Attitudes towards Disciplinary Measures among Managers and Workers in Bophelong Psychiatric Hospital, Mafikeng

P. E. Segwai[1] and O. I. Oladele[2]*

[1]Graduate School of Business and Government Leadership, [2]Department of Agricultural Economics and Extension, North-West University, Mafikeng Campus, South Africa
E-mail: oladimeji.oladele@nwu.ac.za

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ABSTRACT This study examines the attitudes towards disciplinary measures among managers and workers at the Bophelong psychiatric hospital, Mafikeng. This is based on the fact that undisciplined workforce may lead to disorder in the workplace and eventually to an organisation's failure to reach its objectives. From a population of four hundred workers and one hundred managers, a simple random sampling technique was used to select sixty workers and forty managers. Data was collected through a structured questionnaire made up of six different sections and analysed using SPSS. Frequency counts, mean and standard deviations were used to describe the data. The results of the study show that 47 percent of the workers and 35 percent of managers are between 30 to 40 years. About 69 percent of workers are female while 70 percent of managers are male. The common educational level among workers is the matric while managers had Diploma and BSc degree. In terms of attitude to disciplinary measure, 73% and 75% agreed that disciplinary measures are legal at BPH by workers and managers respectively. In terms of knowledge of disciplinary measures, sixty six percent of workers at BPH are aware of written warning and Employee Assistance Programmes as disciplinary techniques. Results on implementation of disciplinary measures show that seventy percent of workers mostly had verbal warnings and fifty six percent of managers had withholding all privileges. Common constraints to the implementation of discipline as indicated by workers head office taking too long, unions being too defensive, unqualified managers. The study concludes by advocating the need to review and enforce discipline at the work place if service delivery has to improve.

INTRODUCTION

Ehlers (2007) stated that an undisciplined workforce may lead to disorder in the workplace and eventually, to an organisation's failure to reach its objectives. Discipline can therefore be viewed as orderliness. This suggests that any workplace should have guidelines applied in dealing with undisciplined employees and rewarding disciplined ones. Garbers and Potgieter (2007) define discipline as a system or actions to promote acceptable behaviour and to discourage unacceptable behaviour by employees within an organisation. Nel et al. (2001) state that workplaces are becoming global in orientation and outlook, thus, organisations are becoming more diverse in the composition of their workforce. Workplace homogeneity background is giving way to heterogeneity. Uni-cultural groups, in which virtually all members come from the same background, are no longer the norm in the workplace. It therefore becomes imperative for managers to be able to manage these multicultural workforces.

According to Nel et al. (2001) diversity, encompasses all forms of differences among individuals, including culture, gender, age, ability, religious affiliation, personality, economic class, social status, military attachments and sexual orientation. In South Africa, one may also add political affiliation which is a subtle but powerful force in the diversity stakes. Diversity is the opposite of universality, a generalisation which may be made about all cultures. Certain activities occur across cultures, but their manifestation may be unique to a particular society. Workforce diversity is a powerful force for change in organisations.

The importance of culture should not be minimised since an organisation's culture, as a system of shared values and beliefs, leads peoples' decision making processes and procedures as well as control mode and level of interaction so as to produce behavioural norms. A strong culture guides behaviour and gives meaning to activities, thus contributes significantly to the long term success of organisations. Strong cultures attract, reward and hold the allegiance of people performing essential roles and meeting relevant goals. In the same way, weak cultures can demoralise hard workers and repel people from joining that organisation. 'Culture impacts on every aspect of life from the way people behave towards one another to their natural environment'.

In other words, culture is communicable knowledge for human coping within a particular environment that is passed on for the benefit of subsequent generations (Nel et al. 2001). It is therefore imperative that managers understand the type of culture which reigns in their organisations, in order to practise the best people oriented management skills.

According to Ehlers (2007), individuals and organisations face many challenges that can be dealt with more readily by using systematic knowledge about human behaviour in the workplace. Workplace behaviour is individual human behaviour in the workplace and the interactional outcomes and processes that occur in groups that function within a workplace structure and environment. This therefore implies that understanding individual workplace behaviour helps practitioners to understand and explain human behaviour in the workplace.

Bruce (2003) concurs that the workplace is not just about business decisions such as ensuring maintenance of the bottom line, but also about people. It is therefore important to note that individual behaviour will impact on the management role in the workplace because people differ in many respects. Knowledge about workplace behaviour offers advantages for effective decision- making for the management of labour relations of which discipline is a big part.

Attitudes influence workplace behaviour in many ways (Ehlers 2007). Attitudes are especially important because they are the basis for job satisfaction, which is, linked to important consequences such as absenteeism and turn over as well as job stress. The three components of attitudes are cognitive, affective and behavioural. In other words, attitudes are related to thoughts which yield certain emotions and result in certain expressions through behaviour. Martineau and Buchan (2002) emphasise the importance of human resource for the delivery of quality health care services. They stress the significance of ensuring a positive attitude which will bring about quality health care. The sure way to do this is to put in place policies and guidelines that will guide workers' and managers' behaviour at the workplace to enable uniformity and universality within the workforce.

All organisations therefore need a disciplined workforce in order to achieve their objectives and must therefore, work to instil and maintain discipline in the workplace. A disciplined employee will be aware of and work within the parameters set by the codes, rules, procedures and legitimate expectations of the employer (Ehlers 2007). Israelstam (2007) defines discipline as that which takes place whenever an employer makes a guiding intervention in an employee's work behaviour. The intervention is aimed at encouraging, assisting, prompting or forcing the employee to become a committed follower of the rules and objectives of the employer. These interventions include training, counselling, verbal reprimands, written warnings, final written warnings, coaching, demotion, etc. Disciplinary caution is appropriate if the trust relationship between the parties has merely been damaged. Dismissal on the other hand, is appropriate if there was an irreparable breach in the trust relationship between the employer and the employee, that is, when the employer terminates the employment contract of the employee due to poor performance.

Garbers and Potgieter (2007) state verbal warning, formal counselling, written warning, final written warning, transfer, temporary suspension, suspension with pay, suspension without pay, demotion, litigation, leave without pay, salary deductions, disciplinary hearing, withholding privileges, extending the probation period, incapacity leave, retirement due to ill health, employee assistance program as well as performance management and development system as some of the disciplinary techniques that can be applied in an organisation.

In any workplace, there exists workplace behaviour and attitudes. These may be positive or negative (Robbins 2004). The existence of such will either yield good business, individual and organisational outcomes or poor results accordingly. Poor discipline has been cited as one of the reasons for bad outcomes at the workplace. These are as a result of a lack of clear disciplinary guidelines wherein managers and workers are unsure of what is expected of them at the workplace. As a result of this, introduction of workplace disciplinary measures is crucial. The Labour relations Act (22 of 1995) outlines the Code of good conduct on discipline in order to provide organisations with a template for disciplinary measures within the workplace. It also outlines Category A and Category B transgressions together with the appropriate sanctions thereof. This ensures that there is standardisation and consistency within all organisations in

South Africa in terms of dealing with discipline at the workplace.

The Code of good conduct on discipline will inform the internal disciplinary procedures which must be in line with statutory requirements as outlined in the Labour Relations Act (22 of 1995). The regulatory bodies will then be the CCMA and the Labour courts. These bodies can be referred to if parties feel hard done by in terms of disciplinary measures instituted internally. The correct procedure is to first deal with the matter internally, and then refers it to the CCMA if not resolved. If the disciplinary matter is still not resolved thereafter, it will then be referred to the labour court. This legislation is also protected by the Constitution of the Republic of South Africa (108 of 1996); hence the aggrieved party can go as far as to the Constitutional court if they feel that more can still be done for them. As a result of the legislative framework in place, the effectiveness of disciplinary measures should be high. Nevertheless, it also depends on the attitudes of managers and workers within a specific organisation. As mentioned earlier, these can be determined by the employees' culture, race, age, gender, religious affiliation, social background. This therefore means that even though policies and procedures can be put in place, discipline can still be problematic to institute and uphold. This is particularly true in most government institutions as exemplified by BPH.

It has been observed that employees tend to adopt a laissez-faire attitude because that is the culture they find in most government institutions. They are not held accountable for their behaviour and performance therefore, they feel they can do whatever they want, however they want and whenever. This becomes a culture that is adopted to the extent that supervisors or managers cannot discipline these employees because they feel threatened and are too overwhelmed to try and change the culture. The managers therefore end up loosening their grip and literally allowing employees to get away with murder at the workplace. The other challenge in effectively applying disciplinary procedures is that managers and workers are not always fully informed about what disciplinary measures entail in the public sector. They are not familiar with the available legislation and cannot contribute to the drafting, adoption and implementation of internal policies thereof. As a result of these challenges, it is important to undertake a study that will thoroughly examine this phenomenon in order to diagnose the root causes of challenges faced and therefore advise management on how to remedy the situation.

This study examines the attitudes of managers and workers in Bophelong Psychiatric Hospital towards disciplinary measures. The specific objectives of the study were to: identify the personal characteristics of managers and workers; determine the attitude of managers and workers towards disciplinary measures; ascertain the knowledge of disciplinary measures at the workplace by managers and workers; determine the level of implementation of these disciplinary measures and examine the constraints associated with the implementation of disciplinary measures at the workplace

METHODOLOGY

The study was carried out in Bophelong Psychiatric Hospital which has GPS coordinates as follows: Latitude: $25^0 52'55.63"$S, Longitude: $25^0 39'08.90"$E. Bophelong Psychiatric hospital is a mental hospital that offers mental health services in the North West Province. It has approved 368 and 282 usable beds. It provides mental health care services to all Mental Health Care Users (MHCUs) according to the Mental Health Care Act No. of 2002. It is classified as a level 2 hospital with some tertiary services. This means it serves as a reference to the hospital for the treatment, care and rehabilitation of in and out patients who are classified as assisted, involuntary as well as mentally ill prisoners. It is the only hospital in the North West Province which provides forensic observation for awaiting trialists who have allegedly committed minor crimes. It is also exclusion in the provision of treatment, care and rehabilitation of in and out State patients as stipulated in the Mental Health Care Act. Bophelong Psychiatric hospital has a staff compliment of 500. There is a vacancy rate of around 70%. It is therefore plagued by gross staff shortages and a serious skills shortage.

The hospital is located on Lichtenburg road in Mahikeng next to Danville. Some of the services it renders include Social Work, Psychology, Occupational Therapy and voluntary HIV Counselling and Testing. It also provides chronic MHCUs with medication as prescribed by the Doctor (BPH Strategic Document 2010).

It was established in 1966 and has a majority of female middle aged nurses. There are also support staff members as well as an executive management of 4 members. BPH's mission is to render affective, efficient and accessible mental health services in a holistic and equitable manner through the utilization of available resources to the people of Ngaka Modiri Molema and referring hospitals.

The hospital has four hundred workers and one hundred managers. A simple random sampling was done to select sixty workers and forty managers. Data was collected through a structured questionnaire made up of six different sections. Section one outlined Personal Characteristics wherein basic demographics was collected. Section two of the questionnaire consisted of Attitude towards disciplinary measures by managers and workers within BPH. Section three detailed Knowledge of disciplinary techniques by managers and workers within BPH. Section four of the questionnaire sought to determine the implementation of disciplinary measures by managers from the viewpoint of not only he managers themselves but of workers as well. Section five highlighted the constraints to the implementation of disciplinary procedures within the hospital as recorded by the participating managers and workers.

The questionnaire was face validated by a few number of employees at BPH. These were given the questionnaire to answer. They provided their queries and concerns regarding the questionnaire. These were clarified and the recommendations thereof incorporated in the final draft of the questionnaire. The corrected questionnaire was then given to the chosen sample, which excluded the pretested employees. The data collected was sorted, coded and analysed using SPSS. Frequency counts and mean deviation were used to describe the data.

RESULTS AND DISCUSSION

The results in Figure 1 show that 47.5% of workers at BPH were thirty to forty years old while twenty- two percent were less than thirty years old. Thirty- five percent of managers at BPH were thirty to forty years old whilst. This could be due to the fact that unemployment amongst young people is very high. Seventy-one point seven percent of workers at BPH were female while 28.3% were male. Exactly 72.5% of

managers at BPH were female while 27.5% were male. It has been observed that females tend to be in the health profession, especially one as specialised as mental health. One usually, therefore, finds a high number of female staff in mental institutions. The higher ratio of females to males within the South African population also means that there will generally be more females than males in most workplaces (Mkhize 2007). Fifty- one point seven percent of workers at BPH were single while 1.7% were cohabitating. Sixty percent of managers at BPH were married while none were cohabitating. Most people usually marry when they have economic stability and this is guaranteed when one is a manager. Workers are usually of a lower educational level, therefore, do not properly analyse the consequences of having a live in partner to whom one is not married. Ndetei et al. (2007) discovered the same findings.

Thirty- five percent of workers at BPH were matriculants and none had PHDs. Thirty- five percent of managers were diploma or degree holders while none had a below Standard 8 qualification. This could be due to the fact that one's level of responsibility at work is usually determined by their level of education. Matriculants are therefore likely to be workers only. Those with a PhD will usually look for responsibility posts. Saide and Stewart (2001) similarly found that managers in the health sector tended to have higher qualifications than the workers.

From Figure 2, the distribution shows that thirty- seven percent of workers at BPH had less than five years' experience while thirty- four percent each had been working at BPH for thirty-one to thirty- five percent and thirty- six to forty years respectively. Forty percent of managers had been working at BPH for less than five years. None had been working for sixteen to twenty years at BPH. This is consistent with the notion that middle to top management tend to always look for greener pastures. They know they can get more because they are better qualified therefore, tend not to stay in one place for too long. Ndetei et al. (2007) also found that the higher qualified health personnel migrated a lot from job to job and this leaves a gap, specifically in developing countries. Thirty- six percent of workers at BPH had less than five years overall working experience while 3.3% had eleven to fifteen years working experience. Thirty-five point seven percent of managers had six to ten years over-
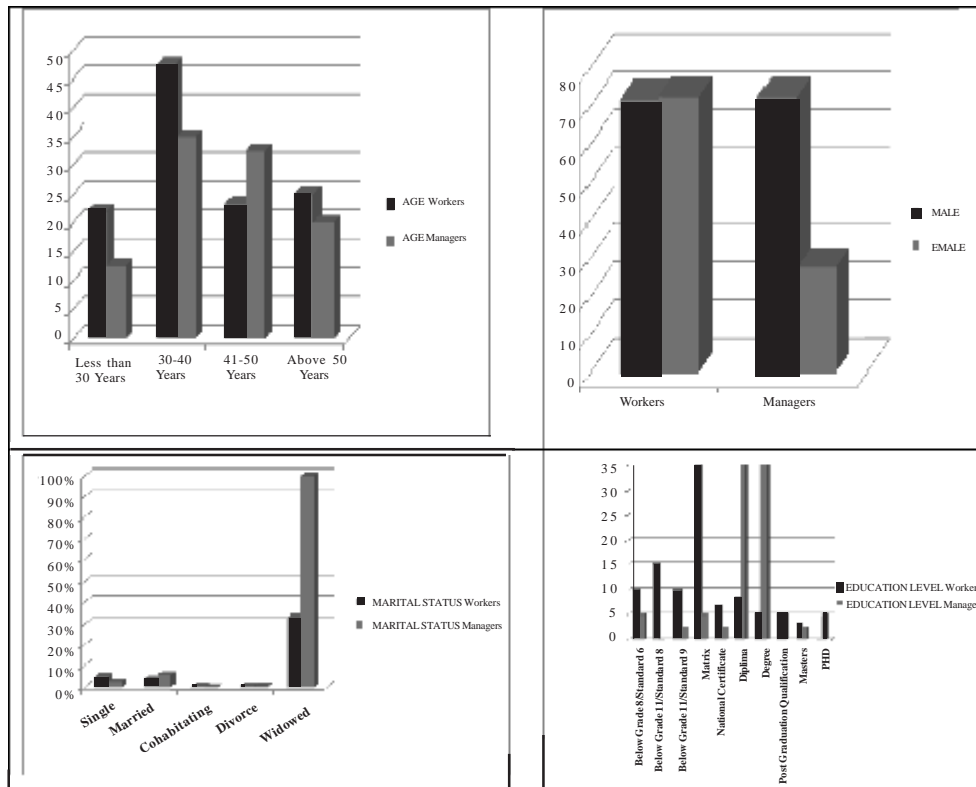
Fig. 1. Distribution of workers and managers according to age, gender, marital status and educational level

all working experience while 7.5% had eleven to fifteen years working experience. This is consistent with the previous argument. Thirty- five percent of workers at BPH were administrative staff while 21.7% were auxiliary. Sixty- five percent of managers at BPH were clinical staff while 2.7% were auxiliary. The clinical staff was mostly nurses who make up the biggest number of employees in BPH. Garbers and Potgieter (2007) also found out that the largest majority of hospital job category was nurses. Fifty- three point seven percent of workers at BPH earned less than R101 000 per annum and none of them earned between R251 000 and R300 000 per annum. Seventy percent of managers at BPH earned between R101 000 and R200 000 per annum. This is consistent with each group's level of responsibility and qualification. Martineau and Buchan (2002) similarly found that salaries within the public health sector are consistent with job categories and not necessarily performance.

Findings on Attitudes of Managers and Workers towards Disciplinary Measures at BPH

Seventy- three percent of workers agreed that disciplinary measures were legal at BPH as opposed to eight percent who disagreed. Seventy-five percent of managers agreed that disciplinary measures were legal while twelve percent disagreed. This is consistent with the requirements that are stipulated in the Labour Relations Act (No. 66 of 1995) as to how to legally conduct disciplinary measures. Sixty percent of workers disagreed that disciplinary measures were non sequential at BPH while 13.3% agreed. This could be as a result of workers not being fully aware of the sequence the disciplinary measures have to follow as affirmed by Duncan and Mayo's study (2004) who found that employees (nurses) were unaware of the sequence to be followed when disciplinary action was being instituted against them.
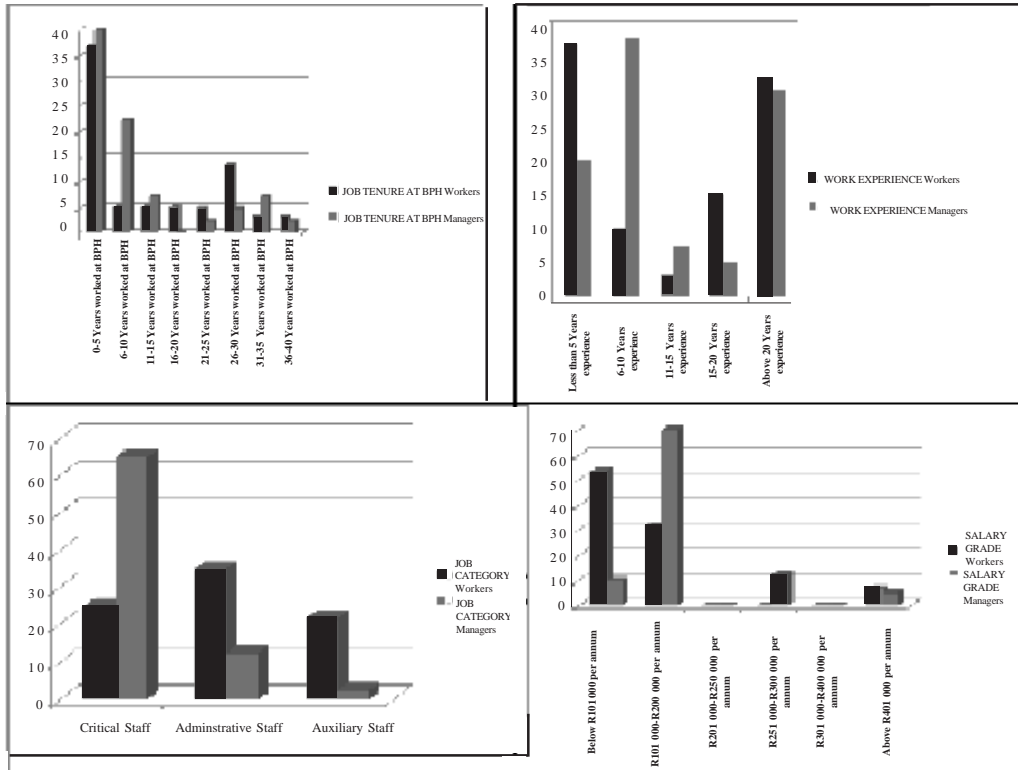
Fig. 2. Distribution of workers and managers according to job tenure, working experience, job categories and salary grade

Sixty-eight percent of workers agreed that disciplinary measures were accessible whilst sixteen percent disagreed. Sixty- seven percent of managers agreed that disciplinary measures were accessible while 17.5% agreed (Table 1). This implies that these workers do have access to disciplinary measures.

Sixty- seven percent of managers agreed that disciplinary measures were easily understood at BPH whilst fifteen percent disagreed. Sixty-seven percent of managers also agreed that disciplinary measures were objective at BPH while 22.5% disagreed. This implies that since managers are the custodians of disciplinary measures procedures, they will agree with the fact that these procedures are easily understood and objective. Larson and Elliot (2009) outline these procedures as stipulated by managers, which nurses need to follow.

Findings on Knowledge of Disciplinary Techniques by Managers and Workers at BPH

Sixty-six percent of workers at BPH are most commonly aware of written warning and Employee Assistance Program as disciplinary techniques. Sixty- five percent of workers at BPH are aware of the final written warning, verbal warning and counselling as techniques of discipline. According to Grote (2006), written warnings and EAP are commonly used in the health sector since managers are reluctant to sanction harsher penalties. This is done with the view of maintaining a favourable relationship with one's works. Sixty- one percent of workers at BPH are least commonly aware of Performance Management and Development System as a disciplinary technique. Martineau and Buchan (2002) found that salaries within the public health sector are

Table 1: Attitude towards disciplinary measures by workers and managers

Item	Workers			Managers		
	A	U	D	A	U	D
Disciplinary measures are biased	23 (38.3)	12 (20)	21 (35)	17 (42.5)	4 (10)	17 (42.5)
Disciplinary measures are objective	31 (51.6)	14 (23.3)	10 (16.6)	27 (67.5)	3 (7.5)	9 (22.5)
Disciplinary measures are lenient	19 (31.6)	16 (26.7)	17 (28.4)	17 (42.5)	6 (15)	15 (37.5)
Disciplinary measures are strict	29 (48.3)	9 (15)	16 (28.3)	13 (32.5)	7 (17.5)	17 (42.5)
Disciplinary measures are fair	20 (50)	7 (11.7)	18 (30)	18 (45)	8 (20)	10 (25)
Disciplinary measures are unfair	17 (28.3)	5 (8.3)	34 (56.6)	10 (25)	7 (17.5)	18 (45)
Disciplinary measures are cumbersome	11 (18.3)	24 (40)	16 (26.6)	6 (15)	17 (42.5)	10 (25)
Disciplinary measures are easy	18 (30)	12 (20)	25 (41.7)	18 (45)	9 (22.5)	18 (45)
Disciplinary measures are difficult	26 (43.4)	13 (21.7)	18 (20)	9 (22.5)	6 (15)	21 (52.5)
Disciplinary measures are accessible	38 (68.3)	7 (11.7)	10 (16.7)	27 (67.5)	4 (10)	7 (17.5)
Disciplinary measures are inaccessible	11 (18.3)	10 (16.7)	34 (56.6)	6 (15)	5 (12.5)	26 (65)
Disciplinary measures are easily understood	35 (58.4)	10 (16.7)	11 (18.4)	27 (67.5)	6 (15)	6 (15)
Disciplinary measures are difficult to understand	17 (28.4)	10 (16.7)	28 (46.7)	7 (17.5)	8 (20)	23 (35)
Disciplinary measures are misinterpreted	17 (28.3)	10 (16.7)	25 (41.7)	16 (40)	3 (7.5)	18 (45)
Disciplinary measures are interpreted well	28 (46.7)	6 (10)	20 (33.3)	21 (52.5)	3 (7.5)	14 (35)
Disciplinary measures are immediate	19 (31.6)	12 (20)	21 (35)	10 (25)	8 (20)	17 (42.5)
Disciplinary measures are dragged out	13 (21.7)	9 (15)	31 (51.7)	17 (42.5)	5 (12.5)	16 (40)
Disciplinary measures are sporadic	9 (15)	17 (28.3)	25 (41.7)	13 (32.5)	10 (25)	4 (10)
Disciplinary measures are abused	15 (25)	13 (21.7)	25 (41.7)	12 (30)	7 (17.5)	18 (45)
Disciplinary measures are punitive	20 (33.3)	18 (30)	16 (26.7)	13 (32.5)	9 (22.5)	16 (40)
Disciplinary measures are non- progressive	16 (26.7)	9 (15)	25 (41.7)	13 (30)	8 (20)	17 (42.5)
Disciplinary measures are progressive	30 (50)	9 (15)	13 (21.7)	23 (57.5)	6 (15)	8 (20)
Disciplinary measures are corrective	35 (58.3)	8 (13.3)	9 (15)	26 (65)	5 (12.5)	7 (17.5)
Disciplinary measures are consistent	26 (43.3)	9 (15)	14 (23.3)	16 (40)	9 (22.5)	13 (32.5)
Disciplinary measures are over exaggerated	13 (21.5)	8 (13.3)	30 (50)	11 (27.5)	8 (20)	19 (47.5)
Disciplinary measures are under emphasized	14 (23.3)	14 (23.3)	26 (43.4)	7 (17.5)	6 (15)	23 (57.5)
Disciplinary measures are legal	44 (73.4)	5 (8.3)	5 (8.3)	30 (75)	3 (7.5)	5 (12.5)
Disciplinary measures are illegal	6 (10)	7 (11.7)	42 (70)	2 (5)	6 (15)	29 (72.5)
Disciplinary measures are sequential	26 (43.3)	15 (25)	11 (18.4)	17 (42.5)	11 (27.5)	9 (22.5)
Disciplinary measures are non sequential	8 (13.3)	9 (15)	36 (60)	6 (15)	9 (22.5)	22 (55)

A= Agree, U= Undecided, D=Disagree

consistent with job categories and not necessarily performance. In this finding, they proved the fact that the public health sector does not apply the performance management system properly if at all. This implies that workers will not know that the system can also help them with discipline in terms of performing better in their workplaces.

Fifty- one percent of workers at BPH are not commonly aware of withholding all privileges. Forty- five percent of workers at BPH were not commonly aware of withholding certain privileges as a disciplinary technique. This is because these disciplinary techniques are not commonly applied by managers towards their workers as is stipulated by 1999 Whittington Hospital's disciplinary procedure.

Eighty-five percent of managers at BPH are most commonly aware of dismissal; 82.5% are aware of written warning, verbal warning, leave without pay and disciplinary hearing as techniques of discipline, while eighty percent of managers at BPH were aware of final written warning and Employee Assistance Program as disciplinary technique (Table 2). Fifty-five percent of managers are least commonly aware of withholding all privileges, forty five percent of litigation and lastly, 42.5% of demotion as a disciplinary technique. This is consistent with the previous discussions.

Findings on the Type of Types of Disciplinary Measures Used amongst Workers and Managers at BPH

Seventy percent of workers mostly had verbal warning; sixty-eight percent final written warning and sixty-six percent salary deductions and written warning as disciplinary measures used against them (Table 3). Fifty-six percent of

Table 2: Knowledge of disciplinary techniques by managers and workers at BPH

Item	Awareness			
	Workers		Managers	
	Yes	No	Yes	No
Performance Management and Development System (PMDS)	37 (61.7)	8 (13.3)	28 (70)	6 (15)
Counselling	39 (65)	8 (13.3)	31 (77.5)	5 (12.5)
Verbal warning	39 (65)	7 (11.7)	33 (82.5)	3 (7.5)
Written warning	40 (66.7)	6 (10)	33 (82.5)	3 (7.5)
Final written warning	39 (65)	9 (15)	32 (80)	4 (10)
Salary deduction	34 (56.7)	10 (16.7)	30 (75)	7 (17.5)
Suspension with pay	32 (53.3)	15 (25)	29 (72.5)	9 (22.5)
Suspension without pay	31 (51.7)	17 (28.3)	26 (65)	9 (22.5)
Temporary suspension	33 (55)	14 (23.3)	24 (60)	12 (30)
Transfer	30 (50)	17 (28.3)	23 (57.5)	12 (30)
Demotion	22 (36.7)	25 (41.7)	20 (50)	17 (42.5)
Litigation	23 (38.3)	21 (35)	13 (32.5)	18 (45)
Dismissal	34 (56.7)	9 (15)	34 (85)	4 (10)
Leave without pay	35 (58.3)	7 (11.7)	33 (82.5)	5 (12.5)
Disciplinary hearing	35 (58.3)	9 (15)	33 (82.5)	3 (7.5)
Rehabilitation	22 (36.7)	23 (38.3)	26 (65)	11 (27.5)
Withholding certain privileges	20 (33.3)	27 (45)	19 (47.5)	16 (40)
Withholding all privileges	17 (28.3)	31 (51.7)	14 (35)	22 (55)
Extension of probation period	27 (45)	19 (31.7)	26 (65)	9 (22.5)
Temporary Incapacity Leave due to ill health	34 (56.7)	11 (18.3)	29 (72.5)	5 (12.5)
Medical boarding	27 (45)	17 (28.3)	21 (52.5)	15 (37.5)
Employee Assistance Program (EAP)	40 (66.7)	7 (11.7)	32 (80)	2 (5)

Table 3: The use of disciplinary measures amongst workers and managers at BPH

Item	Use			
	Workers		Managers	
	Yes	No	Yes	No
Performance Management and Development System (PMDS)	33 (55)	12 (20)	22 (55)	6 (15)
Counselling	39 (65)	8 (13.3)	25 (62.5)	6 (15)
Verbal Warning	42 (70)	4 (6.7)	28 (70)	2 (5)
Written Warning	40 (66.7)	7 (11.7)	29 (72.5)	4 (10)
Final Written Warning	41 (68.3)	7 (11.7)	29 (72.5)	2 (5)
Salary deduction	40 (66.7)	10 (16.7)	24 (60)	8 (20)
Suspension with pay	27 (45)	21 (35)	18 (45)	13 (32.5)
Suspension without pay	27 (45)	21 (35)	17 (42.5)	13 (32.5)
Temporary suspension	27 (45)	20 (33.3)	17 (42.5)	13 (32.5)
Transfer	24 (40)	12 (30)	25 (62.5)	10 (25)
Demotion	15 (25)	30 (50)	15 (37.5)	15 (37.5)
Litigation	26 (43.3)	19 (31.7)	15 (37.5)	14 (35)
Dismissal	35 (58.3)	14 (23.3)	29 (72.5)	4 (10)
Leave without pay	34 (56.7)	14 (23.3)	32 (80)	1 (2.5)
Disciplinary hearing	35 (58.3)	14 (23.3)	28 (70)	5 (12.5)
Rehabilitation	23 (38.3)	25 (41.7)	18 (45)	13 (32.5)
Withholding certain privileges	19 (31.7)	27 (45)	14 (35)	17 (42.5)
Withholding all privileges	13 (21.7)	34 (56.7)	11 (27.5)	21 (52.5)
Extension of probation period	24 (40)	23 (38.3)	17 (42.5)	13 (32.5)
Temporary Incapacity Leave due to ill health	32 (53.3)	16 (26.7)	30 (75)	5 (12.5)
Medical boarding	24 (40)	19 (31.7)	15 (37.5)	16 (40)
Employee Assistance Program (EAP)	36 (60)	11 (18.3)	30 (75)	5 (12.5)

workers least had withholding all privileges; fifty percent demotion and forty-five percent withholding certain privileges as disciplinary measures used against them. Seventy percent of managers mostly had verbal warning; sixty-eight percent final written warning and sixty-six percent salary deductions and written warning as disciplinary measures used against them. Fifty-six percent of managers least had withholding all privileges; fifty percent demotion and forty five percent withholding certain privileges as disciplinary measures used against them. Anthony (1998) found that there were no sound labour relations in the public sector workplace, therefore this made the use of disciplinary sanctions inconsistent. This is evident in these findings.

Findings on the Implementation of Disciplinary Measures at BPH

BPH workers had verbal warning, leave without pay and final written warning disciplinary techniques commonly implemented against them

at 73.3% and seventy percent respectively. Withholding all privileges was the disciplinary technique least implemented at 46.7%, with demotion at forty six percent and rehabilitation at thirty five percent. This is consistent with the internal policy of 2010 on discipline which outlines all forms of warnings and leave without pay as techniques that can be implemented. Managers tend to be afraid of demoting employees. They also do not know how to refer employees for rehabilitation and do not know what privileges to take away and how to do that. They therefore tend not to implement these unknown and unclear forms of discipline (Murray and Hug 2004).

BPH managers are reported to fully implement leave without pay at eighty percent, then disciplinary hearing and salary deductions at 70.5%, and lastly, dismissal at seventy-five percent (Table 4). This is because these techniques are readily known therefore can be easily implemented by managers. Managers do not implement demotion at fifty-five percent, then withholding all privileges at fifty percent and lastly withholding certain privileges at forty two point

Table 4: The implementation of disciplinary measures at BPH

Item	Workers			Managers		
	F I	*P I*	*N I*	*F I*	*P I*	*N I*
Performance Management and Development System (PMDS)	29 (48.3)	14 (23.3)	9 (15)	19 (47.5)	11 (27.5)	3 (7.5)
Counselling	33 (55)	17 (28.3)	6 (10)	18 (45)	14 (35)	5 (12.5)
Verbal warning	44 (73.3)	8 (13.3)	5 (8.3)	28 (70)	9 (22.5)	2 (5)
Written warning	39 (65)	12 (20)	6 (10)	25 (62.5)	11 (27.5)	1 (2.5)
Final written warning	42 (70)	7 (11.7)	9 (15)	28 (70)	6 (15)	5 (12.5)
Salary deduction	37 (61.7)	13 (21.7)	7 (11.7)	31 (77.5)	6 (15)	2 (5)
Suspension with pay	24 (40)	16 (26.7)	16 (26.7)	18 (45)	9 (22.5)	12 (30)
Suspension without pay	26 (43.3)	11 (18.3)	17 (28.3)	17 (42.5)	12 (30)	9 (22.5)
Temporary suspension	26 (43.3)	13 (21.7)	18 (30)	18 (45)	8 (20)	11 (27.5)
Transfer	30 (50)	13 (21.7)	14 (23.3)	19 (47.5)	7 (17.5)	11 (27.5)
Demotion	15 (25)	16 (26.7)	25 (41.7)	11 (27.5)	4 (10)	22 (55)
Litigation	18 (30)	16 (26.7)	19 (31.7)	13 (32.5)	5 (12.5)	18 (45)
Dismissal	36 (60)	7 (11.7)	12 (20)	30 (75)	5 (12.5)	3 (7.5)
Leave without pay	43 (71.7)	6 (10)	8 (13.3)	32 (80)	3 (7.5)	3 (7.5)
Disciplinary hearing	33 (55)	14 (23.3)	10 (16.7)	31 (77.5)	6 (15)	1 (2.5)
Rehabilitation	20 (33.3)	14 (23.3)	21 (35)	14 (35)	9 (22.5)	14 (35)
Withholding certain privileges	15 (25)	22 (36.7)	16 (26.7)	12 (30)	9 (22.5)	17 (42.5)
Withholding all privileges	14 (23.3)	12 (20)	28 (46.7)	10 (25)	8 (20)	20 (50)
Extension of probation period	23 (38.3)	11 (18.3)	18 (30)	15 (37.5)	7 (17.5)	14 (35)
Temporary incapacity leave due to ill health	29 (48.3)	16 (26.7)	11 (18.3)	26 (65)	8 (20)	4 (10)
Medical boarding	29 (48.3)	10 (16.7)	14(23.3)	17(42.5)	10(25)	11 (27.5)
Employee Assistance Program (EAP)	35 (58.3)	10 (16.7)	11(18.3)	25(62.5)	9(22.5)	4 (10)

FI=Fully Implemented, PI=Partially Implemented or NI= Not Implemented

Table 5: Constraints in the implementation of disciplinary procedures at BPH

	Workers			Managers		
Item	H	M	L	H	M	L
The manager is too shy	6 (10)	17 (28.3)	32 (53.3)	2 (5)	11 (27.5)	26 (65)
The manager is not qualified	16 (26.7)	11 (18.3)	28 (46.7)	9 (22.5)	8 (20)	21 (52.5)
The manager is younger than the subordinates	12 (20)	15 (25)	29 (48.3)	10 (25)	9 (22.5)	21 (52.5)
The manager is not educated	13 (21.7)	13 (21.7)	29 (48.3)	7 (17.5)	10 (25)	23 (57.5)
There are no clear guidelines	8 (13.3)	27 (45)	21 (35)	11 (27.5)	8 (20)	21 (52.5)
Unions are too defensive	17 (28.3)	24 (40)	15 (25)	13 (32.5)	13 (32.5)	14 (35)
Workers are resistant	17 (28.3)	24 (40)	14 (23.3)	15 (37.5)	18 (45)	7 (17.5)
Top management is not supportive	15 (25)	22 (36.7)	19 (31.7)	17 (42.5)	15 (37.5)	8 (20)
Head office takes too long to act	24 (40)	15 (25)	16 (26.7)	22 (55)	9 (22.5)	8 (20)
Poor capacity	14 (23.3)	24 (40)	18 (30)	20 (50)	8 (20)	11 (27.5)
Discipline is not taken seriously	16 (26.7)	18 (30)	22 (36.7)	16 (40)	7 (17.5)	16 (40)

H= High, M= Medium, L= Low

five percent. These are least known by managers since they are not stipulated in the internal disciplinary policy. This is consistent with Ntsoanes (2005) observation that managers are not well trained and capacitated to implement disciplinary procedures fully.

Findings on the Constraints in the Implementation of Disciplinary Procedures at BPH

BPH workers cite head office taking too long at forty percent, then unions being too defensive while workers were resistant at twenty eight percent and lastly, at twenty-six percent discipline not being taken seriously with unqualified managers as three of the most common constraints towards the implementation of disciplinary measures. They cite managers being too shy at fifty-three percent; managers being younger than their subordinates at forty-eight percent as well as unqualified managers at forty-six percent as the least common constraints towards the implementation of disciplinary measures (Table 5). This is because there are cases that have been forwarded to head office that have been pending for a very long time. This delays the process drastically.

Brito et al. (2001) confirm that the centralised health system meant that managers could not discipline their workers themselves. They have to refer cases to their head offices and this often delayed the process of instituting disciplinary measures towards transgressing personnel. Roberts (2009) states that unions have a lot of

power within the health sector and tend to over-protect their members who transgress ad require disciplinary measures to be taken against them. At BPH's case the most dominant and active unions are NEHAWU and DENOSA. Anthony (1998) similarly cites that managers do not take discipline in the workplace seriously.

BPH managers cite head office taking too long at fifty-five percent; poor capacity at fifty percent; and lastly an unsupportive top management at 42.7% as three of the most common constraints towards the implementation of disciplinary measures. The least common were managers being too shy at sixty-five percent; uneducated managers at fifty seven percent and lastly, unqualified managers, managers younger than their subordinates and no clear guidelines at 52.5%.

This was partly consistent with Ntsoanes (2005) findings. The findings on personal characteristics show that BPH managers are adequately qualified. One would not expect unqualified managers to be a constraint in implementing disciplinary procedures. It was also discussed earlier in the study that managers were relatively middle-aged and male therefore, would not be expected to have any challenges of being too young nor too shy to implement disciplinary procedures.

CONCLUSION

This study found that the attitude of managers and workers at BPH towards disciplinary measures was generally positive. The study nevertheless, found that knowledge of disciplinary

measures by managers and workers at BPH is limited. This results in the use and implementation thereof being limited as well. The study also found that there are constraints experienced by both managers and workers in terms of the institution and process of disciplinary measures at the hospital. These are mostly due to the centralised manner in which discipline is instituted within the North West Department of Health and the strong voice that unions have at the hospital. It was also due to lack of capacity by BPH managers to fully implement the disciplinary process when needed.

REFERENCES

Anthony F 1998. Models, styles and metaphors, understanding the management of discipline. *Employee relations Journal,* 20(3): 55-75.

Bophelong Psychiatric Hospital 2010. *Human Resource File.* Bophelong Hospital, Mafikeng

Brito P, Galin P, Novick M 2001. *Labour Relations, Employment Conditions and Participation in the Health Sector.* Geneva: World Health Organization.

Bruce A 2003. *Building a High Morale Workplace.* New York: McGraw-Hill.

Burger WV, Zhang J 2005. *SPSS.* Published Onlinelibrary. New York: Wiley. Com.

Ehlers L 2007. *Labour Relations Systems, Procedures and Practices.* Pretoria; EAMS Publishing.

Garbers CJ, Potgieter S 2007. *Managing For Healthy Labour Relations: A Practical Guide for Health Services in Southern Africa.* 2nd Edition. Pretoria : Van Schaik Publishers.

Grote D 2006. *Discipline without Punishment: The Proven Strategy That Turns Problem Employees into Superior Performers.* 2nd Edition. New York: AMACOM.

Israelstam I 2007. *Labour Law for Managers: Practical Handbook.* Johannesburg: Fleetstreet Publications.

Martineau T, Buchan J 2002. Human resource and the success of health sector reform. *Health Policy and Planning.* 15: 1-12.

Mkhize DL 2007. Human rights abuses at a psychiatric hospital in Kwazulu-Natal. *SAJP,* 13(4): 137142.

Murray P, Hug T 2002. Act fair: A modern approach to discipline at work. *Training Journal,* 5: 42-44.

Ndetei DM, Ongecha FA, Kuria M, Khasakhala LI, Kokonya DA 2007. The challenges of human resources in mental health in Kenya. *South African Psychiatry Review,* 10: 33-36.

Nel PS, Gerber PD, Van Dyk PS, Haasbroek GD, Schultz HB, Sono T, Werner A 2001. *Human Resource Management.* 5th Edition. Cape Town: Oxford University Press Southern Africa.

Ntsoane E 2005. *The Management of Discipline in the Head Office of the Department of Health of the Free State Province.* Mafikeng: North West University.

Saide MAO, Stewart DE 2001. Decentralisation and human resource management in the health sector: A case study (1996-1998) from Nampula province, Mozambique. *International Journal of Health Planning and Management,* 16: 155-168.