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ABSTRACT

This project study is written in seven chapters. The first chapter is an introductory chapter consisting of the introduction, methodology and summary of the project findings. The introduction gives a rationale behind the project. The methodology explains briefly what methods have been used to facilitate collection of data for this project (for detailed account of methodology and data collection the reader is referred to Chapter 4). Summary of the study summarises the main findings of the study.

Chapter 2 is a review of relevant literature on personnel management in general, and personnel management in the National Health Service in particular. It's main objectives are: to explain how personnel management as a profession emerged in the National Health Service, how it is organised and problems it is facing in exercising its strategic role.

Chapter 3 looks at the background information of the organisation whose personnel function is being studied.

Chapter 4 is a detailed account of the methodology used in collecting data.
Chapter 5 deals with first, the findings from the data collected, and data is then analysed.

Chapter 6 reviews the Zambian Health Service and explores the implications of the study for the Zambian Health Service. The role of the personnel specialist in the Ministry of Health is explained.

Chapter 7 draws conclusions of the study and makes recommendations.
CHAPTER 1

1, Introductory Chapter

1*1 Introduction

One of the most striking features about personnel management or human resource management is the complex nature of this profession. Personnel management as we shall see in the literature review has so many aspects to it, and hence one can argue that perhaps a personnel manager of any organisation ought to be one of the busiest persons in the whole organisation. How does such a person organise and ensure the adequacy of personnel function? It is easy to see how a personnel manager of a small company can cope, but what about a personnel specialist in the National Health Service (N.H.S.) - how does he/she organise personnel function on such a large scale?

With some of these puzzling questions in mind the writer was interested to investigate the personnel function in the N.H.S. and assess its organisation.

The title of the project has indicated that this project is a pilot study on the personnel function in the N.H.S. Being a pilot study the writer is aware of some areas which could be improved upon if the study was to be done again. For example, some questions in
the questionnaire could be improved to provide more clarity. However, because of the confines of the time, this project could not be carried beyond this pilot stage. But it is hoped that the information obtained would still be useful in adding to the body of knowledge in the area of personnel management in general and the personnel management in the National Health Service in particular, and to the improvement of services in this area of health care.

Realising that the N.H.S. is a complex organisation it was decided to study the organisation of the personnel function in one Health Authority in the Midlands area. The decision to study the personnel function only in one District Health Authority – including its hospitals and Health Centres was influenced by the limited time, and a desire for in-depth knowledge of the personnel function in the Health Service.

It is hoped that the knowledge so obtained would not only be limited to one Health Authority but would be relevant in all areas of health care. However, the usefulness of such information would need to be assessed in terms of differing situations, and there may be a need to adapt the information to suit other situations bearing in mind the implications of the contingency theory.
According to Hunt (1979, p.138) contingency theory attempts to understand the multivariate relationships between components of organisations and hence leads to designing of structures as best fits the components. It believes in analysing situations separately and assessing ways in which changes can be introduced to best suit these situations. What this implies then is that the way personnel function is organised in the Sandwell Health Authority (see Chapter 3) is not necessarily the way it would work for all organisations. Nevertheless, although Sandwell Health Authority's setting may be different from areas else-

where, it can be argued that the principles involved in personnel management, the experiences and the problems which Sandwell Health Authority faces, may not be substantially any different from other areas, in as much as it relates to health care.

However, when one is suggesting change there is need for caution. For example, if one has to take the contingency view it can be argued that sometimes what may be seen as weaknesses to an outsider may not be so much of a hinderance to the system, but an accepted way of coping with such a system.

Changing such systems would need the people in the system to be convinced that they need change, and
that change would be for the better. However there are times when such organisations may not be able to identify their own needs. In such instances an outsider, and maybe a consultant, could be of value in helping the organisation to see how things could be done in a better way. At the heart of the National Health Service is always the wish to provide better health care, and hence one can argue that the Health Service is always open to suggestions that would be useful in this context. This has been particularly evidenced in the recommendations which have been made first, in the 'Patients First' consultative paper (1979) and more recently in the Griffith's report (1983).

The main aims of this project study include to:

1) Identify how the personnel function is organised in the N.H.S.

2) Assess the role of the personnel specialist in the N.H.S.

3) Find out whether theory lives up to the practice of personnel management in the N.H.S.

4. Make recommendations, if necessary, for improvements in the organisation and execution of personnel function.
1.2 **Methodology**

Methods used to collect data included extensive literature search, personal interviews, questionnaires and observation, (for detailed account of these methods see Chapter 4).

During personal interviews six personnel specialists and twenty line managers participated. Personal interviews were followed up by questionnaires to six personnel specialists and eighteen line managers. The reason for sending questionnaires to only eighteen instead of twenty line managers was due to the fact that two line managers had gone on long leave when the questionnaires were ready to be distributed.

1.3 **Summary of Project Findings**

a) Sandwell Health Authority Headquarter has two personnel departments – one general, headed by the District Personnel Officer and one specifically for personnel issues pertaining to nurses, run by the support nurse/Deputy Chief Nursing Officer.

b) Of the three units only the Acute Unit has a personnel department. The Unit Personnel Officers are professionally accountable to the District Personnel Officer, but for day to day running of personnel function within the unit they are accountable to the Unit Administrator.
c) Personnel function appears to be well established in the Health Authority. Generally the line managers are fully responsible for personnel issues pertaining to their own staff, although they can seek advice from personnel specialists in cases of doubt or on issues that are specifically the responsibility of personnel specialists such as issues involving maternity leave and advertising for staff.

d) Advisory and executive roles of personnel specialists appear to be well established, but not the strategic role.

e) There still appears to be lack of clear perception both among the personnel specialists and line managers of what should be the role of a personnel specialist, and what should be the role of line managers.

f) Most of the line managers claimed that they sought advice from the personnel specialists because they lacked expertise in those given areas.

g) There was no evidence that staff/performance appraisal was carried out in the Sandwell Health Authority.
CHAPTER 2

2. Literature Review

2.1 Development of Personnel Management in Britain; A Historical Perspective

The origins of personnel management as a profession or recognised occupation can be traced to the beginning of welfare workers in the early twentieth century. The welfare workers were employed by paternalistic employers who were concerned about the poor conditions of their employees, and wanted to institute improvements. These employers claimed that they wanted to treat their employees as individuals, and they knew best what the needs of these employees were, and therefore through the welfare officers their needs would be met (Crichton 1968, Niven 1978).

When the welfare workers occupation was established it started as an occupation for women (very much a minority and 'deviant' group) concerned with social justice, and their education consisted of social philosophy and social economics. Concern with social welfare resulted in employers finding the welfare workers very critical of management ideologies. This caused conflict
between the welfare workers and the employers, but this conflict was not a deterrent from the continuation of the occupation. As Crichton (1968) has noted the welfare workers realised that it was necessary for them to be actively involved in management in order to achieve changes which would ensure social justice, and therefore they started pressing for a recognition and: "they began to claim for expertise as custodians of welfare legislation and found they could offer to relieve foremen of the responsibility of women workers" (Crichton 1968, p.20).

It can be argued that the above situation appears to be similar to some of the problems personnel officers are facing today as we shall explain in Section 2.8 and in data analysis.

However in 1913 an association of Industrial Welfare Workers and other representatives of management in interested companies was set up. This formed a nucleus of a group with professional aspirations.

The occupation continued to grow and this growth was boosted when, during the war there was more demand for the welfare workers. This 'pull' led the government to recruit not only women but also men to become
welfare worker's especially in munition factories. In 1917 Welfare Workers Association became the Central Association of Welfare Workers, and in 1918 the Constitution was formed and they added 'Industrial' in brackets to Central Association of Welfare Workers. In 1919 the Women Association amalgamated with the Association for Men, and it became Welfare Workers Institute which was changed to Institute of Welfare Workers in 1924. In 1931 it was changed to Institute of Labour Management and in 1946 it became the Institute of Personnel Management and has remained the same up to now. (Millerson 1964, Crichton 1968, Niven 1978).

One can argue that the importance of looking at the historical perspective of how personnel management developed as a profession is to try and assess where problems may lie in the apparent low status of the personnel specialist. However, before we turn to look at what these problems might be we now turn to look at the development of personnel management in the National Health Service (N.H.S.) since 1974 to date.
2.2 Development of Personnel Management in the National Health Service since 1974

It can be argued that personnel management has always existed in the National Health Service—people have always been recruited, selected and trained, and the personnel function has always been carried out. But the importance of personnel management as an occupation or profession that is vital to human resource in management did not come about until the 1974 re-organisation of the National Health Service.

The Pink Circular HM(72)65, entitled "Development of the Personnel Function", urged the importance of establishing a comprehensive approach to the personnel management function by the hospital authorities. The government endorsed the above recommendation and it became an official government policy. This policy led to a number of hospitals setting up personnel departments. These personnel departments were to replace Establishment departments. As the Pink Circular HM(72)65 explains, personnel departments were to differ from Establishment departments which were mainly regulatory and mostly concerned with appointments and pay of staff. Personnel departments according to the Pink
Circular, would include not only the whole range of Establishment work, but also for example, advice on recruitment sources and methods, selection techniques, induction processes, staff appraisal and counselling, identification of training needs and training, industrial relations, and staff welfare.

The Pink Circular saw personnel management as a line management function and that the personnel specialist would act in the advisory capacity. Because of potential conflict between the line managers and personnel specialists a document on the 'organisation for personnel management' similarly emphasised the relationship between the line managers and personnel specialist. The H.C.R.(73) 37, p.1, argues that:

"The responsibilities of line managers are in no way reduced by the existence of personnel departments. Personnel specialists may often take the initiative in proposing and developing personnel policies and practices, but Departmental Heads, including all professional Heads, retain responsibility for achieving the aims of personnel management ...."

Similarly D.H.S.S. (1972) in the document entitled "Management Arrangements for the Re-organised N.H.S.", claims that most of the responsibility for personnel management should rest with professional staff and
line managers working in the field. Personnel officers, D.H. S.S. say will be there to provide specialist advice.

2.3 The Organisation_of_the Personnel Function in the N.H.S.

As noted above, the 1974 re-organisation of the N.H.S. emphasised comprehensive personnel function. Though, as D.H.S.S.(1972) pointed out, the bulk of personnel responsibilities would lie in the hands of line managers, there was need to have personnel officers at all levels of management to provide specialist advice to professional staff and managers (D.H.S.S. 1972). With the 1974 N.H.S. re-organisation levels of management where personnel officers were to be deployed were at Regional Area and District levels.

At the 1982 re-organisation the Area level of management was replaced by District levels of management. (See Fig.1).

While as with the 1974 N.H.S. re-organisation personnel officers were expected to perform a number of executive functions, 1982 N.H.S. re-organisation
Fig. 1: Structure of the National Health Service

Parliament

Secretary of State

Department of Health and Social Security

Regional Health Authority
(Regional Personnel Officer)

District Health Authority

District Management Team
  I
District Personnel Officer

Units of Management

Acute   Geriatric (Long stay)   Community

'Unit Management Teams'  i  (Unit Personnel Officer)
laid further emphasis on line managers taking full responsibility and being totally accountable for personnel functions.

1982 changes in the structure and management of the N.H.S. in England and Wales were outlined in the Government's consultative paper entitled 'Patients First'¹ H.M.S.O. (1979). The main proposals of this document include removal of area tier of management and establishment of District Health Authorities in their place. The existing District Health Authorities were in the main left unchanged. It was suggested that each district should serve a population of 200,000 to 500,000 people. Each District Health Authority is served by a management team consisting of a district Administrator, a chief nursing officer¹ and two medical officers - a Consultant and a General Practitioner. The management team are, by consensus, to plan and co-ordinate the Health Services of the district.

Another change proposed in the 'Patients First'¹ document was the need for maximum delegation of responsibility to managers in each hospital and local community services referred to as Units. There was
need to strengthen the unit management teams. The unit management teams consist of a unit administrator, Director of nursing services and a Consultant. The team is accountable to the district management team.

The regional level remained the same.

2.3.1 Roles of Personnel Officers in these Levels of Management

As pointed out above personnel officers are to give advice on personnel issues to management teams at all levels and to all line managers. However, personnel officers have both the advisory and executive roles. At times the personnel officers have to deal with Ad Hoc duties of personnel nature as may be assigned by an administrator from time to time. Personnel officers at all levels of management are to be accountable to the administrator for their roles (for an example of the tasks of a district personnel officer see Appendix I). The administrator also co-ordinates the activities of the respective management teams.

2.4 Approaches to Organisation of Personnel Management

Cuminy (1978) suggests two main approaches to the organisation of personnel departments; that is
integrated personnel departments and functional personnel departments. Integrated personnel departments can be said to use open systems approach to personnel management. Below we discuss the systems and functional approaches to personnel management.

2.4.1 Open Systems Approach

The use of open systems approach to personnel management can be said to be influenced by the general systems theory originally proposed by Ludwig von Bertalanffy in the 1930's.

Bertalanffy (1968) views general systems theory as a general science of "wholeness". He argues that the systems theory incorporates the idea of purpose, order, organisation, dynamic interaction and wholeness.

French and Bell (1973 p.74) define systems as, "Inter-dependency and interaction of components or parts, and an identifiable wholeness or Gestalt". They see these aspects of inter-dependency, interaction of components, and wholeness as important dimensions in organisation development. The systems are seen as a linkage of input flows from sources in the external
environment, a transforming mechanism, and flows of output provided to the users. They go on to say that the system may include one or more feedback mechanism for self-regulation (See Fig.2.).

Fig. 2

Source: French and Bell (1973, p.75)

Griffiths (1975) sees systems as simply, "a complex of elements in mutual interaction". To this end Kramer and de Smit (1977) see systems approach as a holistic approach whose emphasis is on inter-relationship of individual parts. Most authors like Griffiths (1975) see systems approach as dynamic because of its ability to change on basis of feedback. (See Fig.2 above). The value of feedback and 'feedforward' mechanisms according to Gagne and Briggs (1974) is that
they enable dynamism with decisions made in the early stages influencing those made in later stages; and insights gained in later stages may enable revisions of plans made earlier.

Argyris (1964, p.12) suggests that we should,

"conceive of organisations as 'Open Systems' imbedded in, but constantly influencing and being influenced by the environment."

2.4.1(i) Systems Approach in Personnel Management

Systems approach in personnel management has been used mostly in what can be called sub-systems or some personnel managerial responsibilities like training and education.

The use of systems approach in training and education has been influenced by mostly the general systems theory (see Section above).

Gagne and Briggs (1974, p.227) see a systems approach to training as, "A systematic process for designing any sized "chunk" of instruction, ranging from a lesson or module to an entire course or even to a curriculum."

Proponents of the use of systems approach in
training, like Gagne and Briggs, argue that it ensures important issues are not overlooked. In this way any courses organised, or those needed to be organised can be looked upon as being based on identified training needs, and also can be looked upon in terms of acceptability, feasibility and suitability (Johnson and Scholes, 1984).

By using open systems approach to training it can be argued that those responsible can become aware of the changes in the environment that may effect the type of training, and whether or not training is needed. Feedback mechanisms within the systems approach would ensure that any faults in the system are corrected, and also serve to reassure us that things are alright in what we are doing.

Hence in personnel management as a whole applying systems approach can promote stability in the organisation. As Argyris (1964) has pointed out the effectiveness of the organisation depends upon its ability to achieve its goals, maintain itself internally and adapt to its environment. One can argue therefore that use of open systems approach can help to reveal the factors necessary to ensure the organisation is effective.
2.4.2. **Functional Approach to Personnel Management**

According to Coming (1978) personnel departments that are organised on functional bases appoint specialist staff. For example there would be officers having or who are specialised in certain aspects of personnel functions. In these departments we can see people like recruitment officers, training officers, Industrial Relations Officers, all specialised in special personnel functions for which they are accountable.

Some of the advantages for functional approach to personnel management include facilitation of mutual assistance and idea sharing among people with similar specialism; promotes greater professional development; may assist in more accurate evaluation of individual competence and may lead to more economic use of resources and less duplication of effort, (Child, 1984).

Despite the above advantages functional structure may create a number of disadvantages. These potential disadvantages include tendency for strong demarcations leading to insufficient horizontal communication. Furthermore there may be lack of integration, especially if the Head (who is
supposed to co-ordinate the functions) is kept busy with other issues. There may also be a problem of finding a substitute for a specialised area in the case of absence of the job holder. Furthermore it can be argued that organising of personnel function on functional basis may lead to fragmentation of personnel function.

2.5 The Concepts of Personnel Management_and Personnel Specialist

Authors define personnel management in a variety of ways. However, Legge (1978) argues that personnel management is basically defined in two ways; functional and departmental. Legge (1978, pp.20-21) claims that those who define personnel management as a personnel function say that;

"the function of personnel management is to obtain the optimum utilisation of human resources for the achievement of organisational goals, while at the same time providing opportunities for these human resources to attain an equitable reward for their efforts and an opportunity for some measure of self-fullment within the organisation".

Legge argues that the problem in such definitions is their inability to state what this function is. The two examples of functional definitions are the ones
offered by the I.P M. (1963) and Pigors and Myers (1969)

The I.P.M.(1963) definition of personnel management states that:

"Personnel management is a responsibility of all those who manage people, as well as being a description of the work of those who are employed at work and with their relationships within an enterprise. Personnel management aims to achieve both efficiency and justice, neither of which can be pursued successfully without the other. It seeks to bring together and develop into an effective organisation the men and women who make up an enterprise, enabling each to make his own best contribution to its success both as an individual and as a member of a working group. It seeks to provide fair terms and conditions of employment, and satisfying work for those employed."

Similarly Pigors and Myers (1969, p.24) say that:

"Since management aims at getting effective results with people; personnel administration is a basic management responsibility permeating all levels of management in any organisation....."

According to Legge (1978) departmental definitions are concerned more with the activities undertaken by the specialist personnel department. An example of departmental definition is one offered by Glueck (1974), he says that:
"Personnel administration is that function of any work organisation concerned with providing for its human resources. It involves planning for human resource needs, finding and hiring employees, training and compensating them, and finally retiring them.

Legge argues that:

"Personnel management by definition is chiefly concerned with the acquisition, maintenance and development of one of the resources (i.e., human resources) through which organisational ends are achieved, rather than the ends themselves. They are concerned with means rather than ends, and inputs rather than outputs."

As Legge points out above, personnel specialists are concerned with the means rather than the end: the resources which contribute to the achievement of organisational goals.

By definition the personnel specialist is a person who is said to be trained, and has skill and expert knowledge in personnel matters. Watson (1977, p.51) argues that:

"Whether the personnel specialist has the title of Personnel Director, Officer, Manager or even Personnel Assistant, he is to be seen as part of management. All personnel specialists are involved in the management of human resources however junior they may be."
It can be argued that the above conception of personnel specialist may not be fully acceptable within power structures of organisations. Therefore it can be suggested that a personnel specialist should be a senior man, competent, credible and one who commands respect from other members of the management team. For example, a junior man, as suggested by Watson may need to work harder than a senior person to show other managers his crediblility. Furthermore, it can be argued that the personnel specialist needs to have not only professional expertise, but should also have adequate knowledge of culture, economic, social and political environment that affect the operations of the organisations. He needs also to know the organisational structure of other areas within the organisation other than his own.

2.6 The Roles and Functions of Personnel Management

Armstrong (1977, p.18) says that:

"The role of the personnel function should be to provide advice, services and functional guidance which will enable the management to deal effectively with all matters concerning the employment of people and relationships between the management of the organisation and the people it employs."
Armstrong goes on to say that the aim of personnel role would be to make effective contribution to the achievement of the objectives of the organisation and to the fulfillment of its social and legal responsibilities.

The role of personnel management is a diverse one, and often there is a confusion of what the exact role of personnel department is or should be. A study done by Bohlander et al (1984) on perceptions of personnel function reveals that even among personnel workers there is a confusion as to what they are expected to do. They also found that other people like the line managers did not know what the personnel department was supposed to be doing and what they themselves were supposed to be doing as regards to the personnel function. They go on to argue that unless each group has a clear understanding of the duties involved it is difficult to communicate and carry out individual roles.

Bohlander et al see duties typically undertaken by personnel department as consisting of four main areas. The first group of duties consists of policy initiation and formulation. This involves
proposing and drafting new policies or revising policy to cover recurring problems or prevent anticipated problems. Also the personnel department can counsel and advise line managers on issues such as personnel policy, labour agreements (or contracts and conditions of work) and on the needs and welfare of both the organisation and the employees in order to develop sound solutions to problems. Another group of duties is said to be of service nature. This includes activities of personnel administration such as recruiting, selection, testing (psychological testing), planning training programmes and conducting grievance hearing etc. The final group of duties which Bohlander et al put forward is that of control, which they say should involve monitoring performance of line departments and other staff departments to ensure conformity with established personnel policy, procedures and practice.

Legge (1978) divides activities comprising the organisation's personnel function into; steady-state) innovative/developmental, breakdown/crisis, policy and direction functions. Steady-state activities include regular training and induction programmes and day to day on the job instructions
and some aspects of Industrial Relations such as regular meetings between management and Union officials. Innovative/developmental function refers mainly to sensitivity training for managers such as T-groups. Breakdown/crises function refers to issues such as intervention to avert or end strikes. Legge further suggests that personnel departments should be designed on Matrix principle. (See Fig. 3.)

-i2l_l A Framework for Design of a Personnel Department

ACTIVITY BASED EXPERTISE

<table>
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<tr>
<th>Steady-state activities</th>
<th>Innovation activities</th>
<th>Breakdown/crises activities</th>
<th>Policy/direction activities</th>
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<td>Manpower planning</td>
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<td>Recruitment and selection</td>
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<td>Wage and salary administration; ___</td>
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<td>Organisational Design</td>
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Source: Legge (1977 p.129)
Legge, like Bohlander et al, also suggests that the personnel specialist should be clear of what his/her role is, if role ambiguity has to be avoided or minimised. She sees this to be particularly so if the tasks of a personnel department are undertaken in relation to other managerial functions such as executing, servicing, auditing, advising and co-ordinating.

Other writers on personnel management have divided the personnel specialist function in terms of technical function and strategic role. Technical function involves issues such as maintenance of staff records, wages and salaries administration, keeping sickness records and attending to staff leave and pensions. Strategic role of personnel specialist involves concern over the total running of the organisation. (For further explanation see Section 2.7).

Johnson and Scholes (1984) suggest that corporate strategy should involve; strategic analysis, strategic choice and strategic implementation. It can be argued that personnel specialists can be involved in all these areas involving the organisation.
Hunt (1984) on the other hand reminds us of the changing role of the personnel specialist. He claims that the roles that will progressively involve the personnel specialist are:

* "The process of developing, sustaining and reinforcing the corporate culture – with all the advantages of modern media, advertising and public relations;

* The resourcing of highly qualified talent, both managerial and technical;

* The existing of talent that has had its turn in employment as well as those whose talent never matured;

* The rewarding of people with intrinsic and extrinsic rewards relevant to the task and to the individual."

For example, Hunt points out that because the number of people required in organisation will continue to reduce because of factors such as redundancy and automated technology the personnel specialist will be involved more in existing procedures than ever before.

2.7 The_Strategic_Role_of_Personnel_Specialist

Although in the previous section reference has been made to the strategic and technical roles of a personnel specialist, we feel the latter is an important issue that deserves further analysis.
To this end this section examines both the theoretic and practical aspects of the strategic role of a personnel specialist. It discusses potential contributions that a personnel specialist can make in strategic restructuring of the organisation. Before doing that, this section starts by explaining what is meant by strategic restructuring of the organisation.

Restructuring of the organisation can be taken to mean making changes to the structure of the organisation. Changes should be made in such a way as to ensure that the goals and objectives of the organisation are met, and at the same time, as much as possible, that the individuals goals and objectives are met (Torrington and Chapman, 1983).

In restructuring the organisation perhaps the aim should be to prepare the organisation to meet further challenges as well as adapting the organisation to the changing needs of the organisation (internal environment), and the changing needs of the external socio-economic and political environment (Johnson and Scholes, 1984). Child (1977, p.23) sees organisation structure as:
"A means for allocating responsibilities, providing a framework for operations and performance assessment, and furnishing mechanisms to process information and assist in decision-making."

Restructuring of the organisation, what Child (1977, 1984) calls 're-organisation' can therefore be seen as a process of bringing about changes in the organisation structure including work and the people who do that work.

Therefore strategic restructuring of the organisation implies making decisions about how the organisation should be. McCarthy et al (1979, p.9) suggests that strategy should include both objectives and means, and they say that, "An organisation's strategy is where it wants to go and how it intends to get there."

Johnson and Scholes (1984) suggest that strategy should consist of three elements: strategic analysis, strategic choice and strategic implementation. It can be argued that the personnel specialist can make contributions to the strategic restructuring of the organisation in all these three areas. We now turn to look at how this can be done.
According to Johnson and Scholes (1984) strategic analysis is concerned with the strategic situation of the organisation. The personnel specialist can help in assessing both the internal and external environments. In analysing the internal environment of the organisation, the main areas in which potential contributions of the personnel specialist can be made are in areas of; manpower analysis, training needs analysis, job analysis and evaluation and staff appraisal.

In order to make meaningful contributions the personnel specialist needs to know the exact manpower situation in terms of numbers, skills and experience, and how the organisation is utilising the manpower, (Johnson and Scholes, 1984). The personnel specialist can do a survey in order to identify the felt-needs of the staff. Also training needs can be identified through staff appraisal and job analysis.

Scholl and Brownell (1983) point out that the aim of job analysis is to find out the skills, the abilities and knowledge required to perform a job adequately. There is also need to analyse existing
facilities and opportunities for staff training and development. Apart from isolating areas of competence and incompetence, he/she needs to identify areas of harmony, uncertainty, and conflict.

The above idea has been explained rather well by Knight (1983) who suggests doing contingency analysis, analysis of role relations and analysis of power and influence.

The personnel specialist should also be involved in analysing the external environment. It is important to review issues such as current legislation, political needs, national and industry, and general trends.

Personnel specialists should also look at other organisations in similar situations and be able to advise on comparative employment conditions. He/she needs to review changes that are taking place in the socio-economic technological, political and knowledge areas.

To this end Lupton (1974, p.46) suggests that the personnel specialist should be able to carry out accurate diagnosis and argues that:
"To carry out accurate diagnosis not only requires knowledge of the organisation itself as a socio-technical system but a knowledge of the economic, legal, political and social environment within which the organisation exists and to which it has to adapt in order to survive and develop."

After having analysed both the existing internal and external environmental situations, the personnel specialist can proceed to assist in what Johnson and Scholes call strategic choice.

In strategic choice the organisation will need to know what options are available to them. For example if there is a pending vacancy to be filled a personnel specialist may assist the management team by outlining some of the options open to them. These options or alternatives, according to Johnson and Scholes, should be evaluated in terms of acceptability, suitability and feasibility as far as the management and employees are concerned. After evaluating the options, the personnel specialist would be able to assist in choosing the best options. Options open to management may include recruitment and selection or promotion either from within or outside the organisation. And also the prospective candidates may be sent for training either on short or long courses.
The personnel specialist can also help in instituting or implementing whatever strategy was decided upon. This stage, according to Johnson and Scholes is called strategic implementation.

It can be argued that the key potential contribution of the personnel specialist in this stage is to advise and suggest ways of overcoming resistance to change, and ways of achieving change. People may resist change for a number of reasons. Resistance to change may be due to economic, social, personal reasons, and even fear of the unknown and failure or awkwardness in trying to initiate a new practice of behaviour (Herbert, 1981, Watson, 1982, Armstrong, 1983).

The personnel specialist should play a central role in trying to allay all these fears. He/she may advocate and be instrumental in encouraging participative styles of management with the view of overcoming resistance to change. The personnel specialist should, therefore, be actively involved in 'selling' the change to ensure smooth implementation of the strategy. Fear of change may also be overcome through educating people as to what is involved in the change process, (Watson 1982).
Also, the personnel specialist is expected to make constructive suggestions as regards to appropriate reward systems that are linked to individual effort, performance and responsibility, (Galbraith, 1977). This should be coupled with motivational methods which are contingent upon various individual and organisational goals, expectations as well as various environmental factors. For instance, it has been found that a high need for achievement is particularly important for success in many junior and middle management jobs, (Guest, 1984),

There is also need to implement sound manpower development programmes such as management development, training and career progression systems. According to Guest (1984) constant research findings have shown that frustrated career orientations are a major problem in industry.

Personnel specialists can also make meaningful contribution in giving advice on industrial relation issues in order to minimise or resolve conflict between employers and employees. They can also advise on legislation and employment law.
2.8 Problems that may Hinder the Personnel Specialist from Makinci Full Contribution to Human Resource Management in N.H^S.

Authors have put forward a number of problems that face the personnel specialist and may prevent or hinder him/her from making full contributions in organisations. These problems can be viewed mainly in three broad headings; non-participation of personnel specialist in organisational strategic decision-making, ambiguities and uncertainties surrounding personnel activities, and belief that personnel function is one which can be performed by anybody in the organisation.

Non-involvement in strategic planning is said to be one of the 'stumbling blocks' to full contributions of personnel specialists as a manpower planner. Legge (1978) points out that there is ample evidence to show that the personnel specialist does not make full contributions to the organisation, because the rest of the management team do not realise the enormous potential that a personnel specialist has. She sees non-involvement of personnel specialist as leading to a vicious cycle situation. (See Kig.4).
Management Policy of non-involvement of Personnel Department in the Planning Process

Line Management has poor perception of the Personnel Department

human resource problems

Crisis Management

Problem solution left to Personnel Department

Pressure of time and work on Personnel Department

Source: Legge (1978, p.56)
A number of reasons can be attributed to non-involvement of personnel department in the planning process. As mentioned above, management teams do not realise that personnel specialists have enormous potential to contribute to the planning process, (Legge, 1978). The personnel specialist because of his/her training is more able to see and/or give advice as to which would be right decisions, especially those involving manpower.

Legge points out that personnel specialists are concerned with the means rather than the ends; the resources that contribute to the achievement of the organisation's goals. This view makes it difficult to relate the personnel specialist function to the organisation's success criteria. In the situation in which personnel operates, it is difficult to relate their work directly to the output of the firm. Manpower planning ensures provision of human resources, the right people, in the right place and at the right time, (Lyons, 1971). However, in an organisation where personnel specialists are not allowed proper manpower planning function they may not be able to get the right people, in the right place and at the right time.
Involving personnel specialists in the planning process may require making personnel specialists as members of management teams. According to McCarthy (1983) the Institute of Personnel Management proposed that personnel officers be made members of the management team so that, "the importance and specialist nature of their work could be allowed to develop properly." This proposal involves change, and hence resistance to change is likely to occur. People may resist change for a number of reasons. Resistance to change may be due to economic, social, personal reasons, and even fear of the unknown and failure or awkwardness in trying to imitate a new practice of behaviour, (Herbert 1981, Watson 1982, Armstrong 1983).

Another reason for lack of involvement of personnel specialists may be due to seeing personnel management as a low status occupation. Watson (1977, p.59) in his study revealed that:

"the personnel practitioner is constantly faced with overcoming his low status and credibility in order to influence managers."
Similarly Critchton (1968) talks about personnel management being seen to be of low status, and remarks that the history of personnel specialists as a group is the history of a struggle for status to become full members of the management team. It can be argued that for a strategic role to become a reality status and power are essential for the personnel specialist.


It can be argued that most of the personnel activities should be done by line managers but in most cases this has led to the consequent belief that others in the organisation know "what personnel is all about." Hence this has further led to undermining of the personnel function.
CHAPTER 3

3. Background Information to the Project Study

3.1 Introduction

In reviewing the personnel function in the N.H.S. it was decided to study the Sandwell Health Authority and assess its organisation of the personnel function. Therefore it appears pertinent to begin this chapter by a brief explanation of the "Authority" and how the personnel function is organised. The chapter begins by looking at the geographical setting and the population of Sandwell Metropolitan Borough. It goes on to look at the structure, staffing and the units that make up the District Health Authority. The final part of this chapter discusses the organisation of the personnel function in the Sandwell Health Authority, and the relationship of personnel specialists to line managers.

The information used for this chapter has been obtained from the 'District Profile' document, Manpower statistics records, from 'informed' sources and personal observations.
3.2 Geographical Setting of the Sandwell Health Authority (The District Health Authority)

Sandwell Health Authority lies on the northwest boundary of Birmingham in the West Midlands. It belongs to the Sandwell Metropolitan Borough. The population of Sandwell Metropolitan Borough is estimated at 309,900 of which 45,600 are aged 65 years and over. Approximately 53% of the population is served by the district's own hospitals, (others obtain treatment within Birmingham, Dudley and Walsall Health Authorities).

3.3 The Structure of Sandwell Health Services

The District Health Authority provides its health services via three units; acute, community and geriatric/long-stay units.

3.4 Staffing for the Units

Total number of staff working in all the three units is 3,556: of this figure 2,113 are full-time workers and 1,443 are part-time workers. Below is a breakdown of District Staff Groups. (Fig.5).
L±2.1_2f District Staff Groups

Ancillary : 685
Maintenance (building/engineering) : 71
Administration and Clerical : 546
Medical and Dental : 228
Nurses and Midwives : 1,634
Professional and Technical (Works) : 17
Professional and Technical (non-works) : 375

TOTAL : 3,556

3.5 Sandwell Health Authority Units

a) The Acute Unit

The Acute Unit includes Sandwell District Hospital in West Bromwich and Midland Centre for Neurosurgery and Neurology (M.C.N.N.) in Sznethwick, Warley.

Sandwell District General Hospital (in-patient) provides facilities for general medicine, general surgery, paediatrics, geriatrics, ear, nose and throat
diseases, trauma and orthopaedics, ophthalmology, dental surgery, gynaecology, obstetrics, dermatology and intensive care. The hospital has a total number of 503 beds.

Midland Centre for Neurosurgery and Neurology is said to be one of the most sophisticated units for neurosurgery and neurology in Europe. Hence it acts as a popular referral centre for patients coming from its region. It is also said to be a renowned postgraduate teaching and research centre having close links with the Medical School of the University of Birmingham. The centre has a total of 80 beds.

b) Long Stay, Geriatric/Rehabilitation Unit

This unit comprises of five hospitals. Moseley Hospital has 91 geriatric beds, of which 16 beds are 'long-stay' and 33 are rehabilitation beds. Heath Lane Hospital has 49 geriatric beds and 45 chest diseases beds. Attached to this hospital is a 20-place day centre for geriatrics who are brought from their homes within the Sandwell Health District on a daily basis. Heath Lane geriatric unit has 25 beds.
Stallings Lane (situated in Dudley) is a 34-bedded long-stay geriatric hospital. Edward Street Day Hospital caters for 65 psycho-geriatric patients at a time. In all, the geriatric unit has a total number of 309 beds.

c) Community_Unit

The Community Unit comprises of 26 clinics and 5 Health Centres situated throughout the district, providing services in orthopaedics, child guidance and development screening, dental services, school health services, family planning services, district nursing and health visiting services.

Newton House is also within the community. It is a day unit and has 20 places catering for the mentally handicapped adults and children.

3.6 Management of the Units

Each unit has a unit management team comprising of; a unit administrator, Director of Nursing Studies and a Consultant. In the Community Unit the management team consists of a General Practitioner as well as the above mentioned team. Unit management teams are free to invite the Treasurer to their
meetings especially when such meetings involve finance or budgets.

Each unit management team is responsible to the District Management Team who are in turn responsible to the District Health Authority.

Management teams use consensus style of management. This means that each issue has to be agreed to by all the members of the team before action can be taken.

3.7 Organisation of Personnel Function in * the Sandwell Health Authority

3.7.1 The_District_Personnel Department and It's Functions

The personnel function at the District Headquarters is basically organised into two departments: the general personnel department and the nursing personnel department. However, the general personnel departments also deal with some personnel issues concerning the nurses such as maternity leave procedures and advertising for nursing staff posts as well as all staff for the whole District Health Authority.
We shall now look at both personnel departments and assess their functions beginning with the general personnel department.

3.7.1.1 The_District_Personnel_Department
   (General)

   The personnel function in this department appears to be organised on a functional basis in that there are different offices dealing with different aspects of personnel functions. For example, the department has one office dealing with training and staff development, another office deals with manpower resources and records including incentive bonus schemes while another office deals with matters pertaining to industrial relations and staff welfare including health and safety at work.

   However, it can be argued that though the personnel activities are functionalised at Headquarters, they are also integrated. This integration is made possible in mainly two ways. Firstly the department is headed by a District Personnel Officer to whom other personnel officers are accountable for their personnel job. The District Personnel Officer is in turn accountable to the District
Administrator, and hence it is imperative that he/she gets adequate facts about how the job is going. Secondly, integration of personnel activities can be said to be done through the weekly meetings which bring all the personnel officers in the district together to discuss their jobs, 'air' their views and try to solve any problems that may surface. Apart from these formally set meetings there are regular ad hoc meetings from time to time to assess work progress.

The roles of the personnel departments can be broadly divided into three levels; advisory, executive, and strategic roles. (See Appendix I).

The personnel department provides specialist views and encouragement to managers undertaking their own personnel responsibilities in accordance with the district policy. It offers advisory service on a variety of issues, pertaining to personnel management including employment legislation, to the Sandwell Health Authority, District Management Team and line managers.

The personnel department's executive roles include formulation and introduction of district policies, and ensuring that such policies are implemented and
adhered to both at District Headquarters and at unit level. Examples of issues that these policies pertain to are; recruitment/termination procedures, induction, staff training and development, enactment of industrial relations procedures, personnel and established records and staff welfare - for example ensuring health and safety at work. However, it can be argued that ensuring that policies are adhered to could be difficult as this calls for exercising control by the personnel department. This is further complicated by the need to adhere to consensual style of management, and the belief that line managers can only be advised and not ordered to carry out such policies. However, policies of statutory in nature, such as health and safety at work, are legally binding and hence the personnel department has the authority to ensure that they are implemented.

The strategic role of the personnel department does not appear to be very well established, and this might be evidenced from the fact that none of the personnel specialists are on any of the management teams. However, the management teams try to involve the personnel department in the strategic role by inviting the personnel specialists to some of their
manpower planning meetings. Furthermore the personnel department is charged with the task of initiating and co-ordinating the development of the district's manpower plan to meet the needs of the district's health service and capital plans.

3.7.2 The Nurse Personnel Department

Though the Nurse Personnel Department is separate from the General Personnel Department it is expected to work in close liaison with the District Personnel Department on all industrial relation matters relating to nursing.

Like the District Personnel Department, the Nurse Personnel Department's roles can be divided into advisory, executive and strategic roles.

The Nurse Personnel Department is responsible for staff development and hence advises the line managers, the health authority and the District Management Team on various aspects of training. The department also advises the District Nursing Officer on current industrial relations legislation and the implications to the authority and it's services. Broadly speaking the Nurse Personnel
Department is expected to attend all Tribunal hearings/cases involving the nursing staff. The Nurse Personnel Department is also involved in disciplinary hearings in cases of serious breaches of discipline, grievances and disputes procedures. The department is also involved in negotiations with the Trade Unions and the Royal College of Nursing.

The Nurse Personnel Department is responsible for identifying the training needs of line managers in relation to industrial relations and associated subjects. The department also arranges orientation programmes for senior nurses in conjunction with the Directors of nursing services.

On a strategic level the department's role is mostly advisory on issues of manpower levels, and also provides financial, statistical information in relation to new projects and extension of services.

3.7.3 The Unit Personnel Department and Its Functions

Only one unit - the Acute Unit has its own personnel department headed by a Unit Personnel Officer. The other units, if they need advice, go to the District
Personnel Department. The nursing staff mostly approach their own personnel officer – who is both the Deputy Chief Nursing Officer and support nurse. However, the nursing staff are free to approach any of the personnel departments if they so wish. This section will now look at the role of the 'Unit Personnel Department (see Appendix II for the Unit Personnel Officer's job description).

The Unit Personnel Department in the Acute Unit deals with most of the personnel issues involving the unit. On some personnel issues the department: is free to consult the District Personnel Department. Professionally, the Unit Personnel Officers are accountable to the District Personnel Officer, but for the day to day running of the Acute Unit they are accountable to the Unit Administrator. They are also accountable to the Unit Administrator for promoting an understanding and stimulating the development of good practice in accordance with district policies throughout the unit.

The district policies with which the Unit Personnel Department is expected to be involved with are particularly in the area of organisation structure and development, staff training and development,
manpower planning, industrial relations, employment practices and consultation and communication with staff.

Other activities involve? developing and maintaining appropriate information systems for use by managers*

The department is also involved with recruitment and selection of staff for the unit. The Unit Personnel Department also provides advisory service to the Unit Administrator, Unit Management Team and all line managers on all aspects of personnel management and employment legislation. Some of these aspects of personnel management involve disciplinary code, grievance and sickness procedures, leave and other Whitley Council conditions of service including staff grading matters and health and safety procedure.

Though the job description includes assisting managers in the development of their staff including use of counselling and staff appraisal, it would appear that the Unit Personnel Department's role in this area is rather limited in that the District Health Authority, and hence its units has no formal system of staff appraisal.
The bulk of the unit personnel activities appear to be of an 'ad hoc' nature assigned to the department by the Unit Administrator. Such ad hoc duties include hiring of temporary staff apart from the nursing staff and arranging for work experience for students.

3.7.4 The Personnel Function of Line Managers

The line managers in the Sandwell Health Authority are expected to deal with all personnel issues apart from maternity leave and advertising for staff. These two personnel functions are dealt with by the personnel departments, more specifically the District Personnel Department. This section looks at the personnel functions that are performed by line managers.

Broadly speaking line managers can be said to be directly involved with all personnel issues apart from as mentioned above. Maternity leave and advertising procedures, on which they however advise the personnel departments on, for example, the type of staff needed, and where the advertisement can be placed.

Line managers personnel activities include the selection and appointment of staff, counselling of
staff, substantive issues such as explanation of conditions of service and pay to their members of staff and dealing with procedural issues. These procedural issues include disciplinary, disputes and grievance-and sickness procedures. They are also involved in counselling, training and development of their staff, including assisting in identification of training needs, and advising on how to meet these needs. Line managers are also involved in drawing up induction programmes for introducing new staff to their new work environment and their duties. Line managers also assemble and maintain staff records for example, on matters of discipline, sickness, annual and study leave. They also maintain statistical information in relation to issues such as manpower levels and other associated returns. Such information is also required by management teams in order to assist in making manpower plans. Line managers are also involved in industrial relations, and from time to time may be directly involved in negotiations with Trade Unions and the Royal College of Nursing.

On all the above and other personnel issues line managers are free to seek advice from the personnel specialists.
Following the 1982 re-organisation of the National Health Service, it was emphasised in the document 'Patients First', to encourage full delegation of personnel function to line managers. Hence in this policy line managers take full responsibility for personnel issues of their staff.

Vesting the personnel function into the line managers has meant that executive role of the personnel specialist has been greatly reduced. The main role of the personnel specialist is to advise and assist management teams and the rest of the line managers in performing their personnel function.

Advice from the personnel officers is given in a number of ways. Personnel departments are said to be operating an "OPEN-DOOR SYSTEM" where any member of staff is welcome for advice. Sometimes personnel officers are invited to attend meetings where their expertise may be required. A personnel specialist attends only in his/her advisory capacity. He/she may be asked for comments and advice, but the final decision rests on the management team or line managers.
Throughout their relationship with the management teams and line managers, personnel specialists are reminded of the need for consensus style of management to prevail. This can often be seen in the way new policies are introduced within the Authority. Apart from statutory policies, all policies have to be agreeable to management teams and the line managers who are going to see to their execution. Hence all drafts of the proposed policies are sent to management teams and line managers for discussion and comment before a final draft is made. Again the policies put out by the personnel specialists can be rejected. The personnel specialist has no authority over the policies he/she makes and, therefore, cannot insist on compliance with the policies or procedures that he makes. But since the personnel specialist is accountable to the Administrator for performance of his/her duties, he/she can get some things done through the Administrator. This demands good working relationships, which appear to be the case in this Authority.

Finally it can be said that while the units deal more with the day to day executive personnel function, the district personnel department is concerned more with strategic issues and plays a role of an advisor
more than that of an executive. However, there are times when the district personnel department may play an interventionist role, especially in cases of a strike where there is need to negotiate with Trade Unions.
CHAPTER 4

4. Methodology/Pata Collection

To facilitate collection of information relevant to this project four methods of collecting information were used. These methods included; personal interviews, questionnaires, observation and extensive literature search. There are a number of reasons put forward for favouring use of multiple methods as opposed to a single method. Webb et al (1966) point out that in every method there is bias associated with it and hence adding to validity threats. However, the weaknesses inherent in the use of one method are minimised by the use of multiple methods.

Webb et al go on to argue that:

"The issue is not choosing among individual methods. Rather it is the necessity for a multiple operationism, a collection of methods combined to avoid sharing some weaknesses."

(Webb et al, 1966 pp.1-2)

With the same view in mind the writer favoured use of multiple methods also for the following reasons, It can be argued that multiple methods would ensure that information not collected by one method would be collected by another. For example, the sample that was selected for the study, some people appeared to be
particularly informative on the personal interviews and not on questionnaires.

This chapter will now look at some of the methods that were used in some detail, and assess their strengths and weaknesses.

4.1 Personal Interviews

This method involves going out to those involved in the field to be investigated and ask them questions. Personal interviews may be viewed broadly as structured or unstructured.

4.1.1 Structured Interviews

Treece and Treece (1977) refer to this method as standardised method. In this method the interviewer has a set of questions in the form of a written guide or schedule. The interviewer is not permitted to change the specific wording of the interview question schedule. Each interview must be conducted in precisely the same manner, and he/she cannot adapt questions for a specific situation or pursue statements in order to add to the data.
4.1.2 Unstructured Interview

This can be referred to as being both non-standardised and non-directive. In this method the interviewer has complete freedom to develop each interview in the most appropriate manner for each situation. The interviewer is not held to any specific questions. Furthermore the subject is allowed the opportunity to express his feelings without fear of disapproval. The subject can express his actual feelings on topics without waiting to be questioned. There is freedom to discuss a topic without pressure from the interviewer.

Non-directive interviews serve as a catalyst resulting in a comprehensive picture of the interviewee's values and thoughts* and therefore provides a larger context in which respondents can express themselves (Treece and Treece, 1977).

4.1.3 Advantages of Personal Interviews

Compared with the questionnaire method of collecting data, the interview method has the advantage that the interviewer, if possible, while still planning the individual interview, can always adapt questions to suit the situation. Questions can be formulated individually, their order can be varied, questions can be
omitted and additional questions can be asked. Furthermore, interview questions, if not understood, can be repeated. Also there is an opportunity to probe further for more clarity and appraise the validity of the report. This is possible because of personal contact, and hence the interviewer can observe what is taking place both from verbal, and non-verbal cues. Moreover it is possible to draw valuable conclusions from seeing the workplace of the person being questioned and observing his behaviour.

Because interviews provide greater flexibility, objections can be pointed out and rapport regained so that the respondents are able, and are more willing to respond and co-operate. Interviews also have a great advantage in that most people will consent to an interview (about 95%) while only a few will answer a questionnaire – only 10-50% (Treece and Treece, 1977, Bailey, 1978).

4.1.4 Disadvantages of Personal Interviews

The interview method is said to be by far the most difficult way of ascertaining actual situations and imposes the greatest demands on the organiser with regard to approachability, psychological sensitivity and patience. The interviewer must constantly accustom
himself to fresh conversation partners) he/she must recognise their personal strengths and weaknesses and take this into account.

Interviews can be time consuming. The respondent's answers can be affected by his/her reaction to interviewer's sex, race, accent and physical appearance leading to interview bias. Also it may not always be easy to obtain suitable interviewers for the study, and hence staff may need to be trained, leading to the need for more time and costs may be high. Cost could also be high especially if extensive travelling is required. If the aim is to penetrate the fine points of managerial work and style of management, it is necessary that there should be good contact between manager and interviewer.

Ideally such interviews should be conducted by experienced organisers, who, wherever possible, have at some time occupied managerial positions. However, it may not be possible to find such interviewers. Furthermore interviewees may have no opportunity to consult records (Treece and Treece, 1977, Bailey, 1978)

4.2 Questionnaire

Treece and Treece (1977) argue that the most common type of research instrument is the questionnaire.
A questionnaire is comprised of questions which participants in the sample are expected to answer. Questionnaires may be distributed directly to the respondents or they can be mailed to them.

4.2.1 Advantages of Questionnaires

Selltiz (1959) argues that questionnaires can be sent through the post, whereas interviewers cannot. Therefore, though questionnaires were personally distributed to the respondents, via a self-addressed stamped envelope, these questionnaires were posted back with relative speed.

Another advantage is that questionnaires allow the respondents more time to reflect over what is asked, and to consult relevant documents if need be. Questionnaires can be said to reduce any biasing errors that might be inherent in the face to face interaction. Furthermore, questionnaires are said to be relatively easy to analyse than, for example, data arising from personal interviews (Treece and Treece, 1977). Similarly they claim that it is a relatively simple method of obtaining data. They go on to say that the method is less time consuming than interviews and is inexpensive to distribute. Also, the researcher can gather data from a widely
scattered sample leading to fields of unlimited size being investigated simultaneously (Treece and Treece, 1977, Bailey, 1978).

4.2.2 Disadvantages of Questionnaires

Questionnaires have a number of disadvantages. The sudden distribution of questionnaires may cause considerable disquiet in the works. As with all suspected organisational changes, this mistrust of organisational staff will be great, and may be largely governed by the anxiety to keep one's job especially now that redundancy problems are escalating. The greater the time allowed for filling in the forms, the greater is the risk that forms will be filled in as a combined effort, giving an unrealistic picture.

The questionnaire method is not flexible, it does not take into account any individual differences of the respondents. Furthermore this method is not able to probe a topic in depth without becoming unduly lengthy.

The respondent may omit or disregard any item he chooses, without giving an explanation, and this may affect the results, and may lead to false results. Some items may lead the subject to select responses that are not his choice (forced-choice items). To avoid this some respondents may add their own categories
to the questionnaires, and again this may affect the results. Some respondents may add their own items because some items may be misunderstood, and hence this may give the researcher a false picture.

The amount of information given is limited by the subjects available time and interest span. According to Treece and Treece (1977) usually respondents do not like to take more than 25 minutes to answer a questionnaire. And, because answering questionnaires is on a voluntary basis, some members of an anticipated sample may not comply with the request to participate. The response rate is usually low - 10-50% (Treece and Treece, 1977, Bailey, 1978).

Another disadvantage is that answers to questions asked, even if they need factual information, only elicit peoples' opinions. Hodgkins and Eldelstein (1972) argue that there are bound to be errors from answered questionnaires and facts cannot always be accepted to be as such. To this end Treece and Treece argue that information obtained from a questionnare can only be an opinion, a misinterpretation, a guess, a bias, or an error.

4.3 Observational Methods

This method entails observation and study of human behaviour as it occurs. It is said to be one of the
basic research methods by which data is collected. It is a two-part process whereby there is an observer (researcher) and the observed (Treece and Treece, 1977), Bailey (1978) argues that although observational methods are primarily a technique for collecting data on non-verbal behaviour using visual senses, data can also be collected via other senses such as hearing, touch or smell. He goes on to suggest that observational methods can be used in conjunction with other data-gathering techniques.

There are two types of observation, participant and non-participant. The participant observer gets involved in the activities being observed. His/her dual role is generally not known to other participants. A non-participant observer does not participate in group activities, and does not pretend to be a member (Bailey, 1978).

4.3.1 Advantages of Observational Method

Treece and Treece (1977) argue that through the observational method large quantities of data can be produced with relative ease. Furthermore all data obtained by observation technique is useable, whereas information from questionnaires is often irrelevant as some questions may have been misunderstood. Data
collected from observation has the virtue of being a
description of events as they happen, and hence it can be
said to be reality oriented. Similarly Bailey (1978) says
that the observer can make field notes of salient features
of the behaviour, or may record behaviour in its totality
via a videotape. Also, he points out another advantage of
observation as being the fact that it takes place in its
natural environment. To this end Nachmias and Nachmias
(1976) argue that observation avoids introduction of arti-
ficiality in the research environment.

4.3.2 Disadvantages of Observational Methods

Bailey (1978) points out that the research has no
control over variables that may affect the data. And since
observation is subjective method of dealing with the
observer's perceptions it is very difficult to put data
in quantifiable form and hence it is likely to be
considered as unreliable.

Another disadvantage is that observational methods,
because they require in-depth study, can be very time
consuming and expensive.

Gaining entry in an organisation to do a study can meet
with disapproval by members of the organisation, As Bailey
points out, even if permission can be secured
the researcher is often regarded with suspicion by other workers as being a spy for the management.

Also some situations may not be open to observation for example, in sensitive issues and in cases of counselling (Treece and Treece, 1977, Bailey, 1978).

4.4 Summary

As already pointed out, the idea of using a multiplicity of methods in gathering data for this project is one which has been found to be very useful. Firstly, the extensive literature search enabled the writer to discover the extent to which personnel management as a profession has developed and progressed in the National Health Service, (N.H.S.). According to literature reviewed personnel management as an organised profession in the N.H.S. is still in its infancy. Hence it can be argued that it is still beset by problems of sorting out the roles between the personnel specialists and the line managers. This problem has also been pointed out by research findings by Watson (1977), Bohlander et al (1983) and in McCarthy's article of 1983. These authors argue that even among the personnel workers there is confusion as to what they are expected to do. They say that there are divergent opinions among personnel specialists and line managers concerning their respective responsibilities for various personnel duties.
Secondly, the use of unstructured personal interviews achieved the following objectives: the respondents seemed free and at ease to discuss what they understood about the personnel function. Its strengths and weaknesses were discussed mainly in terms of how personnel function was operated within the organisation. Also personnel interviews provided an opportunity to secure permission for respondents to answer questionnaires which followed later. Furthermore it allowed for more probing of the topic, and to this end it can be said that it supplemented other methods. For example, it supplemented the literature search in that most of the respondents have seen the two N.H.S. re-organisations of 1974 and 1982 and were able to explain the changes in the personnel function and how they have affected them. It can also be said to have supplemented the questionnaires in that much more information was obtained during personal interviews than in the questionnaires. This not only provided data for the project, but also provided a valuable learning experience.

It can be argued that data obtained from answers to questionnaires has also augmented the other data from personal interviews and the literature search. Use of questionnaires has, to a large extent, helped to
make the project more scientific and perhaps has added to the validity of data. However, during analysis a number of contradictions in answers between personal interviews and questionnaires have been noted. These have been elaborated on in Chapter 5. But it should be pointed out that the respondents co-operated fully leading to a high response rate (83% line managers and 67% for personnel specialists).

Since the project study entailed some time of attachment to the Sandwell Health Authority, this provided an opportunity for observation. Although the writer did not find participant observation particularly suitable for this type of project because of a multiplicity of factors involved, coupled with a large number of respondents spread over a wide geographical area in different hospitals, health centres and other offices, a months' attachment to Sandwell Health Authority as a non-participant observer, afforded ample opportunity for observation. A days' induction seminar and the personal interviews also provided ample opportunity for observation taking into account the verbal and non-verbal communication.

As supplementary to personal interviews non-verbal communication provides cues which may encourage or hinder
going on with the interview. For example, via this method the interviewer may decide whether to go on with the interview or to end it.

As already mentioned the use of multiple methods of data collection can provide much more balanced data and perhaps much more valid data. In the confines of this project it is not possible to make full use of all the material collected. However it can be pointed out that though a lot of material has been included in the project, some of it has been useful only as a learning process. Nevertheless full use has been made of data obtained from the questionnaires.

Explanation of the findings and analysis of this data has been made in Chapter 5.
CHAPTER 5

5. DATA FINDINGS AND ANALYSIS

5.1 Questionnaires

Eighteen questionnaires were sent out to line managers, and fifteen (83%) people responded. Six questionnaires were sent to personnel specialists, and four (67%) responded. The above response rate can be considered to be good considering that most researchers claim that questionnaires have a low response rate, and sometimes the response rate can be about 10-50% (Treece and Treece 1977). The high response rate could largely be attributed to the fact that firstly, all respondents were personally interviewed, and purposes of the project were explained to eliminate possible suspicions. Furthermore all participants were asked to co-operate in completing the questionnaires which were to follow. The project also seemed to have generated a lot of interest, and the majority of people freely shared their experiences and ideas during the personal interviews. All the participants were reassured that the information given would be treated in confidence.
5.2 Research Findings

5.2.1 The main aims of the questionnaire for personnel specialists included: to identify and assess the extent to which personnel specialists are involved in the executive, advisory and strategic roles, to establish on which personnel issues the personnel specialists thought the line managers should consult them, and to find out to what extent the line managers were being prepared to take on a personnel role.

5.2.2 Explanation of the Questionnaire and the Findings

The first part of the questionnaire for personnel specialists was concerned about finding out the general information of each respondent. Such information would be necessary when it came to the analysis of the operations.

QUESTION 2: The Role of the Personnel Specialist

In question 2.1 we asked if the personnel specialists were involved in the executive, advisory and strategic roles. The results were as follows.
Those involved in:

Executive role : 75%
Advisory role : 100%
Strategic role : 25%

Question 2.2 needed to know how the situation could be improved if the answer was 'no' to any of the personnel roles. 75% felt that they were not involved in a strategic role, and that the situation would be improved by being involved in manpower planning and future legislation - 25%. Another 25% felt that there was need to develop manpower development strategy and that top management should provide clear guidelines to all levels of managers about this, 25% felt that the strategic role was, in fact, developing as they were participating in the planning function for the District Health Authority.

Question 2.3 asked the personnel specialists to indicate the conditions under which they offered advice. 100% felt they offered advice when asked as well as when they anticipated problems.

Question 2.4 wanted to know on what personnel issues the personnel specialists had given advice for the past one, two, three and four weeks. For these aspects see Table 1.
In answer to question 2.4 one personnel specialist indicated that the personnel issues listed were only examples. One personnel officer was on leave for week three and four. This then means that the list of personnel issues would have perhaps been longer.

Question 2.5 asked for issues on which personnel specialists thought that line managers should seek advice from personnel specialists. The personnel specialists thought that line managers should seek advice firstly on any matters involving manpower where they were uncertain of what action to take. Secondly, they should seek advice on all issues which involve departmental/staff development, that is staff and management training, or issues that arise from problems of staff development. Thirdly, personnel specialists felt that line managers should seek advice on all issues that have implications for manpower, whether this be general or specific, individual or collective. Some personnel specialists thought advice should be sought on all issues mentioned in answer to question 2.4, and in all cases where additional staff was required.
Table 1: Personnel Issues on which Personnel Specialists gave Advice to Members of Staff for the past:

**ONE WEEK**
- Contracts of employment
- Disciplinary matters
- Management Training
- Maternity pay/leave
- Attendance on College Course
- Suitability of a particular course
- Medical staffing
- Industrial relations
- Termination of employment
- Redundancy
- Conditions of service
- Annual leave regulation
- Interviewing and selection procedure
- Grievance procedure
- Recruitment and advertising techniques

**TWO WEEKS**
- Disciplinary procedure
- Maternity pay/leave
- Preparation of contracts of employment
- Medical staffing
- Industrial relations
- Conditions of service
- Management training
- Contractual matters
- Re-grading of staff
- Application of procedures
- Training with a department
- Agreement to finance some training
- Removal expenses
THREE WEEKS

Interviews
Manpower information systems
Advertising budget
Recruitment
Organisational change
Job grading
Staff welfare
Medical staffing
Industrial relations
Termination of employment
Redundancy
Conditions of service
Disciplinary procedure
Grievance procedure
Contractual matters
Trainees and external enquiries
Application of procedures
Health and safety at work
General information about personnel
management to new employees

FOUR WEEKS

Advertising
Recruitment
Job release scheme
Job description
Incentive bonus schemes
Work experience placement
QUESTION 3 : Personnel Functions

In this question personnel specialists were asked to indicate executive activities in which they were involved. The following were the answers:

- Recruitment and selection service
- Grading matters
- Appointment, contracting, induction
- Development of district policies and procedures
- Training, staff/management development
- Advertising
- Termination of employment
- Implementation of employment legislation
- Job grading
- Maintenance of personnel records
- Interpretation of terms and conditions of service
- Selection interviews
- Disciplinary interviews
- Hiring of temporary staff
- Provision of advice about all aspects of leave
- Training budgets
- Preparation of training programmes
- Approval of study leave
- Financial support

QUESTION 4

Question 4's concern was to find out how the line managers were being prepared to take on the personnel function. The following were the answers:
Some line managers were prepared through guidance, advice and support as they dealt with the personnel function. Furthermore, training programmes are provided to line managers, these included, induction, first Line management training, middle management training, senior management training, specialised courses for specific needs, and support and assistance with professional training. However, 25% personnel specialists pointed out that there was no formal identification of training needs, it is usually ad hoc basis dependant mainly upon the departmental head. Further it was suggested that some specific needs may be anticipated or become self-evident, and hence the training programmes would be developed on those bases or managers would be sent on appropriate courses.

Question 4.2 followed up the above question to ask how often the line managers were being prepared for their role in personnel function. All the personnel specialists claim that this is done on a continuous basis, and as needs are identified.

QUESTION 5

Question 5 asked for qualifications of respondents, and results were as follows:
Institute of Personnel Management : 100%
Institute of Health Service
Association
Institute of Training and Development

QUESTION 6

Question 6 asked what qualifications/attributes were required for the jobs the personnel specialists were holding. The answers were as follows:

I.P.M. or formal qualification in personnel management
Experience in first line management
Ability to establish and maintain credibility with other managers
Knowledge of the District Health Authorities problems
Fluency in both speech and written language, with ability to marshail arguments and present coherent cases
Ability to establish and maintain credibility with other managers
Other attributes include? objectivity, logic, approachable, flexible, analytical and positive attitude
Also personnel specialists should be firm, sometimes tough and uncompromising
He/she should be diplomatic and be a plain speaker as circumstances dictate
He/she should exercise patience when required
He/she should absorb stress
QUESTION 7

Question 2 asked for ideas which personnel specialists felt were not covered in the questionnaire.

Only 25% gave suggestions by pointing out that it would have been more helpful to identify some of the main specialist areas for example, advertisement, recruitment and selection; and staff counselling. This it was thought may have been helpful to the managers to identify in more detail what is meant by 'personnel'. This was in fact what was done on line managers' questionnaires, but perhaps it might have been more useful to use such a technique also on personnel specialists' questionnaires in order to ensure more focus on the topic.

5.2.3 Questionnaires for Line Managers
(See Appendix IV)

QUESTION 1 - General Information

The questions in the general information area were aimed at finding out firstly how long people have been in the posts they were holding, and secondly how long they had worked in the Sandwell Health Authority. The results were as follows:
Under 1 year : 7%
1 - 3 years : 7%
4 - 7 years : 13%
8 - 15 years : 40%
Over 16 years : 33%

QUESTION 2 - Personnel Function

All line managers claimed that they were involved in personnel function involving: recruitment, selection and appointment of staff; disciplinary procedure; disputes and grievance procedure; and training, career and staff development. The rest of the results for personnel functions in which not all line managers were involved were as follows:

Not Involved

<table>
<thead>
<tr>
<th>Function</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance of staff records</td>
<td>7</td>
</tr>
<tr>
<td>Interpretation of employment law</td>
<td>27</td>
</tr>
<tr>
<td>Negotiations with employee representatives</td>
<td>27</td>
</tr>
<tr>
<td>Job evaluation</td>
<td>27</td>
</tr>
<tr>
<td>Incentive bonus scheme</td>
<td>80</td>
</tr>
<tr>
<td>Performance appraisal</td>
<td>40</td>
</tr>
</tbody>
</table>

7% did not answer a question of job evaluation. 7% said they carried out informal performance appraisal.
QUESTION 3

Question 3 wanted to know in which of the personnel functions the line managers had sought advice from personnel specialists in the last six months to a year. The results are shown in the following table. (Table 2),

Table 2 : Personnel Functions in which Advice was Sought

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment, selection and appointment of staff</td>
</tr>
<tr>
<td>Disciplinary procedure</td>
</tr>
<tr>
<td>Maintenance of staff records</td>
</tr>
<tr>
<td>Interpretation of employment law</td>
</tr>
<tr>
<td>Negotiations with employee representatives</td>
</tr>
<tr>
<td>Job evaluation</td>
</tr>
<tr>
<td>Incentive bonus scheme</td>
</tr>
<tr>
<td>Performance appraisal</td>
</tr>
<tr>
<td>Training, career and staff development</td>
</tr>
<tr>
<td>Redundancy procedure</td>
</tr>
</tbody>
</table>

QUESTION 4

Question 4 asked for reasons why the line managers sought for advice. Was it because of

Lack of expertise : 60%
Lack of time : 40%
Increased work load : 13%
Need for assistance : 7%
QUESTION 5

Question 5 enquired about the personnel functions in which line managers would like to seek advice. The results can be seen in Table 3 below:

<table>
<thead>
<tr>
<th>Personnel Function</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment, selection and appointment of staff</td>
<td>47</td>
</tr>
<tr>
<td>Disciplinary procedures</td>
<td>47</td>
</tr>
<tr>
<td>Disputes and grievance procedures</td>
<td>47</td>
</tr>
<tr>
<td>Maintenance of staff records</td>
<td>7</td>
</tr>
<tr>
<td>Interpretation of employment law</td>
<td>20</td>
</tr>
<tr>
<td>Negotiations with employee representatives</td>
<td>20</td>
</tr>
<tr>
<td>Job evaluation</td>
<td>20</td>
</tr>
<tr>
<td>Incentive bonus scheme</td>
<td>13</td>
</tr>
<tr>
<td>Performance appraisal</td>
<td>13</td>
</tr>
<tr>
<td>Training, career and staff development</td>
<td>13</td>
</tr>
<tr>
<td>Redundancy</td>
<td>13</td>
</tr>
</tbody>
</table>

(*)

did not answer question 5.

QUESTION 6

Question 6 asked for personnel aspects on which the line managers had sought advice for the past following periods:
ONE WEEK

Recruitment, selection and appointment of staff
Disciplinary procedure
Disputes and grievance procedure
Training, career and staff development
Redundancy

TWO WEEKS

Disputes procedure
Training career and staff development

THREE WEEKS

Recruitment, selection and appointment of staff
Disciplinary procedure
Disputes and grievance procedure
Advertising for vacant post *

FOUR WEEKS

Recruitment, selection and appointment of staff
Disciplinary procedure Interpretation of employment law Incentive bonus schemes

13% did not seek advice in the whole four weeks. 20% did not answer the question.

QUESTION 7

Question 7 was interested in eliciting the conditions under which advice was given. Those who said that advice was given only when they sought it were 47%. None said that advice was given on personnel specialists' initiative alone. But 53% line managers said that advice was given both because they sought it as well as on personnel specialists' advice.
QUESTION 8

The eighth question was to find out what personnel functions the line managers felt that they should be performed by trained personnel officers. The answers given were as follows:

1. Training, career and staff development
2. Implementation of disciplinary procedure
3. Disputes and grievance procedure
4. Sitting on appointment panels and attending to formalities of appointment and resignations
5. Industrial relations procedures and Trade Union negotiations
6. Specialist functions (e.g., Whitley Council conditions non-routine)
7. Advertisement
8. Interpretation of employment law
9. Attending to contracts of employment
10. Redundancy procedure
11. Offer advice and help on all matters affecting staff, when asked, or on their initiative when considered appropriate
12. Recruitment, selection and appointment of staff
13. Guidance on staff appraisal
14. Develop and maintain a full range of employment services for nursing staff
15. Provide and maintain an information system for use in manpower planning and establishment control
16. Assist in identification of training and staff development needs and provision of facilities to meet the same
17. Develop and maintain good industrial relations policy and practice
18. To assist line managers in organisational development
19. To ensure health, safety and welfare provision are made available to staff in line with legislation and local policies
20. Advisory role
21. Personnel officer should see himself/herself as part of management
22. Personnel officers should play an active role in planning
23. Assist in staff orientation
24. Advise on finance
25. Advise on special leave, e.g., maternity leave

13% of the respondents to question eight felt "that trained personnel officers should do all the personnel functions mentioned in question two covering some aspects of personnel functions. (See Appendix IV).

Question 9 asked if line managers had any ideas which were not covered in the questionnaire. Three people (20%) gave suggestions and 80% did not. Suggestions were as follows:

7% felt that the questionnaire omitted the functions of manpower planning and control (National manpower targets done on a yearly basis), and the aspects of industrial relations policy and practice including Health and Safety provisions.
Another 7% felt that an important role of personnel departments should be to keep managers of health departments cognisant of legislation affecting staff and also to provide expertise.

5.3 Data Analysis

5.3*1 Personnel Specialist Questionnaire

(a) The Role of Personnel Specialist

Almost all the personnel specialists felt that they were involved in executive and advisory roles, but only 25% (one personnel specialist) felt that they were involved in a strategic role. According to personnel interviewed the above strategic role was very limited in that it was offered only through advice when asked. Therefore his/her participation in strategic role depended very much on his/her relationship with his/her superiors, and not as a matter of structural organisational arrangements. During the personal interview the person concerned felt that there was need to be involved more in strategic decision making. Similarly all the personnel specialists felt that there was need to be involved more in the strategic role, especially in human resource management, manpower planning and in issues involving future legislation.
However, 25% of personnel specialists felt that even if the strategic role was not very well developed, things were changing, and that the personnel specialists were now being invited to some meetings involving manpower planning, and at times they are being asked to give advice. However, during personal interviews all the personnel specialists felt that their strategic role was not being fully exploited. Most of the personnel specialists felt that they were being involved in 'fire-fighting' situations - problems arising from managerial decisions, which would be minimised or even prevented if they were involved earlier in the decision making process. Examples of this would be restrictive labour practices such as 'working to rule' for being refused to work overtime to cover for their ill colleagues without prior notification.

From a managers' point of view avoidance of overtime can be money saving, but on the employees' side they feel they have to work harder without extra pay. In such cases early involvement in such decisions, of personnel specialists may lead to the need to prepare employees early for the consequences and involve them in managerial decisions, and hence avoiding the restrictive labour practices such as 'working to rule' or even strikes.
(b) Issues on which Line Managers Ought to Consult Personnel Specialists

One of the aims of the questionnaire was to establish the personnel issues on which the personnel specialists felt that the line managers should consult them. It is interesting to note that the personnel specialists were not explicit on which specific personnel issues the line managers should consult them apart from staff and management training. Other areas mentioned appear to be too broad, for example when they say that line managers should consult them on all issues which have implications for manpower. It can be argued that this kind of an answer is too broad and may hence imply lack of clarity in exactly what roles can be clearly said to be for personnel specialists. This is perhaps complicated further by the recommendations made in 'Patients First' document in which the personnel function was wholly delegated to line managers. But as we shall see later there may still be some personnel issues which should be wholly handled by the specialists and hence it can be argued that line managers should take action only after consultation.

(c) Preparation of Line Managers for the Personnel Function

As noted above, if line managers have to be their own personnel managers how would we ensure that they
in fact know what to do? In the writer's view human resource management is one of the most important roles in the health service, and demands extensive knowledge in this area of work if it has to be done effectively. Therefore another aim was to identify how they were being prepared to take on this responsibility. It was clear from the personal interviews that most line managers felt they needed training before they could be confident enough to handle some personnel issues such as industrial relations. Some line managers have been to training in some aspects of personnel management and some had attended industrial relations course, which they found useful.

However, the answer to the question was not explicit, and there is no way of telling, even if training is being offered to line managers, how seriously such training is taken or if it is done regularly. According to personnel interviews senior management training courses (which line managers should attend) are not held on regular basis, and it would appear that most line managers do not attend them.

According to Morant (1981) there are a number of reasons why people do not attend in-service courses. For many these courses are a waste of time, taking them away from 'real' work, and besides they do not
seem to be convinced that such courses would make them work better. Since, as personnel specialists pointed out, there is no formal identification of training needs, but usually on an ad hoc basis dependent mainly upon the departmental head, it can be argued that it is quite easy to overlook one's own needs or become 'blinded' to them.

Again, to say that the preparation goes on continuously, or as needs arise may not ensure that formal training is given. Hence it can be argued that perhaps it might be better to plan such training courses in advance so that line managers or potential line managers can prepare themselves for them.

(d) Motivation

Although there was no specific question on motivation, it would appear from personal interviews that the majority of personnel specialists feel rather de-motivated in their work. This may be partly due to the fact that they feel they are being excluded from decision making processes especially involving areas that they regard as pertinent and fundamental to personnel function, for example, matters relating to industrial relations and total organisational manpower planning.
5.4 Analysis of Line Managers' Questionnaire

(a) General Information

One of the aims for questions in this area was to find out how long people have been in their posts and in Sandwell Health Authority. This the writer found to be an important point because it is said that one of the reasons for resistance to change may be due to set ways of doing things as a result of a long tradition of doing things. From personal interviews some line managers who have been in positions for a long time tended not to show willingness to *change* and in most cases they felt they knew all about the personnel function.

(b) Personnel Function

In the areas of performance appraisal, it was interesting to note that on the questionnaire only 47% of line managers did not carry out (formal) performance appraisal. Of these 47% two people pointed out that performance appraisal was not practiced in the district. However, on personal interviews 100% of respondents said they did not do formal performance appraisal. Of the 53% respondents of the questionnaire who said that performance appraisal was done, they said it was done on a rare basis, and one person remarked
that it was done only annually in a process of formalising an annual review scheme.

Another aim of the questionnaire was to find out on what personnel issues line managers sought advice. Line managers claim that they seek advice on almost any personnel function from personnel specialists. However, the main areas seem to be in - training career and staff development, industrial relations, negotiations with employee representatives, disciplinary procedure and interpretation of employment law. It is interesting to note that the majority - 60% sought advice because of lack of expertise. However, a substantial number felt they lacked time and some had increased work load in other issues and hence perhaps by seeking advice from personnel specialists meant that they did not spend any more time researching to find an answer to the problem. However, one more category was added to the circumstances under which advice was sought, and that was because of the need for assistance. But the writer's interest was in why the line manager needed that assistance.

Similarly another question asked was, who took the initiative to seek advice? The line managers felt they mainly approached the personnel specialists. They
did not feel the personnel specialists took initiative to approach them, unless in cases of joint effort.

When asked about what personnel functions should be performed by personnel specialists, there was no agreement as to which these functions should be among the line managers. The answers ranged from those who thought the personnel specialists should perform all the personnel functions, to those who thought personnel specialists should only play an advisory role. However, the majority felt that the personnel specialists should be involved in implementation of disciplinary, disputes and grievance procedures, and interpretation of employment law.

However, it can be argued that even if the personnel specialists were to be involved in the above they would, one can argue, still face the problem of control. How would they go about checking that proper procedures were being followed in dealing with disciplinary and grievance matters? How would they know which line managers need help with understanding the employment law? One of the suggestions from line managers was that personnel departments should keep line managers cognisant of legislation affecting staff and service and provide expertise.
Again it can be argued that because of the emphasis of the advisory role of the personnel specialists, they do not have the authority to approach the managers to ask them if they need help. Rather they rely on the line managers to mainly approach them if they need help. Sometimes personnel specialists have to rely on in-service courses for an opportunity to put their message across, but unfortunately, as studies have shown many managers do not attend these courses.

Finally one can see from the way the questions were answered that there are problems of clear perception of what should be the personnel specialists' role and what should be the line managers' role.

There seems to be no agreement among the line managers to show that they fully understand how the personnel function should be conducted. A number of line managers expressed the problems they were facing for not working closely with the personnel specialists. They preferred the pre-1982 re-organisation before the "Patients First' document where the personnel specialist had a more executive role and hence worked more closely with line managers than now when they are fully responsible for the personnel function. A number of the line managers felt they were more removed from headquarters and did not feel as free to approach personnel officers at headquarters as they felt before 1982.
CHAPTER 6

6. Implication of the Study for Health Services Management in Zambia

6.1 Introduction

Zambia is a completely land-locked country covering 752,600 square kilometers. According to the Zambia Third National Development Plan (1979-1983) the estimated 1983 population was put at 6,437,000. Of the total population 60% is rural and 40% is urban. Some of the rural area is still faced with problems of lack of infrastructure leading to poor communication and transportation problems. These problems, sometimes, make it unattractive to work in rural areas.

Zambia became an independent country on 24th October, 1964. Before independence Zambia lacked both adequately trained human and material resources. For example, the first school for registered nurses was only started in January, 1965. The medical school for training doctors and postgraduate nurses was started also soon after independence. The first doctors graduated in 1973.

However, since independence there has been an increase in Nursing Education facilities and the output of people graduating as doctors from the University of Zambia is also increasing.
6.2 Organisation of Health Services in Zambia

6.2.1 Health Service Facilities

For administrative purposes the country is divided into nine provinces, (see Appendix V). Each province is headed by a member of the Central Committee who is an overall Head of the province and is assisted by a Permanent Secretary (Civil Servant). These provinces are divided into fifty-three districts. Each province and district is serviced with a hospital and Health Centres are distributed all over the country.

The Republic of Zambia has a total of 82 hospitals comprising of Government, Missionary and Mine Hospitals, with a total bed and cot occupancy of 14,700. Besides these hospitals, there are 676 Health Centres distributed all over the country. The hospitals are categorised into Central Hospitals (situated in three big towns); special hospitals which are set aside for conditions such as Leprosy and Tuberculosis; general hospitals which are situated in all the fifty-three districts in the country.

Health Centres are categorised into Urban Health Centres, Rural Health Centres, Industrial/Departmental special clinics, mobile clinics and the Zambian Flying
Doctor Service provides medical services to areas which are not easily accessible by road.

Urban Health Centres belong mainly to the Government and Mines, while Rural Health Centres are owned by the Government and the Churches. Apart from these Health Centres, some of the industries and other departments in the country run their own clinics. Mobile clinics are run by both the government and private organisations. The City Councils and Municipal Councils, under the Ministry of Local Government and Housing also run their clinics. Apart from these health institutions, there are private surgeries located mainly in the cities owned and run by either a single medical practitioner or a group of doctors. The Ministry of Defence also has its own hospitals and Health Centres, (Bulletin of Health Statistics 1978, Joseph and Lungu 1981, Country Health Profile, 1982).

The implications for personnel function of the above set-up are many. These implications are explained later in this chapter. Suffice it here to say that basically the main employing body for provision of health care is the government via the Ministry of Health. Hence the Ministry of Health is supposed to have a major function of ensuring that the right people are employed for the right jobs and at the right time, in any of the above
organisations. Most of the staff, especially the doctors and nurses, and paramedical staff are trained by and under the auspices of the Ministry of Health, in basic and post-basic courses.

It is hoped that with improvement in preventative health services there would be a reduction in admissions. It can be argued that perhaps admissions are reducing as a result of introduction of 'Primary Health Care'. But one can argue that there is room for improvement, and it will be seen how the personnel specialist can be of assistance in improving skills and competence of personnel.

6.2.2 Administrative Set-Up

The Ministry of Health provides a central administration which is divided into medical services, preventative services and administrative services. The central administration is responsible for formulating health policy, comprehensive programmes, planning, issuing policy implementation guidelines and allocation of funds. (Country Health Profile 1978 and 1982).

The Chief Executive and Administrative Officer of the Ministry of Health is the Permanent Secretary. He has the overall charge of the administrative machinery.
The Minister of Health (Politician) is responsible for policy decisions and is responsible to the President. The Minister is assisted by the Minister of State. The professional and technical machineries are co-ordinated by the Director of Medical Services who is assisted by the three Assistant Directors of Medical Services. These three Assistant Directors of Medical Services are responsible for Planning and Development, Medical Care Administration and Preventive Medicine respectively. (For the basic structure of Ministry of Health see Fig.1)

6.2.3 Organisation of Personnel Function in the Ministry of Health

Via its line managers, the Ministry of Health carries out most of its personnel function. However, the government has delegated the Civil Service Personnel Administration to the Public Service Commission and Establishments Division/Personnel Division (Dresang, 1975). However, Dresang (1975, p.115) argues that,

"None of these structures, however, have been effectively in significantly depriving departments and agencies of their autonomy."

The Public Service Commission and Establishment Division deals with personnel administration for all the government agencies. The personnel function includes: staff development and training; deployment
Organizational Chart of the Ministry of Health

Minister

I Minister of State!

Permanent Secretary

Flying Doctor Service Board

Pharmacy and Poisons Board

Director Medical Services

Food and Drugs Board

Adms (Planning and Development)

Statistics

Health Planning Unit

TrainiVig

Adms (Medical care Administration)

[Dental Services

Pharmaceutical Lab. Services

Hospital and Health Centres

Adms (Preventive Medicine)

Communicable Diseases and Mch. School Health

Health Education

Under Secretary (Administration)

[International Co-ordination

Medical Service
of staff; conditions of service; appointment of staff; formulating policy on disciplinary procedures and promoting staff. The role of the Ministry of Health in the above is to make recommendations to the Commission about, for example, a member of staff who they think should be promoted or go for training'. These have to be approved by the Personnel Division before action can be taken.

A Training Officer is attached to the Ministry and often acts as liaison officer between the Ministry of Health and the Personnel Division on the issues relating to training.

6.2.4 Governments Objectives for the Health Service

The main aim of the government is to improve and expand health services to cover all areas in the Republic, thereby making health services efficient and freely available to all the people in Zambia (Third National Development Plan – T.N.D.P., 1979-83). The T.N.D.P. (1979-83, p.368) goes on to outline the objectives and strategy as follows:

(i) Continued development of an effective and integrated national health care system.

(ii) Development of basic health services in rural areas, priority being given to those areas where no facilities exist.
(iii) Attainment of higher levels of Zambian-isation through expanded training programmes. During the T.N.D.P. the distribution of health workers will be carefully examined.

(iv) Movement towards complete integration and expansion of preventive and curative services.

(v) Provision of health protection to an increasing number of mothers, infants, schoolchildren and certain vulnerable categories of workers.

(vi) Decentralisation of basic health services.

(vii) Nutritional well-being of the population with particular reference to vulnerable groups.

The T.N.D.P. apart from emphasising the need for an expanding health service, also stresses the importance of ensuring that the existing manpower and facilities are used efficiently and as effectively as possible.

6.2.5 Problems Facing the Ministry of Health Administrator

The Ministry of Health is still suffering from shortages of skilled manpower in some areas. This problem is echoed rather well by the Third National Development Plan - T.N.D.P. (1979-83, p.367), where it says:
"The existing health facilities in terms of numbers of institutions are by no means adequate in relation to the country's requirements. Yet there is no adequate staff to man even the existing number of health institutions."

This situation has probably improved as more nurses and doctors and paramedical staff have graduated and are still graduating since the above statement was made.

Another problem that faces the administrator is that of deployment of staff. There is evidence that some of the employees are not working in areas for which they are trained. There are a number of reasons for this. Some of these reasons have to do with the fact that the establishment has only so many posts for a given job, therefore, no matter how much training one has in that given job he/she cannot do that job until there is a vacancy, or even if he/she is asked to do it, it would be without recognition in terms of status or money. Since these jobs often entail promotion, hence members of staff that do not get promoted are likely to develop resentment towards their superiors. The employees often do not appreciate the problems that arise as a result of the system and they therefore tend to blame the administrator. This leads to conflicts and ill feelings building up.
Motivating staff can be a problem too. The administrators often think about ensuring that the administration machinery is functioning well, but rarely do they stop to consider the feelings of their members of staff. As frustrations mount up, the employees become demotivated, and work suffers.

There is also a problem of training and development of staff. Usually no proper Training Need Analysis is done. Often; members of staff identify their own needs and apply for scholarships to study either at home or abroad. Courses at home are more accessible and, therefore, more popular. The problem may be that as more people become specialised in these areas the more the deployment difficulties arise as they continue to 'fight' for the few posts available. In this respect one can argue that the administrator is again faced with the problems of overtraining in some fields while under-training in others.

However, in the area of short courses the situation is different. In the case of short courses they often appear to be based on the immediate identified needs of the Health Service as a whole.

The whole concept of manpower planning is one which the administrator may have problems with. The Health Service sector is one of the sectors which is highly
labour intensive, and as such it needs a lot of care in handling it. It requires services of skilled and professional staff to handle personnel issues rather than leaving these issues to the administrator who, in most cases, is overworked. It can be argued that the necessity of the administrator to attend to the day to day problems and the importance of ensuring that the administrative machinery is operating effectively, makes him/her a poor candidate for assuming the strategic role for manpower development.

### 6.2.7 The Role of the Personnel Specialist in the Ministry of Health

Considering the problems discussed above, and the government objectives for the Health Service in Zambia, it would appear that there is need for structural changes to ensure minimisation of the short-comings and the maximisation of the attainment of the objectives.

In this context the personnel specialist can be of considerable assistance in ensuring that the above and other organisational goals are met. More so that he/she is detached from the day to day operations and the 'Fire-Fighting' situations, and hence would have ample time to look at the strategic role more critically.

The personnel specialist within the Ministry of Health
can assist in, for example, identifying of training needs using the integrated tri-partite approach (Guest and Kenny, 1983). He/she can also be of immense value in assisting with the total manpower planning of the organisation. This would ensure that the right people are recruited for the right jobs and at the right time. In the final analysis the personnel specialist would need to be a member of the management team, who would need to be fully integrated in the decision making process, especially the decisions that have to be made about Health Service manpower.

His/her roles would need to include advisory, executive and strategic roles. He/she would need to have power and authority to ensure personnel policies are implemented while at the same time taking into account individual as well as organisational goals.
CHAPTER 7

7.  Project Conclusions and Recommendations

7.1 Conclusions

This project study was started by doing a detailed exploration of literature on personnel management in general, and personnel management in the National Health Service (N.H.S.) in particular. According to the literature reviewed it was found that personnel management as a profession in the N.H.S. was still in its infancy, dating back only to 1974. However, in these ten years there appears to be substantial developments in this area of Health Service. A number of personnel departments have been established in the Health Authorities, not only at Regional and District level, but also at Unit level. It is interesting to note that the need of a personnel specialist is being felt even at Unit level as evidenced by the establishment of the Acute Unit personnel department in the Sandwell Health Authority.

The literature reviewed claims that people have different perceptions of the personnel function. There is confusion about which personnel roles should be handled by the personnel specialist and which ones should be handled by the line managers. Furthermore, the
general view appears to be that the personnel specialist not is being exploited adequately for his/her expertise the strategic role pertaining to the whole organisation.

One of the aims for embarking on the field work was to find out if any of the above propositions were true in practice. Some of the findings from field study will now be explained.

On the whole, during the study, the personnel function in the Sandwell Health Authority appeared to be well developed and well organised. The line managers in the main were aware that they were fully responsible for personnel issues pertaining to their own staff. Where the line managers were in doubt they knew that they could consult the personnel specialists for advice. The personnel specialists were also fully aware of their executive and advisory roles, and operated an 'Open Door' policy whereby they welcomed any member of staff seeking advice on any issues. However, it was expected that they should be consulted on any issues on Maternity and Advertising for new staff for the Authority. Apart from organisation structural inhibitions, the personnel department took initiatives to advise the line managers in certain cases.

From the above statement it would appear that line managers often consulted the personnel department on most
most personnel issues but evidence from personal interviews revealed the opposite. It is true they consulted on issues of maternity leave and advertising, and on issues of grievances involving employee representatives such as Trade Unions. But on the whole evidence showed that line managers did not consult personnel departments adequately. It can be argued therefore, that the line managers who felt they knew all about 'personnel' were not likely to consult the specialist, and in most cases it would be their members of staff who would suffer lack of vital information. 'This issue was further complicated by the fact that often it was the line managers who were supposed to take the initiative to contact the personnel specialist for advice. There was no well established mechanism whereby the personnel specialist approached line managers to offer his/her assistance.

Another finding from the study was that staff appraisal/performance appraisal was not widely practiced in the Health Authority. On personal interview none of the respondents said that it was being done. However, here we found a major contradiction with the questionnaire where 53% said that performance appraisal was being done, but they admitted that this was being done only on rare occasions, usually as a process of formalising annual review schemes.
It was also interesting to note that even if the personnel specialist was being involved in some strategic role of the organisation, still there was evidence that to a large extent he/she was not being involved fully in this area of personnel function.

Another finding involves the duplication of the personnel function at Headquarters. Here there are two personnel departments one dealing with general personnel issues, and one specialising in nurse personnel issues. The general feeling was that this was a good arrangement since nursing as a profession has peculiar problems which could only be understood by someone with a nursing background. However, at the moment the Nursing Personnel Specialist issues are being handled by someone who is also the Deputy Chief Nursing Officer. It can be argued that perhaps this officer may be over-worked, leading to neglect of some of his/her work. This though was not evident from personal interviews. Personnel function was well integrated in his/her work and hence it seemed not to have caused any added burden. However, this could be partly due to personal differences, and may not be necessarily so if somebody else took on the same post.
7.2 Recommendations

Recommendations following this study can be outlined as follows.

1) There is need for personnel specialists to 'sell' themselves and their function more, by actually approaching line managers more often than is now the case. This could be done through regular meetings consisting of small groups of line managers, on each occasion, to which a personnel specialist could be in attendance. By so doing a number of fears of line managers could be relieved, and a number of questions answered. In this way even the line managers who feel they know all about 'personnel' could benefit from these meetings.

2) There is need to re-establish formal staff appraisal in the Sandwell District Health Authority. There are a number of benefits that could be derived from this move. Below are some of them:

   Staff appraisal can assist in motivating staff. Research has shown that for the organisation to be successful its people must be motivated to work. Hence through staff appraisal individuals can be encouraged to participate in their own assessment of how well they are performing. Handled in an expert way individuals would be willing to improve their performance if need be.
Also staff appraisal can assist in identifying training needs of staff by the fact that through staff appraisals deficiencies in individuals' performances, that can be corrected by training, can be identified.

Staff appraisal affords the appraisee an opportunity to discuss with the appraiser about his/her career and how it is going, and his/her ambitions for the future.

Because through appraising staff, managers are able to assess individuals potential for given jobs for now and for the future, it is possible to construct a list of people ready to take over in the event of jobs becoming vacant.

Also through staff appraisal, based on good inter-personal relationships, the manager is able to secure commitment for change. Hence it can help the manager in facilitating effective planning, decision-making and control.

3) Though there is evidence that personnel specialists in the Sandwell Health Authority are being involved to some extent in a strategic role, there is need for them to be fully involved in this important area of personnel function. To perform the strategic role more effectively there will be need for the personnel specialist to be directly represented on the management team. This
personnel specialist should be considered as part of the management team and should be able to represent views on personnel function of the district and get fully involved in a strategic role especially of manpower planning issues.

4) To avoid duplication of personnel departments at Headquarters, there should be one general personnel department. Apart from staff already in the general personnel department, there should be a 'Nurse Personnel Officer' who should be accountable both to the District Personnel Officer as well as to the Chief Nursing Officer for his/her job. It is hoped that this arrangement would be more amicable to ensuring a more effective personnel function for the whole staff of the district, and may lead to a much improved Health Service.

5) Lastly, but not least, it is suggested that an outside consultant be invited to look at how personnel function is organised, and operating in the Sandwell Health Authority, with the view of throwing some 'light' on any short-comings, and suggesting ways of how these can be remedied, if there are any short-comings.

Finally, it should be pointed out that the writer learnt a lot from this study. It is hoped that the respondents might also have benefited from being able to share their experiences with the researcher.
INTERIM JOB DESCRIPTION

DISTRICT PERSONNEL OFFICER

1. JOB TITLE
   District Personnel Officer

2. GRADE
   Scale 23

3. ACCOUNTABLE TO
   District Administrator

4. MANAGES
   All staff working within the Personnel Department at District Headquarters.

5. ROLE SPECIFICATION
   5.1 The District Personnel Officer will be accountable to the District Administrator for promoting an understanding and stimulating the development of district policies in the following areas:

   5.1.1 Organisational structure and development

   5.1.2 Staff training and development

   5.1.3 Manpower planning

   5.1.4 Industrial Relations

   5.1.5 Implement services

   5.2 Provides specialist views and encouragement to managers undertaking their own personnel responsibilities in accordance with the district policy.

   5.3 Undertakes assigned tasks for the successful execution of the personnel function, in accordance with district policy.

6. JOB PROFILE

   6.1 Policy

   6.1.1 Develops appropriate organisational structures.

   For units, departments and services, in consultation with appropriate levels of management and staff representatives.

   Evaluates suitability of organisational structures to meet changing demands.
Develops and maintains appropriate information systems for use by his staff and by line managers.

6.1.3 Formulates, reviews and evaluates district industrial relations policies and procedures in association with Authority Members, senior officers and in consultation with staff representatives, i.e.

Ensures that industrial relations policies, recommendations and practice are consistent with national and regional guidelines and current legislation.

Ensures effective and consistent communication and joint consultative arrangements on industrial relations matters.

6.1.4 Formulates, reviews and evaluates district employment and staff development policies and procedures and ensures that they accord with current employment practice and legislation.

6.2 Advisory

6.2.1 Provides an advisory service to the Authority, District Management Team and line managers on all aspects of personnel management and employment legislation.

6.3 Executive

6.3.1 The District Personnel Officer will be responsible for introducing district policies for ensuring that such policies are adhered to at both district headquarters and at unit level in respect of the following:

Recruitment/termination procedures

Induction

Staff development and training

Grading assessment

Enactment of industrial relations procedures.

Personnel and established records
6.4 Staff Welfare

6.4.1 The District Personnel Officer will be responsible for ensuring that the Authority's policies in relation to staff welfare are implemented and maintained to an acceptable standard. This will include maintenance of satisfactory procedures at unit level in relation to health and safety, encouragement to the provision of suitable facilities for staff social activities, and ensuring that line managers implement the district policy in relation to the occupations health service.

6.5 Ad Hoc Duties

6.5.1 Such other duties of a personnel nature as may be assigned by the District Administrator from time to time.
JOB TITLED  Unit Personnel Officer

Grade .  Scale 9

Managerially
Accountable to:  Unit Administrator and professionally accountable to District Personnel Officer.

Manages  Staff wholly engaged on personnel activities in the unit

Role Specification

5.1  The Unit Personnel Officer will be accountable to the Unit Administrator for promoting an understanding and stimulating the development of good personnel practice in accordance with District policies throughout the Unit, particularly in the following areas:-

5.1.1  Organisational structure and development
5.1.2  Staff Training and development
5.1.3  Manpower planning
5.1.4  Industrial Relations
5.1.5  Employment practices
5.1.6  Consultation and communication with staff

5.2  Provides a general personnel service throughout the Unit and encourages line managers to recognise their own personnel responsibilities.

5.3  Undertakes assigned tasks for the successful execution of the personnel function on behalf of the Unit Administrator and Unit Management Team.

5.4  Liaises with District Personnel Officer to ensure consistent District personnel policy.

JOB PROFILE

6.1  Policy

6.1.1  Assists in the development of appropriate organisational structures in association with departmental managers.

6.1.2  Assists in the evaluation of organisational structures to meet changing demands.
6.1.4 Develops and maintains (in association with the District Personnel Officer) appropriate information systems for use by managers.

6.2 Advisory

6.2.1 Provides an advisory service to the Unit Administrator, Unit Management Team and all line managers on all aspects of personnel management and employment legislation, seeking support and guidance from the District Personnel Officer as appropriate.

6.3 Executive

6.3.1 The Unit Personnel Officer will be responsible for ensuring that District policies are introduced and complied with in respect of the following:

- Recruitment /termination procedures
- Induction
- Staff Development /Training
- Industrial relations procedures
- Personnel and establishment records

6.3.2 The Unit Personnel Officer will be responsible for providing a general personnel service to all managers and staff within the Unit.

6.4 Staff Training and Development

6.4.1 In consultation with the District Education and Training Officer assists line managers to undertake a systematic identification of training needs related to individual and organisational development.

6.4.2 Arranges staff induction programmes in accordance with District policies.

6.4.3 Assists managers in the development of their staff including the use of counselling and staff appraisal.

6.5 Industrial Relations

6.5.1 Ensures that industrial relations policies within the Unit conform with District policies and are consistent with employment legislation, codes of practice, Whitley Council agreements and NHS strategy.

6.5.2 Promotes effective communications with staff and staff organisations. Develops and services joint consultative machinery.

6.5.3 Participates in formal negotiations with staff organisations.

6.6 Employment Practices

6.6.1 Ensures district recruitment and termination policies are implemented and compiled with.
6.6.2 Advises managers on all aspects of agreed disciplinary code and staff grievance procedures and assists managers in handling disciplinary matters and grievances as appropriate.

6.6.3 Monitors staffing levels in accordance with District approved manpower level and departmental budgets.

6.6A Advises managers on all aspects of leave and other Whitley Council conditions of service including staff grading matters.

6.6.5 Assumes in association with District Personnel Officer responsibility for all aspects of medical staffing including in association with District Personnel Officer, the preparation of job descriptions for Consultant appointments.

6.7 Personnel Records

6.7.1 In association with the District Personnel Officer maintain an adequate personnel record system.

6.8 Staff Welfare

6.8.1 Ensures implementation of District policy in relation to health and safety and acts as the co-ordinating officer on all health and safety matters in the Unit including monitoring of safety and accident records.

6.8.2 Ensures that managers and staff comply with the approved policies in relation to the Occupational Health Department.

6.8.3 Ensures health, welfare and safety of staff are taken into account in the formulation of a Unit plan.

6.8.4 Encourages provision and development of staff social facilitiei

6.8.5 Provides an individual and personnel counselling system for staff on matters not falling within other procedures, e.g. discipline or grievance.

6.8.6 Assist in the promotion of a staff retirement fellowship.

6.9 Ad Hoc Duties

6.9.1 Such other ad hoc duties of a personnel nature as may be assigned from time to time by the Unit Administrator.
QUESTIONNAIRE FOR PERSONNEL SPECIALISTS

This questionnaire forms part of an academic study investigating the role of personnel function in the National Health Service. It is being done as part of a requirement by the University of Aston in Birmingham for the M.Sc. in Personnel Management Course.

No names of staff or departments will be ascribed to the information contained in this study and staff may be assured that their anonymity will be preserved.
QUESTIONNAIRE

1. General Information

1.1 Please indicate your present post and the length of time you have been in this position

1.2 To whom are you accountable?

1.3 Do you have any subordinates?

   YES       NO

1.4 If the answer to 1.3 is YES, please indicate the number of subordinates

1.5 Do you need additional staff?

   YES       NO

1.6 If the answer to 1.5 is YES, what functions would you like them to perform?
1.7 How long have you worked for the Sandwell Health Authority?

Under 1 year

1 - 3 years

4 - 7 years

8 - 11 years

12 - 15 years

over 16 years

1.8 In answer to question 1.7 please indicate below in what capacity you have been working:
The Role of a Personnel Specialist

The role of a personnel specialist is often considered as involving three types of roles; executive, advisory and strategic.

In the executive role a personnel specialist is directly responsible and accountable for overseeing the execution or performance of given functions or tasks.

The advisory role is carried out where the personnel specialist has no direct responsibility, but can give advice or opinion based on expertise.

The strategic role entails involvement in the long term planning on matters pertaining to health personnel in general.

2.1 Bearing the above views in mind, do you think you are being utilised fully or adequately in the following roles?

* a) Executive role : YES NO
   b) Advisory role : YES NO
   c) Strategic role : YES NO

2.2 If the answer is NO to any of the above roles please state the reasons why and how you think the situation could be improved.
2.3 Do you give advice only -

a) , when asked or consulted?

b) in anticipation of problems?

c) both?

2.4 On what personnel issues have you been able ' to advise any member of staff in the past -

one week -

two weeks -

three weeks -

four weeks -

2.5 On what issues do you think that line managers ought to consult you or seek advice from a personnel specialist?
2.6 Do you feel that the advice you give is taken seriously?

YES  [ ]  [ ]

NO

2.6 If the answer to question 2.6 is NO, please state reasons why this is not so.

3. Personnel Functions

3.1 Please indicate below the executive activities in why you are involved.

4. Preparation of Managers for the Personnel Function

4.1 How are managers prepared to take on the personnel function?
4.2 How often does this preparation take place?

5. Qualifications:
   
a) I.P.M.

b) Certificate in Personnel Management

c) Diploma in Personnel Management

d) M.Sc., Personnel Management

e) Other – please specify:

6. What qualifications/attributes do you think are required for the job you are doing?
7. Conclusion

If you have any ideas which have not been covered in the questionnaire could you please outline below:

Thank you for your time and co-operation in completing this questionnaire. Please return it with a copy of your job description in the envelope provided to Mrs. M.S.Moonzwe, as soon as possible.
APPENDIX IV

IN CONFIDENCE

QUESTIONNAIRE FOR LINE MANAGERS

This questionnaire forms part of an academic study investigating the role of personnel function in the National Health Service. It is being done as part of a requirement by the University of Aston in Birmingham for the M.Sc., in Personnel Management Course.

No names of staff or departments will be ascribed to the information obtained in this study, and staff may be assured that their anonymity will be preserved.
QUESTIONNAIRE

1. General Information

1.1 Please indicate your present post and the length of time you have been in the position,

1.2 To whom are you accountable?

1.3 To whom can you delegate some of your line management function?

1.4 Do you have any subordinates?

   YES [ ]   NO [ ]

1.5 If the answer to 1.4 is YES, please indicate the number of your subordinates.

1.6 How long have you worked for the Sandwell Health Authority?

   Under 1 year 1 - 3 years 4 - 7 years 8 - 15 years over 16 years
2. Personnel Function

Are you involved in any of these functions outlined below:

2.1 Recruitment, selection and appointment of staff?

YES [ ] NO [ ]

2.2 Disciplinary Procedure?

YES [ ] NO [ ]

2.3 Disputes and grievance procedure?

YES [ ] NO [ ]

2.4 Maintenance of staff records?

YES [ ] NO [ ]

2.5 Interpretation of Employment Law?

YES [ ] NO [ ]

2.6 Negotiations with employee representatives (Trade Union Officials, Royal College of Nursing Officials etc.,)?

YES [ ] NO [ ]

2.7 Job evaluation?

YES [ ] NO [ ]

2.8 Incentive Bonus Schemes?

YES [ ] NO [ ]

2.9 Performance Appraisal (Formal)?

YES [ ] NO [ ]
2.10 If answer to question 2.9 is YES, how often is performance appraisal carried out?

- Once a year
- More than once a year
- Rarely

2.11 Training, career and staff development?

- YES
- NO

2.12 Redundancy Procedure?

- YES
- NO

3. In which of the above have you sought advice from a personnel specialist in the past six months or a year? Indicate your answer by use of the numbers as above, e.g., 2.5/2.11.

4. If you sought advice on the above was it because of:

   a) lack of expertise?
   b) lack of time?
   c) increased work load?

5. In which of the items mentioned in question 2 above would you like to seek advice?
6. On which personnel aspects! have you sought advice in the past:
   a) 1 week
   b) 2 weeks
   c) 3 weeks
   d) 4 weeks

7. Is advice only given when:
   a) you seek it?        YES     NO
   b) on the Personnel Officer's initiative?  YES     NO
   c) both? (a and b)      YES     NO

8. Which functions do you think should be performed by trained Personnel Officers?

9. Please indicate your qualifications:
10. Conclusions

If you have any ideas which have not been covered in the questionnaire could you please outline them below:

Thank you for your time and co-operation in completing this questionnaire. Please return it with a copy of your job description in the envelope provided to Mrs. M.S.Moonzwe, as soon as possible.
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