



Remunerative work outside the Public Service

*An Investigation undertaken in the
Gauteng Provincial Health Sector*

Public Service Commission
2004

FOREWORD

In terms of the Constitution, 1996, the Public Service Commission (PSC) is mandated to promote and maintain a high standard of professional ethics throughout the Public Service. Section 196 of the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996), also provides that the PSC is empowered to investigate cases of corruption (e.g. non compliance with the Code of Conduct, etc.) of its own accord or on receipt of a complaint. Furthermore, the rules of the Public Service Commission for lodging complaints, as gazetted on 19 July 2002, stipulate the procedure in respect of which members of the public may lodge complaints regarding maladministration and corruption, the standard of service or improper dealings with regard to public money, behaviour, competency, diligence or attitude of staff, and any form of discrimination.

Combating corruption in the Public Service is, therefore, not only a challenge facing government, but also one of its priorities for promoting good governance and accountability.

The Commission wishes to thank the MEC for Health in Gauteng Province for permitting the Office of the PSC to conduct this investigation into remunerative work outside the Public Service in the health sector within the province. Based on the findings in the report, the PSC appeals to all employees to demonstrate a practical understanding of procedures, directives and instructions contained in the Code of Conduct for the Public Service. Such an understanding is not only possible, but mandatory, if effective service is to be rendered to our citizens.

This report contains findings and recommendations on allegations of mismanagement in respect of remunerative work outside the Public Service.

I thank the officials who assisted with this investigation by providing valuable information and advice, and I trust that the Departments of Health, both at the national and provincial levels, will derive value from the content of this report. As always, I intend to engage with health authorities generally on the issues raised and to ascertain the level of implementation of recommendations made.

PROF. SS SANGWENI

CHAIRPERSON: PUBLIC SERVICE COMMISSION

AN INVESTIGATION INTO REMUNERATIVE WORK UNDERTAKEN OUTSIDE THE
PUBLIC SERVICE (RWOPS) BY NURSES, DOCTORS AND ALLIED HEALTH
PROFESSIONALS

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GLOSSARY

RWOPS	Remunerative Work Outside the Public Service
PSC	Public Service Commission
CEO	Chief Executive Officer
PSR	Public Service Regulations
SMS	Senior Management Service
HPCSA	Health Professions Council of South Africa
SANC	South African Nursing Council
ICU RN	Intensive Care Unit Registered Nurse
ICU NA	Intensive Care Unit Nursing Assistant
SEN	Senior Enrolled Nurse
NA	Nursing Assistant
EAN	Enrolled Assistant Nurse
EN	Enrolled Nurse
HASA	Health Association of South Africa
NASA	Nursing Association of South Africa
ICAC	Independent Commission Against Corruption

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EXECUTIVE SUMMARY

1.1 INTRODUCTION

Section 196 of the Constitution, 1996, provides that the PSC is empowered to investigate cases of corruption of its own accord or on receipt of a complaint. Furthermore, the rules of the Public Service Commission for lodging complaints, as gazetted on 19 July 2002, stipulate the procedure in respect of which members of the public may lodge complaints regarding maladministration and corruption, the standard of service rendered, dishonesty or improper dealings with regard to public money, the behaviour, competency, diligence or attitude of staff, and any form of discrimination. The Commission is also required to promote and maintain a high standard of professional ethics in the Public Service.

This report deals with an investigation conducted by the Public Service Commission into the management of remunerative work outside the Public Service (RWOPS) by nursing personnel, doctors and allied health professionals in Gauteng Province (specifically the Johannesburg General and Pretoria Academic hospitals). The investigation was initiated owing to a complaint submitted by a group of nurses concerning non-compliance with the provisions of the Code of Conduct for the Public Service. In the complaint it was highlighted that -

- 1.1.1 nurses, doctors and allied health professionals perform remunerative work outside the Public Service without prior approval from their management. They abuse sick leave privileges for the purposes of undertaking RWOPS.
- 1.1.2 Some doctors and nurses steal state assets under their jurisdiction or gain access to them by abusing their positions in government and utilizing such assets in their private practices outside the hospital. This issue, however, is not the subject of this investigation.

Acquiring publicly-owned assets by way of illegal transactions and fraud constitutes the most extensive form of this type of corruption.

The methodology followed for gathering data was to conduct interviews with nurses, doctors, allied health professionals, human resources management staff, chief executive officers, hospital health advisory committees, the Health Professions Council of South Africa, the South African Nursing Council and senior managers in the Gauteng Health Department.

1.2 FINDINGS

Following the analysis of the findings, the overall picture that emerged is a highly negative and disturbing one. It clearly shows that the management of remunerative work outside the Public Service is not regularly monitored, that staff is generally negative about hospital management and that staff morale is low. The following problems were identified:

- 1.2.1 It was found that more than 50% of specialist doctors own private clinics. There is a high rate of abusing official time, particularly, employees requesting sick leave with full pay in order to moonlight. Some nurses and doctors submit claims for overtime that they did not perform. Deliberate and continuous absenteeism is perpetrated in order to engage in RWOPS. The problem is so severe that the majority of doctors work only for four hours on average before leaving to consult private patients in their private clinics. When their services are required at the hospital where they are employed, they may be found attending to their patients at the private clinics.
- 1.2.2 A total of 1 312 nurses and 30 doctors in both hospitals applied for RWOPS during the period 2000-2001. Nurses employed in state hospitals are recruited by private agencies to perform RWOPS in other state hospitals during their vacation leave or sick leave (with full pay). At the Pretoria Academic Hospital (state hospital), nurses from the national and provincial state hospitals are often recruited by a private nursing recruitment agency for "moonlight" employment. Such action constitutes a conflict of interest and constitutes corruption.
- 1.2.3 The most serious concerns experienced in each category of staff are, inter alia, the following:
 - (i) Nurses: Poor remuneration; no recognition of additional higher qualifications; no incentives for good performance; a general shortage of staff and poor/outdated equipment.
 - (ii) Doctors: Poor remuneration; no incentives for performance excellence; long shifts; poor/outdated equipment; and a general shortage of staff.
 - (iii) Allied health professionals: Poor remuneration and a general shortage of staff.
 - (iv) Delays by management in processing RWOPS application forms.

- 1.2.4. The Health Professions Council of South Africa, hospital health advisory committees, the South Africa Nursing Council and the Department of Health revealed that nurses, doctors and allied health professionals are among the lowest paid public servants. The minimum salary for a Level 2 Nursing Assistant is R31 695 per annum, with overtime calculated at R20,26 per hour. A Chief Professional Nurse earns R96 792 per annum, with overtime calculated at R49,82 per hour. The minimum annual salary for a Medical Doctor is R115 575, with overtime calculated at R5 122,59 per month, whilst a Chief Specialist receives a minimum salary of R401 406 per annum (SMS package).
- 1.2.5 State equipment, e.g. gastroscopes and otoscopes, is abused, and state hospital medicines are stolen by medical doctors for use in their own private clinics.
- 1.2.6 Employees were reluctant to blow the whistle on corrupt colleagues, since employees were unaware of the Protected Disclosures Act. In addition, RWOPS cases that had been reported were not followed up.
- 1.2.7 It was revealed that employees were not complying with the provisions of the *Public Service Regulations of 1999 (Code of Conduct for the Public Service)*.
- 1.2.8 Senior Management at the Department of Health acknowledged that RWOPS is not properly managed due to defective systems and lack of enforcement.

1.2 RECOMMENDATIONS

- 1.3.1 It is recommended that copies of this report be submitted to the Department of Health and Public Service and Administration so that cognizance can be taken of the problems experienced by nurses, doctors and allied health professionals. Appropriate action can then be taken to contain the exodus of nurses and doctors to foreign countries, such as Saudi Arabia, Britain, Australia and United States of America, in search of better salaries.
- 1.3.2 There is a need to adjust the current salary dispensation in terms of which some doctors could be required to work only five-hour shifts per day (5/8 hours), as opposed to the normal eight-hour shifts that currently apply, and that such doctors be remunerated pro rata for working shorter shifts. A requirement could be that a maximum of only 50% of the posts be converted to 5/8-hour posts, depending on the workload or type of service required.
- 1.3.3 The National Department of Health should ensure that nurses, doctors and allied health professionals (who are on fully paid leave such as annual leave, sick leave etc.) and are recruited by private agencies for the purpose of moonlighting, are not (re) employed on a full-time basis for paid services in state hospitals.
- 1.3.4 An electronic clocking system should be implemented by managers to curtail the unauthorized movement of officials who perform overtime duty. Such a system may serve several purposes, e.g. to control absenteeism and unauthorized leave, as well as to ensure that officials are remunerated for actual hours worked.
- 1.3.5 There is a need to improve the RWOPS policy according to international best practice, e.g. create measures that will address the conflict of interests, changing circumstances, the utilisation of paid and unpaid leave, as well as unpaid voluntary work.
- 1.3.6 Quarterly printouts of sick leave records captured on PERSAL should be made available to line managers so that the trends for each employee can be ascertained as regards the following:
- (i) The day of the week on which sick leave commences.
 - (ii) The duration of sick leave taken
 - (iii) The number of sick leave days utilized
 - (iv) Sick leave taken preceding and subsequent to public holidays
 - (v) The total salary cost of sick leave
 - (vi) The nature of illnesses

1.3.7 In order to improve the delays in processing RWOPS application forms, the following recommendations are made:

- (i) All the application forms for RWOPS should be filed as hardcopy, as well as electronically filed on MS Excel.
- (ii) A Human Resource component should be assigned the aforementioned task, and weekly reports should be submitted to the Chief Executive Officer.
- (iii) Annual audits of RWOPS applications should be conducted by means of, among others, comparing the records kept by HR components with the corresponding records kept by doctors or nursing personnel.
- (iv) Applications should be processed timeously.

2. TERMS OF REFERENCE FOR THIS STUDY

2.1 Introduction

In November 2002 the Public Service Commission initiated an investigation (in two major hospitals in Gauteng Province, namely, the Johannesburg General and Pretoria Academic hospitals) into certain aspects relating to performing remunerative work outside the Public Service (moonlighting), particularly the conduct of nurses, doctors and allied health professionals.

The main focus of the investigation was on *good governance and leadership; reasons for performing remunerative work outside the public service; conditions of service; and disciplinary action taken during the period 2000-2002. These examples will be used to highlight actual or potential weaknesses in the systems in order to identify and recommend necessary changes.*

The investigation revealed that a number of nurses, doctors and allied health professionals are engaged in corrupt conduct as regards performing remunerative work outside the public service. This conduct has severely impacted upon service delivery in the hospitals.

The investigation was prompted by complaints received from nurses, who complained that other nursing personnel, doctors and allied health professionals were performing remunerative work outside the Public Service. The same complaint was heard during the Code of Conduct workshops held in Gauteng Province with senior professional nurses who ascribed the non-delivery of services to the outside employment of staff while in the employ of the Public Service. They viewed such action as highly unprofessional.

Traditionally the nursing profession was characterized by dedication and a high degree of caring. The same principles are enshrined in the Constitution of the Republic of South Africa.

In terms of Section C.5.5 of the *Public Service Regulations (Code of Conduct)*, an employee may not, without approval, undertake remunerative work outside her or his official duties or use the equipment from his or her official place of employment for such work.

This survey aims to identify the reasons that nurses, doctors and allied health professionals moonlight and to recommend the corrective and preventative measures that can be taken. It also intends to contribute meaningfully to the debate pertaining to the issues that surround moonlighting in the South African Public Service and that will have to be confronted over the next few years.

The aim is also to establish the impact that moonlighting has had on the functioning of the Public Service to date. The results of the investigation will be submitted to the National

Assembly and the Gauteng Legislature, providing an overview of moonlighting activities, its characteristics and its problems.

It is imperative to conduct an investigation concerning the allegations that nurses and related health employees perform remunerative work outside their employment. Media reports that describe the conditions in South Africa's state hospitals as "appalling and shocking" due to, inter alia, moonlighting activities, absence from duty, etc, are an almost daily occurrence. This practice affects service delivery in the Public Service and results in deficiencies in the operational structure of these institutions. Service delivery should be provided economically and efficiently in order to afford citizens the best possible value for their money.

2.2 Project objectives

The objectives of the investigation project are to -

- assess the level of compliance with the Code of Conduct for the Public Service, with specific reference to remunerative work outside the Public Service;
- identify the key ethical issues and problems related to the performance of duties (e.g. the abuse of sick leave by nurses when performing moonlighting activities);
- determine the nature general working conditions in the hospitals and the possible effect thereof on personnel/officials;
- describe in detail the of the work ethics culture in hospitals by identifying salient attitudes, beliefs and values that employees uphold, as well as the extent to which these affect service delivery to patients or the performance of staff; and
- submit recommendations to the National Assembly and the Gauteng Legislature on possible solutions to problems investigated.

2.3 Research methodology

Three questionnaires were designed for the purpose of gathering information. The chief executive officers from the two major hospitals completed the questionnaire on good governance and leadership as regards the overall management of the hospitals (Annexure 2, section A).

The Human Resources Management Division completed the second questionnaire (Annexure 2, section B) in order to obtain statistics on the nurses, doctors and allied health professionals who had been charged with misconduct regarding non-compliance with the regulations on performing remunerative work outside the Public Service. The last questionnaire on the reasons for performing remunerative work outside the Public Service (Annexure 2, section C) was completed by conducting focus-group interviews with nurses, doctors and allied health professionals.

In addition, the good governance and leadership questionnaires were administered by conducting interviews with hospital health advisory committees, the Health Professions Council of South Africa and the South African Nursing Council and senior managers in Gauteng Health Department.

2.4 Mandate

The Public Service Commission derives its mandate to conduct investigations into allegations of corruption in terms of section 196 of the Constitution of the Republic of South Africa, 1996. This section provides that the Public Service Commission is empowered to investigate cases of corruption of its own accord or upon receipt of a complaint. Section 195 sets out, amongst others, the following values and principles that govern public administration and that must be promoted by the Commission:

- A high standard of *professional ethics* must be promoted and maintained.
- The efficient, economic and effective utilisation of resources must be promoted.
- Public administration must be development-oriented.
- Services must be provided impartially, equitably and without bias.
- People's needs must be responded to, and the public must be encouraged to participate in policy-making.
- Public Administration must be accountable.
- Transparency must be fostered by providing the public with timely, accessible and accurate information.
- A high standard of human resources management and career-development practices, to maximise human potential, must be cultivated.
- Public administration must be broadly representative of the South African population, and employment and personnel management practices must be based on ability, objectivity, fairness and the need to redress the imbalances of the past.

In terms of section 196(4) of the Constitution, the main functions and powers of the Commission are, inter alia, to -

- promote the values and principles of the Public Administration, as set out in section 195 of the Constitution; and
- investigate, monitor and evaluate the organization, administration and personnel practices of the Public Service. In particular, the values and principles set out in section 195, as well as public service procedures, must be adhered to.

2.5 Terms of reference

The inquiry was confined to the following terms of reference:

- to monitor and evaluate the effective management of remunerative work outside the Public Service. This monitoring and evaluation exercise involved gathering information on the cases of misconduct already identified by the Department of Health.
- to monitor the abuse of state assets/equipment by doctors and nurses to the benefit of their own private practice outside the hospital;
- to conduct interviews with officials involved in the management of remunerative work outside the Public Service; and
- to evaluate the information obtained from the questionnaires.

Furthermore, the investigation was limited to all cases of misconduct that occurred from 2000 to 2003 and that had been brought to the Department's attention. It is, therefore, important to note that the inquiry was conducted according to the frameworks applicable during this period, viz. the *Public Service Regulations, 1999, Guidelines on Remunerative Work Outside the Public Service and the Code of Conduct for the Public Service*.

2.6 Consultations

Prior to the commencement of the inquiry, a number of meetings and discussions were held with various role-players in order to familiarize them with the team responsible for the Commission's inquiry. It was also the intention to obtain base-line information already collated by the investigative team and to obtain a clear understanding of the RWOPS systems.

In a letter dated 26 November 2002 the MEC for Health in Gauteng Province was informed of the inquiry and of the terms of reference applicable to the investigation.

2.7 Obstacles encountered during the inquiry

Some doctors and nurses who were requested to provide or clarify information during interviews and focus group meetings-

- were hesitant to co-operate (in some cases, fear of victimization or reprisal was cited as the reason); and
- occasionally they contradicted one another, making it difficult to decide which information was correct or which information was being withheld.

3. INTERNATIONAL RWOPS BEST PRACTICE

3.1. Introduction

In this section the critical elements and principles for managing remunerative work outside the Public Service is discussed. Best practice information was drawn largely from information gathered from the Australian context.

In terms of Australian RWOPS Best Practice, public servants are able to perform work outside the public service, provided that such work does not conflict or interfere with the performance of their official duties. Public servants must first obtain permission from their Secretary-General if they wish to engage in outside employment. Outside employment includes paid work, such as tutoring or driving a taxi, running a business and other remunerative activities, such as holding a directorship or working as a tax agent. Unpaid voluntary work is also included.

3.2. General principles

Public servants should not seek to engage in outside employment if such employment -

- would indeed conflict with their official duties or would create the perception that such work conflicts with their official duties; or
- is likely to affect their efficiency in the performance of their official duties.

Outside employment is to be performed wholly in a public servant's private time.

When considering applications for permission to engage in outside employment, departments will need to strike a proper balance between the interests of the State as an employer and the rights of public servants to lead their private lives free of unnecessary restrictions. Public servants may not accept outside payment for activities that are regarded as part of their normal duties.

3.3 Conflict of interests issues

When considering whether a conflict of interest may exist, or appear to exist, particularly in relation to directorships, public servants should consider whether:

- a company has entered into, or is in the process of entering into, a contractual relationship with the government or its authorities;
- a company receives government assistance;
- the company's primary purpose is to lobby ministers, members of Parliament, government departments and authorities on matters related to the public servant's official duties;
- a public servant's department or agency has a regulatory relationship with the company; and whether granting approval could give a rival business, including a government business enterprise, reasonable grounds for perceiving that a conflict of interest does indeed exist.

3.4 Applying for permission to engage in outside employment

When applying for permission to engage in outside employment, public servants should provide the following information:

- Details of the proposed outside employment, including the proposed hours of employment, together with the applicant's opinion as to whether the outside employment -
 - will adversely affect his or her efficiency and effectiveness in the performance of his or her official duties;
 - is likely to cause any conflict or difficulties concerning departmental overtime requirements, 'on call' duties, rostered shifts, etc.;
 - is relevant as regards confidential, proprietary or particular information to which such a public servant has access by virtue of his or her employment by the State and which the public or another company may reasonably regard as a conflict of interest.

3.5 Changes In circumstances

The Director-General may decide to grant approval conditional upon the satisfactory performance of official duties. When a department considers that a conflict of interest has arisen subsequently or that the performance of official duties is being adversely affected, for example as a result of a public servant's fatigue or of his or her limited availability, such approval may be withdrawn. In such cases the matter would normally be discussed with the public servant concerned, before any action would be taken to withdraw approval.

Public servants should inform their department of any material change in the nature or circumstances of approved outside employment, or of any changes concerning their official duties that could conflict with their outside employment.

Public servants should not engage in outside employment on the assumption that permission will be granted for such outside employment. Public servants should obtain permission prior to engaging in outside employment – not afterwards.

3.6 The utilisation of paid and unpaid leave

A public servant who wishes to engage in outside employment while on long service leave or while taking unpaid leave should state this in his or her application for leave, as well as seek approval for such as outside employment by providing the information outlined above. Public servants who intend to engage in outside employment while on recreational leave must obtain approval to do so.

3.7 Unpaid voluntary work

As noted above, the requirement to obtain the approval of the Director-General of a department also extends to employment that is unpaid and voluntary. As a general rule, however, management will not interfere with staff who participate in voluntary and unpaid outside activities, unless a conflict of interest clearly exists or if their own work suffers as a result of such outside work. When a conflict of interests arises between such employment and official duties, public servants have, in any event, an obligation to notify their supervisors.

4. POLICY GUIDELINES ON REMUNERATIVE WORK OUTSIDE THE PUBLIC SERVICE

4.1 Introduction

The Department of Health in Gauteng Province developed guidelines on Remunerative Work Outside the Public Service to prevent malpractices or corruption, which could seriously damage the quality of services offered by public health institutions. Despite the existence of such guidelines, it has been revealed that the current RWOPS guidelines are not effective for the intended purpose and spirit of improving service delivery in hospitals. This lack of effectiveness can also be ascribed to a lack of monitoring and management of the guidelines.

While these guidelines concentrate on procedures, they should contain a set of fundamental principles and values as enshrined in the Constitution. The guidelines should reflect concerns about ethical issues and they should encourage employees to report any suspected violations.

The national guidelines for RWOPS indicated below do not reflect a conflict of interest, financial disclosure and whistleblowing mechanism. In order to promote a high standard of professional ethics, serious consideration needs to be given to the values and principles outlined in the Code of Conduct for the Public Service.

The summarized guidelines on Remunerative Work Outside the Public Service are the following:

- All provincial employees may apply to do remunerative work outside the Public Service (RWOPS).
- Only legal and fair administrative criteria will be taken into account when deciding whether to grant or refuse permission to perform RWOPS.
- Permission to perform RWOPS must be applied for in advance, and RWOPS may be performed only once approval has been obtained.
- Details of the kind of employment that an employee proposes to participate in must be provided on the prescribed application form.
- RWOPS shall in no way interfere with an employee's duties for the province in terms of either time or content.
 - Permission to perform RWOPS will be considered only if the proposed employment takes place entirely outside an individual's official hours of employment for the State/a province.

- The proposed employment must in no way result in a conflict of interest between the province and such employment.
- The employer/province has the prerogative to decide when an employee is required for duty, based on service requirements, on a contract and/or on the law relevant to the public sector. Thus an individual is employed to render a service as required by the province and the institution concerned, and may not redefine his/her working hours to satisfy his/her wish to perform RWOPS.
- The core hours required for the occupational class of medical practitioner, (as distinct from overtime) including all ranks and specialties, are between 07:00/08:00 and 16:30/15:30, from Mondays to Fridays. These core hours reflect the pattern of practice in most disciplines, and coincide with the time when all the support staff and other resources required for efficient patient care are in place and functioning at an optimal level. The core attendance hours refers to service and academic activities. Core hours in individual departments/units may be slightly restructured to accommodate service requirements, staffing levels and academic timetable.
- Certain sections, such as casualty, may require a different work pattern, but the above constitutes core hours or attendance for full time medical practitioners, and is determined by current practice, service requirements and/or a separate overtime system.
- Doctors will need to demonstrate that their team members are capable of caring for their patients when they are on duty in the public sector. Such proof will ensure that both the public sector patients treated during core hours, as well as private patients treated in terms of RWOPS, will receive optimum care, without being compromised.
- Overtime/after hours duties are governed by the Policy on Commuted Overtime.
- RWOPS may not be performed while utilizing state health facilities. Exceptions will be made only in special circumstances and will be based on factors that do not impact negatively on the overall provincial health care goals and service delivery to the poor. The province retains the right to define the circumstances under which exceptions would apply.
- Should an individual who is employed by the province wish to perform RWOPS during the time that he/she has been contracted to work for the State, the following would apply:

- (a) Permission may be refused, or

- (b) an employee may apply to be employed for fewer hours per week or month. Such an arrangement will enable the RWOPS, if approved, to be performed outside the hours for which he/she was contracted, e.g. on a five-eighths or on a sectional appointment basis.
- Option 15b of the guideline is applicable if the health institution at which an individual is employed agrees to the request for a change in the nature of the individual's appointment, based on service requirements.
 - Option 15b of the guideline provides for additional flexibility. It offers the individual an opportunity to work the hours for which they have been contracted in terms of service requirements, to maintain relations with a university (joint appointments), and to generate additional income during the time they are not contacted to the province. This option is considered both fair and reasonable. While providing the flexibility that is customary in other large organizations, it will prevent the re-occurrence of some of the problems encountered in limited private practice.
 - Should a full-time employee who does *not* have permission to perform RWOPS indeed perform such work, it would constitute a breach of his/her terms of employment, even if such work is performed outside normal working hours.
 - An employee who absents himself/herself from their place of employment during working hours to perform RWOPS will be guilty of fraud and will be dealt with accordingly.
 - Permission for RWOPS may be granted for a 12-month period. Approval must be obtained or reapplied for after the approved period has expired.
 - Compliance will be monitored monthly and non-compliance may result in withdrawal of the permission for RWOPS prior to the expiry of a 12-month period (a monitoring form must be completed monthly by each area supervisor).
 - In addition to the (possible) withdrawal of permission, the normal and established progressive disciplinary procedures will apply.
 - All completed application forms should be submitted by the third Monday of each month.
 - Applications will be considered by a central RWOPS committee in the last week of each month.

- The Superintendent-General or his designate will grant approval for RWOPS.
- Both an individual's supervisor and institutional manager must recommend the application and must agree to monitor compliance with core hours before an application will be considered by the Central RWOPS Committee.
- Each manager will be responsible for submitting monthly reports on all staff members who perform RWOPS. These reports will be monitored by the Gauteng Health Department.

Managers and supervisors should become familiar with these guidelines and will be responsible for the regular, firm and fair implementation of the RWOPS policy and practice. In the case of medical practitioners it is the responsibility of the clinical HOD to sign and submit reports, after he/she has confirmed the information therein.

5. GOOD GOVERNANCE AND LEADERSHIP STYLE

5.1 Introduction

The first aspect that was assessed was the good governance and leadership style of the organization and the way in which it functioned.

The term “governance” refers to the responsibilities and actions of the senior managers of an organization. “Leadership” refers to the direction and guidance given by an organisation’s management in achieving a common goal. To a larger extent the quality of governance and leadership depends on the involvement of the management of an organization, its staff and how decisions are taken, communicated and implemented. Therefore, good governance and leadership are divided into three parts, namely leadership style, organizational culture and values, and the decision- making process.

Fourteen questions were designed. Only the chief executive officers and senior managers were expected to complete this questionnaire. The questionnaires were distributed in two major hospitals (the Johannesburg General Hospital and the Pretoria Academic Hospital). The results from these questionnaires were captured electronically and analyzed.

5.2 Organisational culture and values

The key values that should underpin the existence and operation of a hospital are, inter alia, the following: caring, support, professional excellence, loyalty, discipline, equity, integrity, non-discrimination and transparency.

The vision and mission statement of the Pretoria Academic Hospital is the following:

Vision

We of the Pretoria Academic Hospital, one in spirit, have the commitment and vision of a bird in flight. We serve our community with dedication and vigour, ensuring service of unsurpassed excellence.

Mission Statement

To provide the highest quality of health services to all categories of patients, as well as to support research and the training of health professionals.

The image that the Pretoria Academic Hospital wishes to project pertains to -

- rendering a caring, compassionate and professional service;
- a clean and well maintained, secure therapeutic environment;

- minimized and optimized waiting times;
- a hospital accepted by the community as a “people’s” hospital that is sensitive to the needs of the community;
- a centre of comprehensive quality services, strong leadership and academic excellence; and
- committed to hard work, innovative ideas and team spirit.

The Johannesburg General Hospital has the following strategic goals and objectives:

Strategic goals

The strategic goals are to -

- improve the health of the people of the Witwatersrand Region;
- provide better health care services; and to
- secure better value for money and effective organization.

Strategic objectives

The strategic objectives are to -

- improve the quality and access for tertiary patients in Gauteng and to render highly specialized services to the country;
- improve the utilisation of resources during service rendering;
- review and implement appropriate general management structures and systems;
- review and strengthen clinical management systems and structures;
- introduce clinical governance and clinical audit systems in all departments;
- improve both clinical and management accountability throughout the institution;
- reduce the misuse, abuse and theft of financial and other resources;
- implement 60 differentiated amenities beds for private patients;
- explore further areas of public private interaction;
- implement appropriate monitoring mechanisms throughout the institution; and to
- improve internal and external communication.

The Johannesburg General Hospital is committed to improving efficiency, reducing theft and wastage, the better utilisation of resources and to increasing revenue. The main goal is to increase funding for personnel to align it with an acceptable norm. An increase in personnel expenditure of at least 7,5% of the 2002-2003 budgetary allocation is required and the assurance that personnel will obtain vital equipment requirements, e.g. digital diagnostic equipment and monitors. All other increases will be achieved through revenue generation, improved efficiencies and reduced theft.

It was indicated that the visions of these hospitals will be realized by developing a shared vision, team work and by continued action and reflection.

According to the senior managers at both hospitals, all the employees have received the *Code of Conduct for the Public Service*. They are familiar with all the provisions of this code. With regard to RWOPS, employees were informed by means of the departmental RWOPS Circular No. 61 of 1999 and personnel Circular Minute No. 3 of 2003. The management argued that RWOPS may be performed (strictly after hours) provided that the normal functioning of the hospital is not affected. Staff members are expected to complete RWOPS application forms before engaging in remunerative work outside the Public Service. Applications may be approved or refused on the basis of the nature of the work.

This investigation found that ,although all the employees have received the *Code of Conduct for the Public Service*, there is a need to conduct ethics training and to investigate actual ethical and unethical practices in the organisation. The *Code of Conduct* must be utilised as a true agent of change. Codes of conduct are useful and training programmes need to be highly participatory during which hypothetical situations are discussed and some role-playing possibly takes place. Mere lectures or handouts are ineffectual by themselves.

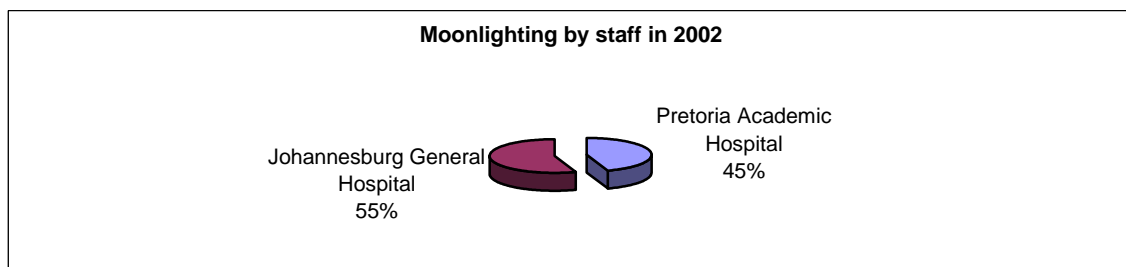
5.3 Leadership style

The chief executive officers emphasized the Government's commitment to improve the quality of care provided in the health sector as a key challenge for the next five years. The Department highlighted the following as critical: the role of health-service users while ensuring that their needs are met, and that the quality of care is of an acceptable standard. The CEOs asserted that health-care providers also have an important role to play in improving the quality of care in the public health sector.

The department holds weekly meetings to provide leadership, direction and to provide a platform for research and training of professionals. Training, such as management courses, computer literacy, job-specific training, seminars and conferences, is conducted at the hospitals.

Although there are few disciplinary cases concerning staff involved in moonlighting, reported misconduct cases are dealt with immediately. Records of the offenses related to remunerative work outside the Public Service are kept in a register. It was revealed that at Pretoria Academic Hospital more than 322 employees had been involved in moonlighting during 2003, whilst at the Johannesburg General Hospital more than 400 employees were involved in moonlighting (see Table 1).

TABLE 1



One of the most important determinants of the incidence of unethical decision making is the behaviour of managers. In other words, employees are more likely to follow the example of their managers than to adhere to ethical behaviour policies. If an organization's management is perceived by its employees to preach one thing and do another, its employees will soon become disillusioned.

Management can foster the ethical development of their organizations through leading by example. Particular strategies that can be adopted in order to manage RWOPS include -

- informing employees of instances in which management refused to approve certain RWOPS applications;
- taking steps to actively reward employees' ethical behaviour; and
- directly communicating with employees about management's position on the approval of RWOPS applications.

5.4 Decision-making

The hospital management claims that there is strong individual participation and consultation in decision-making and problem-solving. The hospital management takes suggestions from the lower echelons seriously. Top management is transparent as regards its employees. Whenever there is a problem, immediate supervisors report the matter to the Chief Executive Officer for a decision, after which the Head Office may be contacted, if necessary. Decisions are communicated orally and in writing to those who are affected.

It is accepted by hospital management that a more participative and flexible management style, which allows for more open expression and participation, will improve group cohesion and work satisfaction amongst the employees. Citizens' needs and changing demands require a paradigm shift in the manner in which services are rendered - hence the government's commitment to transformation.

6. OUTSIDE EMPLOYMENT WHILE WORKING IN THE PUBLIC SERVICE

6.1. Introduction

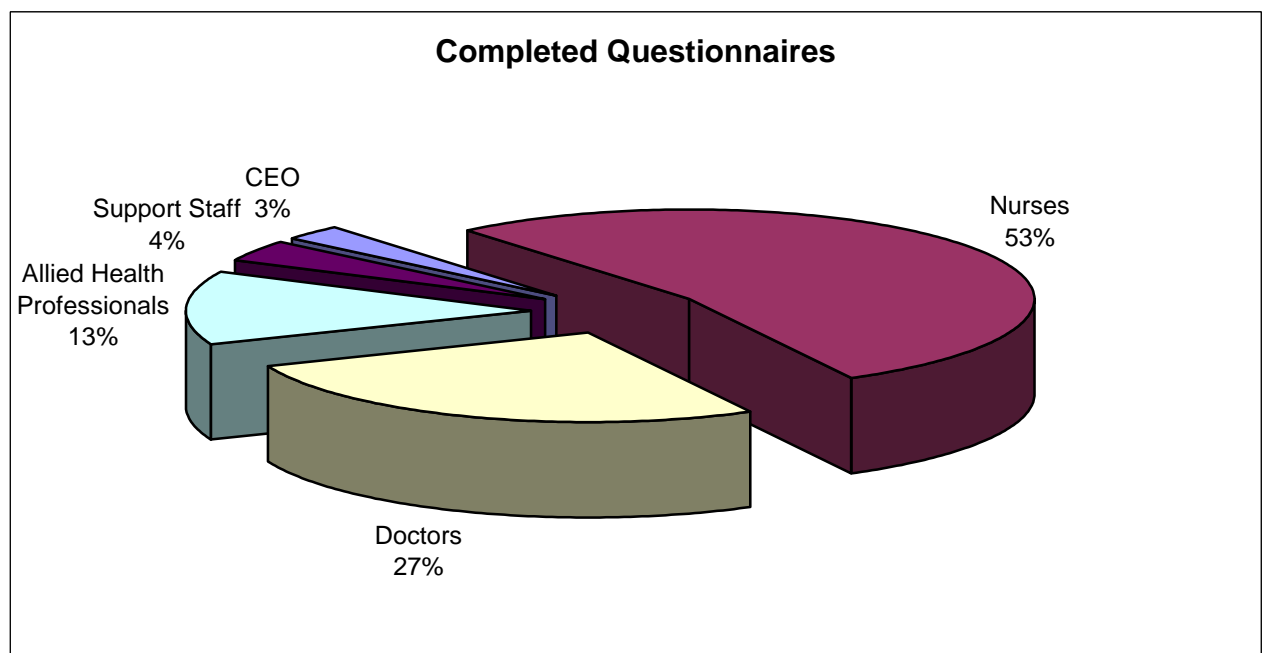
The second aspect that was assessed is the management of outside employment while employed in the Public Service. The questionnaire verifies existing legislation to regulate outside employment by officials employed in the Public Service. This evaluation deals with the basic issue of how the hospitals authorize outside employment in respect of the following occupational groups: nurses, doctors and allied health professional.

The questionnaire examines the following:

1. The reasons for and/or the causes of moonlighting activities in the health professions.
2. How moonlighting affects the performance of duties and professional conduct.
3. Whether any conflict of interest has been identified and what types of ethical issues are experienced during the performance of moonlighting duties, and whether there is any negligence concerning patient care.

It is important to note that a total of 40 nurses, 20 doctors, 10 allied health professionals and three support staff completed the questionnaires (see Table 2). In addition, focus-group interviews were conducted with nursing assistants, staff nurses and professional nurses and doctors. The main purpose of the focus- group interviews was to gather primary information that would reveal ethical problems in the organization.

TABLE 2



6.2. Authorization

Respondents were asked if they were familiar with the procedures and steps or directives to be adhered to when applying for outside employment. The majority of the respondents indicated that almost all the various categories of nurses, doctors and allied health professional are familiar with the procedures or directives to be adhered to when applying for remunerative work outside the Public Service. It was revealed that approval has to be granted by Senior managers prior to accepting remunerative work outside the Public Service, and that it should not interfere with their allocated duties in terms of either time or content. No conflict of interest should exist between their outside employment and their official duties

Respondents were also instructed not to use state property or equipment for personal gain. All outside work must take place outside of their official hours of duty or while employees are on authorized leave. Leave without pay is generally not granted for the purposes of private employment. However, nurses and doctors undertook remunerated outside employment during their days off or while on approved leave. The guidelines for remunerated outside employment stipulate that employees shall not engage in outside employment, including seeking or negotiating for employment, that conflicts with their official duties and responsibilities in the Public Service.

The Pretoria Academic Hospital has a total of 3 527 employees. There is a total of 1 275 nursing posts in the establishment. At least 675 nursing posts are vacant. It was reported that more than 500 vacant posts are not funded. These statistics and the shortage of nurses in the hospital is a cause for serious concern to service delivery if, under these circumstances, nurses disappear from the hospital to perform remunerative work outside the Public Service. The ethical and moral conflicts that arise are difficult to resolve and create a dilemma for the medical professions, hospitals, patients and their families.

During 2000 and 2001 up to 612 nurses, 10 doctors and allied health professionals in the Pretoria Academic Hospital applied officially for outside employment. Only twenty applications were rejected owing to the workload. In 2002 only 322 nurses, doctors and allied health professionals applied for employment outside the Public Service. Fifteen applications were refused owing to the workload or to service requirements.

The majority of respondents perceived that their organization, the Pretoria Academic Hospital, has not deviated from its emphasis on ethical employment practices in the past five years. According to the respondents, this could be ascribed to the fact that the ethical standards have always been high, and that the hospital -

- is governed by strict rules and guidelines;
- has accountability bodies monitoring them;
- is seriously committed to the competence and integrity of the institution;
- recognizes and encourages individual and unit competence and rewards exceptional performance.

- promotes devolved decision-making, responsibility and accountability up to operational level;
- Employs a participative management style that empowers staff and patients; and
- positions the institution in its rightful place within the region, the province, nationally and internationally by forging strong partnerships.

The Johannesburg General Hospital has a total of 1 435 nursing posts and 481 doctor posts. It was reported that 700 nurses and 20 doctors in the Johannesburg General Hospital applied officially for outside employment in 2000-2001. No applications were turned down.

On the basis of the above statistics, it is necessary for management to manage the release of nurses and doctors to perform RWOPS in order to avoid staff shortages. However, the challenge for all the hospitals is to meet the community's expectations and to ensure that a high standard of service continues to be rendered.

The performance of remunerative work outside the Public Service is ethically more tolerable where nurses are involved, because they work shifts. For instance, they have more time away from the workplace, since after five to seven nights of duty, they may have the following week officially off duty. However, the problem is that they may engage in unauthorized RWOPS on the days in which they do night duty, which results in exhaustion/negligence and hence poor concentration while at work.

On the other hand, doctors and allied health professionals (unless they hold 3/8 or 5/8 posts) are fully employed as public servants (seven to eight working days) and are paid for overtime as and when required. In this case no RWOPS should be approved to take place during weekdays. If this is the case, state resources are being abused.

If these factors are noted, authorities would be able to formulate better control mechanisms, in addition to clocking in times for duties.

Common justifications for performing RWOPS include -

- "everybody else does it";
- public officials are poorly paid, so they deserve an extra reward; and
- employees are exposed to training opportunities.

These arguments ignore the ethics of public duty. All public servants have a duty to ensure that government business is conducted with impartiality and integrity.

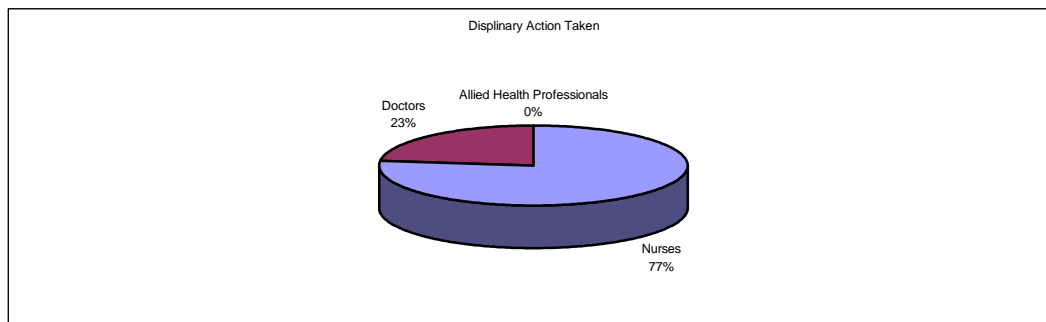
6.3 Disciplinary action

In the year 2002, only 77% of nurses in both hospitals (Pretoria Academic Hospital and Johannesburg General Hospital) were charged with misconduct for contravening the *Code of Conduct for Public Service* by performing remunerative work outside the Public Service without permission from their supervisors or heads of department. For instance, a nurse from the Pretoria Academic Hospital was reported to have stolen state equipment (an otoscope) and to have delivered it to a doctor who used the otoscope for his own private practice outside the hospital. A hearing was conducted on the matter, and both officials were found guilty and served written final warnings.

Twenty-three per cent of doctors from the Pretoria Academic Hospital were charged with misconduct for contravening RWOPS regulations. For instance, a doctor at the Pretoria Academic Hospital was caught by a security officer stealing medicine in the dispensary. This case is still under investigation. There were also 10 pending cases of alleged remunerative work performance outside the Public Service at the Pretoria Academic Hospital. These officials were charged because state equipment was involved.

The Johannesburg Hospital indicated that they have witnessed state equipment being used by some nurses and doctors during moonlighting activities. Such equipment included gastroscopes and otoscopes.

TABLE 3



6.4 Knowledge of the Public Service Regulations

A total of 51 officials indicated that they were fairly acquainted with the *Code of Conduct*, while seven staff officials stated that they were unaware of it. The reasons for this lack of awareness were, inter alia, a lack of orientation courses and communication with hospital staff. Despite the provisions of the *Code of Conduct*, staff "see how far they can go" while performing their daily duties. Codes of conduct and other prescriptive documents are being circumvented instead of being utilised as benchmarks for ethical conduct.

The response to the method used to inform officials of the *Code of Conduct* varied. The channels of communication preferred by employees were mainly through the dissemination of

copies of the *Code of Conduct* to all the officials and through translation of the *Code of Conduct* into other languages. It was established that officials who have been employed from 2000 had a copy of the Code attached to their employment contract. Others mentioned that the Pretoria Academic Hospital has a training programme that includes training on the *Code of Conduct for the Public Service*. Induction and orientation courses form part of their training programmes.

Fifty-eight officials indicated that they were aware of a departmental policy that regulates remunerative work outside the Public Service (moonlighting). The departmental policy was communicated orally to officials.

All the respondents indicated that they were well acquainted with the procedures for applying remunerative work outside the Public Service. They mentioned, furthermore, that the application form contains sufficient information on various aspects concerning outside employment, e.g. official working hours, overtime, duties to be performed, the roles and responsibilities of the various personnel categories. The application forms are obtainable from area managers and unit managers who ensure that, at all times, applicants comply with the official working hours in accordance with the Public Service Regulations and RWOPS guidelines. Such managers must ensure that no patient or responsibility of the applicant is neglected or hampered by the responsibilities gained through remunerative employment outside the Public Service.

The area managers also ensure that state resources are not utilised without authorisation order to fulfill RWOPS responsibilities.

No RWOPS may be conducted during official working hours or when an applicant renders a service to the public, including overtime.

Only employment at a private practice, for a prearranged, fixed period and at a specified fee, should be considered as RWOPS.

The respondents indicated that applicants have undertaken to obtain confirmation from their employees that applications for RWOPS pertain to established practices only, at specified hours, times and fees. The applicants are required to comply with the provisions of the Public Service Regulations and RWOPS guidelines. The applicants are also informed that they will be assessed monthly by their respective supervisors.

What distinctively emerged as the most significant problem is non-compliance with the provisions contained in the *Code of Conduct for the Public Service* and the departmental guidelines on remunerative work outside the Public Service. Apart from this, the management and filing of applications for remunerative work outside the Public Service leaves much to be desired. It was reported that delays by management in processing

application forms result in employees performing remunerative work outside the Public Service without prior permission from the senior managers. Owing to an urgent need to earn more money, some nurses or doctors abuse sick leave to engage in moonlighting activities. It was revealed that the RWOPS application process usually takes a month or longer, depending on the volume of applications. The finalization of misconduct cases takes too long, and there is no system for monitoring and acting upon excessive absenteeism.

TABLE 4



Only 12% of all respondents indicated (as illustrated above) that employees comply with the provisions of the *Code of Conduct*, whereas 88% of the respondents indicated that employees and senior management do not adhere to the code of conduct principles and values (see Table 4).

6.5 Reasons for moonlighting by nurses, doctors and allied health professionals

6.5.1. The problem of moonlighting by nurses, doctors and allied health professionals in hospitals was regarded as being serious and damaging to the image of the hospital's management. The following reasons for moonlighting were submitted by the respondents:

- (i) Non-recognition for outstanding performance by senior management (lack of incentives, no performance evaluation).
- (ii) Working conditions at state hospitals are not conducive to rendering efficient service.
- (iii) Some specialists are invited by other private hospitals or academic institutions to transfer their skills or knowledge gained in their respective fields.
- (iv) The respondents remarked that all categories of medical personnel are involved in moonlighting activities to supplement their salaries. It was also noted that the motive for performing RWOPS is not necessarily that of financial gain, but could also be an effort to enhance their knowledge or merely to gain a competitive edge.
- (v) Delays in processing RWOPS application forms by management.

NB: The current salaries for nurses and doctors as at July 2002 are the following:

TABLE 5
Salaries and overtime for nurses

RANK	SALARY SCALE	LEVELS	OVERTIME
<i>Nursing Assistant</i>	<i>R31695-32562-33903 R36405-38001-39678</i>	<i>2 3</i>	<i>R31 695 Sundays R30,95 per hour Weekdays R20,26 per hour</i>
<i>Staff Nurse</i>	<i>R42723-44208-45774 R50541-52452-54459</i>	<i>4 5</i>	<i>R50 541 Sundays R48,46 Weekdays R32,31</i>
<i>Professional Nurse</i>	<i>R62568-66288-70122</i>	<i>6</i>	<i>R62 568 Sundays R59,99 Weekdays R39,99</i>
<i>Senior Professional Nurse</i>	<i>R77937-81798-85805</i>	<i>7</i>	<i>R77 937 Sundays R74,73 Weekdays R49,82</i>
<i>Chief Professional Nurse</i>	<i>R96792-101994-107349</i>	<i>8</i>	<i>R96 792 Sundays R92,81 Weekdays R61,88</i>

TABLE 6
Salaries and overtime for doctors

POST LEVEL	RANK	CODE	SALARY SCALE	OVERTIME per month
7	<i>Intern</i>	<i>290311</i>	<i>R77 937-81 798-85 803</i>	<i>3 454,38</i>
9	<i>Medical Officer</i>	<i>380421</i>	<i>R115 575-119 874-124 164-12 8466-132 756</i>	<i>5 122,59</i>
10	<i>Senior Medical Officer</i>	<i>450471</i>	<i>R144 255-150 471-156 681</i>	<i>6393,77</i>
11	<i>Principal Medical Officer</i>	<i>490511</i>	<i>R168 294-180 033-191 781</i>	<i>7 459,24</i>
12	<i>Chief Medical Officer</i>	<i>520541</i>	<i>R202 551-213 930-225 384</i>	<i>8 977,60</i>
9	<i>Clinical Assistant</i>	<i>380421</i>	<i>R115 575-119 874-124 164-128 466-132 756</i>	<i>5 122,59</i>
10	<i>Clinical Assistant (2nd Leg)</i>	<i>450471</i>	<i>R144 255-150 471-156 681</i>	<i>6 393,77</i>
11	<i>Superintendent</i>	<i>490511</i>	<i>R168 294-180 033-191 781</i>	<i>7 459,24</i>
12	<i>Senior Superintendent</i>	<i>520541</i>	<i>R202 551-213 930-225 384</i>	<i>8 977,60</i>
13	<i>Chief Superintendent</i>	<i>550571</i>	<i>Package (SMS) R401 406</i>	
11	<i>Specialist</i>	<i>490511</i>	<i>R168 294-180 033-191 781</i>	<i>7 459,24</i>
12	<i>Senior Specialist</i>	<i>520541</i>	<i>R202 551-213 930-225 384</i>	<i>8 977,60</i>
13	<i>Principal Specialist</i>	<i>550571</i>	<i>Package (SMS) R401 406</i>	
14	<i>Chief Specialist</i>	<i>590611</i>	<i>Package (SMS) R472 809</i>	
11	<i>Medical Practitioner</i>	<i>490511</i>	<i>R168 294-180 033-191 781</i>	<i>7459,24</i>
12	<i>Senior Medical Practitioner</i>	<i>520541</i>	<i>R202 551-213 930-225 384</i>	<i>8 977,60</i>
13	<i>Chief Practitioner</i>	<i>520541</i>	<i>Package (SMS) R401 406</i>	

TABLE 7
MOONLIGHTING RATES: LUNGHILE NURSING AGENCY

	RANK	W/DAY	NIGHT	SUNDAY	NIGHT	PUBLIC HOL,	NIGHT
	ASSISTANT NURSE:						
IVH	Assistant Nurse (EAN)	R27,38	R29,38	R39,67	R41,67	R51,98	R53,98
	STAFF NURSE:						
IVK	Staff Nurse (EN) Ward	R31,92	R33,92	R46,28	R48,28	R60,65	R62,65
	Staff Nurse (EN) Special	R34,20	R36,20	R49,59	R51,59	R64,98	R66,98
	PROF. NURSE						
VK	General Ward	R42,75	R45,75	R61,99	R64,99	R81,23	R84,23
	In charge	R47,75	R50,75	R66,99	R69,99	R86,23	R89,23
VK	High Care/Casualty/Labour Wards	R48,74	R51,74	R67,77	R70,77	R88,81	R91,81
	In charge	R53,74	R56,74	R72,77	R75,77	R93,81	R96,81
VK	Experience ICU/Theatre	R57,70	R60,70	R85,92	R88,92	R113,56	R116,56
VK	In charge	R62,70	R65,70	R90,92	R93,92	R118,56	R121,56
	Trained: ICU/Theatre In charge	R62,70	R65,70	R90,20	R93,20	R118,58	R121,58
		R67,70	R70,70	R95,20	R98,20	R123,58	R126,58

SUNDAYS: SATURDAY 19:00 TO SUNDAY 19:00

TABLE 8

MOONLIGHTING RATES AT PRIVATE CLINICS

NURSING TARIFFS AGREED BETWEEN THE AGENCIES AND HOSPITALS AS STATED BY HASA AND NASA (RANDS PER HOUR)

MONTH EFFECTIVE: AUGUST 2002

	NORMAL HOURS		SUNDAYS		PUBLIC HOLIDAYS	
	N/D	D/D	N/D	D/D	N/D	D/D
ICU RN						
Trained	55,07	54,00	76,67	75,60	98,37	97,30
Experienced	51,32	50,25	71,47	70,40	91,67	90,60
ICU SEN	38,12	37,05	53,02	51,95	67,92	66,85
ICU NA	29,72	28,65	41,22	40,15	52,72	51,65
THEATRE RN						
Trained	53,57	52,50	74,62	73,55	95,72	94,65
Experienced	49,97	48,90	69,57	68,50	89,22	88,15
SEN	37,12	36,05	51,62	50,55	66,07	65,00
NA	28,92	27,85	40,12	39,05	51,32	50,25
TRAUMA RN						
Trained	55,07	54,00	76,67	75,60	98,37	97,30
Experienced	51,32	50,25	71,47	70,40	91,67	90,60
SEN	34,77	33,70	48,27	47,20	61,82	60,75
NA	24,97	23,90	34,57	33,50	44,17	43,10
HIGH CARE						
RN	44,92	43,85	62,57	61,50	80,17	79,10
SEN	34,77	33,77	48,27	47,20	61,82	60,75
NA	26,77	25,70	37,07	36,00	47,37	46,30
WARD						
RN	42,97	41,90	59,82	58,75	76,62	75,55
SEN	34,17	33,10	47,42	46,35	60,72	59,65
NA	25,02	23,95	34,62	33,55	44,22	43,15

REGISTERED NURSE IN CHARGE: R3,40 PER HOUR

It is commonly accepted that inadequately paid public servants are more easily corrupted than those who are well paid. The depressing truth emerges that many of the most corrupt officials hold leadership positions, which they have abused to amass large fortunes through grand corruption. Salaries, are thus more of an issue for those in lower positions, whose insistence on the payment for services may be regarded by their peers as a type of “user pay”. Surveys suggest that government may be prepared to pay for the services they receive, provided that such fees are affordable and legal. It is unclear whether increasing public sector packages would reduce corruption or unethical behaviour. Within a comprehensive package of public service reform, proper compensation and incentives can play a role. It is accepted internationally that higher wage levels are conducive to recruiting more skilled people in the public service and to improving the quality of the services provided.

6.5.2. The following issues were regarded as having a negative impact on the services rendered by the hospitals as a result of remunerative employment outside the public service:

- Low productivity
- Poor service rendered to patients due to overworked and exhausted staff
- Conflict arises amongst personnel due to the heavy workload
- A high rate of absenteeism
- The abuse of sick leave privileges
- High stress levels indicated by headaches, insomnia, fatigue, heart problems and endocrinal disorders as a result of staff shortages
- Low morale, inadequate training and supervision, poor group cohesion and poor physical job design.
- Cutting back the services rendered by hospitals, such as fewer hospital beds and theatres,
- Patients are subjected to long waiting periods due to understaffing.
- Staff are attracted by the lucrative salaries offered by private clinics
- Salaries are not competitive

6.5.3 The following problems occurred as a result of moonlighting activities:

- Disloyalty to the employer and a lack of cooperation between workers.
- Aggression, resignations, group conflicts and group coalitions.
- Medical aid facilities are abused.
- Long working hours (day and night).
- The abuse of state assets to treat private patients.
- The abuse of official working hours, and scapegoats are often sought.
- Increased absenteeism from work results in heavy financial losses, especially with regard to the loss of productivity. Employees tend to develop defensive and hostile behaviour and resistance to change.

- There is an increase in lawsuits as a result of negligence.
- Sick leave is abused
- Approved leave with full pay is misused for work in other state hospitals.

By inappropriately engaging in remunerative work outside the Public Service, officials also risk experiencing anxiety, shame and embarrassment, criminal prosecution, being subjected to inquiries, job losses and disciplinary action, such as demotion and dismissal.

It was indicated that institutions that normally employ moonlighting staff are private clinics and state hospitals. It was established that doctors and nurses obtain outside employment through private agencies. It was revealed that such agencies do not establish whether a recruit is a public or private sector employee. Furthermore, nurses and doctors who were employed full time by the government often perform RWOPS in another state hospital. This is regarded as a conflict of interest.

In 2002 the majority of nurses and doctors who moonlight at Gauteng hospitals came mainly from the following Provinces: the Eastern Cape, KwaZulu-Natal, Limpopo, Mpumalanga and the Free State.

There is also a strong tendency for nurses/doctors to obtain employment through their agencies in other state hospitals (with pay) while on sick leave with full pay. This obviously means that they receive two salaries funded by the State. To receive two salaries without authorisation is corruption and a conflict of interest may arise. If an official holds an office in or is employed by the State, he or she is not permitted to receive two salaries since this is regarded as a conflict of interest. In terms of section c.4.5 of the *Code of Conduct for the Public Service*, employees shall not engage in any transaction or action that conflicts with or infringes upon the performance of his/her official duties. An employee must recuse herself or himself from any official action or decision-making process that may result in improper personal gain, and this should be properly declared by the employee.

The respondents indicated that moonlighting activities are performed both during the day and at night (24 hours). At night nurses and doctors work for private clinics, whilst during the day they may work for the government. The respondents indicated that, should a nurse work for 24 hours, he or she would be unable to cope at work and would eventually suffer from stress and burnout. (see Table 9). It was also noted that the primary function of being responsible for others, meeting patients' needs, a heavy work overload, on-the-job conflict and the struggle for increased professional recognition are significant stress-inducing factors while performing nursing work.

TABLE 9

SIGNS AND SYMPTOMS OF BURNOUT AS PER SURVEY

PHYSICAL	PSYCHOLOGICAL	BEHAVIOURAL
<i>Fatigue</i> Sleep disturbances: <i>Difficulty sleeping</i> <i>Difficulty in getting up</i> <i>Stomach ailments</i> <i>Tension headaches</i> <i>Migraine headaches</i> <i>Gastrointestinal problems</i> <i>Frequent colds</i> <i>Lingering colds</i> <i>Frequent bouts of influenza</i> <i>Backache</i> <i>Nausea</i> <i>Muscle tension</i> <i>Shortness of breath</i> <i>Malaise</i> <i>Frequent injuries</i> <i>Weight loss</i> <i>Weight gain</i> <i>Stooped shoulders</i> <i>Weakness</i> <i>Changed eating habits</i>	Feelings: <i>Anger</i> <i>Boredom</i> <i>Frustration</i> <i>Depression</i> <i>Discouragement</i> <i>Disillusionment</i> <i>Despair</i> <i>Apathy</i> <i>Guilt</i> <i>Anxiety</i> <i>Suspicion/Paranoia</i> <i>Helplessness</i> <i>Pessimism</i> <i>Irritability</i> <i>Resentment</i> <i>Hopelessness</i> Attitudes: <i>Cynicism</i> <i>Indifference</i> <i>Resignation</i> <i>Self-doubt</i> Other: <i>Loss of empathy</i> <i>Difficulty in concentrating</i> <i>Poor work attendance</i> <i>Moodiness</i> <i>Decreased sense of self-worth</i>	<i>Dehumanization of patients</i> <i>Victimization of patients</i> <i>Fault finding</i> <i>Blaming others</i> <i>Defensiveness</i> <i>Impersonal, stereotyped communication with patients</i> <i>Applying derogatory labels to patients</i> <i>Physical distancing from patients and others</i> <i>Withdrawal</i> <i>Isolation</i> <i>Stereotyping patients</i> <i>Postponing patient contact</i> <i>Going increasingly by the book</i> <i>Clock watching</i> <i>Living for breaks</i> <i>Absenteeism</i> <i>Making minor mistakes</i> <i>Unnecessary risk taking</i> <i>Use of drugs and alcohol</i> <i>Marital and family conflict</i> <i>Conflict with co-workers</i> <i>Workaholism and obsessiveness</i> <i>Using humour to mask emotions</i>

6.5.4 Responses from the Health Professions Council of South Africa (HPCSA), the South African Nursing Council (SANC), Hospital Health Advisory Committees and senior managers of the Gauteng Province Department of Health

The HPCSA is a statutory body established in terms of the Health Professions Act, 1974. The HPCSA is an umbrella body, comprising twelve professional boards that function under its jurisdiction. Its mandate is, inter alia, to promote national health, to determine standards of professional education and training, and to set and maintain fair standards of professional practice.

During the interview the HPCSA remarked that remunerative work outside the public service is being abused by nurses, doctors and allied health professionals and that they have witnessed and heard a disturbing number of accounts of the involvement of certain employees in the performance of RWOPS. Ethically, they regard such activities as a cause for serious concern, that such activities are unprofessional and indicate a failure to accept or to adhere to organizational rules and procedures. Employees ought to be able to invest their time and energy in the organization they work for.

The HPCSA suggested that the RWOPS guidelines should be rewritten to include “*take care of the sick, injured, and dying*”. The norm should be to respect the dignity and worth of a patient as a human being. A strong message needs to be conveyed that the current

practices are placing the organization at risk and could have catastrophic consequences, unless ethical decision-making becomes a fundamental principle in the workplace. The head of an organization must take every opportunity to remind staff of the importance of ethical work practices. They further indicated that management should be proactive by defusing unethical situations in the workplace and by recognising and dealing with problems before they become unmanageable.

They also revealed that medical doctors consult private patients at their private practices during their official duty hours. There is a need to correct this unethical behaviour by ensuring that unethical behaviour is visibly punished. Another point that was raised was that being a good doctor requires a life-long commitment to good professional and ethical practices and an overriding dedication in the best interests of one's fellow human-beings and of society. What also emerged was that doctors and nurses should always regard the best interests or well-being of patients as their primary professional duty. Patients should not experience delays in receiving treatment, since this puts their health at risk.

The HPCSA indicated that private hospitals were engaged in activities that could be regarded as perverse incentives. They said that practitioners were being lured or forced to enter into contracts with hospital groups by offers of free shares, free or subsidized accommodation, and by the ownership of practices and other activities that do not comply with the Policy on Perverse Incentives. The HPCSA revealed that some doctors performed these moonlighting activities without permission from a higher authority. In this regard they raised a range of issues that are problematic to the doctors' business practice, for instance:

- Ownership/shares in facilities/hospitals by doctors
- Exclusion from or offers of practices at hospitals
- Interference in clinical independence
- The ownership of practices by hospitals
- Payments to referring doctors
- Contractual arrangements between practitioners and hospitals

Another issue was that doctors abuse or steal hospital medicines. They revealed that a total of 27 people, including 24 doctors in Mpumalanga, had been arrested in connection with the theft of state hospital medicines. Doctors and pharmaceutical assistants were found to be in possession of stolen medicines.

- (ii) **The South African Nursing Council (SANC)** is a statutory body established in terms of the Nursing Professions Act, 1978, to regulate nursing practice.

The SANC pointed out that the management of remunerative work outside the Public Service is a serious concern. They mentioned that nurses and doctors are recruited by

private agencies to perform RWOPS. Other types of responses received were that the salaries of nurses, doctors and allied health professionals were very poor. There are no attractive benefits as compared with the private sector.

The South African Nursing Council has invited members of the public to bring any cases of misconduct by nurses to the attention of the Council in order to enable the Council to fulfill its commitment to rendering a competent, safe, compassionate and ethically-based nursing service.

(iii) **The Hospital Health Advisory Committee** is a committee that seeks to raise an ethical consciousness; sponsor educational programmes for all levels of hospital personnel; to confront and investigate serious dilemmas; suggest policy guidelines for adoption and to advise the administration on ethical issues. This committee comprises doctors, nurses, administrative persons, social workers, clergy, trustee and support services (security, dietary, etc.) staff.

The responses of the Hospital Health Advisory Committee of the Pretoria Academic Hospital were the following:

- The majority of nurses and doctors often performed remunerative work outside the public service without prior approval.
- More than 50% of specialist doctors own private clinics.

Doctors widely abuse their official hours of attendance. The majority of doctors worked only four hours spending the rest of their official hours of duty at their private clinics. This is evidenced by the fact that when their services are required at the hospital, they are often unavailable, since they are attending to their patients in their private clinics.

The hospital health advisory committees of the Johannesburg General Hospital and the Pretoria Academic Hospital regard nurses, doctors and allied health professionals as the lowest paid employees in the Public Service. They felt that the salaries of nurses, doctors and allied health professionals should be increased. They also felt that the central hospital management should be committed to monitoring and evaluating the management of RWOPS.

The committees mentioned above also highlighted the fact that nurses and doctors worked for more than 24 hours a day without rest. A nurse or doctor is incapable of concentrating fully on a patient if he or she is exhausted. For instance, in theatres and ICUs, exhaustion jeopardizes the execution of assigned duties. The hospital health advisory committees of the Johannesburg General Hospital and Pretoria Academic Hospital also indicated that the theft of medicine by doctors is a cause for great concern.

(iv) The investigating team also interviewed senior managers responsible for the hospital administration in the Gauteng Province Department of Health. The following comments on the reasons for nurses and doctors moonlighting were submitted:

- RWOPS guidelines are not properly enforced by hospital management. If employees are uninformed of what their expected conduct should be and they act inappropriately, organizations can expect to receive complaints and criticism. If employees have little understanding of the roles and responsibilities of the organization they work for, beyond their jobs, they may unwittingly place such an organisation at risk of corruption. Owing to the seriousness of the problem, the Department attempted to amend the RWOPS policy.
- The poor salaries for nurses, doctors and allied health professionals is the major cause of moonlighting activities. The Department also indicated that it would be necessary to revise the salaries of nurses, doctors and allied health professionals.

6.6 . Conditions of service

6. 6 .1 Job satisfaction

A variety of issues were raised relating to conditions of service:

- Working conditions are generally poor
- Lack of resources, such as human, equipment and medicines, owing to budgetary constraints
- Reward systems are inadequate (e.g. compensation, fringe benefits, status recognition, opportunities for advancement)
- No recognition of higher academic qualifications
- Lack of quality assurance
- Old and dirty buildings
- Most of the equipment used by the hospitals is outdated
- Drastically reduced number of beds and theatre time
- Quality of medical treatment received by patients is unacceptable
- Staff shortages contribute to heavy workloads

6.6.2 Incentives

The respondents made the following comments:

- the Khanyisa Awards is an incentive scheme that awards excellent performance, but the award categories are too broad and do not cater for in-rank promotions, merit awards and performance measurement.
- Cash bonuses are no longer awarded for additional higher qualifications.
- The Personnel Performance Management System has been a failure since 1994.
- No team-building sessions have been attended since 1994.

6.6.3 Job enrichment

The majority of respondents (25) remarked that they were satisfied with their work in certain areas. The following areas concerning the performance of their duties were identified as areas that require improvement:

- Providing the best possible environment
- Team work
- Supportive hospital management
- A sound work ethic
- Recognition of performance excellence (cash bonuses, allowances)
- Recognition of overtime work
- Establishing and maintaining a safe and healthy work environment

More than 35 officials indicated that they enjoy treating patients and teaching students. It was further remarked that it is enjoyable to work at academic hospitals owing to opportunities to keep abreast of the latest developments in the medical field.

It is internationally accepted that job satisfaction results in improved morale, greater cooperation, low staff turnover, less conflict, greater efficiency and less litigation. It is important for the effective functioning of an organization that staff experience a high rate of job satisfaction. In his discussion concerning the salaries paid to those who work for the Hong Kong Independent Commission Against Corruption (ICAC), De Speville (1995) argues that: “ For the employees dedication they are paid well. This is in turn a benefit derived from a society that, while affluent, recognizes that a poorly paid servant, and particularly a poorly paid corruption fighter, is understandably more vulnerable to a temptation of a bribe than one who is paid generously” (Ethics, the key to management).

7 FINDINGS

The overall picture that emerged from this analysis is highly negative and disturbing. It clearly indicates that the management of remunerative work outside the Public Service is not regularly monitored, that staff is negative about hospital management and that staff morale is low.

- 7.1** The investigating team found that more than 50% of specialist doctors own private clinics. There is a high rate of misusing official property and time (e.g. employees applying for sick leave with full pay) to moonlight. Some nurses and doctors submit claims for overtime they did not perform. The problem is so severe that many doctors work for only four hours, while spending the rest of their official hours of duty at their private clinics. When their services are required at the hospital, they are usually unavailable, since they are attending to their patients in their private clinics. Common justifications are that everyone else is doing it, and public officials are poorly paid and deserve an extra reward. These arguments ignore the ethic of public duty. Public officials have a duty to ensure that government business is conducted impartially and with integrity.
- 7.2** The majority of doctors and nurses performed RWOPS without permission from a higher authority. Hospitals that offer moonlight employment to nurses and doctors are mostly private clinics and state hospitals. The majority of doctors and nurses employed at the Pretoria Academic Hospital and the Johannesburg General Hospital originate mainly from the following provinces: KwaZulu-Natal, Limpopo, the Eastern Cape, Mpumalanga and the Free State. Moonlighting activities occur during the day and at night (24 hours). A person who works a 24-hours day becomes exhausted and stressed. As a result, such employees are unable to render services of an acceptable standard.
- 7.3** A total of 1 312 nurses and 30 doctors in both hospitals applied for RWOPS during the period 2000-2001. There is strong evidence that nurses and doctors who serve in state hospitals are recruited by private agencies to perform RWOPS during their vacation leave or sick leave (with full pay). At Pretoria Academic Hospital (a state hospital), nurses from the national and provincial state hospitals are often recruited for moonlighting employment by a well known nursing agency. Such employment is regarded as a conflict of interest and is tantamount to corruption.
- 7.4.** It was established that nurses and doctors employed at various state hospitals are often recruited by private agencies to moonlight at hospitals because of poor public service salaries and poor working conditions. The most serious problems encountered in each staffing category are, inter alia, the following:

- 7.4.1 Nurses: Poor remuneration; no recognition of additional higher qualifications; no incentives for performance excellence; a general staff shortage; and poor/outdated equipment.
 - 7.4.2 Doctors: Poor remuneration; no incentives for performance excellence; long shifts; poor/outdated equipment; and a general staff shortage.
 - 7.4.3 Allied health professionals: Poor remuneration and general staff shortage.
 - 7.4.4 Management's delays in processing RWOPS application forms gave rise to nurses and doctors performing RWOPS without permission or without submitting applications.
- 7.5 The Health Professions Council of South Africa, the hospital health advisory committees, the South Africa Nursing Council and the Department of Health revealed that nurses, doctors and allied health professionals are amongst the lowest paid public servants. The minimum salary received by a Level 2 Nursing Assistant is R31 695 per year, and overtime is calculated at R20,26 per hour. A Chief Professional Nurse earns R96 792 per annum, and overtime is calculated at R49.82 per hour. The minimum salary received by a Medical Doctor is R115 575, and overtime is calculated at R5 122. 59 per month, whilst a Chief Specialist receives a minimum salary of R401 406 per annum (SMS package).
- 7.6 The majority of doctors worked only four hours per day, spending the rest of their official hours of duty at their private clinics. When their services are required at the hospital, they are unavailable, since they are attending to their patients in their private clinics. Common justifications are that everyone else is doing it and that public officials are poorly paid and therefore deserve an extra reward. These arguments ignore the ethic of public duty. Public officials have a duty to ensure that government business is conducted impartially and with integrity.
- 7.7 The investigating team also discovered that hospital equipment, such as otoscopes and gastroscopes, are abused and some medical doctors steal medicines from the hospitals for use in their own private clinics.
- 7.8 Employees were reluctant to blow the whistle on corruption because they were unaware of the Protected Disclosure Act. It was also revealed that reported cases of unauthorized RWOPS were not followed up.

7.9 It was revealed that employees were not complying with the provisions of the *Public Service Regulations of 1999 (Code of Conduct for the Public Service)*.

7.10 Senior management in the Department of Health acknowledged that RWOPS is not properly managed owing to defective systems and a lack of enforcement.

8. RECOMMENDATIONS

8.1 Management should implement an electronic clocking system to curtail the unauthorized movement of officials who perform overtime duties. Such a system may serve several purposes, e.g. to monitor absenteeism, to monitor unauthorised leave and to serve as a control mechanism to ensure that officials are remunerated for actual hours worked.

8.2 There is a need to improve the RWOPS policy according to international best practice, e.g. to establish measures to combat conflict of interests, to accommodate changing circumstances, to regulate the utilisation of paid and unpaid leave, as well as unpaid voluntary work.

8.3 The National Department of Health should ensure that nurses, doctors and allied health professionals (who are on fully paid leave such as annual leave, sick leave etc.) and are recruited by private agencies for the purpose of moonlighting, are not (re) employed on a full-time basis for paid services in state hospitals.

8.4 The Department for Public Service and Administration must review the salary scales of nurses, doctors and allied health professionals. Improved salaries will improve the morale of medical staff and curtail the exodus of nurses and doctors to foreign countries, such as Saudi Arabia, Britain, Australia and United States of America, in search of better salaries.

8.5 There is a need to introduce a salary dispensation in terms of which some doctors could be required to work for five hours per day (5/8 hours), as opposed to the currently applicable eight hours, and to remunerate them pro rata for working fewer hours. A possible arrangement is that a maximum of 50% of existing posts could be converted to the 5/8 hours arrangement, depending on the workload or services required.

8.6 During PSC investigation, it was found that nurses and doctors who perform RWOPS without authorisation abuse their sick leave privileges and misuse their official work time at state health institutions. In order to improve RWOPS management and the dissemination of information in the Public Service, the PSC in its report (March 2002) on sick leave trends in the Public Service recommended that the quarterly printouts

of sick leave captured on Persal should be made available to line managers so that the following trends per organisational employee can be established:

- a. The day of the week on which sick leave commences
- b. The duration of sick leave taken
- c. The number of sick leave days utilised
- d. Sick leave taken preceding and subsequent to public holidays
- e. The total salary cost of sick leave
- f. The nature of illnesses

- 8.7 Employees have indicated that management delays in processing RWOPS application forms also contributed to non-compliance with the RWOPS policy. It is therefore recommended that all RWOPS application forms be filed as hard copy, as well as electronically on MS Excel. It is also proposed that the HR component be assigned this function and that weekly reports be submitted to the Chief Executive Officer. Annual audits of RWOPS applications should be conducted by way of, inter alia, comparing those records kept by the HR component with the corresponding records kept by doctors or nursing personnel. Applications should be processed timeously.

9. CONCLUSION

In order to meet the challenge of stemming the tide of corruption in the Public Service, departments must address the basic and fundamental issues that affect the Public Service. These issues must be addressed in a regulated and disciplined manner from the highest to the lowest levels in the public administration. Guidelines must be formulated, based on the values and principles contained in the *Code of Conduct for the Public Service*. More importantly, senior managers should motivate employees to change their attitude as regards rendering services to the community as whole. The employment of public servants must be fair and equitable. Public servants must cooperate when dealing with the public and put public interests first when performing their duties.

It is the responsibility of every public sector employee to ensure that he or she is committed to promoting professional ethics in the Public Service in order to improve the quality of service rendering.

Attitudes will not change until employees receive training that will promote their understanding of and their practical knowledge of RWOPS. What the organization can do is to ensure that employees are familiar with the appropriate policies and procedures and that they adhere to them. Officials need to know that their jobs are important and valued by a management that promotes good governance. By so doing, a climate that is intolerant of corruption will be created and opportunities for wrong-doing will be minimized.

Changing ethical culture is not only a long-term task, but also an ongoing one. The job is never done. Overconfidence about the achieved change and complacency, which inevitably accompanies over-confidence, could result in gains being lost. Instead of resting on the laurels of a job well done, a good leader will continue to seek ways to improve the ethical culture and maintain desired changes. Ethical work practices must remain a visible, articulated priority.

The constant improvement of an ethical culture requires that appraisal systems be utilised in order to recognize and reward ethical behaviour, while unethical behaviour continues to be swiftly and visibly punished. The change process requires to be analyzed in order to establish where change is required; a readiness for change and the appropriate skills and knowledge to achieve the desired change.

Organizations are urged to make the improvement of their ethical culture a priority, since focusing on ethics not merely concerns doing the right thing or being seen to be doing the right thing.

APPENDIX 1

	<p>10. THE PATIENTS' RIGHTS CHARTER</p> <p>To ensure the realization of the right of access to health care services, as guaranteed in the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996), the Department of Health has issued the following patients' rights charter:</p>
<p>10.1</p> <p>A healthy and safe environment</p>	<p>Everyone has the right to a healthy and safe environment that will ensure his or her physical and mental health or well-being, including adequate water supply, sanitation and waste disposal as well as protection from all forms of environmental danger, such as pollution, ecological degradation or infection.</p>
<p>10.2</p> <p>Participation in decision-making</p>	<p>Every citizen has the right to participate in the development of health policies and everyone has the right to participate in decision-making on matters affecting his or her health.</p>
<p>10.3</p> <p>Access to health care</p>	<p>Everyone has the right of access to health care services that include -</p> <ul style="list-style-type: none"> i. receiving timely emergency care at any health care facility that is open regardless of a person's ability to pay; ii. treatment and rehabilitation <p>informing a patient to enable the patient to understand such treatment or rehabilitation and the consequences thereof;</p> <ul style="list-style-type: none"> iii. provision for special needs <p>in the case of newborn infants, children, pregnant women, the aged, disabled persons, patients in pain, persons living with HIV or Aids patients;</p> <ul style="list-style-type: none"> iv. counseling

	<p>without discrimination, coercion or violence on matters, such as reproductive health, cancer or HIV/Aids.</p> <p>v. palliative care</p> <p>that is affordable and effective in cases of incurable or terminal illnesses;</p> <p>vi. a positive disposition</p> <p>displayed by health care providers who demonstrate courtesy, human dignity, patience, empathy and tolerance.</p> <p>vii. health information</p> <p>that includes the availability of health services and how best to utilise such services, and such information shall be in the language understood by the patient.</p>
10.4 Knowledge of one's health insurance/medical aid scheme	A member of a health insurance or medical aid scheme is entitled to information about that insurance or medical aid scheme and to challenge, where necessary, the decisions of such health insurance or medical aid scheme that relate to the member
10.5 Choice of health services	Everyone has the right to choose a particular health care provider for services and treatment provided at a particular health facility. Such a choice shall not be contrary to the ethical standards applicable to such health care providers or facilities, and the choice of facility shall be in accordance with prescribed service delivery guidelines.
10.6 Be treated by an identified health care provider	Everyone has the right to know the person who is providing health care and therefore must be attended to by clearly identified health care providers.
10.7 Confidentiality and privacy	Information concerning one's health, including information concerning treatment may be disclosed only with informed consent, except when required by any law or by a court order.

10.8 Informed consent	Everyone has the right to be given full and accurate information on the nature of his or her illnesses; the diagnostic procedures; the proposed treatment and the cost involved in order to make a decision that may affect any one of these aspects.
10.9 Refusal of treatment	A person may refuse treatment, and such refusal shall be oral or in writing, provided that such refusal does not endanger the health of others.
10.10 Referrals for a second opinion	Everyone has the right to request a referral or a second opinion concerning a health provider of his or her choice.
10.11 Continuity of care	No-one shall be abandoned by a health care professional worker or a health facility that initially took responsibility for the health of an individual.
10.12 Complaints about health services	Everyone has the right to complain about health care services and to have such complaints investigated and to receive a full response regarding such an investigation.

APPENDIX 2**11. QUESTIONNAIRE ON GOOD GOVERNANCE AND LEADERSHIP STYLE**

This questionnaire was completed by a researcher who interviewed hospital management/members of the Nursing Council and senior managers

Section A : Good governance and leadership

Organizational values

1. What are key values that underpin the existence and operation of your organization?
List them -----

2. How are these values clearly articulated? Are staff members aware of these values,
and do they endorse them? -----

3. Are you familiar with the Professional Code of Conduct for nurses/doctors and allied
health personnel and its provisions regarding the management of outside
employment? Please explain your understanding of its requirements. Do you have
copies of the Code? Provide them. -----

4. What is your opinion regarding the performance of remunerative outside employment
(moonlighting by nurses, doctors and allied health professionals)? -----

5. What strategies exist to deal with the problem?-----

Leadership style

6. Please explain roles and responsibilities of the leadership in your organization?-----

7. Do you think there is any conflict concerning roles?-----

8. Outline the objectives and strategies of your organization-----

9. How do senior managers share information with nurses, doctors and allied health
professional s in the hospital?-----

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10. What type of training do they offer? How is it communicated?-----

11. How was your Risk Management Plan or Fraud Plan implemented in your organization?-----

12. Do you keep records of the offenses concerning the FPP/RMP or transgressions? ----

13. How do managers show commitment to transparency, accountability and good governance?-----

Decision making

14. Where is the authority delegated to in your organization? (Explain)

15. Please describe the procedures that are followed for dealing with problems.

16. How are decisions communicated to those affected?-----

17. How are decisions implemented? -----

QUESTIONNAIRE ON THE APPLICATION OF RWOPS

This part of the questionnaire needs to be completed by the staff at the Corporate Services Division

Section B: Authorization

1. Are you familiar with the procedures/steps or directives to be adhered to when applying for the outside employment? What are these procedures?-----

2. How many employees have applied officially for outside employment in the past three years? -----

-
3. How many applications were turned down? Why?-----

-

Disciplinary action

4. (a) How many doctors or nurses have been charged with misconduct for breaching the *Code of Conduct for the Public Service (specifically moonlighting without permission, abusing sick leave, abusing equipment/facilities, absence from duty, etc) in the past three years (for the period 2000-2002)*?-----

- (b) How many were given an oral or written warning?-----
- (c) How many were dismissed?-----
- (d) How many were suspended?-----

QUESTIONNAIRE ON REMUNERATIVE WORK OUTSIDE THE PUBLIC SERVICE

This questionnaire was responded to by conducting focus group interviews. The group comprised 4-6 nurses, doctors and allied health professionals. The hospital committees, the Health Professions Council of South Africa and the South African Nursing Council were interviewed as well.

Section C: Outside employment while working in the Public Service

Public Service Regulations, 1999 (Chapter 2, Code of Conduct for the Public Service)

1. How was the *Code of Conduct for the Public Service* distributed to all the officials? ----

2. Are you familiar with the *Code of Conduct for the Public Service* and its provisions regarding the management of outside employment? Explain your understanding of its requirements. ----

3. Is there a departmental policy on the performance of outside employment? If the answer is yes, what is the policy? ----

4. To what extent do you and others support and adhere to the Code of Conduct? -----

4. Are you familiar with procedures/steps or directives to be adhered to when applying for outside employment? What are the procedures? ----

5. Who has the final decision when authorizing the undertaking of outside employment? Describe positions, roles and responsibilities.-----

Reasons for moonlighting by nurses, doctors and allied health personnel

8. Why do you think nurses, doctors and allied health personnel participate in moonlighting activities? Outline reasons ----

9. How serious is the problem in the hospital? ----

10. What do you regard to be the ethical issues involved-----

11. Who employs moonlighting staff? ----

12. Are they aware that staff are usually not authorized to undertake secondary employment? ----

13. Do you think it affects the performance of their duties at their usual/regular place of work? How does it affect their performance?-----

14. Do you think they perform moonlighting activities during the day, at night or both?----

15. Who do you think participates most in moonlighting activities (positions)? -----

16. Do you think nurses or doctors from other provinces participate in moonlighting? Name the provinces involved and provide details.-----

-
17. How many doctors do you think are currently operating private clinics or surgeries outside the Public Service?-----
18. On what do you base your answer?-----

19. How great is the shortage of nurses and doctors at your hospital?-----
-- -----

20. How is this shortage felt/manifested? -----

21. Do staff members use their sick leave for moonlighting purposes?-----

22. Have you witnessed state equipment/facilities being used by doctors or nurses during moonlighting activities?-----
List the equipment or facilities.-----
23. What are the major complaints received in respect of nurses or doctors who are engaged in moonlighting activities?

	Yes	No
Neglect of duties		
General shortage of staff		
Other (specify)		

Job satisfaction

24. Describe the service conditions in your hospital. -----

25. What are the prospects for nurses or doctors to be promoted to the next higher rank?

26. What incentives exist to improve staff performance?

27. Do you find your work satisfying? Give reasons for you answer.

Report issued by the Office of the Public Service Commission