Progressive structures, doctors and leadership

In response to the previous article, a worker in the progressive health care sector comments on issues affecting the management and staffing of progressive health organisations.

Critical Health's piece on wages and conditions, using the case study of the Alexandra Clinic, is interesting. A focus of this sort is long overdue.

Many progressive health organisations were established to challenge the appalling services provided by the government. They showed a high level of commitment to this task, but demanded long hours of work from their staff and provided low salaries and poor conditions of employment. However, these working conditions need to be challenged and, perhaps, a survey of wages and conditions in the progressive health sector is now necessary.

Part time Leadership

Most progressive health structures were initiated by professional medical people and the majority of leadership positions in these structures are filled by doctors. Alexandra Clinic is in a position to employ full time doctors, but this is the exception rather than the rule. Many doctors in top positions in other health organisations only work in those structures on a part time basis or as volunteers. They also have jobs in the state or private sectors, where their salaries and conditions are far better than that of other workers employed in progressive health organisations. This situation is different from that in many non-government organisations outside the health sector, where leadership is given by people working on a full time basis in those organisations.

Most progressive health organisations have had tremendous problems in terms of both programme and staff development. The form of leadership in these organisations is a major reason for these problems. On the whole, doctors have very little organisational experience. Moreover, they are unable to function fully in the running of organisations because

of their need to fulfil their various clinical responsibilities. They have not been able to clearly define either their own roles within these structures or those of full-time staff members.

Effects on Full time Staff

One of the consequences is that many full time staff members are overworked. Major responsibilities are placed in the hands of small numbers of skilled people. The senior staff become overstretched with tasks, many of which could be delegated. A number of tasks are not necessarily in keeping with their vocational skills and, on the other hand, the work which requires their specific skills is often not completed.

The interests of other staff members are often neglected and they are poorly managed. They are thrown in at the deep end, without clear job descriptions. Their needs are not catered for and this frequently leads to demotivation. There are not enough opportunities to interact with the part time doctors and the more skilled staff and, as a result, their commitment to health work is diminished. Although training is sometimes provided, work is rarely evaluated, and staff members are not supported in aspects of their work where they need assistance.

Democratic Control

On the whole, the issue of democratic control over organisational structures has not been thoroughly addressed. Health organisations must be accountable to and work closely with structures such as civics, women's groups and trade unions. Representatives of these grassroots interest groups should be trained to take up leadership positions within progressive health organisations. There is a need to learn from the experience of the trade unions, where executive leadership is drawn from worker based structures.

Doctors and other medical professionals should participate in health organisations mainly as advisors on clinical matters because, as medical professionals, they will not be doing justice to their vocational skills if they are involved in leadership positions.