the provincial and district demographics is revealed, thus contributing to challenges in implementing an EE Plan. It was mentioned that people with disabilities are over-represented in the low-skilled fabric of the society while some find it difficult to disclose their disabilities because of the stigma.

4.4.3.9 Distribution according to the interview question: Based on the location of the district which is mostly rural, how do you ensure that job advertisements reach people with disabilities?

The literature review stated that people with disabilities were previously institutionalised thus having very slim opportunities of schooling. It was also revealed that because of the stigma disability carries, some people with disabilities are not willing to disclose their disability status. Some family members hide disabled family members on the assumption that they are a punishment from the ancestors as was highlighted in the literature review. Managers as role players in strategic human resources management have been reported to have negative attitudes towards the employment of people with disabilities. It is within this context that the researcher wanted to know how job advertisements reach people with disabilities as dwellers in a rural place. Responses of employees in managerial positions are stated below:

- 40% reported that advertisements are downloaded from the intranet, printed and displayed in places where it is believed that members of the public who would have

seen the advertisements share information with the target population. Some adverts are specific in stating that "only people with disabilities must apply."

- 20% mentioned strategies such as head-hunting and informing members of the Hospital Board regarding available positions for designated groups members even though more emphasis is put on people with disabilities.

- 40% reported that they are not part of the recruitment process as they occupy positions at supervisory level but are aware of positions advertised that encourage People with Disabilities to apply.

Printing from the intranet and displaying advertised positions, headhunting, utilisation of hospital board members and advertising in local newspapers where people with disabilities are encouraged to apply are means of communicating advertised positions with the hope that information will reach people with disabilities. Headhunting is ideal even though some family members do not disclose the presence of a disabled family member. Moreover, the absence of organisations for people with disabilities in rural areas defeats the purpose of responding to the needs of people with disabilities.

4.4.3.10 Distribution according to the interview question: Financial resources are important for the implementation of the Employment Equity Act. Does your hospital strategic human resource planning include people with disabilities and their reasonable accommodation?

One of the reasons stated in the literature review that contributes to the failures of policy implementation in the public service, is the lack of funding from the national government. Moreover, hospitals have to cater for the needs of the majority of a population that is burdened by diseases in realisation of the DoH's vision of *"realising an optimum state of health for all living in KwaZulu-Natal."* Therefore, a larger percentage of the hospital budget has to cover medical costs as well as the retention of health professionals possessing the desired skills for the realisation of the hospital vision. Nonetheless, people with disabilities are one of the EEA beneficiaries and their employment demands their reasonable accommodation. In line with realising the conflicting priorities where budget allocation is unavoidable, the researcher wanted to establish if the employment of people was integrated into the institutional strategic human resource planning and their reasonable accommodation as recommended in the Handbook on reasonable accommodation of people with disabilities from DPSA. Responses of the interviwees are highlighted below:

- 40% confirm the inclusion of people with disabilities and their reasonable accommodation in human resource planning but with no available budget for the project at an institutional level.

- 50% reported awareness of the human resource plan that focuses on the employment of doctors, nurses and paramedical staff in fulfillment of the vision of the DoH.

- 10% revealed that reasonable accommodation for people with disabilities does not exist because there are budgetary contraints in the district that is burdened by diseases.

It is interesting to learn that there are people with disabilities in strategic human resource planning even though there are no available budgets to reasonably accommodate them. Their inclusion on paper adds to the policies that remain on paper in the public service. Planning that focuses on people with critical skills relevant to combatting diseases in the health district strains the decision making process as managers are to strike a balance

between recruitment of people with disabilities as well as those that possess critical skills. Lack of official accommodation and the focus on employing people with scarce skills continue to marginalise the employment of people with disabilities as it is stated by Nel (2010) that low levels of literacy will be a barrier to entering the job market for the majority of people with disabilities.

4.4.3.11 Distribution according to interview question: Designated employers are to report to the National Department of Labour the progress made towards implementing Employment Equity annually; has it happened in your hospital?

Under the theoretical framework underpinning this study, it was explained that the choice of justice theory is based on its ability to cover aspects such as procedure to be followed as well as the penalties to be imposed for non-complinace. It was also stated in the literature review that the National Department of Labour demands the submission of an EE Plan on annual basis where non compliance is punishable. As it was stated that the government is an employer, the researcher wanted to establish if the hospitals under study have submitted their reports. Responses from the management employees reflected what is stated below:

- 60% are not aware of the reporting part of the Employment Equity Act at hospital level but have heard about it in the media (that is, TV and Radio) when designated employers are encouraged to submit their Employment Equity plans.

- 30% reported to have seen a draft even though they cannot confirm the existence of a sent report.

- 10% have the intention of reporting after drafting the plan but the lack of the appropriate officer (that is the Employment Equity Manager) makes it difficult to send the Employment Equity Report on time. Additionally, they raised a concern that prioritising the employment of people with disabilities falls outside the nature of skills prioritised by hospitals to optimise the state of health for living in KwaZulu-Natal.

Non appointment of the EE Manager creates a gap between policy formulation and implementation. This situation has contributed to the lack of commitment among top management team members as they are aware that there must be someone performing

that function according to the amendment in the EEA. It is therefore not encouraging to perform an extra work if there is no compensation for it.

4.4.3.12 Distribution according to interview question: As hospitals, do you have power to award tenders to companies that prioritise the employment of people with disabilities?

Based on the reported low levels of literacy for the majority of people with disabilities (in the literature review), the jobs that do not require high levels of literacy have been outsourced. It can be stated that outsourcing of jobs that do not demand high levels of education defeats the purpose of integrating people with disabilities in employment, as government employees. Outsourcing such positions coincides with the government's numerical targets which have been postponed more than once. It was also stated in the literature review that KwaZulu-Natal is one of the provinces where the statistics of employed people with disabilities are declining. In ine with the said statements, the researcher wanted to establish if hospitals have power to award tenders to companies that meet certain standards that relate to the employment of people with disabilities is concerned. People in managerial positions responded in the following manner:

> - 60% do not sit in Cash Flow meetings where buying procedures are approved but confirmed seeing tenders advertised on notice boards where suppliers of the required goods or services are invited to apply. The advertisement does not include any specification related to a company that prioritises the employment of people with disabilities.
>
> 40% reported not having access to information or company profiles in terms of their employment practices. Moreover, since the hospitals have outsourced the rendering of certain goods and services, the focus area is based on delivery not on who is hired by the provider.

The strategic intent of integrating people with disabilities into employment is frustrated by the outsourced jobs. Hospitals do not have power to regulate the recruitment policies of the private organisations to which they would have outsourced certain jobs. The outsourced jobs do not demand high levels of literacy and would have benefitted people with disabilities as well as the department of health in its endeavour to meet the set quota of 2% people with disabilities in employment.

4.4.3.13 Distribution according to interview question: What is the level of involvement of trade unions and other employee groupings in driving the Employment Equity process?

In the new South Africa, the LRA (1995) grants employees the right to belong to or to form unions under the protection of freedom of association. Therefore, trade unions are a prominent stakeholder in the employment relationship. They therefore have power to influence policy decisions inside the workplace as employee representatives. Another group established by the LRA (1995) is the workplace forums where managers play a consultative role. The researcher wanted to establish the extent to which trade unions and other groups drive the EE process because as much as they are involved, people in managerial positions have a duty to make decisions following adequate consultation and negotiation with the trade unions. Responses were as follows:

- 40% reported low level of involvement since unions have been weakened by top management, intentionally. Active and vocal union members are targeted for positions as supervisors or line managers that do not allow them to be active participants in the union.

- 40% acknowledges the introduction of the Institutional Management and Labour Committee which discontinued the existence of staff meetings where management used to address the entire workforce on hospital matters as a contributing factor to low levels of employee involvement and trade unions. Only the majority union sits with the management even though bilateral meetings with other unions are allowed.

- 20% middle managers acknowledge their involvement at a lesser extent because they are only consulted for matters that must be uniformly applied such at the handling of misconduct cases and grievances.

Other employee groups such as the workplace forums are to be consulted by the management which is the case with the union where the employer has to negotiate until they come to an agreement. Weaknesses among trade unions indicate the lack of knowledge of the Labour Relations Act (No 66 of 1995) as it grants freedom of association to employees inspite of the positions they occupy. Weakening of trade unions is a

challenge because they are a role player in the policy implementation stage, in the workplace.

4.4.3.14 Distribution according to interview question: What modes of communication are used in your hospital to inform employees about Employment Equity?

EE must be communicated at all levels of employment given the fact that it has been reported to be a controversial policy based on the fact that it justifies fair discrimination. It was also sated in the literature review that the non beneficiaries perceive EE as reverse discrimination. Nevertheless, any change must be broadly communicated to secure the support of the employees who can contribute to the success or failure of the anticipated change. The researcher wanted to establish the "how" part of communication inside the hospitals because communication must reach all employees inside the hospital. Employees in managerial positions provided the following responses:

- 40% reported that the Act is displayed in areas where it can be seen by employees.

- 20% reported that notices in the form of memos are sent to all units by the messenger for supervisors to relay information to the supervisees.

- 20% reported that IMLC structure is utilised to convey information from management to the entire workforce.

- 20% have become aware of the EE in the sessions conducted by the Industrial Relations Officer where awareness is brought to their attention outside the extended management meetings.

In summary, communication comes in the form of memos, sessions with the Industrial Relations officer, and top management meetings where supervisors are to share the information with their supervisees. The utilisation of the IMLC is not fully effective since management sits with the majority union. However, displaying EEA is a norm, that is, hospitals have complied with the national directives. However, written material discriminates against the illerate employees as it has been reported that high levels of illiteracy are a phenomenon in South Africa especially in rural areas.

4.4.3.15 Distribution according to the interview question: Can you discuss recruitment practices that your hospital uses to target people with disabilities?

Strategic human resource planning is a managerial function which seeks to attract the desired candidates. Based on the necessity to have people with disabilities in employment against their reluctance to disclose disability based on the stigma it carries, hospitals have to develop specific strategies or practices to reach people with disabilities at the recruitment stage. The researcher's interest was in finding out how hospitals recruit people with disabilities against the stated background about some of them. Earlier on, it was stated that some managers do not consider people with disabilities to be able to contribute to the service standards hospitals have set in discharging their functions in line with the vision of the NDoH. The following responses were obtained from management:

- 30% stated that job advertisements are advertised outside the hospital such as on the tuckshop wall at the hospital gate while some appear on the notice board at the main entrance.

- 20% reported the utilisation of the members of the hospital board which passes on the information into the communities they represent.

- 50% asserted that the intranet and the local newspapers are utilised to place job advertisements where it is stated that people with disabilities are encouraged to apply. They further stated that some adverts clearly state that only people with disabilities mayt apply for the job.

Notices that appear on the intranet, notice boards and those on the tuckshop walls are not a guarantee of reaching people with disabilities whose mobility is challenged by the way the social environment is constructed. Those advertised on the intranet require access to technology which is not available to people who are poverty stricken. Moreover, people who may have read the notices may not know people with disabilities close to their dwelling places. Those advertisements that appear in local newspapers cannot reach the majority of people with disabilities because reading and access to newspapers is not a practice in the rural areas. Job adverts continue to marginalise people with disabilities with the exception of those distributed by the hospital members in their communities.

4.4.3.16 Distribution according to the interview question: Do the selection criteria make provisions for people with disabilities?

The selection process follows an interview but the interview has its strengths and limitations. One of the limitations is making a decision following interviewing people with diverse backgrounds and skills. However, numerical targets according to the EE Plan must have been formulated in order to fill positions with an intention of reaching the national demographics even though this practice has been reported to compromise quality. On the other side of the hand, it was established that people with disabilities are not a homogeneous group. The researcher wanted to establish if the hospitals have a selection criterion that provides for the advancement of people with disabilities. Employees in managerial positions responded as follows:

- 20% stated that a selection criterion is easy to follow if the advertised position is meant for people with disabilities only even though it is not easy to select one if people with different disabilities apply for a job. However, if among the candidates of any other advertised position there is a person who is disabled and the position advertised is not going to hinder his or her performance, he or she competes with people who are not disabled, on merit.

- 80% raised the point of their not forming part of the panel during interviews in spite of being supervisors in their departments, based on the fact that a line manager becomes the one who represents the department.

People with disabilities are expected to meet certain inherent requirements of a job according to the Employment Equity Act. Their low levels of literacy continue to be a barrier towards economic inclusion, for certain positions in the health sector. Moreover, hospitals do not have a clear selection criterion that caters for people with disabilities unless the position advertised was meant for people with disabilities only.

4.4.3.17 Distribution according to the interview question: Headhunting can be used as one of the recruitment strategies. Has your hospital headhunted people with disabilities?

Headhunting is one of the acceptable practices during the recruitment stage especially if the recruiting organisation is engaging its workforce in identifying the legitimate targets. People with disabilities are a specific target group where direct communication with them can be one of the recruitment solutions or strategies. Lobbying organisations for disabled people is

a service that is not yet available in rural areas. Researcher's motivation was on establishing whether headhunting has been utilized or not. The following responses were provided by the interviewees:

- 40% agree with the necessity of headhunting people with disabilities because the utilisation of community members in identifying people with disabilities better serves the interest of the hospital. It was further mentioned that hospital board members are an instrument used to headhunt people with disabilities, based on the fact that the district does not have an organisation that represents them as yet.

- 60% were not aware of headhunting nor the presence of the organisation that represents people with disabilities in South Africa. However, they confirmed the presence of the slogan which says *"nothing about us without us"* as the voice of people with disabilities in the community.

Headhunting was understood on a limited scale as hospital members were the only source mentioned for locating people with disabilities. Headhunting goes beyond hospital members but has to include employees as they may know a disabled person in their neighbourhood.

4.4.3.18 Distribution according to the interview question: Recruitment of people with disabilities adds to the existing diverse workforce. Do you have diversity management strategies that seek to achieve unity in diversity in your workplace?

The preamble of the South African Constitution (No.108 of 1996) declares the country to be characterised by diversity. Organisations have a duty to appoint a workforce that will promote diversity in the workplace. However, diversity must be managed in order that it does not become a source of conflict. If unity in diversity is achieved, workplace socialisation will be enhanced, thus creating an environment where employees are motivated to stay and excel in their performance. Given the existing intolerance amongst South Africans in spite of the laws that address diversity-related matters, high levels of hatred are observed in our country. Against the said background, the researcher wanted to find out if there were any diversity management strategies in the district hospitals. The following response was provided:

- 100% of the interviewees mentioned diversity management workshops conducted at an institutional level by the Human Resource development (HRD) unit of the hospital as well as the Industrial Relations officer. None of the interviewees highlighted the nature of awareness that employees receive from the unions even though some of the interviewees were union reprsentatives.

There is a need for diversity management in the workplace given the fact that racial and ethnic intolerance are escalating in South Africa. People with disabilities are more likely to be exposed to double marginalisation because of the stigma disability carries and the ethnic or racial group they belong to.

4.4.3.19. Distribution according to the interview question: Corruption has been reported to be the greatest concern in the public service. Has your hospital been investigated on corruption related allegations?

- 100% of the interviewees confirmed alleged investigations where some of the employees were dismissed as an outcome following the hearing process. However, a few of the interviewees raised concerns about corruption investigations as they stated that some employees have managed to escape being investigated. In other words, treating cases equally is not always applied by top management.

Corruption is the cancer that has been reported to be destroying the majority of the government departments in South Africa. In the absence of viable strategies to protect whistleblowers, corruption continues to rob South Africans a better life for all.

4.4.7.20. Distribution according to the question: What are your personal recommendations that can lead to the successful integration of people with disabilities into the workplace?

- 30% recommend the allocation of a budget for disability-related matters at a national level based on the fact that since hospital budgeta are decentralised, financial resources are utilised in accordance with fighting diseases that are of greatest concern nation wide.

- 50% suggest that outsourced services must be brought back to the public service in order to increase the opportunities for employing people with disabilities in the jobs that do not require any skill, education or experience.

- 20% suggest that people with disabilities must first volunteer their services in order for the institution to be able to assist them as individuals according to their individual needs while taking into consideration their abilities. Hospitals with a variety of health professionals such as social worlers, occupational therapists and doctors can be of assistance to channel people with disabilities to the specific areas that will contribute to their development without looking at disability as a medical condition.

Against the background of the above-mentioned recommendations, it can be stated that the promulgation of the PFMA sought to decentralise the public budgets. Allocating budget according to different votes remains a challenge, based on the reported budgetary constraints in the public service where each department has its own strategic imperatives in line with its vision. Outsourcing is noted to be inconstistent with national government priorities such as advancing the employment of people belonging to designated groups (where people with disabilities are categorised) who fall under the category of less educated South Africans. Volunteering in public institutions was also discontinued as it appeared to be an unfair labour practice during selection if those who would have volunteered were appointed leaving out those who did not volunteer their services. It can then be stated that as much as there are good intentions of integrating people with disabilities socially and economically, processes continue to marginalise them.

4.5 Summary of the interview results

Interviews sought to assist the researcher in finding answers regarding the implementation of the EEA (No. 55 of 1998) within the Health District. Therefore, answers were meant to expose progress made and challenges towards the implementation of the equity legislation, management commitment, communication and consultation level as well as the employment practices that enhance hospital performance towards integrating people with disabilities in the workplace. A summarised version of the findings is as follows:

- Strategic human resource planning focuses on health professionals possessing scarce skills. Hospitals fail to attract and retain Black professionals while Community Service is not sustaining the district hospitals.

- There is outsourcing of jobs that could have been filled by people with disabilities.
- Non-EE beneficiaries are discouraged and demotivated; meanwhile the standards are compromised.
- People with disabilities do not respond to the advertised positions
- An EE Manager has not been appointed as yet.
- An EE Plan exists but there are implementation challenges.
- Budgetary constraints are reported and cause hospitals to fail to reasonably accommodate people with disabilities.
- Trade unions have been weakened.
- Recruitment strategies cannot be guaranteed to reach people with disabilities.
- The shortcoming of diversity management manifests itself in the presence of racial and ethnic intolerance. People with disabilities are more likely to experience double marginalisation based on the colour of their skin or ethnic group and the stigma disability carries.
- Headhunting cannot assist hospitals in the absence of organisations that represent people with disabilities in the dictrict.

Having analysed the data collected in the survey and the interviews, discussion of the results follows in the next chapter. Data collected and interpreted is assisting the researcher to achieve the study objectives and to answer the research questions. Based on the premises and arguments that will arise in the discussion the researcher will provide some concluding remarks. Recommendations will also be provided where alternatives in the policy implementation are highlighted for any organisation that shares the same characteristics with the hospitals in the district under study. Limitations of the study will also be mentioned.

CHAPTER 5

RESEARCH FINDINGS (DISCUSSION), CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This Chapter serves to logically connect the information gathered throughout the study with an intention to utilise premises obtained in order to draw conclusions and recommendations within the context of the study objectives which seek to answer the research questions regarding the implementation of the EEA at Uthungulu District hospitals.

Past discriminatory practices within the social environment for people with disabilities are noted in this study. Moreover, the inconsistences surrounding the desire to have people with disabilities in employment and the strategic priorities of public health system which must be implemented at a district hospital level defeat the purpose since the majority of people with disabilities do not possess critical or scarce skills hospitals need to deal with public health crisis in their endeavour to combat diseases. These two sides of extreme call for managers as decision makers to make sound decisions. Against the background of the two sides of extreme, offering quality health care services against the employment of few people with disabilities whose reasonable accommodation erodes the purchasing power of the public funds. Justice for people with disabilities has become one of the key priorities in the new South Africa.

This chapter is therefore providing a point of departure in line with the objectives of this study, problem statement as well as the research questions. Data collected will assist the researcher in finding answers to the research questions as it will be viewed in line with the literature reviewed.

5.2 Summary of the Chapters

All the Chapters in thi study are summarised with an intention to integrate information gathered so as to assist policy implementers in the district hospitals. Recommendations will also be provided in order to provide workable alternatives towards the effective implementation of EEA for people with disabilities.

5.2.1 Chapter 1: Background to and motivation for the study

This Chapter provided the rationale for conducting this study where national and international statistics of people with disabilities were provided. The current state of the KZNDoH in line with its vision was mentioned. An abridged version of the laws that support the social and economic integration of people with disabilities was given as they lay the foundation for the selection of an appropriate theory. Study objectives and problem statement were highlighted together with the research questions.

5.2.2 Chapter 2: Literature review and theoretical framework

Literature was reviewed in order to assist in finding the assumptions towards finding some answers to the research questions. Theoretical framework underpinning this study was provided and justification for choosing Justice and Deontology theories was mentioned. Moreover, a historical perspective of how how people with disabilities were treated in Europe was exposed. Legislative framework that promotes social and economic advancement of people with disabilities was provided. Examples of some of the countries that utilise affirmative action or quota system were mentioned for South Africa to utilize for benchmarking purpose. Furthermore, tensions that arise in the world of work where a priority is based on obtaining, developing and retaining health professionals who possess scarce skills in order to realise the vision of the DoH which co-exists with the national directive of advancing the employment of people with disabilities were brought to the attention of the reader.

5.2.3 Chapter 3: Research Methodology and instruments

Study area, population, sampling procedure, data collection and analysis methods as well as ethical considerations were highlighted.

5.2.4 Research analysis and interpretation

In line with the cetral argument which sought to evaluate the implementation of Employment Equity Act for people with disabilities, data collection was pertinent in order to be able to obtain some relevant themes that support the research objectives while it provides some answers to the research questions.

Chapter 4 described the unit of analysis, sampling frame, data collection utilizing the instruments mentioned in Chapter 3. This chapter is discussing the research findings based on survey and interviews conducted. Findings will provide the positive aspects towards

intergrating people with disabilities in the district hospitals as well as the existing barriers. Moreover, some recommendations will be provided in order to assist management in a health district which is mostly rural. Limitations of the study as well as conclusions will be discussed in order to establish whether more research still has to be done which will fit the South Africa context.

5.3 Research findings

Based on the researcher's experience in a rural public hospital, such an experience aroused an interest of evaluating the implementation of EEA, as an academic. Having experienced hardships based on the lack skills that would have assisted the researcher in rendering quality health care to the unaccompanied patients with mental and auditory disabilities, the implementation of EEA for people with disabilities was deemed pertinent because ten years have passed after the enactment of the equity legislation. This led to the formulation of the research question which is: What is the current state of EEA implementation at UThungulu District hospitals. Second question is: What tools are in place to support the implementation of EEA, for people with disabilities.

Even though there are a variety of responses to the research questions, creating an environment that allows full participation of people with disabilities in the workplace will be influenced by the individual's status in society as mentioned under the lack of universal definition of justice concept. Nonetheless, DPSA published a handbook on reasonable accommodation of people with disabilities thus creating an enabling workplace environment for people with disabilities. Reasonable accommodation in the Hnadbook is not a blue print based on the fact that public policy inserts a clause which reads thus "if it is the right thing to do." This clause justifies the lack of integration of the majority of people with disabilities in the economic sector. Nonetheless, advancing the employment of people with disabilities is a change intervention that complies with the transformation agenda of the national government. Hospitals are therefore required to choose appropriate cgange interventions sothat policy does not remain on paper but be implemented in order to change the lives of its rightful benefiaciaries such as people with disabilities. There is therefore a need to align the research findings to the research questions.

5.3.1 Aligning research findings to the research questions

Conducting literature review and the provision of the legislative framework that legitimizes the process of integrating people with disabilities in the work place was intended to provide answers to the research questions. Additionally, the choice of theories (ethical theories) that underpin this study in the form of Justice and Deontology theories was based on the fact that they are normative thus prescribing what each role player ought to do in accomplishing equity agenda. Reasoning behind choosing Justice Theory was based on the fact that the theory incorporates compensatory justice which is implemented by the introduction of EEA and affirmative action in South Africa.

Deontology theory is an advocate of individual rights, autonomy and thus adhering to the expectations of people with disabilities where the organisation that represents people with disabilities is motivated by the logo which says "nothing about us, without us" (Buga, 2006). Moreover, the theory prescribes a golden rule by saying "do unto others as you would like them do unto you." It is the duty of people in management to implement public policy at an institutional level without prejudicing anyone. In summary, literature review, legislative framework and ethical theories are instruments used to logically find answers for the research questions.

Advancing the employment of people with disabilities as one of the EEA and affirmative action beneficiaries seeks to address the inequality challenges experienced in the new South Africa. It can therefore be stated that the Acts do not provide equal opportunities and the appointment of candidates based on merit but it seeks to promote fair discrimination. However, legislative framework provided in Chapter 1 and 2 are the standards whose effective recognition can lead to a workplace that is welcoming to people with disabilities. For example, affirmative action, INDS (1997), SDA (1998) and PEPUDA (2000) are tools of advancing people belonging to desinnated groups with an intention to narrow the inequality gap. Moreover, the provision of reasonable accommodation following the release of the White Paper on Transformation in the public service is fundamental to the creation of workplaces that represent the national demographics. Nonetheless, the survey findings revealed that district hospitals are not yet ready to have people with disabilities in employment since there are no lifts, sliding doors and the absence of the EE Manager whose presence is prescribed by the amendment in EEA. Sign Language practitioner is not

employed as yet. Implication of the latter statement is communication barrier if one of the patients has auditory impairment and lack of socialisation in case there is an employee with the similar impairment. As it was mentioned in the literature review that KZN is the province with the declining numbers of people with disabilities, socialisation or lack of is another contributing factor to labour turnover.

Survey findings also revealed that official accommodation inside the hospitals is insufficient thus prioritising its allocation to the nursing fraternity, clinicians and management. Lack of accommodation against the lack of reliable transport in a rural setting continues to limit opportunities of employing some people with disabilities. Since the EEA was promulgated in 1998 it was only in 2009 when the National Department of Transport began to engage taxi owners for the provision of public transport whose design is not going to cause mobility problems for people with disabilities (Baloyi, 2009). In other words, by the year 2009 ten years after the promulgation of EEA was the period when the government realised that transport is a barrier towards social and economic integration of people with disabilities. Lack of political will is noted in policy implementation because ministers are accounting officers in their respective departments. As the main research question sought to gain some insights regarding the current state of EEA implementation for people with disabilities, the findings are to a certain extent revealing that hospitals have not utilised the vailable tools to advance the employment of people with disabilities.

On the other side of the continuum, public service depends on coordinated and integrated services where some of the government's departments contribute to the effectiveness and efficiency of the other. Therefore, cooperation is fundamental for the implementation of EEA for people with disabilities in particular. For example, there is interdependency between the DoH and Department of Transport (for the roads and provision of public transport as well as the Department of Public Works (for the proper planning of structural changes). Challenge posed by the Department of Public Works (in the health sector) has to do with outsourcing of its functions. Therefore, whoever is awarded a tender is not accountable to the institution where construction is taking place. Programmes that have been outsourced reduce opportunities for people who are unskilled to have permanent jobs that can sustain them and their families. It can therefore be stated that lack of coordinated

and integrated services adds to the shortcomings towards the implementation of EEA for people with disabilities.

Within the given context, it can be stated that a correlation exists between transport and accommodation. They are both enablers for some people with disabilities to be employed. Transport and accommodation are therefore perceived as variables that can contribute to the integration of people with disabilities in the workplace. Management inside the organisation are not the only people involved in policy implementation, minister concerned (as an accounting officer in the department) and the effectiveness of other government departments are a combination that contribute to the success or failure during the policy implementation stage. In conclusion, the researcher rejects the finding where lack of policy implementation was associated with lack of management commitment as reported by the respondents having considered the mentioned premises. The conclusion does not turn a blind eye on the reported communication problem as the findings displayed that the EE process is not consultative. The following sections are linking the responses from the interviews to the research questions.

Having mentioned that the vision of KZNDoH is to achieve an optimum state of health for all who live in KZN, talent management (that is recruitment, development and retention) evolves around people who possess skills whose utilisation will realise the vision. In support of the mentioned statements, interview findings exposed that strategic human resource planning focuses on health professionals who possess skills that are scarce and value adding in rendering quality health care to people in rural areas. As a result of prioritizing the employment of people with scarce skills in the health sector, the findings revealed that EE Manager has not been appointed as yet. However, his or her absence frustrates the implementation of EEA as prescribed by the Act itself. A need to appoint an EE Manager to fasttrack the agenda of integrating people with disabilities in the workplace co-exists with obtaining and retaining people with scarce skills; is therefore a dilemma management faces in the district hospitals. Nonetheless, it falls within the scope of practice of management to balance their acts while making choices that will benefit others while it disadvantages others.

Choosing justice and deontology theories were based on the mentioned dilemma. Justice theory shows a concern for the minorities (for example, people with disabilities) while deontology theory focuses on duties of decision makers that must be informed by morality. It is based on this choice that the researcher selected deontology which states that if the decision maker's choices can be universalised, his or actions are justified. In other words, if the decision maker was on the receiving end of the choice he or she has made, or he or she will be affected by the policy he or she has made and accepting it as it is without any alteration, he or she would have made a moral choice. People with disabilities are on the receiving end of the public policy as a minority group in society whose integration in the workplace consumes a greater percentage of the hospital budget. That is why management has to make justifiable choices as they perform their duties at an institutional level.

Another dilemma related to making justifiable choices involves the financial constraints as the interview findings exposed that EE agenda is not funded by the national government. It therefore calls for the hospitals to allocate their decentralised hospital budgets in realising the national directives. Nonetheless, money budgeted for allows accounting officers in public institutiions to exercise virement of funds which can be associated with opportunity costs where funds can be redirected to the vote they were not originally budgeted for. It cannot be overlooked that the allocated budget cannot be enough if viewed within the context of distributive justice which confirms the presence of limited resources (depending on what needs to be done within the hospital). The literature review revealed that the implementation of OSD has frustrated hospital budgets where attraction and retention of health professionals was deemed pertinent in realizing the vision of the National Department of Health. A consequence of OSD implementation has caused a double tragedy for some health professionals who are neither OSD nor affirmative action beneficiaries. Against the background of attracting and retaining health professionals with scarce skills, the outcome was the creation of demotivated and demoralised health professionals, a category where the majority of people with disabilities is not found because of their levels of literacy in South Africa. On the other side of the continuum, literature reviewed in this study exposed that KZN is the province where a greater number of people with disabilities are quiting employment in government departments. Embarking on obtaining and retaining

people with disabilities as well as health professionals with scarce skills is a trend faced by the province where this study was conducted, at a district level.

Outsourcing of functions regarded as non critical areas in the hospital environment is revealed by the findings of the interviews. Majority of people with disabilities are over-represented in the non-skilled or uneducated population in South Africa. Based on their low levels of literacy, few of them can occupy positions that call for highly specialised health professionals. Their integration in the workplace would have been possible if rendering of non-essential functions was not outsourced. Outsourcing therefore has decreased opportunities of employment for the majority of people with disabilities. Promulgation of EEA where people with disabilities are amongst benefeiciaries display poor planning where national priorities were set without taking into the consideration the state of affairs in South Africa.

Diversity management practices have not yet changed the attitudes of the diverse workforce even though the relevant legislation is in place. Attitudes and people's perceptions cannot be changed by policies towards people with disabilities. Moreover, people with disabilities are not the only group that feels marginalisation because racial intolerance exists in South Africa. Apart from issues pertaining to racialism, tribalism also exists. People with disabilities will always fall in one of the tribes and race thus making them to feel the double rejection in the new South Africa. On the other side of the continuum, stigma that disability carries has (on its own) contributes to the marginalisation of people with disabilities whose social end economic integration are deemed pertinent in the new South Africa.

Budgetary constraints were reported to be a contributing factor towards the lack of policy implementation in the public service. However, the World Bank and International Monetary Fund have raised some concerns on how South Africa spends its national budget. According to the afore-mentioned international organisations, the largest portion of the public budget is paying salaries of public servants. In other words, very little is left to fasttrack the majority of the national priorities in the transformation era. Moreover, OSD implementation has eroded the funds in the public health system even though its implementation was meant to achieve quality health care services as one of the Batho Pele (that is, People First) principles.

Another area of concern is the public expenditure in the presence of corruption, how to balance budgetary constraints, maladministration, lack of protection of the whistle blowers as well as cadre deployment. Corruption has become a cancer that is slowly destroying public institutions including hospitals. Issues pertaining to corruption in South Africa were emphasised in one of the powerful speeches delivered by Pityana (2016) where he declared that South Africa is run by a corrupt government. The level of corruption has also manifested itself in the released State Capture Report (2016). Corruption compromises the integrity of South Africa and is contributing factor towards the likelihood of South Africa to be afforded a junk status. The current cloud hanging over South Africa in the eyes of the international rating agencies makes it difficult for the potential investors to see South Africa as a safe destination for their investments. These are the investments (that is foreign direct investment) which are a necessity in the country's endeavour to create jobs for the millions of South Africans that are economically active, yet unemployed where the majority of people with disabilities are found. Moreover, unemployment is one of the areas of concern in South Africa and is one of the triple challenges South Africa is trying to eradicate. An increased foreign direct investment will assist the government to enforce a sustainable public-private partnership where private sector is to become one of the stakeholders assisting government to render quality services to the South African population.

Interviews confirmed the presence of allegations in the selected hospitals. One of the interviewees shared an experience of reporting corruption where some senior managers were implicated on corruption-ralated allegations. Top management was not keen to take the reported matter but advised the employee to choose any hospital of his choice in South Africa for the employee to be transferred following whistle-blowing. Moreover, top management released a statement to head office stating that investing corruption is a useless exercise and they are not prepared to further investigate it.

Based on Pityana Speech (2016) and the story shared above, it can therefore be stated that corruption exists at all levels of government even though it erodes the purchasing power of rendering quality services to the general pubic. Moreover, it decreases opportunities of developing the physical buiding in order to be able to reasonably accommodate people with disabilities. It can therefore be stated that as much as resources will not be adequate, a lot can be achieved in the absence of corruption thus creating a hospital which is responsive to

the needs of the public, within the district it serves. Moreover, in the absence of corruption, available financial resources can make the difference in creating an environment for prospective employees with disabilities in order to meet the numerical targets set by the national government.

The LRA (1995) provides for the existence of a democratic workplace where employees are empowered to participate and influence decision making processes. Such provision justifies the existence of trade unions as well as the workplace forums as legitimate structures through which management communicates with employees. However, it has been exposed that the power of trade unions is declining because vocal shop stewards are promoted to managerial positions thus falling under management echelon. They are therefore silenced. An example of a former shop steward (as was one of interviwees) who was promoted to a Public Relations Officer position crippled the power of the union because the shop steward was silenced. However, it indicates the level of ignorance in shop stewards even though they are expected to be experts in labour laws as employee representatives.

The researcher acknowledges the lack of information on the trade union side, a prominent stakeholder that has to act as a watchdog inside the organisation and the pioneer of employees'rights according to the Constitution (No. 108 of 1996) and the Labour Relations Act (No. 66 of 1995). It is not acceptable for a shopsteward to believe that being promoted to a senior or managerial position takes away the right of belonging to a trade union. According to the Constitution of the Repblic of South Africa (No. 108 of 1996), every employee has a right to join or hold office in a union and to participate in its activities. Moreover, the Labour Relations Act (No. 66 of 1995) makes similar provision which is guided by the principle of freedom of association. The Case Study (as an annexure) is an indication of the power of the Labour Court in deciding on matters that are dealing with dual loyalties for employees in managerial positions inside the workplace.

Nonetheless, the weakening power of the trade unions is noted in the 21st Century and has led to their systemic exclusion from policy making at an institutional level. Moreover, since the introduction of the Institutional Management and Labour Committee (IMLC) structures by provincial departments, hospitals are amongst public institutions who are no longer allowed to have public meetings with top management but management addresses the

concerns of the employees through their elected representatives. On the other side of the continuum, management in public institutions does not negotiate with unions but consult them as well as the workplace forum members. It can therefore be stated that unions in public hospitals have become a weak stakeholder in the employment relationship where a number of them are also competing for membership. Based on their shift of focus from being employee representatives, some of them have become part of the organisational politics thus focusing on what is there for them as individuals towards achieving self realisation.

Non-responding to job advertisements does not exclude their literacy levels based on their historical conditions. It can also be stated that low levels of literacy or lack of among some people with disabilities is going to be an on-goind challenge since the introduction of inclusive education. Educators at schools are not trained on meeting the educational needs of a learner with special needs, hence learners with special needs are only a statistic in class. Failing to equip the education system with the relevant skills for the prospective future workforce will result in non-employment of people with disabilities. It has also been mentioned that the nature of jobs that they can do have been outsourced hence they are disadvantaged economically. That is why it is necessary to have endless awareness campaigns with a view of transforming the social fabric. Even though the outcomes cannot be predicted but it is necessary to roll out the good intention.

5.3.2 Limitations of the study
The researcher noted some of the difficulties that caused delays in finalising the study or the deviations from the original plan such as the following:

- Research could not be conducted in three hospitals as anticipated because the letter offered by the Faculty Research Committee was rejected by the Provincial Department of Health by then. Two hospitals were then identified as research units with the approval of the District Manager.
- The immediate departure of the original supervisor (Dr. Dodd) in the middle of the year (2012) led to some delays in as far as starting the new process with some new care-taker supervisors.

- Some questionnaires were not completed fully; some respondents chose not to respond to some questions especially the explanation part of the question.
- Some of the respondents were contradicting themselves which made it difficult for the findings to be conclusive.
- The tight schedule of managers made it difficult to conduct face to face interviews with all of them therefore telephonic interviews became an option even though it deprived the researcher to observe the non-verbal cues.

5.3.3 Recommendations

Takinging into consideration the social environment and its challenges such as the presence of the stereotypes and the attitudes of those living without disabilities, the introduction and the implementation of the equity legislation was setting it for failure. Transforming the social environment and its people should have been prioritised in order to create an environment that is conducive for people with disabilities to be intergrated socially and economically.

Treating unequal people equally in terms of education and level of ability has displayed some shortfalls if viewed against justice theory as one of the theories underpinning this study. Shorfall of justice theory (as a policy that seeks to compensate those who were previously disadvantaged including people with disabilities who form the core part of this study), is noted. The lack of readiness of the social environment and the workplaces to live in harmony with people with disabilities has been confirmed by a parent of a disabled child who is not benefitting in main stream schooling; hence she proposes the exclusion of the disabled learners in mainstream schooling in order for them to have aceess to education in a school designed for learners with special needs.

Moreover, beginning of December 2016, Gauteng Province was pioneering the formulation of regional sectors which will represent people with disabilities at a provincial level. The EEA was promulgated in 1998 and on the 18th year after its promulgation the public service is actually doing what it was supposed to have done right from the onset. It can therefore be stated that the EE Plan and the numerical targets of advancing the employment of people with disabilities in the workplaces is not going to be realised as anticipated based on the ommissions that took place during policy formulation stage. As it was reported that people

with disabilities were institutionalised, they then did not have access to education hence their opportunities of being gainfully employed are very slim in the public health sector where the employment of people possessing scarce skills is a priority. It is the author's contention that the government should have continued offering grants to those who have slim chances of being employed while preparing the environment to be conducive for those who were born around the year the EEA was promulgated.

EEA did not achieve the desired outcomes in the first world countries; it is not going to be a success in developing countries such as South Africa either. South Africa as a developing country is experiencing of situation of being financially drained as a result of the government's effort of redressing the imbalances which began with the arrival of Van Riebeeck and others in 1652. That is why it has been stated that quota scheme could have been reached within the set period as desired. As much as South Africa has had good intentions of seeing the west as the tool or standard against to measure the country's performance or even to benchmark, it is important for South Africa to contextualise the equity agenda to fit in the South African context.

Because this study is conducted at a limited Masters Degree scope, more research is desired that will focus on employment equity and affirmative action in both the private and public institutions from an ethical perspective. Reasoning behind this is that justice or fairness has been reported to be at the centre of employment relations. Moreover, the EEA (No. 55 of 1998) and the affirmative action are justly compensating those who were previously disadvantaged. Additionally, based on the utilisation of the ethical theories in this study a new question arose which seek answers for the question which is; how just is justice?

5.3.4 Conclusions

Equality will never be achieved as there will never be a time where people will be equal in terms of literacy levels and economic status. Therefore, eradicating illiteracy in South Africa in order to narrow the gap especially for people with disabilities who continue to feel marginalisation under the inclusive education system must be addressed by the policy makers at a national level for the effective implementation at an institutional level.

In conclusion, it can be stated that the painful past has led to the elusive present for the majority of people with disabilities based on the fact that the EEA was promulgated when

there is no clear definition of the concept disability. This assertion is also supported by Akor (2015) as he states that the new South Africa is a country with two economies; a highly developed and highly underdeveloped economy with a high rate of social and economic disparities. On the other side of the continuum, Cameroon (n.d.) states that selection of public personnel on merit is an essential feature of good public service which is compromised by the appointment of staff through the affirmative action measures. The EEA and the affirmative action counter the government's effort to shape a more professional public service which is characterised by people who are highly skilled, thus limiting opportunities of people with disabilities to be gainfully employed.

Lack of clear disability definition does not assist the employer organisations to advance the employment of people with disabilities. Moreover, timing of prescribing 2% employment of people with disabilities in the public service defeats the purpose of including them in the world of work based on their previous institutionalisation with slim opportunities of accessing education. Based on their current literacy levels or lack of, quitting of those who were in employment in some provinces (including KwaZulu-Natal) portrays an image of the workplace which is not yet ready to accept people with disabilities as people who are differently abled and people who can contribute to the realisation of the organisational vision, if given a chance.

Moreover, the prioritisation of health professionals with critical skills and the outsourcing of areas (such as cleaning, security, catering and laundry services inside hospitals) where people with disabilities would have been gainfully employed continue to be a challenge towards the implementation of the equity legislation, for people with disabilities. That is why it was stated (earlier) that people with disabilities are facing an elusive present which is a conclusion drawn from the stated premises.

References

Abibio, E. & Mahlangu, L. (2010). Disability management in the South African Public Service: Redress or tokenism? *Administratio Publica*, Volume 18, No 3, 2010, pp 90-108.

Akor, E.U. (2015). *In quest for ethical and ideal post-colonial African democratic state: The case of Nigeria and South Africa*. Pretoria, Unisa: Unpublished PhD Thesis.

Al Tarawneh, R.K.I. (2016). Attitudes of Jordanians people toward Employment of persons with Disabilities. Open Journal of Social Sciences, Volume 4, pp. 140-157 [http://dx.doi.org/10.4236/jss.2016.49013] accessed on 30/09/2016.

Alexander, D. (2006). How 360 degrees' performance reviews affect employee attitudes, effectiveness and performance. University of Rhode Island: Schimdt Labour Research Centre Seminar Series.

Ali, M., Schur, L. & Blanck, P. (2010). What types of jobs do people with disabilities want? *Journal of Occupational Rehabilitation*, No. 21, p. 199-201.

Ally, M. Bentley, W. Kretzschmar, L. Olivier, D.F. & Van Den Berg, M.E.S. (2010). *Theoretical and applied ethics*. Pretoria, University of South Africa: Study Guide for PLS 37.

Amos, T.L., Ristow, A., Ristow, L. & Pearse, N.J. (2011). *Human Resource Management*. Cape Town: Juta & Company Ltd.

Anderson, R. (2006). Teaching with disability: pedagogies of lived experience. *The Review of Education Pedagogy and cultural studies, 28 (3), 367-379.*

Angeles, L. (2005). *Income inequality and colonialism.* Switzerland: University of Lausanne.

Ballreich, J. (2008). *Articles and personal stories about disability: inclusion, not exclusion*. USA: Juniata College.

Babbie, E, & Mouton, J. (2008). *The practice of social research (8th Ed).* Cape Town: Oxford University Press.

Barkhauser, R.V. (1992). Beyond stereotypes: Public policy and double disability. The *American Enterprise, 3, (5), 60-69.*

Bealey, F. (2000). *The Blackwell Dictionary of Political Science*. USA: Blackwell Publishers.

Bendix, S. (2010). *Labour Relations in Practice: An outcome-based approach.* Cape Town: Juta and Co, Ltd.

Bernard, E., Whitley, J.R. & Kite, M.E. (2006). *The psychology of prejudice and discrimination*. Canada: Thomson Wadsworth.

Berthoud, R., Lakey, J. & McKay, S. (1993). *The economic problems of Disabled People.* London: Policy Studies Institute.

Booysen, L. (2007). Barriers to employment equity implementation and retention of blacks in management in South Africa. *SA Journal of Labour Relations: Vol 31 No 1 2007.*

Bronkhost, M.M. (2004). *Employing employment equity strategies through managing diversity.* Wales University: Unpublished Masters Dissertation.

Brune, J.A. & Wilson, D.J. (2013). Disability and passing: Blurring the Lines of Identity. *Disability Studies Quarterly Journal*

Buchholz, R.A. & Rosenthal, S.B. (1998). *Rethinking Business Ethics: A Pragmatic path beyond principles to process*. Englewood Cliff, New Jersey: Prentice Hall

Buga, H. (2006). *Reflections on disability: perspectives on South Africa, India, and USA*. Cape Town: University of Cape Town. Unpublished Masters Dissertation.

Cameroon, R. (n.d.). *Implementing affirmative action in public services: Comperative Administrative Practice*. Cape Town: Univesity of Cape Town

Canadian Department of Justice. (2000). *Promoting equity: A new vision*. Ottawa: Canada.

Connoly, P., Cox-White, B., Keller, D.R. & Leever, M.G. (2009). *Ethics in action: A Case based approach*. United Kingdom: Blackwell Publishing Co.

Constitutional Rights Foundation. (2007). *Bill of Rights in Action. Fall, Volume 23 (3),* p. 1-5

Cresswell, J.W. (2012). *Qualitative inquiry and research design: Choosing among the five traditions (3rd Ed).* Thousand Oaks, CA: Sage.

Creswell, J. W. (2014). *Research design: International Student Edition* (4th Ed). United Kingdom: SAGE Publications.

Currie, D. (2013). Major causes of disability, shift around the globe: Chronic disease now taking the lead. *Nations Health*, Vol. 43, No. 1, p 1-22.

Dalf, R. L. 2011. *Leadership: International edition (5th Ed)*. USA: South-Western Cengage Learning.

Daniel, R. (2000). Policy guidelines for psychosocial rehabilitation of people with organisational objectives. *Management Today Journal*, Vol. 16 (2) p.1027-4324.

Davis, A. (2004). Commentary: A disabled person's perspective on euthanasia. *Disability Studies Quarterly, Vol. 24, No.3.*

De Feu, J. (2009). *Factors influencing rehabilitation of British soldiers after WWII*. Scotland, the UK: University of Abereeny.

De Vos, A.S., Strydom, H., Fouche, C.B & Delport, C.S.L. (2005). *Research at grass roots for the Social sciences and human service professions (3rd Ed).* Hatfield, Pretoria: Van Schaik Publishers.

DoH, (Department of Health). (2003). *Mental disabilities*. Pretoria: Department of Health.

Duff, D. (2000). *Disability and the Federal Income Tax: A public policy working paper*. Toronto: Williams Research.com, Inc.

Du Plessis, C. (2012). South Africa's new endangered species: white people. *City Press Newspape*r, 12 February, 2012, p.10.

Dupper, O.C., Garbers, C., Landman, A.A., Christianson, M., Basson, A.C. & Strydom, E.M.L. (2012). *Essential employment discrimination law*. Claremont: Juta & Company.

Dweba, T. (2012). *A study of the implementation of employment equity at the eNgcobo local municipality.* Port Elizabeth: Unpublished Masters Dissertation, Nelson Mandela Metropolitan University

Edigheji, O. (2007). *Affirmative action and state capacity in a democratic South Africa*. *Policy: Issues and actors*. Vol, 20, No 4, pp. 1-13

England, K. (2003). *Disabilities, gender and employment: social exclusion, employment equity in Canadian banking*. USA: University of Washington.

Ensor, L. (2013). *State meets huge fines to enhance equity law*. Business Day Live Newspaper.

Erasmus, J.C. & Kotze H.J. (2007). Has religious affiliation changed in the new South Africa? *South African Christian Handbook 2007-2008.* Bloemfontein: Handisa.

Erasmus, B.J.; Loedolff, P.V.Z.; Mda, T.V. & Nel, P.S. (2011). *Managing Training and Development in South Africa (5th Ed).* Cape Town: Oxford University Press.

Erasmus, B. J., Loedolff, P. V. Z., Mda, T. V. & Nel, P. S. (2013). *Managing Training and Development in South Africa (6th Ed).* Cape Town: Oxford University Press.

Esterhuizen, W. (2008). *Organisational justice and employment responses to Employment Equity*. Unisa, Pretoria: An Unpublished M. Admin (Industrial Psychology) Dissertation.

Ficker, M. (2014). Nozick's Entitlement Theory of Justice: A Response to the objection of Arbitrariness. *Aporia,* Volume 24(1), 2014, pp. 52-61.

Finn, D. (1994). The price of independence. *Community Care centre, No. 1021, 16 June, 16-17.*

Fraser-Moleketi, G. (2007). *Handbook on reasonable accommodation for people with disabilities in the public service*. Republic of South Africa, Pretoria: Government Printers.

Fraser, C.R. (2011). John Rawls, Robert Nozick and the Difference Principle: Finding Common Ground. *Enquiries Journal*, Volume 3 (4), p.1

Garner, E. (2012). *Recruitment and selection: Hiring the people you want*. Eic Garner & Ventus Publishing ApS (bookboon.com).

Gathiram, N. (2008). A critical review of the developmental approach to disability in South Africa*. International Journal of Social Work, 2008* No. 17, p 146-155.

Gida, P. & Ortlepp, K. (2007). Employment of people with disabilities: implications for human resource management practices. *Acta Commerii, 2007.*

Giddens, A. (1994). Sociology (2ⁿᵈ Ed). United Kingdom, Polity Press: Blackwell Publishers.

Grobler, P.A., Surette, W., Carrel M.R., Elbert, N.F. & Hatfield, R.D. (2011). *Human Resources Management in South Africa* (4ᵗʰ Ed). USA: Brendan George.

Guerrero, L., Anderson, P. & Afifi, W. (2007). *Close encounters: Communication in Relationships (2ⁿᵈEd).* Sage Publications Inc.

Guthrie, T. & Sait, W. (2001). *Social Security Policy Options for people with disabilities in South Africa: An international and comparative review*. The South African Federal Council on Disability: The Child and Health Policy Institute.

Gxotshiwe, L. (2016). The language of Ableism. Tarka Development Group [www.tarkastad.com/language-ableism/?gclid] accessed on 11 November 2016.

Hans, T. (2016). Backed into a corner but still throwing punches. *Forbes Africa*, Vol. 6, No. 11, pp. 52-53, December/January 2017.

Harkin, T. (2012. *Unfinished business: Making Employment for people with disabilities a national priority*. USA: Committee on Health.

Harrison, D. 2009. *An overview of Health and Health care in South Africa 1994-2010: priorities, progress and prospects for new gains*. A Discussion Document Commissioned by Henry J Kaiser Family Foundation, Mulderdrift, January 24-26, 2010.

Herman, H. (2010). The need for mental health promotion. Australian & New Zealand *Journal of Psychiatry*, 35, 709-715.

Heyns, M.F. (1994). *Applied Ethics Study Guide* – ASP 315, Kwa-Dlangezwa.

Hoffman, P. (2007). *Affirmative action: redressing or creating imbalances*. Institute for Accountability in Southern Africa.

Hotchikiss, J.L. (2003). *Labour market experience of workers with disabilities: The ADA and beyond*. Michigan: W.E. Upjohn Institute for Employment Research.

Human, P. (2001). *Yenza: A blueprint for transformation*. Cape Town: Oxford University Press.

Intellectual Disability Rights Service Commission [IDRSC]. (2009). IDRS Submission to the National Human Rights Consultation: South Wales Parliament.

International Labour Organisation (ILO). (2004*). Code of practice in respect of people with disabilities.* Geneva: ILO.

International Labour Organisation (ILO). (2006). *Employment of People with Disabilities: A Human Rights Approach*. Geneva: ILO.

International Labour Organisation (ILO). (2006). *Employment and employability of people with disabilities through the effective legislation: South Africa Country Profile*. Geneva: ILO.

International Labour Organisation (ILO). (2008). *Employment and Disabled Persons Information Sheet.* Geneva: ILO.

Islam, M.R. (2015*). Rights of people with disabilities and social exclusion in Malaysia*. Journal of Social Science and Humanity, Vol. 5, No.2 February 2015.

Israel, M. (2015). *Research Ethics and Integrity for Social Scientists (2nd Ed).* United Kingdom: SAGE Publications.

Jordan, S.R. & Gray P.W. (2011). *The ethics of public administration: The challenge of global governance*. Waco, Texas: Baylor University Press.

Joseph, G.D. (2006). *An investigation into the impact of Employment Equity within Telkom: Eastern Cape*. Port Elizabeth, NMMU: Unpublished Masters Dissertation.

Kaye, H.S., Jans, L.H. & Jones, C.C. (2011). Why don't employers hire and retain people with disabilities*. Journal of Occupational rehabilitation, (2011), 21: 526-536*

Kemp, N. (2000). Management and strategic planning. Management Today. Vol.16 (2).

Koenane M.L.J. (2011). *Ubuntu values for effective HIV/AIDS prevention in South Africa: Western and African medical perspectives in dialogue*. USA: Lambert Academic Publishing GmbH & Co.

Kotze, H. & Steenkamp, C.L. (2009). *Values and democracy in South Africa: comparing elite and public values*. Johannesburg: Konrad-Adenauer-Stiftung (KAS).

Krahn, G.L., Walker, D.K. & Correa-De-Araujo, R. (2015). Persons with disabilities: An unrecognized helath disparity population. *American Journal of Public Health* Vol 105, No 52, 2015.

Kumar, R. (2005). *Research methodology: a step to the guide for the beginners (2nd Ed).* Carlifornia: SAGE Publications Ltd.

Lekalala, M. (2011). *Crises in public health care in South Africa Talk Show*, dated 1 October 2011, SABC1.

Mabasa, N. (2010). Occupation Specific Dispensation – a hopeless tale. *SAMJ, Vol 100, No 5.*

Macali, L. (2006). Contemporary disability Employment Policy in Australia: How can it best support transitions from welfare to work? *Australian Bulletin of Labour*, 32 (3), pp. 227-239.

Mahlangu, N. J. (2010). *Provincial Address at the Mpumalanga's Premier Disability Achiever Ceremony*, November, 2010.

Maja, P., A., Mann, W.M., Sing, D., Steyn, A. J. & Naidoo, P. (2008). Employing people with disabilities in South Africa. *South African Journal of Occupational Therapy,* Vol 41, No 1.

Majola, B.K. & Dhunpath, R. (2016). The development of disability-related employment policies in the South African public service. *Problems and Perspectives in Management*, Volume 14, issue 1, 2016, pp 150-159.

Manqele, T.G. (2011). *Discussion held on scarcity and affordability of transport in rural areas during the observation period.*

Marc, E. (2015). Robert Nozick's Political philosophy: The Stanford Encyclopaedia of Philosophy", Edward N. Zalta(Ed). [http://plato.stanford.edu/archives/sum2015/entries/nozick-political] accessed on 10 October 2016.

Marumoagae, M.C. (2012) Disability Discrimination and the Right of Disabled Persons to Access the Labour Market. *Potchestroom Electronic Law Journal*: Southern African Legal Information Institute.

Matsebula, Schneider and Watermeyer (2006). *Integrating disability within government: The Office on the Status of Disabled Persons*. Cape Town: Human Sciences Research Council.

May, J. (2000). *Poverty and inequality in South Africa: meeting the challenges*. Cape Town: Phillip Publishers.

Mayende-Sibiya, N. (2009). *Statement on the Second Conference of State parties to the Convention on the Rights of Persons with Disabilities.*

Mbanjwa, X. (2012). *Unskilled staff costing public sector*. City Press Newspaper, 22 January, p.4.

McIntye, J. & Arb, B. (2010). Wheelchairs – A Human Rights issue or a mere mobility device? Personal Reflections of an Occupational Therapist. *South African Journal of Occupational Therapy*, Vol 40, November 2010.

Mekwa, M.S. (2012). *The implementation of Employment Equity in the Public Service with specific reference to the Department of Justice and Constitutional development*. Pretoria, Unisa: Unpublished Masters Dissertation.

Memela, S., Mautjana, B., Nzo, T. & Van Hoof, P. (2008). *The State of Local Governance in South Africa*. Idasa.

Meyer, M., Roodt, G. & Robbins, M. (2011). Human resources risk management: Governing people risks for improved performance. *SA Journal of Human Resource Management*, 9 (1), pp 366-378.

Meyer, M., Roodt, G. & Robbins, M. (2011). Human resources risk management covering people risks for improved performance. *South African Journal of Human Resources Management.* Vol 9, No. 1, pp 1-13.

Mhome, G. & Edigheji, O. (2003). *Government in the new South Africa: The challenges of globalisation*. Lansdowne, Cape Town: UCT Press.

Motumi, N.E. (2006). *The implementation of affirmative action policy in South African Military Health Services (SAHMS) 1995 -2000*. University of Pretoria: Unpublished Masters Dissertation.

Mouton, E. & Babbie, G. (2001). *The practice of social research*. Cape Town: Oxford University Press.

Mtshali, S.M. (2002). *Hosehold livelihood security in rural KwaZulu-Natal, South Africa*. Netherlands, Wageningen University: Unpublished PhD Thesis.

Munyi, C. W. (2012). Past and present perceptions towards disability: a historical perspective. *Disability Studies Journal*, Vol 32, No. 2 (2012).

Murray, B. (2008). Decent work for people with disabilities- International Perspectives: equity Issues Group. Switzerland: IFP/Skills, ILO.

National Office on the Status of Disabled Persons. (2003). *Impact of government policies towards people with disabilities: Disability Inputs Ten-Year Research*. Samaita Consultancy Final Report.

National Planning Commission (n.d.). *Our future- make it work: National Development Plan.* The Presidency, Pretoria: Government Printers.

Nattrass, N. (2004). *The moral economy of HIV/Aids in South Africa.* Cambridge: Cambridge University Press.

Ndebele, S.N. (2012). *A meditation on corruption: Constitutional rule becomes an impediment for the select consecrated leadership of the ANC and their access to power and capital*. City Press Newspaper, January 22, p.22.

Ned, L. & Lorenzo, T. (2016). Enhancing the public sector's capacity for inclusive economic participation of disabled youth in rural areas. *African Journal of Disability*, Volume 5, Issue 1 [http://dx.doi.org/10.4102/ajod.v4i1.189] accessed on 31/10/2016.

Nel, P.S., Warner, A., Poisat, P., Sono, T., Du Plessis, T., & Ngalo, O. (2011). *Human resource management*. Cape Town: Oxford University Press.

Nel, P. S., Werner, A., Poisant, P., Sono, T., Du Plessis, A., Ngalo, O., Van Hoek, L. & Botha, C. (2011). *Human resource management (8thEd).* Cape Town: Oxford University Press.

Nel, P., Werner, A., [Eds] (2014). *Human Resource Management (9th Ed).* Cape Town: Oxford University Press.

Nel, P. S., Kirsten, M, Swanepoel, B.J., Erasmus, B.J. & Poisat, P. (2010). *South African Employment Relations: Theory and Practice (6th Ed*). Harfield, Pretoria: Van Schaik Publishers.

Nemalili, N.P. (2006). *An investigation of unemployment at Tshiheni village: Limpopo Province*. Turfloop Campus, University of Limpopo: Unpublished Masters study.

New Age Newspaper. (2014). *KZN has the highest number of corrupt officials in the country*.

Nkwanyana, N. (2015). IFP calls for stability in KZN Department of Health. *Polity*. [www.polity.org.a/article/ifp-calls-for-stability-in-the-KZN-department-2015-01-09] accessed on 11 December, 2016.

Nwonwu, F. (Ed) (2008). *Millennium Development Goals: achievement and prospects of meeting the targets in Africa*. Pretoria: Africa Institute of South Africa.

Odero, D. (2016). The Bulldozer Crushing Corruption. *Forbes Africa*, Vol.6 No. 11, December/January 2017, pp 20-21.

O'Hagan, M. (2003). *National Plan 2003-2005 Project to counter stigma and discrimination associated with mental illness*. New Zealand: Ministry of Health.

Old Mutual South Africa. (2003). *Employment Equity Plan*. South Africa: Employment Equity Department.

Oosthuizen, R. & Naidoo, T. (2010). Attitudes towards and experience of employment equity: Original Research. *Journal of Industrial Psychology*, 36(1), pp. 1-9.

Orr, L. & Goldman, T. (2001). *Workplace discrimination: early experiences with the EEA Indicator South Africa*, Vol. 18 (3) September 2001.

Palime, B. (n.d.). Characteristics of people with disabilities iin South Africa. *6th Africa Symposium on Statistical Development.* Cairo: Egypt.

Parkin, M., Powell, M. & Mathews, K. (2008). *Economics (7th Ed).* England: Pearson Education Company.

Parliamentary Monitoring Group. (2012). *Public Service recruitment and mainstreaming of disabled persons: Ministerial & Departmental briefings, Disabled People SA comment.* Pretoria: Public Service and Administration, Performance Monitoring and Evaluation.

Parliamentary Monitoring Group. (2013). *Disabled People South Africa on education, employment and accessibility challenges.* Pretoria: Public Service and Administration, Performance Monitoring and Evaluation.

Parliamentary Monitoring Group. (2015). *50% of women and 2% of people with disabilities employment by departments: DPSA monitoring report*. Pretoria: Public Service and Aministration, performance Monitoring and Evaluation.

Pillay, R. (2008). *Managerial competencies of hospital managers in South Africa: a survey of managers in the public and private sectors*. Cape Town: University of the Western Cape.

Pitso, R. & Magubane, K. (2014). *Employment equity interventions and policies have not improved the employment prospects for people with disabilities in South Africa*. Business Day Live.

Pityana, S. (2016). Wake up! The cows are being stolen. *New Agenda: South African Journal of Social and Economic policy*. Third Quarter, Issue 63, 2016, pp. 6-9

Popper, K. (2011). *The open society and its enemies*. London: Routledge & Kegan Paul, Ltd.

Qazi, T.M. (2011). *Karl Marx: The Visionary and the Seer of Social Justice*. [www.countercurrents.org/qazi050511.htm] accessed on 24 September 2016.

Rautenbach, I.M. & Malherbe, E.F.J. (2003). Constitutional Law (4th Ed). Durba: LexisNexis, Butterworths.

Republic of South Africa. (1996). *Constitution of the Republic of South Africa*, Act No. 108 of 1996. Pretoria: Government Printers.

Republic of South Africa. (1997). *South African Schools* Act of 1997. Pretoria: Government Printers.

Republic of South Africa. (1998). *Employment Equity Act*, Act No. 55 of 1998. Pretoria: Government Printers.

Republic of South Africa. (1998). *White Paper – Affirmative action in the public service*. Pretoria: Government printers

Republic of South Africa. (1999). *Public Financial Management Act*, Act No. 1 of 1999. Pretoria: Government Printers.

Republic of South Africa. (2000). *Promotion of Equality and Prevention of Unfair Discrimination Act*, Act No. 4 of 2000. Pretoria: Government Printers.

Republic of South Africa. (2005). *Public Service Commission Reports*. Pretoria: Government Printers.

Republic of South Africa. (2007-2008). *Commission for Employment Equity Annual Report*. Pretoria: Government Printers.

Republic of South Africa. (2007-2008). *Public Service Commission*. Pretoria: Government Printers.

Republic of South Africa. (2008). *Public Service Commission.* Pretoria: Government Printers.

Republic of South Africa. (2008). National Department of Labour. Pretoria: Government Printers.

Republic of South Africa. (2009). *National Department of Labour*. Pretoria: Government Printers.

Republic of South Africa. (2008). *Public Service Commission*. Pretoria: Government Printers.

Republic of South Africa. (2011). *Statistics South Africa*. Pretoria: Government Printers.

Republic of South Africa. (2012). *Department of Performance Monitoring and Evaluation in the Presidency*. Pretoria: Government Printers.

Republic of South Africa. (2012-2013). *Commission for Employment Equity Report*. Pretoria: Government Printers.

Rice, J. & Prince, M. (2000). *Changing politics of Canadian Social Policy*. Toronto: University of Toronto Press.

Robbins, S.P. (2003). *Management (7ᵗʰ Ed).* Upper Saddle River, New Jersey: Prentice Hall.

Roeher Institute. (2002). *Labour Market policy and programmes in Canada for People with Disabilities*. Canada.

Rossouw, D. & Van Vuuren, L. (2010). *Business Ethics (4ᵗʰ Ed).* Cape Town: Oxford University Press.

Seekoe, E., Goon, D.T., Nkuthu, N., Mayeye, B., Tshabalala, S., Mabaso, S. & Jinabhai, N. (2016). Achieving the sustainable development goals: Transforming Public Health Education and Practice. *New Agenda: Journal of Social and Economic Policy*, Issue 63, Third Quarter 2016, pp 43-48.

Sellards, J. (2010). *What exactly is Social Justice*? [www.americanthinker.com/articles/2010/05/what_exactly_is_social_justice.html] accessed on 24 September 2016.

Shaw, R.P. (2004). *New trends in public sector management in health: applications in developing countries*. World Bank.

Sidimba, L. (2012). *Report corruption or face the law*, City Press Newspaper dated 12 February, 2012, p.10.

Sing, D. (2012). Promoting employability of people with disabilities in the South African public service. *Journal of Public Personnel Management, Vol 41 No.1 Spring 2012.*

South African Institute of Race Relations (SAIRR). (2013). *Submission on the Employment Equity Amendment Bill. Employment Equity: stricter rules & bigger fines.*

South African Government News Agency. (*2014). Broader representation of people with disabilities* [http:www.sanews.gov.za/south-africa/broader-representation-people-disabilities]. Accessed on 11/11/2016.

Spector, PE. (2008). *Industrial and Organisational Behaviour (5ᵗʰ Ed).* Wiley: Hoboken, New Jersey.

Standing Committee on Public Accounts [Scopa]. (2015). *KZN Health: a corrupt shamble*, 27 October 2015.

Stolley, G. (2015). *KZN Health Department investigation questioned*. News24. [www.news24.com/SouthAfrica/Nwes/KZN-health-department-investigation-questioned-20150403] accessed on 21 December 2016.

Swain, J. Finkelstein, V. French, S. & Oliver, M. (1994). *The stigma of disability*. London: SAGE Publications.

Swanepoel, B.J. Erasmus, B.J. & Schenk, H.W. (2009). *South African Human Resource Management: Theory and Practice (4ᵗʰ Ed).* Cape Town: Juta & Co. Ltd.

Taylor, B. (2011). *Hire for attitude; training for skill*. The New Yorker: HRB Blog Network.

Tetteh, A. (2006). *Employment challenges facing people with disabilities in Ghana.*

TerreBlanche, M. & Durrheim, K. (2006). *Research methods for social sciences: applied methods for social research (2nd Ed).* Cape Town: UCT Press.

Thomas, A. (2003). Employment Equity Practices at selected companies in South Africa. *South African Journal of Labour Relations*: Spring/Summer 2003, 27:3 & 4.

Thornton, P. & Lunt, N. (1994). *Employment for disabled people: social obligation or individual responsibility?* Australia: European centre for Social Welfare Policy and Research

Tinarelli, S. (2009). *Employer's guide to the employmeny equity: employer's guide to the employment equity.* Hatfield, Pretoria: Van Schaik Publishers.

Toma, M. (2016). Customer Relations Management: A Theoretical Approach. *Economics, Management and Financial Markets Journal*, Volume 11, Issue 1, pp. 86-93.

Tshabalala-Msimang, M. (2009). *National Disability Machinery Launch Indaba*. Kempton Park: Presidency.

United Nations Organisation. (2003). *Global statistics of Persons with Disabilities*. Geneva

United Nations Conventions on the Rights of Persons with Disabilities. (2006). Geneva

Urquhart, C. (2013*). Grounded Theory for Qualitative Research: A Practical Guide*. United Kingdom: SAGE Publications.

Van der Walt, B. J. (1997). *Afrocentric or Eurocentric: Our task in a multicultural South Africa*. Potchefstroom: University of Potchefstroom for Christian Education.

Van Niekerk, L. (2008). *Participation in work: A Human Rights issue for people with disabilities.* Cape Town: Oxford University Press.

Venter, R. & Levy, A. (2009). *Labour Relations in South Africa (3rd Ed).* Cape Town: Oxford University Press Southern Africa.

Venter, R. & Levy, A. (2012). *Labour Relations in South Africa (4th Ed*). Cape Town: Oxford University Press.

Venter, R. & Levy, A. (2014)*. Labour Relations in South Africa (5th Ed).* Cape Town: Oxford University Press.

Vickers, J. 1992. *Women and the world economic crisis*. London: Zed Books Limited.

Vincent, L. (2012). *Puzzles in contemporary political philosophy: An introduction for South African students*. Hatfield, Pretoria: Van Schaik Publishers.

Vos, A. S., Strydom, H., Fouche, C.B. & Delport, C.S.L. (2005). *Research at grassroots: for the social sciences and human service professions (3rd Ed*). Hatfield, Pretoria: Van Schaik Publishers.

Wenar, L. (2013). John Ralws: The Stanford Encyclopedia of Philosophy"(Winter 2013 Edition), Edward N. Zalta (Ed).[http://plato.stanford.edu/archives/win2013/entries/rawls/] accessed on 24 September 2016.

Wilson, S. (2003). *Disability, counselling and psychotherapy: challenges and opportunities*. New York: Palgrave MacMillan.

World Bank (2015). Working for a world free of poverty. www.worldbank.org/en/topic/disability (accessed on 29 March 2015).

World Health Organisation (2011). Disability and Development. Handicap International, July 2012: French Development Agency.

World Health Organisation (WHO). 2013). *Visual impairment and blindness*. Fact Sheet No. 282. Geneva: WHO.

Wrench, J. (2001). *Contrasts and contradictions in employment equity practices in EU countries*. Denmark: University of Southern Denmark.

Xingwana, L. (2014). *Speech by Minister for Women, Children and People with Disabilities during the National Assembly Debate on SONA*. Debate on State of the Nation Address. Cape Town.

Younkins, E. (2000). *Justice in free society*. Wheeling Jesuit University: Liberty Free Press.

QUESTIONNAIRES

UNIVERSITY OF ZULULAND

DEPARTMENT OF INDUSTRIAL PSYCHOLOGY

MASTERS DEGREE RESEARCH PAPER.

Dear Associate,

RESEARCH TOPIC

Evaluation of Employment Equity Act at Uthungulu District hospitals for people with disabilities.

Supervisor   :   Mrs. Nicole Dodd

It has been some time since the government promulgated Employment Equity Act (1998). We would like to obtain information from you as an employee within the public service. Your views will assist in finding out the progress made or barriers that are existing. The survey will also assist to obtain the following:

- Challenges workplaces face during recruitment of people with disabilities
- Barriers to employment equity and advancement of people with disabilities
- Employees perceptions to Affirmative action and Employment Equity Act
- Attitudes of other employees towards people with disabilities

The survey is confidential and your anonymity is guaranteed. Do not write your name on the questionnaire. Feel free to express your views.

Your assistance is kindly requested in the completion of this questionnaire. It should take few minutes of your time. Please return it via e mail if you can on or before the 30th of September 2012. Address is nkoenane@pan.uzulu.ac.za. Alternatively, it will be collected at the end of September 2012 from your place of work.

Thank you for your valuable contribution by completing the questionnaire.

Kind Regards

Nonhlanhla Alice Koenane (Masters Degree student)

AN EVALAUTION OF EMPLOYMENT EQUITY AT UTHUNGULU DISTRICT HOSPITALS FOR PEOPLE WITH DISABILITIES

Researcher: Nonhlanhla Koenane (035 9026427/ 0825917006)

University of Zululand

Industrial Psychology Department

How to Complete This Questionnaire

1. Please answer the questions directly on the electronic document.

2. You can indicate each response by inserting an X in the appropriate block, and where appropriate by typing the appropriate information.

3. Save the document as you go along.

4. Email the completed questionnaire as an attachment to nkoenane@pan.uzulu.ac.za or finish completing the questionnaire at the end of September 2012

Your Personal Information

Click on the appropriate space to mark a particular option with an X

Question 1

Gender	Female	Male

Question 2

Childhood	Urban	Semi-urban	Rural	Moved about

Question 3

Race	Black	Coloured	Indian	White	Another

Question 4

Age	
19 to 29	

30 to 39	
40 to 49	
50 to 59	
60 or older	

Question 5

Years in the public institution	
20 years or more	
10 -19	
4 – 9	
3 or fewer	

Question 6

(Mark only one option with an X)

What position are you holding?	
Telkom Operator	
Admin Clerk	
Nurse	
Pharmacist/ Assistant	
Medical Technologist	
Radiographer	
Other (specify)	

Question 7

What mode of transport do you use to come to work?

Taxi	Bus	Venture	Local Vans	Walk

The mode of transport you selected above, what are the challenges of access to a person with a disability e.g. wheelchair user?

………

………

………………………………………………………………………………

Question 8

For how long do you wait for the transport to and from work?

……

Question 9

If you were to sit next to a person who uses wheelchair, how were you going to assist him or her?

……

……

Question 10

Some organisations have accommodation for staff. Which employees are accommodated at your workplace?

……..

Question 11

Can you please indicate the nature of workforce your hospital is currently having? (Please tick relevant boxes)

Blacks	Coloureds	Indians/Asians	Whites	People with disabilities

Question 12

If you have a colleague with a disability in your workplace, please indicate nature of the disability

Hearing	Visual	Physical	Mental	Not Applicable

In your opinion, what are the barriers the employee you have chosen above experience in accessing the work-place e.g. lifts, Braille, electric doors……

…………………………………………………………………………………………………

Question 13

What is your attitude towards Employment Equity in general?

Extremely positive	Reasonable positive	Reasonable negative	Extremely negative

Can you please explain the reasoning behind your attitude?

…….

…….

Question 14

There has been adequate communication (information sharing/creating awareness) regarding the Employment Equity initiatives at your workplace

Strongly agree	Agree	Disagree	Strongly disagree

Please motivate for the response you chose above

………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

Question 15

The outcomes expected from the implementation of Employment Equity have been:

Specified in detail	Outlined in general terms	Poorly defined	Not defined

Please elaborate why you chose the above response

……
……
………………………………………………………………………………………

Question 16

The employment equity process is sufficiently consultative (i.e. it seeks to obtain opinions/views from employees)

Strongly agree	Agree	Disagree	Strongly disagree

Question 17

The Employment Equity forum or committee exists inside the workplace.

Strongly agree	Agree	Disagree	Strongly disagree

Question 18

Please state the extent to which the Employment Equity initiatives have been communicated to employees.

Great extent	Reasonable extent	Slight extent	Very little/not at all

Please elaborate why you chose the above response

……
……
………………………………………………………………………………………………………

Question 19

In your opinion, to what extent does Employment Equity process promote diversity at your place of work?

Great Extent	Reasonable extent	Slight extent	Very little/not at all

In your opinion, what is workforce diversity?

……
……

Question 20

The Employment Equity initiatives have been assigned a sufficiently high priority.

Strongly agree	Agree	Disagree	Strongly disagree

Please motivate for your response

……
……
…………………………………………………………………………………………………

Question 21

The Employment Equity process is moving fast enough in your workplace.

Strongly agree	Agree	Disagree	Strongly disagree

 Please elaborate why do you chose the above response.

……
……
……………………………………………………………………………………………………

Question 22

In your opinion, to what extent is management sincere/serious about implementation of Employment Equity in your workplace?

Great extent	Reasonable extent	Slight extent	Very little/not at all

Please support the response you chose above.

……
……
…………………………………………………………………………

Question 23

In general, what are your feelings about ability of your workplace to achieve its Employment Equity objectives?

Extremely optimistic	Reasonable optimistic	Reasonable pessimistic	Extremely pessimistic

What makes you to have such feelings?

……
……
………………………………………………….

Question 24

Diversity awareness workshops have been conducted in my workplace.

Strongly agree	Agree	Disagree	Strongly disagree

Question 25

Senior Management has appointed or advertised the position of Employment Equity Manager.

Strongly agree	Agree	Disagree	Strongly disagree

Question 26

In your workplace, Employment Equity is integrated with other strategic objectives of the organization.

Strongly agree	Agree	Disagree	Strongly disagree

What makes you think so? Please explain.

…….

……

Question 27

Your management understands that it is necessary to consult with employees about formulation and implementation of the Employment Equity strategy.

Strongly agree	Agree	Disagree	Strongly disagree

Please explain the response you have chosen above.

………

………

……………………………………………………………………………………

Question 28

Your workplace seems to be employing more people with disabilities.

Strongly agree	Agree	Disagree	Strongly disagree

Please motivate for your response.

………

………

………………………………………………………………………..

Question 29

Changes of the buildings have been made to accommodate people with disabilities.

Strongly agree	Agree	Disagree	Strongly disagree

Question 30

Opportunities for training and development are open to all employees.

Strongly agree	Agree	Disagree	Strongly disagree

Please motivate for your response

………

………

………………………………………………………………………………

Question 31

The Employment Equity initiatives at your workplace place sufficient emphasis on the importance of training and development.

Strongly agree	Agree	Disagree	Strongly disagree

Question 32

In your hospital, are you aware of an employee who is a Sign Language Practitioner?

Yes	No

If your response was yes above, in which department is he/she is placed?

………………………………………………………………………………………………..

Question 33

Recruitment methods do not discriminate people with disabilities.

Strongly agree	Agree	Disagree	Strongly disagree

How do you understand or define discrimination?

……

……………………………………………………………………………………………

Question 34

I feel comfortable/ would feel comfortable reporting to someone who is of different race group.

Strongly agree	Agree	Disagree	Strongly disagree

Question 35

I feel comfortable/ will feel comfortable reporting to someone of a different gender.

Strongly agree	Agree	Disagree	Strongly disagree

Thank you very much for having participated in the survey.

ANNEXURE 2

RESEARCH INTERVIEW QUESTIONS
UNIVERSITY OF ZULULAND

DEPARTMENT OF INDUSTRIAL PSYCHOLOGY

MASTERS DEGREE RESEARCH PAPER

Dear Associate,

RESEARCH TOPIC

Evaluation of Employment Equity Act at Uthungulu District hospitals for people with disabilities.

Supervisor   :   Mrs. Nicole Dodd

PARTICIPANTS'GUIDELINES

Your assistance is kindly requested in the completion of this questionnaire as frankly as possible. The researcher is committed to uphold ethical values and will adhere to the ethical conduct as it applies to academic research projects in higher education institutions in South Africa. Your participation is voluntary and participant's responses will be treated in the strictest confidence, that is, anonymity is guaranteed.

There are no right and wrong answers and your hones opinion is highly appreciated. Please return it via e mail if you can on or before the 30st of November 2012. Address is nkoenane@pan.uzulu.ac.za. Alternatively, it will be collected from your place.

Thank you for your valuable contribution by completing the questionnaire.

Kind Regards

Nonhlanhla Alice Koenane (Masters Degree student)

Personal Information

Click on the appropriate space to mark a particular option with an X

Question 1

Gender	Female	Male

Question 2

Race	Black	Coloured	Indian	White	Another

Question 3

Age	
19 to 29	
30 to 39	
40 to 49	
50 to 59	
60 or older	

Question 4

Years in the public institution	
20 years or more	
10 -19	
4 – 9	
3 or fewer	

Question 5

(Mark only one option with an X)

What position are you holding? Please specify	
Clinical services	
Patient Administration	
Nursing Management	
Primary Health Care	
Top Management	
Nursing College	
Union Representative	

INTERVIEW QUESTIONS

1. To what extent is the hospital Employment equity programme is aligned to the strategic objectives?.. ....

2. What is the impact of Employment Equity in the unit you are heading?... ....

3. What is the current status of the implementation of Employment Equity Act in your hospital?... ....

4. What are the barriers that hinder the full implementation of Employment Equity Act in your hospital?...

....
....
....

5. Can you identify some opportunities that the introduction of Employment Equity has afforded your hospital?...
....
....
....

6. Has complying with Employment Equity Act created some specific difficulties among employees?...
....
....
....

7. The amendment in the Employment Equity Act calls for the appointment of the Employment equity Manager; have you created a post or appointed someone in this hospital?...
....
....
....

8. Does your hospital have the Employment Equity Plan?
....
....

9. Based on the location of district which is mostly rural, how do you ensure that job advertisements reach some people with disabilities?
....
....
....

10. Financial resources are important for the implementation of Employment Equity Act. Does your strategic human resource planning include people with disabilities and their reasonable accommodation?
....
....
....

11. Designated employers are to report to the National Department of Labour the progress made towards implementing Employment Equity annually; has it happened in your hospital?
....
....
....

12. Hospitals have outsorced some services; do you have power to award tenders to companies that prioritise the employment of people with disabilities?

………

………

………

13. What is the level of involvement of trade unions and other employee groupings in driving the Employment Equity process?

………

………

………

14. What modes of communication are used in your hospital to inform employees about Employment Equity?

………

………

………

15. Can you discuss the recruitment practices that your hospital uses to target people with disabilities?

………

………

………

16. Does the selection criterion make provisions for people with disabilities?

………

………

………

17. Headhunting can be used as one of the recruitment strategies. Has your hospital headhunted people with disabilities?

………

………

………

18. Recruitment of people with disabilities adds to the existing diverse workforce. Do you have diversity management strategies that seek to achieve unity in diversity in your hospital?

………

………

……

19. Corruption has been reported to be the greatest concern in the public service. Has your hospital been investigated on corruption related allegations?

………

………

………

20. What are your personal recommendations that can lead to the successful integration of people with disabilities in the workplace?

………

………

………

Thank you very much for having contributed towards completion of this study.